

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Escalation Status Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning Professor Philip Kloer, Interim Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Programme Director for Targeted Intervention / Deputy Director of Operational Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board received feedback from Welsh Government following the Targeted Intervention meeting held on 17 September 2024. The feedback acknowledged the progress made by the Health Board in addressing its challenges, while also highlighting eight key areas that require focused improvement ahead of the next meeting in January 2025. These areas are critical for achieving the longer-term strategic milestones linked to de-escalation and are not a deviation from the Health Board's overall priorities within the 56 domains of the Targeted Intervention (TI) framework.

The Health Board remains committed to addressing all 56 domains of the TI framework. However, by prioritising the eight key areas identified by Welsh Government, the Health Board aims to demonstrate meaningful progress and lay the foundation for achieving the more ambitious, long-term goals. For instance, submitting a balanced plan requires reaching the Target Control Total of £44.8m first, and improving ambulance handovers is necessary to achieve the expected level of zero breaches.

Cefndir / Background

Hywel Dda University Health Board was placed under Targeted Intervention by Welsh Government to support the Health Board in addressing various challenge across 6 key domains. The Health Board has been working diligently to drive improvements and has made significant progress in several areas, as evidenced by the Targeted Intervention Progress Report submitted to Welsh Government in September 2024.

The report highlights the Health Board's commitment to achieving the control total of £44.8 million by March 2026 and the steps taken to improve its financial position, including reducing agency nurse expenditure and implementing operational service changes for a number of fragile services. The Health Board has also made progress in areas such as ambulance handover performance at Withybush General Hospital, meeting the de-escalation criteria for Child and Adolescent Mental Health Services (CAMHS), and developing a clinical services plan.

Welsh Government's feedback letter identified eight key areas that require focused action from the Health Board ahead of the January 2025 meeting. These areas are critical stepping stones towards achieving the longer-term goals outlined in the 6 domains (56 de-escalation criteria) of the TI framework. By focusing on these key areas initially, the Health Board aims to build further momentum and lay the groundwork for more comprehensive improvements.

For example, the Health Board has set a target to reduce C. diff infections by 25% as part of its focused approach. While the ultimate goal is to reach zero infections, this initial target represents a significant milestone on the journey towards that objective. By prioritising these key areas, the Health Board is adopting a strategic approach to improvement, ensuring that progress is made in a focused and manageable way.

The Health Board remains fully committed to addressing all of the 56 de-escalation criteria of the TI framework and achieving the long-term goals associated with de-escalation. The focused approach on the eight key areas highlighted by Welsh Government is a crucial part of this overall strategy, designed to drive meaningful progress and build the foundation for sustainable improvement across all domains.

Asesiad / Assessment

Targeted Intervention - Welsh Government Feedback

Welsh Government's feedback underscores the unsustainable nature of the Health Board's financial situation, particularly with a £64 million planned deficit. Although £28 million in savings have been secured, an additional £4 million is required to achieve the target. The Board has pledged to reach the control total of £44.8 million by March 2026; however, Welsh Government has requested a clear timeline detailing how this will be accomplished. The Finance, Planning, and Strategy domain within the TI Framework is addressing this by developing a detailed financial roadmap which integrates operational, financial, and clinical priorities, and implementing further, stricter controls on variable pay from November 2024 to reduce reliance on agency staff. These measures aim to restore the financial position while maintaining service delivery. It is important to note that, whilst there has been good progress on the savings in 2024/25, there is a challenge in converting the non-recurrent savings into recurrent saving plans.

It is crucial to understand the impact of not converting one-time (non-recurrent) savings into ongoing (recurrent) savings. One-time savings help in the current year but will not provide benefits in the future. If these savings are not made permanent, the financial pressures will return in the following year. This means the savings which were not secured will add to the challenges of the following year, widening the gap between the starting deficit and the savings target. Consequently, it will be more difficult to reach the target of reducing the deficit to £44.8 million. In simple terms, if lasting savings are not secured now, the Health Board will face a more significant financial problem next year.

Urgent and emergency care remains a significant risk, especially with the impending winter pressures. It is important to highlight Welsh Government's concern regarding ambulance handover delays at Glangwili General Hospital. In September 2024, Glangwili recorded 412 instances where ambulances waited over one hour and 161 instances over four hours to hand over patients. In comparison, Withybush General Hospital had 92 one-hour delays and 12 four-hour delays in the same month. Although both hospitals experienced an increase from the previous month, the figures at Glangwili are significantly higher.

Given this disparity and Welsh Government's focus on improving ambulance services, there is a pressing need for Glangwili to develop a clear plan to adopt the successful strategies implemented at Wthybush. The Six Goals Programme is prioritising this by formulating a strategy to transfer the effective practices from Wthybush to Glangwili. This involves analysing the improvements made at Wthybush and determining how these can be applied to Glangwili's operations. Establishing this plan is essential to meet the expectations set by Welsh Government and that of the Health Board to ensure that all emergency care pathways are resilient enough to manage the anticipated winter pressures.

Cancer performance has been a persistent concern, and the latest feedback from Welsh Government reiterates that progress has been slow. The Health Board has implemented actions within the Performance and Outcomes domain, including reviewing and amending current interventions to meet cancer targets, conducting bi-weekly performance reviews, and providing updates to Welsh Government via the Integrated Quality Finance and Performance Delivery (IQFPD) group and Targeted Intervention. The aim is to demonstrate tangible improvements in cancer care within the next few months, although it is acknowledged that some pathways remain under pressure due to backlogs in diagnostics and treatments.

Healthcare-acquired infections (HCAI), particularly *C. difficile*, continue to pose a significant challenge. The Quality team has prioritised reducing HCAI rates, with actions including reviewing Infection Prevention Control priorities and feeding recommendations into the *Clostridium difficile* Infection (CDI) group, monitoring CDI rates monthly, and submitting bi-monthly progress reports to the Quality, Safety and Experience Committee (QSEC). The goal is to reduce hospital-onset infections by 25% across key infection areas, with sustained improvements being closely tracked.

Furthermore, Welsh Government has highlighted that complaints handling remains an issue within the Health Board, which currently has the highest rate of complaints per thousand population in Wales. The teams are addressing this by scheduling workshops with key stakeholders to overhaul the complaints process, tracking complaints closure progress, and reporting bi-monthly on progress. The Health Board has engaged with stakeholders to identify the root causes of delays in complaints handling and recognises the need for urgent improvement to restore confidence in the process. However, ahead of the meeting with Welsh Government in January 2025, there will need to be an improvement and clarity of approach to provide the requisite assurance level.

Staff morale remains a significant concern, as highlighted by the recent staff survey. The Leadership, Capability, and Culture approach (domain) is focusing on building leadership capacity and addressing staff morale through implementing a leadership development programme, monitoring staff morale improvement, and reporting quarterly on staff survey outcomes. The Health Board is working closely with trade unions to develop an action plan based on the survey findings, recognising that ongoing focus is required, particularly in terms of staff engagement and retention.

Welsh Government has emphasised the importance of conducting clear Quality Impact Assessments (QIAs) and implementing action plans for changes linked to fragile services. The Health Board can confirm that these measures are in place and will present all required QIAs in January 2025 to provide assurance.

Additionally, Welsh Government has advised submitting the clinical services plan and engaging stakeholders for Phase 2. The Health Board is addressing this by submitting the Phase 2 plan to the November 2024 Board, initiating stakeholder engagement, and providing updates through the Healthier Mid and West Wales strategy Group.

Target Intervention and the Annual Planning Round 2025/26

To address the challenges highlighted by Welsh Government including our current Level 4 Escalation status (Targeted Intervention) and to ensure a cohesive approach, the Health Board is initiating the planning process for the Annual Plan 2025/26, closely aligning it with TI initiatives. Building on the momentum from the TI workshops in the summer, planning workshops have been arranged to co-produce the next Annual Plan as the Health Board enters the second year of its two-year plan to achieve the control total of £44.8 million by March 2026.

The Annual Plan will focus on improving workforce, finance, and performance plans, examining how to utilise existing resources more effectively and exploring new approaches for better outcomes. This may reveal gaps requiring strategic decisions and choices as the Health Board prepares for the coming year. Aligning these plans with TI objectives addresses the financial challenges noted by Welsh Government, particularly the need to convert non-recurrent savings into recurrent savings to avoid increased financial pressures next year.

The structure of the Annual Plan will reflect the TI framework (insofar as is reasonably possible), promoting consistency and ensuring planning supports TI objectives. This includes developing a detailed financial roadmap, formulating operational approaches to enhance service performance, and developing a refreshed long-term strategy for sustainability beyond 2025/26.

By aligning the Annual Plan with TI efforts, the Health Board is creating a cohesive planning process which addresses critical issues identified by Welsh Government, previous planning reviews and structured assessments. This integrated approach ensures all elements are interconnected, providing clarity on how the planning process dovetails with TI. As the Health Board moves confidently into 2025/26 with a clear roadmap and shared commitment to organisational goals, it will be well-positioned to tackle the challenges ahead and deliver improved outcomes for the population it serves.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- **NOTE** the progress made in reducing agency staff costs, improving financial control, and addressing operational challenges.
- **ACKNOWLEDGE** the ongoing challenges, particularly in meeting urgent care, cancer service targets, and addressing the financial deficit.
- **RECOGNISE** the commitment to achieving the £44.8 million control total by March 2026 and the need to convert non-recurrent savings into recurrent ones.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.5 Receive assurance, on behalf of the Board, of the Health Board's response to targeted intervention, including the systems and processes in place to oversee the timely delivery against the 6 domains, and assurance on the Health Board's progress towards de-escalation. 2.6 Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, related to governance
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of report and attached
Rhestr Termiau: Glossary of Terms:	Contained 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:	All Committees and Board have been consulted given the breadth and depth of Targeted Intervention

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2024/25
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2024/25
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2024/25
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the derisking of the 2024/25 Plan, Targeted Intervention programme and their subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements



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Targeted Intervention Meeting
Hywel Dda University Health Board
17 September 2024

Overview of Progress *(to be updated)*



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Executive Summary

- Hywel Dda University Health Board has made significant progress in addressing its financial challenges and is fully committed to exploring all avenues to achieve financial stability. This report provides a comprehensive overview of the successful steps taken to date, the robust plans in place for further cost reductions, and the Health Board's proactive approach to identifying and implementing additional measures to drive financial recovery while ensuring high-quality patient care.

Financial Position

- The Health Board is forecasting a deficit of £64.0 million for the 2024/25 financial year, with the current gross forecast at £68.0m and further areas to pursue which could deliver a Forecast Outturn of £63.8m (further to the delivery of the £4.2m identified schemes)
- The Health Board acknowledges the need to further reduce the deficit to reach the Target Control Total of £44.8 million set by the Welsh Government and is actively exploring all options to achieve this goal by March 2026.

Escalation status overview



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Escalation status levels overview as of 31st August 2024

1 Reasonable assurance 2 Limited assurance 3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	2	1	1
	Facilities	3	2	3	3	1	3
	Mental Health & Learning Disabilities	3	3	3	3	2	3
	Cancer & Oncology	1	2	2	3	1	3
	Pathology	1	1	2	3	2	1
	Radiology	3	1	2	3	1	3
	Planned Care (incl. Audiology and Endoscopy)	3	3	3	3	2	3
	Bronglais Hospital	3	1	2	3	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	3	1	2	3	3	3
	Withybush Hospital	3	1	2	3	2	3
	Women & Children	3	3	3	3	3	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	3	2	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	1	1	2	2	2	1
	Primary Care Management	1	1	2	2	1	1
	Medicines Management	1	1	1	3	2	1
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	1	1	2	1
	Director of Nursing	1	2	2	2	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	1	2	2	1	1
	Director of Workforce & OD	1	1	1	1	1	1
	Medical Directorate	1	1	1	1	1	1
Corporate Services	1	1	1	1	1	1	

- Concerning levels of escalation seen for:
 - Women and Children – level 3 escalation in all six domains
 - Mental Health and Learning Disabilities – level 3 escalation in five out of six domains
 - Planned Care – level 3 escalation in five out of six domains
- Widespread issues within the following domains:
 - Finance: 16 directorates level 3
 - Performance: 15 directorates level 3
 - Quality: 9 directorates level 3.
- The Medical Directorate have made improvements to reduce their escalation level to 1 for Governance and Workforce.
- Sickness, job planning and nationally reported incidents are being tracked by directorate in the Workforce and Quality domains. These topics are no longer included within the Performance & Outcomes domain and the related corporate directorates (Workforce & OD, Medical and Quality) have been de-escalated in this domain accordingly.

Details of escalation status trends, escalation reasons and de-escalation criteria can be accessed via the [Our Performance dashboard](#).



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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

Domain 1: Finance, strategy and planning

Summary of in-year progress



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- The Board's expectation was to de-risk the financial delivery of the Annual Plan in Quarter 1. While improvements were made, a gap of £10.7m remained at the end of that period, with further work ongoing and a commitment to de-risk the remaining by the end of Quarter 2.
- Subsequent recovery actions focused on:
 - Converting non-recurrent savings schemes to recurrent;
 - Fully identifying directorate recurrent savings aspirations including the implementation and delivery of plans to start before the end of this financial year to ensure a full year delivery into 2025/26;
 - Converting schemes currently risk-rated as Red and Black at pace into credible and deliverable Amber and Green schemes to de-risk the financial plan, in-line with the Board's expectation;
 - Focused grip & control maintained through the internal escalation framework and the Financial Control Sub Group.
- These steps have been supplemented through August by a series of workshops. These addressed operational service change opportunities and a targeted review of variable pay.
- Month 5 has seen improvement with both a reduction in in-month expenditure and the end of year gross forecast:

Driver (£m)	Month 3 Forecast	Month 5 Forecast
Planned deficit	64.0	64.0
Operational variation	(1.9)	(0.3)
Unidentified savings gaps	12.6	4.3
Gross forecast	74.7	68.0
Future mitigating actions required to deliver Reported Planned Deficit	(10.7)	(4.0)

Savings Plans and Delivery Performance

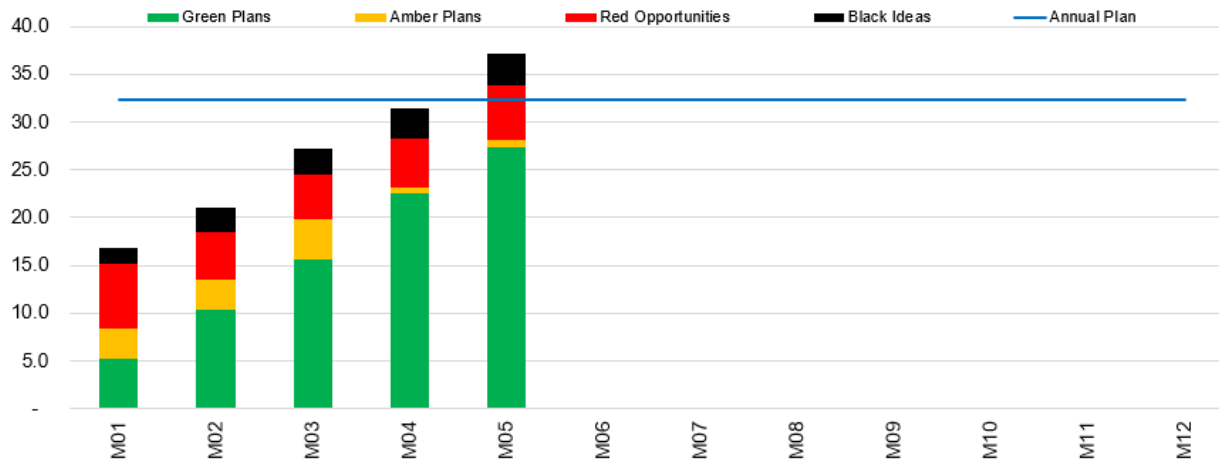


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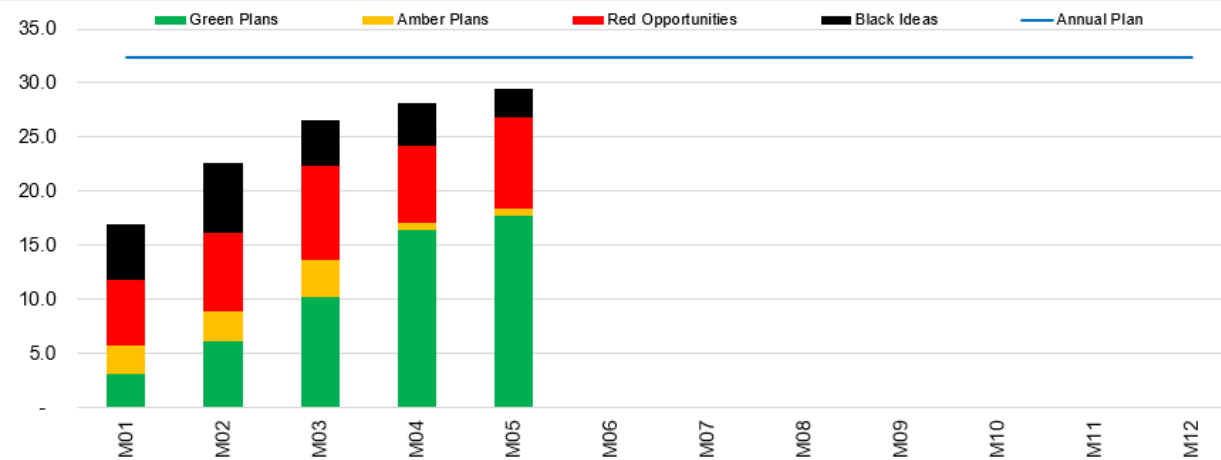
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Annual Savings Movement (£m)	Month 3	Month 5	Change
Savings identification	19.8	28.1	8.3
In-year savings delivery	18.8	26.8	8.0
Unidentified savings gaps	12.6	4.3	(8.3)
Savings delivery vs identified savings	1.0	1.3	0.3

Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)



Improvements Over Time and Key Metrics

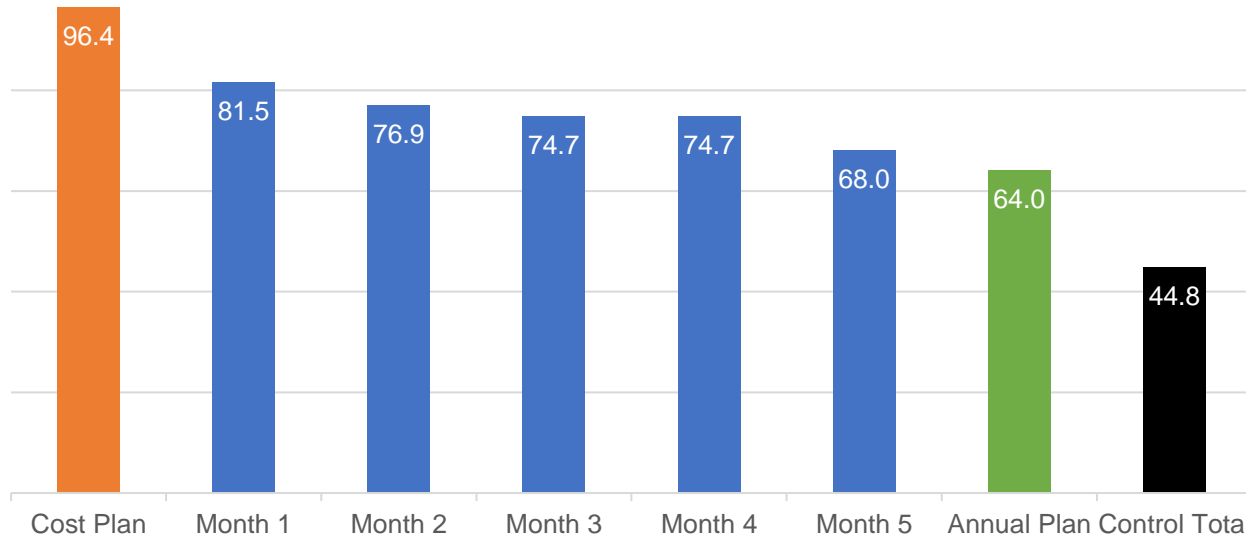


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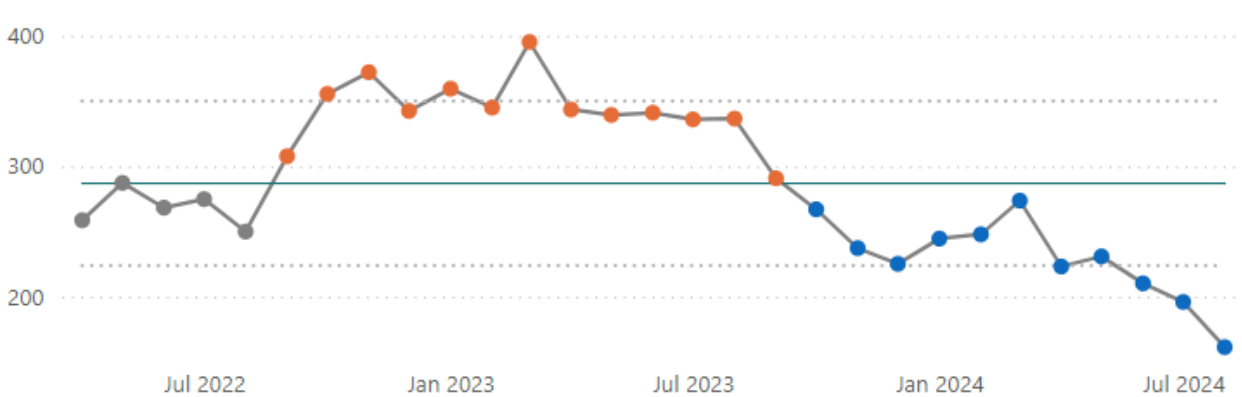
- The Health Board has shown an improving trend in each of the five months in this financial year so far. The gross forecast has improved from £81.5m in Month 1 to £68.0m in Month 5.
- Savings identification of Green and Amber schemes has improved from a shortfall of £24.0m in Month 1, to a shortfall of £4.3m in Month 5.
- At the Health Board level, core budget performance remains in-line with annual planning assumptions, with some fluctuations across service areas.
- A key success has been the Nurse Stabilisation programme and focus on reducing reliance on nurse agency with a sustainable workforce development programme. Nurse agency costs have dropped to a three-year low (not adjusted for inflation) in Month 5 with more plans to come.

End of Year Gross Forecast Deficit (£'m)

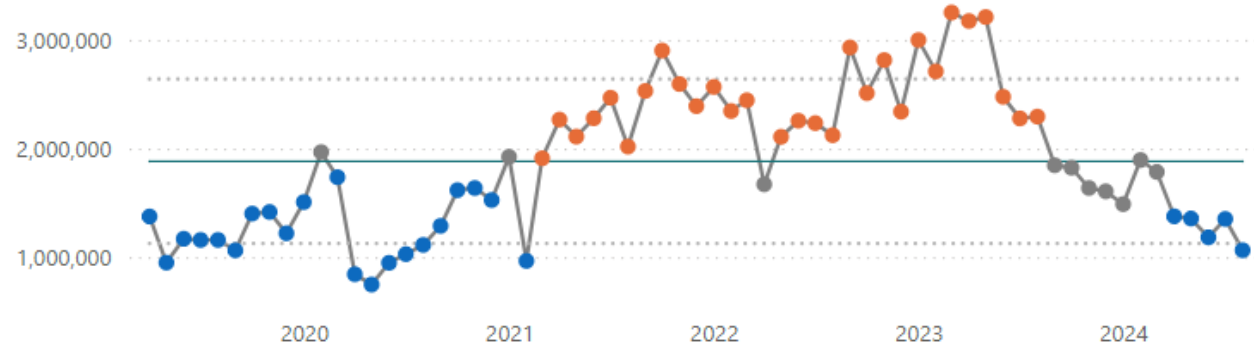


Note: £96.4m was the cost base included within the Annual Plan prior to underspends and savings plans.

Nurse Agency Resourcing (Whole Time Equivalent)



Nurse Agency Expenditure (£'m)



Delivery Next steps



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Category	Description	Est. £'m	Est. £'m
Month 5 End of Year Gross Forecast Deficit			68.0
Operational service change	BGH Paediatric Service	0.1	
Operational service change	PPH Minor Injuries Unit	0.4	
Savings programme	WGH Ward 9	0.2	
Savings programme	Rituximab proposal	0.1	
Savings programme	Critical Care 100-day cycle	0.6	
Variable pay	Nurse agency	0.6	
Variable pay	Medical agency	0.1	
Variable pay	Managed Practice rate card	0.2	
Variable pay	Allied Health Professionals and Health Scientists	0.1	
Further choices	Digitisation of health records	0.5	
Further choices	Regional Orthopaedics income	0.4	
Further choices	Variable pay and surge capacity	0.9	
Sub Total – Actions to improve the gross forecast deficit			(4.2)
Indicative deficit assuming all actions are delivered in full			63.8

Next steps for Q3:

- Delivery of savings programme as set out
- Continue to drive in-year savings and cost containment
- Conversion of non-recurrent savings to recurrent savings, where possible
- Delivery for further opportunities into recurrent savings to reduce the underlying deficit from its current position of £79.2m
- Identification and development of savings plans ahead of next financial year to support progress towards £44.8m control total

Financial Roadmap

Theme 1: Hospital bed provision and alternative care models



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Summary of Net Bed Closures to date

Pembrokeshire (WGH)

- Net reduction of 35 beds closed, 10 of which are substantive and 25 surge
- £1.2m in-year saving plus absorbed £0.4m overspend on Sunderland Ward

Carmarthenshire

- 16 beds closed on Y Lolfa.
- 6 surge beds closed on Ward 5 (PPH).
- Total: 22 beds closed (run rate reduction)

Ceredigion

- 7 beds closed in Tregaron.
- Meurig Ward beds (BGH) reprovided (no immediate financial savings)

Net Total Bed Change: 64 beds closed to date.

Additional plans to close the forecast deficit:

Pembrokeshire (WGH)

- 14 additional beds to be closed on Ward 9.

Ceredigion

- 9 additional beds scheduled for closure in Tregaron (subject to September Board decision).

Total of Bed Changes

- **87 beds closed or planned to close**, recognised in cash-releasing or run-rate savings.
- Pembrokeshire: 49 beds | Carmarthenshire: 22 beds | Ceredigion: 16 beds.



Additional plans to close the forecast deficit:

- **Critical Care Bed Optimisation:** As part of the 100-day cycle initiative, the removal of three Level 3 Critical Care beds is expected to result in a cost consequence of £606,000 (6 month - PYE) for the remainder of the financial year (£101,000 per month) while ensuring efficient resource use.
- **Optimisation of Day Surgery Unit (DSU) at Withybush General Hospital:** The consolidation of elective day-case and same-day admit patient flows into the main DSU is expected to yield cost consequences of £480,000 (FYE) annually, improving efficiency and resource utilisation. (Bed closures on Ward 9 as set out on previous slide).
- **Surge capacity:** operational teams have been tasked with setting out their plans to close all remain surge capacity.

Financial Roadmap

Theme 2: Workforce optimisation



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- **Nurse Agency Variable Pay** - The Health Board has successfully reduced its reliance on agency nursing staff by 58%, from 375 WTE in March 2023, to 217 WTE in April 2024 and now 158 WTE in August 2024. Correspondingly, agency nursing expenditure has decreased from approximately £3 million per month to £1 million per month. This £1 million is forecast to reduce further with the deployment of Newly Registered Nurses (NRNs) in September 2024, who should be fully operational by the end of October or early November following a minimum four-week preceptorship.
- **Medical Agency** - The Health Board was utilising 45 agency doctors when reporting to WG commenced. Usage has reduced dramatically to 16. Plans are in place to reduce the current number of agency doctors further. The controls and focus on medical variable pay has resulted in the exiting of the very high-cost ophthalmology locum. These financial reductions have been incorporated into the forecast.
- **Admin and clerical** – Enhanced FCG controls on recruitment has led to an increasing number of admin and clerical vacancies, particularly across Operational Directorates, contributing a £1.1m underspend to date.



Additional plans to close the forecast deficit:

- **Nursing agency** - The remaining £680,000 in nursing variable pay represents the total expenditure for the rest of the year, rather than a monthly figure. This amount will be addressed through the deployment of Internationally Educated Nurses (IENs), Newly Qualified Nurses, as well as converting around 15 agency staff in A&E, MIU, and unscheduled care areas to fixed-term contracts. These actions, combined with strategic workforce planning and staff reallocation, are expected to eliminate all planned usage of agency nursing in Carmarthenshire, Pembrokeshire and Mental Health Services from 1st November with Ceredigion removing agency from 1st March 2025.
- **Medical agency** - Plans are in development to further reduce the use of medical agency, to 4 individuals, via scheduled recruitment actions (£100,000 in-year). In addition the HB is beginning the roll out of a medical rostering system which will give greater clarity of medical variable pay and introduce a revised rate card for all shift bookings. This will then drive further optimisation programmes of work in 25/26.
- **Allied Health Professionals (AHP) and Health Scientists** - Agency posts have been thoroughly reviewed, with exit plans in progress to remove the majority of these roles, targeting zero agency by 1st November 2024. Potential savings of £10,000 per month are expected if vacancies are appointed substantively.
- **Managed Practice rate card** - plans are underway to further reduce the rate card for GP Managed Practices, which is expected to deliver cost savings of £50,000 per month starting in January 2025.



Plans currently undertaken or additional actions to close the forecast deficit:

- **Medicines Management** - Transition from subcutaneous (SC) to intravenous (IV) rituximab formulations: The transition is expected to result in a net cost consequence of £0.2m (FYE) after necessary investments.
- **Utilities consumption optimisation** – Further carbon work has been undertaken across multiple sites spanning the Health Board reducing the quantity of electricity consumed through efficient development of the CHP plants totalling £0.7m.
- **Professional services reductions** – With recognition of the further work to be undertaken to reduce the Health Boards deficit towards the target control total, a review of professional service requirements related to the strategic plan and new hospital estate was conducted, and benefits of £1.0m are realised from the rationalisation of this work.
- **Additional VAT recovery** – With dedicated focus, VAT recovery from HMRC has exceeded initial expectations (£0.2m) and is likely to deliver an estimated total £0.7 of in-year opportunities with analysis continuing to review how much can be recognised recurrently.
- **Hybrid Print and Post** – The way that the Health Board manages its correspondents with patients has been further digitalised, resulting in an initial £0.2m savings being implemented (after absorbing the costs of postage inflation) with further developments planned.

Financial Roadmap

Theme 5: Clinical services - Commissioning



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1. Cost Reduction Initiatives - 24/25

- Velindre Agreement - Expected non-recurrent benefit of approximately £414k for Hywel Dda UHB in 2024/25 due to paying only for high-cost drugs consumed.
- Swansea Bay UHB Orthopaedic/Spinal Agreement - A recurrent saving of £1.08m has been achieved this year. However, the aim is to address the full £2.6m recurrently in the following financial year .

2. Commissioning Savings – 24/25

- Core Allocation Uplift: A 3.67% uplift in core allocation with Swansea Bay UHB and Cardiff and Vale UHB for unavoidable inflationary and demand pressures. Hywel Dda has secured savings in oncology and DXA services through better utilisation of these funds.

3. Service Delivery Optimisation - 24/25

- Ongoing adjustments in service commissioning to align with actual utilisation and address waiting times (e.g., DXA scans and reporting backlog recovery targeted for November 2025) .
- Realignment of service delivery models, such as the reduction of out-of-area antenatal care services, improving the pathway for local patients and reducing expenditure .

4. Commissioning Objectives for 25/26

- Ensure that financial agreements with key providers, including Swansea Bay UHB and Velindre, are optimised to secure value for money and reduce costs where possible.
- Work towards a recurrent solution for non-recurrent savings to ensure financial sustainability into 2025/26 and beyond.
- Redesign pathways to achieve optimal flow and outcomes; including decommissioning contracts (with a focus on out of area) where pathways and procedures are duplicated.

Financial Roadmap

Theme 5: Clinical services - Service configuration



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Additional plans to close the forecast deficit:

Operational Service Changes

The Health Board is proactively addressing fragile services, set out in more detail in Domain 3. Papers are due to go to September Board on the following services. Subject to Board decision-making there are net cost consequences of these changes, as set out below:

- **Minor Injuries Unit at Prince Philip Hospital:** Temporary overnight closure (8pm to 8am) to mitigate patient safety risks, with cost consequences of £400k (PYE).
- **Paediatric Inpatient provision at Bronglais Hospital:** Implementing a 24/7 Paediatric Ambulatory Care Unit (PACU) on Angharad Ward by 1st November 2024 due to critical staffing issues, with cost consequences of £100k for the remainder of the year.
- **Tregaron Community Hospital:** Closure of inpatient beds (£100k PYE, within forecast)

Further areas under review:

- **Emergency General Surgery at Withybush General Hospital:** Developing an interim model to ensure service continuity and mitigate risks due to workforce shortages and clinical safety concerns.
- **PPH Ward 7** - The Health Board is actively exploring a series of service reconfigurations to optimise resource utilisation, streamline patient pathways, and support the proposed changes to colorectal and urology services. Key moves and changes under consideration include: transferring Picton Ward to Y Llofa, establishing a Surgical Same Day Emergency Care (SDEC) unit in the current Picton Ward location, relocating Preseli Ward back to its original location adjacent to Preseli Theatre, setting up a 4-bed Enhanced Care Unit (ECU) in Preseli Ward, positioning Cleddau Ward and the Surgical Assessment Unit (SAU) adjacent to the SDEC unit, transferring 15 funded theatre sessions and associated staff from Prince Philip Hospital (PPH) to Glangwili General Hospital (GGH), moving 10 unfunded theatre sessions from GGH to PPH, and allocating 15 inpatient beds at GGH to support the colorectal and urology patient flow.



Integrated Planning and Governance Framework – Driving Accountability and Delivery

Revised Action Plan Embedded Across Organisation

- The original action plan, introduced when the Health Board was placed into Targeted Intervention (TI) for finance and planning, was overhauled in April 2024. The new governance framework ensures that TI is woven into every aspect of the organisation's operations, not treated as a separate process.

