



**CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Targeted Intervention update (SDODC Elements)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Deputy Director of Operational Planning and Commissioning / Programme Director for Targeted Intervention Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) is currently contending with significant financial and operational challenges, as highlighted in the recent accountability letter (Appendix 1) from Welsh Government dated 26 July 2024. This letter underscores the Health Board's inability to submit a balanced Integrated Medium-Term Plan (IMTP) for 2024-27, with a forecast deficit for 2024-25 standing at £64m. This deficit substantially exceeds the target control total set in 2023/24 of £44.8m, presenting a critical financial risk. Welsh Government (WG) has emphatically reiterated the necessity for the Board to take immediate and further actions to reduce this deficit, emphasising the urgency and gravity of the situation.

The Annual Plan for 2024-2025 has been deemed neither acceptable nor approvable by Welsh Government, necessitating urgent revision and improvement. The Health Board is currently £10.7m off the £64m deficit target set out in its Annual Plan, with expectations to go even further in deficit reduction. This gap presents an immediate and pressing challenge that requires swift and decisive action.

In response, the Health Board has initiated several steps to address these challenges. These include developing clear action plans for nine criteria aligned to the Strategic Development and Operational Delivery Committee (SDODC) (of the total of 14 overall) currently flagged as Alert' across various domains, including Financial Planning, Performance and Outcomes, Planned Care, Urgent and Emergency Care (UEC), and Quality of Care. Six key programmes aimed at financial sustainability and service improvement have been initiated and are now subject to a rigorous 100-Day Planning and Delivery Cycle, with a firm operationalisation deadline of 1 October 2024, to ensure they deliver measurable and timely outcomes.

The recent Welsh Government letter reinforces the need for continued and intensified efforts to meet financial targets and improve critical service areas, particularly in Urgent Care and Cancer

services. The Targeted Intervention Director in conjunction with operational colleagues has set up the running of a two-day intensive planning workshop to generate tangible outputs that can bridge the financial gap and if possible, potentially exceed it.

Regular monitoring and updates are being provided through the new Executive Team governance structure and the Internal Escalation Framework to ensure alignment with the stringent expectations set forth by Welsh Government. The Health Board needs to demonstrate substantial and rapid progress across multiple fronts to meet these expectations and work towards de-escalation from Targeted Intervention status.

Cefndir / Background

HDdUHB was escalated to Targeted Intervention (TI) status for Finance and Planning by Welsh Government in September 2022 (although the Health Board has been in deficit since its inception). Subsequently, on 23 January 2024, the entire Health Board was escalated to Level 4 Targeted Intervention. This comprehensive escalation now requires rigorous monitoring and improvement across six critical domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care. The escalation was a direct result of ongoing struggles with financial sustainability, service delivery, and overall organisational performance.

The Health Board failed to submit a balanced Integrated Medium-Term Plan (IMTP) for 2024-27, a requirement under both the NHS Wales Act 2006 and NHS Finance (Wales) Act 2014 which imposes a clear duty to break even within a 3-year period. Instead, an Annual Plan for 2024-25 was put forward. This plan, along with additional information requested by Welsh Government, underwent WG scrutiny, culminating in an accountability letter received on 26 July 2024. The letter highlighted serious concerns about the Health Board's financial position and performance in key areas.

In response to these on-going challenges and to meet the clear expectations set by Welsh Government, the Health Board has embarked on a series of initiatives. A robust monitoring framework has been implemented, covering all 56 de-escalation criteria across the six domains. This system enables real-time tracking and reporting, ensuring that the Board and its committees have an up-to-date view of the organisation's performance against TI criteria.

The Health Board has also revised its governance structure. New Executive Team arrangements have been put in place, including the formation of a TI Coordination Group and specialised reporting groups. These groups - Value and Sustainability, Integrated Quality, Finance and Performance Delivery (IQFPD), and A Healthier Mid and West Wales (AHMWW) - provide clear oversight and accountability for the TI process. Additionally, an Internal Escalation Framework has been introduced to standardise the monitoring of directorate performance across key areas.

To drive improvement, the Health Board has launched six key savings programmes: Alternative Care Provision, Carmarthenshire Improvement Plan, Medical Variable Pay, Mental Health and Learning Disabilities, Critical Care, and Emergency Medical Services (EMS) Contract Reviews. These programmes are subject to a 100-Day Planning and Delivery Cycle, designed to streamline planning and execution of key initiatives.

Financial improvement has been a particular focus. The Health Board has been developing a financial roadmap, engaged directorates through Rapid Improvement sessions, and initiated targeted change programmes aimed at operational efficiencies and financial sustainability. Alongside this, work is progressing on a sustainable Clinical Services Plan,

crucial for ensuring the medium to long-term viability and quality of services across the Health Board.

Despite these efforts, significant challenges persist. The Health Board's forecast deficit of £64m remains substantially above the target control total of £44.8m set by Welsh Government with the current forecasted outturn position being £74.7m (£10.7m above the Annual Plan). Urgent action is required to bridge this gap. Performance issues continue in areas such as urgent and emergency care, with targets for ambulance handovers and Emergency Department (ED) waiting times not being met.

However, there have been some positive developments. The Health Board has achieved some notable successes, particularly in mental health services. Consistent achievement of the 80% target for Local Primary Mental Health Support Service (LPMHSS) assessments has led to formal de-escalation by Welsh Government for Part 1A of mental health targets. The implementation of leadership development programmes and positive staff engagement survey results also demonstrate progress in organisational culture and capability.

Recent directorate escalation meetings have highlighted ongoing challenges, with several directorates being escalated up in various domains, particularly in Finance, Strategy and Planning. This escalation is largely due to insufficient savings plans, underscoring the pervasive nature of the financial challenges across the organisation. As the Health Board moves forward, addressing these financial and performance issues while building on its successes will be crucial in meeting Welsh Government expectations and working towards de-escalation from Targeted Intervention status.

Asesiad / Assessment

The June 2024 Directorate Escalation meetings revealed significant financial challenges across multiple directorates within the Health Board. A considerable number of directorates have been escalated in the Finance, Strategy and Planning domain, including Cancer and Oncology, Director of Therapies and Health Sciences, Medicines Management, Pathology, Worthybush Hospital, and Facilities. The primary reason for these escalations is the limited or complete lack of assurance that these directorates can deliver the required 5% recurrent savings while maintaining a balanced in-year position. This widespread financial instability is particularly concerning as it impacts both clinical and support services across the organisation.

The inability to identify and implement sufficient savings puts significant pressure on the overall financial position, potentially jeopardising the Board's ability to meet its £64m deficit target, let alone make progress towards the £44.8m control total set by Welsh Government.

In response to the aforementioned challenges and to meet the clear expectations set by Welsh Government, we have initiated six key programmes aimed at financial sustainability:

1. Alternative Care Provision: Aligned with the Six Goals Programme, focusing on reducing reliance on acute beds and creating more appropriate capacity to meet the needs of the patient.
2. Carmarthenshire Improvement Plan: Ensuring a strategic approach to improving care delivery and operational efficiency.
3. Medical Variable Pay: Aiming to stabilise and reduce medical agency staffing costs.
4. Mental Health and Learning Disabilities: Focused on improving service delivery and efficiency.
5. Critical Care: Addressing capacity and efficiency in our critical care services.

6. EMS Contract Reviews: Evaluating and optimising our external medical services contracts.

These programmes are now subject to a rigorous 100-Day Planning and Delivery Cycle, with a firm operationalisation deadline of 1 October 2024, to ensure they deliver measurable and timely outcomes.

However, given the urgency emphasised in the Welsh Government letter, we recognise that these programmes alone may be insufficient to address our immediate in-year financial position. To address this, a two-day intensive planning workshop has been held. The primary objective is to develop a credible, actionable plan to remove at least £10.7m within the current financial year, while also identifying additional savings to move us closer to the £44.8m control total.

The workshop focused not only on supporting our current programmes but will also revisit areas explored during last year's annual plan recovery stage. It reassessed potential schemes that were previously considered but not implemented, with a view to initiating them this year if feasible. Furthermore, we will be reviewing any current black and red schemes with a view of converting these to Amber and Green should they be deliverable in-year.

Key considerations for the workshop include:

1. Immediate Financial Impact: All proposed actions must be implementable within the current financial year.
2. Quality Assurance: Rigorous quality impact assessments to safeguard service standards.
3. Feasibility and Accountability: Clear ownership and realistic timelines for each proposal.
4. Workforce Impact: Detailed analysis of workforce implications.
5. Governance and Risk Management: Adherence to statutory requirements and robust risk mitigation strategies.
6. Data-Driven Decision Making: Leveraging operational metrics and financial modelling.

The workshop is one aspect of our broader strategy to address the challenges highlighted by Welsh Government, particularly in Urgent Care and Cancer services. The Health Board is expected to achieve specific targets, including a 30% reduction in ambulance patient handovers over one hour by December 2024, a 20% reduction in patients waiting over 12 hours in emergency departments by September 2024, and 60% of cancer patients starting first definitive treatment within 62 days by December 2024.

Despite the efforts, there is an acknowledgement of the challenges to deliver all of the required improvements, especially financially. The recent Welsh Government letter reinforces the need for continued and intensified efforts to meet financial targets and improve critical service areas.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the actions being taken in response to Targeted Intervention, including the development of plans for the 9 Alert criteria aligned to SDODC and the initiation of six key programmes for financial sustainability and service improvement.

- **DISCUSS** and seek further assurance on the improvements required in Urgent Care and Cancer performance to meet Welsh Government targets, including the 30% reduction in ambulance handovers over one hour and 70% of cancer patients starting treatment within 62 days by March 2025.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020

Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations 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:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
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:	Not applicable

**Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal Cymdeithasol a'r
Blynyddoedd Cynnar / Prif Weithredwr GIG Cymru**

**Director General Health, Social Care & Early Years Group / NHS
Wales Chief Executive**



**Llywodraeth Cymru
Welsh Government**

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26 July 2024

Dear Phil

Annual Plan 2024-2025: Accountability Conditions

I note that your Board was unable to submit a balanced integrated medium-term plan (IMTP) for 2024-27 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and in accordance with the NHS Planning Framework.

Your Board has submitted an **Annual Plan for 2024-25**. Following an initial review, additional information was requested by 31 May to further strengthen the delivery of the priorities and address the financial position as a matter of urgency.

Your plan, subsequent submission and scrutiny session confirms your forecast deficit position of £64m. Whilst you have taken some action to de-risk your savings plan, you have outlined residual risks to delivery and an inability to further improve on that position at this stage. Your submission and forecast deficit is noted, but still remains substantially adrift of the target control total set in 2023/24. You are expected to go further in terms of reducing the current forecast deficit position as an absolute minimum given the opportunities to do so which were fed back in the scrutiny session, make significant progress with the agreed de-escalation criteria, and ensure a clear route-map is in place to delivering the target control total set in 2023/24.

I expect organisations to deliver the commitments set out within their plans, particularly in relation to the Ministerial priorities. The organisation should continue to progress improvements of a clear improved financial position and key trajectories.

Organisations must lever improved efficiency and productivity to continue with significant efforts in order to achieve financial and service sustainability that will deliver demonstrable benefits and patient outcome for the allocation uplift provided to organisations this year.

