

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	21 February 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Report on the Targeted Intervention Meeting held 6 <sup>th</sup> December 2022 and the Joint Executive Team Meeting held on 22 <sup>nd</sup> December 2022
<b>CYFARWYDDWR ARWEINIOL:</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 in regard to recent meetings held with Welsh Government (WG) *ie.* the Targeted Intervention (TI) Meeting held on 6<sup>th</sup> December 2022 and the Joint Executive Team (JET) Meeting held on 22<sup>nd</sup> December 2022.

#### Cefndir / Background

The TI meeting was the first of a series of quarterly progress meetings with WG which had been scheduled following the TI Inception meeting held on 27<sup>th</sup> October 2022.

The JET Meeting is held bi-annually, attended by the Hywel Dda University Health Board (HDdUHB) Chief Executive and Executive Team and the Chief Executive NHS Wales and members of her senior team.

Information from both meetings is routinely shared with Board Members, the Audit and Risk Assurance Committee and the Board in public session.

#### Asesiad / Assessment

##### Targeted Intervention Meeting: 6th December 2022

Governance and scrutiny arrangements which had been established within the Health Board (HB) and approved by the Board to manage and oversee escalation processes were reviewed and it was noted by WG that these arrangements represented a thorough and comprehensive approach, ensuring that effective oversight and accountability were balanced with a recognition of the demands currently faced by the organisation.

Updates were provided by the HB in respect of the following areas of WG intervention and monitoring:

Planning

- A planning maturity matrix was being developed through which the organisation could assess itself in order to identify the steps required to develop its planning processes. Self-assessment processes were being developed to enable the organisation to measure its progress against the matrix.
- An action plan would be developed by January 2023 at the latest. WG noted that the HB intended to progress its planning cycle for 2023/24, having established its planning principles and prioritised Planning Objectives and that the plan which would be produced for 2023/24 would represent the first stage in the development of an IMTP.
- It was anticipated that the development of a Clinical Services plan would be completed by mid-to-end Summer 2023. A session with clinicians had been scheduled for 16<sup>th</sup> December 2022 to initiate the planning process and it was agreed that outcomes from this session would be shared with WG.

#### Finance:

- WG was assured that work was being undertaken to understand decisions relating to deficit drivers and to identify benefits and value opportunities linked to additional costs, using these criteria to determine whether or not to retain specific drivers or to dis-invest if necessary. WG was advised that an initial list of deficit drivers, together with values and decisions relating to dis-investment, would be developed by the end of January 2023 and noted that a significant reduction in care home capacity represented a significant driver of the HB's deficit.
- In terms of continuous development and implementation of the Opportunities Framework, WG was informed that the HB was now in a position to describe drivers of waste, harm and variation and to use this as a base for the development of a matrix which would direct the organisation's key programme of change. WG recommended that the HB should prioritise its development of the Opportunities Framework to ensure that identified opportunities were translated into planning for 2023/24.
- Notwithstanding the historic status of many of the recommendations from the 2020 KPMG review, each would be worked through by the TI Working Group in order to identify current status and to develop a list of outstanding issues which would be shared with the Financial Delivery Unit (these were reviewed by the Sustainable Resources Committee at its meeting held 20<sup>th</sup> December 2022).

#### Enhanced Monitoring

- An Enhanced Monitoring Action plan had been submitted to WG and work had already begun to address Outpatients targets. WG noted the HB's confidence that Planned Care trajectories would be met, with performance in some areas anticipated to exceed forecast levels, notwithstanding risks of activity loss due to industrial action.
- The HB's position at the end of November 2022 in relation to Cancer treatment showed that, due to capacity issues, position targets for specific tumour sites had not been met.
- The significant backlog of patients within Mental Health and Neurodevelopment services, was highlighted and WG was advised that as the HB's performance measures would not improve while work was underway to clear this backlog, it might be necessary to revisit the performance metrics applied to these services.

- Noting that the most challenged area was Urgent and Emergency Care EC, WG was assured that detailed actions had been developed and regular meetings were held relating to front-door activity. The HB's focus upon improving patient experience was also noted.
- Recognising that further work would be required to enable the organisation to meet its *C-Difficile*, UEC and Neurodevelopment trajectories, WG confirmed that time would be allocated in the Enhanced Monitoring meeting scheduled for 11<sup>th</sup> January 2023 to allow a detailed review of progress within these areas.