56 De-escalation Criteria as the Core Accountability Mechanism

- These criteria, monitored weekly, serve as the backbone of the Health Board's action plan, covering six critical domains: finance, planning, fragile services, governance, leadership capability and culture, and quality of care.
- The de-escalation criteria are integrated into daily operations, creating a continuous feedback loop between performance, governance, and planning processes.

Streamlined Governance Structure Ensures Organisational Alignment

- Three core reporting groups—Value and Sustainability, Integrated Quality, Finance and Performance Delivery, and A Healthier Mid and West Wales—align the Health Board's strategic and planning objectives with operational actions.
- This governance structure supports real-time accountability, ensuring that any action not on track is swiftly escalated and addressed.

Directorate Improving Together Framework

- Mirroring the TI domains, this framework cascades responsibility down to individual directorates and operational teams. Each team is directly accountable for delivering on the objectives tied to TI and planning, ensuring alignment across all levels of the organisation.



Built-in Escalation and Performance Monitoring

- The weekly TI escalation framework pack produced for Executives ensures weekly monitoring and early identification of underperformance, allowing for timely interventions. This systematic approach strengthens accountability and prevents delays in action.

Integrated Approach to TI and Planning

- The 56 de-escalation criteria form the foundation of the action plan, representing the outcomes the Health Board needs to achieve. Beneath these criteria are specific actions and sub-actions, which are assigned to relevant groups and directorates to ensure their delivery.
- The governance structure is designed to pass responsibilities down to the right teams, while also making sure that progress and challenges are communicated back up to inform decision-making. This structure creates clarity and ensures that each action is tracked and addressed properly across all levels of the organisation.
- TI is central to this approach, guiding how the Health Board tackles key areas like finance, planning, governance, fragile services, leadership, and quality. The action plan integrates these domains, ensuring they work together effectively to meet the Welsh Government's expectations and achieve de-escalation from TI.
- This approach ensures that all parts of the organisation are connected and aligned, supporting effective delivery and accountability across all teams, with nothing working in isolation. It maximises the impact of each action and ensures that the right people are accountable for delivering the results needed.

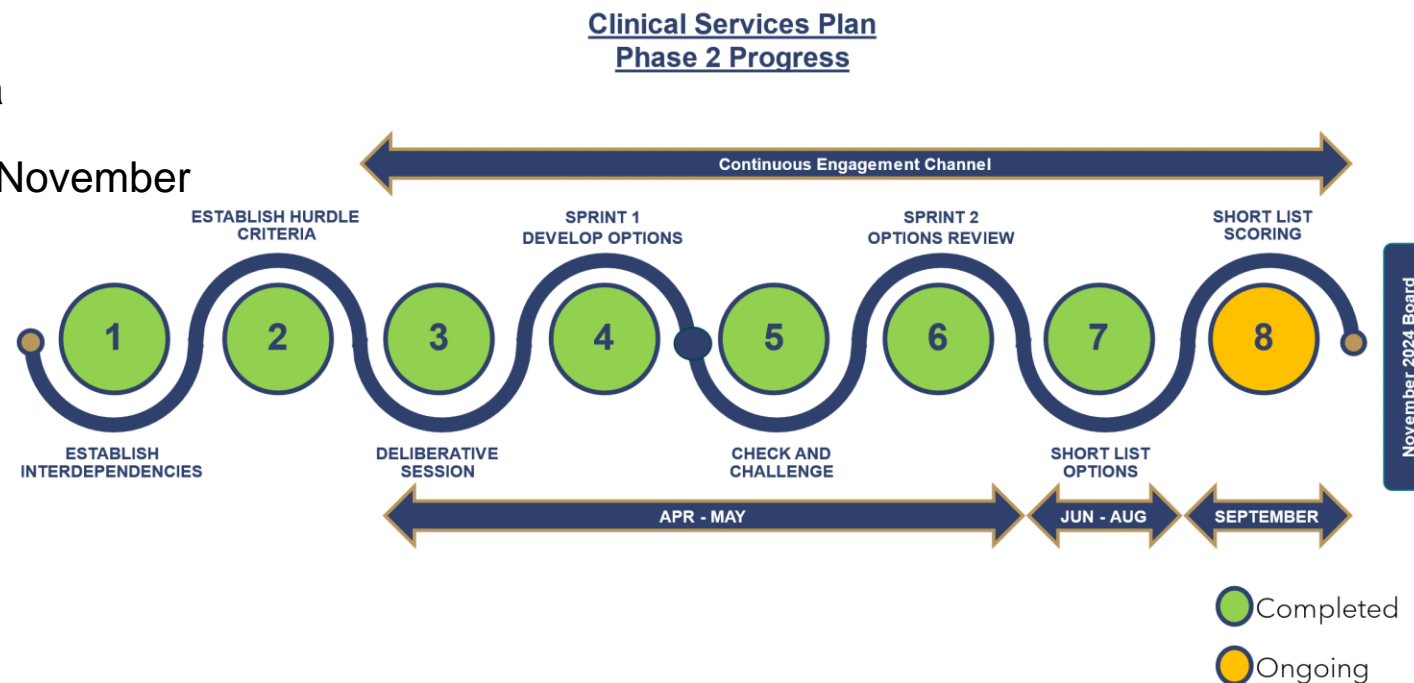
Planning Clinical Services Plan



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- Four options developed for the nine services
- SWOT analysis undertaken for each option
- Evaluation criteria agreed and weighted
- A series of products developed for the final workshop, including Quality, Health and Equality Impact Assessments, Data Science and demand analysis, Workforce Assessments on the changes, Schedules of accommodation and capital needs
- Scoring of options complete using weighted criteria
- Phase 2 to conclude with paper to Public Board in November





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6. Quality of care

1. Finance,
strategy and
planning

2.
Performance
and
outcomes

Escalation
Domains

5.
Leadership,
capability
and culture

3. Fragile
services

4.
Governance

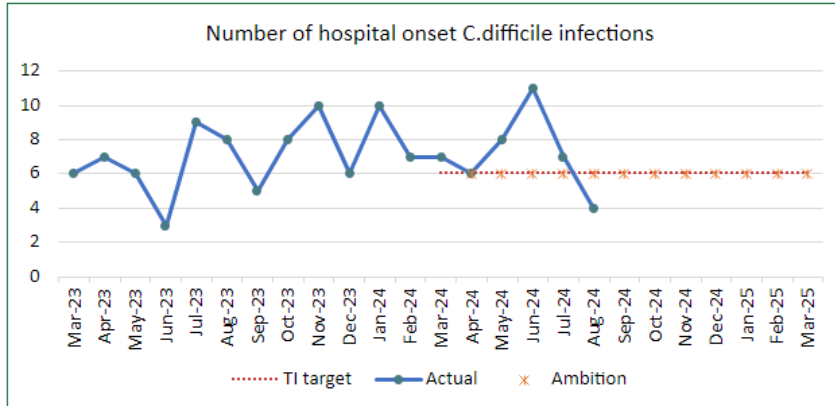
Domain 6: Quality of care

Healthcare acquired infections



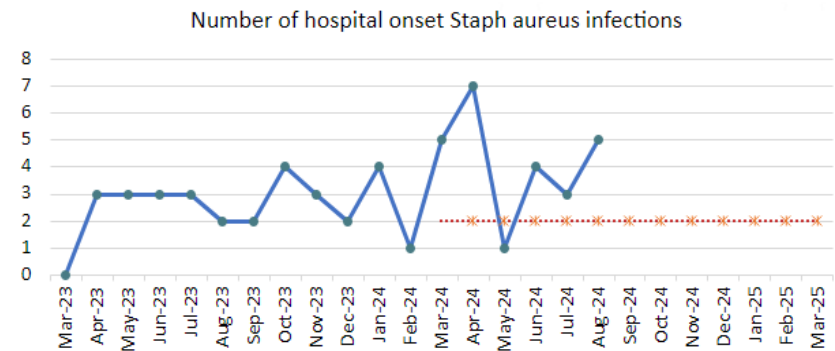
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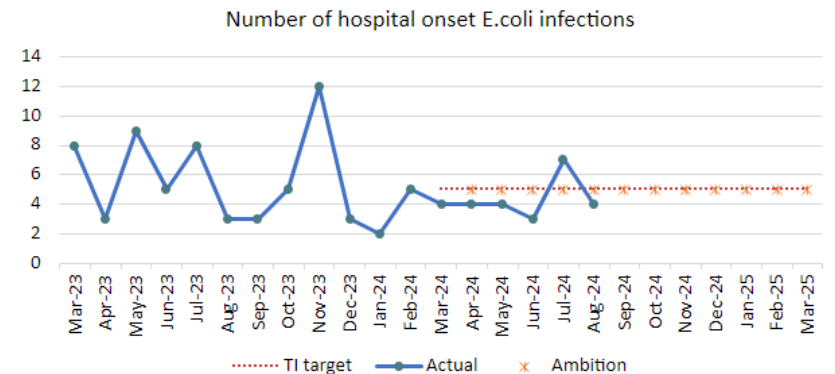
Impact:

- Executive leadership for SICPS, Antibiotic Stewardship and Facilities to increase profile and drive improvement
- CDI Improvement Group established
- New cleaning policy and methodologies
- Progression with the HCAI Improvement Plan, reduce fluctuation and peaks



Impact:

- Improvement in ANTT compliance
- Vascular access group reviewing policy/training
- Further 'Gloves Off campaign' mid-October (all Wales and local initiative)
- Audit of peripheral venous catheters
- Review MRSA 'decolonisation' therapy/ITU& pre surgical suppression



Impact:

- Maintain reduction of hospital onset cases
- Continued education of staff
- Reduction in gram negatives equals reduction in antibiotic usage

Quality management system and complaints



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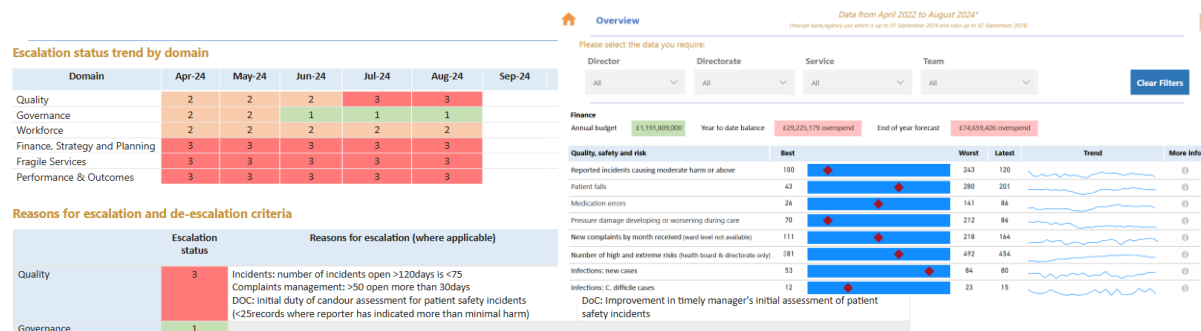
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Quality Management System

- QMS Framework agreed by Board March 2023 – some areas of work since:
 - Our performance dashboard
 - Overview
 - Escalation
 - Revised arrangements internal escalation including domain of quality
 - Quality Impact Assessment (new tool and process)
 - Fragile services e.g.
 - MIU PPH
 - St David's Medical Practice
 - Clinical Services Plan e.g.
 - Orthopaedics
 - Emergency General Surgery
 - 100-day workplan e.g.
 - SEDC
 - MAU
 - Use of Health and Care Quality Standards across improvement work
 - Internal Audit review of quality standards – reasonable assurance

Complaints Performance

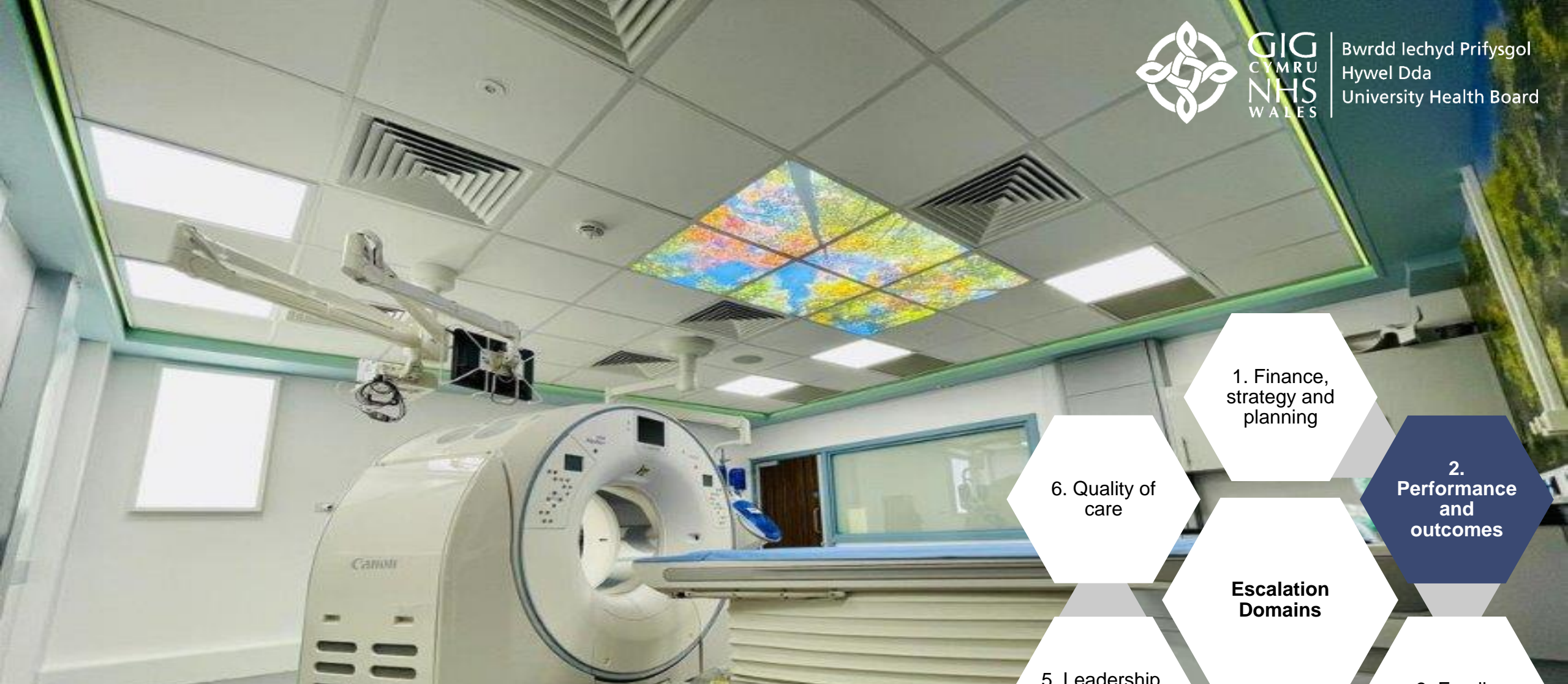
- Compliance 30 wd target – 2-year validation of data undertaken, confirmed appropriate transfer of early resolution to PTR within current timeframes.
- August 30 wd compliance 64.96%.
- Focussed approach on 30 wd target during the month and backlog. 141 complaints, 40 early resolutions and 143 enquiries were responded to during August.
- Improved navigation and initial assessment process for all complaints received was agreed, to expand early resolution opportunities commencing w/c 9th November.
- Concerns Management/Investigation workshop for senior leaders, planned for 31st October, looking at culture, roles/responsibilities, investigations and lessons learnt in preparation for new PTR implementation 2025 (involving NHSE and WRP).
- Workshop arranged for 22nd October with PSOW for complaints handlers, assurance, safety and improvement, call handlers on person centred approaches and communication
- Training; investigation training for clinical leads on standard of services and report writing & refreshed training for all staff in preparation
- Awaiting WRP Assessment findings
- Ombudsman – 2 new investigations (Epilepsy service and Ophthalmology). There were also 8 enquiries by the Ombudsman, two of which were agreed as early resolutions. In July evidence was provided for compliance on average 8 days ahead of target.





