



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 October 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enhanced Monitoring Update: Report on the Joint Executive Team Meeting held on 13 July 2022 and Targeted Intervention
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Sian-Marie James, Assistant Director of Corporate Legal Services & Public Affairs

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to update Audit & Risk Assurance Committee (ARAC) members on the recent Joint Executive Team meeting held with Welsh Government (WG) on 13th July 2022, and the subsequent escalated status on 29th September 2022.

Cefndir / Background

Pre-COVID-19, members of the Executive Team and I met bi-annually with the Chief Executive NHS Wales and members of her senior team as a Joint Executive Team (JET). These meetings have resumed by Teams virtually, with the most recent end of year meeting held on 13th July 2022.

Asesiad / Assessment

JET Meeting: 13th July 2022

This was a positive meeting that started with an overview of the last year, followed by an update on the University Health Board's (UHB) performance during 2020/21, the key challenges ahead, our plans for 2021/22, and finally how we are planning to reset and recover our health system going forward.

As always, I was pleased with the level of discussion at the meeting and my team valued the opportunity to discuss progress and challenges on their areas of responsibility, and appreciated the feedback from the Health & Social Services Group's Executive Team.

It was acknowledged that the impact of COVID-19 continued to be felt across the UHB in 2021/22, with waves of COVID infections in our community and hospitals, resulting in unprecedented pressures in the UHB's Urgent and Emergency Care system. However, despite and because of this, the UHB has driven forward a number of changes, including being the first in Wales to introduce direct admissions from the ambulance service to our Same Day Emergency Care teams, and working in partnership with WAST to deliver the Physician Triage Assessment and Streaming (PTAS) model.

The meeting focused on 2021/22 and the UHB provided information about its year-end performance, with an acknowledgement that performance at year-end was not where the UHB wanted it to be, providing assurance that the position had improved since that time. The UHB's ambition was recognised, and it was accepted that all NHS Wales organisations were in similar situations but the UHB needed to focus on a consistent approach across all specialities.

The meeting included a detailed and helpful discussion about quality and safety, with a recognition of the work undertaken nationally by Executives in this area and a confidence in the UHB's focus. The UHB provided assurance that it is undertaking a bespoke review of pressure damage to consider its approach, as well as focusing on hospital acquired infections that remain a challenge. There was a discussion about the importance of ensuring that patient outcome and experience reflected the positive strategic work, and assurance provided that the UHB was on a journey in measuring the impact on patient experiences, as this was recognised as an important indicator of safe services.

The discussion on the innovative schemes in workforce and organisation development was positive, with our Grown Your Own model now being replicated across NHS Wales.

In summary, it was acknowledged that 2021/22 was another challenging year for the UHB, but despite this, a number of important milestones had been achieved. There continued to be challenges ahead for all NHS Wales bodies, but the UHB had particular challenges in responding and delivering on its waiting list backlog, delivering a three-year plan and its financial position. WG wanted to work alongside the UHB to support these areas.

A copy of the letter from the Chief Executive NHS Wales following the JET meeting is attached at **Appendix 1**.

Accountability Letter: Hywel Dda Annual Plan 2022/23

Following my letter to the Chief Executive NHS Wales (2nd August 2022) attached at **Appendix 2**, on 15th September 2022, I received a response confirming the UHB's Accountability Conditions for 2022/23 (**Appendix 3**). This letter advised that as the UHB had been unable to approve its Annual Plan for 2022/23 due to a forecast deficit of £62m in its draft plan, the UHB had breached its statutory duty. This would trigger consideration about the UHB's escalation status, and be discussed in future JET meetings.

Joint Escalation and Intervention Arrangements

On 29 September 2022, I received a further letter from the Chief Executive NHS Wales, attached at **Appendix 4**.

Following the recent tripartite discussion between WG, Audit Wales and Healthcare Inspectorate Wales, the UHB's escalation status was raised to *Targeted Intervention* for planning and finance (as referred to above), but it will remain at *Enhanced Monitoring* for quality issues related to performance (long waiting times and poor patient experience: urgent and emergency care; cancer; Part 1 CAMHS; C-Difficile rates; ITU Prince Philip Hospital; and Maternity Services).

WG confirmed that de-escalation would be considered when the UHB had an approvable and credible plan and improvement in its financial position, but will support the UHB to achieve this and a meeting will be held with WG officials on 27th October 2022.

In response, I wrote to the Chief Executive NHS Wales on 6th October 2022 (**Appendix 5**) expressing my disappointment and concern with this decision.