A copy of the letter from the Chief Executive NHS Wales summarising main points covered in the meeting are attached at Appendix 1.

#### JET Meeting: 22<sup>nd</sup> December 2022

The meeting was a positive one with a focus upon the issues raised in the previous JET meeting held on 13<sup>th</sup> July 2022. The Executive Team valued the opportunity to discuss progress and challenges within their respective areas of responsibility, and appreciated the feedback provided by the Health & Social Services Group Team.

The Chief Executive NHS Wales thanked the HB for its efforts in managing the exceptionally demanding and challenging circumstances experienced in recent days, noting industrial action in particular. WG received assurance that the organisation had made good progress against its Planning Objectives and noted the HB's expectation that the majority of these Objectives would be achieved.

There was wide-ranging discussion during the meeting, which incorporated the following key issues:

- **Planned Care, Cancer and Mental Health Services:** WG was assured to note the level of progress monitoring in place and highlighted the fact that the HB is currently demonstrating the most consistent improvement in outpatient waits across all Welsh Health Boards, with significant performance improvements within Planned Care being evident. WG advised that the HB needed to demonstrate consistency in the continued reduction of Cancer backlogs.
- **Winter Planning and Transforming Urgent and Emergency Care:** the significant challenges experienced in Urgent and Emergency Care and unprecedented levels of demand faced by staff were recognised by WG. WG was advised that while patient handover presented an issue for the HB, the greatest challenge lay in the number of patient discharges, despite measures to alleviate capacity demands - such as additional spaces in Emergency Departments, working with partner agencies to explore additional space, and the deployment of Advanced Paramedic Practitioners. Whilst recognising these challenges, WG considered that the HB could benefit further from the opportunities afforded by Same Day Emergency Care (SDEC) and was advised that the HB was reviewing economies of scale within SDEC with Primary and Community colleagues. In response to a challenge raised by WG regarding clinical decision-making linked to patient discharges, the HB agreed to clarify the governance in this area and to bring a paper for Board consideration in the near future.
- **Finance:** WG expressed disappointment in the deterioration in the UHB's deficit position and the Director of Finance provided assurance regarding the effectiveness of the HB's financial control process.
- **Quality and Safety:** WG was informed that Healthcare Inspectorate Wales (HIW) had recently carried out unannounced inspections at A&E Department in Glangwili General Hospital (GGH), where some immediate concerns were identified and the Maternity Unit in

GGH, where positive feedback was received. The Chair and Chief Executive met with HIW after the inspections and suggested that an inspection of the HB's patient discharge arrangements should be undertaken within the context of available community capacity, in order to provide a balanced representation of the demands on the HB.

- Workforce and Organisational Development: WG was reassured to note the implementation of the HB's Workforce Development and Planning Programme and commented upon the positive staff recruitment figures in a number of areas.
- Governance: WG welcomed the positive feedback within the Audit Wales Structured Assessment regarding the HB's corporate governance arrangements and acknowledged that the HB had adopted a broad and inclusive approach in identifying risks and concerns and in forward-planning mitigations.
- Digital Transformation: WG was pleased to note the good work undertaken within Digital Transformation and Value Based Healthcare.

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

### Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Note the update from the TI meeting held on 6<sup>th</sup> December 2022 and the response from the Chief Executive NHS Wales (**Appendix 1**)
- Note the update from the JET meeting held on 22<sup>nd</sup> December 2022 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:	3.24 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 Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Notes of the meetings and copies of the letters referred to in the SBAR at attached at Appendices 1, 2, 3 and 4.
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:	An update on the JET meeting held on 22 <sup>nd</sup> December July 2022 was provided to the Board on 26 <sup>th</sup> January 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>

## Appendix 1

**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  
David's Park  
Jobswell Road  
Carmarthen SA31  
3BB

Our Ref:  
JP/GE/SB 12  
December 2022

Dear Steve

### **TARGETED INTERVENTION MEETING**

Thank you and your team for attending the targeted intervention meeting on 6 December 2022. The slide deck that you sent in advance of the meeting was extremely useful and forms an important part of the record of the meeting.

