

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	20 June 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Report on the Health Board's Escalation Status and Update from the JET Meeting held 19 May 2023
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance Sonja Wright, COVID-19 Response and Business Support

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to update Audit & Risk Assurance Committee (ARAC) members regarding Targeted Intervention (TI) requirements in order to provide assurance to the Committee that associated actions have been appropriately closed, and to update members in relation to the End-of-Year Joint Executive Team (JET) Meeting held with Welsh Government (WG) on 19 May 2023.

#### Cefndir / Background

An update from the quarterly TI meeting held between the Health Board (the HB) and WG was provided to Members at the last ARAC meeting held on 18 April 2023. The latest position relating to the HB's escalation status and to TI requirements is reflected in the minutes of the Escalation Steering Group (ESG) meeting held on 31 May 2023 (attached as Appendix 1).

The JET Meeting is held bi-annually, attended by the HB Chief Executive and Executive Team and the Chief Executive NHS Wales and members of her senior team.

Information from both the JET and the quarterly TI meetings is routinely shared with Board Members, ARAC and the Board in public session.

#### Asesiad / Assessment

##### **Targeted Intervention**

An interim meeting of the ESG was held on 31 May 2023 to review outstanding actions linked to the TI Key Deliverables Workstream and to provide evidence to support their closure, where appropriate.

In this meeting the Group:

- Agreed to develop a 'plan on a page' for each master action, to be reviewed in the following ESG meeting on 13 June 2023.

- Noted that the Internal Audit Review of completion of TI actions had been concluded and that a mapping exercise was underway to determine which of the master actions could be closed.
- Was assured that discussions in the meeting to be held with the Financial Delivery Unit (FDU) on 8 June 2023 would include the HB's request for targeted support from the FDU in terms of:
  - Reviewing the HB's financial management and understanding the drivers behind the financial deficit (with a particular focus on the deficit deterioration from £25m to £62m), the resultant impact and opportunities for improvement.
  - Reviewing the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review, including consideration of timescales for further implementation.
  - Working with the HB to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.
- Noted that an update on progress regarding the KPMG residual action relating to the development of joint funding guidance for Continuing Health Care had been discussed by the TI Working group and that evidence would be sought from the Director of Primary Care, Community and Long-Term Care to close this action.

It was further confirmed in the meeting that the development case, including cost benefit and impact, for WG resource/ funding in relation to the HB's AI Initiative, would be discussed in the meeting with FDU on 8 June 2023, with wider discussion of the HB's Digital Strategy to be held in the Executive meeting on 7 June 2023, and outcomes of the meeting with FDU being presented to ESG on 13 June 2023.

The Group noted that all outstanding TI actions had been reviewed at the TI Working Group meeting held on 24 May 2023.

### **JET Meeting: 19 May 2023**

The year-end meeting focused upon the HB's performance and financial planning and management over 2022/23, and a review of the following key issues:

Overview of Year End Position: The CE reflected that with the reduction in the prevalence of COVID-19, other challenges had emerged – notably in terms of the levels of acuity and demand seen in Urgent and Emergency Care (UEC), and persistent challenges in discharging patients to domiciliary and community care settings. WG attendees were reminded that as the need for active COVID-19 treatments had decreased, the HB had reviewed associated costs and determined that as a significant proportion of central COVID funding was being used to support the organisation's UEC system, these costs would be absorbed and represented within the HB's core position.

Performance and Finance: The following key risks and issues impacting upon the HB's performance in 2022/23 were highlighted:

- Business continuity – due to extreme pressures, acute sites reached the highest level of risk escalation on seven occasions and required business continuity management.
- Staff shortages and patient acuity – noting the combined impact of vacancy gaps, staff sickness, carry over of annual leave and industrial action.

- Patient flow – delays in ambulance conveyance and discharge delays resulting from an increase in patients with complex discharge requirements impacting upon Emergency departments (EDs) and Assessment Units.
- Demand and capacity – insufficient accommodation space to treat new patients linked to patient flow issues.

In regard to UEC, WG noted that while there had been performance improvements over the previous 12 months, performance levels had not reached ministerial priority targets. Individual areas of progress within UEC were highlighted and noted by WG, which, while recognising good levels of performance in terms of increased activity within the Same Day Emergency Care (SDEC) model in Withybush General Hospital, commented that further work was needed to improve the trajectory of the Glangwili General Hospital SDEC position.