I responded to the issues raised in the enhanced status letter (**Appendix 4**), referring to the UHB's Opportunities Framework as a vehicle to allow us to progress a whole-system change in the UHB's Health and Social Care system, requesting clarity on a shared understanding of the issues as early in the TI process as possible. The UHB is working towards clear Executive level Planning Objectives that will provide a link to the Board's expected outcome measures in our Board Assurance Framework.

Although I welcomed remaining at *Enhanced Monitoring* for quality issues relating to performance, I challenged the issues raised in the enhanced status letter. In particular, that the ITU in PPH that has not closed, but is transferring Level 3 patients to Glangwili General Hospital (only eight patients in two months), and the reference to Maternity Services as the Director of Nursing, Quality and Patient Experience was unsighted.

I will provide an update on the WG support meetings at the next ARAC meeting.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- (i) Note the update on the JET meeting held on 13th July 2022 and the response from the Chief Executive NHS Wales at **Appendix 1**.
- (ii) Note the UHB's escalation status has been raised to *Targeted Intervention* for planning and finance, but it will remain at *Enhanced Monitoring* for quality issues related to performance **Appendix 4**, together with my response at **Appendix 5**.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	3.24 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Copies of the letters referred to in the SBAR at attached at Appendices 1, 2, 3, 4 and 5.
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	The update on the JET meeting held on 13 th July 2022 was provided to Board on 28 th July 2022.

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

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Steve Moore
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Jobswell Road
Carmarthen
SA31 3BB

Our Ref: JP/GE/SB

25 July 2022

Dear Steve

End of Year JET Meeting 2021-2022

Thank you for attending the JET meeting on 13 July with your Executive Team to discuss your organisation's end year position across several key areas and for providing the papers beforehand to aid the discussion. These form an important part of the official record for the meeting. The meeting was held using Teams. I would like to pass on my personal thanks to you and your leadership team for the support and work you have done over the last 24 months. This has been a difficult time both personally and professionally for everyone.

You began the meeting by providing a summary of performance in 2021 / 22, Ministerial priorities and national programs and plans for 2022 / 23.

On risk, you recognise the end of year position was nowhere near where the organisation would want to be. Some improvement has been seen against several of the measures albeit in some cases it was marginal. I note, staff shortages continue to be particularly challenging in terms of the numbers of vacancies, spikes in sickness and absence particular around the COVID waves and the impact that has for defined periods of time. Patient flow is also a significant constraint in your system. You recognise the problem does not lie solely with discharging people to social care. I note you continue to work with partners to address some of those patient flow challenges, including medically fit and medically optimized patients. You mentioned a 10% increase in demand and acuity over the last two years of

the pandemic in terms of patients occupying beds. Capacity is another challenge and risk in terms of insufficient accommodation space in the light of some of the IP&C guidelines.

In terms of patient safety incidents, I note reporting of incidents via datex has improved over the last year and you are working the safeguarding module on an all-Wales basis. I note your frustration surrounding the level of pressure damage. With regards to the regional falls work, which was paused during the pandemic, you have identified whilst there are a significant number of falls that happen in inpatient areas, mostly are non-harmful falls. Falls that you are seeing in the community is something you need to address which may help with admission avoidance. Due to the change of reporting during the pandemic, the increase in the number of the most serious incidents reported included some backlog reports which had now been completed.

In terms of the Quality Engagement Act, you have established an internal implementation group to ensure that the act and the requirements are implemented particularly around the duty of quality and duty of candour. I note you are already looking at the duty of candour in terms of all serious and unintended unexpected incidents needing an RCA and you have members within the operational services team engaging with families.

In terms of patient safety solutions, you reported non-compliance with three notices. Formal sign off for PSN 056 was expected in July, as you are waiting on evidence of implementation. PSA 014 - Inappropriate anticoagulation of patients with a mechanical heart was more difficult to progress as you needed to do a backward look at all of the affected patients. PSN 063 also remains open. You were aware of the requirement to complete these by Q3.

You gave an update on the quality improvement work carried out during the pandemic to deliver your enabling quality improvement in practice program. I note the work carried out around leadership development which will help your working with IHI and Improvement Cymru on the development of improvement coaches and advisors. The work you carried out on the waiting list support program to support patients who are on waiting lists is linked to prehab work. On maternity, I acknowledge the work undertaken by the management team and that the improvement plan has been enacted. I would like to thank the clinical executives for their engagement nationally with quality, safety, and value initiatives.