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Domain 2: Performance and outcomes

Performance and outcomes



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Goal achieved

Making good progress towards goal

Minimal progress made or decline from previous month

Same as baseline or worse

	Measure	De-escalation criteria	Baseline	Goal	Latest position																
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Planned Care and Cancer	% single cancer pathway patients starting treatment within 62 days	60% for 3 consecutive months	50%	60%	51%	42%	46%	49%	51%	46%	50%	41%	56%	49%	47%	60%	43%	53%	54%	54%	n/a
	% patients waiting less than 52 weeks for new outpatient appointment	100% for 3 consecutive months	94%	100%	93.6%	94.2%	95.6%	94.8%	94.3%	94.6%	94.0%	93.4%	92.7%	92.8%	93.1%	93.8%	92.5%	91.5%	91.3%	92.9%	93.4%
	% patients waiting less than 104 weeks from referral to treatment	100% for 3 consecutive months	97%	100%	96.5%	96.7%	97.1%	97.1%	97.1%	97.1%	97.2%	97.2%	97.4%	97.6%	97.9%	98.5%	98.4%	98.3%	98.2%	98.2%	98.1%
	% patients waiting less than 52 weeks from referral to treatment	80% for 3 consecutive months	85%	80%	85.8%	86.1%	87.1%	86.5%	85.7%	85.6%	85.2%	84.7%	84.2%	84.5%	84.9%	85.1%	84.3%	83.7%	83.4%	83.7%	83.7%
	Number of patients delayed by 100% for their follow up appointment	15% reduction 3 consecutive months, maintained for 3 months	15,419	9,469	16,181	15,867	15,526	15,377	15,399	15,957	15,571	15,419	15,668	16,310	15,478	15,829	16,028	16,201	16,062	15,714	16,015
	% R1 ophthalmology patients waiting no longer than 25% of target date	65% for 3 consecutive months	45%	65%	49.1%	49.7%	50.4%	49.6%	47.5%	46.6%	45.2%	44.0%	42.1%	40.5%	40.1%	40.0%	40.1%	38.1%	37.7%	36.6%	n/a
	% patients waiting less than 8 weeks for a diagnostic endoscopy	80% for 3 consecutive months	28%	80%	26.8%	27.6%	28.5%	28.9%	24.7%	24.8%	27.8%	26.9%	25.3%	27.0%	31.9%	37.0%	35.8%	34.4%	34.5%	44.0%	36.1%
	% patients waiting less than 8 weeks for a Non-obstetric ultrasound (NOUS)	80% for 3 consecutive months	73%	80%	75.8%	70.2%	72.7%	74.1%	67.5%	67.8%	73.3%	68.4%	63.1%	60.6%	70.3%	79.0%	77.5%	81.8%	84.7%	85.9%	77.0%
	% patients waiting less than 8 weeks for a non-cardiac MRI	80% for 3 consecutive months	75%	80%	55.1%	63.1%	78.7%	84.3%	70.7%	67.6%	74.6%	69.5%	61.5%	54.4%	65.2%	78.5%	71.7%	66.0%	63.6%	65.2%	57.1%
	% patients waiting less than 14 weeks for a specific therapy (excluding Audiology and Weight Management Service)	85% for 3 consecutive months	75%	85%	83.7%	83.3%	85.4%	86.6%	85.3%	84.1%	86.1%	87.4%	86.2%	86.8%	87.8%	86.9%	81.8%	78.9%	78.3%	77.6%	74.6%
UJC	Ambulance handovers taking over 1 hour	11% reduction 3 consecutive months, maintained for 3 months	964	680	901	993	863	944	980	854	1,019	915	959	1,245	1,124	1,192	1,103	970	1078	959	721
	Median time from arrival at ED to assessment by a clinical decision maker (mins) *	60	58	60	57	57	58	71	71	70	65	58	67	64	64	67	65	73	75	74	73
	% patients waiting over 12 hours in an emergency department	Continuous improvement towards no more than 7%	9%	7%	8.6%	8.6%	8.2%	8.9%	10.9%	9.2%	9.2%	9.0%	9.7%	11.7%	10.8%	11.3%	10.3%	10.6%	10.7%	10.1%	9.4%
	Number of delayed pathways of care	5% reduction 3 consecutive months, maintained for 3 months	203	174	278	230	247	256	238	222	192	227	190	207	212	220	237	249	253	203	194
CAMHS	% 0-17 year olds LPMHSS assessments undertaken <28 days	80%	92%	80%	88.2%	86.6%	93.5%	88.5%	76.5%	91.9%	93.8%	86.9%	89.6%	81.3%	92.0%	98.2%	92.2%	95.7%	85.7%	97.0%	n/a
	% 0-17 year olds therapeutic interventions started <28 days	65%	59%	65%	45.2%	72.9%	72.2%	48.9%	58.5%	58.5%	65.5%	81.3%	80.0%	78.0%	96.2%	95.8%	91.5%	95.3%	85.1%	81.0%	n/a
	% 0-17 year olds having secondary mental health services with valid care treatment plan	80%	95%	80%	100%	100%	100%	97.0%	95.2%	95.5%	93.2%	92.7%	92.9%	91.1%	92.1%	88.4%	93.5%	90.9%	95.0%	91.6%	n/a
Infections	Number of hospital onset C.difficile infections	25% reduction, maintained for 3 months	8	6	7	6	3	9	8	5	8	10	6	10	7	7	6	8	11	7	4
	Number of hospital onset Staph aureus infections	33% reduction, maintained for 3 months	3	2	3	3	3	3	2	2	4	3	2	4	1	5	7	1	4	3	5
	Number of hospital onset E.coli infections	25% reduction, maintained for 3 months	7	5	3	9	5	8	3	3	5	12	3	2	5	4	4	4	4	3	7

Performance and outcomes - exceptions



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Planned Care

- 156wk+ waits resolved by 31st August 2024
- Steady monthly improvement in % of patients waiting < 52 weeks for a new outpatient appointment – forecast achievement of 100% by March 2025.
- De-escalation criteria for % RTT patients waiting < 52 weeks has been achieved year to date
- % RTT patients waiting < 104 weeks maintained above 98% year to date. Current expectations to achieve 100% in all but 2 specialties by March 2025. Further solutions required in orthopaedics (delivery risk is 527 orthopaedic patients as per original trajectory) and ophthalmology (300 cataract patients following departure of high-cost locum post)

Diagnostics

- Deterioration in Radiology diagnostic waits associated with impact of financial recovery controls and continuing high levels of emergency/urgent pathway demand at the expense of routine pathway capacity.
- Delivery / Recovery plans in place to enable achievement of Cardiology & Endoscopy target waits by year end

Cancer

- Steady improvement in headline SCP performance through Q1 from 43% in April to 54% June.
- Emerging Radiology diagnostic capacity challenges negatively impacted anticipated further performance improvements in July.
- Continuing efforts to reduce Cancer pathway backlogs with particular focus on Skin & Urology pathways, including further progress with Urology improvement plan.
- Working closely with the NHS Executive to further improve pathway efficiency

Additional proposals to resolve forecast 104 week waits and wider Radiology diagnostic risks submitted for WG consideration.

Performance and outcomes - exceptions



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Delayed Follow Ups

- Variable monthly progress in reducing delayed follow up volumes
- Positive combined SoS/PIFU & discharge compliance (54% after NOP attendance)
- Significantly lower proportion of HB residents on follow up list compared with other HB areas
- Current review of specialty specific CIN guidance to drive further improvement in key specialties
- Key delivery focus for Q3/4

Eye Care Measures

- Continuing challenges in balancing available workforce capacity between emergency, urgent and routine pathways
- Planned increase in R1 capacity with new SAS doctors commencing clinics in August/September 2024
- Roll out of WGOS 4 August 2024 to reduce referrals & increase capacity for R1 patients
- Introduction of one stop cataract pathway (June 2024) will incrementally release OP capacity for prioritisation towards R1 patients
- x1 substantive consultant and x1 locum consultant post will improve workforce position



Urgent and Emergency Care (UEC)

- Improvement actions we are taking include continued development of Homefirst Hubs, remodelling of SDEC provision, roll out of Optimal Hospital Flow initiative, development and implementation of Criteria Led Discharge policy for HB and the establishment of a regional PoCD and Trusted Assessor Groups, with an agreed process developed and implemented for PoCD census data.
- Risk to delivery of timely urgent and emergency care due to demand exceeding current capacity. This is caused by significant fragility across the UEC system (acute, primary care, community and social care services). Refreshed Six Goals plan developed to oversee site and integrated system UEC priorities progress and performance. Some performance improvements noted, particularly in Withybush Hospital, but outside levels required to support de-escalation.
- Notable reduction in ambulance handover delays driven by the improvement in performance at WGH, which is the culmination of a process of system redesign on the site to improve flow across the system. The improvement means the HB is now on track in august for the first time with its annual plan improvement trajectory on this measure.

Mental Health

- All CAMHS de-escalation criteria have been met and sustained for over 3 months

Therapies

- Progress with agreed delivery plan negatively impacted by limited agency/locum workforce availability pending permanent recruitment. Recovery plan under review.



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6. Quality of care

1. Finance, strategy and planning

2. Performance and outcomes

Escalation Domains

5. Leadership, capability and culture

3. Fragile services

4. Governance

Domain 3: Fragile services



Emergency General Surgery

- Service within the CSP
- Significant fragility remains with the consultant rota, at both WGH and GGH. WGH rota reliant on agency post, extended for one month only, to allow Directorate to agree interim model to ensure service continuity and mitigate risk

Critical care

- Temporary model remains in place in PPH (level 2 only)
- One of the services included within the CSP

Overall approach

- Fragile services is one of the domains within internal escalation framework
- Approach to fragile services developed to systematically identify, risk score, respond and monitor fragile services
- Note Sept Board papers on PPH MIU, BGH Paeds and Tregaron

Primary care

- Currently running public engagement on primary and community strategic plan, across each of the 7 clusters
- Board seminar held in August on the strategic plan, including representatives from each of the contractor professions
- Risk factors driving unsustainability vary and are specific to each Practice. Predominant themes include workforce, leadership and management, and premises/business/financial issues. HB continues to work proactively and supportively with practices identified as being at risk
- Single-handed practices are particularly fragile – there are now six single-handed practices across Hywel Dda
- Board decision in July for dispersal of St. David's practice list



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Domains 4 and 5: Governance and leadership



- Committee effectiveness
 - New process developed in 2023/24 to reflect on value added in preceding 12 months:
 - IM Committee reflective sessions after each meeting enable continuous learning
 - Surveys issued to Committee Members included standard questions and Committee specific questions
 - Facilitated workshops held for PODCC, QSEC, SDODC & SRC
 - Review of external and internal audit feedback, feedback from IM Reflective sessions, reporting to Board and subsequent feedback over preceding 12 months
 - Feedback reported to Committees with action plans
 - Key themes presented and discussed at Board Seminar in August 2024 (Outcomes on next slide)
- Board effectiveness
 - Undertaken on annual basis through Board Seminar and included in Governance Statement
 - Developing new Board maturity matrix – scoping is underway

Outcomes from Committee Effectiveness



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Strengthening Processes	Changing Behaviours
Develop new reporting templates (inc SBAR, Committee Update Report, CF Business Case, IIA)	Etiquette when presenting of reports
Review report writing and presenting guidance	Officer member disagreements at meetings
Review agendas, TORs and workplans, guidance where appropriate, and strengthening membership	Keeping discussion in the strategic space and avoid getting into the operational detail
Using Committee Chairs meeting to help avoid duplication across Committees	'Presence' and contributions in meetings
Explore development of dashboards and use of systems to help assure/inform committees of areas which need more in-depth look	Balancing empathy and compassion with constructive challenge and scrutiny
Referring issues to other Committees and to Board, and receiving feedback	Clarity of purpose of individuals, papers, committees
Staff/patients present own stories at Committees	Be on time and in person where we can
Development of a Committee Behaviours Framework	Briefing deputies if attendance can not be made
Ask and Offer to be discussed at Board Seminar	Ask and Offer to be discussed at Board Seminar



- **Executive Recruitment** – CEO role out to advert, interview process will be held 16th & 18th October 2024. Will then look to commence substantive recruitment into remaining interim executive role(s):
 - Director of Nursing, Quality & Patient Experience
 - Medical Director
- **Staff Survey:**
 - Results published within HB
 - Findings and action plan shared in People, OD & Culture Committee and Staff Partnership Forum
 - Directorate specific results are being developed and have begun to be shared
 - Profession specific results being discussed in workforce retention groups
 - Key findings discussed within the Black, Asian and Minority Ethnic Advisory Group
 - Communication and engagement plan developed for launch of 2024 survey with TU involvement



- Operational Services Structure
 - OCP closed following comments from across organisation, including discussion prior to submission of comments with Staff Partnership Forum
 - Recruitment process underway and some appointments already made
 - Tailored recruitment programme in place for all senior leadership roles including development and support plans for all appointed individuals
 - OD development plan being developed for whole team to commence when all appointments made
 - Benefits are expected to include:
 - A better spread of senior leadership capacity to support the leadership and oversight of the new Clinical Care Group Model
 - Addresses concerns raised by Welsh Audit Office regarding clarity of accountability through the operational function
 - Supports a stronger alignment of a consistent health board wide service model with local implementation and ownership
 - Provides an enhanced level of system leadership and ownership
 - An opportunity to refresh and further enhance a clinical leadership model

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

Dr Philip Kloer
Interim Chief Executive
Hywel Dda University Health Board
Corporate Offices
Ystwyth Building
Hafan Derwen,
St Davids Park
Jobswell Road
Carmarthen
SA31 3BB

Our Ref: JP/GE/SB

3 October 2024

Dear Phil

Targeted Intervention meeting

This is the second targeted intervention meeting since the health board was escalated earlier this year. Thank you for the slide pack that forms an important part of the record. Apologies were noted from Sue Tranka, Jeremy Griffith and Hywel Jones.

Update on targeted intervention oversight and governance

You explained the new governance and working arrangements that have been established for the executive team including your internal performance and escalation framework. The new way of working was bedding in and starting to bear fruit from a cultural perspective. A reduction on reliance on agency staff, and the reliance on hospital beds was noted.

Finance

You confirmed that you are committed to achieving the control target of £44.8 million by March 2026. Your assurances to reach or better on the deficit of £64 million this year was covered in your annual plan. You are confident this will be achieved.

You advised month five had seen some improvement, with a reduction in in-month expenditure and improvements to the end of year forecast position. To date, you have assured savings of £28million with a further £4million required to achieve the £64million

planned deficit. You were increasingly confident around the delivery of this year's annual plan but highlighted the challenges on securing those savings on a recurrent basis. I would like to receive the timeline in place to achieve the target control timeline.

You highlighted the improvement made on agency nursing spend through the international recruitment plans.

You mentioned a number of potential service changes around critical care bed optimisation, optimisation of day surgery unit at Withybush Hospital, closure of surge capacity beds, MIU opening hours at Prince Philip Hospital and the paediatric service at Bronglais Hospital that are being discussed. These are likely to be highly controversial. I would urge you to keep me updated on any developments, to ensure that service standards and patient care will not be compromised, and that the necessary quality impact assessments are undertaken before any decision is made.

Planning

You have developed detailed action plans following the independent planning reviews carried out last year. The revised governance framework ensures that targeted intervention is embedded into every aspect of the organisation's operations. The de-escalation criteria are monitored weekly and reported through to the appropriate committees.

Phase two of the clinical services has been concluded, and a paper would be submitted to the public board in November 2024. This will progress to engagement and consultation on some of the clinical changes. I welcome wider discussions between yourselves and Welsh Government colleagues around the strategic direction and other consultation requirements.

Quality and Safety

Some progress has been made in some aspects of the healthcare acquired infections though not in all areas and your intention is to achieve the set trajectories. The developments and improvements made around the quality management system was noted along with the QIA process due to the scale of the potential service changes.

C Diff continues to be challenging for the health board and I note the progress with your improvement plan, including the establishment of a CDI improvement group to focus on higher-level management strategies with the Medical Director taking the lead on antimicrobial stewardship.

On complaints, the health board has the most complaints per thousand population in Wales. You have arranged some workshops during the autumn where colleagues from the Welsh Risk Pool, Ombudsman and medical examiners would be attending to discuss how to improve your complaints handling within the organisation and achieve the 70% target of closing complaints within 30-working days by quarter four. Welsh Government colleagues would forward the complaints data to the health board as part of the performance pack shared with all organisations.

The health board agreed to share a copy of their national reported incidents with Welsh Government colleagues outlining the closure rate and times to closure.

Performance and Outcomes

I note the progress being made against the 104-week RTT, diagnostics and mental health targets. Cancer performance however needs to improve. Unfortunately, urgent and emergency care continues to be one of your biggest challenges and an even bigger risk going into the winter period. The improvements seen in ambulance handover performance at the end of August at Wthybush General hospital is a positive step forward. This must be maintained and learning applied to Glangwili General hospital.

Discussions with Swansea Bay health board colleagues were ongoing for a regional solution for cataracts and the Regional Orthopaedics Programme Board meeting had recently met to develop an agreement on a regional solution.

Fragile Services

A discussion was held on emergency general services surrounding the clinical services plan, critical care issues and the temporary model in place at Prince Philip General hospital, and the single handed and managed GP practices.

Governance and Leadership

You highlighted a series of workshops had been held for each of the committees to support continuous learning and effective leadership. The newly appointed Chair is focused on developing leadership skills. I note the health board is actively trying to recruit to the Chief Executive as well as other senior posts.

We discussed your staff survey findings which were concerning as they highlighted poor levels of morale amongst staff. A workshop with your trade union to discuss the findings and develop an action plan has happened.

In relation to your WRES action plan, 55 of the overseas nurses who qualified in the UK have been promoted during the last two years, echoing concerns that this is lower than expected and you will continue to develop this area.

Summary

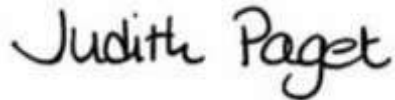
My overall reflection is one of some progress being made. This had been a helpful discussion around the processes and systems in place to support targeted intervention within the health board. I do expect to see performance improved for cancer, planned care, urgent and emergency care and healthcare acquired infections.