There are a number of further areas which were identified as accountability conditions through the formal review of your plan:

- Further derisk your financial plan to ensure the declared savings are delivered in-year and further improvement delivered;
- Continue to adopt the Value and Sustainability Board programmes, maximise opportunities for efficiency and productivity;
- Review where the organisation is an outlier on cost growth and deliver opportunities to address this where appropriate;
- Progress regional solutions, working collaboratively with partners; and
- Progress on developing a clinical services plan, which also addresses the organisations opportunities for service sustainability and financial improvement, working with key partners.

The Cabinet Secretary for Health and Social Care has set some additional in-year Key Performance Indicators (KPIs) – Annex 1. Resources must be identified to support delivery in these areas, while maintaining overall financial improvement. In addition, should in-year expectations be required this will be communicated to you and your organisation will still be expected to deliver in line with quality statements.

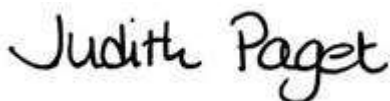
I expect the Board to scrutinise the plan and ensure that progress is monitored effectively over the forthcoming year. A copy of your Board updates setting out progress of the plan during the year, should be forwarded on a quarterly basis to HSS-PlanningTeam@gov.wales. This should be accompanied by a refreshed Minimum Data Set (MDS) making clear any changes to the trajectories and goals at each quarter.

Accountability conditions and the delivery of plans will also form the agenda for our Joint Executive Team (JET) meetings going forward. Performance and delivery discussions on areas of priority and risk will continue to be scrutinised via the regular Integrated Quality Planning and Delivery (IQPD) meetings and those that the NHS Planning Team have with planners. Where this necessitates any material changes to the plan in year, you will be required to advise me of these changes through an 'Accountable Officer' letter.

The health board will be formally notified separately of the outcome of any associated escalation and intervention discussions following the next round of Tripartite meetings.

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

Yours sincerely



Judith Paget CBE

cc: Nick Wood, Deputy Chief Executive, NHS Wales
Samia Edmonds, Director of Strategic Planning
Hywel Jones, Director of Finance
Jeremy Griffith, Director of Operations

Annex 1

Key Performance Indicators

Key Performance Indicators	Definition and Target
Urgent and Emergency Care	<p>Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival to admission, transfer or discharge</p> <p>March 2024 baseline 20% Reduction by September 2024 Further 20% Reduction by March 2025</p> <p>Number of ambulance patient handovers over 1 hour</p> <p>March 2024 baseline 30% Reduction by December 2024</p>
Cancer	<p>Percentage of Patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p>60% performance by December 2024 70% performance by March 2025</p>
Diagnostics	<p>Number of patients waiting more than 8 weeks for a specified diagnostic.</p> <p>95% to be zero by December 2024</p>
Elective Care	<p>Number of patients waiting over 52 weeks for a new outpatient appointment</p> <p>March 2024 baseline 40% reduction by end of September 2024 Zero by March 2025</p> <p>Number of patients waiting more than 104 weeks for referral to treatment</p> <p>Zero by end of December 2024</p>
Mental Health	<p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 16 years.</p> <p>Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults aged 18 years or over.</p> <p>80% for both by December 2024</p>



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Targeted Intervention (TI) Progress Report August 2024

Criteria aligned to Strategic Development and Operational Delivery Committee (SDODC)

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3 Domain 2: Performance and outcomes

4 Domain 3: Fragile services

5 Domain 4: Governance

6 Domain 5: Leadership, capability and culture

7 Domain 6: Quality of care

8 Directorate escalation

Weekly Summary Update



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Savings Delivery in Month:

- The in-month savings plan target was exceeded, with £3.3M of savings identified for delivery against a £2.7M target. This is a £1.1M improvement compared to the prior month forecast.
- The positive in-month savings identification stemmed from a mix of underspend conversions, newly identified schemes across various Directorates, and schemes improving their risk profile.
- Despite the good in-month progress, there remains a significant full-year unidentified savings gap of £9.3M against the £32.4M annual savings target. The current in-year forecast savings delivery is £22.2M, a £10.2M shortfall to plan.

Key Areas of Cost Pressure/Deterioration in Month:

- Commissioned Services experienced adverse variances due to increases in high-cost areas such as Long-Term Agreements and Continuing Healthcare.
- Facilities and Estates costs were affected by energy budget reductions and reactive maintenance pressures.
- Unscheduled Care continued to see pressures across multiple sites, driven by premium variable pay costs to cover rota gaps and increased patient acuity, as well as secondary care drugs cost growth.
- Clinical Support services such as Pathology saw cost growth due to higher-than-planned activity driving increases in managed service contracts and variable pay.



Additional Savings/Opportunities Under Review (Post TI and Annual Plan workshop):

Several cross-cutting savings themes are being actively pursued to help address the savings gap and cost pressures, including:

1. Addressing Service Fragility

- Reviewing options to optimise service configurations and pathways to address areas of fragility that are driving high variable pay spend and inconsistent quality. Whilst the primary focus is on service resilience and quality, this work will naturally present cost reduction opportunities.

2. Operational Grip & Control

- Renewed focus on operational processes such as discharge planning, capacity management, and efficient resource utilisation to reduce waste and improve flow.

3. Workforce & Variable Pay

- Targeting reductions in variable pay spend through improved rota management, authorisation controls, and workforce planning. Vital to address persistent pressures.

4. Medicines Management

- Active review of medicines spend to maximise value, including biosimilar switches, protocol compliance, and waste reduction.



5. Alignment of Financial Accountability

- Driving devolved financial accountability, empowering budget holders to identify and deliver savings, and strengthening financial governance.

In summary, whilst the in-month savings position was encouraging, there remains a substantial full-year savings challenge that will require strategic and operational focus. Cost pressures are evident across multiple areas, reflecting the scale of the financial improvement task. However, there are some more transformational opportunities under review which, if delivered, could help to tackle some of the key drivers of service fragility and inefficiency. By focusing on these areas, we aim to simultaneously improve service resilience, quality and cost-effectiveness. Continued engagement of operational and clinical teams will be essential to developing and implementing robust plans to deliver the required financial trajectory.

Annual Plan 2024-25 – Decision

1. Hywel Dda University Health Board (HDdUHB) failed to submit an Integrated Medium-Term Plan (IMTP) for 2024-27, breaching its statutory duty, and submitted an Annual Plan for 2024-2025 instead.
2. The Annual Plan will be monitored through various mechanisms and will be subject to accountability conditions outlined in a separate letter to the Chief Executive.
3. Urgent discussions are underway to significantly reduce the financial deficits in the Health Board and across the system, which will continue to be scrutinised.

Weekly Summary Update



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Escalation Exception Report Summary - August 2024

Critical Areas: Facilities, Women & Children, acute hospitals, and Planned Care show high escalation (level 3) in key domains

Major Challenges: 5 directorates face issues in 4 domains:

- Facilities
- Glangwili Hospital
- Mental Health and LD
- Prince Philip Hospital
- Women & Children

Widespread Issues:

- Finance (16 directorates at level 3)
- Performance (12 directorates at level 3)
- Quality (10 directorates at level 3)

Escalations:

- 25 directorates escalated up in various domains
- Common reasons: workforce issues, financial concerns, performance challenges

De-escalations: 5 directorates moved down a level in specific domains

Key Concerns: Lack of identified savings plans and clear action plans for improvements

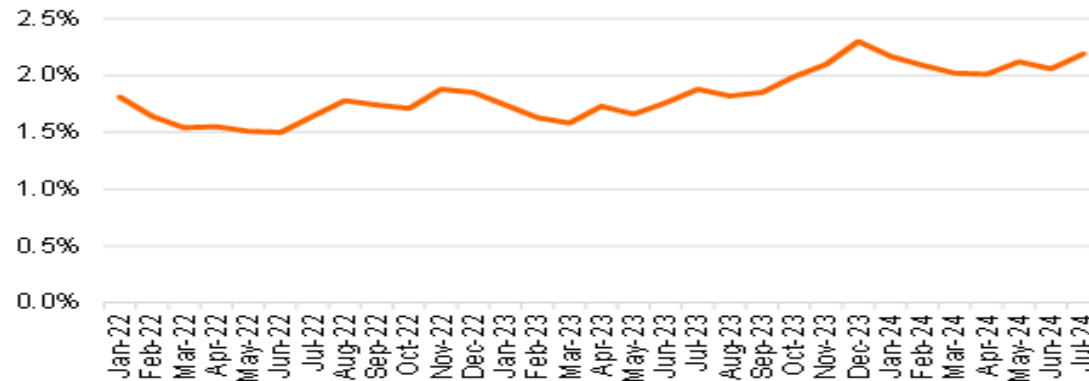
Weekly Summary Update



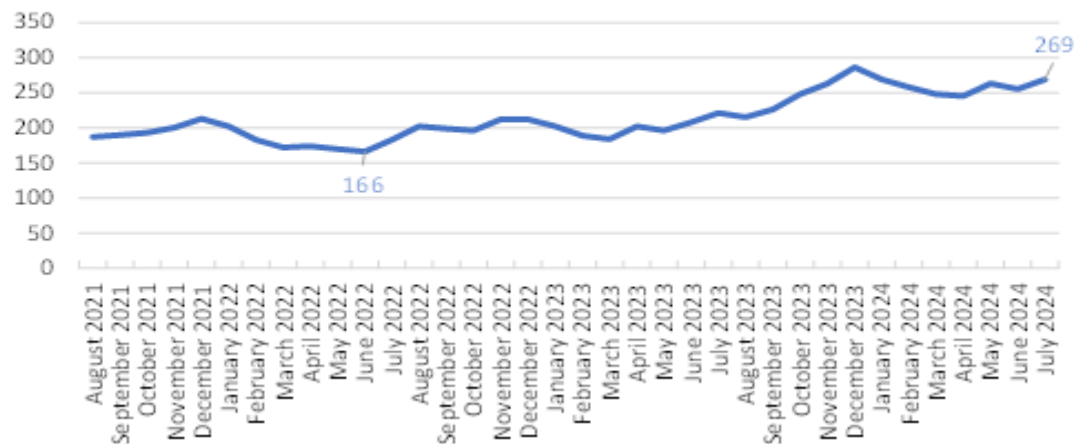
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Sickness for anxiety/stress/depression/other psychiatric illnesses



Average number of people on sick leave each day for anxiety/stress/depression/other psychiatric illness



Concerning Trend and Risk to Health Board Delivery

- 12M rolling staff sickness increased for the sixth consecutive month. In-month performance for July 2024 was 7.0%.
- The highest levels of in-month sickness absence in July 2024 were reported for: Facilities (13.2%), Prince Philip Hospital (9%), Ceredigion County (8.5%) and Carmarthenshire County (8.6%).
- Staff sickness for anxiety/stress/depression/other psychiatric illnesses is higher in 2024 than previous years.