On patient experience you gave a good example of some targeted intervention work at Withybush hospital that saw direct benefits to patients and improved outcomes that cut waiting times for specific reviews, treatment, and access to services from nearly two weeks to same day. Trial without catheter was now being carried out in the community and in patients' homes or clinics near to their homes which is also a significant improvement for patient experience.

On HCAI, my colleagues will be monitoring and expecting an update on progress at the next Integrated Quality, Planning and Delivery meeting. You mention revisiting a specific improvement project and age standardisation work surrounding E.coli, along with undertaking focussed prevention work within care homes. There will also be focus on oral care over the next 12 months as there was increasing evidence linking oral care with respiratory conditions. Some bespoke work will also be carried out on the hot spots of infection areas identified through a point prevalence survey.

On workforce, you have the lowest sickness levels of all the larger health boards in Wales and we note that you have established a BAME task and finish group. You have a

comprehensive action plan developed to explore and address complaints and perceptions of bullying and harassment. I congratulate the individuals and groups that were shortlisted for the National BAME awards and applaud the two winners. I note the work being carried out with your trade union around OD on what brings people joy at work how you can make every day a good day at work. I hope the OD relationship managers aligned to services can help improve the culture further.

In terms of the overseas recruitment program, you stated 100 staff were scheduled to arrive but only 30 are in place with another 17 arriving next week. Wellbeing has been another focus over the last year or so and you have introduced an ecotherapy program that shows how spending time in nature supports physical, emotional, and spiritual health and aids recovery. I also recognise you have defended a number of very difficult employment cases in High Court and employment tribunals which has had an impact across Wales. I note your international recruitment strategy is to co locate nurses together and develop a community. Your biggest challenge is workforce particularly the vacancies in nursing and we encourage you to continue the 'grow your own scheme'.

In relation to population health and your objectives around the delivery of the framework, I note smoking cessation work carried out with adults in tier one exceeded the target for 2021 / 22. I am pleased to see the patient smoking cessation service has been extended to all your secondary care facilities which will increase service capacity but also ensure equity across the area. I note one of your local priorities is around reducing smoking rates in pregnant women and you have recruited a public health midwife to support the maternal smoking cessation priorities. You have utilised the prevention early years funding to recruit healthcare systems, smoking and wellbeing practitioners will provide additional behavioural support to pregnant women.

In relation to 'Healthy Weight Healthy Wales,' program, you continue to deliver level one and two of the interventions including community food and nutrition skills programs. It is encouraging to see that from October 2020 nine programs had been successfully delivered via teams with 67 individuals completing the programs virtually and of those 88.2% successfully achieved weight loss. The regional footprint work with Swansea Bay health board on obesity is a positive step forward.

I note that you have changed your flu vaccination model around staff delivery and pregnant women. In terms of MMR and childhood vaccines, I note the challenges to maintain and increase the uptake, and that a deep dive into childhood vaccinations was being carried out. I congratulate you on the delivery of the Covid vaccination program across MVC's and primary care facilities.

I note the development of your strategic programme for primary care links into various workstreams and ministerial priorities. Your focus is the transformation for clusters and the development of your collaboratives. I confirmed that you have mechanisms in place for the pan cluster planning group which will link into your strategic and IMTP plans. It is encouraging to see that nearly 94% of your practices achieved phase one of the access targets for 2021 / 22, an improvement on your 2020 / 21 position. We discussed the sustainability challenges with eight practices at level 4 and 16 at level 3, along with the sickness of GPs being 15% which is significantly higher than the all-Wales average of 12%. We continue to be concerned about the sustainability of primary care and your Health Board area and Alex Slade will be following this up with Jill Paterson and Health Board colleagues.

It is encouraging to hear that 80% of your dental practices have adopted the new contract reform program. I note the health board has invested and secured additional urgent access capacity, commissioned a mobile dental unit which will be a five day a week service to create additional capacity. This was positive progress.

In relation to urgent and emergency care, I note that you have launched your local programme around the six goals which links both the actions being taken to improve performance with your longer-term strategy and the targeted operating model. I note the significant challenges around ambulance handover delays particularly in Glangwili hospital. You mention from June the service model was reshaped with the community team based located within the front door area assisting with triage. Several actions taken over the last six weeks has seen marginal improvement in terms of conveyance reduction. I was pleased to hear that Rhian Dawson had provided a good presentation at the six goals conference, which provided excellent analysis and was based on a good understanding of frailty and community pathways.

