



## 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>	Targeted Intervention and Enhanced Monitoring - Board Oversight of Areas of Concern
<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 and assure Audit & Risk Assurance Committee (ARAC) members in regard to the Board's ownership and oversight of the areas of concern cited by Welsh Government (WG) in its decision regarding the intervention and monitoring status of Hywel Dda University Health Board (HDdUHB).

#### Cefndir / Background

On 29 September 2022, WG advised that following a tripartite discussion between WG, Audit Wales and Healthcare Inspectorate Wales, the Health Board's escalation status was to be raised to *Targeted Intervention* (TI) for planning and finance, while remaining at *Enhanced Monitoring* for quality issues related to performance.

Performance concerns raised by WG relate mainly to outpatient waits, challenges within key Planned Care specialities including general surgery and urology, the sustainability of cancer, CAHMS<sup>1</sup>, neurodevelopment and critical care services, rates of *C-Difficile* infection and the need to improve Urgent and Emergency care

A *Targeted Intervention and Enhanced Monitoring Framework* issued by WG as part of the TI Inception process specifies the de-escalation and sustainability conditions which the Health Board will need to achieve, which have been rationalised by working groups established by the Chief Executive to create an escalation action list of 'key deliverables' (Appendix 1). These include (as a general Enhanced Monitoring requirement) that the organisation demonstrates Board ownership and oversight of the areas of concern raised by WG (*Key Deliverable 5.2*).

In line with this requirement, an action was assigned by the HDdUHB Chair at a TI Steering Group meeting held on 2 November 2022 to map the themes included as areas of concern within the Framework to items and papers included for discussion at Public Board and Board Assurance Committee meetings held during the previous 12 months (*ie.* from November 2021)

<sup>1</sup> Child and Adolescent Mental Health Services.

and to collate these papers, together with records of the meetings in which they were discussed in order to evidence Board oversight of the key issues listed.

### Asesiad / Assessment

Themes relating to the issues of concern and Key Deliverables specified for both Targeted Intervention and Enhanced Monitoring have been listed on a spreadsheet (attached as Appendix 2), together with details of Board and Board Committee meetings and titles of relevant papers in which each issue has been reported. Copies of the papers have been catalogued in a dedicated collection within the HDdUHB Archive in order that they can be readily accessed to provide further detail if required.

In reviewing the issues discussed in Board and Committee meetings over the previous 12 months, as presented in the spreadsheet, it is apparent that oversight and scrutiny of the areas of concern cited by WG can be demonstrated, with many issues linked to escalation being regularly scrutinised via reports presented to both the Board and its Committees as standing agenda items eg.

- The *Operational Plan Update and Progress Report*, which has been regularly presented to Public Board (and included at all Board meetings since September 2022). This report covers a wide range of issues included as areas of concern within the TI and Enhanced Monitoring framework.
- Corporate Risk reports presented on a regular basis to Public Board and to Board committees, which likewise cover a range of identified issues of concern.
- The *Improving Patient Experience Report* presented to each Public Board meeting, which demonstrates Key Deliverable 9.3: *A culture of listening and learning is embedded in the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.*

A clear focus upon the key issues raised by WG was reflected in the agenda of the Public Board meeting held on 26 January 2023, which included reports covering improving patient experience, temporary changes to critical and high dependency care provision across Carmarthenshire and the Health Board's Real Time Demand and Capacity (RTDC) roll-out plan. This focus has also been evidenced through papers discussed at Board Committee meetings held in December 2022, notably:

- A review of the recommendations from the review of finances undertaken by KPMG in 2019 ('KPMG Retrospective') – presented at the Sustainable Resources Committee meeting held on 20 December 2022 and linking to Key Deliverables 1.8 and 1.15: *'Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this is not the case, ensure there is an agreed timescale to implement' and 'Test the delivery arrangements within the organisation against the KPMG delivery framework report.'*
- A presentation covering key transformation programmes presented at the Sustainable Resources Committee meeting held on 20 December 2022 and linking (amongst other points) to Key Deliverable 4.4: *Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include Same Day Emergency Care (SDEC) and handover.*
- The Infection Prevention and Control Deep Dive and Improvement Plan presented at the Quality and Safety Experience Committee (QSEC) meeting held on 15<sup>th</sup> December 2022 and linking to Key Deliverables 4.7 and 5.8: *Support the Health Board with its work*

*on infection control with a focus on c-diff and undertake a detailed analysis behind infection control with a focus on c-diff.*

- The Cancer Services Quality Statement presented at the QSEC meeting held on 15 December 2022 and linking to Key Deliverables 4.3: *Develop and implement sustainable service plans for cancer, CAHMS, neurodevelopment and critical care*, 4.5: *Undertake desk top reviews into cancer – overall picture with a focus on areas of concern* and 8.3: *Improved cancer performance with performance against an agreed backlog trajectory maintained over six months and performance improvement noted in line with the plan.*
- A presentation detailing the Implementation and Roll out of Real Time Demand and Capacity (RTDC) in Hywel Dda University Health Board presented at the QSEC meeting held on 15 December 2022 and linking to Key Deliverable 3.6: *Commit to participating in and rolling out the RTDC model across all sites.*
- A presentation detailing Critical & High Dependency Care provision across Carmarthenshire presented at the QSEC meeting held on 15 December 2022 and linking to Key Deliverables 4.3 and 5.7: *Develop and implement sustainable service plans for cancer, Child and Adolescent Mental Health Services (CAHMS), neurodevelopment and critical care and produce a sustainability plan for critical care.*

While the Health Board can to a large degree demonstrate Board oversight of key concerns, in respect of WG's request that the organisation articulates its plans for the period 2026-2030 (which was raised in the TI Inception Meeting held with WG on 27 October 2022), the Health Board recognises that there is currently a 'gap' in the organisation's medium-term planning and that while there is a focus upon both its Annual Plan and its Ten-Year plan, further detail is required in terms of the steps to be taken to enable the Health Board to achieve the goals of its long-term plan.

### **Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is asked to:

- Take assurance that all areas of concern included in the *Targeted Intervention and Enhanced Monitoring Framework* have been, and continue to be, subject to Board oversight.
- Recommend to Board that further discussions be scheduled regarding the steps required to enable the Health Board to achieve the aims of its Ten-Year Plan.

### **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:

Risk 1432- Risk to the delivery of the Health Board's draft interim Financial Plan for 2022/23

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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Targeted Intervention and Enhanced Monitoring Framework Spreadsheet attached as Appendix 2
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 Audit and Risk Assurance Committee:	Not Applicable

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:	Being placed in Targeted Intervention places additional demand upon HB resources at a time when operational demand is high.
Cyfreithiol: Legal:	Any issues are identified in the report.
Enw Da: Reputational:	The Health Board's Targeted intervention status is subject to media interest.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

## Appendix 1

### Targeted Intervention key deliverables

#### Section 1: Required deliverables extracted from WG Inception Meeting documents

		Executive Lead	Operational Lead
<b>1</b>	<b>Finance</b>		
	<b>Key deliverables</b>		
<b>1.1</b>	To have produced a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position.	<b>HT</b>	<b>AS</b>
<b>1.2</b>	Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources.	<b>HT</b>	<b>SA</b>
<b>1.3</b>	Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit.	<b>HT</b>	<b>SA</b>
<b>1.4</b>	Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation.	<b>HT</b>	<b>SA</b>
<b>1.5</b>	Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall level of realistic savings delivery.	<b>HT</b>	<b>SA</b>
<b>1.6</b>	Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.	<b>HT</b>	<b>SA</b>
<b>1.7</b>	Completed all the recommendations within the KPMG review undertaken in February 2020.	<b>HT</b>	<b>AS</b>
	<b>Other requirements</b>		
<b>1.8</b>	Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.	<b>HT</b>	<b>AS</b>
<b>1.9</b>	Develop a financial recovery plan to be agreed by the Health Board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by Financial Delivery Unit (FDU) / WG.	<b>HT</b>	<b>AS</b>
<b>1.10</b>	Implement frequent directorate accountability and performance management.	<b>AC</b>	<b>CE</b>
	<b>WG Support</b>		
<b>1.11</b>	Targeted support from the FDU regarding the Health Board's financial management and understanding the drivers behind the financial deficit. This is with a particular focus on the deficit deterioration from £25m to £62m, resultant impact and opportunities for improvement. This includes choices being considered by the Board to deliver improvements.	<b>HT</b>	<b>AS</b>
<b>1.12</b>	The FDU will review with the Health Board the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation.	<b>HT</b>	<b>AS</b>
<b>1.13</b>	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.	<b>HT</b>	<b>SA</b>
<b>1.14</b>	The FDU will work with the Health Board 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.	<b>HT</b>	<b>AS</b>
<b>1.15</b>	Test the delivery arrangements within the organisation against the KPMG delivery framework report.	<b>HT</b>	<b>AS</b>

<b>2</b>	<b>Planning</b>		
<b>2.1</b>	Evidence of 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.	<b>LD</b>	<b>DW</b>
	<b>Other requirements</b>		
<b>2.2</b>	The Health Board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.	<b>LD</b>	<b>DW</b>
<b>2.3</b>	Embed a greater focus on triangulating HDdUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).	<b>LD</b>	<b>DW</b>
	<b>WG Support</b>		
<b>2.4</b>	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.	<b>LD</b>	<b>DW</b>
<b>2.5</b>	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.	<b>LD</b>	<b>DW</b>
<b>2.6</b>	Monthly progress review meetings incorporating check and challenge throughout the planning process.	<b>LD</b>	<b>DW</b>
<b>2.7</b>	Ongoing support and guidance with regular feedback from the Welsh Government planning team.	<b>LD</b>	<b>DW</b>
<b>2.8</b>	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.	<b>LD</b>	<b>DW</b>
<b>2.9</b>	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.	<b>LD</b>	<b>DW</b>
<b>2.10</b>	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.	<b>MR</b>	<b>MD</b>
<b>3</b>	<b>General TI requirements</b>		
<b>3.1</b>	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.	<b>SM</b>	
<b>3.2</b>	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.	<b>LD</b>	<b>DW</b>
<b>3.3</b>	Implement the recommendations of the peer review exercises.	<b>LD</b>	<b>DW</b>
<b>3.4</b>	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.	<b>LD</b>	<b>DW</b>
<b>3.5</b>	Develop the organisation's clinical services plan within an agreed timeline.	<b>LD</b>	<b>DW</b>
<b>3.6</b>	Commit to participating in and rolling out the RTDC model across all sites.	<b>MR</b>	<b>MD</b>
<b>4</b>	<b>Enhanced monitoring</b>		
<b>4.1</b>	Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks.	<b>AC</b>	<b>KJ</b>
<b>4.2</b>	Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive.	<b>AC</b>	<b>KJ</b>
<b>4.3</b>	Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care.	<b>AC</b>	<b>KJ</b>
<b>4.4</b>	Robust plans to improve Urgent and Emergency Care and a reduction in day-to-day variations. Focus to include SDEC and handover.	<b>AC</b>	<b>KJ</b>
	<b>WG Support</b>		
<b>4.5</b>	Undertake desk top reviews into cancer – overall picture with a focus on areas of concern.	<b>AC</b>	<b>KJ</b>
<b>4.6</b>	Undertake desk top reviews into planned and unscheduled care focusing on areas of concern.	<b>AC</b>	<b>KJ</b>
<b>4.7</b>	Support the Health Board with its work on infection control with a focus on c-diff.	<b>MR</b>	
<b>4.8</b>	Review ambulance patient handover plans and implement the performance management framework.	<b>AC</b>	<b>KJ</b>
<b>4.9</b>	Agree trajectories against planned care ambitions.	<b>AC</b>	<b>KJ</b>
<b>4.10</b>	Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.	<b>AC</b>	<b>KJ</b>
<b>5</b>	<b>General enhanced monitoring requirements</b>		
<b>5.1</b>	Appoint an SRO for Enhanced Monitoring.	<b>SM</b>	
<b>5.2</b>	Demonstrate Board ownership and oversight of the areas of concern.	<b>SM</b>	

