

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 June 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Escalation Status Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Director of Strategy and Planning Prof Philip Kloer, Interim Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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**

The Health Board has been escalated to level 4 (Targeted Intervention) by the Welsh Government due to significant concerns across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care. This escalation necessitates a rigorous and structured response to address the identified issues effectively. As a result, the Health Board has established a robust governance framework to oversee the Targeted Intervention process, involving strategic oversight by the Executive Team and operational coordination through the TI Coordination Group. This is supported by three main reporting groups: Value and Sustainability, Integrated Quality Finance and Performance Delivery (IQFPD), and A Healthier Mid and West Wales (AHMWW), each with specific objectives aligned to the TI framework.

The purpose of this report is to provide the Committee with assurance on the Health Board's progress in addressing the Welsh Government's Targeted Intervention requirements.

**Cefndir / Background**

The Health Board has implemented a comprehensive action plan focusing on robust financial management, improvements in urgent and emergency care, and stabilisation of fragile services. Key milestones and de-escalation criteria have been established, with regular monitoring and reporting mechanisms in place. The Health Board is committed to demonstrating sustainable improvements across all targeted domains and seeks the Committee's oversight to ensure that the interventions are effectively executed and aligned with the strategic objectives necessary for de-escalation from Targeted Intervention (TI).

1. The Health Board has established a clear governance structure to oversee and manage the TI process across the six escalation domains: Finance, strategy and planning; Performance and outcomes; Fragile services; Governance; Leadership, capability and culture; and Quality of care. The Executive Team provides strategic oversight and decision-making, while the TI Coordination Group coordinates and manages the Health Board's response to the TI framework. Three main reporting groups - Value and Sustainability, Integrated Quality, Finance and Performance

Delivery (IQFPD), and A Healthier Mid and West Wales (AHMWW) - ensure delivery of specific planning objectives and programmes aligned with the escalation domains.

2. Each reporting group has clearly defined objectives, outcomes, and deliverables aligned with the escalation framework and de-escalation criteria. The Value and Sustainability Group focuses on establishing a sustainable financial framework, creating a financial roadmap, and integrating financial strategies with clinical and operational needs. The AHMWW Group ensures high-quality, financially sustainable clinical services, aligns services with strategic directives, and provides oversight of the Clinical Services Plan. The IQFPD Group is responsible for achieving Annual Plan targets, integrating ministerial priorities and planning objectives into operations, and ensuring the adoption of best practices and quality management.
3. The TI structure is supported by an Internal Escalation Framework, which evaluates performance across six domains: Quality, Governance, Workforce, Fragile Services, Finance, Strategy & Planning, and Performance & Outcomes. This framework ensures that issues are identified, escalated, and addressed appropriately. The Health Board has also developed a mapping matrix to align the TI domains with the reporting groups, programmes, and committees, ensuring effective oversight and accountability. Progress against the de-escalation criteria is monitored and reported regularly to the Executive Team, relevant committees, and the Welsh Government, demonstrating the Health Board's commitment to delivering sustainable improvements in line with the TI framework.

## Asesiad / Assessment

### **Planning Objectives, Targeted Intervention and Delivery**

The revised set of 10 Planning Objectives (PO's) incorporated into Hywel Dda University Health Board's (HDdUHB) annual plan for 2024/25 form the bedrock of the Annual Plan and are aligned to the TI reporting structure. The POs set out the organisation's long-term aims and specific, measurable actions to move towards those aims over the next year. While seven of these PO's (PO3, PO4, PO5, PO6, PO7, PO8, and PO10) are aligned to the Strategic Developmental and Operational Delivery Committee (SDODC), all 10 POs collectively contribute to the overall delivery of the Annual Plan and the Targeted Intervention programme. The Audit and Risk Assurance Committee (ARAC) should receive assurance that the POs are being effectively monitored and delivered across all relevant committees and areas of the organisation, in line with the TI reporting structure.

Each Planning Objective, regardless of its alignment to a specific committee, has been designed to support the outputs and requirements of the Annual Plan and the Targeted Intervention programme. The POs outline primary and secondary objectives, baselines, measurement methods, and specific outcomes/outputs to be achieved quarterly. This structured approach ensures that all POs are closely linked to the Annual Plan's deliverables and contribute to the overall goals of the TI programme.