In relation to mental health performance, access targets continued to be challenging for the health board. I note that a paper was submitted to the Board in March followed by a seminar in June with a paper being submitted to the public Board meeting in July on all the actions being undertaken to improve the service. I note you have established trajectories of improvement for all the access targets apart from neuro development due to demand, capacity, and workforce issues. You mention you will be back on target except for neuro development by the end of March 2023. I note you are also looking at what alternative opportunities are available to outsource and insource services to accelerate urgent improvement of the access targets.

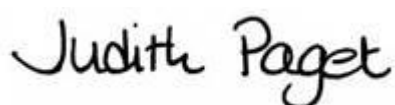
On elective care, the trajectories you submitted to the Welsh Government do not meet the two milestones set by the Minister. I recognise you continue to explore alternative opportunities to achieve the milestones. I note you have 26 specialities registered on SOS and PIFU with good progress being made. Following a validation exercise at the beginning of the year you managed to remove around 12% off the waiting list. It is good to hear that all your outpatient clinics have returned to pre Covid booking rules and expected to see increased activity. We have also offered additional support for waiting list validation.

In terms of your elective capacity, you anticipate being at pre Covid levels for core activity by December. I appreciate that constraining factors on theatre staff and anaesthetic cover had impacted on increasing capacity. You reported 61% for your overall activity and one of your biggest challenges is with outsourcing contracts for ophthalmology. You are also trying to match some of the anaesthetic capacity to available theatre time and bring forward core activity to earlier in year than in the plan. I look forward in receiving an update on cancer performance which was not included in the slide pack. We will work with you to review your profiles, assess your demand v capacity projections and validate your lists as necessary.

You reported a financial deficit for 2022 / 23 and reported the processes you have followed for Covid, cost pressures and core baseline spend. I note you intend to resubmit a financial plan with a full assessment of the challenges reporting a deficit of £62 million. The financial plan will be submitted to the Board in July for approval. Given the extent of the financial challenge being described by the Health Board I cannot accept the plan submitted and the failure to meet the statutory requirement of the IMTP, an annual plan demonstrating the granularity of improvements will be required to be submitted. There will be a need for you to maintain conversations with Welsh Government colleagues as you progress your plans and we are happy to work alongside you, as necessary.

We will work with and support you in taking this forward and there will need to be further discussions around your financial position in 2022/23 and financial plan thereafter. You recognised the need to deliver a resilient unscheduled care system and to deploy your existing resources differently to meet your key priorities. Addressing your challenges in urgent and emergency care will support improvement in other areas. We acknowledged the ambitious plans for change and service improvement in the short term which now needed to translate into delivery. We all recognised that the longer term strategic plan for service transformation and a new hospital for Hywel Dda was some years away. We recognised the commitment of the team to addressing the challenges ahead and thank you for your ongoing focus on the health and wellbeing of your community.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first letters of each name being capitalized and prominent.

Judith Paget CBE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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Mrs Judith Paget
Director General Health and Social Services
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By e-mail to: Judith.Paget@Gov.Wales

Dear Judith

Hywel Dda's Annual Plan

I am writing following several internal Board seminars, the recent Public Board meeting of Hywel Dda UHB and as a follow up to the meeting we held between the Executive Team at Hywel Dda and the Welsh Government Planning, Performance and Finance team earlier last week.

There was a full and in-depth discussion at the Public Board meeting regarding our Annual Plan set within a 3 year context where the concerns of Welsh Government, as well as those of the Board were fully explored. The key elements of this discussion which will be reflected in the publicly available minutes once published were:

- The plans and actions we have set out for this year and the coming 2 years – our Planning Objectives – are ambitious and wide ranging as they seek, amongst other things, to shift the Health Board significantly and urgently towards its new Target Operating Model. This model, as you are aware is founded on the ambition set out in our strategy – *A Healthier Mid & West Wales* – but seeks to implement as much of this as possible within the constraints of our current configuration. We have reasonable confidence that the actions we are taking will release between 80 and 100 acute hospital bed equivalents this year rising to 135 over the next 3 years as we make the necessary long term transformational changes. Our confidence this year arises from the focused work we have been doing in TUEC and building community capacity with a particular focus on frailty and a range of other actions to support system flow.