Your financial position is not supportable, and the health board will need to reduce its forecast deficit both in-year and on a recurrent basis. I expect you to have a clear route map to financial balance which reverses the deteriorating trajectory of the financial position. We agreed the following actions:

- Health board to forward a copy of the timeline towards achieving the target control timeline.
- Welsh Government colleagues to forward the complaints data as part of the performance pack shared with all organisations to the health board.
- The health board to share a copy of their national reported incidents with Welsh Government colleagues outlining the closure rate and time to closure.

Please thank your team for the discussion and information provided. I look forward to seeing progress at the next meeting.

Yours sincerely



Judith Paget CBE

Attendance

List of attendees and noted apologies	
Health Board	Welsh Government
Dr Philip Kloer	Judith Paget - Chair
Andrew Carruthers	Pushpinder Mangat
Joanne Wilson	Helen Arthur
James Severs	Olivia Shorrocks
Huw Thomas	Samia Edmonds
Lee Davies	Richard Desir
Lisa Gostling	Gaynor Evans - Secretariat
Sharon Daniel	
Helen Mitchell	Claire Green – NHS Executive
Jill Paterson	
Alwena Hughes	
Ardiana Gjini	
Apologies	
	Hywel Jones
	Jeremy Griffith
	Sue Tranka



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Hywel Dda University Health Board Targeted Intervention Progress Report October 2024

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- 7 Domain 6: Quality of care
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Key Areas of Progress

- New governance and working arrangements established for executive team
- Reduction in reliance on agency staff and hospital beds
- Improvements in financial position and savings assurance
- Development of detailed action plans following independent planning reviews
- Progress in some aspects of healthcare acquired infections
- Improvements in RTT, diagnostics, and mental health targets
- Positive steps in ambulance handover performance at Withybush General Hospital

Areas of Concern

- Financial position remains unsupportable
- Cancer performance needs improvement
- Urgent and emergency care continues to be a significant challenge
- Staff survey findings indicate poor levels of morale
- Complaints rate highest per thousand population in Wales
- C. Diff infections remain challenging
- Lower than expected promotion rate for overseas nurses who qualified in UK



Key Actions and Expectations

1. Health board to provide timeline for achieving target control
2. Welsh Government to forward complaints data as part of performance pack
3. Health board to share national reported incidents data
4. Expectation to see improved performance in cancer, planned care, urgent and emergency care, and healthcare acquired infections
5. Clear route map to financial balance required
6. Quality impact assessments to be undertaken before any service changes

Notable Discussions

- Potential controversial service changes being considered
- Progress on clinical services plan and consultation requirements
- Ongoing recruitment for Chief Executive and other senior posts
- Developments in regional solutions for cataracts and orthopaedics
- Establishment of CDI improvement group with Medical Director leading antimicrobial stewardship
- Workshops planned to improve complaints handling process
- Fragile services discussion, including emergency general services and GP practices



Financial Targets

- Committed to achieving control target of £44.8 million by March 2026
- Current year's planned deficit: £64 million
- Assured savings to date: £28 million
- Additional savings required: £4 million

Overall Assessment

Some progress noted, but significant challenges remain in financial position, performance improvements, and staff morale. Continued focus on targeted intervention areas is crucial. The health board needs to balance necessary service changes with maintaining service standards and patient care.



Update on Additional Measures to Control Variable Spend from 1st November

As part of our ongoing efforts to control variable spend, the following measures will be implemented across all directorates and professional areas starting from the 1st of November:

- 1. Prioritisation of Internal Staff Over Agency** - From the 1st of November, we will be prioritising the use of bank staff and additional hours for substantive employees. Overtime will only be authorised when absolutely necessary, and agency staff will be a last resort, requiring higher-level approval. This approach will help ensure that we are maximising our existing workforce and controlling costs effectively.
- 2. Discontinuation of HCSW Agency Usage** - In line with our cost-saving measures, the use of agency Health Care Support Workers (HCSW) will no longer be supported after the 1st of November. All staffing gaps will be covered by internal staff, with additional hours and overtime being used where required.
- 3. Strengthened Authorisation Process** - The booking of additional hours, overtime, and agency shifts will follow a strict escalation process. Senior nurse managers or heads of service will need to sign off on all agency requests, ensuring that internal options have been fully explored before committing to external solutions. This will provide more robust control over workforce spend.
- 4. Risk-Assessed Enhanced Patient Support** - Any requests for enhanced patient support staffing must go through a thorough risk assessment, ensuring that internal staff rotations are considered first. Additional staffing will only be authorised if the need is critical, and regular monitoring will help ensure that we are deploying resources appropriately.
- 5. Ongoing Monitoring and Documentation** - We will be conducting regular spot audits and reviewing staffing plans to ensure that the process remains effective. All requests for additional staffing must be documented, and decisions will be reviewed periodically to ensure alignment with our financial objectives.

These measures will significantly help us reduce reliance on agency workers and better manage variable spend while maintaining patient safety and staff wellbeing. We will continue to review these measures with our trade union colleagues to ensure they remain effective.

Weekly Summary Update- Variable Pay Expenditure (Additional Controls)



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Current Agency Workers (QIA's and FSCG authorisation will be required to continue any agency past the 1st of November)

- Nursing: 3 agency workers in USC (GGH) and 3 in USC (WGH), along with 4 in MH&LD Directorate.
- Planned Care Directorate: 4 agency workers.
- Pathology Services: 3 agency workers.
- Cancer Directorate: 2 agency workers.
- Medical: 3 agency workers in ED and 4 in other medical services (GGH/USC).

Total Agency Workers Pre-November:

- 19 agency workers are currently in place across various directorates.

Post-November Summary:

- Nursing: 2 agency workers in USC (GGH) will remain beyond November; the third will exit by November. All 3 workers in USC (WGH) will exit by November.
- MH&LD Directorate: All 4 agency workers will remain beyond November.
- Planned Care Directorate: All 4 agency workers will remain beyond November.
- Pathology Services: 1 agency worker will remain beyond November, with the other 2 exiting by November.
- Cancer Directorate: Both agency workers will remain beyond November.
- Medical: 1 out of 3 agency workers in ED will exit by November, and the remaining 2 will stay beyond November.
- Total Agency Workers Post-November: 13 agency workers will remain in place post-November across Nursing, MH&LD, Planned Care, Pathology, Cancer, and Medical services.



Dietetics

- Planned Role Endings by 1st November: 3
- Vacancy Extensions: 2 roles are likely to extend until mid-November, though discussions around transitioning into substantive roles are ongoing. One of these is highly specialised, with recruitment challenges remaining.

Audiology

- Planned Role Endings by 1st November: 0
- Maternity Leave Cover: 1 ongoing role with maternity cover until February 2025, with increased travel costs being considered as a potential issue.

Physiotherapy

- Planned Role Endings by 1st November: 5
- Vacancy Extensions: 2 roles will extend until the end of November, with no further extension expected as substantive posts have been recruited but delayed.

Radiology

- Planned Role Endings by 1st November: 2
- Both posts are due to have finished before November due to delayed substantive appointments.



Physiology/Cardiology

- Planned Role Endings by 1st November: 3
- Vacancy Extensions: 1 specialised post will extend until early December, with ongoing discussions about recruitment challenges and potential training solutions.

Blood Sciences

- Planned Role Endings by 1st November: 3
- Maternity Leave Cover: 1 role will extend to mid-November.

Summary of Gaps and Challenges

Highly Specialised Roles - Some roles, particularly in Dietetics and Physiology, have significant recruitment challenges, with risks of service gaps if substantive appointments are not made.

Ongoing Extensions - A small number of roles will extend beyond 1st November, either for maternity cover or where substantive posts have been delayed.

Travel Costs and Waiting Time Impacts - In Audiology, the ongoing maternity leave cover may lead to increased costs or longer patient wait times due to travel requirements for staff.



1. Adjusted Bed Reductions

- Original Plan = Phased reduction of three critical care beds to achieve savings.
- Revised Plan - Close one Level 3 bed at WGH and one Level 3 bed at GGH. This addresses operational and clinical concerns about larger bed reductions at PPH or BGH.

2. Enhanced Variable Pay Controls

- Implement stringent variable pay controls across all four units to reduce reliance on variable staffing expenses.
- Aim to release a minimum of £33k per month by reducing variable pay usage.

3. Operational Protocol Improvements

- Escalation Protocols: Apply clear and strictly enforced protocols to manage patient admissions effectively.
- Transfer/Repatriation Protocols: Implement protocols for transferring Level 0/1 patients to optimize bed utilisation.

4. Focus on Ward-Based NIV Pathways

- Develop plans to refocus on ward-based Non-Invasive Ventilation (NIV) pathways at GGH. This will help manage demand for critical care beds by treating suitable patients in ward settings.

5. Revision of CCB Booking Protocols

- Immediate Change - Limit Critical Care Bed (CCB) bookings to no more than 72 hours before a shift.
- Further Assessment- Evaluate the possibility of removing CCB booking protocols entirely to enhance flexibility and efficiency.



The revised structure for the Targeted Intervention (TI) pack focuses on achieving a more streamlined and impactful approach to managing the alerts that are critical for driving progress towards de-escalation. Currently, the TI pack contains a large number of alerts and actions, which has diluted focus on key areas where more imminent action is required. This new approach aims to shift towards a systemic review of the key priorities, particularly those flagged by Welsh Government, to ensure we are better positioned to meet their expectations and demonstrate progress.

Focus on Six Core Alerts

The revised alerts system will focus on six key alerts that have been identified as priority areas where more immediate action is necessary. These alerts have been selected based on feedback from Welsh Government, as well as their alignment with our strategic objectives for de-escalation. The logic behind this refined focus is to ensure that:

1. **Clarity and Confidence** - We have a clear understanding and assurance around the actions that need to be taken, allowing us to build confidence internally and externally.
2. **Actionable Focus** - We are concentrating efforts on delivering tangible outcomes in the short term, particularly on areas that will drive de-escalation when we next meet Welsh Government in January.
3. **Reduced Complexity** - By reducing the number of competing alerts, we avoid the risk of losing focus in the wider complexities of the full TI pack, allowing us to concentrate on the areas that will have the biggest impact.

Rationale Behind the Focus

The rationale for narrowing the focus to these six alerts is that the broader TI framework is aimed at supporting de-escalation. While we recognise the systemic challenges and complexities that exist, these six areas are critical “big-ticket” items that require urgent and coordinated action. Importantly, we are not disagreeing with the broader set of actions required, but rather ensuring that our focus remains aligned with Welsh Government’s priorities.



Our approach is designed to be collaborative and proactive. We are not aiming to create a hierarchical relationship between us and Welsh Government but instead to ensure that we are presenting clear, actionable steps that demonstrate meaningful progress. This will give Welsh Government the confidence that we are working towards de-escalation in a structured and measurable way.

Ensuring Assurance and Focus

In this revised structure, each of the six core alerts will be reviewed systemically to ensure we are confident in the complexity of the actions required. The focus will be on ensuring:

1. Ownership and Accountability - Each alert will have a designated lead and clear action points to ensure accountability. Progress will be reviewed regularly, and issues escalated where necessary.
2. Clear Milestones - We will set specific milestones for each alert to ensure progress is being made, with regular updates to provide assurance that actions are on track.
3. Integration with Broader TI Framework - While the focus is on these six alerts, we will continue to monitor and address the wider TI framework to ensure that longer-term and systemic issues are still captured, without allowing them to overshadow the immediate priorities.

Systemic Review and Delivery Focus

The revised alert system will drive a more systemic review of progress on the key areas, ensuring that we are continuously aligning our actions with the goal of de-escalation. By focusing on these six alerts and providing clear, detailed updates on progress, we will be well-positioned to demonstrate our commitment to delivering on Welsh Government's feedback.

Ultimately, this approach will give us the clarity and confidence needed to drive towards delivery in a coordinated and focused way. The next few months leading up to the January meeting with Welsh Government will be critical in ensuring that we maintain momentum, avoid distraction from broader complexities, and achieve meaningful progress towards de-escalation.

Alerts and Advise aligned to Welsh Government Feedback



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Number	Concern	Action	Reporting Group	Committee	Status	Lead	Actions to be Taken	Action Completion Date
1	Urgent and Emergency Care (UEC)	Apply learning from Withybush to improve GGH's ambulance handovers and UEC performance	IQFPD	SDODC	Alert	Chief Operating Officer	<ol style="list-style-type: none"> 1. Develop a plan to replicate Withybush model. 2. Track UEC performance. 3. Monthly reporting to TI pack. 	
2	Fragile Services (Critical Care & Service Configuration)	Conduct QIA and develop action plans for critical care optimisation and service configuration decisions	IQFPD/AHMWW	SDODC	Alert	Director of Planning	<ol style="list-style-type: none"> 1. Complete QIA/EQIA for all service changes. 2. Continue to highlight and report on fragile services to the Board. 3. Monitor monthly through Directorate Escalation Meetings - through agreed baselines and metrics 	
3	Cancer Performance	Develop and implement a revised detailed action plan to improve cancer performance	IQFPD	SDODC	Alert	Chief Operating Officer	<ol style="list-style-type: none"> 1. Review and amended as appropriate the current interventions to meet cancer targets. 2. Review performance bi-weekly. 3. Update Welsh Government on the progress via IQPD and Targeted Intervention 	

Alerts and Advise aligned to Welsh Government Feedback



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Number	Concern	Action	Reporting Group	Committee	Status	Lead	Actions to be Taken	Action Completion Date
4	Financial Roadmap	Submit a clear timeline for achieving the £44.8 million control target	Value and Sustainability	SRC	Alert	Director of Finance	1. Develop financial roadmap, as part of the Annual Planning Process for 25/26	
							2. Present timeline to November Board.	
							3. Provide final update to Welsh Government in January 25.	
5	Complaints Handling	Implement workshops and meet 70% closure rate target for complaints	IQFPD	QSEAC	Alert	Director of Quality	1. Schedule workshops with key stakeholders.	
							2. Track complaints closure progress.	
							3. Report bi-monthly.	
6	Healthcare-Acquired Infections (HCAIs)	Improve CDI rates and implement CDI improvement strategies	IQFPD	QSEAC	Alert	Director of Quality	1. A review of the IPC priorities is underway and recommendations will feed into the CDI group	
							2. Monitor CDI rates monthly.	
							3. Submit bi-monthly progress reports to QSEC.	

Alerts and Advise aligned to Welsh Government Feedback



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Number	Concern	Action	Reporting Group	Committee	Status	Lead	Actions to be Taken	Action Completion Date
7	Staff Morale and Leadership	Implement action plan based on staff survey and leadership development	Value and Sustainability	PODC	Advise	Deputy Chief Executive & Director of Workforce	<ol style="list-style-type: none"> 1. Implement leadership development programme. 2. Monitor staff morale improvement. 3. Report quarterly on staff survey outcomes. 	
8	Clinical Services Plan Phase 2	Submit clinical services plan and engage stakeholders for Phase 2	AHMWW	SDODC	Advise	Director of Strategy and Planning	<ol style="list-style-type: none"> 1. Submit Phase 2 plan to November Board. 2. Begin stakeholder engagement. 3. Provide updates through the Healthier Mid and West Wales strategy. 	



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6. Quality of
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5. Leadership,
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Approach to TI and revised arrangements

Definitions



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Assurance Level	
Assurance Level: High = Assure	<ul style="list-style-type: none">• There is strong evidence that the criteria are being met or exceeded.• Actions are robust and effectively addressing the issue.• No significant concerns exist, and performance is consistently on target.
Assurance Level: Moderate = Advise	<ul style="list-style-type: none">• There is partial evidence that the criteria are being met.• Actions are in place but require close monitoring and additional efforts.
Assurance Level: Low = Alert	<ul style="list-style-type: none">• There is little or no evidence that the criteria are being met.• Actions are insufficient or not effectively addressing the issue.• Significant concerns exist, and there is a high risk of not meeting targets.