I started the meeting by explaining the reasons for the escalation status of the health board as agreed by the Minister for Health and Social Services following the tripartite meeting in September 2022.

The tripartite partners were concerned that you had been unable to submit a balanced and approvable IMTP, or finalised annual plan, this alongside the financial position at that time which had deteriorated from a £25 million deficit to a £62 million deficit resulted in a recommendation from Welsh Government to the Minister regarding escalation.

The health board remained in enhanced monitoring for quality issues relating to performance resulting in long waiting times and poor patient experience. I explained that I am of the view that enhanced monitoring should not be for a long period of time.

I am aware that you were disappointed with this decision – however feedback from my team is that you have reacted positively and are working with us to ensure that this is not a lengthy escalation.

We agreed and signed off the terms of reference and the escalation framework.

Moving forward I will chair quarterly TI meetings; these will take place each quarter and we will use a small portion of that meeting to review progress made through Enhanced Monitoring. JET and IQPD meetings will continue as planned and IQPDs will incorporate the formal EM meetings

We discussed the criteria for de-escalation, it is essential that we are totally clear at what point de-escalation would be considered possible:

- From a planning perspective the two main criteria for de-escalation are a credible annual plan demonstrating improvement against the financial position. This would move the organisation into enhanced monitoring. An approvable 3-year IMTP which would move the organisation into routine arrangements.
- For finance a clear plan and trajectory to meet the £25m deficit which result in consideration for de-escalation from TI to EM. Further de-escalation to routine arrangements would require a balanced plan.
- On enhanced monitoring there is a need for the Health Board to achieve the trajectories and maintain performance for a period of three months before consideration would be given to de-escalation to routine arrangements.

I was clear that it is not my intention to keep an organisation in any form of escalation for any longer than necessary.

Steve, you then clearly set out your approach to managing escalation within the health board by outlining the three groups which had been established, the Escalation Steering Group chaired by you, the Targeted Intervention Working Group chaired by the Executive Director of Finance and the Enhanced Monitoring Working Group chaired by the Executive Director of Operations. I was pleased to note the engagement of the Independent Members and clear links to the Board.

You explained that the action plan submitted on the 11 November set out the detail of the steps to be taken to improve performance had been agreed by the Executive Board. The terms of reference were agreed to the public Board Meeting in November, and the board discussed the actions relating to escalation. A bimonthly discussion will be held with Audit and Risk Assurance Committee and the Quality and Safety Committee will be undertaking a deep dive on 14 December on the issues raised.

Regular briefings are being shared with the Independent Members.

Lee Davies updated the meeting on the progress being made against the planning intervention. This included the process of developing the planning maturity matrix through which the organisation could assess themselves against to identify the steps required to develop the planning processes and developing the Clinical Services Plan in a session on the 16 December. Lee anticipated an annual plan would be submitted by the end of March 2023 which would in turn lead to the submission of an IMTP the following year 2024/25.

Samia explained that her team is in the process of developing the peer review which will incorporate an independent peer review of planning capacity and capability within the organisation, as well as considering the integrated planning processes and the related decision-making processes.

Hywel highlighted the deterioration in financial position had taken the organisation away from the previously set PBC and long-term plan, he suggested that the health board should demonstrate in this process what is different, taking account of the de-escalation ambition and the step change in terms of the plan for next year

Huw Thomas updated the meeting about the progress that had been made against the finance intervention, highlighting that there were four key areas of focus as follows:

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

A number of real challenges were discussed that have impacted upon the financial position including the concern that any additional capacity that was created through the COVID period has been absorbed in unscheduled care. A decision was taken to recognise the core position and to reduce the COVID spend accordingly, and it is therefore difficult to distil whether the unscheduled care challenges were a legacy of COVID, or otherwise. We noted that there had been a reduction in care home capacity in West Wales over the last 12 months, this has a direct impact on patient flow and long waiters and average length of stay for those waiting more than 21 days had increased significantly.

An initial assessment would be available by the end of January 2023 for any decisions on cases or disinvestment processes made before the end of March to be enacted into the new financial year.