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Criteria	Reporting Group	Committee	Status	Action
4 Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Alert	<ul style="list-style-type: none"> - Development of a comprehensive financial roadmap to align with strategic goals, addressing cost reduction and efficiency improvements (Finance Strategy and Planning). - Engagement of directorates through Rapid Improvement sessions to identify and execute savings opportunities, ensuring financial targets are met (Performance and Outcomes). - Initiation of targeted change programmes aimed at operational efficiencies and financial sustainability, monitored regularly. - Strengthened governance and oversight structures to ensure progress and accountability, with regular updates to the Board and Welsh Government (Governance). - Implementation of leadership development and staff engagement programmes to support sustainable service delivery (Leadership Capability and Culture). - Focus on quality improvement initiatives to enhance patient care and meet regulatory standards (Quality of Care).
8 Delivery of commitments set out within the annual plan particularly in relation to the ministerial priorities.	IQFPD (Integrated Quality Finance and Performance Delivery Group)	SDODC	Alert	<ul style="list-style-type: none"> - Monitored and challenged through IQFPD. IQFPD is set up to deliver the intentions and commitments in the Annual Plan. - Reported through Domain 2 with the TI Framework pack or the Integrated Performance Report. - There are currently performance challenges in achieving Cancer, Urgent and Emergency Care (UEC) and DPOCs.
15 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Monitored and challenged through IQFPD - Current trajectory does not deliver all stage 4, 104 weeks as there remains a gap of 567 in Orthopaedics. - Regional solutions and delivery being explored, but at present, there is no clear plan to remedy the current projected breaches in Orthopaedics.

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Criteria	Reporting Group	Committee	Status	Action/Status
17 15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Continue focused validation approach. - Review latest National Pathways to identify further opportunities Children in Need (CIN), Interventions Not Normally Taken (INNU), See on Symptoms (SOS) or Patient Initiated Follow-Up (PIFU). Continue roll out Welsh Government Ophthalmic Services (WGOS) (4) Primary Care management for Glaucoma, Diabetic Retinopathy and Medical Retina (circa 5-10k patients) - Operational focus on booking in turn/100% delayed cohort. - Prioritisation Finalising Deep Dive specialty specific improvement plans. - Review consistency of specialties below 20% SOS/PIFU Diagnosis (Dx) rate. - Review Outpatient Department (OPD) throughput to ensure capacity is maximised. - Review Virtual opportunities across all specialties/UP Strategy led by Clinical Director (NHS Wales Deputy Planned Care Clinical Lead).
18 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Focus on increasing R1 capacity with new Specialist and Associate Specialist (SAS) doctors commencing clinics in August/September 2024. - Roll out of WGOS (4) end of August 2024 to reduce referrals & increase capacity for R1. - Introduction of one stop process, moving cataract patients to stage 4 which will give a true reflection of the R1 position, enabling more focused booking by true clinical priority. - The one stop process will ensure cataract patients are removed from general clinics, ensuring more capacity in clinic for R1 delivery. - x1 substantive consultant and x1 locum consultant post currently being shortlisted to improve workforce position.
24 A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Monitored and challenged through IQFPD. IQFPD is set up to deliver the intentions and commitments in the Annual Plan. - 6 Goals Programme developing plans through the 4 workstreams to support the delivery of this target through the respective County Operational Plans. - At present, there is no clear plan or trajectory to support this TI performance target.

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Criteria	Reporting Group	Committee	Status	Action/Status
<p>25 Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the Health Board.</p>	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Monitored and challenged through IQFPD. IQFPD is set up to deliver the intentions and commitments in the Annual Plan. - 6 Goals Programme developing plans through the 4 workstreams to support the delivery of this target through the respective County Operational Plans. - Except for Prince Philip Hospital (PPH), this remains a challenged position across Glangwili Hospital (GGH), Bronglais Hospital (BGH) and Withybush Hospital (WGH).
<p>26 Median time from arrival at an emergency department, to assessment by a clinical decision maker should not exceed 60 minutes.</p>	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Monitored and challenged through IQFPD. IQFPD is set up to deliver the intentions and commitments in the Annual Plan. - 6 Goals Programme developing plans through the 4 workstreams to support the delivery of this target through the respective County Operational Plans. - Against the target of 60, the Health Board position in June 2024 is 75.
<p>27 A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).</p>	IQFPD	SDODC	Alert	<ul style="list-style-type: none"> - Monitored and challenged through IQFPD. IQFPD is set up to deliver the intentions and commitments in the Annual Plan. - 6 Goals Programme developing plans through the 4 workstreams namely Hospital at Home to support the delivery of this target through the respective County Operational Plans. - The current de-escalation target is 174, however, this is currently off-track with the last 3 months average being 243.



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1. Finance,
strategy and
planning

2. Performance
and
outcomes

Escalation
Domains

3. Fragile
services

4. Governance

6. Quality of
care

5. Leadership,
capability
and culture

Approach to TI and revised arrangements

Definitions



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Assurance Level	
Assurance Level: High = Assure	<ul style="list-style-type: none">• There is strong evidence that the criteria are being met or exceeded.• Actions are robust and effectively addressing the issue.• No significant concerns exist, and performance is consistently on target.
Assurance Level: Moderate = Advise	<ul style="list-style-type: none">• There is partial evidence that the criteria are being met.• Actions are in place but require close monitoring and additional efforts.
Assurance Level: Low = Alert	<ul style="list-style-type: none">• There is little or no evidence that the criteria are being met.• Actions are insufficient or not effectively addressing the issue.• Significant concerns exist, and there is a high risk of not meeting targets.

TI responsibilities



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Action	Lead	Committee	RAG Status	Comments
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No actions are aligned to SDODC



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1. Finance,
strategy
and
planning

2.
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and
outcomes

6. Quality of
care

**Escalation
Domains**

3. Fragile
services

5.
Leadership,
capability
and culture

4.
Governance

Domain 1: Finance, strategy and planning

Domain 1: Finance, Planning and Strategy



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Criteria	Reporting Group	Committee	Status	Comments
4 Submission of an acceptable Annual Plan in line with the current planning framework.	TI Coordination Group	Strategic Development and Operational Delivery Committee (SDODC)	Alert	Annual plan remains unacceptable.
5 Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI Coordination Group	SDODC	Advise	This remains on-going and through the Annual Plan and TI workshop, the integrated planning process will be enhanced.
6 Board clarity on the strategic vision for the organisation.	AHMWW	SDODC	Advise	Agreed strategy in place, A Healthier Mid and West Wales (AHMWW), however Programme Business Case (PBC) not yet endorsed by Welsh Government (WG) and therefore strategic plan remains uncertain.

Domain 1: Finance, Planning and Strategy

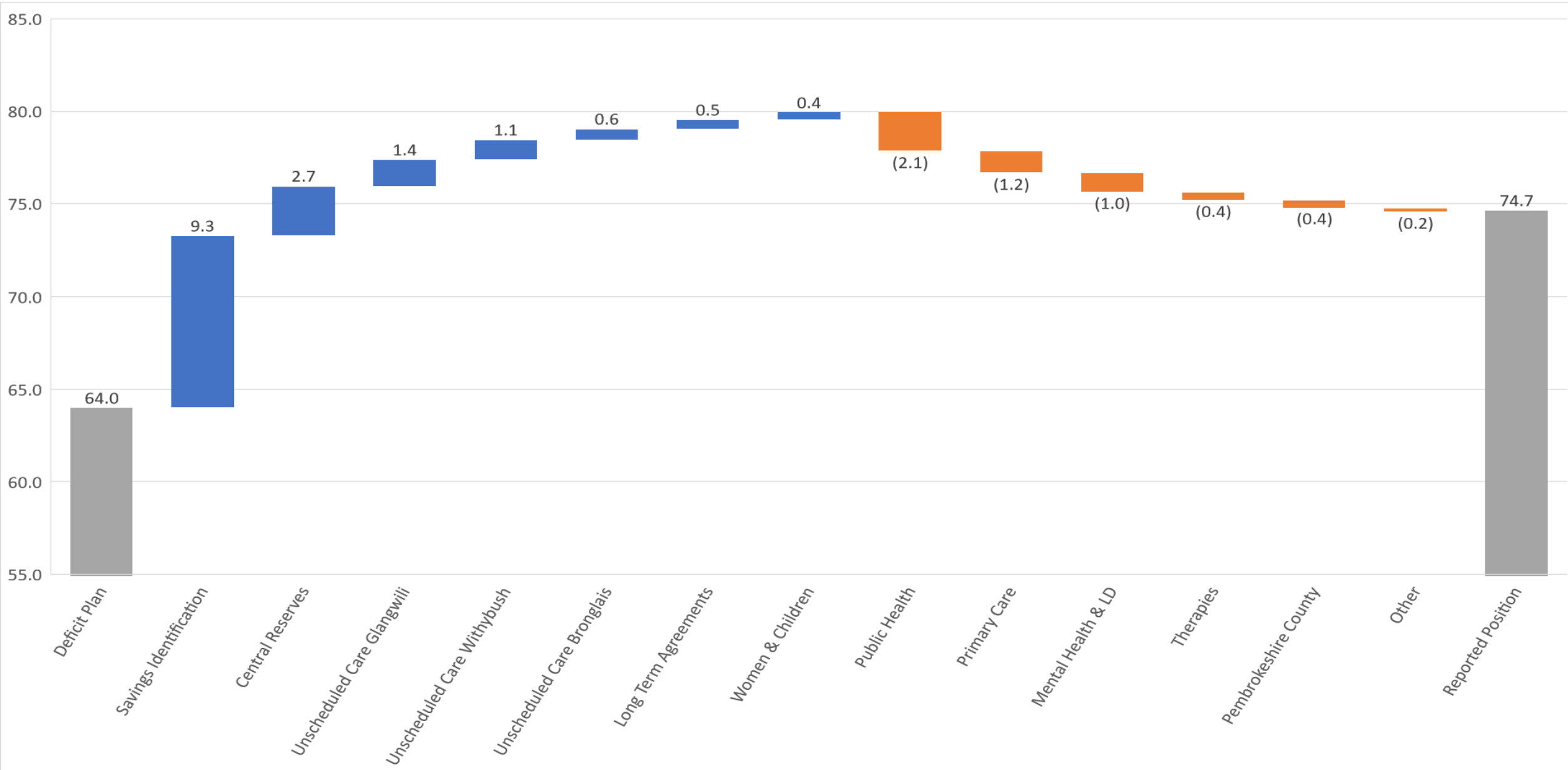


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Criteria	Reporting Group	Committee	Status	Comments
7 Evidence of a clear roadmap and implementation of the Health Board's Clinical Services Plan (CSP).	AHMWW	SDODC	Advise	Work on the CSP is progressing but remains in development phase.
8 Delivery of commitments set out within the annual plan, particularly in relation to the Ministerial Priorities.	IQFPD	SDODC	Alert	Currently significant challenges in Urgent and Emergency Care, Cancer and Diagnostics. Orthopaedics remains an outlier to achieving stage 104 week waits.
9 Significant progress on a clinical services plan.	AHMWW	SDODC	Advise	Work on the CSP is progressing but remains in development phase.
10 Sustained improvements in delivery of the plan throughout the year.	IQFPD	SDODC	Advise	There are several improvements, however the status may need to be reviewed in September 2024.
11 Welsh Government's confidence in delivery based on an assessment against the Planning Maturity Matrix and Planning Quadrant.	Targeted Intervention (TI) coordination group	SDODC	Advise	Our position has shown improvement; however, this is finely poised and may require revision in September 2024

End of Year: Key Directorates (£'M)