As we discussed at our meeting, we are seeing the “green shoots” of this work

Swyddfeydd Corfforaethol, Adeilad Ystwyth,
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Cadeirydd / Chair
Miss Maria Battle
Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

across a range of input measures. Despite activity and total attendances returning to normal pre-Covid levels, we are seeing reductions in conveyances as well as admissions. We are also seeing increased numbers of patients discharged within 72 hours, indicating that the front end of our pathway including SDEC is turning patients around at an earlier stage of their care. However, we recognise that these improvements are not having the necessary impact on the high level performance metrics. This is because discharge delays remain a key constraint in our system which is why there is an urgent immediate need to build community capacity (as part of the national work) which I have written to you separately about. This will unlock the system and support sustained improved performance as we enter the winter period.

- The planning environment remains exceptionally complex due to the multifaceted challenges the NHS is facing and the scale and speed of the change that this Health Board is undertaking.
- However, whilst the actions set out in our plan are therefore likely to be the right ones we have not been able to adequately translate these into the financial and performance benefits we expect to see. I reported to Board that this was also a significant concern for Welsh Government.

I therefore requested a change to the recommendation included in the Board paper to approve the planning objectives and supporting actions as set out in the plan but that a further detailed update be brought to the Board at its September meeting which translates and sets out clearly the impact these plans will have this year and into next on the key metrics of finance and performance. This update will be subject to scrutiny at our Board committees prior to coming to Public Board.

I am grateful for the support already afforded us by Welsh Government colleagues but in order to ensure we can make rapid progress on this, I would welcome further immediate support from Welsh Government which I have set out below:

1. That the Finance Delivery Unit are invited in to work closely with the Finance and Performance team to translate the Planning Objectives that relate to our Target Operating Model into the financial and performance impacts we should expect to see.
2. That the Delivery Unit and Improvement Cymru are invited to undertake a desk top review with our Planning Team of all the Planning Objectives we are progressing this year in relation to implementing our Target Operating Model (including a review of the underpinning plans for each) to provide the Board and Welsh Government with assurance that the actions we are taking are sufficient in their scope and ambition to achieve what we have set out in our plan and that the underlining action plans are sufficiently robust.
3. That we seek to establish a monthly meeting with the Welsh Government Planning, Performance, Quality and Finance Teams to review and challenge our progress on delivery that will involve me and all appropriate members of the Executive Team here. I will be guided by you on the relationship between this meeting and the more routine IQPD meetings although it may be sensible to merge them or have a two-part agenda.

In addition to the above, our normal scrutiny and assurance arrangements as a Health Board will continue and I will seek the Chair's agreement to re-establish regular informal

update meetings with the Health Board's Independent Members to keep them informed of progress. The weekly Executive Team meeting that I chair will be the internal group that monitors and drives progress.

The Board acknowledged the challenging situation we face after more than 2 years of unprecedented challenges but was united in its determination to rise to this so that we remain on track to realise our longer term plan to establish a sustainable health and care system in West Wales as set out in our recent Programme Business Case. This will finally bring to an end decades of growing fragility and mounting demographic challenge we have in Mid and West Wales. I hope that we can work alongside your team to make fast progress out of the events of the past 2 years so that we can achieve these wider aims.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Steve Moore'. The signature is fluid and cursive, with the first name 'Steve' and the last name 'Moore' clearly distinguishable.

Steve Moore

Cc Board Members, Samia Edmonds – Director of Planning, Health and Social Care Group, Welsh Government

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Steve Moore
Chief Executive
Hywel Dda University Health Board

Our Ref: JP/RL/SB

15 September 2022

Dear Steve

Hywel Dda Annual Plan 2022 - 2023

I write in response to your letter of 2 August. In doing so I will also confirm the UHB's Accountability Conditions for 2022-23.

The Minister has noted that the Board has been unable to approve the UHB's Annual Plan for 2022-23. A draft plan with a £62m forecast deficit is unacceptable to Welsh Government. This is a breach of the organisation's statutory duty and will trigger considerations about the organisation's escalation status. It is of significant concern that the UHB does not have a Board approved Annual Plan in place for 2022-23 and has never had an approved IMTP.

Previous accountable officer correspondence has set out the concerns in relation to the organisation's plan and financial position, and the expectation that the organisation delivers a significantly improved financial position than what is currently set out in your draft plan. In the absence of an approved plan, the purpose of this letter is to set out the accountability conditions for your organisation for this financial year. The Minister is clear that the accountability conditions will also form part of discussions with Chairs and delivery against these will be measures of success in their own right. The Accountability Conditions will form the agenda for our Joint Executive Team (JET) meetings going forward and be the basis of the ongoing engagement with the Welsh Government Planning team, policy leads and in terms of performance and delivery discussions via the regular IQPD meetings.