Huw explained that the of reviewing both the Health Board Delivery Framework and the KPMG report which was concluded prior to the pandemic starting. I understand that analysis is underway to determine which KPMG recommendations remain valid to determine what is still outstanding. An updated report would be submitted to the Sustainable Resources Committee / Finance Committee by 20 December.

On timescales, Hywel suggested that you need to be proactive around prioritising the things that will make a difference. In this context the opportunities framework is very important, both in its iteration in terms of identifying new opportunities, but also then seeing those translate into the plan and delivery for next year.

Andrew Carruthers gave an update on the progress made against enhanced monitoring. He confirmed that the action plan had been submitted to the Welsh Government on 11 November. Initial feedback had been received and further details expected. Work on the outpatient backlog had commenced and trajectories for the end of March were being reviewed.

From a planned care perspective, Andrew was confident in terms of progress, however the impact of industrial action, with potentially up to 800 outpatient appointments and up to 100 planned procedures a day lost was noted. Andrew requested that further discussions take place around CAMHS and neurodevelopmental, to enable us to understand the impact of



backlog reduction on performance. It was noted that urgent and emergency care had shown some improvement over the course of November, but discharge delays had increased, and Andrew confirmed that weekly arrangements were in place around managing the risk across the front door with some detailed actions to be taken with the clinical teams.

Olivia queried the cancer performance for October which was 41%, the lowest across Wales, and considerably below the trajectories submitted. Andrew recognised the dip in performance in October which was due to the removal of the backlog numbers and was confident in meeting the trajectories submitted. Jeremy suggested trajectories needed to be updated to reflect anticipated performance.

Jeremy was keen to streamline all the meetings taking place between the Welsh Government, Delivery Unit, Planned Care Recovery and Health Board colleagues. The IQPD meetings would continue monthly incorporating the enhanced monitoring meeting.

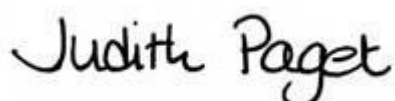
Mandy highlighted HIW had carried out a maternity services inspection the previous week. Positive verbal feedback had been received. There were some minor areas identified and these actions were in hand.

I noted the following actions from the meeting:

- The health board to feed back to Welsh Government following the Clinical Services session on the 16 December
- Welsh Government to finalise the terms of reference for the peer review
- Health board to review the KPMG recommendations and the opportunities framework and update us at the next meeting
- Welsh Government to ensure that meetings are streamlined, and duplication is avoided

I would like to conclude by noting that this was a positive first meeting and considerable progress has been made around the governance and priorities around escalation. We are all clear on the work that needs to be done and I look forward to seeing positive progress at our next meeting on 17 March 2023 at 13:30 via teams.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The signature is written in a cursive, flowing style.

**JUDITH PAGET CBE**

## Appendix 2

### **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/GE/SB

12 January 2023

Dear Steve

### **MID-YEAR JET MEETING 2022-2023**

Thank you for attending the JET meeting on 22 December with your Executive Team to discuss your organisation's mid-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 work you have done, recognising that this has been a challenging time for everyone.

Following the last JET meeting held in July 2022 I highlighted issues around compliance with patient safety notices, primary care sustainability and broader workforce challenges. The slide deck provided for the meeting addresses these as well as performance, general pressures, urgent and emergency care, mental health access, planned care and finance will be addressed.

You confirmed that you expect an end of year position of around 6,100 patients waiting over 52-weeks for an outpatient appointment, and around 644 for patients waiting over 104 weeks. The day case theatres had now been commissioned at Prince Philip hospital and this will allow you to increase activity. You confirmed that you will be suspending some inpatient elective activity (excluding cancer treatments) over the festive period due to urgent emergency care pressures.

On cancer, it was noted that there had been an increase in the backlog of patients waiting over 62 days for their treatment in November, which is disappointing as there had been a positive reduction prior to this increase. You confirmed that the backlog will be in-line with your trajectory at the end of December.

In relation to mental health, some good progress has been made in terms of CAMHS and specialist CAMHS and the service is now delivering performance ahead of the trajectory submitted. I note discussions continue through the enhanced monitoring process in relation to neurodevelopment and psychological therapies. You are in the process of commissioning outsourced activity to meet the demand and deal with the backlog of patients. It is encouraging to hear you have had a successful period of recruitment to several of the vacancies across the CAMHS service. Good progress had been made with 111 press 2.