Savings Plans and Delivery Performance



Annual Plan Requirement
£32.4m



In-Year Delivery
£22.2m



In-Year Shortfall
£10.2m

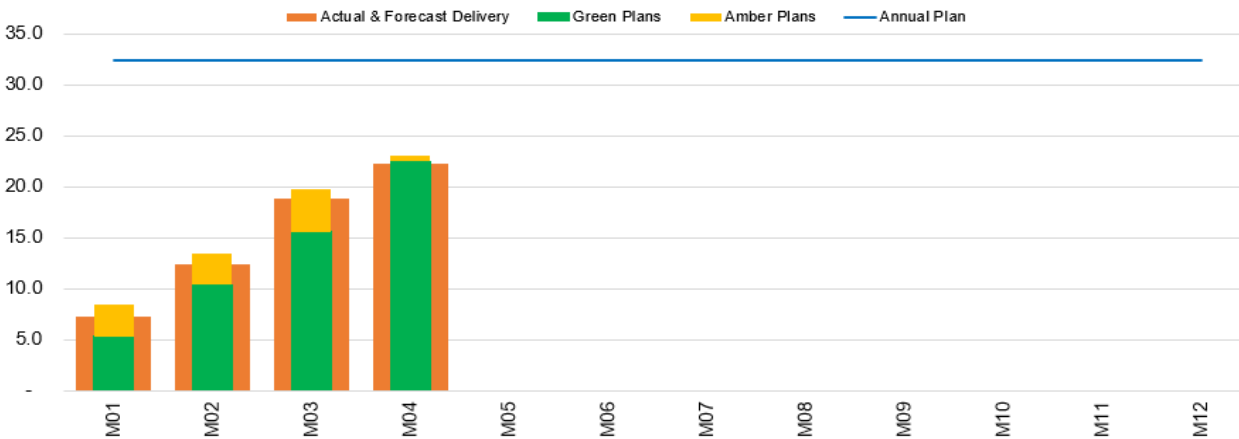


Recurrent Delivery
£16.2m

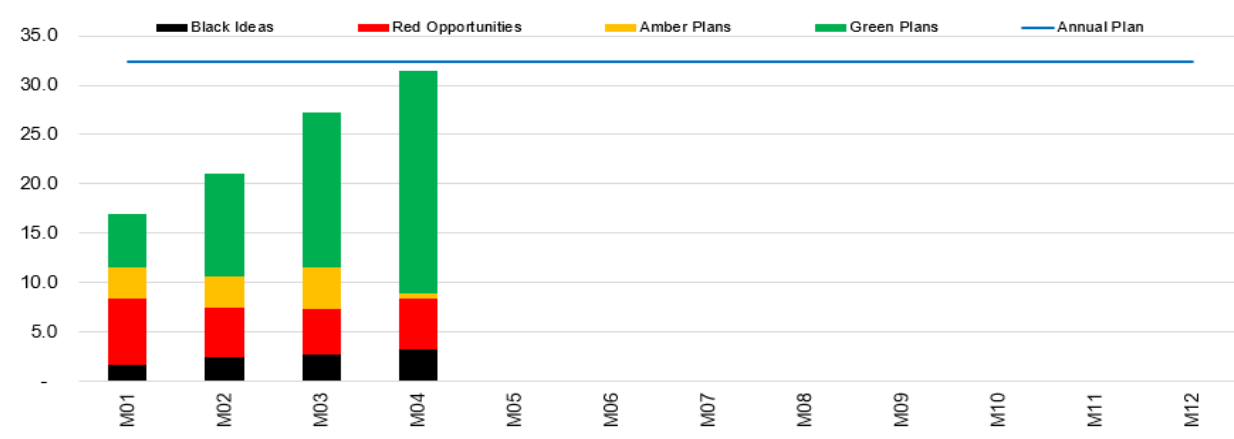


Recurrent Shortfall
£16.2m

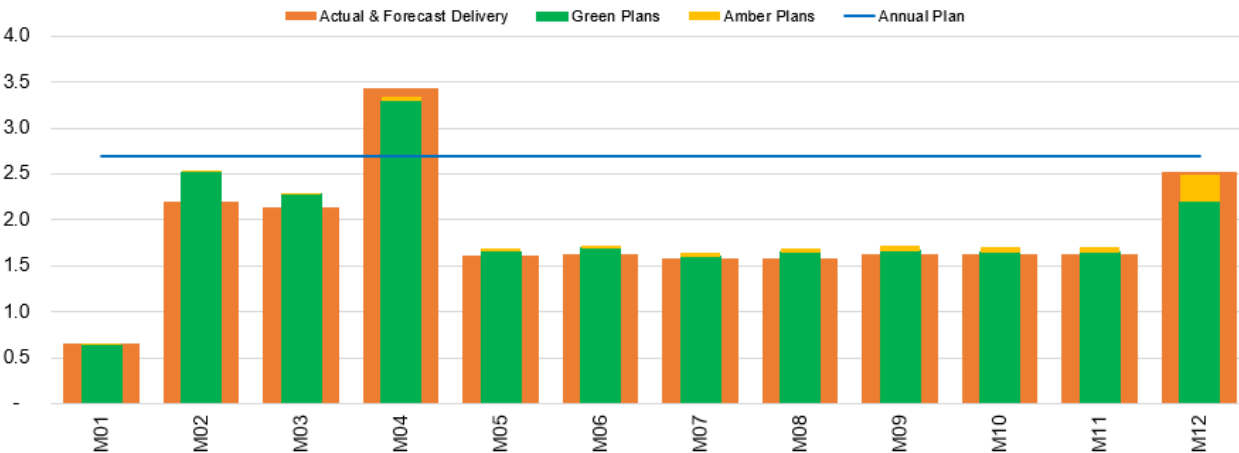
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'M)



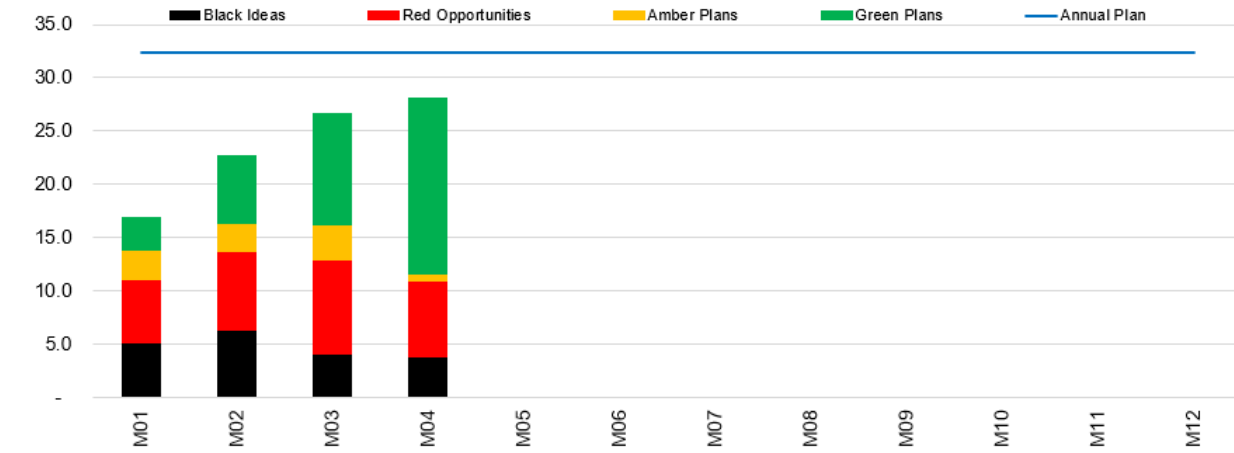
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'M)



Monthly Profiled Risk-Assessed Savings Delivery (£'M)



Monthly Trend of Annual Recurrent Opportunity, Pipeline & Savings Plans (£'M)



End of Year: Savings Identification Summary

Saving Identification	£M	Comments
Savings Target	32.4	As per Annual Plan
Underspend conversions	0.3	Directorate Non-recurring pay related underspends converted to savings schemes transacted in Month 4.
Newly identified schemes	1.9	20 new schemes identified in Month 4, 11 schemes as recurring £1.0M, nine schemes as non-recurring £0.9M.
Red and Black conversions	1.1	Seven Savings Schemes to Amber/Green that were previously Red.
New Identified Savings	3.3	Added since the prior months end of year forecast.
Previously Identified Schemes	19.8	In the prior months end of year forecast.
Total Savings Plans Identified	23.1	Identified plans, not necessarily the actual delivery.
Unidentified Savings	9.3	

Overview of the 100-Day Programme Cycle



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Overview

- The 100-Day Programme Cycle is designed to streamline the planning and execution of key initiatives within our Health Board.
- Objective: To ensure clear deliverables, accountability, and consistent progress tracking, enabling rapid and sustainable improvements.

Purpose of the Framework:

- Early Identification of Indicators - Focus on identifying and setting clear, measurable, deliverables early in the cycle.
- Tracking Progress - Every 10 days, assess progress against the defined deliverables to ensure alignment with overall goals.
- Focus on Gaps - Prioritise addressing what's missing, rather than completed tasks to maintain focus and drive continuous improvement.

Approach

- The Programme Director of Targeted Intervention will meet with each Senior Responsible Officer (SRO) for 30 minutes every week to track progress.
- These meetings ensure continuous oversight and support, facilitating prompt resolution of issues and maintaining momentum.
- The framework supports the What and When of deliverables, but not the How, allowing each programme to deliver in a manner that best suits their approach and needs. This flexibility ensures that each programme can present their progress and outcomes in a way that supports their respective methodologies and approaches.

Overview of the 100-Day Programme Cycle



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Key Phases and Milestones:

Day 10: Define Deliverables

- Document specific, measurable deliverables.
- Ensure alignment with strategic objectives.
- Engage stakeholders for early input.

Day 20: Sustainable Change Plan

- Present a detailed plan for sustainable changes.
- Outline methods for embedding changes into daily operations.
- Define metrics to measure sustainability.

Day 30: Alternative Service Provision Model

- Present new service models (if applicable).
- Include resource requirements and expected impacts on patient care.

Day 45: Integration into Operational Plans

- Ensure deliverables are integrated into relevant operational plans.
- Establish timelines and resource allocation plans.

Overview of the 100-Day Programme Cycle



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Day 60: Benefit Realisation Plan

- Develop a comprehensive plan for realising expected benefits.
- Provide bi-weekly progress updates on benefit realisation.

Day 90: Formal Review Points

- Facilitate review sessions to assess progress.
- Maintain a decision log and capture lessons learned.

Alternative Care Provision (Aligned Via the Six Goals Programme) – SRO Peter Skitt



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Current Status by Day 45

In accordance with the 100-day program cycle, by Day 40-45, the following milestones should typically be achieved:

1. Operational Plan Integration (By Day 45):

- Expected: All program deliverables should be fully integrated into relevant operational plans. This includes mapping deliverables to operational objectives, establishing detailed timelines, and developing resource allocation plans.
- Reality: The reports suggest that integration with County Operational Plans is still a significant issue. There's a clear lack of alignment between the Six Goals Programme deliverables and the Operational Plans, which raises concerns about the readiness to operationalise by October 2024.

2. Sustainable Change Implementation (By Day 20) and Model Development (By Day 30):

- Expected: By now, detailed sustainable change plans should be in place, with specific changes described, embedded in daily operations, and aligned with new service provision models.
- Reality: Although progress has been reported, particularly with the Hospital @ Home model, significant delays and incomplete integration across the board indicate that sustainable change implementation is behind schedule. For example, the Clinical Streaming Hub is still awaiting sign-off, and several key policies, like the Emergency Department (ED)/ Minor Injuries Unit (MIU) Redirection Policy, are not fully operational yet.