The 10 POs cover a wide range of critical areas, including workforce stabilisation (PO1), financial recovery (PO2), transforming urgent and emergency care (PO3), improving planned care, diagnostics, and cancer services (PO4), enhancing mental health and CAMHS services (PO5), developing a comprehensive clinical services plan (PO6), creating a primary and community care strategic plan (PO7), addressing estate infrastructure and rationalisation (PO8), advancing digital technologies (PO9), and advancing population health initiatives (PO10). These POs align with the key themes and domains of the TI reporting

structure, ensuring a comprehensive approach to addressing the targeted intervention areas identified by the Welsh Government.

### **Welsh Government Targeted Intervention Meeting 30 April 2024**

The attached letter dated 30 May 2024 (Appendix 1) raises the following points and reflections in relation to the TI meeting held on the 30 April 2024:

1. Escalation framework and de-escalation criteria have been agreed upon, and progress will be closely monitored. Clear evidence of sustainable improvements is expected.
2. Despite some progress, significant improvements are required across all escalation domains, particularly in urgent care, finance, and fragile services.
3. The financial position is not supportable; the Health Board must reduce its forecast deficit and provide a clear route map to financial balance. Detailed financial improvement plans are needed to address concerns about savings requirements and transformational savings.
4. There is a risk to recurrent funding if insufficient progress is made towards the target control total. The health board must set out actions, timescales, and milestones to achieve the target.
5. The Health Board's Clinical Services Plan methodology has been agreed upon, and conversations will continue regarding terms of engagement and consultation.
6. While Healthcare-Associated Infection (HCAI) performance has improved, it remains above target levels, with E. coli rates being the highest in Wales. The HCAI improvement plan for 2024/25 will be closely monitored.
7. Fragile services, particularly in primary care, are a concern, with several contract terminations noted. The development of a primary care strategic plan is crucial.
8. Close monitoring and detailed action plans are required to ensure the Health Board meets the criteria for de-escalation. Welsh Government colleagues will work with the Health Board on performance and operational services in the coming months.

### **The Health Board TI Action Plan**

#### **Finance**

The Health Board's financial roadmap aims to arrest the decline in its financial position in year one (£64m deficit) and to deliver the Welsh Governments control total of £44.8m deficit in year two, and to go further in year 3, ensuring the Health Board is working towards financial sustainability in the longer term. To achieve these objectives, the Health Board has identified five key saving themes: hospital bed provision and alternative care models; workforce optimisation; non-pay savings; efficiency and productivity improvements; and clinical service sustainability.

The Health Board acknowledges the necessity to optimise resource allocation and enhance patient outcomes by assessing hospital bed capacity and investing in community care

models. HDdUHB will investigate strategies to minimise bed requirements, such as efficient bed management, establishing community and rehabilitation services, and tackling staffing challenges. By reinvesting savings from reduced hospital bed capacity into alternative care models, the Health Board endeavours to deliver more effective and patient-focused care.

Workforce optimisation focuses on reducing agency and locum staff costs, particularly in nursing and medical staffing. The Health Board plans to achieve this by reducing vacancies, deploying Internationally Educated Nurses (IENs), building community capacity, and standardising front-door services. For medical staffing, the Health Board aims to reduce variable pay expenditure by 50% over two years through enhanced workforce planning, optimised use of internal resources, and proactive recruitment and retention efforts. The plan also targets a 5% reduction in corporate services costs and a reduction in the administrative & clerical workforce.

Non-pay savings initiatives include medicines management, procurement, and digital technology. The Medicines Value Unit aims to generate £2.0 million in annual savings through data analytics, improved contract coverage, streamlined homecare medicines processes, and outcome-based agreements. Procurement savings of £2.0-2.5 million per year are targeted through detailed planning, rigorous sign-off processes, and formal monitoring. Digital initiatives like hybrid print and post, electronic document records management, patient flow and e-observations, and electronic prescribing are expected to contribute to overall non-pay savings of £4.5-5.0 million annually.

Efficiency, productivity, and clinical variation improvements are addressed through health pathways, outpatient services, and theatre efficiency. The Health Board aims to reduce outpatient appointments to the national average by implementing patient-initiated follow-up (PIFU), see on symptoms (SOS), reducing did not attend (DNAs), and utilising virtual consultations. Theatre efficiency improvements are expected to yield £5 million in savings over three years through the separation of elective and emergency surgical pathways, extended operating hours, lean methodologies, and workforce optimisation.