Progress and challenges within Cancer services were noted; while there had been a significant reduction in the number of people waiting over 62 days for treatment and an increase in both diagnostics activity and Systemic Anti-Cancer Therapy activity to pre-COVID levels, performance overall remained variable and there were residual workforce-related challenges in Endoscopy.

Significant improvement and progress against ministerial priorities within Planned Care Recovery were highlighted, particularly progress in the HB's follow-up position, with only 16% of patients on a follow-up list, which was better than other Welsh Health Boards. WG was advised, however, of challenges relating to uncertainty around the availability of national Planned Care Recovery and Transformation funding from Quarter 1 onwards.

While a general improvement in performance within Mental Health and Learning Disabilities in terms of waiting times and access targets was acknowledged, the HB recognised that significant challenges remained within Neurodevelopmental services. The HB highlighted its request via the Enhanced Monitoring process for additional support in the form of provision of an expert review of the Neurodevelopmental service, given that a transformational plan was required rather than actions to respond to demand and capacity alone.

WG commended the HB's performance recording and reporting in terms of its clarity and transparency, and noted significant progress made by the HB in reductions in waiting times within Planned Care, while reiterating the need for further progress in this area. WG reflected that while some improvements were beginning to be evident in Emergency Care pressures, the main challenge lay in achieving consistency in these improvements.

Regional Planning: WG was informed of current work within regional partnership arenas, noting that the focus of collaborative work within ARCH had shifted over the previous year from identifying clinical capacity to support fragile services to the establishment of regional working models within larger service areas – for example, in diagnostics and Orthopaedic work.

WG was assured that while *Llais* as an organisation was still in the process of development, existing 'touchpoints' established with the Community Health Council had been retained, including a place held open on the Board for a *Llais* representative/ Member and regular meetings scheduled between the CE, the HB Chair and the regional Chief Officer of *Llais*.

Quality and Safety: WG was assured regarding work being undertaken to review the categorisation of reported Patient Safety Incidents at the point of closure, the HB's engagement with national quality improvement programmes, and progress made in the national Nosocomial COVID Review Programme.

WG noted actions implemented by the HB to address Healthcare Associated Infections (HCAI) - in particular *C-Difficile* - but queried whether other factors driving infection levels had been

identified, given the HB's static position in this respect. In response, challenges posed by the HB's ageing estate and the costs of maintaining cleaning standards were highlighted. Acknowledging that HCAI represented an issue for NHS Wales as a whole, WG suggested that the HCAI Group chaired by the Director of Nursing, Quality and Patient Experience be involved in all-Wales HCAI review work.

Finance: WG was advised that as the HB transitioned from 2022-23 to 2023-24, three key deficit drivers had been identified:

- Unscheduled Care pressures across the system, including patient flow challenges, leading to increased bed and agency staff costs;
- The HB's hospital configuration and duplication of rotas;
- The national inflationary environment, impacting upon utility costs and creating supply chain pressures.

While acknowledging the HB's rationale for transferring COVID costs to its core position, and while noting ongoing work to translate identified opportunities into further developmental plans to de-risk its Annual Plan, WG commented that the HB's £59m forecast deficit position for 2022-23 was 'disappointing' and expressed its concern in relation to the low level of recurrent savings included in the HB's target position, as compared with other Welsh HBs. The Director of Finance responded that while the HB was an outlier in terms of delivering recurrent savings, it was also an outlier in terms of new costs coming into the system, thereby evening out its overall position and providing a clearer route to cash.

Workforce: A comprehensive summary of measures put in place to retain, attract, train and support the HB's workforce was presented. WG was advised that while retirement was being identified in exit interviews as the main reason for staff leaving the HB, there were a large number of retirees returning to work part-time. WG was further assured that the organisation was focusing upon promoting and supporting flexible working in order to limit staff 'burnout'.

Primary Care and Population Health: Achievements and key priorities within Primary Care and the HB Public Health Directorate were summarised. WG noted that work had been undertaken with Primary Care colleagues regarding MMR 2 vaccine access and uptake issues, with a more bespoke access model to be offered by the expanded Vaccination Service. WG was assured that that regional health protection work had been strengthened during 2022-23 and that work could be stepped up in response to a COVID-urgent position.

Research and Innovation (R&I): WG noted key achievements in terms of improved research facilities, an increase in the number of HB clinicians actively involved in research, growing national interest in *Tritech*, the design and implementation of the first phase of the work programme for the Social Model for Health and Wellbeing and delivery of the Hywel Dda Value Based Health and Care Education Programme '*Bringing Value to Life*' and the development and delivery of the practical Advanced Practitioner Programme.