5.3	Submit an enhanced monitoring action plan by the 5 November 2022.	AC	KJ
5.4	Provide monthly progress reports against the enhanced monitoring action plan.	AC	KJ
5.5	On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over two years for their first appointment are booked by the end of December 2022.	AC	KJ
5.6	On Urgent and Emergency Care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED.	AC	KJ
5.7	Produce a sustainability plan for critical care.	AC	KJ
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.	MR	
6	<b>Implementation</b>		
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	LD	DW
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.	LD	DW
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	HT	AS
6.4	Peer review and planning support implemented.	LD	DW
6.5	Presentation of speciality data reviews.	AC	KJ
6.6	Agreement of action plans for performance with the NHS Executive.	AC	KJ
6.7	Implementation of key deliverables, monitored and reviewed monthly.	SM	
7	<b>Deescalation from TI</b>		
7.1	The development of a credible three-year medium-term plan or an approvable annual plan.	LD	DW
7.2	Assessment at level 3 of the maturity matrix	LD	DW
7.3	Agreement of a robust three-year financial plan to meet its financial duties	HT	AS
7.4	Agreement of and sustainable progress made towards a finance improvement trajectory.	HT	SA
7.5	The Health Board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	AH-M	
8	<b>Deescalation from enhanced monitoring</b>		
8.1	Agreed approach and delivery over six months against planned care recovery actions.	AC	KJ
8.2	Consistency in urgent and emergency care over the next six months as highlighted in 12-hour performance and ambulance handovers.	AC	KJ
8.3	Improved cancer performance with performance against an agreed backlog trajectory maintained over six months and performance improvement noted in line with the plan.	AC	KJ
8.4	Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over six months.	AC	KJ
9	<b>Sustainability requirements</b>		
9.1	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.	HT	CE
9.2	To demonstrate a strong link between ensuring quality and performance improvement.	MR	MD
9.3	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	LG	CD



Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
Planned Care (Particularly Outpatients)	<p><b>4.1:</b> Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks. <b>4.2:</b> Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive. [CLOSED]</p> <p><b>4.3:</b> Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care.</p> <p><b>4.5:</b> Undertake desk top reviews into cancer – overall picture with a focus on areas of concern. [CLOSED]</p> <p><b>4.6:</b> Undertake desk top reviews into planned and unscheduled care focusing on areas of concern. [CLOSED]</p> <p><b>4.9:</b> Agree trajectories against planned care ambitions.</p> <p><b>4.10:</b> Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.</p> <p><b>5.5:</b> On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.</p> <p><b>8.3:</b> Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.</p>	Cancer	Diagnostics: GI, Skin, Lung, Urology, Gynae	QSEC	07.12.2021	QSEC Radiology Deep Dive Presentation	Reviews the challenges facing provision of radiology services and plans and mitigations in place within the Health Board (Health Board) to address these.	1	TI/002/005/001/002	
				QSEC	07.12.2021	Approved Minutes of QSEC meeting held 07.12.21	Details challenges and Health Board plans to address. "The Committee Received Assurance from the Deep Dive Report for Radiology Services and mitigation actions in place.	2	TI/002/005/002/009	
				QSEC	07.12.2021	Update on the Population based Screening Programmes in Wales: Focus on Bowel Screening	Presentation providing a road map for restoring services following the COVID-19 pandemic and for reinstating the screening services in Wales.	3	TI/002/005/002/001	
				QSEC	22.06.2022	QSEC Corporate Risk Report (standing agenda item)	<del>Risk 084 - Lack of agreed replacement programme for radiology equipment across Health Board.</del> The Health Board's stock of imaging equipment routinely breaks down causing disruption to diagnostic imaging services across all sites which has a significant impact on Hywel Dda UHB's ability to meet its referral to treat (RTT) target and impact to patients can include delays in diagnosis and treatment. Presently equipment downtime is frequently up to a week which can put significant pressures on all diagnostic services. While activity has decreased due to COVID-19, scanning of COVID-19 patients requires more time than non- COVID-19 patients, which will become	4	TI/002/005/002/008	
				OQESC	06.01.2022	Operational Quality, Safety and Experience Sub-Committee (OQESC) Update report to QSEC Radiology Services Exception Report	Radiology Services Exception Report: The Sub-Committee received the Radiology Services Exception report and noted the significant recruitment challenges, with 15 posts currently being advertised across the service. Members received assurance that the team is working closely with the Health Board's Recruitment Team to advertise the posts as effectively as possible. The Sub-Committee noted that a meeting will take place between the Chair of OQESC and the Head of Radiology Services to establish the most appropriate governance pathway for the Radiation	67	TI/002/005/002/008	
				SDODC	27.06.2022	SDODC Corporate Risk Report (standing agenda item)	Risk 1350 - risk of HDDUHB not being able to meet the 75% target for waiting times in the ministerial measures for 2022/26 for the Single Cancer Pathway (SCP). This is caused by the reduced capacity due to the impact of COVID-19 on our ability to meet the expected demand for diagnostics and treatment delays at our tertiary centre. The report includes details of planned actions and mitigations in place to address. Also included are measures to address diagnostic delays and roll-out of Rapid Diagnosis Clinics. Risk 1407 - Risk to delivery of Annual Recovery Plan	57	TI/002/006/001/001	
				QSEC	15.12.2022	Quality Statement Cancer Services	Includes details of current performance (all areas, including diagnostics) risks and mitigations, informatics, workforce, pre-habilitation and re-habilitation. Recommendation for QSEC to take assurance that the number of patients waiting in excess of 62 days (backlog) has reduced by 47% since July 22 and for QSEC to note that while current performance is variable while we address the backlog, we anticipate improvement from January 2023.	80		
				ARAC	19.04.2022	Radiology Directorate Internal Audit Update – A Review of On Call Arrangements	The Head of Radiology has recognised that work needs to be done to ascertain the true service capacity and demand, as well as accurately modelling the required establishment. This has been escalated, along with the requirement for project support to undertake this work, due to the current day-to-day demands of managing an extremely fragile service across the four sites. Lightfoot will be supporting the assessment of demand and capacity in Radiology, as they have done as part of the Health Board's scheduled care recovery planning. The Audit and Risk Committee (ARAC) is asked to: • Receive this report as a source of assurance that the outstanding recommendations have been considered; whilst noting that, due to the mass staff shortfalls identified, there is a need to postpone replacing the current out-of-hour capacity provision. • Note that a capacity and demand plan for all	65	TI/002/001/001/002	
			Backlog Reduction and Maintain Balance	SDODC	10.11.2022	Update on South West Wales Cancer Centre Strategic Programme Case	An update on the development of the Strategic Programme Case to support Regional Non-Surgical Oncology Services in South West Wales.	70	TI/002/006/002/011	
				Public Board	29.09.2022	Operational Plan Update and Progress Report	Cancer services: July 2022 performance was 43%, which was below prediction. This was due to a drive to reduce the backlog. • Projected performance indicates that by January 2023 75% of cancer patients on a single cancer pathway will be seen in 62 days. In addition, it is projected that the backlog of patients waiting over 62 days will reduce to 392 by January 2023 from 577 as reported in June 2022. • Increase in the July 2022 backlog was influenced by a backlog of Radiology reporting	76	TI/001/001/002/0021	
			Workforce Plan	Public Board	28.07.2022	Operational Plan Update and Progress Report	This report provides the Board with an update on the Operational Delivery team's progress against recovery plans which are built on the clinical delivery priorities set by the organisation for 2022/23. Recovery performance against cancer pathways is a key priority for this year ..... Improvement in performance over the past two months remains broadly on track with predictions. Projected performance indicates that by January 2023 75% of cancer patients on a single cancer pathway will be seen in 62 days. In addition, it is projected that the backlog of patients waiting over 62 days will reduce to 392 by January 2023 from 577 as reported in June. Actions taken to ensure continued delivery of essential cancer services over recent months include: • Maintained access to chemotherapy services within two weeks of a 'decision to treat' a confirmed cancer diagnosis. •	16	TI/001/001/002/017	Covers a number of TI themes
			Improved Performance all Tumour Sites	SDODC	27.06.2022	SDODC Corporate Risk Report	Risk 1350 - risk of HDDUHB not being able to meet the 75% target for waiting times in the ministerial measures for 2022/26 for the Single Cancer Pathway (SCP). This is caused by the reduced capacity due to the impact of COVID-19 on our ability to meet the expected demand for diagnostics and treatment delays at our tertiary centre. The report includes reference to trajectory performance plans which are currently being developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved.	57	TI/002/006/001/001	
		CAMHS and Neuro-Development	Part 1a and 1b Local Primary Mental Health Support Services CAHMS Backlog	QSEC	07.12.2021	Timely Access to Mental Health and Learning Disability (MHL) Services	Reviews the causes of waiting lists, including S-CAMHS services, and lists mitigations in place to address. QSEC had requested an update on the waiting lists	5	TI/002/005/001/001	



Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
				QSEC	07.12.2021	Approved Minutes of QSEC meeting held 07.12.21	Provides details of mitigations and plans in place within HDDUHB to reduce MHL (including CAMHS) waiting times/ lists. Notes agreement to discuss how the workforce and re-design initiatives raised under this agenda item link with the People, Organisational Development and Culture Committee (PODCC). The Committee RECEIVED LIMITED ASSURANCE from the mitigation and actions in place to address the MHL waiting list. While the implementation of the WPAS Informatics System will improve the mechanisms for data reporting and other measures are in place to mitigate current risks, the improvement trajectory remains unclear and must be a priority for ongoing work.	2	TI/002/005/002/009	
				QSEC	22.06.2022	WHSCC Update on Children and Adolescent Mental Health Service (CAMHS) Tier 4 Pathway	From minutes of meeting: 'It is widely accepted that there is a national challenge around service provision for CAMHS Tier 4 ..... the Committee agreed to continue to closely monitor the position and risk and requested an improvement trajectory assurance report be presented to QSEC in the next four to six months.'	6	TI/002/005/002/003	
				QSEC	22.06.2022	QSEC Corporate Risk Report	<b>Risk 1032- Timely access to assessment and diagnosis for Mental Health and Learning Disabilities clients:</b> The service was experiencing significant waiting times as a result of increasing demand levels which are now back to pre-pandemic levels. Due to the constraints to undertake required face to face assessments, continued social distancing requirements within health settings and, increasing did not attend (DNA) rates (c25%), ongoing recruitment challenges and increasing demand has an impact on the services' ability to see the same volume of service users as they were previously able to. In addition, some parts of the estate footprint does not necessarily lend itself to accommodating the	7	TI/002/005/002/008	
				SDODC	25.08.2022	Cluster Integrated Medium Term Plan (IMTP) Monitoring Report – Quarter 1	Includes targets and progress relating to Delivery of Mental Health services for young people's mental health across the cluster area	26	TI/002/006/002/004	
				Public Board	31.03.2022	Mental Health and Learning Disabilities Progress Update on Planning Objective 5G	The purpose of this report is to provide an update on the Health Board's Planning Objective 5G, which is to implement the remaining elements of Transforming Mental Health and to develop and implement a Transforming Learning Disabilities strategy in line with 'Improving Care, Improving Lives' over the next 3 years. Planning Objective 5G also includes the development and implementation of a plan for Transforming Specialist Child and Adolescent Mental Health services, Autistic Spectrum Disorder services and Attention Deficit Hyperactivity Disorder services.	27	TI/001/001/02/009	
				Correspondence	2022	Neurodevelopmental Assessment Waiting Lists	Letter from Assistant Director (AD) Legal Services and Public Affairs in response to concerns re waiting lists.	25	n/a	
				Board Seminar	16.06.2022	MH and LD Performance Assurance Report	Includes SCAMHS data: In response to our underperformance monthly meetings with Senior Managers, the SCAMHS Data Analyst and the NHS Delivery Unit have been established to report on service developments and trajectories. We are working to identify areas of best practice from other Health Boards to apply any learning locally to improve our position. The agreed trajectories up until March 2023 are part of a targeted recovery plan agreed with our Performance Team colleagues, which will require 12 months to implement due to recruitment processes and service challenges, with staff vacancies and retention already impacting on our ability to meet the targets. In the interim we	43	TI/001/003/002/004	But note Public Board 24.11.2022: Paper: 'Approval of Autism Spectrum Disorder Diagnostic Assessment Tender' notes that: 'due to
				Public Board	28.07.2022	Community Paediatrics Waiting List	In February 2022 significant concerns about the demand on Community Paediatrics were raised by the Paediatricians. These concerns were brought to the attention of the Children and Young Peoples (CYP) Working Group and a summary of Community Paediatric waiting list was requested. This was undertaken by the service, and a Task and Finish Group has been formed which will effect change and monitor progress	38	TI/001/001/002/011	
				Public Board	27.01.2022	Three Year Draft Plan for Children's Services – Progress Report	A review of psychology services for children across the Health Board is underway - an outcome of a recent Ombudsman report as well as part of the CYP Working Group. The review is led by a Community Consultant and Psychologist, with support from Swansea University. It is expected to report to the CYP Working Group in February 2022.	50	TI/001/001/002/014	
				Public Board	24.11.2022	Approval of Autism Spectrum Disorder Diagnostic Assessment Tender	The purpose of this report is to provide an update on the outcome of the recent procurement exercise which has been undertaken to address the waiting lists for Autism Spectrum Disorder (ASD) Diagnostic Assessments for Adults and Children and Young People (CYP). This is in line with the Directorate's Planning Objective 5G, which includes the transformation of ASD services.	58	TI/001/001/002/007	
				Public Board	24.11.2022	Operational Plan Update and Progress Report	<b>Autism Spectrum Disorder (ASD):</b> Demand within the Integrated Autism Service (IAS) service remains high, compounded by inadequate workforce numbers to meet the increasing demand. The Directorate is funding several fixed term additional posts to address some of these demand and capacity issues. The procurement exercise to outsource assessment and treatment to address waiting lists in both Adult and Children and Young Persons ASD services closed on 21.10.2022. There were 4 applications to provide services. Following the successful evaluation of bids, a recommendation to	77	TI/001/001/002/019	Covers a number of TI themes

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				Public Board	29.09.2022	Operational Plan Update and Progress Report	ASD: Demand for assessment continues to remain high, with waiting times of up to 3 years. Demand for assessment is increasing year on year, ranging from an average of 26 referrals per month in 2016 to 87 referrals per month in March 2022. The Service Delivery Manager continues to review all the processes involved in diagnostic assessment to identify efficiencies to reduce the length of time that takes to complete an assessment. All current posts within the service have been successfully recruited to, which will provide additional capacity for diagnostic assessments once staff have been	76	TI/001/001/002/021	
				MHLAC	21.11.2021	Mental Health Legislation Scrutiny Group Update	The purpose of this paper is to present to the Mental Health Legislation Committee an update from the Mental Health Legislation Scrutiny Group meeting held on Tuesday 2nd of November 2021 and any subsequent work that the group have agreed to undertake. The Mental Health Legislation Scrutiny Group was established as a Sub-Group of the Mental Health Legislation Assurance Committee (MHLAC)	8	TI/002/003/001/001	
				MHLAC	01.03.2022	Mental Health Legislation Committee Quarterly Performance Report. Q 3 Oct - Dec 2021	The purpose of the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales. The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate where related to mental health legislation.	9	TI/002/003/002/001	
				ARAC	22.02.2022	Mental Health Legislation Committee Report: Discharge of Terms of Reference		10	TI/002/003/002/005	
				MHLAC	02.06.2022	Mental Health Legislation Scrutiny Group Update	The purpose of this paper is to provide the MHLAC with an update from the MHLAC meeting which was held on Tuesday 3rd May 2022 and any subsequent work that the group has agreed to undertake.	11	TI/002/003/002/002	
				MHLAC	13.06.2022	Mental Health Legislation Committee Quarterly Performance Report. Q 4 Jan - March 2022	The purpose of the paper is to present to the Mental Health Legislation Committee the quarterly Mental Health Performance Report in relation to statutory mental health legislation in Wales for: The Mental Health (Wales) Measure 2010. The paper also includes assurance of other work carried out by the Mental Health and Learning Disabilities Directorate where related to mental health.	12	TI/002/003/002/003	
				Public Board	26.05.2022	Operational Plan Update and Progress Report – covers a number of TI themes	<b>Autism Spectrum Disorder (ASD):</b> Demand for assessment remains consistently high and has increased year on year, ranging from an average of 26 referrals per month in 2016, to 87 referrals per month in March 2022. Due to exponential demand, compounded by the impact of the pandemic, it continues to be exceptionally challenging to meet WG targets. All current posts have been successfully recruited to, which will provide additional capacity for diagnostic assessments. The Service Delivery Manager is reviewing all job plans to increase capacity for assessments. Specialist training is being arranged to enable all staff to be able to undertake NICE evidence-based diagnostic assessments. Process mapping of current systems and pathways is being undertaken to improve efficiency and reduce time to assessment. We are currently developing a procurement process to purchase dedicated support through an external organisation to assist waiting list management. The	75	TI/001/001/002/020	This report is very much focused upon all aspects of MHLAC service delivery.
				Public Board	24.11.2022	Approval of Autism Spectrum Disorder Diagnostic Assessment Tender	In order to implement targeted diagnostic interventions, the Directorate has undertaken an open procurement exercise to purchase services up until 31st March 2025. The contract structure of the tender has allowed for the provision of two providers to ensure maximum impact to address current waiting lists. The paper also notes: due to the significant waiting lists, for Adult and CYP ASD services,	39	TI/001/001/002/007	
						Finalised Demand and Capacity Model				
		Orthopaedics	Waiting Lists	QSEC	22.06.2022	GIRFT Outcome Report for Orthopaedics Services	From minutes of meeting: 'The Committee CONSIDERED the findings and recommendations outlined within the GIRFT report and NOTED the establishment of an Orthopaedic Steering Group to oversee and progress actions in respect of recommendations highlighted, to be reported via the Operational Planning and Delivery Group structure.'	13	TI/002/005/002/004	
				QSEC	22.06.2022	Update of Planning Objectives aligned to QSEC	PO 1E Waiting List Support Service : During 2022/23 roll out processes developed in 2021/22 to maintain personalised contact with all patients waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what to do if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent By end of March 2023 to have this process in place for all patients waiting for elective care in the Health Board. Update: • Contact has now been made to 3000 stage 4 orthopaedic patients (Hips and Knees) since March. The final 1700 Trauma and Orthopaedic patients are being contacted (May 22). • Patient Reported Outcome Measures (PROMS) will be used to capture patient experience and impact of WLSS for orthopaedic patients.	14	TI/002/005/002/002	
				Board Seminar	07.04.2022	Waiting List Support and Service Improvement Activities in Hywel Dda	Virtual Orthopaedic Prehabilitation Service: Project funded by Out-patients Transformation fund- new service set up; Aim to optimise and prepare patients physically and psychologically for surgery; 3 Tiered approach: 8 week online programme on Patients Know Best (PKB), 12 week "live" virtual group programme incorporating TEC, 1:1 if clinically indicated (virtual or F2F); External evaluation by TEC Cymru (Digital Health Wales); Positive patient experience and feedback	42	TI/001/003/002/001	

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		ENT	Waiting Lists	QSEC	22.06.2022	Update of Planning Objectives aligned to QSEC	<b>PO 1E Waiting List Support Service : Update:</b> • Letter issued Stage 4 adult Ear, Nose and Throat (ENT) patients (500) early Dec 2021 inviting contact with Waiting List Support Service (WLSS) by telephone or email via Command Centre (CCC) systems. WLSS Team called patients directly during December and early January 2022. An attempt to contact all patients has been made. • Patient Advisory Liaison Service (PALS) team have contacted ENT patients to evaluate their experience of service (April 22). This data will be used to guide future campaigns	14	TI/002/005/002/002	
				SDODC	10.11.2022	Hywel Dda Planned Care Waiting List Overview	Planned Care Delivery Plan Update, including General Surgery, Urology, Orthopaedics, ENT.	60	TI/002/006/002/012	
		General Surgery	Waiting Lists	Public Board	26.05.2022 28.07.2022	Operational Plan Update and Progress Report – covers a number of TI themes	This report provides the Board with an update on the Operational Delivery team's progress against recovery plans which are built on the clinical delivery priorities set by the organisation for 2022/23. In addition, the report provides a wider and more general operational update.	16	TI/001/001/002/017	
				QSEC	22.06.2022	Update of Planning Objectives aligned to QSEC	PO 1E Waiting List Support Service Update	14	TI/002/005/002/002	
				SDODC	24.02.2022	The Potential Unreferred backlog and its impact on recovery planning in HDDUHB	Slides demonstrating Lightfoot analysis re. the current challenges within waiting list management. Work is being undertaken at specialty levels to understand the size of the current backlog and the plans that will be needed to address this over a period of time. Work ongoing with Lightfoot to consider how workforce capacity could be increased together with considering options for service. Provides details of plans to increase planned surgery during 2022/23, including outsourcing. We have developed a revised post-COVID-19 Watchtower Planned Care Monitoring Programme to monitor progress. The Health Board has engaged with an external agency (Lightfoot) who have been working closely with key specialities on recovery plans. There is also an internal reset and recovery process, which is currently led operationally at Watchtower. Key numerical messaging and lengths of time to	55	TI/002/006/002/009	
				SDODC	24.05.2022 28.04.2022	Planned Care Recovery		56	TI/002/006/002/003	
		Urology (Specialty Focus)	Waiting Lists	QSEC	11.10.2022	Waiting List Support Service Report PO 1E	PO 1E Waiting List Support Service : Update:	44	TI/002/005/002/010	
Urgent and Emergency Care	4.4: Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover. 4.8: Review ambulance patient handover plans and implement the performance management framework. 5.6: On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED. [CLOSED] 8.2: Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers. [CLOSED]	Ambulance Handover	Delays in Patient Handover (4-Hr Handover)	QSEC	22.06.2022	QSEC Corporate Risk Report	<b>Risk 1027 - Delivery of integrated community and acute unscheduled care services:</b> The Executive Risk Group agreed on 1 June 2022 to realign risk 1027 to QSEC from SDODC. Levels of emergency demand continue to increase significantly - not related to COVID-19 per se but is driven by post pandemic demand and the broader impacts of COVID -19. Workforce deficits, handover delays, 4 and 12 hour performance and bed occupancy rates are all demonstrating concerning trends. The indirect impact of COVID-19 has resulted in increasing levels of frailty in the community and consequent demand on our 'front door'. The situation remains at high levels of risk escalation across our acute sites on a daily basis. <b>From Minutes: the Committee agreed that the risk requires immediate escalation to Board.</b>	7	TI/002/005/002/008	
				QSEC	09.08.2022	Urgent and Emergency Care (UEC) and Harm	For our UEC system to work effectively the 3 parts of the system need to manage their areas of responsibility effectively..... appropriate conveyance, conversion (admissions) and complex inpatient management. How we are mitigating harm: 1) Established an Operational Delivery Group led by Welsh Ambulance Services NHS Trust (WAST) with senior leadership representation 2) Agree actions that reduce conveyance and conversion rates and enable learning across organisations. Key actions include: (i) Implement 'Consult to Convey' approach – Advanced Paramedic Practitioner (APP) integrated with community Intermediate Care service (GP led), (ii) Implement Paramedic access to social care information to support decision making re conveyance, (iii) Paramedic direct referral to Same Day Emergency Care (SDEC) (iv) Triangulation of WAST and Health Board incident information	78	TI/002/005/002/013	
				In Committee Board	26.05.2022	WAST Escalation Report: Ambulance response capability and avoidable patient harm	It had been intended to present this at Public Board; its inclusion In-Committee reflects the fact that it is being considered at the WAST In-Committee Board. It was suggested that there needs to be a focus on this issue at QSEC, given the national coverage.	74	TI/001/002/002/002	
				Public Board	28.07.2022	Operational Plan Update and Progress Report	This report provides the Board with an update on the Operational Delivery team's progress against recovery plans which are built on the clinical delivery priorities set by the organisation for 2022/23. Improvement work designed to reduce ambulance handover delays has continued and despite the impact of increased COVID related pressures, is showing encouraging signs with improvements through June noted against all key ambulance handover metrics (1 hour delays, 4 hour delays, overall lost hours, and average lost minutes/hours per handover). Targeted pilot work within GH and Carmarthenshire community system has led to sustained increases in the number of patients discharged from front door services (EDs and Clinical Decision Unit), increased referrals to the Intermediate Care Multi-disciplinary team (MDT) teams supporting this work and corresponding improvements in length of stay of patients in the Clinical Decision Unit. In parallel, the advent of the Advanced Paramedic Practitioner pilot in Carmarthenshire, collocated with the Patient Treatment and Assessment Service (PTAS) team has led to 67% of calls reviewed not being routed through hospital EDs.	16	TI/001/001/002/017	Covers a number of TI themes