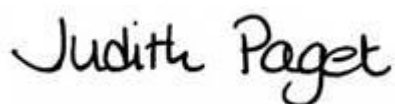
There are a number of generic risks and challenges which all organisations are facing. These include the concerns about how COVID-19 will continue to impact on the NHS. This includes the need to balance the demands in the system between Urgent and Emergency Care and Planned Care and the way in which the system is able to respond to patients and their needs. We expect the health board to deliver against all the requirements of the four

national programmes, Urgent and Emergency Care, Planned Care, Primary Care and mental health. Board oversight and management of risk in these areas remains crucial.

I trust that this letter provides clarity on our expectations, but should you have any queries then please do not hesitate to contact me.

The UHB will be formally notified separately of the outcome of escalation and intervention discussions following the tri-partite meeting. I note your previous request for support and this will be considered in the context of the tri-partite.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first name "Judith" and the surname "Paget" clearly distinguishable.

Judith Paget CBE

cc: Nick Wood, Deputy Chief Executive NHS Wales
Samia Edmonds, Planning Director
Jeremy Griffiths, Director of Operations
Andrew Sallows, Director of Recovery
Steve Elliott, Director of Finance, HSSG
Hywel Jones, Director of Finance, FDU

Organisational Requirements and Accountability Conditions

The following requirements and accountability conditions should form the basis of the discussions at JET meetings and other planning and delivery meetings throughout the year as well as your internal monitoring and Board assurance.

General Requirements

- The **'Five Ways of Working'** sustainable development principle of the Well-being of Future Generations Act must be central to the health board's approach. It is essential that your organisation continues to build on the progress made. The organisation should ensure its well-being objectives are consistent with and continue to be supported by its planning arrangements.
- **Reporting** must be submitted quarterly to provide an update on progress and delivery. There should be reporting against the key milestones associated with that quarter, any slippage against plan, next milestones and the mitigation of any new/emerging risks. Details of the reporting arrangements will be circulated in due course.
- The **Minimum Data Set (MDS)** must be refreshed on a quarterly basis.

Accountability Conditions

Urgent and Emergency Care

- Ensure adoption of six goals for urgent care through delivery of the UHB's 6 goals plan, evaluating what changes in patterns of demand/ treatment have been seen as a result including milestones for improvement
- Show clear progress towards implementation of seven-day SDEC services at each acute site across the Hywel Dda footprint and further progress in the implementation of a community SDUC model by the end of March 2023
- We expect the HB will complete in full the benchmarking data collection for SDEC, and also work with the national SDEC programme team to implement the new standards and measures once they are agreed
- Continuous improvement in ambulance patient handover performance, eradicating >4 hour delays in transfer of patients from crews to hospital staff by end of 2022/23

Cancer

- An immediate system-level focus on recovering the pre-pandemic waiting list volume and reducing the backlog of patients waiting over 104 days by end of October, with clear trajectories for sustainable backlog removal by end of December
- At least 75% of people referred on the suspected cancer pathway start first definitive treatment within 62 days of the point of suspicion by end of March 2023

- Your cancer workforce is planned to meet forecast demand; specifically clinical and medical oncology, cancer nurse specialists, medical physics and therapeutic radiographers

Planned Care Recovery

- Utilise the planned care recovery funding as planned to purchase additional insourcing and outsourcing opportunities as discussed at your JET meeting
- Ensure actual activity realised is back to 19/20 levels especially in surgical specialties
- Deliver zero 104 weeks waits for treatment by Spring 2023 (to be presented in April 2023 IQPD)
- Deliver zero 52 weeks wait for first outpatient appointments by December 2022

Regional Planning

- Provide detailed delivery plans for the regional planning projects/ programmes which your organisation is supporting, setting out the objectives of the project, partner organisations and clear milestones for year 1 – required by Quarter 2.

C-Difficile

- Health Board to develop an antimicrobial stewardship improvement plan with a focus on point prevalence survey audits and findings including an MDT approach to enhance more medical and pharmacist engagement as outlined in **WHC 2021 Number 28 (Section 1)**
- Health Board to identify the actions required to deliver their planned trajectory reducing the burden of Gram Negative Blood Stream Infections as outlined in **WHC 2021 Number 28 (Section 2)**

Mental Health

- The organisation should continue to drive improvement across primary and secondary CAMHS, delivering against planned performance trajectories
- The organisation should meet the agreed improvement trajectory for Psychological therapies by March 2023