Digital: WG noted a very productive 12-month period for the HB's Digital Team in terms of the development of the active use of Artificial Intelligence across some operational performance metrics, collaborative work with Aberystwyth and Swansea Universities enabling students to work upon HB projects, and work to assess the HB's readiness for whole-system thinking and to develop a digital enablement plan to enable the organisation to practically deliver its overarching strategy. WG endorsed the HB's digital development as being among the most comprehensive within the UK, suggesting that the HB's digital transformation work could serve as pathfinder for other organisations, and noted the HB's proposal for a £7.5m investment to ensure digital transformation across the system, with net positive returns over a 2-4 year period.

A copy of the letter from the Chief Executive NHS Wales summarising main points covered in the meeting is attached at Appendix 2.

**Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is asked to **NOTE** the update taken from the minutes of the Escalation Steering Group meeting held on 31 May 2023 (**Appendix 1**) and the update from the JET meeting held 19 May 2023 and the response from the Chief Executive NHS Wales (**Appendix 2**) .

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.23 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 Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives:	9. All HDdUHB Well-being Objectives apply
<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Notes of the meeting
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to ARAC:	An update on the JET meeting held on 19 May 2023 was provided to the CEO on 23 May 2023.
<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any issues are identified in the report.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report.

<b>Gweithlu: Workforce:</b>	Any issues are identified in the report.
<b>Risg: Risk:</b>	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.
<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report.
<b>Enw Da: Reputational:</b>	Any issues are identified in the report.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? Not on the Report</li> <li>• Has a full EqIA been undertaken? Not on the Report</li> </ul>

## NOTES OF THE ESCALATION STEERING GROUP

<b>Date and Time of Meeting:</b>	10.00am-11.00, 31 May 2023
<b>Venue:</b>	Glien House and via MS Teams

<b>Present:</b>	<p>Mr Steve Moore, Chief Executive (Chair)</p> <p>Mrs Lisa Gostling, Director of Workforce &amp; OD (Vice Chair)</p> <p>Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience</p> <p>Mr Andrew Carruthers, Director of Operations</p> <p>Mr Lee Davies, Director of Strategy &amp; Planning</p> <p>Mrs Joanne Wilson, Director of Corporate Governance / Board Secretary</p>
<b>In Attendance:</b>	<p>Ms Rosanne Richards, Value Assistant Business Partner</p> <p>Councillor Rhodri Evans, Independent Member</p> <p>Mr Andrew Spratt, Deputy Director of Finance</p> <p>Ms Karen Richardson, Corporate and Partnership Governance Officer (Secretariat)</p>

Agenda Item	Discussion/Action	Action by
<b>ESG(23)52</b>	<b>Welcome and Apologies</b>	
	<p>Mr Steve Moore welcomed everyone to the meeting, reminding Members that this is an extra meeting to review the action log from the meeting held on 9 May 2023.</p> <p>Apologies were received from Professor Philip Kloer, Deputy CEO/Medical Director, Mr Huw Thomas, Director of Finance, and Ms Maria Battle, Health Board Chair.</p>	
<b>ESG(23)53</b>	<b>Minutes of the Meeting held on 9 May 2023</b>	
	The minutes of the meeting held on 9 May 2023 were approved as an accurate record. There were no matters arising.	
<b>ESG(23)54</b>	<b>Review of the ESG Meeting Action Log</b>	
	<p>The Meeting Action Log was reviewed, with the following points raised:</p> <p><b>ESG(23)22 - "To develop cases, including cost benefit and impact, for WG resource/funding in relation to AI Initiative:</b> It was noted that this action links to the wider digital plan. Mr Andrew Spratt confirmed that this will be discussed at a meeting with the Financial Delivery Unit (FDU) on 8 June 2023. The FDU are reluctant to provide additional funding unless the Health Board demonstrates transparent benefits analysis to improve waiting times for our clinical pathways. In terms of the digital strategy, the Finance Team has been in contact with directorates to establish whether they require a one-off investment to support any bespoke improvement initiatives.</p>	