Clinical service sustainability and configuration are crucial to addressing the Health Board's financial challenges and service fragility. The ongoing Clinical Services Plan (CSP) programme is considering future models for nine key services, with options to be presented to the Board in September 2024. A potential CSP 2 may be required to address urgent and emergency services, and discussions with the Welsh Government regarding capital funding may be necessary. The Health Board is committed to a transparent and clinically-led approach to service changes, engaging with staff, patients and the population.

### **How will this be Delivered within the New Organisational Structure**

#### **1. IQFPD (Integrated Quality, Finance, Planning and Delivery)**

- Pan Health Board Approach: Implementing a cohesive strategy to enhance hospital bed utilisation through alternative bed provision.

#### **Drivers:**

- Subgroup: UEC (Urgent and Emergency Care) Workstreams.
- Objective: Optimise existing resources and streamline service delivery across the Health Board.

#### Operational Directives:

- Implement county-specific operational plans for Pembrokeshire, Carmarthenshire, and Ceredigion.

#### Oversight:

- Subgroups support overall programmes, cascading into directorate plans.
- Rapid Directorate Improving Together oversee individual directorate plans and hold them to account.
- Exception highlight reports based on the three A's (Alert, Advise, Action) are submitted to main reporting groups.

#### Impact:

- Supports and oversees overall savings plan.
- Ensures patient care remains central.

#### Contribution to Health Board De-escalation:

- Delivery of in-year objectives as part of the broader improvement trajectory.

### **2. V&S (Value and Sustainability)**

- Pan Health Board Approach: Fostering workforce optimisation and sustainable practices to drive efficiency and reduce costs across the health board.

#### Drivers:

- Subgroups: Nurse Stabilisation Group, Medical/locum Workforce Group.
- Objectives: Optimise nursing bed usage, manage medical variable pay, and recruit international nurses.
- Operational Directives: Deliver initiatives through county-specific operational plans tailored to local needs.

#### Oversight:

- Subgroups support overall programmes, cascading into directorate plans.
- Rapid Directorate Improving Together oversee individual directorate plans and hold them to account.
- Exception highlight reports based on the three A's (Alert, Advise, Action) are submitted to main reporting groups.

#### Impact:

- Supports financial objectives of the health board.
- Enhances quality of patient care.

#### Contribution to De-escalation:

- Identifies and develops plans to support long-term sustainability and resource optimisation.

### **3. AHMWWW (A Healthier Mid and West Wales)**

- Pan Health Board Approach: Commissioning and centralising services to improve operational efficiency and patient outcomes across the health board.

#### Drivers:

- Subgroups: CSP-Trance 2, Director of Operations Directorate, Commissioning Directorate

#### Objectives:

- Streamline specific services, create sustainable service, and decommission underutilised resources.

#### Operational Directives:

- Implement plans through directorate-specific and operational plans.

#### Oversight:

- Subgroups support overall programmes, cascading into directorate plans.
- Rapid Directorate Improving Togethers oversee individual directorate plans and hold them to account.
- Exception highlight reports based on the three A's (Alert, Advise, Action) are submitted to main reporting groups.

#### Impact:

- Achieves significant cost savings.
- Maintains high standards of patient care.

#### Contribution to De-escalation:

- Design and progress the medium to long-term strategy for the Health Board, in particular addressing key service fragilities.

### **Performance**

The Health Board has responded to a letter from Welsh Government dated the 7 May 2024. The letter required the Health Board to go further against the targets (performance) set in the Annual Plan. The Health Board reviewed the current performance trajectories and responded as follows:

#### **Planned Care - Improvement on the Annual Plan**

The Health Board aims to achieve a 40% reduction in 52-week breaches for new outpatients by September 2024 and zero breaches by March 2025, and to meet the target of zero 104-week breaches in Ophthalmology by December 2024 through outsourcing and other measures, while addressing Orthopaedics breaches will require additional support.

#### **Urgent and Emergency Care - No change from Annual Plan**

Meeting the revised Welsh Government targets for ambulance handovers and emergency care breaches is highly challenging, but the Health Board will streamline processes and focus on key workstreams to improve patient flow and reduce delays.

