

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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 12 December 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Report on the Joint Executive Team Meeting held 22 November 2023 |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Steve Moore, Chief Executive |
| SWYDDOG ADRODD: REPORTING OFFICER: | Joanne Wilson, Director of Corporate Governance Sonja Wright, COVID-19 Response and Business Support |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to update Audit and Risk Assurance Committee (ARAC) members in regard to the Joint Executive Team (JET) meeting held with Welsh Government (WG) on 22 November 2023.

ARAC is requested to note that an update regarding the most recent Targeted Intervention (TI) meeting with WG, held 19 September 2023, was provided to the Committee at its previous meeting on 17 October 2023 and that the next TI meeting will be held on 14 December 2023.

Cefndir / Background

The JET Meeting is held bi-annually, attended by the Hywel Dda University Health Board (HDdUHB) Chief Executive and Executive Team and the Chief Executive NHS Wales and members of her senior team. JET meetings form part of the formal accountability relationship between WG and the Health Board (HB).

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

Asesiad / Assessment

The JET meeting was focused upon a review of the HB's mid-year position in terms of quality management, performance and finance and provided an opportunity for both WG and the HB to reflect upon progress made over the previous 6 months and to consider the organisation's strategic focus for the remainder of the financial year.

Updates in terms of the HB's current position and future planning were provided in respect of a number of key areas, with feedback provided by WG as follows:

Organisational Reflections: Progress to Date and Focus for the Remainder of 2023/24

WG was advised that while RAAC issues in Wwithybush Hospital had resulted in significant operational challenges, they had also served to expedite the delivery of elements of the HB's Transforming Clinical Services Strategy, with the transfer of patients and staff to a community

healthcare setting (South Pembrokeshire Hospital). In respect of the HB's wider Health and Care strategy, WG noted the conclusion of public consultation on the provision of Paediatric Services at Withybush and Glangwili hospitals, progression of schemes at Pentre Awel, Carmarthen Hwb and Cross Hands and completion of the land consultation for the new hospital.

While workforce capacity within the HB represented a longstanding challenge, with Hywel Dda carrying the highest vacancy rates of all Health Boards in Wales, overseas nurse recruitment had produced a significant improvement in fill rates, while a focus upon retention had resulted in the HB having the lowest nursing turnover rate in Wales, which in turn supported a significant reduction in the use of off-contract agency nurses.

WG noted further improvements in the HB's Planned Care position in terms of reductions in 104-week referral to treatment figures and in the 62-day Cancer backlog and 8-week diagnostic waits, but was aware that further work was required for the HB to achieve its Single Cancer Pathway (SCP) target. Progress in the development of regional Orthopaedic and Ophthalmology models, a reduction of around 15% in the number of patients staying over 21 days in hospital and an improvement in ambulance turnaround times were also noted.

In terms of future planning, WG was advised that the HB would continue to focus upon key drivers of cost and in-year savings delivery in order to reach its financial control total and was assured that further work would be undertaken to address key challenges over the second half of 2023/24, notwithstanding some uncertainties linked the changes in leadership within the organisation.

Performance - Progress against Ministerial Priorities

WG was provided with a summary overview of improving trends in Planned Care, noting the focus upon clearing all 3 and 4-year waits in every specialty by the end of March 2024 (with the exception of Orthopaedics), an expectation that the target of 99% for 104-week maximum treatment waits was potentially achievable and the scheduling of the first regional Orthopaedic list with SBUHB.

While recognising the substantial progress made by the HB in the early part of the year in reducing 104-week waits and in reducing the numbers of longest-waiting patients, WG expressed concern that there would still be approximately 400 patients waiting over 3 years for Orthopaedic treatments at the start of the following financial year and highlighted the need for the HB to progress regional working in order to clear waiting lists, including more efficient utilisation of theatre capacity to deliver treatments.