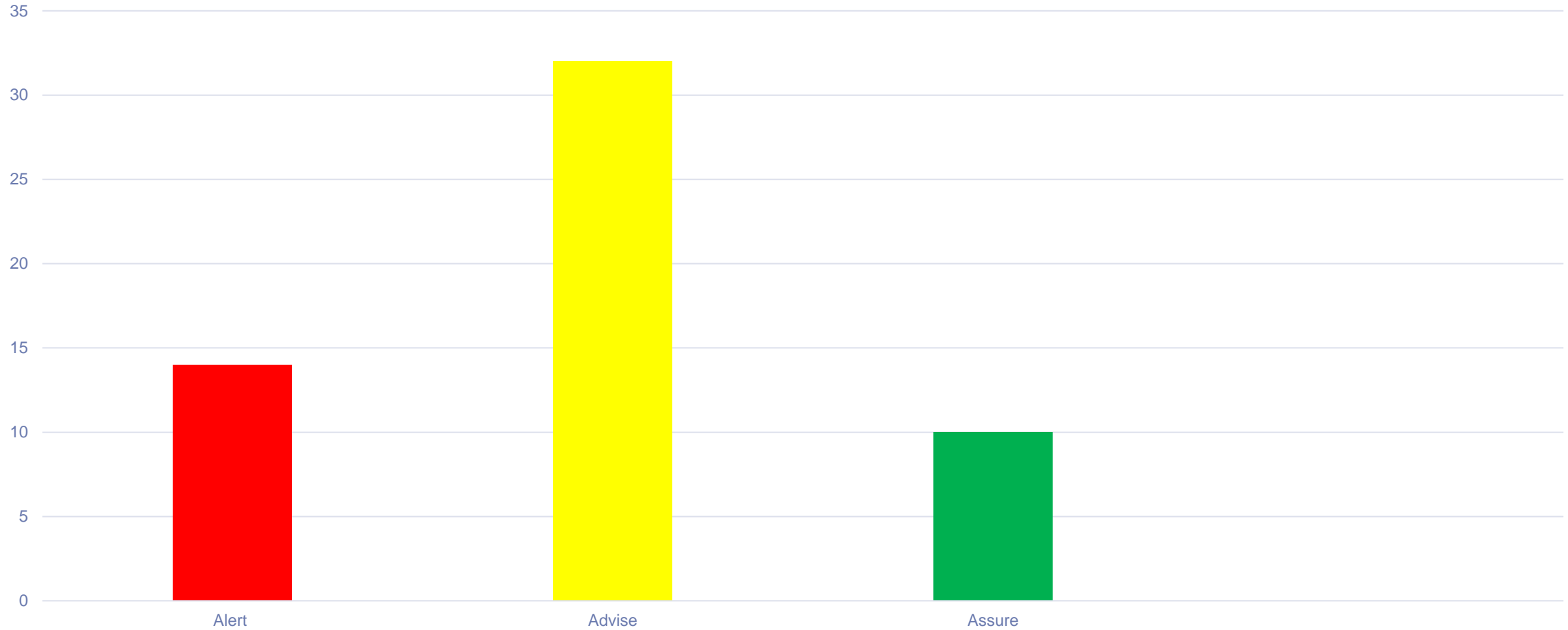
TI progress July 2024



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Current Status of the 56 De-escalation Criteria



TI responsibilities



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Action	Lead	Committee	RAG Status	Comments
1 Appoint an SRO(s) for the overall escalation and each domain if considered necessary and appropriate project leads.	CEO	ARAC	Assure	Complete - Director of Strategy and Planning appointed as SRO
2 Have board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.	SRO	ARAC	Assure	The de-escalation criteria is clearly set out and aligned to leads and committees. All current alerts have clear actions and/or plans
3 Agree the Targeted Intervention plan(s) and commit sufficient resources to ensure that the plan deliverables are achieved.	CEO	ARAC	Advise	Some not all resources have yet been identified
4 Provide monthly progress reports and evidence against the escalation plan to Welsh Government/NHS Wales Executive as required.	SRO	ARAC	Assure	Yes, this TI Framework is a live document and is updated daily/weekly/monthly and then shared as required.
5 Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the overall position.	DOF	ARAC	Assure	



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Domain 1: Finance, strategy and planning

Domain 1: Finance, Planning and Strategy



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Criteria	Reporting Group	Committee	Status	Comments
1 The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.	Value and Sustainability	SRC	Advise	Additional measures introduced.
2 Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.	Value and Sustainability	SRC	Advise	Further work undertaken on the opportunities to underpin the financial route map but continues to be raised as a concern by WG.
3 Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	Value and Sustainability	SRC	Alert	Annual plan does not deliver the control total.
4 Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Alert	Annual plan remains unacceptable.
5 Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI coordination group	SDODC	Advise	This remains on-going and through the annual plan and TI workshop, the integrated planning process will be enhanced
6 Board clarity on the strategic vision for the organisation.	AHMWW	SDODC	Advise	Agreed strategy in place, AHMWW, however PBC not yet endorsed by WG and therefore strategic plan remains uncertain.

Domain 1: Finance, Planning and Strategy

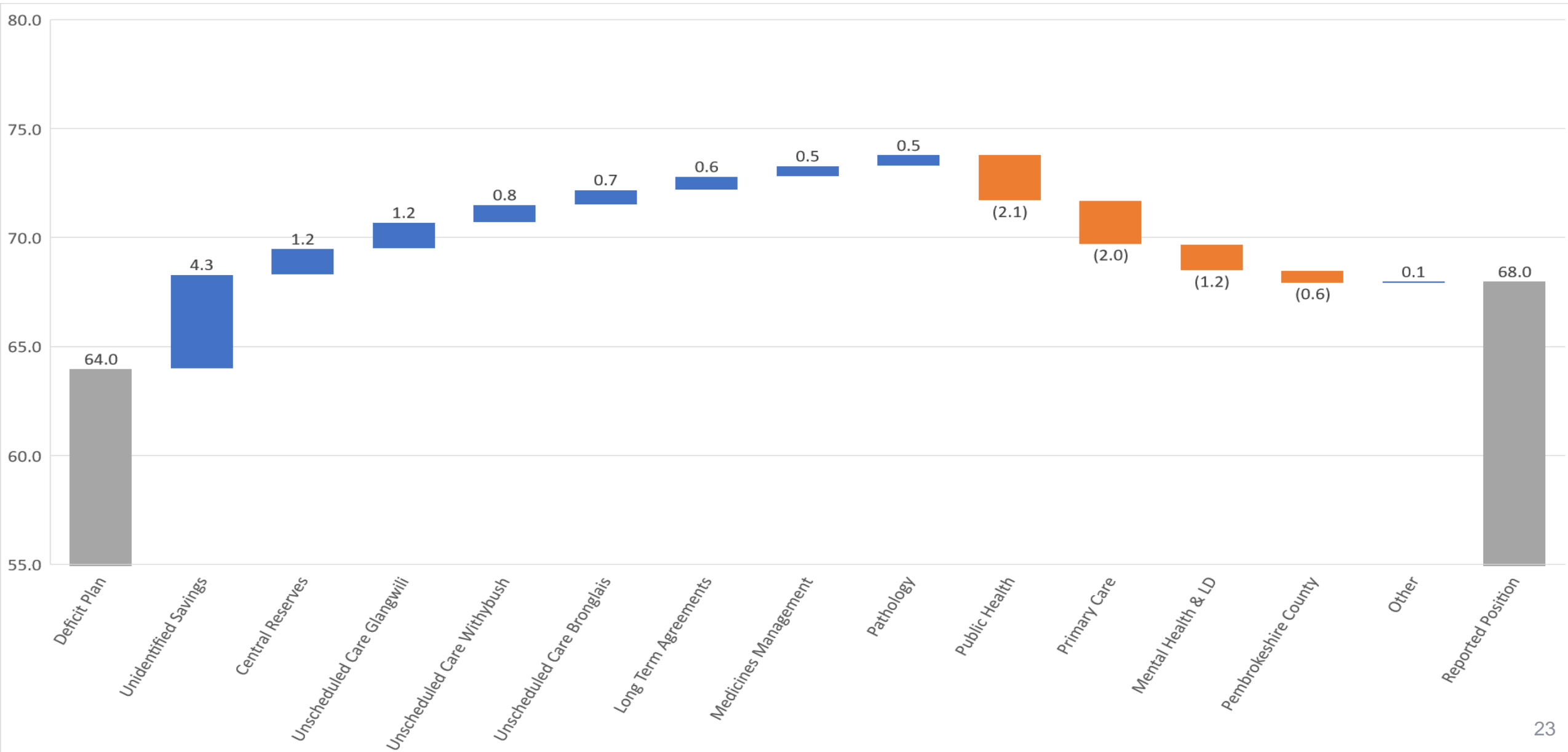


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Criteria	Reporting Group	Committee	Status	Comments
7 Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	AHMWW	SDODC	Advise	Work on the CSP is progressing but remains in development phase.
8 Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.	IQFPD	SDODC	Alert	Currently significant challenges in Urgent and Emergency Care, Cancer and Diagnostics. Orthopaedics remains an outlier to achieving stage 104 week waits.
9 Significant progress on a clinical services plan.	AHMWW	SDODC	Advise	Work on the CSP is progressing but remains in development phase.
10 Sustained improvements in delivery of the plan throughout the year.	IQFPD	SDODC	Advise	There are several improvements, however the status may need to be reviewed in September 2024.
11 Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.	TI coordination group	SDODC	Advise	Our position has shown improvement; however, this is finely poised and may require revision in September 2024
12 Establishment of a Joint Committee with Swansea Bay UHB and demonstrate improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.	Executive team	BOARD	Advise	The joint committee is currently being established with the relevant executives meeting to discuss both the sustainability and prioritisation of services.

End of Year: Key Directorates (£'m)



End of Year: Savings Identification and Delivery Summary

Saving Identification	£'m	Comments
Savings Target	32.4	As per Annual Plan
Underspend conversions	0.4	Directorate Non-recurring pay related underspends converted to savings schemes transacted in Month 5
Newly identified schemes	4.6	16 new schemes identified in Month 5, 7 schemes as recurring £0.5m, 9 schemes as non-recurring £4.1m
Red & Black conversions	0.0	No conversions made within the month
New Identified Savings	5.0	Added since the prior months end of year forecast
Previously Identified Planned Schemes	23.1	Identified within the prior months end of year forecast
Total Savings Plans Identified	28.1	Identified plans (not necessarily the actual delivery)
Unidentified Savings Gap to Annual Plan	4.3	
Under / (Over) Delivery of Planned Schemes	1.3	Shown within directorate financial performance
Savings Delivery Gap	5.6	

Savings Plans and Delivery Performance



Annual Plan Requirement
£32.4m



In-Year Delivery
£26.8m



In-Year Shortfall
£5.6m

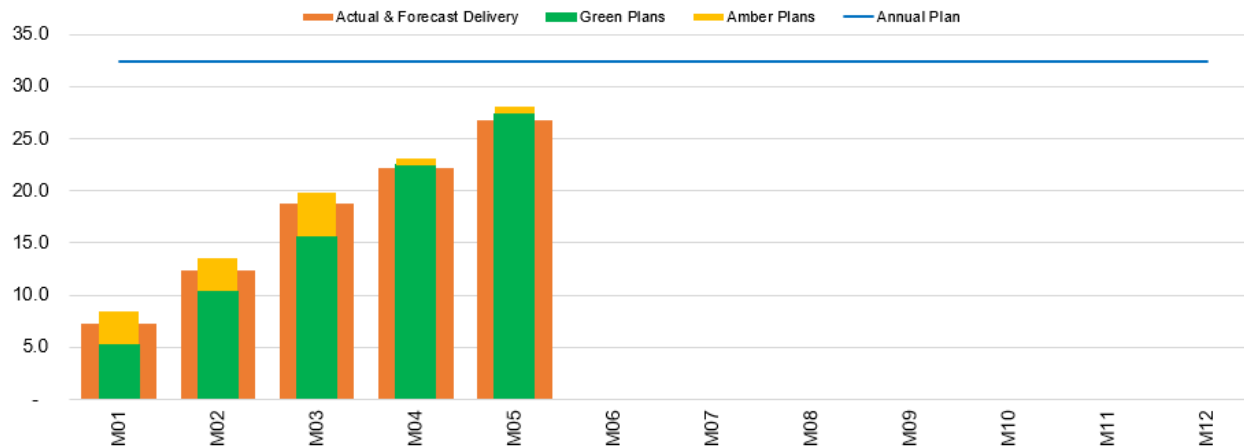


Recurrent Delivery
£18.4m

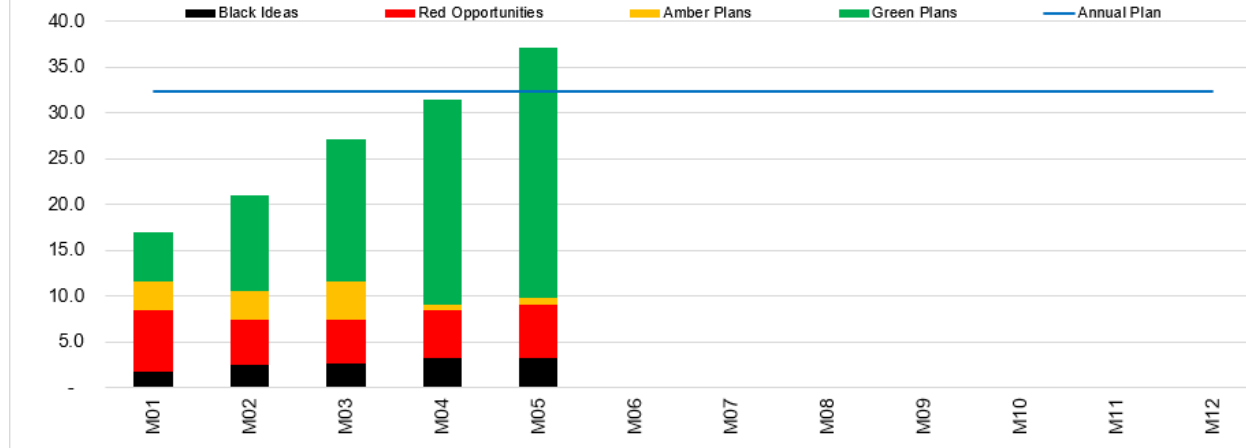


Recurrent Shortfall
£14.0m

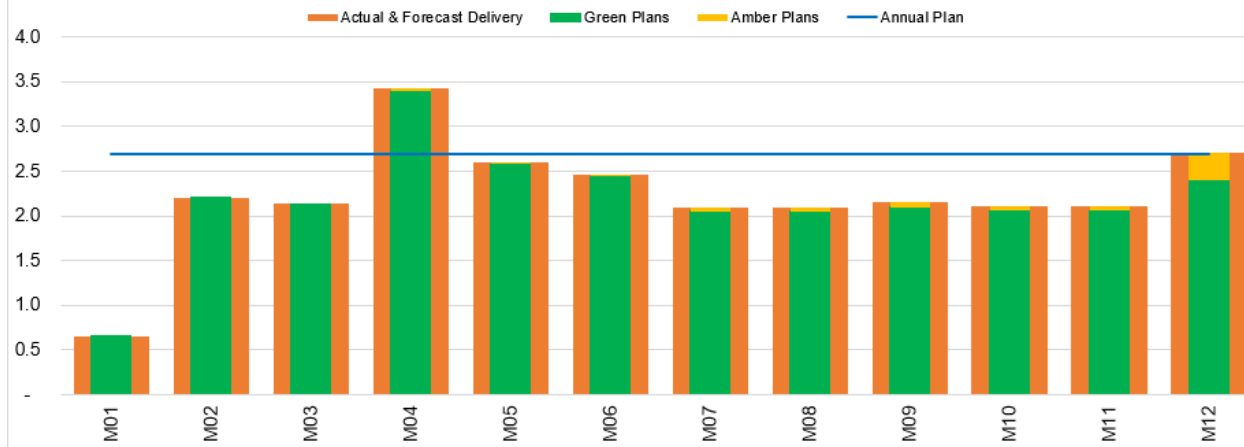
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



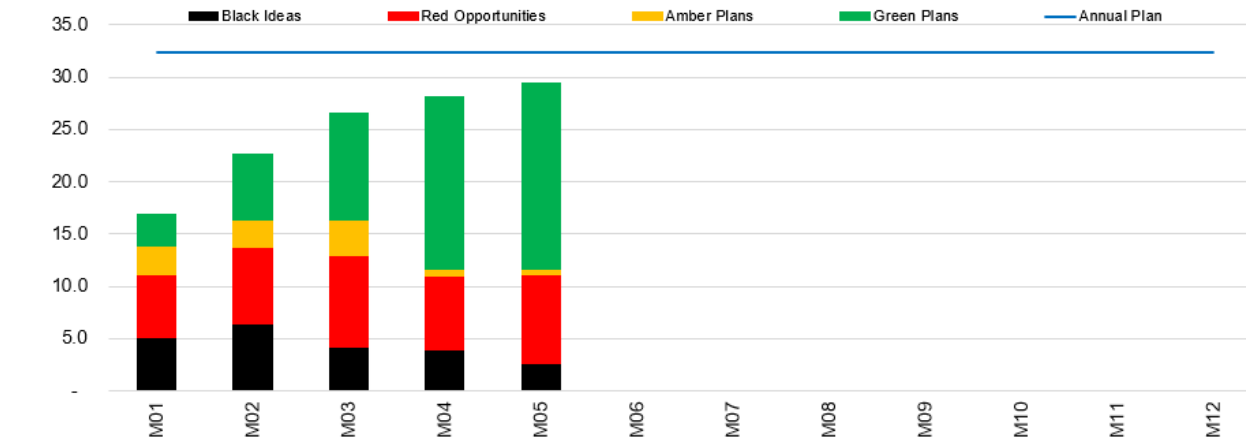
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



Monthly Profiled Risk-Assessed Savings Delivery (£'m)



Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'m)





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Domains**

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services

5. Leadership,
capability and
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4.
Governance

Domain 2: Performance and outcomes

TI - September Performance



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	Measure	De-escalation criteria	Baseline	Goal	Latest position																
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24
Planned Care and Cancer	% single cancer pathway patients starting treatment within 62 days	60% for 3 consecutive months	50%	60%	51%	42%	46%	49%	51%	46%	50%	41%	56%	49%	47%	60%	43%	53%	54%	54%	n/a
	% patients waiting less than 52 weeks for new outpatient appointment	100% for 3 consecutive months	94%	100%	93.6%	94.2%	95.6%	94.8%	94.3%	94.6%	94.0%	93.4%	92.7%	92.8%	93.1%	93.8%	92.5%	91.5%	91.3%	92.9%	93.4%
	% patients waiting less than 104 weeks from referral to treatment	100% for 3 consecutive months	97%	100%	96.5%	96.7%	97.1%	97.1%	97.1%	97.1%	97.2%	97.2%	97.4%	97.6%	97.9%	98.5%	98.4%	98.3%	98.2%	98.2%	98.1%
	% patients waiting less than 52 weeks from referral to treatment	80% for 3 consecutive months	85%	80%	85.8%	86.1%	87.1%	86.5%	85.7%	85.6%	85.2%	84.7%	84.2%	84.5%	84.9%	85.1%	84.3%	83.7%	83.4%	83.7%	83.7%
	Number of patients delayed by 100% for their follow up appointment	15% reduction 3 consecutive months, maintained for 3 months	15,419	9,469	16,181	15,867	15,526	15,377	15,399	15,957	15,571	15,419	15,668	16,310	15,478	15,829	16,028	16,201	16,062	15,714	16,015
	% R1 ophthalmology patients waiting no longer than 25% of target date	65% for 3 consecutive months	45%	65%	49.1%	49.7%	50.4%	49.6%	47.5%	46.6%	45.2%	44.0%	42.1%	40.5%	40.1%	40.0%	40.1%	38.1%	37.7%	36.6%	n/a
	% patients waiting less than 8 weeks for a diagnostic endoscopy	80% for 3 consecutive months	28%	80%	26.8%	27.6%	28.5%	28.9%	24.7%	24.8%	27.8%	26.9%	25.3%	27.0%	31.9%	37.0%	35.8%	34.4%	34.5%	44.0%	36.1%
	% patients waiting less than 8 weeks for a Non-obstetric ultrasound (NOUS)	80% for 3 consecutive months	73%	80%	75.8%	70.2%	72.7%	74.1%	67.5%	67.8%	73.3%	68.4%	63.1%	60.6%	70.3%	79.0%	77.5%	81.8%	84.7%	85.9%	77.0%
	% patients waiting less than 8 weeks for a non-cardiac MRI	80% for 3 consecutive months	75%	80%	55.1%	63.1%	78.7%	84.3%	70.7%	67.6%	74.6%	69.5%	61.5%	54.4%	65.2%	78.5%	71.7%	66.0%	63.6%	65.2%	57.1%
	% patients waiting less than 14 weeks for a specific therapy (excluding Audiology and Weight Management Service)	85% for 3 consecutive months	75%	85%	83.7%	83.3%	85.4%	86.6%	85.3%	84.1%	86.1%	87.4%	86.2%	86.8%	87.8%	86.9%	81.8%	78.9%	78.3%	77.6%	74.6%
UJC	Ambulance handovers taking over 1 hour	11% reduction 3 consecutive months, maintained for 3 months	964	680	901	993	863	944	980	854	1,019	915	959	1,245	1,124	1,192	1,103	970	1078	959	721
	Median time from arrival at ED to assessment by a clinical decision maker (mins) *	60	58	60	57	57	58	71	71	70	65	58	67	64	64	67	65	73	75	74	73
	% patients waiting over 12 hours in an emergency department	Continuous improvement towards no more than 7%	9%	7%	8.6%	8.6%	8.2%	8.9%	10.9%	9.2%	9.2%	9.0%	9.7%	11.7%	10.8%	11.3%	10.3%	10.6%	10.7%	10.1%	9.4%
	Number of delayed pathways of care	5% reduction 3 consecutive months, maintained for 3 months	203	174	278	230	247	256	238	222	192	227	190	207	212	220	237	249	253	203	194
CAMHS	% 0-17 year olds LPMHSS assessments undertaken <28 days	80%	92%	80%	88.2%	86.6%	93.5%	88.5%	76.5%	91.9%	93.8%	86.9%	89.6%	81.3%	92.0%	98.2%	92.2%	95.7%	85.7%	97.0%	n/a
	% 0-17 year olds therapeutic interventions started <28 days	65%	59%	65%	45.2%	72.9%	72.2%	48.9%	58.5%	58.5%	65.5%	81.3%	80.0%	78.0%	96.2%	95.8%	91.5%	95.3%	85.1%	81.0%	n/a
	% 0-17 year olds having secondary mental health services with valid care treatment plan	80%	95%	80%	100%	100%	100%	97.0%	95.2%	95.5%	93.2%	92.7%	92.9%	91.1%	92.1%	88.4%	93.5%	90.9%	95.0%	91.6%	n/a
Infections	Number of hospital onset C.difficile infections	25% reduction, maintained for 3 months	8	6	7	6	3	9	8	5	8	10	6	10	7	7	6	8	11	7	4
	Number of hospital onset Staph aureus infections	33% reduction, maintained for 3 months	3	2	3	3	3	3	2	2	4	3	2	4	1	5	7	1	4	3	5
	Number of hospital onset E.coli infections	25% reduction, maintained for 3 months	7	5	3	9	5	8	3	3	5	12	3	2	5	4	4	4	3	7	4

Domain 2: Performance and outcomes

Planned care and cancer



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Criteria	Reporting Group	Committee	Status	Comments
13 60% performance maintained for 3 months against the SCP target.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
14 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
15 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	IQFPD	SDODC	Alert	Current plan delivers 104 weeks for all services except Orthopaedics.
16 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Assure	Criteria being achieved.
17 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	IQFPD	SDODC	Alert	Actions and Plans set out within the Alerts
18 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	IQFPD	SDODC	Alert	Actions and Plans set out within the Alerts

Domain 2: Performance and outcomes

Planned care and cancer



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Criteria	Reporting Group	Committee	Status	Comments
19 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
20 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
21 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
22 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
23 Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	QSEAC	Advise	Do we have trajectories and plans for this?

Domain 2: Performance and outcomes

Urgent and emergency care



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Criteria	Reporting Group	Committee	Status	Comments
24 A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Current actual performance is a significant concern and is negatively deviating from the set trajectories
25 Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	IQFPD	SDODC	Alert	Remains a significant challenge. Whilst improvement actions identified, this has not to date translated in a clear operational plan
26 Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	No current operational plan in place
27 A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).	IQFPD	SDODC	Alert	Remains significantly above plan with no operational plans in place
28 Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	SDODC		

Domain 2: Performance and outcomes

Mental health



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Criteria	Reporting Group	Committee	Status	Comments
29 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	IQFPD	SDODC	Assure	Welsh Government have de-escalated the Health Board for Part 1 of assessments
30 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	IQPFD	SDODC	Assure	Criteria being achieved
31 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Criteria being achieved



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1. Finance,
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Performance
and
outcomes

**Escalation
Domains**

3. Fragile
services

6. Quality of
care

5.
Leadership,
capability
and culture

4.
Governance

Domain 3: Fragile services

Domain 3: Fragile services



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Criteria	Reporting Group	Committee	Status	Comments
32 Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HMC, RC, Llais etc), mortality reviews, duty of quality/candour, infection protection control, performance, clinical and medical leadership.	IQFPD	QSEAC	Advise	Update on fragile services framework presented at QSEAC in April
33 Fragile services (including but not limited to stroke, primary care, orthopaedics and ophthalmology) are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support. Where appropriate key performance metrics will be agreed.	IQFPD	QSEAC	Advise	Stroke, orthopaedics, ophthalmology and primary care are supported through Clinical Services Plan and Primary and Community strategy programmes. Support for other services to be established as part of framework above.
34 Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	IQFPD	QSEAC	Alert	Further work required to establish the position against recommendations.
35 Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.	IQFPD	QSEAC	Advise	Clinical Services Plan presented regularly at Public Board. Work on the fragile services framework to be presented at future Board.

Fragile services register



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Domain 4: Governance



Criteria	Reporting Group	Committee	Status	Comments
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	ARAC	Assure	<ul style="list-style-type: none"> Refreshed approach to Committee self-assessment feeding into the Board Development Programme IM reflective sessions following every meeting Operational risks are reviewed by Committees every other meeting Ministerial priorities are aligned to Committee
37 Evidence of Board considering the Duty of Quality to inform their decision making and evaluating their compliance with the Duty.	TI coordination group	ARAC	Advise	<ul style="list-style-type: none"> QIA process approve by QSEC and is being implemented with QIA Panels taking place
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	ARAC	Advise	



Criteria	Reporting Group	Committee	Status	Comments
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	ARAC	Advise	<ul style="list-style-type: none"> Defined process in place for reporting risks to Board and Committees
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	ARAC	Advise	<ul style="list-style-type: none"> New Executive Team governance arrangements in place New Internal Escalation Framework in place Further work required on strengthening operational governance arrangements linked to new operational directorate structure
41 Self-assessment against an agreed governance maturity matrix with evidence the agreed level.	TI coordination group	ARAC	Advise	<ul style="list-style-type: none"> Board Effectiveness Self-Assessment undertaken in April 2024, feeding into the Board Development Programme, reporting to ARAC and Board in May & July 2024 Following feed-back a more detailed maturity matrix to be developed reflecting the 6 domains of TI and core roles of Board



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**Escalation
Domains**

3. Fragile
services

5.
Leadership,
capability
and culture

4.
Governance

Domain 5: Leadership, capability and culture

Leadership, capability and culture



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Criteria	Reporting Group	Committee	Status	Comments
42 A full and substantive Executive Director Team, with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.	TI coordination group	PODC	Advise	<ul style="list-style-type: none"> Board succession is being addressed through board development session with both IM and Executive directors with recent time out sessions held Robust performance management framework being introduced for Executive Directors with objectives set for 2024/2025 and personal development plans identified
43 Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback.	TI coordination group	PODC	Assure	<ul style="list-style-type: none"> 4 cohorts of LEAP leadership programme in train with second cohort graduating recently Second new consultant cohort has commenced on the programme
44 Positive staff engagement in NHS Wales surveys.	TI coordination group	PODC	Assure	<ul style="list-style-type: none"> Staff survey results have been considered in partnership with staff side Local implementation plans being developed for consideration at the next staff partnership forum Cultural progression report approved for the last 12 months approved at PODC in April 2024

Leadership, capability and culture



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Criteria	Reporting Group	Committee	Status	Comments
45 Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan	Value and Sustainable	PODC	Alert	<ul style="list-style-type: none"> Workforce plan complied as part of the annual plan and retention plans are in place for nursing and medical staff with AHP retention group being established from June Plan in place regarding job plans – monitored by ARAC
46 Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SDODC	Assure	<ul style="list-style-type: none"> Full details in the culture progression report 38% of leavers have an exit interview 76% engagement rate with board outcome survey (Feb 2024)
47 Clinical change is led and driven forward by clinical leaders at all levels of the organisation.	TI coordination group	PODC	Advise	<ul style="list-style-type: none"> Interim Medical Director held a medical leadership forum (April 2024) to discuss challenging organisational agenda and expectation of clinical leaders in organisation change

Leadership, capability and culture



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Criteria	Reporting Group	Committee	Status	Comments
48 A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback	TI coordination group	QSEAC	Advise	<ul style="list-style-type: none"> Development of a quality surveillance group led by Clinical Executives is being established to further embed triangulation of data and information
49 Effective use of data to help demonstrate improvements in leadership	TI coordination group	PODC	ASSURE	<ul style="list-style-type: none"> Full details in the culture progression report



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6. Quality of
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Escalation
Domains

3. Fragile
services

5.
Leadership,
capability
and culture

4.
Governance

Domain 6: Quality of care

Quality of care



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Criteria	Reporting Group	Committee	Status	Comments
<p>50</p> <p>Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and BoardThe health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.</p> <ul style="list-style-type: none"> • C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month) • Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month) • E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month) 	IQFPD	QSEAC	Advise	
<p>51</p> <p>70% of complaints that had final reply (Reg 24) / interim reply (Reg 26) to be closed less than 30 working days of concern received</p>	IQFPD	QSEAC	Alert	The actions and plans are set out in the Alerts section

Quality of care



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Criteria	Reporting Group	Committee	Status	Comments
52 Effective response from the health board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.	IQFPD	QSEAC	Alert	The actions and plans are set out in the Alerts section
53 Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.	IQFPD	QSEAC	Advise	
54 Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards through the organisation from Board to service area delivery	IQFPD	QSEAC	Advise	
55 Oversight of safeguarding arrangements to ensure the board have sufficient, meaningful assurance that organisation is delivering against its safeguarding statutory responsibilities.	IQFPD	QSEAC	Assure	

Quality of care



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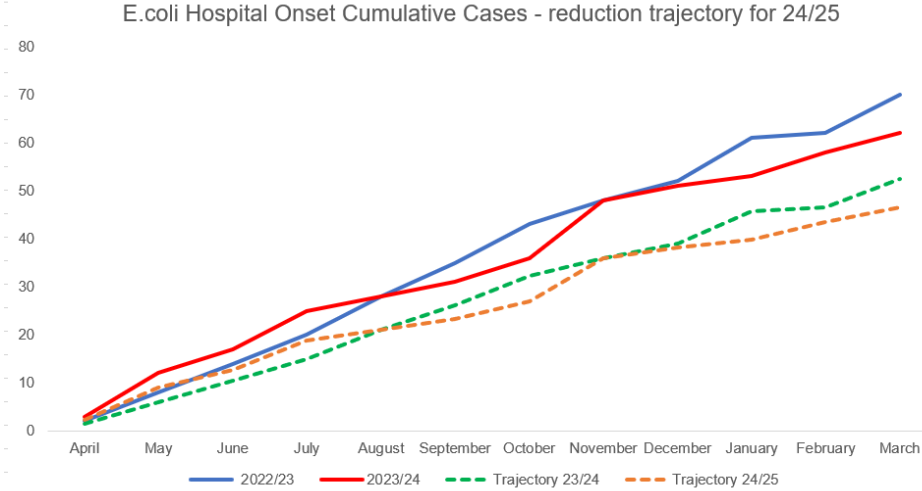
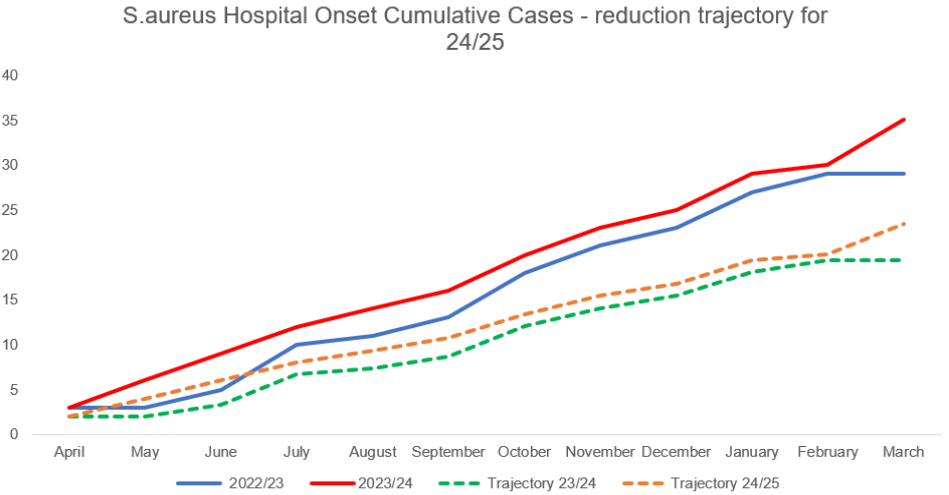
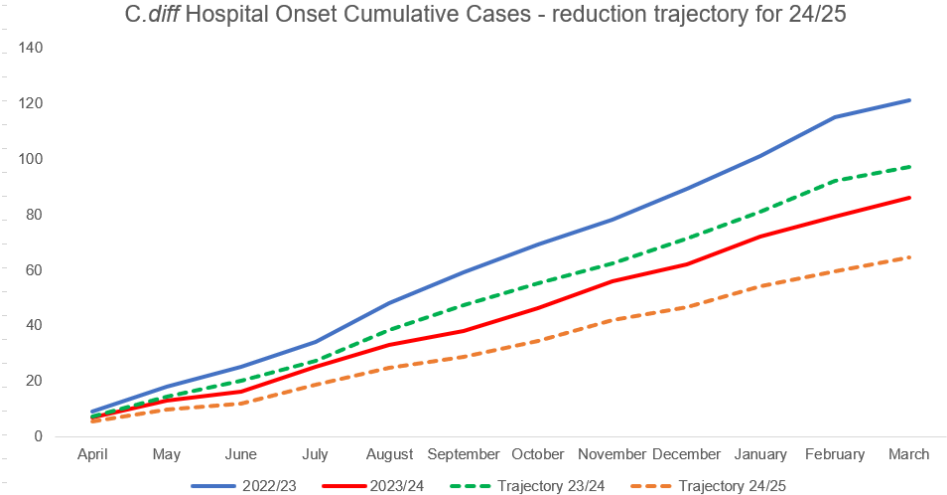
Criteria	Reporting Group	Committee	Status	Comments
56 Use of National Clinical Audit and Outcome Review Programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care. (including the use of patient and staff feedback to influence service design).	IQFPD	QSEAC	Advise	

HCAI trajectories 2024/25



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Escalation exception report

September 2024 (as at 11th September 2024)

Escalation status overview



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Escalation status levels overview as of 31st August 2024

1 Reasonable assurance 2 Limited assurance 3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	2	1	1
	Facilities	3	2	3	3	1	3
	Mental Health & Learning Disabilities	3	3	3	3	2	3
	Cancer & Oncology	1	2	2	3	1	3
	Pathology	1	1	2	3	2	1
	Radiology	3	1	2	3	1	3
	Planned Care (incl. Audiology and Endoscopy)	3	3	3	3	2	3
	Bronglais Hospital	3	1	2	3	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	3	1	2	3	3	3
	Withybush Hospital	3	1	2	3	2	3
	Women & Children	3	3	3	3	3	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	3	2	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	1	1	2	2	2	1
	Primary Care Management	1	1	2	2	1	1
	Medicines Management	1	1	1	3	2	1
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	1	1	2	1
	Director of Nursing	1	2	2	2	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	1	2	2	1	1
	Director of Workforce & OD	1	1	1	1	1	1
	Medical Directorate	1	1	1	1	1	1
	Corporate Services	1	1	1	1	1	1

- Concerning levels of escalation seen for:
 - Women and Children – level 3 escalation in all six domains
 - Mental Health and Learning Disabilities – level 3 escalation in five out of six domains
 - Planned Care – level 3 escalation in five out of six domains
- Widespread issues within the following domains:
 - Finance: 16 directorates level 3
 - Performance: 15 directorates level 3
 - Quality: 9 directorates level 3.
- The Medical Directorate have made improvements to reduce their escalation level to 1 for Governance and Workforce.
- Sickness, job planning and nationally reported incidents are being tracked by directorate in the Workforce and Quality domains. These topics are no longer included within the Performance & Outcomes domain and the related corporate directorates (Workforce & OD, Medical and Quality) have been de-escalated in this domain accordingly.