3. Milestone Definition and Tracking (Ongoing from Day 15):

- Expected: A milestone tracking system should be in place, with clear, measurable milestones for 30, 60, and 90 days, and bi-weekly updates should be provided.
- Reality: The reported delays in achieving Quarter (Q) 1 milestones suggest that the tracking system may not be fully effective, or there is a significant lag in catching up. The program should be preparing for Q3 milestones now, but there are clear indications that Q2 deliverables are still at risk.

Alternative Care Provision (Aligned Via the Six Goals Programme) – SRO Peter Skitt



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Current Status by Day 45

4. Stakeholder Engagement and Cross-Functional Alignment (Ongoing from Day 20-25):

- Expected: Continuous engagement with stakeholders and bi-weekly cross-functional reviews should be in place to ensure alignment and collaborative problem-solving.
- Reality: While stakeholder engagement is ongoing, the integration challenges and delays indicate that cross-functional alignment may not be fully effective. This could affect the program's ability to adapt and resolve issues quickly, particularly those that are critical to operational readiness.

Assessment of Current Status vs. Expected Status:

- Operational Plan Integration: The program should already have detailed **O**perational **P**lans that reflect the Six Goals Programme deliverables. However, the integration appears to be lacking, and without this, the programme's success is in jeopardy. This is a critical gap that needs immediate attention.
- Sustainable Change and Model Development: By this stage, **S**ustainable **C**hange plans should be well-embedded, and models like the Clinical Streaming Hub should be finalised and ready for operationalisation. The delays in these areas are concerning because they directly impact the ability to deliver by October 2024.
- Milestone Achievement: The programme is behind on key milestones, particularly those related to Q1, which should have been achieved to set the foundation for Q2 and Q3. This delay is likely to have a knock-on effect, making it difficult to meet the October 2024 deadline.
- Resource Allocation and Capacity: Workstream leads are reported to be constrained by capacity issues, which further exacerbates delays. By now, resource allocation should be fully aligned with the **O**perational **P**lans, but this alignment appears incomplete, raising further doubts about the programme's readiness.

Alternative Care Provision (Aligned Via the Six Goals Programme) – SRO Peter Skitt



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Current Status by Day 45

Conclusion:

Based on the Day 45 expectations and the current state of the programme:

- Probability of Readiness by 1 October 2024: The probability of being fully operational by 1 October 2024 is at risk due to the delays in integration, milestone achievement, and resource allocation. The programme is currently behind where it should be at this stage, which puts the delivery of the bed reduction targets in jeopardy.
- Key Concerns: The most critical issues are the lack of integration into Operational Plans and the delays in finalising key models and policies. These need immediate corrective action if the programme is to catch up and deliver on time.

Recommendations:

- Accelerate Integration: Immediate focus should be on integrating the programme deliverables into Operational Plans and ensuring that all stakeholders are aligned.
- Resolve Capacity Issues: Address capacity constraints among workstream leads and allocate additional resources if necessary to avoid further delays.
- Focus on Milestones: Reassess the milestone tracking system to ensure that all delays are identified and mitigated swiftly, with a clear focus on achieving the Q2 and Q3 targets within the remaining timeframe.

Status of Programme – Alert



Assessment of the Medical Variable Pay Programme Against Day 45 Expectations

Based on the information provided and the established milestones within the 100-day programme cycle, here's an assessment of where the Medical Variable Pay programme stands as of Day 40-45.

Expected Progress by Day 40-45:

1. Operational Plan Integration (By Day 45):

- Expected: By now, the programme deliverables relating to variable pay, job descriptions, e-rostering, job planning, international medical recruitment, and the medical rate card should be fully integrated into the operational plans of all relevant directorates. This includes mapping these deliverables to operational objectives, establishing detailed timelines, and developing resource allocation plans.
- Reality: The information provided suggests that there has been successful engagement with directorates to consider alternative service provision models, though further operational clarity and integration are required. This indicates that while progress has been made, there is still work to be done to fully embed these deliverables into the Operational Plans.

2. Milestone Definition and Tracking (Ongoing from Day 15):

- Expected: Clear, measurable milestones for 30, 60, and 90 days should have been established and tracked. These milestones should be reflected within Operational Plans and assessed for their feasibility and generalisability across different contexts.
- Reality: Milestones have been clearly established, and a preliminary assessment suggests they are achievable. However, the ongoing need to verify that these milestones are realistic and integrated into Operational Plans across different Directorates points to some remaining uncertainties.



Assessment of the Medical Variable Pay Programme Against Day 45 Expectations

3. Sustainable Change Implementation (By Day 20):

- Expected: A detailed sustainable change plan should have been presented by Day 20, with these plans linked to operational objectives and resources. By Day 45, these plans should be operational, with clear timelines and responsibilities established.
- Reality: A detailed sustainable change plan has been presented and is structured, but the alignment with operational resources and timelines still requires confirmation. This suggests that while the foundational work has been done, further work is needed to ensure these plans are fully actionable.

4. Cross-Functional Alignment and Stakeholder Engagement (Ongoing from Day 25):

- Expected: By this stage, cross-functional alignment and continuous engagement with stakeholders should be well-established to ensure that the programme is on track. Regular bi-weekly updates should be provided to the Value and Sustainability Group.
- Reality: The programme appears to be on track, with significant steps taken to ensure alignment with strategic objectives. However, there remains a need for further operational clarity, particularly in the implementation of alternative service provision models, to ensure that all stakeholders are fully engaged and that the programme deliverables are being integrated into everyday operations.



Assessment of the Medical Variable Pay Programme Against Day 45 Expectations

Current Challenges and Risks:

1. Rate Card Implementation:

- Challenge: The need to implement a standardised rate card is urgent but presents challenges in terms of ensuring consistency across the Health Board and avoiding potential increases in overall expenditure.
- Risk: Strict enforcement of the rate card could impact fill rates, especially in high-demand specialties, leading to potential service gaps. Additionally, resistance from departments used to negotiating higher rates could slow down the implementation process.

2. Financial Impact and Reduction Targets:

- Challenge: The target of reducing variable pay by 50% has proven difficult to achieve. The revised goal of a 5% reduction over the next six months is more realistic but still requires careful planning and monitoring.
- Risk: Achieving this reduction while maintaining service quality will be challenging, particularly if the Operational Plans are not fully aligned with the programme's financial goals.

3. Operational and Administrative Support:

- Challenge: Implementing and maintaining the rate card and related controls will require significant administrative support, especially with the complexities of managing the Allocate system.
- Risk: Without consistent administrative support across all Directorates, there could be inconsistencies in how the rate card is applied, leading to variations in cost control and service delivery.

Medical Variable Pay – SRO Carly Hill



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Assessment of the Medical Variable Pay Programme Against Day 45 Expectations

Conclusion:

Level of Assurance Advise:

- **Moderate to High Confidence:** Based on the submissions, the **Executive Team** can have a relatively high level of confidence in this scheme. Significant steps have been taken to define clear deliverables, establish realistic milestones, and structure sustainable change plans. The initial engagement with Directorates is promising, though further operational clarity and integration into everyday operations are needed to ensure success.

Probability of Success by 1 October 2024:

- **Positive Outlook with Caveats:** The programme appears to be on track to achieve its objectives by 1 October 2024, particularly given the structured approach and ongoing monitoring by the Value and Sustainability Group. However, the tight timeline means that any delays in integrating these plans into operational frameworks or resistance to the rate card could pose significant risks.

Carmarthenshire Improvement Plan (Aligned via the Six Goals Programme) – SRO Mandy Davies



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Day 1- 20 Status Update	Next Steps (By Day 30)	Confidence Level – Alert
<ul style="list-style-type: none"> - No Formal Submission - No documentation has been submitted; information was extrapolated from the Carmarthenshire Rapid Improving Together session and Directorate Escalation Meetings. - Initial Identifications - Key deliverables and recurrent savings opportunities were identified. - Stakeholder Engagement - Initial engagement with stakeholders and setting up monitoring groups for specific areas such as Pathways of Care Delays (POCD). - Clarity on SRO Role - Significant confusion exists around the SRO's role in driving delivery versus pulling the programme together. This ambiguity poses a risk to the overall responsibility for programme delivery and integration with other key areas such as the 107-bed alternative capacity and critical care. 	<ul style="list-style-type: none"> - Define and Document Specific Deliverables - Establish concrete measurable deliverables with clear financial impacts and patient outcomes. - Create Detailed Timelines - Develop and communicate detailed timelines for each deliverable. - Clarify Data Assumptions - Ensure data assumptions, including virtual admissions and admission avoidance, are clear and data sources are reliable. - Establish Metrics and Monitoring - Define specific metrics for patient flow improvements, waiting time reductions, and patient satisfaction. Set up a structured format for bi-weekly progress updates. - Comprehensive Stakeholder Engagement - Develop and implement a comprehensive stakeholder engagement plan to ensure buy-in and collaboration. - Financial Impact Analysis - Provide a detailed financial impact analysis, including expected cost savings and efficiency gains. - Clarify SRO Responsibilities - Clearly define the SRO's responsibilities to ensure effective programme delivery and integration with other critical areas. 	<ul style="list-style-type: none"> - Progress has been made in identifying deliverables and engaging stakeholders. However, significant confusion around the SRO's role and lack of formal submissions hinder progress. It is crucial to define measurable outcomes, integrate financial impacts into programme documentation, develop clear timelines, establish robust progress reporting, and clarify SRO responsibilities to stay on track for a successful go-live on 1 October 2024.



Status Update – Day 45

Assessment of Recurrent 5% Savings Impact on Mental Health and Learning Disabilities (MHL) Expenditures - Day 45 Expectations

Current Status

- Financial Impact Assessment: The analysis of a 5% cost reduction is purely illustrative, using figures and percentages to demonstrate potential savings. However, this exercise does not align with the framework expectations as it lacks the necessary depth and integration into Operational Plans.
- Day 45 Milestone Expectation: At this stage, the exercise does not provide the required confidence in achieving the 100 Day framework's goals, as it is limited to hypothetical numbers without concrete actions or alignment with broader financial and operational plans to realise said delivery.

Confidence Level - Alert

- Overall Confidence Level: Low
- Rationale: The current analysis offers a basic view of potential savings but falls short of meeting the framework's expectations for Day 45. Further work is needed to translate these figures into actionable plans that align with operational realities and recurrent delivery.



Status Update – Day 45

Maternity and Paediatric Discharge Ambulance Vehicle (DAV)

The service has justified keeping the Paediatric DAV by highlighting several key points in response to the questions posed. Firstly, they argue that the low patient numbers are actually a positive indicator, as the aim is to minimise the need for emergency transport in this vulnerable cohort, and Welsh Ambulance Service Trust (WAST) protocols are designed to ensure the DAV is only allocated to the most critical and appropriate calls.

Additionally, the service acknowledges the lack of formal service specifications and agreed investment parameters but notes that work is already underway to revise the Memorandum of Understanding (MOU) and Standard Operating Procedure (SOP), which were previously not authorised by the relevant Executive Leads. This revision process is intended to establish clearer performance metrics and productivity targets, thereby providing a more robust framework for evaluating the service's effectiveness.