WG was advised of good progress made in Mental Health and Learning Disability services throughout the year in both Primary and Secondary Care, although progress in meeting Psychological Therapies targets had not been at the level hoped for. WG was informed that the NHS Executive review of the HB's Neurodevelopmental services had been helpful and was assured that the recommendations arising were being addressed. Favourable findings from recent Health Inspectorate Wales reviews of antenatal and maternity services in HB hospitals were also noted.

Despite receiving assurance that the HB had plans in place and a clear understanding of issues and risks which would enable continuing improvement both in the reduction of Cancer backlogs and in headline Single Cancer Pathway (SCP) performance figures, WG considered that the HB's SCP performance was disappointing, with reductions in the backlog over the previous 6 months being slower than planned, and sought further assurance from the organisation in respect of its Cancer plans and trajectory.

In terms of Urgent and Emergency Care (UEC), WG commented upon very good progress made by the HB in relation to reduced ambulance handover delays and recent performance improvements in Withybush Hospital with the re-opening of wards.

Being provided with a comprehensive summary of the HB's progress against ministerial Primary Care targets, WG noted challenges faced by the HB in regard to sustaining some Primary Care services to meet population demand and queried whether there was an opportunity to establish an urgent Primary Care service in Carmarthen to reduce the numbers of people self-presenting at Glangwili Hospital A&E department. The HB confirmed its willingness to explore this possibility, taking into account work currently being undertaken locally by Primary Care teams and WG was assured that the HB was working with Local Authorities in a number of ways to support frail and elderly individuals at home and in the community in order to mitigate the need to escalate to Secondary Care where possible.

In regard to Infection Prevention and Control (IPC), WG noted that *E. Coli* infections continued to present a challenge, particularly in the community, but received assurance that all possible interventions had been implemented within the HB (notwithstanding intrinsic challenges linked to its estate) and that IPC standards followed by Primary Care providers were being closely monitored. Work undertaken by HB Quality Improvement and Public Health teams to raise awareness of and tackle Antimicrobial Resistance (AMR) within the community was also highlighted.

The significant financial challenges faced by the HB were outlined. A revised deficit of £72.7m versus £44.8m Target Control Total reported during the Month 7 finance cycle was noted by WG, with the gap of £27.9m driven by a combination of a shortfall in delivering identified savings schemes, delivery challenges experienced within nurse agency use, bed configuration, continuing care package schemes, operational variation in terms of price growth for prescribing and workforce-related increases in Medical and Nursing staff. WG noted that the increase in nursing staff, while providing benefits in terms of quality and patient safety, had also impacted upon the HB's financial position in that, had fill rates been capped at the previous year's rates, a further £7.7m savings would have been realised.

Assurance was provided that increased focus had been - and continued to be - applied by the HB upon delivering improvements to its financial position, driven by the Core Delivery Group (CDG) and Financial Control Group.

WG expressed concern that savings delivery continued to be a significant challenge (recognising that Hywel Dda was one of three Welsh Health Boards who were experiencing challenges in meeting target control totals) and reiterated that the HB's current financial forecast was unsupportable. WG further cautioned that as challenges in 2024/25 would be more significant than those in the current year, it was all the more important for the HB to clarify quantified savings opportunities which could be delivered in the current year.

WG further advised that visibility was needed in respect of the total quantified Opportunities Framework, both to assist the HB and to support the collective focus through TI upon the development and delivery of the organisation's plan for 2024/25.

Governance and Risk Management

WG received a comprehensive overview of the HB's governance and risk management processes, noting assurance ratings given in Internal Audit (IA) reports issued since 1 April 2023 and processes in place to track organisational risks. WG particularly noted positive comments included in the Draft Audit Wales Structured Assessment 2023, which confirmed that the HB continued to have robust arrangements for tracking audit and review

recommendations and could take assurance from its strengthened management arrangements in respect of operational and corporate risks.

Board Stability and Succession Planning

Noting changes to the Board at Chief Executive, Director, Independent Member and Associate Member levels since April 2023, WG was assured that each change had been managed effectively, with interim arrangements having been put in place pending permanent appointments and Board stability added to the Directorate Risk Register. The HB expressed concern regarding delays in the Ministerial appointment of a Chair, which could potentially result in the HB having no Chair from 1 April 2024. Further comment from the Audit Wales Draft Structured Assessment 2023 was highlighted, which indicated that the robust approach taken by the organisation to the development and improvement of its Board would provide a good foundation in managing changes amongst its leadership.