Details of escalation status trends, escalation reasons and de-escalation criteria can be accessed via the [Our Performance dashboard](#).

Directorates **escalated up**

Following the Executive Team leads escalation level reviews in September 2024



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Directorate	Domain	Previous escalation level	New escalation level	Reason escalated up
Facilities	Performance & Outcomes	1	3	Inconsistent cleaning audits across sites (includes acute and community) and risk categories. Standards are not being met.
Mental Health & Learning Disabilities	Workforce	2	3	Sickness: 6.1% Pay Progression: 16 overdue. 8 by 3 months, 7 by over 2 months, 1 by over 1 month. Turnover: 7.7% Medical Job Planning: 57% Very little movement with Sickness, Turnover and Pay Progression. Medical Job Planning a new indicator for this round of meetings, but very far off target.
Planned Care (incl. Audiology and Endoscopy)	Workforce	2	3	Sickness: 6.1% Pay Progression: 5 overdue. 3 by over 2 months, 3 by over 1 month. Medical Job Planning: 68% (less than 50% in some areas) Mandatory Training: 83%
Radiology	Workforce	1	2	Sickness: 5.4% Turnover: 7.5% Pay Progression: 2 overdue, both over 3 months. Medical Job Planning: 85% Numerous ER issues which require attention / action.
Radiology	Performance & Outcomes	2	3	8-week breaches above 2,000 for last 4 months and increasing
Women & Children	Workforce	2	3	PADR Rate: 73.8% Sickness: 6% Pay Progression: 13 overdue. 7 by 3 months, 5 by 2 months, 2 by 1 month. Job Planning: 88% Concerns relating to escalating ER issues which require attention / action. Concerns relating to high number of EqIA's not completed / reviewed.
Women & Children	Performance & Outcomes	1	3	Neurodevelopmental performance - ADHD: improvements made but below target (50%)

Directorates **escalated down**

Following the Executive Team leads escalation level reviews in September 2024



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Directorate	Domain	Previous escalation level	New escalation level
Bronglais Hospital	Governance	2	1
Ceredigion County	Governance	2	1
Director of Therapies and Health Sciences	Quality	3	2
Director of Workforce & OD	Performance & Outcomes	2	1
Facilities	Governance	3	2
Medical Directorate	Governance	2	1
Medical Directorate	Workforce	2	1
Medical Directorate	Performance & Outcomes	2	1
Pathology	Quality	2	1
Primary Care Management	Governance	2	1

Future meetings



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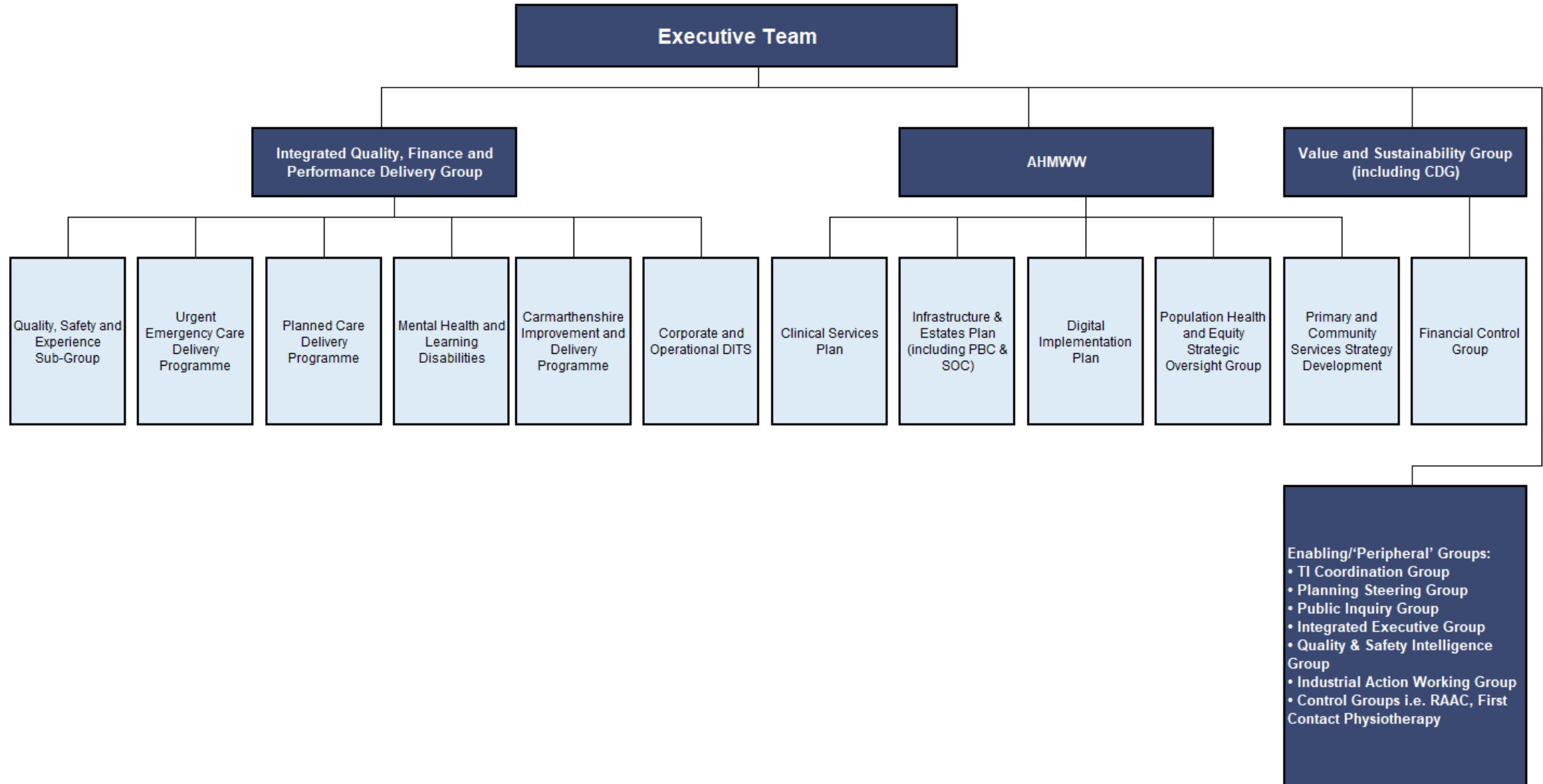
Date	Timings	Directorate
27/06/2024	13:00 - 14:30	Ceredigion system
	14:45 - 16:15	Pembrokeshire system
04/07/2024	09:00 - 10:00	Facilities
	10:15 - 11:15	Women and Children
	11:30 - 13:30	Primary Care
	14:00 - 15:00	Therapies
12/07/2024	13:00 - 14:00	Diagnostics
	14:15 - 15:45	Carmarthenshire system
01/08/2024	09:00 - 10:30	MH&LD
	10:45 - 12.15	Pembrokeshire system
	13:00 - 14:30	Planned Care
	14:45 - 16:15	Ceredigion system
	16:30 - 17:30	Facilities
15/08/2024	13:00 - 14:00	Women and Children
	14:15 - 15:45	Therapies
	16:00 - 17:00	Diagnostics
05/09/2024	09:00 - 10:30	MH&LD
	10:45 -12:15	Planned Care
	13:30 - 15:00	Carmarthenshire system
	15:15 - 16:45	Pembrokeshire system
12/09/2024	13:00 - 14:30	Ceredigion system
	14:45 - 15:45	Facilities
03/10/2024	09:00 - 11:00	Primary Care

New Executive Team Governance Arrangements



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- **Executive Team:** Provides strategic oversight and decision-making for the TI process
- **TI Coordination Group:** Coordinates and manages the Health Board's response to the TI framework

Reporting Groups:

- **Value and Sustainability:** Focuses on financial improvement and sustainability initiatives (Planning Objectives 1 & 2)
- **Integrated Quality, Finance and Performance Delivery (IQFPD):** Oversees performance management and delivery of the Annual Plan/IMTP (Planning Objectives 3, 4 & 5)
- **A Healthier Mid and West Wales (AHMWW):** Ensures delivery of the Health Board's strategy and associated programmes (Planning Objectives 6, 7, 8, 9 & 10)

Mapping of TI domains to the new arrangements



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Domain	Reporting group	Programme (PO)	Committee
Overall	Executive Team	All POs	ARAC
B1: Finance intervention	Value and sustainability	PO 1, PO 2	SRC
B1: Planning intervention	TI coordination group	All	SDOD
B1: Strategy intervention	AHMWW	PO 6, 7 & 8	SDOD
B1: Regional planning	IQPFD	PO 4	SDOD
B2: Performance and outcomes	IQPFD	PO 3, 4 & 5	SDOD
B3: Fragile services	AHMWW	PO 6, 7	SDOD
B4: Governance	TI coordination group	N/A	ARAC
B5: Leadership, capability and culture	TI coordination group	N/A	PODCC
B6: Quality of care	IQPFD	All	QSEC

TI Coordination Group - outputs and outcomes



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Objectives:

Coordinate and oversee all Targeted Intervention actions across the Health Board

- Establish strong governance mechanisms and ensure accountability in all domains
- Align interventions strategically and manage them effectively with clear responsibility and accountability

Outcomes:

Ensure consistent and robust oversight by the Board and its Committees through:

- Continuous updates and communications to the Executive Team and Welsh Government
- Reinforce governance structure, ensure strategic directives are followed, and address performance issues

Domains:

- Governance (D5): Embed robust governance structures, refresh risk management framework, and conduct governance maturity assessments

Maturity Matrix Alignment:

- Systems and Processes for Performance, Accountability, and Improvement (D7): Develop systems to enhance performance management and accountability, align the organisation, and embed sustainable change



Objectives:

- Establish a sustainable financial framework supporting long-term goals
- Create a financial roadmap addressing challenges and aligning with strategy
- Integrate financial strategies with clinical and operational needs

Outcomes:

- Create and maintain a board-approved financial roadmap
- Implement targeted saving schemes and cost control measures
- Stabilise workforce costs through programmes such as nurse stabilisation programmes
- Enhance financial oversight through the Finance Control Group

Domains:

- Financial management and sustainability (D1): Develop financial approaches ensuring long-term viability
- Workforce development (D6): Integrate workforce planning with financial strategies

Maturity Matrix Alignment:

- Realistic and Deliverable (D6): Ensure plans are realistic and achievable
- Systems and Processes for Performance, Accountability, and Improvement (D7): Develop financial governance systems enhancing accountability

Objectives:

- Ensure high-quality, financially sustainable clinical services
- Align services with 'A Healthier Mid and West Wales' strategic directives
- Provide strategic oversight of the Clinical Services Plan
- Integrate clinical needs, financial planning, and infrastructure
- Future-proof services to adapt to health demands within budget

Outcomes:

- Regular updates of Clinical Services Plan to align with needs and goals
- Integration of service delivery with sustainable financial strategies
- Development of estate and infrastructure plans for efficient operations
- Implementation of strategic improvements to enhance outcomes and sustainability

Domains:

- Clinical strategy and oversight (D2, D4, D7): Craft a cohesive, feasible, and effective clinical strategy

Maturity Matrix Alignment:

- Strategy Development (D1): Ensure comprehensive and sustainable Clinical Services Plan
- Dynamic and Engaged Planning (D3): Foster dynamic planning aligned with needs and goals
- Operational Planning (D4): Align strategies with operational and financial plans for efficient delivery



Objectives:

- Achieve in-year delivery of Annual Plan targets
- Integrate ministerial priorities and Planning Objectives into operations
- Ensure adoption of best practices, quality management, and resource allocation

Outcomes:

- Consistently achieve performance and financial targets
- Implement quality improvement initiatives improving patient outcomes
- Establish effective governance and accountability mechanisms
- Strategically adopt best practices enhancing service quality and efficiency

Domains:

- Quality management (D7), operational performance (D3), strategic planning and governance (D2, D5)

Maturity Matrix Alignment:

- Dynamic and Engaged Planning (D3): Adaptable and responsive planning
- Operational Planning (D4): Align operations with financial planning and resources
- Best Practice Approach to Improvement (D5): Integrate best practices into operations
- Realistic and Deliverable (D6): Create achievable plans aligned with priorities and goals
- Systems and Processes for Performance, Accountability, and Improvement (D7): Enhance performance management and governance systems

Internal Escalation Framework



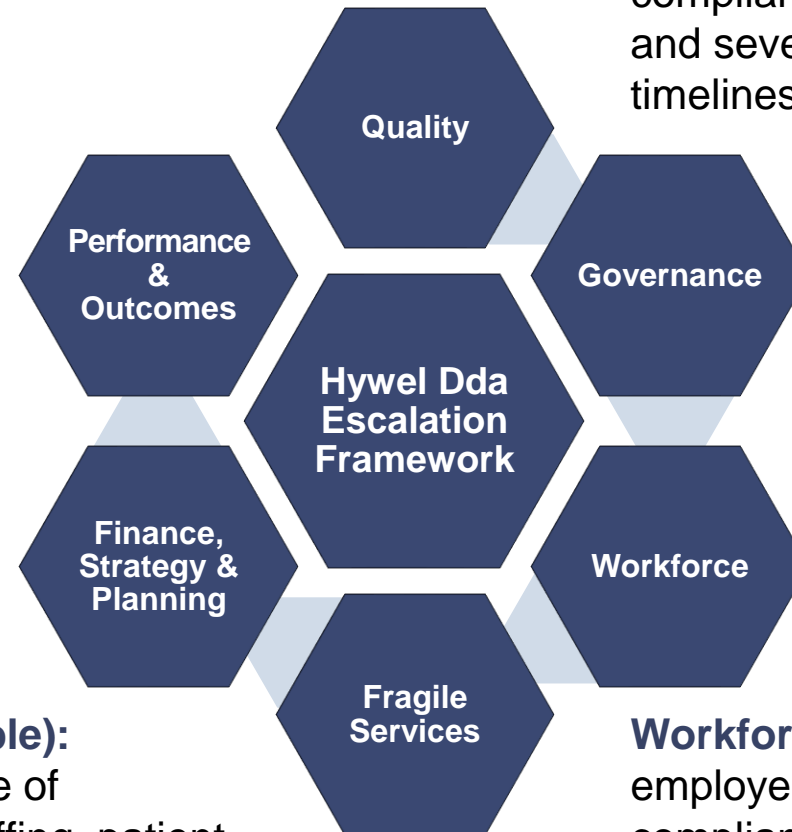
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Performance & Outcomes: Evaluates performance against key targets and agreed improvement trajectories. Escalation levels are determined by the extent of underperformance and the effectiveness of recovery plans.

Finance, Strategy & Planning: Focuses on financial performance, including overspend, budget management, and the credibility of recovery plans. Escalation levels are determined by the extent of overspend, the robustness of financial plans, and the effectiveness of savings initiatives.

Fragile Services (Timely, Safe, Equitable): Assesses the sustainability and resilience of services, considering factors such as staffing, patient safety, and service continuity. Escalation levels are based on the level of risk to service delivery and the effectiveness of mitigating actions.



Quality: Focuses on patient safety incidents, complaints, medical examiner issues, and Duty of Candour compliance. Escalation levels are based on the number and severity of incidents, open complaints, and the timeliness of Duty of Candour processes.

Governance: Assesses the effectiveness of quality governance meetings, risk management, audit and inspection compliance, and decision-making processes. Escalation levels are determined by the regularity and quoracy of meetings, outstanding actions, and the timeliness of policy updates.

Workforce: Evaluates sickness absence rates, employee relations cases, mandatory training compliance, and adherence to the career framework. Escalation levels are based on the number of unresolved cases, sickness absence rates, and compliance with training and career development requirements.