Regarding resource allocation, the service points out that the unpredictable nature of paediatric emergencies makes scheduling and resource optimisation challenging. However, they are exploring the potential for the DAV to take on additional roles, such as supporting Intensive Therapy Unit (ITU) transfers and limited discharge support, which would enhance its utilisation and cost-effectiveness.

Finally, the service has expressed a willingness to engage in further discussions with WAST and Women and Children's representatives to conduct a more comprehensive demand and capacity analysis, despite the challenges posed by the unscheduled nature of the resource. This approach reflects a commitment to ensuring that the DAV is aligned with current and projected needs, while maintaining its critical role in providing specialised care to paediatric patients across the Health Board.

Cardiac Care Transfer Service – We are currently awaiting a response from the service around any opportunities around the reduction or decommissioning of this cardiac ambulance.

Prince Philip Hospital (PPH) EMS Support Vehicle – Affirmation required around who is assessing this opportunity.

Confidence Level - Alert

Critical Care – SRO Keith Jones



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Current Status by Day 45

Financial and Operational Targets

- Objective: Achieve £1.4M in savings for 2024/25, with £2.8M in full-year savings.
- Status: The plan sets clear financial targets, with the phased reduction of three critical care beds aligned to achieve these savings. Progress is on track with initial financial projections, indicating good alignment with overall objectives.

Data-Driven Decision-Making

- Objective: Utilise comprehensive data from Intensive Care National Audit & Research Centre (ICNARC) and other sources to guide decision-making.
- Status: Data analysis, including nurse utilisation versus occupancy/levels of care, has been completed and is fully integrated into the sustainable change plan. This supports confident, evidence-based decision-making.

Stakeholder Engagement

- Objective: Engage critical care medical and nursing teams alongside hospital management.
- Status: Engagement has been positive, with ongoing collaboration involving key stakeholders. However, continued focus is needed to ensure full alignment and operational clarity across all teams.

Sustainable Change Plan

- Objective: Develop and embed a sustainable change plan by Day 20.
- Status: The sustainable change plan has been developed and now needs to be embedded into daily operations, with regular reviews ensuring it remains aligned with operational needs.



Current Status by Day 45

Phased Bed Reduction Approach:

- Objective: Implement a phased reduction of three critical care beds, aligning capacity with demand.
- Status: The first phase is progressing as planned, with flexibility built in for adjustments based on outcomes and ongoing feedback. This approach is practical and is being managed to ensure minimal disruption.

Integration with Urgent and Emergency Care (UEC) Workstream:

- Objective: Enhance patient flow, reduce length of stay, and improve patient outcomes.
- Status: Integration efforts with the UEC improvement workstream are progressing well, which is critical to ensuring that the bed reduction aligns with broader patient flow initiatives.

Final Data Analysis (By Day 40):

- Objective: Complete the analysis of nurse utilisation versus occupancy data.
- Status: Final data analysis has been incorporated into the Sustainable Change Plan, ensuring that decisions are data-driven and aligned with operational realities.

Critical Care – SRO Keith Jones



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Current Status by Day 45

Cross-Functional Alignment (By Day 35):

- Objective: Develop a cross-functional alignment plan detailing key interdependencies and joint performance metrics.
- Status: The cross-functional alignment plan has been finalised, ensuring that critical care reduction activities are well-coordinated across departments, with clear decision-making processes in place.

Risk Identification and Mitigation:

- Objective: Proactively identify risks and outline mitigating actions with bi-weekly updates.
- Status: Risks related to potential delays and operational challenges have been identified, with mitigation strategies in place and regular reviews ensuring that these risks are managed effectively.

Confidence Level Advise:

- **Overall Confidence Level: Moderate to High**
- Rationale: The Critical Care Bed Reduction Plan presents a structured and well-documented approach that aligns with the organisation's objectives. Most elements required for successful delivery by 1 October 2024 are in place, including clear financial targets, data-driven decision-making, and established milestones.
- Strengths: The phased approach, solid data backing, and stakeholder engagement provide a strong foundation. The integration with UEC workstreams and the sustainable change plan further enhance the likelihood of success.
- Areas for Attention: Continued focus on cross-functional alignment and stakeholder engagement is essential, particularly to address any operational challenges that may arise during implementation. Effective management of risks, particularly related to delays and resource allocation, will be crucial.



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Domain 2: Performance and outcomes

Baseline position and Current Performance against TI



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	Measure	De-escalation criteria	Baseline	Goal	Latest position														
					Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Hywel Dda	Ambulance handovers taking over 1 hour - Hywel Dda	11% reduction 3 consecutive months, maintained for 3 months	915	680	901	993	863	944	980	854	1,019	915	959	1,245	1,124	1,192	1,103	970	1,078
	% patients waiting over 12 hours in an emergency department - Hywel Dda	Continuous improvement towards no more than 7%	9.0%	7%	8.6%	8.6%	8.2%	8.9%	10.9%	9.2%	9.2%	9.0%	9.7%	11.7%	10.8%	11.3%	10.3%	10.7%	10.7%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Hywel Dda	60	58	60	57	57	58	71	71	70	65	58	67	64	64	67	65	73	75
	Number of delayed pathways of care - Hywel Dda	5% reduction 3 consecutive months, maintained for 3 months	227	174	278	230	247	256	238	222	192	227	190	207	212	220	237	247	245
Bronglais	Ambulance handovers taking over 1 hour - Bronglais Hospital	11% reduction 3 consecutive months, maintained for 3 months	158	122	175	121	165	165	229	194	184	158	179	237	213	182	211	240	233
	% patients waiting over 12 hours in an emergency department - Bronglais Hospital	Continuous improvement towards no more than 7%	7.0%	7.0%	8.6%	6.7%	7.7%	8.5%	10.9%	10.5%	9.3%	8.9%	10.3%	12.2%	10.8%	10.1%	10.9%	10.8%	11.0%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Bronglais Hospital	60	58	60	58	52	54	79	80	98	75	58	83	62	55	66	69	71	67
Glangwili	Ambulance handovers taking over 1 hour - Glangwili Hospital	11% reduction 3 consecutive months, maintained for 3 months	429	326	471	534	514	458	397	337	515	429	445	503	461	490	498	468	480
	% patients waiting over 12 hours in an emergency department - Glangwili Hospital	Continuous improvement towards no more than 7%	7.0%	7%	10.4%	11.7%	11.6%	11.6%	15.0%	12.3%	11.8%	10.7%	11.7%	15.8%	14.7%	16.1%	14.1%	15.1%	15.9%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Glangwili Hospital	60	58	60	55	57	57	62	57	57	55	49	51	58	64	61	60	69	76
Prince Philip	Ambulance handovers taking over 1 hour - Prince Philip Hospital	11% reduction 3 consecutive months, maintained for 3 months	82	43	102	157	84	85	74	22	35	82	67	79	97	112	143	106	104
	% patients waiting over 12 hours in an emergency department - Prince Philip Hospital	Continuous improvement towards no more than 7%	7.0%	7%	3.0%	3.5%	2.9%	2.9%	3.8%	1.5%	2.4%	2.1%	2.4%	2.9%	3.6%	4.5%	3.4%	3.4%	3.5%
Withybush	Ambulance handovers taking over 1 hour - Withybush Hospital	11% reduction 3 consecutive months, maintained for 3 months	246	188	156	181	100	236	280	301	285	246	268	426	353	408	251	156	261
	% patients waiting over 12 hours in an emergency department - Withybush Hospital	Continuous improvement towards no more than 7%	7.0%	7%	13.7%	13.6%	12.3%	14.1%	16.5%	14.5%	15.3%	16.2%	15.7%	17.5%	16.1%	16.3%	15.0%	14.9%	13.9%
	Median time from arrival at ED to assessment by a clinical decision maker (mins) - Withybush Hospital	60	58	60	58	59	65	78	89	78	76	77	89	77	72	81	70	85	83
DPoC	Number of delayed pathways of care - Carmarthenshire	5% reduction 3 consecutive months, maintained for 3 months	108	93	149	130	147	144	126	117	98	128	98	106	117	113	119	135	125
	Number of delayed pathways of care - Ceredigion	5% reduction 3 consecutive months, maintained for 3 months	35	30	47	24	36	35	39	38	37	30	39	46	38	43	54	41	34
	Number of delayed pathways of care - Pembrokeshire	5% reduction 3 consecutive months, maintained for 3 months	53	45	82	74	61	75	64	59	55	59	45	46	56	62	63	71	66



Goal achieved



Making good progress towards goal



Minimal progress made or decline from previous month



Same as baseline or worse

Domain 2: Performance and outcomes

Planned Care and Cancer



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Criteria	Reporting Group	Committee	Status	Comments
13 60% performance maintained for three months against the Single Cancer Pathway (SCP) target.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
14 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for three months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
15 100% of open pathways to be waiting less than 104 weeks and maintained for three months.	IQFPD	SDODC	Alert	Current plan delivers 104 weeks for all services except Orthopaedics.
16 80% of open pathways to be waiting less than 52 weeks and maintained for three months.	IQFPD	SDODC	Assure	Criteria being achieved.
17 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for three months (Based on the November 2023 baseline).	IQFPD	SDODC	Alert	Actions and Plans set out within the Alerts
18 65% R1 Ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for three months.	IQFPD	SDODC	Alert	Actions and Plans set out within the Alerts

Domain 2: Performance and outcomes

Planned Care and Cancer



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Criteria	Reporting Group	Committee	Status	Comments
19 80% of patients waiting for a diagnostic test to be waiting less than eight weeks and maintained for three months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
20 80% of patients waiting for a diagnostic endoscopy to be waiting less than eight weeks and maintained for three months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
21 80% of patients waiting for a Non Obstetric Ultrasound (NOUS) and non-cardiac MRI to be waiting less than eight weeks and maintained for three months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
22 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for three months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.

Domain 2: Performance and outcomes

Urgent and Emergency Care



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Criteria	Reporting Group	Committee	Status	Comments
24 A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for three months (Based on the October - December 2023 baseline).	IQFPD	SDODC	Alert	Current actual performance is a significant concern and is negatively deviating from the set trajectories.
25 Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the Health Board.	IQFPD	SDODC	Alert	Remains a significant challenge. Whilst improvement actions identified, this has not to date translated in a clear operational plan.
26 Median time from arrival at an Emergency Department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	No current operational plan in place.
27 A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on October - December 2023 baseline).	IQFPD	SDODC	Alert	Remains significantly above plan with no operational plans in place.
28 Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	SDODC		

Domain 2: Performance and outcomes

Mental Health



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Criteria	Reporting Group	Committee	Status	Comments
29 80% of Local Primary Mental Health Support Service (LPMHSS) mental health assessments undertaken within 28 days from the date of receipt of referral.	IQFPD	SDODC	Assure	Welsh Government have de-escalated the Health Board for Part 1 of assessments.
30 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	IQPFD	SDODC	Assure	Criteria being achieved.
31 80% of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Criteria being achieved.