Workforce and Recruitment Challenges and Solutions

WG was updated in regard to medical staff recruitment and retention measures implemented by the Workforce and Organisational Development Directorate, including plans to increase flexible working options intended to attract agency staff into substantive posts within the HB and to support staff retention. Commenting upon the excellent work being undertaken by the HB in terms of promoting flexible working, WG confirmed that it would be happy to provide a national steer for these measures in order to accelerate their implementation across Wales and requested that the HB share any early learning and feedback arising from their implementation. WG was also pleased to note the HB's investment in Allied Healthcare Professionals to develop capacity within community services.

In light of the 'Limited Assurance' given in the IA report of job planning, WG received assurances that medical workforce planning formed an integral part of core job-planning, being led and monitored by the HB's CDG. WG was also advised that the HB recognised medical workforce costs arising from the rotation of Junior Doctors and the need to deliver further training for some candidates coming into the organisation.

Having requested assurance that the HB was preparing for the introduction of the Equality Standard and that the 'speaking up' framework was being embedded in the organisation's cultural programme, WG was informed that the HB's Retention Group was fully focused upon developing actions to support its workforce and that support was provided by the HB to its overseas medical cohort by the BAME Group. In regard to 'speaking up' WG was advised that a confidential platform within the HB, together with a number of different staff and patient survey mechanisms, allowed the organisation to gather feedback from staff members and provided a full representation of staff views.

Planning and Financial Decisions under Consideration

A summary of savings identified and delivered during 2023/24 was provided, together with work undertaken by the CDG to support delivery.

In terms of the HB's Clinical Services Plan, WG was advised that, having seen significant changes in the configuration of its services over previous years, the HB was now developing a process to support and consolidate these changes, with further proposed changes to service models requiring lengthy consultation and engagement processes. WG highlighted the importance of the Clinical Services Plan, observing that there was now an overarching structure in place within the HB to provide context for financial and infrastructure planning and noted that it had been agreed at the TI meeting held 19 September 2023 to review the HB's Clinical Services Plan at the next TI meeting on 14 December 2023.

Plans for Winter - System Resilience

A summary of measures in place within the HB to support sustainability and business continuity over the winter months was provided. In light of a recent letter issued by the NHS Wales Deputy Chief Executive setting out the need to assess bed demand versus capacity as part of winter preparation, WG was informed that a bed and demand modelling exercise had been undertaken and that the HB was working upon the detail of what would be required, as set against existing capacity. WG was further assured regarding substantial improvements in the use of Same Day Emergency Care (SDEC), roll-out and standardisation of streaming hub models and development of the 'Virtual Ward' model, all of which combined to reduce conveyance and admission and support patient discharge.

WG also highlighted the importance of joint investigation with Welsh Ambulance Service Trust of opportunities to work within the community to support conveyance and admissions avoidance, particularly among the frail and elderly, which would provide a disproportionate benefit to the system.

WG was advised, however, that given restrictions arising from the HB's financial forecast and the likelihood that 2024/25 would prove to be more challenging in terms of resources than the current year, operational teams would increasingly face the challenge of 'how to do more with less'.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to note the update from the JET meeting held on 22 November 2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | 3.24 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not Applicable |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 2. Timely |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | Not Applicable |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | Not Applicable |
| Amcanion Cynllunio Planning Objectives | All Planning Objectives Apply |

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| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 10. Not Applicable |
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| Gwybodaeth Ychwanegol: Further Information: | |
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| Ar sail tystiolaeth: Evidence Base: | Notes of the meeting |
| Rhestr Termiau: 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: | Minutes of the JET meeting held on 22 November 2023 were provided to the CE on 28 November 2023 |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
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| 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: | Ensuring that ARAC is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks. |
| Cyfreithiol: Legal: | Any issues are identified in the report. |
| Enw Da: Reputational: | Any issues are identified in the report. |
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | <ul style="list-style-type: none"> • Has EqIA screening been undertaken? Not on the Report • Has a full EqIA been undertaken? Not on the Report |