#### **Diagnostics - No change from Annual Plan**

The Health Board is committed to achieving zero breaches in diagnostic waiting times by March 2025 and is allocating recovery funding for key diagnostic pathways, while extending its elective care focus to diagnostic pathways.

### **Cancer - No change from Annual Plan**

The Health Board aims for 70% of cancer patients to start treatment within 62 days by December 2024, increasing to 75% by March 2025, exceeding the Welsh Government's expectations.

### **MH&LD - No change from Annual Plan**

The Health Board is targeting 80% of therapeutic interventions to start within 28 days following assessment for both under 18s and adults by December 2024, aligning with the Welsh Government's expectation.

### **Governance**

HDdUHB has established robust governance processes and systems, as outlined in the Accountability Report. The Health Board has a structured approach to risk management, with a Risk Management Strategy, Framework, and Procedure in place. The Board Assurance Framework and Corporate Risk Register are regularly reviewed and updated, and a Risk Appetite Statement has been approved. ARAC oversees the implementation of recommendations from internal and external audits, including the Structured Assessment. The Health Board has also conducted a Board Effectiveness Self-Assessment, with the results reported to the ARAC.

The Health Board has a clear focus on ensuring effective governance arrangements, as evidenced by the substantial assurance rating received in the Board Oversight Internal Audit. Board succession plans are in place, supported by talent development programmes for aspiring Executive and Associate Directors. Committee self-assessments are being conducted for 2023/24, with outcome reports presented to the respective committees and an overall report to be presented to the Board Development session. HDdUHB has also implemented a new Escalation Framework and is reviewing its Quality Impact Assessment process. These initiatives, along with regular reporting on Ministerial Directions and Welsh Health Circulars, demonstrate the Health Board's commitment to strengthening its governance arrangements and aligning with the requirements of the Targeted Intervention programme. The evidence to support this approach has been shared with Welsh Government.

### **Argymhelliad / Recommendation**

The Committee is asked to:

- **DISCUSS** and **TAKE ASSURANCE** from the actions being taken in terms of the Health Board's response to the Targeted Intervention

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Committee ToR Reference:

Cyfeirnod Cylch Gorchwyl y Pwyllgor:

10.5.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committee, of any

	urgent/critical matters that may affect the operation and/or reputation of the UHB.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the body of report and attached
Rhestr Termau: Glossary of Terms:	Contained within the body of report and attached
Partïon / 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)

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	This is a key component in the delivery of the Integrated plan for the period 2024/25.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	This is a key component in the delivery of the Integrated plan for the period 2024/25.



<b>Gweithlu: Workforce:</b>	This is a key component in the delivery of the Integrated plan for the period 2024/25.
<b>Risg: Risk:</b>	Risks will be assessed as part of the ongoing process of both the de-risking of the 2024/25 Plan, Targeted Intervention programme and their subsequent monitoring.
<b>Cyfreithiol: Legal:</b>	As above
<b>Enw Da: Reputational:</b>	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.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

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

30 May 2024

Dear Phil

### **Targeted Intervention meeting**

The meeting we held on 30 April was the first 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, Helen Arthur, Dr Chris Jones, and Lisa Gostling.

There was one outstanding action from our last meeting held on 10 January. You confirmed that the SOP changes to critical care had been signed off by the Board in March and you agreed to share a copy with Welsh Government and I would be grateful if you could send this to [performanceandescalation@gov.wales](mailto:performanceandescalation@gov.wales).

### Escalation Framework, de-escalation criteria

We started the meeting by reviewing the targeted intervention escalation framework, including the de-escalation criteria. This has been amended in line with comments received from yourselves. Over the coming months it is essential that we review progress against this framework through these meetings, JET meetings, IQPDs and subsequent meetings with my officials. Clear evidence of sustainable improvements would be expected from the health board against the baseline of performance and outcomes from October / November 2023 data. You confirmed you were content with both the framework and the de-escalation criteria.

You explained that the executive team working arrangements and operational structure had been reorganised to respond to the framework. An internal performance and escalation framework has been developed to enable you to focus on the delivery of the annual plan and the new escalation arrangements. Welsh Government colleagues had been invited to your clinical services meetings.

You confirmed the escalation framework would be published on the website in early June following the May Board meeting.