Neurodevelopmental Services

- The organisation is required to submit an improvement trajectory to the Delivery Unit which demonstrates how the organisation will meet the national target by end of March 2023. The organisation must have clear plans in place to improve neurodevelopmental services

Finance

- The organisation is required to submit an improvement trajectory outlining how the organisation will deliver a financial position that is a significant improvement on the current draft financial plan within this financial year
- The organisation is required to submit a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position

Planning

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

In-year considerations

Mental health/ dementia diagnosis

- Demonstrate how NEST will be embedded
- Demonstrate how the mental health needs of the population, all ages, are being met with trajectories for improvement
- Ensure 111 press 2 for urgent mental health is implemented, evaluating changes in patterns of demand/ needs have been seen as a result

Digital

- Demonstrate how digital developments will deliver national models

Cost of Living

- Give consideration to the contribution the health board can make to support people with the cost-of-living crisis e.g. through signposting to benefit checks and advice

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Mr Steve Moore
Chief Executive
Hywel Dda University Health Board
Corporate Offices
Ystwyth Building
Hafen Derwen
St David's Park
Job's Well Road
Carmarthen
SA31 3BB

Our Ref: JP/MR/SB

29 September 2022

Dear Steve

Joint Escalation and Intervention Arrangements

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss the overall assessment of each Health Board, Trust and Special Health Authority in relation to the arrangements.

A tripartite meeting has recently taken place and I write now to let you know your health board's status.

On the basis of the tripartite group discussion, the Minister has accepted the recommendation of Welsh Government officials that the escalation status of Hywel Dda University Health Board be raised to 'targeted intervention' for planning and finance but will remain at 'enhanced monitoring' for quality issues related to performance resulting in long waiting times and poor patient experience.

The reason for increasing the escalation level to targeted intervention for finance and planning is because the health board has been unable to produce an approvable three-year IMTP, or a finalised annual plan and the growing financial deficit being noted.

As part of the escalation to targeted intervention, we will work with you to agree an appropriate work plan and targeted intervention framework that will seek to put in place the

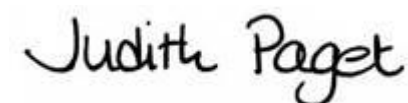
necessary conditions for de-escalation. This will incorporate the request for support mentioned in your letter dated 15 July 2022. In order for de-escalation to be considered, an approvable and credible plan would need to be agreed and a clear improvement in the finance position would need to be seen.

On quality and performance, concerns remain around urgent and emergency care across the health board, including ambulance handover and the daily escalation level of the emergency departments. There are concerns around cancer and part 1 for CAMHS. The health board currently has the highest rate of c-difficile in Wales and there are a number of fragile services, with the health board having had to close the critical care unit at Prince Philip due to staffing issues. HIW referenced it is monitoring the health board's response following some emerging concerns around patient experience within maternity services at Glangwili. It will be important for the health board to maintain the positive momentum in this area.

Our performance, escalation and intervention team will contact you shortly to discuss and agree the framework around both targeted intervention and enhanced monitoring and the first meeting is being provisionally arranged for 27 October 2022 at 9:30am, please advise if this is acceptable to Martyn Rees (martyn.rees@gov.wales, performanceandescalation@gov.wales) by 5 October 2022.

In the meantime, Welsh Government colleagues will continue to provide the necessary specialised support and advice to address issues raised. We will continue to have regular JET and IQPD meetings with subject specific discussions as and when considered necessary.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The script is cursive and fluid, with the first letters of each name being capitalized and prominent.

Judith Paget CBE



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Eich cyf / Your ref:

Ein cyf/Our ref: CEO.9986

Gofynnwch am/Please ask for: Kelly Sursona

Rhif Ffôn /Telephone: 01267 239569

Dyddiad/Date: 6th October 2022

Swyddfeydd Corfforaethol, Adeilad Ystwyth
Hafan Derwen, Parc Dewi Sant, Heol Ffynnon Job
Caerfyrddin, Sir Gaerfyrddin, SA31 3BB

Corporate Offices, Ystwyth Building
Hafan Derwen, St Davids Park, Job's Well Road,
Carmarthen, Carmarthenshire, SA31 3BB

Judith Paget
Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

By e-mail: Judith.Paget001@gov.wales

Dear Judith,

I am writing in response to your letter of the 29th September notifying the Health Board of the decision to place us into Targeted Intervention for planning and finance.