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

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



Llywodraeth Cymru
Welsh Government

Steve Moore
Chief Executive
Hywel Dda University Health Board
Corporate Offices
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Carmarthen
SA31 3BB

Our Ref: JP/MR/SB

4 December 2023

Dear Steve

Mid-Year JET Meeting 2023-2024

Thank you for attending the JET meeting on 22 November with your Executive Team to discuss your organisation's mid-year position across several key areas and for providing the papers beforehand. These form an important part of the official record for the meeting.

Organisational reflections

You began by outlining the challenges across your workforce, estate, and service models over the last six months. Progress has been made whilst also responding to operational challenges such as industrial action and the implications of RAAC at Wityhush hospital. As part of your Transforming Clinical Services strategy, you accelerated the implementation of the community plan which saw the closure of 39 beds in Pembrokeshire and six in Bronglais. In line with your strategy, we noted that you have recently completed the consultation on the future configuration of paediatric services which will be presented to the Board in November

You have completed the land consultation for the proposed new hospital site subject to PBC approval, and work has progressed on the development of the Carmarthen and Cross Hands hub.

Attracting and retaining a suitable workforce has been a long-standing issue for the health board but it was reassuring to note that you have the lowest turn-over rates across NHS Wales.

In relation to performance, some improvements have been made around your 1-hour and 4-hour handover and the 104-week RTT target. Performance for planned, urgent and emergency care, and the suspected cancer pathway has not improved to where it should be.

You have established a Core Delivery Group to drive focus on delivery of in-year financial savings. You continue to focus on reaching a financial control total which must show improvement from the current forecast. Your clinical services plan was established to look at the sustainable models going forward.

It is encouraging to hear you are focusing on 'Home First' and ensuring that it is in line with your RAAC recovery as you continue to reopen planned care wards at Worthybush hospital between now and December. The ophthalmology and orthopaedic regional work with Swansea Bay Health Board will be a positive step forward in reducing waiting lists.

The health board will be going through a period of considerable change over the next few months in terms of leadership, I note you have done a great deal of work on board development and succession planning, which should stand you in good stead for this transition.

Progress against Ministerial priorities

It is your intention to ensure that all patients waiting more than three years in every speciality except for orthopaedics are treated by the end of March 2024. You must continue to reduce the anticipated 400 orthopaedic patients waiting over three years at the end of March 2024 as this will impact on your ability to deliver the 97% and 99% targets. There are real opportunities to improve through regional working, so while I am pleased to hear of the progress being made, it is disappointing the length of time it has taken to implement and I would like to see more focus on maximising these opportunities at pace.

There is more that needs to be done to improve performance in relation to urgent and emergency care and our expectation is to see improved performance and consistency as wards reopen prior to Christmas. The implementation of a zero tolerance to 4-hour ambulance handover waits across the health board is essential, given the target is 15 minutes. The exceptionally long delays recently seen are unacceptable and I am not assured you will not be in a similar position again.

On cancer, it was disappointing to see your latest performance of 46%. You must focus on both the backlog and the timely diagnosis and treatment of new referrals. You set out your plans for improvement towards the national target. I will be monitoring closely to see if you achieve the improvements you anticipate in quarter 4.

Progress is being made in relation to CAMHS performance against your trajectories, but we also noted the lack of progress associated with psychological therapies which is regularly discussed through the IQPD process. I hope the review carried out by the NHS Executive into neurodevelopment has been helpful and that the recommendations outlined will be responded to and addressed at your Quality and Safety Committee in December.

There are some encouraging improvements in primary care, in particular 100% of your practices achieving the GMS target and the significant improvement in the number of independent prescribing community pharmacies. A number of different pathways between optometry and ophthalmology have been implemented and are having a positive impact. The independent prescribing optometric pathway has been very successful with 95% of patients being retained in primary care. There is more that can be done in this area particularly around wet AMD and glaucoma, but I am pleased to see the progress made thus far.