As part of the slide pack submitted, you set out the arrangements on the approach to the targeted intervention requirements. I can confirm these arrangements appear to be thorough and look forward to seeing the improvements in the coming months.

### Performance and outcomes

You highlighted that you have developed a dashboard to track performance against the de-escalation criteria and to aid your discussions at your internal IQFPD meetings. I appreciate the health board is facing significant challenges, but I have noted the recent improvements against the mental health measures. You confirmed that the service is fragile in terms of the service delivery and would be monitored closely due to the workforce challenges.

On planned care, you confirmed you will clear all the patients waiting over 156-weeks by the end of quarter one and recover the 52-week position through the course of this year. You intend to clear all the patients waiting over 104-weeks, although there are particular challenges around orthopaedics and ophthalmology which were part of your regional conversations with Swansea Bay UHB. You are planning on recovering the 8-week diagnostic pathway this year and are currently undertaking a demand and capacity assessment of the therapies 14-week pathway with a view to re-establish the high volume, low complexity pathway at Wthybush hospital from 13 May 2024.

In terms of the de-escalation criteria, you acknowledged this would be a significant challenge based on the level of improvement needed to deliver.

The health board was confident in mitigating any risks and you felt you had actions in place to deliver cancer services, but there is fragility in some of the services from a workforce perspective.

You were not so confident in achieving the urgent emergency care measures following the improvements made prior to Christmas. Handover delays had improved by around 30%. You raised some concerns around the connection between the UEC programme, six goals plan and how it was impacting on performance. Clinical hubs would be streamlined across the three counties and a review of the SDEC pathways was being carried out. Beds closed due to RAAC at Wthybush hospital had now been re-opened and they were taking direct referrals from WAST.

Further work was required within the clinical teams across the three hospital sites to address cultural issues, and with your partner organisations in terms of some of the wider system challenges. There was a strong clinical vision for the programme which had been agreed by all the clinicians across the health board. Conversations had been held with primary and secondary care colleagues about the programme of work. You suggested the right actions were in place but had concerns on how quickly they could be scaled up.

## Finance, planning and strategy.

You gave an update on the delivery processes for 2024 / 25. The outturn deficit position pre audit for the end of 2023 / 24 was £65.8 million which was £21 million above the target control total set by Welsh Government. This is a deteriorated position from 2022 / 23 outturn despite significant additional funding being provided in-year.

As a health board, you have submitted an annual plan with a deficit of £64 million for 2024 / 25 which remains considerably adrift from the £44.8 million target control total. There is a savings requirement of £32.4 million included within the plan which is not fully supported by green and amber assured savings schemes which is a concern. This is greater than the organisation has previously delivered, and we are yet to have the confidence in your capacity and capability to deliver that level of savings. Our assessment is that your financial position is a risk averse one, with pressures in 2023 / 24 all considered recurrent, a high level of non-recurrent savings delivery, and no non-recurrent expenditure being incurred at all in 2023 / 24.

In terms of the financial plan for 2024 / 25, we outlined concerns around the dependence on transactional savings, and limited transformational savings outlined. The plan as it stands is not supportable and we require further action to both de-risk the current plan and deliver financial improvement.

As an organisation, you received £43 million of conditionally recurrent funding which was conditional on sufficient progress being made for the health board to meet the target control total. As you are still yet to set out how you will meet this target control target, there may be a risk to your recurrent funding. The organisation needs to set out clearly the actions, timescales, milestones, and detailed plans that outline how and when the organisation will be able to achieve the target control total set out.

The discussion at this meeting did focus again on process, at future meetings it is essential that you outline actions taken, their impact, and outcomes. We discussed the crucial requirement for the organisations opportunities pipeline to be comprehensive and robust and demonstrate a translation to delivery. Progress on this issue is not yet where it needs to be which is disappointing. We agreed that additional support would be provided from the FP&D team in the NHS Executive as required to scrutinise and challenge some of the emerging thinking in terms of the consolidated opportunities framework and what that means for the translation to the organisation's plan.

## Planning

You shared your assessment against the planning maturity matrix and confirmed that your action plan had been updated and this will be presented to the Board in May. There are a number of areas in this assessment that officials will need to discuss with you, and they will do so in the coming days.

You confirmed that a programme of work related to your Clinical Services Plan is underway, with the Board agreeing the methodology for phase two which was included in your slide presentation.