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1. Finance,
strategy and
planning

2.
Performance
and
outcomes

**Escalation
Domains**

3. Fragile
services

6. Quality of
care

5.
Leadership,
capability
and culture

4.
Governance

Domain 3: Fragile services

Domain 3: Fragile services



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Criteria	Reporting Group	Committee	Status	Comments
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No criteria are aligned to SDODC



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Domain 4: Governance



Criteria	Reporting Group	Committee	Status	Comments
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No criteria are aligned to SDODC



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1. Finance,
strategy and
planning

2. Performance
and
outcomes

6. Quality of
care

**Escalation
Domains**

3. Fragile
services

5. Leadership,
capability
and culture

4. Governance

Domain 5: Leadership, capability and culture

Leadership, capability and culture



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Criteria	Reporting Group	Committee	Status	Comments
46 Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SDODC	Assure	<ul style="list-style-type: none">• Full details in the culture progression report.• 38% of leavers have an exit interview.• 76% engagement rate with board outcome survey (February 2024).



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1. Finance,
strategy and
planning

2.
Performance
and
outcomes

6. Quality of
care

**Escalation
Domains**

3. Fragile
services

5.
Leadership,
capability
and culture

4.
Governance

Domain 6: Quality of care

Quality of care



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Criteria	Reporting Group	Committee	Status	Comments
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No criteria are aligned to SDODC



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Escalation exception report

August 2024 (as of 8 August 2024)

Escalation status overview



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Escalation status levels overview as of 31 July 2024

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	2	1	1
	Facilities	3	3	3	3	1	1
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	2	2	3	1	3
	Pathology	2	1	2	3	2	1
	Radiology	3	1	1	3	1	2
	Planned Care (incl. Audiology and Endoscopy)	3	3	2	3	2	3
	Bronglais Hospital	3	2	2	3	2	3
	Glangwili Hospital	3	1	2	3	3	3
	Prince Philip Hospital	3	1	2	3	3	3
	Withybush Hospital	3	1	2	3	2	3
Women & Children	3	3	2	3	3	1	
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	2	2	3	2	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	1	1	2	2	2	1
	Primary Care Management	1	2	2	2	1	1
	Medicines Management	1	1	1	3	2	1
Other	Director of Therapies and Health Sciences	3	1	2	3	1	3
	Director of Finance	1	2	1	1	2	1
	Director of Nursing	1	2	2	2	1	3
	Director of Public Health	1	1	2	1	1	2
	Director of Strategy and Planning	1	1	2	2	1	1
	Director of Workforce & OD	1	1	1	1	1	2
	Medical Directorate	1	2	2	1	1	2
Corporate Services	1	1	1	1	1	1	

- Facilities, Women and Children, the four acute hospital sites and Planned Care all have high levels of escalation (Level 3) in critical domains.
- The following Directorates all have major challenges in four domains:
 - Facilities - quality, governance, workforce and finance.
 - Glangwili Hospital – quality, finance, fragile services and performance.
 - MHL D - quality, governance, finance and performance.
 - PPH – quality, finance, fragile services and performance.
 - Women and Children - quality, governance, finance and fragile services.
- Radiology and Pathology have made improvements to reduce the number of domains in their directorates in escalation Level 3.
- Widespread issues within Finance (16 directorates Level 3), Performance (12 directorates Level 3) and Quality (10 directorates Level 3).

Details of escalation status trends, escalation reasons and de-escalation criteria can be accessed via the [Our Performance dashboard](#).

Directorates escalated up



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Following the Executive Team leads escalation level reviews in August 2024, the following directorates have been escalated:

Directorate	Domain	Previous escalation level	New escalation level	Reason escalated up
Cancer & Oncology	Workforce	1	2	Turnover: 8.67%; Personal Appraisal Development Review (PADR): 60.8%
Cancer & Oncology	Finance, Strategy and Planning	2	3	No assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.
Carmarthenshire County	Workforce	1	2	Sickness: 8.6%; PADR: 73.1% Pay Progression: 1 overdue 1 month, 1 overdue 2 months and 6 overdue 3 months.
Ceredigion County	Workforce	1	2	Sickness: 7.7%; PADR: 77.6% Pay Progression: 6 overdue 1 month, 4 overdue 3 months
Ceredigion County	Finance, Strategy and Planning	2	3	No assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.
Director of Nursing	Workforce	1	2	Sickness: 6.1%; PADR: 69.9%
Director of Nursing	Finance, Strategy and Planning	1	2	Limited assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.
Director of Nursing	Performance & Outcomes	2	3	Clostridioides Difficile (C.Diff) highest ever number of reported cases (23) Escherichia coli (E.Coli) & Staphylococcus aureus (S. aureus) cases increased for the 2nd consecutive month Nationally Reportable Incidents (NRIs) open>90days increased 5th consecutive month
Director of Operations	Workforce	1	2	Sickness: 6.25%; PADR: 79.7%; Turnover: 9.94%
Director of Operations	Finance, Strategy and Planning	1	2	Limited assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.
Director of Public Health	Workforce	1	2	Sickness: 7.2% PADR: 77.3%
Director of Public Health	Performance & Outcomes	1	2	Children aged 5+ up to date with vaccinations plateauing just below 90% and below target

Directorates escalated up (continued)



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Directorate	Domain	Previous escalation level	New escalation level	Reason escalated up
Director of Strategy and Planning	Workforce	1	2	PADR: 66.7%; Core skills: 82.4%
Director of Strategy and Planning	Finance, Strategy and Planning	1	2	Lifetime Allowance (LTA) Budget: Limited assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.
Director of Therapies and Health Sciences	Workforce	1	2	PADR 77.9%
Director of Workforce & OD	Performance & Outcomes	1	2	Sickness increased for 6 consecutive months
Facilities	Finance, Strategy and Planning	2	3	No assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.
Glangwili Hospital	Workforce	1	2	Sickness: 6.98%; Pay Progression: 6 overdue 1 month, 2 overdue 2 months & 13 over 3 months
Glangwili Hospital	Fragile Services	2	3	No assurance the Directorate will manage the risk of a service failure occurring within the next six months through robust mitigating plans. A&E staffing: Clinical staffing concerns, vacancies (management support very sparse)
Medical Directorate	Workforce	1	2	PADR: 79.6%
Mental Health & Learning Disabilities	Quality	2	3	Healthcare Inspectorate Wales (HIW): Actions to address HIW recommendations outstanding (28 overdue) Peer review: Actions to address peer review recommendations outstanding (11 overdue) Incidents: Number of incidents open > 120 days (>100)
Mental Health & Learning Disabilities	Governance	2	3	Risks: 24% risks and 18% risk actions overdue Audit and Inspections: 12 open reports with 66 open recommendations of which 61 (92%) are overdue.
Mental Health & Learning Disabilities	Workforce	1	2	Sickness: 6.05%; Turnover: 7.62%; HCSW; Agency usage: 59.22 WTE; Pay progression: 5 overdue 1 month, 4 overdue 2 months and 9 overdue 3 months
Planned Care (incl. Audiology and Endoscopy)	Finance, Strategy and Planning	2	3	No assurance that the directorate can identify its 5% savings recurrent requirement and remain balanced for the year.

Directorates escalated up (continued)



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Directorate	Domain	Previous escalation level	New escalation level	Reason escalated up
Primary Care	Workforce	1	2	Sickness 5.86%
Primary Care Management	Workforce	1	2	PADR 71.6%
Prince Philip Hospital	Quality	2	3	Complaints: Number of complaints over 30 days >10 Incidents: Number of incidents open > 120 days is >100 DOC: Initial duty of candour assessment for patient safety incidents (>25 records where reporter has indicated more than minimal harm)
Women & Children	Workforce	1	2	Sickness: 6.0%; Turnover: 6.8%; PADR: 73.4% Pay progression: 5 overdue 1 month, 3 overdue 2 months & 5 overdue 3 months

Directorates escalated down



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Following the Executive Team Leads Escalation Level Reviews in August 2024, the following Directorates have been escalated down:

Directorate	Domain	Previous escalation level	New escalation level
Ceredigion County	Fragile Services	3	2
Pathology	Quality	3	2
Primary Care	Quality	2	1
Radiology	Workforce	2	1
Withybush Hospital	Governance	2	1

Actions Arising out of Welsh Government (WG) TI Meeting



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Action Log			
Action	Owner	Deadline	Action Lead
Health Board to provide an update on HIW overdue inspections to Olivia Shorrocks.	Health Board	August meeting.	Sharon Daniels
Health Board to provide an update on Reg 28 following Arthroplasty MDT on 19 July.	Health Board	August meeting.	Andrew Carruthers
Health Board to provide an update on Reg 28 relating to processes in Emergency Departments.	Health Board	August meeting.	Andrew Carruthers
Health Board to share action plan and feedback on progress of the limited assurance report for cleaning standards.	Health Board	August meeting.	Andrew Carruthers
The Health Board agreed to provide an update on the audiology waiting list.	Health Board	August meeting.	Andrew Carruthers
The Health Board would investigate the numbers going to straight to test and provide an update at the next meeting.	Health Board	August meeting.	Andrew Carruthers
Health Board to feedback evaluation of the psychological group therapy sessions.	Health Board	August meeting.	Andrew Carruthers
It was agreed that mental health and Child and Adolescence Mental Health Services (CAMHS) be removed from the TI agenda for August.	Welsh Government	August meeting.	
The Health Board to provide an update on C Diff performance at Bronglais in October.	Health Board	October meeting.	Sharon Daniels