	<p>For assurance Mr Lee Davies confirmed that the plan will be shared at the next week’s TIWG meeting (7 June 2023). Mr Moore proposed that a wider debate be undertaken at ET on the same day, prior to presentation to the FDU on 8 June 2023.</p> <p>Mr Moore further requested that an update be presented to ESG on 13 June 2023 to include the outcome of the meeting with the FDU.</p> <p><b>ESG(23)31 –“to include an item on C.Diff to the next agenda, as part of the Enhanced Monitoring Working Group Report”:</b> Mrs Mandy Rayani confirmed that there is a process in order to monitor trajectories. Mr Andrew Carruthers confirmed that this will be presented to the next EMWG meeting.</p> <p><b>ESG(23)37 Review of the TI Key Deliverables Workstream</b></p> <ul style="list-style-type: none"> <li>• <i>To develop a plan on a page for each master action for inclusion in the next ESG.</i> Mr Davies confirmed that the plans on a page are an agenda item for the next TIWG meeting. It was agreed to extend the deadline to and add to the next ESG agenda on 13 June 2023.</li> <li>• <i>To confirm whether the Internal Audit Review will include the new approach for the TI Key Deliverables Workstream:</i> Mrs Joanne Wilson confirmed the review has now been completed and that the team are now mapping the master actions to determine which actions can be closed. It was agreed that this action can be closed.</li> <li>• <i>To request an update from the Financial Delivery Unit on the support required to progress actions 1.11, 1.12 and 1.14.</i> <b>1.11,1.12 &amp;1.14</b> – Mr Spratt confirmed that these will form part of the discussion at the FDU meeting on 8 June 2023.</li> <li>• <i>To provide an update on progress regarding the KPMG residual action 10.35 Continuing Health Care (CHC) Develop Joint Funding Guidance:</i> Mr Davies confirmed that this was discussed at TIWG, with agreement that Mrs Rosanne Richards would request evidence from Ms Jill Paterson to close this action.</li> </ul> <p><b>ESG(23)44 – “for Mr Huw Thomas to confirm whether the evidence has now been provided to close action 10.34”:</b> it was agreed that Ms Richards would raise this with Mr Thomas, with the expectation that this action can be closed.</p>	<p>HT/AS</p> <p>HT/AS</p> <p>CSO</p> <p>RR</p> <p>RR</p>
<p><b>ESG(23)55</b></p>	<p><b>Review of the TI Key Deliverables Workstream</b></p>	
	<p>No discussion as the focus of the meeting was to review the ESG meeting action log from 9 May 2023.</p> <p>Members noted that the TIWG meeting held on 24 May 2023 reviewed all the outstanding TI actions.</p>	
<p><b>ESG(23)56</b></p>	<p><b>ANY OTHER BUSINESS</b></p>	



	<p>In terms of Infection prevention and control (IPC), Mrs Rayani stated that Welsh Government understands that there is now an established process; however, require evidence that this process is resulting in improvements.</p>	
<b>ESG(23)57</b>	<b>Date and Time of Next Meeting</b>	
	<p>1.00-2.00pm, Tuesday 13 June 2023. The meeting ended at 10.26 hrs.</p>	

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  
Corporate Offices  
Ystwyth Building  
Hafan Derwen,  
St Davids Park  
Jobswell Road  
Carmarthen  
SA31 3BB

Our Ref: JP/SB/SB

12 June 2023

Dear Steve

### **End of Year JET Meeting 2022-2023**

Thank you for attending the JET meeting on 19 May with your Executive Team to discuss your organisation's end year position across several key areas and for providing the papers beforehand. These form an important part of the official record for the meeting. The meeting was held using Teams. I asked Nick Wood, Deputy Chief Executive NHS Wales, to chair the meeting on my behalf as I was unable to attend the meeting.

I note that you submitted a slide deck of 163 slides for this meeting and while this is informative, we agreed that a more concise summary of the key issues and a focus on improvements would be more conducive to the discussion at future meetings.

You began by reflecting on the previous year and highlighted the development of performance and safety dashboards stemming from the improving together framework which are being used to drive directorate level meetings with the executive team. Four areas of risk across the system have been identified, the first being an increasing number of business continuity incidents. You explained that significant demand pressures combined with poor flow had resulted in business continuity incidents on seven occasions in the past year. The other risk areas reflect staff shortages and patient acuity, patient flow, and demand and capacity particularly around admissions from ED.

In terms of performance, I note that while improvements have been made the health board has not delivered against the ministerial priorities. I would like to remind the health board

that these priorities remain, and the expectation is for the health board to meet the targets set. Some significant improvements have been made in planned care through embedding transformational change particularly around follow up appointments, the use of SOS/PIFU and also prehabilitation for those patients waiting for treatment, releasing productivity savings. This is welcomed.

I acknowledge the health board has achieved service improvements at Witybush hospital in relation to urgent and emergency care however I am concerned at performance levels in Glangwili hospital. There is still some way to go to meet the nationally set targets in this area, so further improvement is needed and expected to be sustained going forward.