In terms of dental, you acknowledged that further work is required in this area despite the under reporting. Performance has been impacted by eight contract terminations, five of which have already been approved by the board to go to tender, that could potentially impact 18,000 patients.

With regards to infection prevention and control, you confirmed that you will progress with the agreed plan to reduce C.Diff and E. Coli and that you are confident that the health board would recover this position.

You have commissioned additional patient slots from general practice to enable patients to access urgent primary care and are working to ensure these are utilised by patients needing to be seen urgently rather than routine care. The health board is considering a single centre for urgent primary care. Work is underway with each of the local authorities to enhance the various models of care, including delta which provides operational solutions in terms of first response within each county.

In terms of finance, the health board is currently £27.9 million adrift from achieving the target control total and you are under delivering against the savings identified by £4.2 million. There is operational variation in cost pressures of £11.8 million with three key drivers of medical agency inflating the medical and nursing staffing budget by £4.7 million, heating costs of £4.3 million and growth and price increases in primary care prescribing of £2.5 million.

You are an outlier compared to other health boards and are very challenged in meeting the target control total. The current forecast is not supportable as there is no funding cover beyond the target control total and next year looks to be even more challenging. I require clarity on what you can pursue and deliver this year. I am requesting more visibility with my finance colleagues on the total quantified opportunities framework so we can have a collective focus through the TI process and wider mechanisms.

Maternity and neo natal services

I acknowledge the significant achievements for the service outlined in the slide deck and would like you to pass on my congratulations to your teams. I was pleased to hear on the progress made against the improvements identified, in particular the status of training within anaesthetics. You gave assurance on the steps you are taking to sustain the improvements made through improving the leadership and approving the Director of Midwifery post. We will continue to monitor progress in this area through the usual mechanisms.

Governance and risk management

You presented an overview of progress against the limited or no assurance audit reports since April 2023 of which six were limited assurance. Of those six, they have all been actioned and followed up.

You presented a slide on the corporate risks and the processes in place to monitor and review the risks. I note the positive feedback from Audit Wales of how you have strengthened in year the assurance and oversight of operational corporate risks and enhanced your corporate systems to provide assurance relating to risk management and audit tracking with good board oversight.

Board stability and succession planning

You presented slides on some of the changes at board and executive director level, noting the vice chair has now been appointed but the recruitment process for the chair is temporarily paused. Following concerns from the board, board stability is now on the directorate risk register. You outlined the progress made with executive director and board development, noting the planning already in place to support the new members next year as well as the future succession planning.

Workforce recruitment challenges and solutions

In terms of the challenges, you outlined there were 435 nursing vacancies and overseas recruitment has seen 197 nurses join with 158 of those passing their OSCE to date. You are engaged with the Kerala recruitment process.

You have a group to address retention in place for medical workforce and will be expanding to AHP shortly. Within workforce development, you are utilising an annex 21 process to support development ensuring staff have the right skills to progress through the banding. I am pleased to hear you are looking at a more flexible approach to apprenticeships for next year which may lead to people progressing through the pathway faster. I will be monitoring progress with the virtual reality training with Swansea University with interest.

Sickness levels are reducing but remain higher than pre-Covid levels and you outlined the improvements to staff wellbeing and occupational health access. You will be holding a workshop with your partnership Forum in December to progress the non-pay elements of the pay deal, such as flexible working and rostering. As this work progresses, I would ask you to keep my colleagues updated to help inform national steers on flexibility in the workforce and the impact on retention.

I was pleased to hear of the work around AHP workforce supported by the investment announced by the Minister earlier this year. You noted how the stabilization of the employed workforce is reducing agency workers by enabling substantive appointments. You outlined the importance of an enhanced community response through the extension of the Home First programme utilising funds to extend the community nursing service across all three counties. Progress is being made in creating walk in community clinics to create capacity through support work with registered nursing leading. I would like to encourage you to continue to try and maximise the opportunities there are to work differently in primary care.