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		Plan to implement SDEC at each Site plus Community SDEC by March 2023		Public Board	26.05.2022	Operational Plan Update and Progress Report – covers a number of TI themes	Ambulance Delays and Handover Data: The handover performance has deteriorated to a point where the status is currently at a worst ever position for the Health Board and at an All Wales level. A national focus aimed at improving the position is already active and at the same time the Health Board is applying local influence, through collaboration with the Ambulance Emergency Medical Service (EMS). In parallel with our broader Transforming Emergency and Urgent Care programme, we have jointly established an Ambulance Handover Improvement Operational Delivery Group (ODG) with WAST to progress a range of improvement opportunities across the following areas: 1. Direct access for front line paramedics prior to conveying the patient to hospital; 2. SDEC units – pilot commencing May 2022 for 9 weeks at WH; clinical advice either through utilising GPs sitting within the Health Board's intermediate care hubs or utilising WAST Advanced Paramedics working with local Health Board teams; single point of contact for existing social care packages; 3. Opportunity to utilise WAST Emergency Medical Technician posts (band 4) within emergency departments to relieve front door pressures – a task and finish group has been established to review and understand the opportunities. 4. Opportunity to commission a dedicated discharge vehicle to facilitate discharges from emergency departments – a task and finish group has been established to review demand and capacity and understand if there is a new need.	75	TI/001/001/002/021	
				QSEC	15.12.2022	Hywel Dda UHB Winter Plan 2022/23	Covers ambulance handover, AandE delays and initiatives being taken forward to help improve the experiences of patients within our urgent and emergency care system.	81		
				Board Seminar	07.04.2022	Waiting List Support and Service Improvement Activities in Hywel Dda	Initial project part of EQIIP cohort 1 (SDEC GGH); learning and support used to develop and improve SDEC units in PPH and WH (plus ongoing improvement support in GH)	42	TI/001/003/002/001	
				Public Board	28.07.2022	Operational Plan Update and Progress Report	This report provides the board with an update on the Operational Delivery team's progress against recovery plans which are built on the clinical delivery priorities set by the organisation for 2022/23. Considerable work is continuing to further embed SDEC and Same Day Urgent Care (SDUC) across the acute sites and the intermediate care teams are	16	TI/001/001/002/017	Covers a number of TI themes
				Public Board	29.09.2022	Operational Plan Update and Progress Report	SDEC "lightfoot" are working on a demand model which will enable resources to be focused and inform a debate on the need or otherwise for a model based on a 7-day working approach. The clinically-led task and finish group continues to meet to discuss consistent processes and reporting of outcomes, with the aim of setting the standard for consistent processes and reporting outcomes and	76	TI/001/001/002/021	Covers a number of TI themes
				Sustainable Resources Committee	20.12.2022	Strategic Programme of Change	Reports on progress relating to elements of the Transforming UEC Programme: SDEC, Ambulance delays and handover, AandE waits, conversion avoidance, building community capacity	87		Covers a number of UEC themes
		Ensure adoption of Six Goals Programme		Public Board and QSEC and SDODC	29.09.2022/ 11.10.2022/ 25.08.2022	Hywel Dda Winter Plan 2022/23	Continued roll-out of our Six Goals for UEC Programme including 24/7 Urgent Care Model and SDEC. Reducing conveyance to hospital for our frail and elderly population. Reducing conversion rates proportionately where appropriate to do so for our frail and elderly population. Enhancing our inpatient management of complexity (frailty).	17	TI/002/005/002/011	
				Public Board	26.05.2022	Operational Plan Update and Progress Report	The Six Goals framework provides the national policy context for key Ministerial Priorities for Transforming Urgent and Emergency Care across Wales. These were formally launched 27.04.2022 and a local launch event fixed for 16.06.2022. This event will affirm the Health Board's intention to continue to develop the 111 First/SDEC/Urgent Primary Care initiatives, as well as the development of the local 'Frailty Matters' programme. Local analysis of our hospital bed occupancy data has provided	75	TI/001/001/002/020	Covers a number of TI themes
				Public Board	29.09.2022	Operational Plan Update and Progress Report	Six Goals (Transforming UEC). Following the successful launch of the programme in June 2022, work has continued at pace to develop a 3-year work plan for each of the delivery groups: • Policy Goal 1: Coordination and planning for high risk groups will now be combined with the work on Technology Enabled Care following the initial phase which was supported by the Transformation Fund. This workstream will also focus on new innovative work looking at risk stratification at the front door. • Policy Goals 2, 3, 4, and 6: Three county whole system delivery groups have been established to focus	76	TI/001/001/002/021	Covers a number of TI themes
				Public Board	24.11.2022	Operational Plan Update and Progress Report	Following the successful launch of the programme in June 2022, work has continued at pace to develop a 3-year work plan for each of the delivery groups: • Policy Goal 1: Coordination and planning for high risk groups will now be combined with the work on Technology Enabled Care following the initial phase which was supported by the Transformation Fund. This workstream will also focus on new innovative work looking at risk stratification at the front door. • Policy Goals 2, 3, 4, and 6: Three county whole system delivery groups have been established to focus	77	TI/001/001/002/019	Covers a number of TI themes
							Following the successful launch of the programme in June 2022, work has continued at pace to develop a 3-year work plan for each of the delivery groups: • Policy Goal 1: Coordination and planning for high risk groups will now be combined with the work on Technology Enabled Care following the initial phase which was supported by the Transformation Fund. This workstream will also focus on new innovative work looking at risk stratification at the front door. • Policy Goals 2, 3, 4, and 6: Three county whole system delivery groups have been established to focus			
Quality and Safety	4.7: Support the health board with its work on infection control with a focus on c-diff. 5.8: Undertake a detailed analysis behind infection control with a focus on c-diff.	Infection Control (Specialty Focus)	Undertake a detailed analysis behind infection control with a focus on C-Difficile	QSEC	07.12.2021 and 12.04.2022 and 15.12.2022	Infection prevention Strategic Steering Group Update to QSEC (twice yearly)	December 2021 infection prevention and control update: The number of our established by HddUHB's Head of Operations, which will progress the transition to the Synbiotic audit system within cleaning services and also explore equipment options on Respiratory wards such as the potential use of air purifiers. 12 April 2022 Infection Prevention and Control Update: Establishment of a Health Board Ventilation Group. Capital investment secured to convert x2 positive ventilation cubicles to negative pressure suites at BH and GH. Installation of isolation pods for Critical Care has now taken	18/ 19/ 83	TI/002/005/001/003; TI/002/005/002/005	
				QSEC	15.12.2022	Infection Prevention and Control Deep Dive/ Improvement Plan	When the Health Board's response to the increase in hospital admissions to emergency departments for Clostridioides difficile infection (CDI), the Infection Prevention and Control Strategic Steering Group (IPSSG) have undertaken a Deep Dive Exercise into the current arrangements for infection Prevention and control across HddUHB and have developed a framework of actions as detailed in the Healthcare Associated Infection Improvement Plan, which applies across Primary, Community and Secondary Care. An update on progress against the improvement plan to be provided to QSEC March 2023	82		