As part of the enhanced monitoring status, you are working through a program of work with the cancer network to address the issues in cancer performance which is well below target. I note that a number of services are back at pre-covid activity levels such as radiology, some above pre-covid levels such as surgical treatment and SACT. I expect to see significant reductions in the backlog of patients waiting over 62 days which will lead to improved performance. I expect cancer performance to improve substantively.

For mental health the improvements made in children and young people's assessment (Part 1a) were noted but more needs to be done particularly around interventions (Part 1b) and our concerns for neurodevelopment remain. You acknowledged that while progress is being made with group therapy sessions more still needs to be done to maximise this as a tool for addressing the backlog of patients and reducing waiting times. I note that you have requested support from the NHS Executive to understand the neurodevelopment pathways and it was agreed that this would be considered following the all Wales review that is currently taking place.

I was pleased to hear of the progress made in the regional and partnership arenas providing resilience to fragile services and expanding to more regional working. You noted that work is ongoing on embedding the new duties of quality and candour into your services and have involved Llais in that work to ensure openness and transparency in your reporting.

You have undertaken work on the recommendations following the Safe Care Collaborative visit and Improvement Cymru engagement with IHI. One of the escalation areas of concern for the health board is C Diff infections and you noted that the focus on C Diff is having an impact and I was pleased to hear you are using that same focus on other HCAI's.

The financial position of £59 million deficit is not acceptable noting the three main drivers of that is the movement of some costs from COVID to core and linking that into the TI status, unscheduled care pressures in terms of flow challenges and the impact that has on cost bases as well as the associated agency costs in supporting those patients, and finally the extraordinary inflationary environment.

The significant opening deficit brought forward from 2022/23 in addition to the macroeconomic inflation of £27.3 million which is not offset by the savings expectation of non-ring fenced budget of £19.5 million means a planned deficit for 2023/24 of £112.9 million which is unsupportable. There will be further discussions through the targeted intervention touchpoints to discuss the options as I cannot support this deficit. There is a concern that the recurrent savings percentage against the non-recurrent savings is very small compared to the all Wales average but I know you are working with colleagues from the NHS Executive to de-risk the plan and improve the financial position by the 31 May.

In terms of primary care there has been a decrease in the number of GP practices and pharmacies reporting at level 4 or 5 in the escalation tool. Improvements in recruiting to clinical roles in managed practices has reduced the reliance on locums and further support for managed practices through the Primary Community Services Academy is in place as part of their initial agreed workplan. The joint discussions with the Local Medical Committee and Community Pharmacy Wales on the development of enhanced services is progressing well. You noted that the collaborative work over the last 18 months with RCGP to support the sustainability of practices has also proved successful.

You spoke about the progress made and expansion of the Value Based Healthcare programme as well as the successes in research and innovation. I look forward to further updates on the social model for health and wellbeing following the progress made so far. You spoke about a number of initiatives around workforce which are supporting staff on long term sick, enabling training and flexible working to assist with retention. Progress has been made against the nurse stabilisation plan and I look forward to seeing that impact on the reduction of your agency spend.

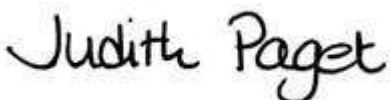
I congratulate the health board on winning the award in conjunction with Swansea University to work on virtual reality simulation training which will hopefully benefit the whole of Wales once developed. You spoke about the achievements made through digital transformation and the progress around the use of AI, I will be monitoring the benefits realisation of that work closely.

To summarize the year ahead is going to be challenging and while you have outlined a significant agenda at our meeting, I wish to be clear that there are a number of statutory duties we must comply with from financial control to the duty to improve the quality of services for patients. The Minister has been very clear in confirming the priorities for the coming year and while this will lead to difficult decisions there needs to be absolute focus on improving the financial position as it is not currently supportable. There are a number of actions for you to focus on going forward:

- Submit an improved the financial plan by 31 May.
- Make sustained progress towards a finance improvement trajectory.
- Deliver against the planned care recovery actions to ensure that there are no patients waiting over 52 weeks for a first outpatient appointment and over 104 weeks for the RTT pathway.
- Improve and sustain consistent delivery of urgent and emergency care services.
- Reduce the cancer backlog and meet performance trajectories.

The health board remains in targeted intervention for planning and finance and enhanced monitoring for performance. We have agreed clear actions and de-escalation criteria. I would like to thank you and your team for the work you have done over the last year and your dedication to improve services for the population of the Hywel Dda area.

Yours sincerely



**Judith Paget CBE**