In terms of urgent and emergency care, demand over the last few weeks had been unprecedented, and therefore, handover ambulance delays and lost hours are not where you want them to be. Your resilience plans have identified 38 additional spaces in the emergency departments to support patients and 13 additional beds have been secured in Carmarthen for discharge to assess. Dialogue continues with Ceredigion and Pembrokeshire Local Authorities for any additional capacity available. You are in discussions with WAST around an additional ambulance offload facility at Glangwili hospital.

I am pleased with the results from the development of the advanced paramedic practitioners working in the intermediate care hub in Carmarthenshire and would suggest that you consider whether this development could be rolled out across the organisation.

You have made progress in relation your elderly patients being treated and discharged within around 70 – 72 hours and this has improved from 59% to 63% over the last six months. We agreed that you now need to focus upon increasing the number of discharges.

On finance and planning, you are currently under targeted intervention and continue to meet with my officials. I am disappointed to note you are heading towards an in-year deficit of £59 million. I note your capital plan of £28.4m is on track for delivery, prompt payment (PSPP) target of 95% is at medium risk of non-achievement with year to date at quarter two being 94.9%. I believe you have received a response to the strategic cash assistance request submitted to support management of the cash consequences of the revenue deficit. On your inefficiency activity drivers, the demand on the medically or clinically optimized patients was around £10.6 million, which in turn is a driving force on the agency usage of around £7.5 million. You also have real financial challenges around the urgent and emergency care system.

You have no outstanding patient safety notices and are on track to meet your trajectory in relation to covid reviews. In relation to patient experience, you capture, monitor and report patient's experience who are on your waiting list to the Board. You have rolled out the harms dashboard to support data driven conversations with teams.

In terms of the HIW unannounced inspection between the 5 and 7 December 2022, staff were seen to provide safe and effective care in a very busy department. The inspection team were complementary of the patience, kindness, and respectful approach of staff.

Four areas of immediate concern were highlighted. I would welcome sight of the A&E protocol once completed. HIW identified those patients in the back of ambulances were being regularly assessed and observations recorded with pressure area care being highlighted.

The reinstatement of a children's waiting area / pathway would also be beneficial, especially given the recent Strep A concerns. I note the HIW Chief Executive has been invited to the Chief Executive Management team meeting in January to discuss the emergency department pressures as consequence of back door / discharge issues. I look forward to receiving an update following your conversation.

I note an unannounced inspection of the A&E department took place on 29<sup>th</sup> and 30<sup>th</sup> November 2022, with several areas of positive feedback and no immediate concerns highlighted. The expected recommendations relate to mandatory training and appraisal compliance.

You are working through the HCAI improvement plan and will share this with my officials in due course. The local dashboard you have developed will aid in identifying the hotspots of infections across the health board. I also appreciate that most infections come into your emergency department from the community. I note that you are working with Doctor Michael Perry from Cardiff University to pull together a C-difficile strategy. You also acknowledged work was ongoing in readiness for the Duty of Candour and Duty of Quality requirements from April 2023.

On workforce, you continue to maintain low sickness rates and note your turnover rate of 8% which is lower than some other organisations. You have launched the stepped model of care for psychological wellbeing and trauma and a new recovery in nature programme – an Eco therapy retreat for staff at risk of or are experiencing burnout. Feedback received from this retreat has been positive. You have achieved the Stonewall Silver award, ranked 194 in Workforce Equality Index and support members of the community, connecting with 1,200 people working with refugees, asylum seekers, faith groups, homeless and gypsy traveller communities.

Your recruitment campaign is ongoing and has resulted in 113 newly qualified nurses, 166 WTE more nurses when compared to last year, as well as an extra 24 substantive and 28 locum consultants. You introduced 'wage stream' on 1<sup>st</sup> December amongst other support packages to support staff financial wellbeing. I note your 'too good to waste' initiative that you have introduced for staff to take home any meals left over from the day's dining, especially during the cost-of-living crisis being experienced. Your engagement with 539 school children, 370 volunteers, recruited further 72 volunteers, arranged events for 90 students interested in care is commendable.