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				ARAC	05.05.2022	Infection Prevention and Control Final Internal Audit Report	The arrangements in place for the identification and isolation of patients was considered to be satisfactory. Visits to wards across four hospital sites identified compliance with IPC guidance requirements and both community hospitals and many of the wards visited at the two main general hospitals. However, there were some instances where it was observed compliance was not being adhered to including for personal protective equipment (PPE), social distancing, and hand hygiene facilities. A medium priority recommendation has been raised in respect of this.	66	TI/002/001/001/001	
Critical Care (Fragile Services)	4.3: Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care. 5.7: Produce a sustainability plan for critical care.	Workforce Plan		Public Board	29.09.2022	Temporary Changes to Critical and High Dependency Care Provision across Carmars.	On 25th July 2022, an operational decision was implemented to amend the admission protocols to the Critical Care Unit at PPH as a consequence of a further deterioration in the availability of Critical Care consultant staff to provide appropriate and sustainable levels of on-site support to the unit. This decision was affirmed on 28th July 2022 by the Operational Planning and Delivery Group, chaired by the Director of Operations, following discussion at the In-Committee Board session earlier that day. From this date, admission protocols to the unit were amended to patients requiring Level 1 and 2 Critical Care, with patients requiring Level 3 care to be admitted/transferred to neigHealth. The report appraises the Board of the latest position with regard to Critical Care service provision at PPH and across Carmarthenshire following the adjustment to admission protocols to the Critical Care Unit at the hospital implemented with effect from 25.07.2022. The report also provides an update in terms of recruitment and the consultant rota. The Board: • TOOK ASSURANCE that the current arrangements in place to support transfer of patients requiring enhanced levels of care are both safe and effective. • AGREED a continuation of the current amended admission protocols to the unit at PPH in the absence of sufficient consultant resource to support a dual-site rota. • CONSIDERED and AGREED presentation of a proposal in March 2023 for a more formal engagement	20	TI/001/001/002/012	From 25.07.22
				Public Board	26.01.2023	Temporary changes to Critical and High Dependency Care provision across Carmarthenshire	• TOOK ASSURANCE that the current arrangements in place to support transfer of patients requiring enhanced levels of care are both safe and effective. • AGREED a continuation of the current amended admission protocols to the unit at PPH in the absence of sufficient consultant resource to support a dual-site rota. • CONSIDERED and AGREED presentation of a proposal in March 2023 for a more formal engagement	93		
				Public Board	24.11.2022	Operational Plan Update and Progress Report	<b>Critical Care Staff Recruitment:</b> Following Board receipt and approval of the Critical Care update in September 2022, recruitment efforts for locum and substantive recruits are continuing although no suitable applicants have yet been identified. During the 14-week period since the admissions protocols to the PPH Critical Care Unit were temporarily amended, a total of 7 patients requiring Level 3 care have been transferred away from the hospital without any adverse impact on these individuals. This remains well below the level initially anticipated and reflects the joint approach adopted by the Critical Care and Acute medical teams in providing support to patients appropriate to	77	TI/001/001/002/019	Covers a number of TI themes
				QSEC	15.12.2022	Critical and High Dependency Care Provision across Carmarthenshire	Covers inability to sustain safe Intensive Critical Care (ICC) cover across Carmarthenshire: Workforce, risks and mitigations. QSEC to note continued difficulties with Critical and High Dependency Care provision across Carmarthenshire. QSEC to note the impact on patient safety and take assurance from the steps taken to mitigate the risks for the population.	84		
		Service Plans agreed with CHC and Public	Temporary Changes to Critical and High Dependency Care Provision across Carmars	In Committee QSEC	09.08.2022	Temporary Changes to Critical and High Dependency Care Provision across Carmars. From 25.07.22	Previously advised concerns of sustaining safe Intensive Care Consultant cover across Carmarthenshire have intensified requiring rapid action to address. Patient safety is of paramount importance. Includes actions moving forward. Recommendation for In Committee QSEC to note the urgent temporary service change to ensure patient safety. <b>From minutes:</b> Members noted extensive recruitment campaigns and agency requests to attract consultant workforce as well as requests for support from other Health Boards across Wales which has not been successful. Members recognised that covering two ICU locations is not appealing to the majority of potential applicants, which needs to be considered for future clinical pathway modelling. The difficult decision to implement the	20/ 21	TI/001/001/002/012; TI/003/001/001/001	
				Public Board	26.01.2023	Temporary changes to Critical and High Dependency Care provision across Carmarthenshire	In light of repeated unsuccessful recruitment attempts and against the backdrop of critical care consultant workforce challenges across the UK, the prospects of securing sustainable consultant level recruitment solutions for qualified critical care consultants sufficient to re-establish the previous dual-site rota arrangements appear limited. Informal discussions have already commenced amongst the Critical Care and Acute Medical Physician teams to consider more sustainable alternative staffing models for the longer term, with the potential for greater consultant physician input for patients with higher level needs in PPH whilst not requiring intensive care management/transfer. It is, therefore, proposed that a more formal engagement process be commenced to support the development of a	93		
		Effective Surge Planning	For any Requirement to Increase Capacity	Public Board	29.09.2022	Hywel Dda Winter Plan	A fundamental premise to our approach is the 6 Goals of Urgent and Emergency Care through the 3C's – Conveyance; Convergence; Complexity, which will involve: • Reducing conveyance to hospital for the frail and elderly • Reducing conversion rates proportionately where appropriate to do so for our frail and elderly population • Enhancing our inpatient management of complexity (frailty)	17	TI/002/005/002/011	
				Public Board and QSEC	29.09.2022/ 11.10.2022	Hywel Dda Winter Plan	We will develop a <b>winter planning viewer</b> that will: Identify pre-COVID-19 winter trends compared to current trajectories for certain population cohorts that influence emergency demand Allow assumptions about a return rate of demand this winter to be applied and the resulting impact on admissions beds beds projected (respiratory being a key feature). Allow the impact of potential improvements to be modelled and projected. The model calculates a total bed occupancy across the system for emergency care, which can be compared to total known bed capacity and indicate if and	17	TI/002/005/002/011	
Quality and Performance (Sustainability Conditions)	1.10: Implement frequent directorate accountability and performance management reviews. [CLOSED] 3.6: Commit to participating in and rolling out the RTDC model across all sites. 8.4: Evidence of actions implemented from identified within the	Ensure Data is understood and utilised in Decision-Making at all levels		Public Board and QSEC	29.09.2022/ 11.10.2022	Hywel Dda Winter Plan	Provides the Board (via Power BI) with a visual representation of the Health Board's progress against each strategic objective by showing: • The current delivery against each planning objective aligned to the strategic objective • The current performance in respect of the agreed outcome measures for the strategic objective • The current principal risks identified which may affect achievement of the strategic objective • The assurances in place to evidence the effectiveness of the management of principal risks which threaten the successful achievement of its objectives.	22 (example of content of regular paper to Board)	TI/001/001/001/002	
				Public Board and QSEC	25.11.21/27.01.22 / 31.03.22 QSEC 24.11.2022	Board Assurance DasHealth Board Report				

Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
	<p>speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months. [CLOSED]</p> <p>9.1: Demonstrate that Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.</p> <p>9.2: To demonstrate a strong link between ensuring quality and performance improvement.</p>			SDODC	All meetings	Planning Objective 3E (aligned to SDODC), owned by DoF	By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day-to-day operational delivery as well as organisation wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis). As an initial step, develop and implement a risk stratification model using predictive / cluster analytics to provide evidence for new approaches to the management of chronic conditions to shift the balance of care from the acute sector to primary care and community settings. This should be in place by Sept 2022 with full inclusion of all health and social care data (as a minimum) by March 2025.	N/A		
				Board Seminar	07.04.2022	Waiting List Support and Service Improvement Activities in Hywel Dda	Site improvement work- Real Time Demand and Capacity pilot GH March 2022; Improvement Cymru initiative - led by an organisation procured by Public Health Wales (PHW), RTDC Advisers and site support by Improvement Cymru and QIST team on the wards; Concept successfully introduced by IC/ RTDC facility over a 3-week period but not embedded in practice; Ongoing Quality Improvement and Service Transformation (QIST) support working with site operational team and clinical teams to embed RTDC as part of wider flow work (board rounds/ huddles/ to take out forms (TTO).	42	TI/001/003/002/001	
				QSEC	15.12.2022	Implementation and Roll out of Real Time Demand and Capacity (RTDC) in Hywel Dda UHB	Slides covering implementation plans within the Health Board and progress to date.	79		
				Public Board	24.11.2022	Operational Plan Update and Progress Report	RTDC is being rolled out across all acute hospital sites to support the health board's response to the Enhanced Monitoring Escalation expectation: RTDC was introduced as a pilot at GH in February 2022 following an offer to support the introduction of this methodology from Improvement Cymru (IC). Work has also commenced on its introduction at PPH and it is anticipated that RTDC rollout at WH and BH will begin in December 2022. The principles of RTDC form part of the Health Board wide optimal hospital flow workstream to support the implementation of the Transforming Urgent and Emergency Care (TUEC) Policy. Goal 5: A Health Board wide delivery group has been established to oversee the implementation and adoption of best practices to support optimal hospital flow across all our acute sites, which includes RTDC. Enablers to maximise optimal hospital flow and to support implementation of RTDC include full implementation of board rounds and afternoon huddles on all inpatient areas. This work is being prioritised by the QIST team across the four acute sites to support the implementation of RTDC. Other enablers that are being considered as part of the Policy Goal 5: To include widespread adoption of the SAFER principles, 'Red to Green', active measures to prevent deconditioning and Discharge to Assess and Recover pathways (D2AR). To support this a standardised framework and policy for board rounds and afternoon huddles is being developed for HDDUHB that incorporates RTDC. Monthly meetings with IC continue in relation to RTDC implementation and support is being sought for the further roll out of the approach. The IC clinical lead and regional support lead will be meeting with the operational team at GH and QIST team members on the 16 November 2022 to assist in this work. <i>Observations and Issues raised from the CHU</i>	77	TI/001/001/002/019	Covers a number of TI themes
				Public Board	26.01.2023	Real Time Demand and Capacity (RTDC) Roll Out Plan	Real Time Demand and Capacity (RTDC) Roll Out Plan: This report provides an update on the plan to roll out the Real Time Demand and Capacity process across the Health Board's Acute Sites, following the process being piloted and embedded at GH. The roll out is also being progressed in response to the enhanced monitoring action advised by WG and in recognition of the contribution this process will have on the implementation of the Transforming Urgent and Emergency Care Policy Goal 5, launched in December 2022..	94		
				Sustainable Resources Committee	23.02.2022	Extension of Lightfoot Solutions	A key Strategic Planning Objective (3E) of the Health Board is to improve the use of Business Intelligence and Modelling, with an emphasis on real time reporting to support clinicians and managers with day-to-day operational planning in addition to supporting the wider strategic objectives. To accelerate the use of real time reporting and analytics within the Health Board, we have partnered with several leading analytics companies, such as Lightfoot Ltd, and Microsoft (for cloud analytics), to improve the understanding and use of information and data. The Board has supported an extension of the contract with Lightfoot for 12 months with a clear end-goal to bring provision in-house, based on lessons learnt from the engagement.	48	TI/002/007/002/011	Includes a number of examples of the functionality of the Advanced Analytical Programme being developed within the Health Board
				Sustainable Resources Committee	20.12.2022	Planning Objective 3E – Advanced Analytics	This report provides the Sustainable Resources Committee with a deep dive into the Planning Objective 3E: <i>By March 2023 develop an advanced analytical platform that is highly accessible to operational and corporate teams that will, provide real-time, integrated data to support our clinicians and managers providing the insight, foresight, and oversight to assist with day-to-day operational delivery as well as organisation-wide strategic planning. In parallel, establish mechanisms to ensure continuous innovation of our approach by utilising current technologies, best practices and direction from latest research and publications (such as machine learning, artificial intelligence, time series analysis and cluster analysis).</i>	89		
				Sustainable Resources Committee	20.12.2022	Performance Update for Hywel Dda University Health Board – Month 8 2022/23	This report relates to the Month 8 2022/23 Integrated Performance Assurance Report (IPAR). The full performance assurance report is made available in the format of a Power BI dashboard which can be accessed via the following link: Integrated Performance Assurance Report (IPAR) dashboard Boardboard as at 30th November 2022	90		

Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
		Demonstrate Link between ensuring Quality and Performance Improvement		QSEC	15.12.2022	Quality Management System (QMS) Strategic Framework: Update	Provides QSEC with an update with regards to the development of a Quality Management System (QMS). Improving Together will be the vehicle to deliver QMS. Improving Together is the vehicle which aligns the team vision to our strategic objectives and empowers teams to improve quality and performance across the organisation by setting key improvement measures aligned to their team vision. Visualisation of key data sets including improvement measures and regular team huddles help drive decision-making. The approach embraces coaching discussions and supports staff to develop	85		
				QSEC	14.02.2023	Quality Improvement Strategic Framework (QISF) 2023-2026	The QISF focuses on engaging and enabling the whole workforce to improve the quality of its services..... This framework is aligned to the HddUHB Strategic Objectives and describes the Quality Goals which will be underpinned by annual priorities to deliver improved patient outcomes and overall experience of care.	96		
				SDODC	25.08.2022 (also taken at every meeting – reported through IPAR)	PO Deep Dive: 3A: Quality Management System (QMS) and Improving Together	<b>Planning Objective 3A:</b> To develop a quality management system approach which uses improving together as a delivery vehicle. This will support and drive quality (and performance) across the organisation aligned to our strategic objectives and outcomes. The system will encourage a strategic improvement approach, including quality and performance, and will be clear on expectations and accountability arrangements from Board to all Health Board teams. It will include the development of a culture of continuous improvement; and the systems and tools needed to support such a culture. The focus will be to motivate and support colleagues at all levels to strive for excellence. Work will commence from June 2021 and be rolled out across the whole organisation over three years.	59	TI/002/006/002/010	
				SDODC	23.02.2023	PO 3A: Improving Together Framework	<del>See SDODC entry above: the improving together framework has been developed and was presented to the Executive Team in December 2022. The framework is supported by key organisational-wide dasHealth Boardboards "Our Performance" and "Our Safety". These dasHealth Boardboards have been developed over the last year to allow everyone across the organisation to have easy access to</del>	95		
				Board Seminar	08.09.2022	Operational 'Run-Rate' Reductions and Actions	<b>The principles of the pack demonstrate a clear balance and approach between quality, performance and finance.</b> The pack contains a number of schemes and saving opportunities which are interoperable. Therefore, the operational run rate opportunities are going to be linked to direct programmes of work. The pack also focuses on the in-year cost reduction opportunities, whereas the strategic opportunities will be aligned to the Target Operating Model (TOM). There is an element of detail against the main areas of expenditure, this is to provide the financial context and highlight the specific drivers (linked to the in-year opportunities) The proposed delivery and specific schemes fully encompass a quality and performance lens. Any areas which are purporting to reduce expenditure have a clear alignment to an Equality Impact Assessment.	45	TI/001/003/002/003	
				Sustainable Resources Committee	10.11.2022	Assurance over Delivery of the Strategic Programme of Change	The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been inceptioned to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains: • Nursing Workforce Stabilisation Plan • Family Liaison Officer (FLO) • Alternative Care Unit • Transforming Urgent and Emergency Care • Increasing Community Capacity • MHLd (Continuing Healthcare). There are a number of interoperabilities between the areas set out above. However, each programme of work has a specific focus and deliverables. <b>The slides are intended to provide a summary of the root cause, financial implication by category, and the proposed action</b>	63	TI/002/007/002/004	
Culture of Listening and Learning is embedded	7.5: The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services. 9.3: Demonstrate that a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	Rapid Triangulation of Data Use of Staff, Patient, User Feedback								
				QSEC	08.02.2022	Operational Quality, Safety and Experience Sub-Committee (OQSEC) Update Report: Patient Experience Report	The Sub-Committee received the Patient Experience Report and a summary position of the Patient Experience programme, noting the plans to develop and expand the service. Members received an update on the Charter for Improving Patient Experience as a means of gathering together valuable information on what matters most to the population, and were informed that this information will align with the Health Board's Planning and Strategic Objectives.	23	TI/002/005/002/007	
				Public Board	Every Board Meeting bar June and August 2022	Improving Patient Experience Report	<b>Provides a summary of patient experience feedback and activity, highlighting main themes.</b> 'Service user feedback is important to monitor the experience of those who use our services and through this, the quality of care that they receive. This allows us to identify where services need to improve and to share good practice when experiences are positive. The following information demonstrates how we are continuing to increase the capture of service user feedback by providing various ways in which this can be provided. Most importantly, service users should feel that there has been a valuable purpose to them providing their feedback. It is our priority to act on all feedback	24 (example of content of regular paper to Board)	TI/001/001/002/001; TI/001/001/002/002; TI/001/001/002/003; TI/001/001/002/004; TI/001/001/002/005; TI/001/001/002/006	
				Private Board	24.11.2022	Land for New Hospital and Programme Update	Health Board is seeking to reduce the number of shortlisted sites to two to take into the Outline Business Case and wants to gather views from the public, staff and stakeholders. The Consultation Document will be developed in-house, with external expert advice and additional project management support sought to mitigate any risks to the delivery of the consultation.	40	TI/001/002/002/002	



Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
				PODC	15.12.2022	Culture Change – A holistic review of Our Organisation Development Work to Date (1 year review)	Includes feedback from the surveillance and the discovery work, highlighting three key questions: A) How are we listening to our staff and is our culture safe enough for people to raise issues? B) How are we maintaining our staff morale through our recognition and appreciation processes? C) How are we supporting the wellbeing of our staff?	86		
				Public Board	26.01.2023	Developing Our Culture of Listening and Learning	This report aims to update the Board regarding progress made in the last 12 months in relation to developing our culture of listening and learning to both our staff and patients. It will outline why and how we listen to both groups and provide some examples of what we have learned so far and what actions we have taken as a consequence. It will also show how this intelligence contributes to help us continually learn and improve what we do for our staff and patients. It will show how we have taken progressive steps over the last 12 months to evolve our culture of listening and learning.	93		
				Public Board	26.01.2023	Audit Wales Structured Assessment 2022	The Health Board continues to have a very strong commitment to public transparency and there remains a strong commitment at Board to hearing from patients and staff. Robust arrangements for assurance plans, including stakeholder engagement, and embedding value based healthcare are in place.	92		
Finance [the Board needs to be able to fully describe the position on the movement from £25m to £62m and to reflect on the level of scrutiny and the evidence they have been provided with as part of this movement.]	1.1: To have produced a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position. 1.2: Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources. 1.3: Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit. 1.4: Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation. 1.5: Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall	Clarity on Deficit Drivers	Deficit linked particularly to Service and Workforce	Board Seminar	08.09.2022	Operational 'Run-Rate' Reductions and Actions	Assurance: Independent KPMG review conducted in 2018/19 provided reasonable assurance around the control environment. Next Steps: Delivery robust pay controls for roster control and consistency of treatment against clear criteria and principles. Develop variation reviews across non-pay areas, building on demand work in Pathology, Radiology and Medicines Management. Contract renewal alert and negotiation of long term agreement (LTA) contract that are currently delivered. Includes: 1) Revenue/ Projection/ Savings/ Next steps summary. 2) Summary of key financial targets. 3) Year to Date (YTD) variance by Directorate and subjective against Plan 4) YTD actual by Directorate and subjective (COVID-19 only), detailing all factors driving the YTD position. 5) Detailed Individual cost drivers. 6) Financial Prioritisation. 7) Risk-assessed directorate savings profile, delivery and forecast. Covers range of financial planning components: Directorate Level and Macro: Directorates – First cut of directorate plans by 25 October 2021 and second/final cut of directorate plans by 6 December 2021. The following were used as the key considerations when constructing their plans: Each directorate to manage within their existing financial envelope, prioritising resource as required; deliver productivity, efficiency and/or disinvestment savings of 1.2% recurrently, against non-ring fenced budgets; contribute to the Executive led Strategic Planning Objectives, through both Savings and Investments. Macro financial and workforce plans – to be modelled following the first submission for Executive review; the above fed in to Executive discussions between the 3 and 10 November 2021 to prioritise resources and provide clear direction to teams in readiness for their refinement by the 6 December 2021 submission.	45	TI/001/003/002/003	
				Sustainable Resources Committee	21.12.2021	Bi-Monthly Finance Reports and Presentations (M8 report and presentation recorded as example of content and format)		46/ 47	TI/002/007/001/002; TI/002/007/001/003	
				Sustainable Resources Committee	21.12.2021	2022/25 Integrated Medium Term Plan (IMTP) and Roadmap to Financial Sustainability		61	TI/002/007/001/006	
				In Committee Sustainable Resources Committee	28.06.2022	Hywel Dda – FDU (WG) Deep Dive - Financial Management and Planning	Summary of findings from FDU review of Hywel Dda's financial management and planning. • Urgent action and assurance is required to de-risk the savings plan to target a £25m deficit position in 2022/23. • ULD - Detailed understanding of ULD needed including understanding of whether it is possible to reverse any investment decisions taken over the past three years. • Cost Pressures - Ensure grip and control on cost base. • Recovery – All Recovery Funding must be spent on Recovery. • Savings - Expectation of greater focus on savings to deliver a target £25m deficit position in 2022/23. • COVID-19 Response - Capture the decisions that need to be taken to turn off these costs and the timescale for winding down any commitments • COVID-19 Programme - To understand the decisions that would need to be taken to turn tracing costs off and the timescales. [From minutes]: Members advised that there are 3 compounding factors affecting the ability to provide assurance to de-risk the savings plan to target a £25m deficit position in 2022/23: the challenge to close the COVID-	63	TI/002/007/002/004	
				Sustainable Resources Committee	10.11.2022	Assurance over Delivery of the Strategic Programme of Change	The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been incepted to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains: • Nursing Workforce Stabilisation Plan • Family Liaison Officer (FLO) • Alternative Care Unit • Transforming Urgent and Emergency Care • Increasing Community Capacity • MHL (Continuing Healthcare). There are a number of interoperabilities between the areas set out above. However, each programme of work has a specific focus and deliverables. The slides are intended to provide a summary of the key drivers of financial challenge, root cause, financial implication by category, and the proposed action	64	TI/002/007/002/002; TI/002/007/002/001	
				Sustainable Resources Committee	10.11.2022	SRC Corporate Risk Report	Risk 1432 (identified August 2022): There is a risk to the sustainability of the Health Board's financial position, which will result in a material deterioration of the Health Board's outturn financial position for 2022/23 when compared with the initial draft plan. This is caused by three key drivers: 1. Savings which can not be delivered during the year because of continued operational and clinical challenges across our services, in particular within urgent and emergency care; 2. Costs which were previously assessed as COVID-19-related, which upon review within the context of the current year could not be reduced given the operational pressures, largely again within urgent and emergency care; and 3. Further in-year operational cost deterioration.	71	TI/002/007/002/0017	

Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
	<p>level of realistic savings delivery.</p> <p><b>1.6:</b> Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.</p> <p><b>1.7:</b> Completed all the recommendations within the KPMG review undertaken in February 2020.</p> <p><b>1.8:</b> Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.</p> <p><b>1.9:</b> Develop a financial recovery plan to be agreed by the health board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by FDU / WG.</p> <p><b>1.15:</b> Test the delivery arrangements within the organisation against the KPMG delivery framework report.</p> <p><b>7.4:</b> Agreement of and sustainable progress made towards a finance improvement trajectory.</p>	<p><b>Clear Strategic Narrative and Clarity re. the organisation's plans and national priorities and clarity re. choices to commit recurrent Resources</b></p>	<p>Including: Decisions taken by the Health Board where no funding streams were in place to support their implementation.*</p>	Public Board	26.01.2023	Audit Wales Structured Assessment 2022	The Health Board is aware of its cost drivers, which are workforce pressures due to sickness, vacancies, and increased unscheduled care activity, and increasing baseline costs for medicines. The Health Board continues to have several comprehensive financial reports. A detailed financial report is presented at every Board and the SRC meeting. The report sets out a clear overview of revenue, the forecast position, performance against the required savings, capital spending, and payment of non-NHS invoices. Detailed information is also provided on the key cost drivers, variances for each of the directorates, and the risks associated with financial opportunities.	92		
				Board Seminar	08.09.2022	Operational 'Run-Rate' Reductions and Actions	Assurance: Weekly Use of Resources Group (UoR) business case assessment, ensuring financial and non-financial outcomes presented in a measurable way. Central tracking of investment decisions across Board, Committees and UoR to record in-year and financial year end (FYE) £ and value outcomes to inform planning cycle and performance monitoring. Requisition and ordering process in accordance with Standing Financial Instructions (SFIs). Concerns: Whilst business cases may evidence the appropriateness of new investments on a case by case basis, the overall Health Board financial position is such that further deterioration of the deficit position is unpalatable. There have not yet been cases for disinvestment following prior year investments due to insufficient evidence of success or failure of plans. Next Steps: In-year routine performance tracking to review delivery of benefits with corrective action or investment unwound if trajectory not met. Key criteria established for business cases, focused on outcomes. Budget holders to review recent investment decisions (including the continuation of COVID-19 response schemes) for Value and Outcomes, to assess appropriateness of continuation.	45	TI/001/003/002/003	
				Sustainable Resources Committee	21.12.2021 and standing agenda item at each SRC meeting	Update on All-Wales Capital Programme – 2021/22 Capital Resource Limit and Capital Financial Management	Bi-Monthly Update on All-Wales Capital Programme, Capital Resource Limit and Capital Financial Management (this report included as example). Details of capital schemes and capital expenditure.	49	TI/002/007/005/014	
				Sustainable Resources Committee	28.06.2022 and 10.11.2022	Consultancy [Usage] Review	HDdUHB's Financial Accounts team, on behalf of the Director of Finance, will ensure scrutiny and completeness of the Health Board's consultancy register. Consultancy contracts are reported for assurance to the Audit and Risk Assurance Committee (ARAC). Following recommendation from Internal Audit, reporting to the Sustainable Resources Committee enables further detailed discussion regarding usage and spend on consultancy.	62	TI/002/007/002/012	
				Gold Command	04.02.2022	Home-based Enhanced Bridging Care Fixed term contract extension	This pilot was put in place to fundamentally increase the home-based workforce. This pilot is one possible solution to this widespread challenge which is severely impacting our community response to patient need and is reducing flow through our hospital bed based part of the system. Two recruitment campaigns were undertaken resulting in 22 people (16.4WTE) being recruited into band 2 health care support worker (HCSW) roles until the end of March 2022. This paper seeks approval to roll forward the fixed term contracts to the end of June 2022.	72		
				Public Board	24.11.2022	Operational Plan Update and Progress Report	Gwili Railway Car Park Development: Key elements of the proposal include the following: • Initial provision of 130 parking spaces for the use of Health Board staff on completion of the main car parking area planned for 01.04. 2023; - An increase to 144 parking spaces for staff following completion of the remainder of the works on the site in June 2023; - Provision of these dedicated spaces on a 24-hour basis Monday to Friday. Given the long-standing and current car parking challenges present on the GGH site the Use of Resource Group approved the provision of recurrent funding to enable implementation of this proposal at their meeting 04.10.2022. A working group is currently being established to define how site access will be managed and to formalise the agreement between the Health Board and the GRC.	77	TI/001/001/002/019	Covers a number of TI themes
				Sustainable Resources Committee	10.11.2022	Assurance over Delivery of the Strategic Programme of Change	The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been inceptioned to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains: • Nursing Workforce Stabilisation Plan • Family Liaison Officer (FLO) • Alternative Care Unit • Transforming Urgent and Emergency Care • Increasing Community Capacity • MHL (Continuing Healthcare). There are a number of interoperabilities between the areas set out above. However, each programme of work has a specific focus and deliverables. The slides are intended to provide a summary of the root cause, financial implication by category, and the proposed action.	64	TI/002/007/002/002; TI/002/007/002/001	

Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
		Clear Assessment of where Health Board's Cost Base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidence-based, with a realistic cost growth assessment including cost mitigation		Sustainable Resources Committee	10.11.2022	Health Board Programmes of Work	Details: Key Drivers of financial challenge, evidence/ details of individual root causes, together with actions to address.	54	TI/002/007/002/001	
		Have Savings and Efficiency plans with clear Risk Assessments and Actions to mitigate Risks to give confidence in an overall level of realistic savings delivery.		Sustainable Resources Committee	25.04.2022	Bi-Monthly Corporate Risk Reports	Monitoring Risk 1371: There is a risk to the delivery of the Health Board's draft Interim Financial Plan for 2022/23 of a £25.0m deficit. This is caused by: 1. The savings requirement within the plan is £29.4m, which is significantly greater than the Health Board has historically achieved within an annual cycle; further there is currently insufficient assurance that identified opportunities can be converted into deliverable operational schemes. Details further action necessary to address the controls gaps.	51	TI/002/007/002/018	
				Sustainable Resources Committee	22.08.2022	Health Board Financial Recovery Actionable Responses	Principles: Recognise the new operational baseline position that is driving the £62.0m forecast (current risk being a further £3.3m) in conjunction with equivalent financial value of accepted Opportunities: The additional budgets allocated to Directorates must be fully offset by the budgetary reductions transacted at a Health Board level. Additional budgets will not be allocated to any Directorate until this is delivered. Allocate budget reductions in line with accepted Opportunities. Each Opportunity has an Executive Owner, however some may impact Directorates outside of that Owner; the Accountable Executive (per Scheme of Delegation) must also endorse acceptance of each Opportunity before transaction. Operational budget holders, with the support of their Finance Business Partners, will be required to fully review, quantify and articulate the benefits and cost drivers (including embedded COVID-19 responses) and decisions taken resulting in their contribution to the £62.0m deficit. These benefits and cost drivers will be assessed through the September round of Directorate UoR meetings and a proposal for the re-allocation of budgets drafted for Executive Team (ET) /Board approval. Ensure alignment of performance, finance and safety to provide assurance that agendas are co-ordinated. Ensure collective actions are aligned with Health Board values and our standing orders and standing financial instructions. Will include quality and safety implications (Heads of Nursing to lead on Q and S assessment). Modelling on impact by County and Directorate to assess relative beneficiaries to ET by end of September.	52	TI/002/007/002/005	
				In Committee Sustainable Resources Committee	10.11.2022	Financial Cashflow Management Strategy	This report provides the strategic options (based on selective payment deferral) available to mitigate the cash support required from WG, in relation to the current reported revenue deficit and sets out the basis of a cashflow management strategy that could be employed to mitigate the impact in the current financial year. This strategy would only act as a short-term course of action, with a significant reduction in expenditure required, or a revised planned deficit being acceptable to WG, for the 2023/24 financial year. These actions carry consequences and risks.	53	TI/003/002/001/001	
				Sustainable Resources Committee	10.11.2022	Assurance over Delivery of the Strategic Programme of Change	The programmes are intended to address a multitude of pressures across the system. Consequently, each programme has been incepted to remedy specific challenges facing the Health Board. It has been well highlighted that the current financial challenges require targeted approaches across the following domains: • Nursing Workforce Stabilisation Plan • Family Liaison Officer (FLO) • Alternative Care Unit • Transforming Urgent and Emergency Care • Increasing Community Capacity • MHLd (Continuing Healthcare). There are a number of interoperabilities between the areas set out above. However, each programme of work has a specific focus and deliverables. The slides are intended to provide a summary of the root cause, financial implication by category, and the proposed action	64	TI/002/007/002/002; TI/002/007/002/001	
		Working within an updated Opportunities Framework linking into the Efficiency and productivity Agenda		Board Seminar	08.09.2022	Operational 'Run-Rate' Reductions and Actions	<b>Assurance: Opportunities Framework continually updated and communicated to influence and inform decision-making, with items for progression assigned to Executive Leads to develop implementation plans with service leads, supported by Finance Business Partners. Next Steps:</b> Executive Leads to escalate the decision-making to accept or reject the Opportunities identified. Accepted Opportunities to be urgently converted into deliverable operational plans by relevant Operational Leads as agreed by relevant Executives. Consideration to re-instating a dedicated Project Management Office (PMO) led approach.	45	TI/001/003/002/003	
		Trajectory and Action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position								

Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
		Completing all Recommendations within KPMG Review Feb 2020		Board Seminar	08.09.2022	Operational 'Run-Rate' Reductions and Actions	Assurance: Independent KPMG review conducted in 2018/19 provided reasonable assurance around the control environment. Concerns: The same review provided recommendations, particularly in relation to Pay controls, for improvements which are largely unadopted. Next Steps: Delivery robust pay controls for roster control and consistency of treatment against clear criteria and principles. Develop variation reviews across non-pay areas, building on demand work in Pathology, Radiology and Medicines Management. Contract renewal alerts and repatriation of LTA services that are currently delivered internally.	45	TI/001/003/002/003	A report detailing Health Board's response to KPMG review came to Finance Cttee in March 2020. Email from JW to HT suggesting a retrospective review of responses to recs came to SRC - not yet scheduled on SRC workplan.
				Finance Committee	13.03.2020	Hywel Dda UHB Grip and Control Response	Unplanned cost pressures within/partly within HDdUHB's control Paper summarises the key cost pressures above plan together with their impact prior to mitigation and the recommended action. The Health Board's response to the recommendation is also provided.	69	TI/002/002/001/003	
				Sustainable Resources Committee	20.12.2022	KPMG Retrospective	The reports covered include: • Grip and control, attached at Appendix 1 • Delivery Framework including a Budget Holder Survey, attached at Appendix 2 • Recovery Plan, attached at Appendix 3 • Assessment of 2019/20 Financial Plan, attached at Appendix 4. The Health Board's current status against the recommendations is summarised in the report	88		
Integrated Planning	2.1: Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the Health Board's longer-term Ambitions as set out in the Programme Business Case.  2.2: The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report. 2.3: Embed a greater focus on triangulating Hywel Dda UHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance). 3.2: Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes. 3.3: Implement the recommendations of the peer review exercises. 3.4: Deliver a credible	Evidence of Integrated Planning to develop an approvable IMTP for 2023-26, providing Route Map towards Health Board's longer-term Ambitions as set out in the Programme Business Case.		Board Seminar	09.12.2021	IMTP Route Map to Financial Balance (2022-2025)	Presentation detailing the draft structure of the Plan, draft emerging priority areas, together with key enablers, opportunities and restraints.	41	TI/001/003/001/001	
				Public Board Private Board	24.11.2022	Update on Annual Plan 2023/24	The development of the plan for the period 2023/24 – 2025/26 has begun and this paper provides the Board with an update on our approach ..... our plan for 2023/24 – 2025/26 must centre on how we as a Health Board de-escalate from 'targeted intervention'	68	TI/001/001/002/007	
				QSEC	22.06.2022	Planning Objectives Update	A revised set of Planning Objectives (POs) has been incorporated into the Health Board's plan for 2022/25 that set out the aims of the organisation over the long term, as well as a set of specific, measurable POs. Each PO has an Executive Lead and this report provides an update on the progress made in the development (delivery) of the POs under the Executive Leadership of the: • DoN • Director of Operations that are aligned to QSEC, for onward assurance to the Board.	28	TI/002/005/002/012; TI/002/005/002/002	
				SDODC	15.12.2021/ 24.02.2022/ 28.04.2022/ 27.06.2022/ 28.07.2022	Developing the Integrated Medium Term Plan for the Period 2022/23 – 2024/25	The Integrated Medium Term Plan (IMTP) is the key planning document for Hywel Dda University Health Board setting out the milestones and actions we are taking in the next one to three years in order to progress our strategy.	29-33	TI/002/006/002/001; TI/002/006/001/004; TI/002/006/002/007; TI/002/006/002/006; TI/001/001/002/010	
				Public Board	26.05.2022	Our Annual Recovery Plan 2021/22 - Closure Report	As part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives which set out the aims of the organisation, i.e. the horizon that the Health Board is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years. This report provides an overview regarding progress of the Planning Objectives and acts as a closure report for the Annual Recovery Plan 2021/22.	34	TI/001/001/002/011	
				Public Board	26.05.2022	Transformation Steering Group (TSG) Update	In its Annual Plan – Hywel Dda UHB's Recovery Plan for 2021/22 – the Board agreed a new Planning Objective (3D) to establish a process to continuously identify and propose new planning objectives for Board consideration which will enhance and accelerate the delivery of the Board's 6 Strategic Objectives. This resulted in the establishment of the Transformation Steering Group (TSG), bringing together Board members and others to find new opportunities from within the organisation and the integrated medium term plan (IMTP) is the key planning document for Hywel Dda University Health Board setting out the milestones and actions we are taking in the next one to three years. It is based on the health needs of our population, responds to the Welsh Government's Planning Framework and Ministerial priorities, and sets out the steps we will take to deliver our clinical strategy, "A Healthier Mid and West Wales".	35	TI/001/001/002/020	
				Public Board	26.01.2023	Update on Annual Plan 2023/24	The development of the plan for the period 2023/24 – 2025/26 has begun and this paper provides the Board with an update on our approach ..... our plan for 2023/24 – 2025/26 must centre on how we as a Health Board de-escalate from 'targeted intervention'	93		
				Board Seminar	13.07.2022	Update on Developing - 2022/25 Revised Three Year/Annual Plan	The development of the plan for the period 2022/23 – 2024/25 has begun and this paper provides the Board with an update on our approach ..... our plan for 2022/23 – 2024/25 must centre on how we as a Health Board de-escalate from 'targeted intervention'	44	TI/001/003/002/001	