Conversations will continue between the Welsh Government and the health board on the Clinical Services Plan terms of engagement and consultation and how it would fit into the annual and financial plan.

## Quality and Safety

On HCAI, you gave an update on the year end performance and highlighted that you had achieved an overall C diff reduction of 10%, 13% reduction of hospital on-set C diff and a 29% reduction of MRSA, which was below the target levels agreed. However, despite these improvements, you recognised that the levels of infection were still above where they needed to be. You will be undertaking further work to address the reduction of methicillin sensitive S aureus around skin and soft tissue infections.

E coli numbers in your health board are the highest in Wales, although you had the lowest number of hospital onset cases. You are working closely with Public Health Wales on identifying action to support improvement.

You have set trajectories as part of your HCAI improvement plan for this year with a number of C diff Qi projects, with a particular focus around Spectrum X hand hygiene. There are also specific areas of improvement for S aureus and E coli.

I note progress had been made against your complaints resolution within 30 days when compared to quarter one, but this still remains considerably below the 75% target. The additional training for staff groups and the single point of contact pilot that you highlighted should improve performance.

It is important that the 14 complaints open over 12 months are closed as soon as possible.

You advised the majority of recommendations following the HIW inspection at the MIU at Prince Philip hospital last June had now been closed. However, there are some fragilities and ongoing concerns around the MIU. You will be undertaking a quality impact assessment for the MIU to consider running as an 8am to 8pm service on a daily basis.

## Clinical Services

You are currently in the process of developing a live register of fragile services, with primary and community services being at the forefront. A number of GMS practices had returned their contracts and you needed to develop a primary and community strategic plan on how to deliver those services. A paper would be presented to the Board in due course along with a substantial engagement process with the public and across each of the seven clusters.

You advised of a further contract termination at St David's GP practice with the notice period coming to an end at the end of October 2024.

10 dental practices had terminated their contracts, but the health board was due to award tenders for six of those and was out to tender for the remaining four. You also reported a recent termination of a jointly funded care home contract.

The health board gave an update on the numbers accessing the GMS, community pharmacy, dental and optometry services.

## Governance and Leadership

The health board explained a Board effectiveness self-assessment was undertaken in April 2024 which reduced the assurance levels from four to two. This would be fed into the Board

Development Programme and then reported to ARAC and Board in May and July 2024. This information would be part of the audit committee papers published later in the week.

### Summary

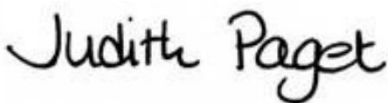
This had been a helpful discussion around the processes and systems in place to support escalation within the health board. Significant work is required across all the escalation domains. I do expect to see performance improved for cancer and planned care. On urgent and emergency care, I expect the ambulance handover times and very long waits outside of the A&E to reduce at pace.

As we explained, the 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 critical care SOP to [performanceandescalation@gov.wales](mailto:performanceandescalation@gov.wales).
- Welsh Government to agree support from the FP&D team in NHS Executive for the finance intervention.
- Welsh Government colleagues to review the refreshed maturity matrix and action plan and to feed back to the health board.
- Dialogue to continue between the Welsh Government and the health board on the Clinical Services Plan.
- Copy of the board effectiveness self-assessment to be shared with Welsh Government
- Welsh Government colleagues to work with health board on performance and operational services over the next few months.

Please thank your team for the discussion and information provided. I look forward to seeing progress at the next meeting on 11 July at 15:00.

Yours sincerely



**Judith Paget CBE**

## Attendance

<b>List of attendees and noted apologies</b>	
<b>Health Board</b>	<b>Welsh Government</b>
Dr Philip Kloer	Judith Paget - Chair
Andrew Carruthers	Jeremy Griffith
Joanne Wilson	Nick Wood
James Severs	Olivia Shorrocks
Huw Thomas	Samia Edmonds
Lee Davies	Hywel Jones
Mark Henwood	Liz Rogers
Sharon Daniel	Paul Labourne
Shaun Ayres	Martyn Rees
Jill Paterson	Gaynor Evans - Secretariat
Alwena Hughes	
Bethan Lewis - PHW	
<b>Apologies</b>	
Lisa Gostling	Helen Arthur
	Dr Chris Jones
	Sue Tranka