On population health, you are progressing with your priority areas and making progress around the weight management pathways and the introduction of self-referrals. In general, you have a successful school flu vaccination programme, but struggle with the 2–3-year-old uptake. You are working with the GP's and community pharmacy on engaging the older population and establishing mass vaccination centres and pop-up clinics in the new year. I note you have been working closely with your value-based healthcare team over the last six months on prevention and pathway development as the population landscape has changed following the pandemic and currently with the cost-of-living crisis which widen health inequalities. You confirmed following a GP data recording issue, all covid invitation letters had now been issued.

Your community development outreach team hosted the first welcome centre for Ukrainian people seeking sanctuary and screened the highest percentage of people for TB across the whole of Wales. This is much welcomed.

In relation to primary care sustainability, the issues around the upload of information over the last couple of weeks has been quite a significant factor due to workload. I note one of your GP practices saw 500 children last week in terms of worried parents following the Strep A outbreak. Additional support has been provided and alternative solutions are being reviewed to manage the demand.

You have five managed GP practices with another practice given notice of termination from March and alternative options of care were being discussed for these patients. Some of the primary care mental health programs have been streamlined with your core mental health services. You have established and made some key appointments to a HEIW primary and community workforce academy.

On home-based care and service, I will be interested to hear the outcome of your bid to be registered as a domiciliary care provider in Pembrokeshire.

On program business case and regional working arrangements, you continue to work with Swansea Bay, Betsi Cadwaladr and Powys Health Boards through the ARCH arrangement. The strategy group has been focussing on pathology and the regional business case associated and agreed with health boards to develop an operational delivery network for the service across South-West Wales. You have also recommended some regional work around stroke care, and there is a strategic case going to both Boards in January on the development of the South Wales Cancer Centre.

You are in dialogue with Andrew Sallows and the national team on diagnostic services. There are a range of operational services you are working together on in relation to pathways that span more than one health board. I appreciate that planning is being addressed through the targeted intervention work with my officials, but note positive discussions are taking place around the development of the annual plan for next year and the IMTP beyond that. I understand the terms of reference have been drafted for an independent peer review of planning capacity within the organisation which will include strategic planning and capacity and the integrated planning processes.

An extraordinary Board Meeting will be held to receive the SOC in August 2023 prior to submitting to Welsh Government in relation to the land consultation and further work on the site options for the new hospital. A decarbonisation strategy was submitted to your Board in September 2022 which links into strategic plans.

In relation to corporate governance risks, you mentioned previously you had received positive structured assessment feedback from Audit Wales, recognising the Board Assurance Framework and the six strategic objectives that drive your agenda. You survey around 1,000 staff each month for a sense of how they are feeling and how they can feed into the wider intelligence system.

On value-based health care, your plan outlines, in conjunction with TriTech, the delivery of three key goals; value driven service change, Education, and Research and innovation over the next three years. There has been an impressive 25,000 PROMS responses in 20 different service areas – which will be 32 by the end of the year.

In relation to digital, which is based on a four-pillar approach, you will look to progress the

outcomes through a co-ordinated Regional Data Transformation group, where colleagues from Local Authorities, Third Sector, and Health will drive transformation. I note the four-pillars will include citizen engagement, health and care co-ordination and collaboration, situational awareness such as a digital operational control centre, and regional data fabric.

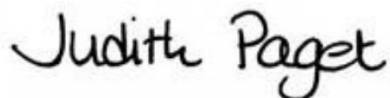
We agreed the following actions from the meeting:

- For you to provide a copy of the A&E capacity protocol once completed.
- An update following your conversations with HIW Chief Executive regarding ED inspections in the context of back door / discharge issues.
- An update on whether you have been successful in your bid to be registered as a domiciliary care provider in Pembrokeshire.

In summary, there are positive areas of progress across the Health Board which are to be commended however we have acknowledged a number of performance areas which require ongoing focus and improvement including neurodevelopmental services. We will work with and support your work on addressing your financial position in 2022 / 23 and financial plan thereafter. You recognised the need to deliver a resilient urgent and emergency 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 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



**JUDITH PAGET CBE**