Theme	ESG Key Deliverables Ref.	Sub Theme	Area	Committee	Date (From 01.11.2021)	Paper Title	Paper	Paper Reference	Catalogue Reference	Comment
	annual plan as a stepping stone towards a full and financially balanced IMTP. 3.5: Develop the organisation's clinical services plan within an agreed timeline. 6.1: The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance. 6.2: The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022. 7.1: The development of a credible three-year medium-term plan or an approvable annual plan. 7.3: Agreement of a robust three-year financial plan to meet its financial duties			SDODC	16.12.2022	Targeted Intervention - Planning	This paper is to provide the Strategic Development and Operational Delivery Committee (SDODC) with an update on the key products expected as part of the planning element of this escalation status, with particular reference to a maturity matrix which SDODC is asked to endorse.	91		
		Middle-Term Planning	'Gap' in middle-term planning [2026 – 2030]	There is a recognised gap in planning to cover this period (ie. up to the opening of the new hospital)						
		Planning Ethos	Building upon relationships and engaging with staff, stakeholders and members of the public on service transformation.	Public Board	27.01.2022	Implementing the Healthier Mid and West Wales Strategy - Programme Business Case	Includes new Planning Objective (5H - led by Director of Primary Care, Community and Long-Term Care) - By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish a clear and agreed set of shared ambitions and outcomes for the population aligned with national and regional priorities across the Whole System triangle model articulated in a co-owned Integrated Locality Plan. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services and will demonstrate delivery of the following priorities: • Connected kind communities including implementation of the social prescribing model • Proactive and co-ordinated risk stratification, care planning and integrated community team delivery • Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home • Enhanced use of technology to support self and proactive care • Increased specialist and ambulatory care through community clinics. The Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme.	36	TI/001/001/002/017	
				Public Board	26.05.2022	Continuous Engagement Plan (CEP) 2022/23	This paper presents to the Board a new Continuous Engagement Plan (CEP) prepared by the Engagement Team as part of our commitment to Planning Objective 4T. By March 2023, implement and embed our approach to continuous engagement through: • Upskilling staff on continuous engagement through bespoke training and the introduction of a new continuous engagement toolkit, with the aim of achieving a deeper understanding of how continuous engagement can have a direct impact on the Health Board's business success. • Implementing structures and mechanisms (such as advisory groups, platforms and channels for communication) that support continuous engagement • Aligning to the Regional Partnership Board's (RPB) framework for continuous engagement, maximising on existing assets and resources within our communities. The new CEP aims to embed the principles of continuous engagement throughout the fabric of Hywel Dda by working with teams and services in a collaborative way, ensuring engagement objectives are purposeful and aligned to the Health Board's strategic and planning objectives.	37	TI/001/001/002/015	
				Private Board	31.03.2022	A Healthier Mid and West Wales Land Identification - Shortlisting Finalisation Workshop 17th February 2022	Every effort was made to ensure consistency of attendees with the October 2021 workshop, with representation from both Pembrokeshire and Carmarthen County Councils, the Community Health Council (CHC), the NHS Wales Shared Services Partnership (Estates), the chairs or representatives of three Board advisory forums and various Health Board operational department representatives. The workshop also invited attendance from the Police and Fire authorities and Welsh Ambulance Services NHS Trust (WAST) as well as the Health Board's technical advisors. The workshop was again led by the Programme Director and facilitated by the Consultation Institute.	73	TI/001/002/002/003	
				Public Board	26.01.2023	Audit Wales Structured Assessment 2022	The Health Board continues to have a very strong commitment to public transparency and there remains a strong commitment at Board to hearing from patients and staff. Robust arrangements for ensuring plans are aligned, stakeholder engagement, and embedding value-based healthcare are in	92		

Theme	Action	Comment/ Notes	Paper Reference	Status/ Update
General TI Requirements	Establish an appropriate governance structure for TI including the appointment of an SRO and Independent Member for TI.	Completed - Escalation Status Update ARAC 13.12.2022: As a result of the notified change in the Health Board's escalation status and confirmation of a continuation of enhanced monitoring in specified areas, the Board approved the establishment of two working groups – one to address Targeted Intervention and the other focussed on the areas under continued Enhanced Monitoring. In addition, a newly established Escalation Steering Group chaired by the Chief Executive has been tasked with the co-ordination and oversight of the delivery of these work plans, reporting into the Executive Team and Board.  Public Board 26.01.2023: Chief Executive's Report (Targeted Intervention) Provides an update of progress against Governance requirements under TI: Good progress is being made in relation to the work plan. Actions to address all the issues raised are on track with a number now closed. A project manager attends all meetings and maintains the action plan so that progress can be monitored and assessed. In delivering these actions, any resulting papers will first be presented to Board or an appropriate committee for assurance wherever possible.		Action complete
				Action complete
	Develop a planning maturity matrix in conjunction with staff and stakeholders through which the organisation can assess itself to identify the steps required to develop the planning processes.	Targeted Intervention - Planning paper SDODC 16.12.2022: This paper is to provide the Strategic Development and Operational Delivery Committee (SDODC) with an update on the key products expected as part of the planning element of this escalation status, with particular reference to a maturity matrix. SDODC endorsed the Maturity Matrix that it will use to assess itself with regards to its planning processes.		Action complete
	Implement the recommendations of the peer review exercises.	WG has identified Sally Attwood, previously of PHW, to undertake this independent review. It is intended that Ms Attwood will commence the independent review on 9 February 2023, which will take approximately four to five weeks to complete. The timing of the review will run alongside the development of HDdUHB's Annual Plan 2023/24.		In progress
	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.			In progress
	Develop the organisation's clinical services plan within an agreed timeline.	[Taken from Operational Plan Update and Progress Report to Board 24.11.2022]: Clinical strategy for future services at BGH drafted as part of the delivery phase of HB strategic vision AHMWW: An Implementation plan for 2021-24 has been developed and agreed. Implementation of the strategy is one of the HB's POs: 'Planning Objective 5F: Fully implement the Bronglais Hospital Strategy over the coming three years as agreed at Board in November 2019, considering learning from the COVID pandemic.		In progress
	Commit to participating in and rolling out the RTDC model across all sites.	Public Board 26.01.2023: Real Time Demand & Capacity (RTDC) Roll Out Plan: This report provides an update on the plan to roll out the Real Time Demand and Capacity process across the Health Board's Acute Sites, following the process being piloted and embedded at GGH. The roll out is also being progressed in response to the enhanced		Action complete
General Enhanced Monitoring Requirements	Appoint an SRO for Enhanced Monitoring.	Director of Operations appointed as SRO.		Action complete
	Demonstrate Board ownership and oversight of the areas of concern.	1) Public Board 24.11.2022: CE's Report: ToRs for steering and working groups established for TI and EM shared with and approved by Board Members.		Action complete
	Submit an enhanced monitoring action plan by the 5 November 2022.	ENHANCED MONITORING WORKING GROUP Update to QSEC 15.12.2022: The EMWG Group reviewed the action plan and the associated C-difficile plan. Both were approved for onward submission to WG on 11 <sup>th</sup> November 2022 as per the agreed timescales.		Action complete
	Provide monthly progress reports against the enhanced monitoring action plan.	Progress recorded and discussed at Enhanced Monitoring Working Group meetings is reported formally through the Escalation Steering Group		Action complete
	Planned Care: ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.	Will be included within the annual plan		In progress
	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	[SDODC meeting 23.02.2023]: Baseline Assessment has been undertaken. [Board Seminar meeting 02.02.2023]: There is an executive session scheduled (08.02.2023) to look at the WG 23/24 Planning Objectives and key deliverables. Execs will be expected to provide proposed POs and key deliverables. Senior Responsible Officers supported by the Planning Directorate have been asked to complete the template for each area of accountability. The final plan to be fully drafted and ready for final submission for Board Approval on Thursday 30th March 2023.		Action complete
	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	DoF will seek clarity on the de-escalation criteria at a meeting with FDU scheduled for 12.01.2023		In progress
	Peer review and planning support implemented.	11.01.2023: Draft Terms of Reference for a rapid peer review of integrated planning capacity and capability within Hywel Dda in terms of IMTP planning and capital planning have been received and discussed with WG. They will be taken to the next WG TI meeting for sign off.		In progress
	Presentation of speciality data reviews.			Action complete
	Agreement of action plans for performance with the NHS Executive.	Agreed for the current financial year – however likely to be reopened for the new financial year		In progress
De-escalation from TI	Agreed approach and delivery over 6 months against planned care recovery actions.	Will be included within the annual plan		In progress
	Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.	Progress against Enhanced Monitoring Action Plan		Action complete
	Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.	As at 06.02.2023: Trajectories monitored within the directorate, Enhanced Monitoring Group, Executive Team, Committees, Board & IQPD.		In progress
	Evidence of actions implemented, as identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.	Progress against Enhanced Monitoring Action Plan		Action complete

Theme	Sub Theme	Area
Planned Care ( <i>Particularly Outpatients</i> )	Cancer	Diagnostics: GI, Skin, Lung, Urology, Gynae
		Backlog Reduction & Maintain Balance
		Workforce Plan
		Improved Performance all Tumour Sites
	CAMHS & Neuro-Development	Part 1a & 1b Local Primary Mental Health Support Services CAHMS Backlog
		Monthly Meetings to Progress Activity & Mitigate risks
		Neurodevelopmental Backlog Trajectory agreed & delivered
		Finalised Demand & Capacity Model
	Orthopaedics	Waiting Lists
	ENT	Waiting Lists
	General Surgery	Waiting Lists
	Urology ( <i>Specialty Focus</i> )	Waiting Lists
Urgent & Emergency Care	Ambulance Handover	Delays in Patient Handover (4-Hr Handover)
	Plan to implement SDEC at each Site plus Community SDEC by March 2023	
	Ensure adoption of Six Goals Programme	
Quality & Safety	Infection Control ( <i>Specialty Focus</i> )	C-Difficile
Critical Care ( <i>Fragile Services</i> )	Workforce Plan	
	Service Plans agreed with CHC and Public	Temporary Changes to Critical & High Dependency Care Provision across
	Effective Surge Planning	for Increase in Capacity
Quality & Performance ( <i>Sustainability Conditions</i> )	Ensure Data is understood & utilised in Decision-Making at all levels	
	Demonstrate Link between ensuring Quality & Performance Improvement	
Culture of Listening & Learning is embedded	Rapid Triangulation of Data	
	Use of Staff, Patient, User Feedback	
Finance [ <i>the Board needs to be able to fully describe the position on the movement from £25m to £62m and to reflect on the level of scrutiny &amp; the evidence they</i> ]	Clarity on Deficit Drivers	Deficit linked particularly to Service & Workforce
	Clear Strategic Narrative & Clarity re. choices to commit recurrent Resources	Decisions taken by the HB where no funding streams were in place to
	Focus on Recurrent Solutions and non-reliance on Non-Recurrent Measures	
	Clear Assessment of where HB's Cost Base is changing	



Theme	Sub Theme	Area
<i>have been provided with as part of this movement.]</i>	<b>Have Savings &amp; Efficiency plans with clear Risk Assessments &amp; Actions to mitigate Risks</b>	
	<b>Working within an updated Opportunities Framework linking into the Efficiency &amp; productivity Agenda</b>	
	<b>Trajectory &amp; Action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position</b>	
	<b>Completing all Recommendations within KPMG Review Feb 2020</b>	
<b>Integrated Planning</b>	<b>Evidence of Integrated Planning to achieve IMTP for 2023-26, providing Route Map towards HB's longer-term Ambitions.</b>	
	<b>Middle-Term Planning</b>	'Gap' in middle-term planning
	<b>Planning Ethos</b>	Building upon relationships and engaging with staff, stakeholders and members of the public on service transformation.