I was pleased to hear of the success you had in the Women and Children's Directorate when relooking at the job plans of staff whose role has been updated which resulted in improved patient care, better rosters and a £400,000 cost reduction.

In discussing your preparations on workforce race equality standard, given the majority of the overseas internationally educated workforce will be in the lowest bandings, you outlined the governance structures looking at the implications. You are receiving feedback from staff on being able to speak up where previously they felt they were unable to and have put in place systems to survey staff and ensure you are capturing concerns. I echo the Chief Nursing Officers' comments on questioning your international staff on experiences given the wealth of data out there already and urge you to move into the action space of implementing a rounded package of support to assist them to progress in their nursing careers.

Planning and financial decisions under consideration

You outlined your position against the savings delivery noting some slippage on delivery of the original plan which is compensated by the progress being made on the run rate reductions work. In addition to the planned savings, you outlined an additional £11.5 million in productivity and run-rate reduction improvements. The productivity savings include almost £7.9 million on PIFU and £2.6 million on heart failure work, which is a good example of value-based healthcare being embedded across the pathway with a pharmacy led one stop shop for heart failure which has resulted in a reduction in length of stay, admissions and readmissions.

You described the role of the Core Delivery Group and the delivery of savings in relation to agency spend noting that through recruitment and different ways of working you will reduce the 15 agency workers within radiology to zero by end of January. The area of concern was HCSW where there has been some introduction of agency work in mental health to ensure safe patient care, particularly over a weekend, but anticipate that returning to zero having appointed into the bank for mental health service.

You presented a slide illustrating the number of changes to configuration of services over the last few years as part of the development of your Clinical Services Plan. You intend to develop these plans through a consultation engagement process which although in its early stages has received over 6,000 responses.

System resilience and winter preparedness

You noted the challenge with dental services sustainability with six managed practices with a further termination in progress. I was pleased to hear you have averted a further termination through the merger of two practices which will come into effect in April 2024. You will continue to monitor the data, particularly around access in managed practices, to ensure you are meeting demand.

You spoke about the good uptake of the COVID and flu vaccines with the majority of GP practices participating, but also cover from community pharmacies. I was pleased to note that all residents in care homes were offered a COVID booster by 22 September as part of your co-ordinated delivery programme. You spoke about the success of the community ailments scheme which had 31,000 consultations last year and between April and September this year has already seen 21,000 consultations. You are looking to develop the

opportunities for providing services differently noting you already have 25 independent prescribing community pharmacists and a further six in training.

You went on to discuss the enhancement of your community nursing service and the support for care homes bringing together different teams including acute hospital teams to address some of the key issues around the interface for care homes. You spoke about the challenge of getting a sustainable primary care service and the emphasis on working differently around the new models of care without relying on the new hospital to alleviate pressures.

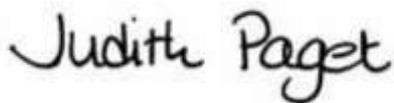
There has been good use of the SDEC compared to the previous year and there has been a reduction in length of stay, total bed days and pathways of care delays. You spoke about the gain and benefit from the streaming hub model and how to roll out the good practice from that and standardise across the health board. You acknowledged there is more work to do in making the health board as resilient as possible and ready to meet the challenge.

We recognise the next few months will be challenging for not just yourselves but all health boards and the efforts to do more with less. At this point in time, the health board remains in targeted intervention for planning and finance and enhanced monitoring for performance. We have agreed clear actions and de-escalation criteria for this.

There were several actions from the meeting; implement regional working opportunities at pace; consistent improvement in urgent and emergency care performance; zero tolerance to four-hour handover delays; focus on cancer backlog reduction and delivery of your improvement plan; work with NHS Executive on your dental data; focus on actions to achieve your financial control total.

I would like to thank you and your team for the work you have done over the last year and while challenges remain, I would congratulate your teams on the number of awards they have won across a range of areas including the mental health and wellbeing awards and more recently, the achievements at the NHS Wales awards.

Yours sincerely

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

Judith Paget CBE