Future meetings



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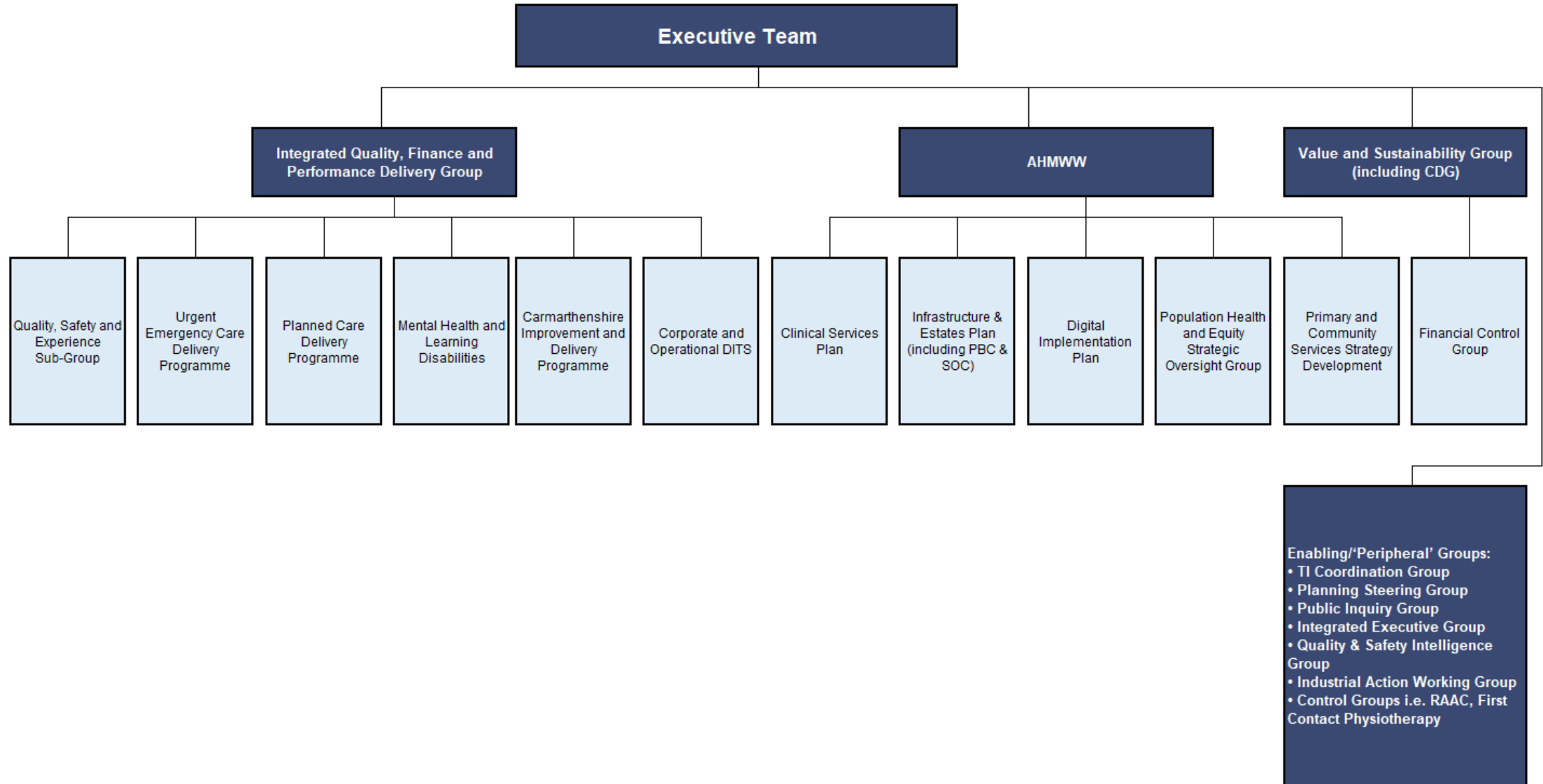
Date	Timings	Directorate
27/06/2024	13:00 - 14:30	Ceredigion system
	14:45 - 16:15	Pembrokeshire system
04/07/2024	09:00 - 10:00	Facilities
	10:15 - 11:15	Women and Children
	11:30 - 13:30	Primary Care
	14:00 - 15:00	Therapies
12/07/2024	13:00 - 14:00	Diagnostics
	14:15 - 15:45	Carmarthenshire system
01/08/2024	09:00 - 10:30	MHLD
	10:45 - 12.15	Pembrokeshire system
	13:00 - 14:30	Planned Care
	14:45 - 16:15	Ceredigion system
	16:30 - 17:30	Facilities
15/08/2024	13:00 - 14:00	Women and Children
	14:15 - 15:45	Therapies
	16:00 - 17:00	Diagnostics
05/09/2024	09:00 - 10:30	MHLD
	10:45 -12:15	Planned Care
	13:30 - 15:00	Carmarthenshire system
	15:15 - 16:45	Pembrokeshire system
12/09/2024	13:00 - 14:30	Ceredigion system
	14:45 - 15:45	Facilities
03/10/2024	09:00 - 11:00	Primary Care

New Executive Team Governance Arrangements



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New Executive Team Governance Arrangements



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- **Executive Team:** Provides strategic oversight and decision-making for the TI process
- **TI Coordination Group:** Coordinates and manages the Health Board's response to the TI framework

Reporting Groups:

- **Value and Sustainability:** Focuses on financial improvement and sustainability initiatives (Planning Objectives 1 and 2)
- **Integrated Quality, Finance and Performance Delivery (IQFPD):** Oversees performance management and delivery of the Annual Plan/ Integrated Medium Term Plan (IMTP) (Planning Objectives 3, 4 and 5)
- **A Healthier Mid and West Wales (AHMWW):** Ensures delivery of the Health Board's strategy and associated programmes (Planning Objectives 6, 7, 8, 9 and 10)

Mapping of TI domains to the new arrangements



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Domain	Reporting group	Programme (PO)	Committee
Overall	Executive Team	All POs	*ARAC
B1: Finance intervention	Value and sustainability	PO 1, PO 2	**SRC
B1: Planning intervention	TI coordination group	All	SDOD
B1: Strategy intervention	AHMWW	PO 6, 7 & 8	SDOD
B1: Regional planning	IQPFD	PO 4	SDOD
B2: Performance and outcomes	IQPFD	PO 3, 4 & 5	SDOD
B3: Fragile services	AHMWW	PO 6, 7	SDOD
B4: Governance	TI coordination group	N/A	ARAC
B5: Leadership, capability and culture	TI coordination group	N/A	***PODCC
B6: Quality of care	IQPFD	All	****QSEC

*Audit and Risk Assurance Committee

**Sustainable Resources Committee

***People, Organisational Development and Culture Committee

**** Quality, Safety and Experience Committee

TI Coordination Group - outputs and outcomes



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Objectives:

Coordinate and oversee all Targeted Intervention actions across the Health Board

- Establish strong governance mechanisms and ensure accountability in all domains
- Align interventions strategically and manage them effectively with clear responsibility and accountability

Outcomes:

Ensure consistent and robust oversight by the Board and its Committees through:

- Continuous updates and communications to the Executive Team and Welsh Government
- Reinforce governance structure, ensure strategic directives are followed, and address performance issues

Domains:

- Governance (D5): Embed robust governance structures, refresh risk management framework, and conduct governance maturity assessments

Maturity Matrix Alignment:

- Systems and Processes for Performance, Accountability, and Improvement (D7): Develop systems to enhance performance management and accountability, align the organisation, and embed sustainable change



Objectives:

- Establish a sustainable financial framework supporting long-term goals
- Create a financial roadmap addressing challenges and aligning with strategy
- Integrate financial strategies with clinical and operational needs

Outcomes:

- Create and maintain a Board-approved financial roadmap
- Implement targeted saving schemes and cost control measures
- Stabilise workforce costs through programmes such as nurse stabilisation programmes
- Enhance financial oversight through the Finance Control Group

Domains:

- Financial management and sustainability (D1): Develop financial approaches ensuring long-term viability
- Workforce development (D6): Integrate workforce planning with financial strategies

Maturity Matrix Alignment:

- Realistic and Deliverable (D6): Ensure plans are realistic and achievable
- Systems and Processes for Performance, Accountability, and Improvement (D7): Develop financial governance systems enhancing accountability

A Healthier Mid and West Wales (AHMWW) Group



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Objectives:

- Ensure high-quality, financially sustainable clinical services
- Align services with A Healthier Mid and West Wales strategic directives
- Provide strategic oversight of the Clinical Services Plan
- Integrate clinical needs, financial planning, and infrastructure
- Future-proof services to adapt to health demands within budget

Outcomes:

- Regular updates of Clinical Services Plan to align with needs and goals
- Integration of service delivery with sustainable financial strategies
- Development of estate and infrastructure plans for efficient operations
- Implementation of strategic improvements to enhance outcomes and sustainability

Domains:

- Clinical strategy and oversight (D2, D4, D7): Craft a cohesive, feasible, and effective clinical strategy

Maturity Matrix Alignment:

- Strategy Development (D1): Ensure comprehensive and sustainable Clinical Services Plan
- Dynamic and Engaged Planning (D3): Foster dynamic planning aligned with needs and goals
- Operational Planning (D4): Align strategies with operational and financial plans for efficient delivery

Objectives:

- Achieve in-year delivery of Annual Plan targets
- Integrate Ministerial Priorities and Planning Objectives into operations
- Ensure adoption of best practices, quality management, and resource allocation

Outcomes:

- Consistently achieve performance and financial targets
- Implement quality improvement initiatives improving patient outcomes
- Establish effective governance and accountability mechanisms
- Strategically adopt best practices enhancing service quality and efficiency

Domains:

- Quality management (D7), operational performance (D3), strategic planning and governance (D2, D5)

Maturity Matrix Alignment:

- Dynamic and Engaged Planning (D3): Adaptable and responsive planning
- Operational Planning (D4): Align operations with financial planning and resources
- Best Practice Approach to Improvement (D5): Integrate best practices into operations
- Realistic and Deliverable (D6): Create achievable plans aligned with priorities and goals
- Systems and Processes for Performance, Accountability, and Improvement (D7): Enhance performance management and governance systems

Internal Escalation Framework



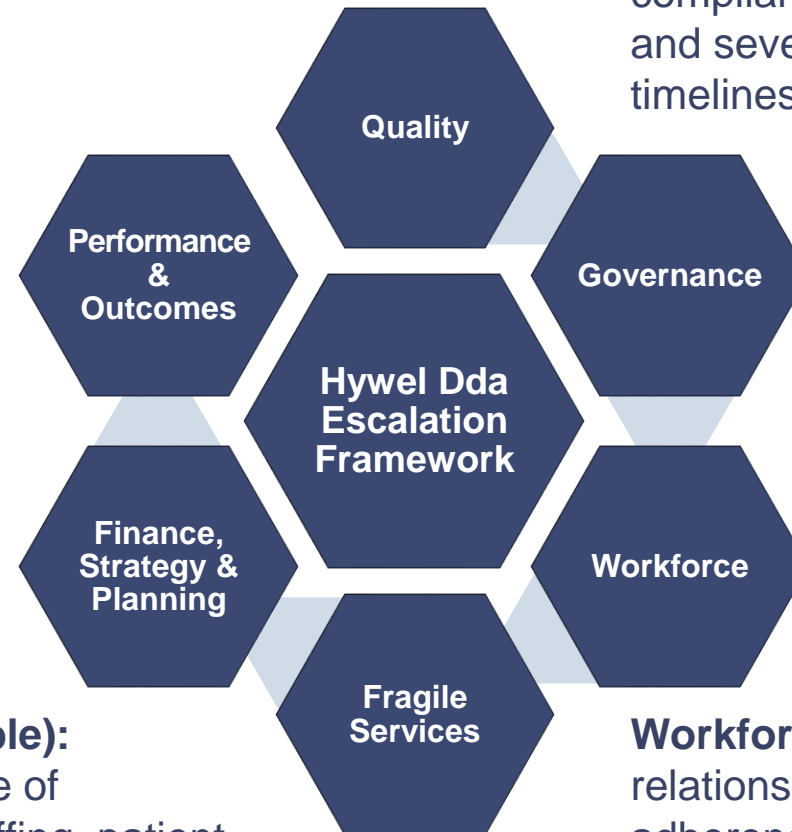
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Performance & Outcomes: Evaluates performance against key targets and agreed improvement trajectories. Escalation Levels are determined by the extent of underperformance and the effectiveness of recovery plans.

Finance, Strategy and Planning: Focuses on financial performance, including overspend, budget management, and the credibility of recovery plans. Escalation Levels are determined by the extent of overspend, the robustness of financial plans, and the effectiveness of savings initiatives.

Fragile Services (Timely, Safe, Equitable): Assesses the sustainability and resilience of services, considering factors such as staffing, patient safety, and service continuity. Escalation Levels are based on the level of risk to service delivery and the effectiveness of mitigating actions.



Quality: Focuses on patient safety incidents, complaints, Medical Examiner issues, and Duty of Candour compliance. Escalation levels are based on the number and severity of incidents, open complaints, and the timeliness of Duty of Candour processes.

Governance: Assesses the effectiveness of quality governance meetings, risk management, audit and inspection compliance, and decision-making processes. Escalation Levels are determined by the regularity and quoracy of meetings, outstanding actions, and the timeliness of policy updates.

Workforce: Evaluates sickness absence rates, employee relations cases, mandatory training compliance, and adherence to the career framework. Escalation Levels are based on the number of unresolved cases, sickness absence rates, and compliance with training and career development requirements.