Clearly the Board is disappointed with the decision, coming as it does at a time when we are only now emerging from the critical phase of the pandemic into a new normal. I am very proud of the way in which the Health Board, together with local partners, rose to the unprecedented challenges we have faced in the last 3 years – something which has been recognised on many occasions by national level organisations. This move does risk impacting the confidence that has grown amongst our teams in that time but the Chair and I will ensure that the communication out to the organisation is clear that this will enable us to access the support we need to emerge strongly from the events of the recent past and continue on our path towards the sustainable future laid out in our strategy – *A Healthier Mid & West Wales*.

Whilst recognising that the financial forecast related to our core services set out in April 2022 is unacceptable, we expect this to be a starting point for our longer term financial recovery that we have already embarked upon, enabling us to return to the trajectories set out in our financial roadmap shared I with you in 2021. As a key part of this, I look forward to discussing the opportunities framework we have been working hard to realise – despite the extraordinary system pressures at present - and the progress we are making in this regard as part of our TI discussions. This framework arose from the work we undertook at the beginning of the year to fully recognise the scale of our deficit. We have undertaken a robust process to understand the current challenges which are driving this at a detailed level which demonstrates that to address these root causes will require a response across the whole Health and Social Care system. We would welcome the support of Welsh Government as we drive this transformational change in our efforts to achieve long term operational, workforce and financial sustainability. In this regard and as a starting point for our discussions, it will be important for us to set out this root cause analysis so that we

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Cadeirydd /Chair
Miss Maria Battle

Prif Weithredwr/Chief Executive
Mr Steve Moore

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

develop a shared understanding with you at the earliest point in the Targeted Intervention process.

Regarding our wider plan, we are working to ensure that we have clearly illustrated the expected outputs from our Executive level Planning Objectives which will sit above the wide range of actions we are taking and provide a link to the Board expected outcome measures contained in the Board Assurance Framework.

Having previously been in Targeted Intervention, I welcome your commitment to setting out clearly the necessary conditions for de-escalation and would ask that this is done at an early stage as this will help to focus our efforts in the most effective way possible. I also note your comment regarding my request for support in the areas set out in my letter of the 15th July and look forward to your response. We wish to remain in Targeted Intervention for the shortest amount of time and clarity on these two issues will be very helpful in that regard.

Remaining at Enhanced Monitoring for performance is welcome – we recognise that we have some very significant challenges but would hope that this decision reflects our previous track record in these areas. I note the areas of concern you have mentioned and for urgent & emergency care, cancer and part 1 CAMHS we have shared our plans with you. We are on track to deliver the improvement trajectories for cancer and with regard to part 1 CAMHS have recently been notified that we have been de-escalated to routine monitoring given the progress we are making. Urgent and emergency care is a significant challenge for us as it is across Wales and the UK, but we are making good progress with our alternatives to conveyance, admission avoidance and building community capacity to address the challenges in community and social care capacity. However the issues are significant strategic ones for health and social care. Similarly, with C-Diff rates rising across the UK and our particular local challenges, we have recently shared a detailed plan with the Delivery Unit setting out the actions we are taking on this and other causes of infections.

In respect of the ITU position in Prince Philip Hospital I should clarify that the unit has not closed – there has been a short term need, driven by staffing shortages, to implement a transfer service for level 3 patients to Glangwili. This has, in the first 2 months of operation led to the transfer of only 8 patients as opposed to the 30 we had expected and has allowed us to improve the rota fill in the Carmarthenshire system. There have been no issues of patient safety or harm since making the change to the pathway. This is an example of the way in which we are managing fragile services in west Wales and underlines the importance of achieving the aims set out in our long term strategy and programme business case.

We were concerned to read the comments regarding Maternity Services as, to my knowledge these have not been raised with me or the Executive Director of Nursing. I have therefore asked Mandy Rayani to raise this urgently with Health Inspectorate Wales to better understand the comments made.

Whilst the move to a higher level of escalation is a concern for us, I can assure you that the Executive Team and I will work openly and transparently with you. We welcome the challenge that the TI process will bring as an opportunity to strengthen our local response to one of the most difficult times in the NHS's history. My only personal request in this is that we are treated fairly and equitably with the other health organisations in Wales because, whilst our challenges in some regards are bigger, we are all facing significant headwinds in our efforts to deliver for our populations.

I can confirm that the provisional date of 27 October 2022 for our first TI meeting is acceptable and I look forward to picking up the discussion with you there.

Yours sincerely

A handwritten signature in black ink that reads "Steve Moore". The signature is written in a cursive style with a large, stylized 'S' and 'M'.

Steve Moore
CEO
Cc Hywel Dda Board Members