Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 August 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Targeted Interventions Progress Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies – Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shaun Ayres – Programme Director Targeted Intervention

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Hywel Dda University Health Board (HDdUHB) faces significant financial challenges as highlighted in the Welsh Government (WG) accountability letter dated 26 July 2024. The Health Board submitted an Annual Plan for 2024-25 with a forecast deficit of £6m, exceeding the 2023/24 target control total of £44.8m WG deemed this plan unacceptable and unable to be approved, stressing the urgent need for deficit reduction.

Currently, HDdUHB is £10.7m off the £64m deficit target. Decisive action is required to bridge this gap and meet WG expectations. In response, HDdUHB has initiated several steps, including developing action plans for fourteen 'Alert' criteria and launching six key financial sustainability and service improvement programmes.

To urgently address the £10.7m gap and generate a credible savings plan, HDdUHB recently conducted a two-day intensive planning workshop. This workshop revisited areas explored during last year's Annual Plan recovery stage, reassessed potential schemes, reviewed current schemes for feasibility, and developed actionable in-year financial reduction plans.

Cefndir / Background

HDdUHB has been under Targeted Intervention (TI) since September 2022. On 23 January 2024, the entire Health Board was escalated to Level 4 TI, necessitating close monitoring across six domains: Finance, Strategy and Planning; Performance and Outcomes; Fragile Services; Governance; Leadership, Capability and Culture; and Quality of Care. This escalation resulted from persistent challenges in financial sustainability, service delivery, and performance.

To address these challenges, HDdUHB has implemented several initiatives:

1. Comprehensive Monitoring Framework covering all 56 de-escalation criteria

2. New Governance Structure with Executive Team arrangements and reporting groups
3. Internal Escalation Framework for standardised directorate performance monitoring
4. Six Key Programmes for improvement, subject to a 100-Day Planning and Delivery Cycle
5. Financial Improvement Initiatives including a financial roadmap and targeted change programmes
6. Clinical Services Plan development for medium to long-term service viability

Despite these efforts, significant financial and performance challenges persist. The recent directorate escalation meetings highlighted the absence of identified savings across directorates.

The two-day intensive planning workshop was a critical step in addressing the current financial gap and generating a credible savings plan. The workshop brought together a diverse group of participants, including both clinical and managerial leaders, representing all counties and different directorates within the Health Board. This collaborative approach fostered a sense of collective ownership and momentum in tackling the financial challenges faced by the organisation.

The workshop discussions focused on identifying opportunities to improve financial sustainability and operational efficiency across various areas of the health board, following a systematic approach to ensure a focus on in-year delivery. The outputs of the workshop represent a concerted effort to develop a comprehensive savings plan that addresses the current financial gap while ensuring the sustainability and quality of services.

Moving forward, the next steps will involve a comprehensive assessment of the identified schemes from a financial, equality, and quality perspective, with those demonstrating sufficient potential progressing to the development of detailed implementation plans. The Board seminar in September will be a critical milestone in this process, providing an opportunity for further scrutiny and decision-making to ensure that the Health Board takes the necessary actions to address its financial challenges while maintaining the highest standards of patient care and service quality.

Asesiad / Assessment

100 Day Programme Cycle Update

The Committee is asked to acknowledge the progress and challenges identified within the 100 Day programme cycle (in the attached **Appendix 1**), which aims to reduce expenditure across the Health Board. While notable efforts have been made, several recurring themes have arisen:

- **Operational Alignment and Integration** - A consistent challenge across programmes has been the lack of integration between key deliverables and the operational plans of directorates. This issue poses a significant risk to meeting the key objectives and realising the benefits of the 100-day programmes. Clear alignment between strategic priorities and operational execution is essential to ensure successful delivery by 1 October 2024.

- **Capacity and Resource Constraints** - Many workstreams are experiencing capacity issues, which are impacting their ability to meet established timelines and

milestones. The need for sufficient resources to support these programmes is critical to ensure sustained progress and avoid further delays.

- **Sustainability of Change** - Embedding sustainable change remains a concern, particularly around the implementation of new service models and operational improvements. There is a need to ensure that changes are not only delivered but embedded into daily operations, with a clear focus on long-term impact and benefit realisation.

Furthermore, to urgently address the £10.7m gap and generate a credible savings plan, HDdUHB recently conducted a two-day intensive planning workshop. This workshop revisited areas explored during last year's annual plan recovery stage, reassessed potential schemes, reviewed current schemes for feasibility, and developed actionable in-year financial reduction plans.

The workshop discussions focused on identifying opportunities to improve financial sustainability and operational efficiency across various areas of the health board. Key themes included:

- Examining existing patient pathways and service delivery models to identify areas where improvements could lead to cost savings
- Assessing the potential financial impact of optimising resource utilisation, including staff, equipment, and facilities
- Exploring strategies to manage and reduce variable pay expenditure, particularly in fragile services
- Identifying opportunities to enhance patient flow, bed utilisation, and discharge processes to improve operational efficiency
- Reviewing current practices in areas such as diagnostics, out-of-hours services, and medical rotas to identify potential savings

The workshop discussions followed a systematic approach to ensure a focus on in-year delivery. Key principles and steps included:

1. Completing Discover templates for each shortlisted option to provide a solid foundation for discussions and decision-making.
2. Categorising options based on their impact, difficulty, and the level of consultation and engagement required, to prioritise actions and address service fragility issues promptly.
3. Assessing each option against the organisation's risk appetite to determine alignment with acceptable risk levels and influence the feasibility of overall delivery.
4. Conducting a final options appraisal, weighing the benefits, risks, and implications of each option to make informed decisions on which schemes to pursue.

The workshop participants carefully considered the feasibility and potential impact of each scheme, prioritising those that could deliver tangible financial benefits within the current

financial year. Schemes that could not be delivered in-year were earmarked for consideration in the next year's planning process.

The workshop was attended by both clinical and managerial leaders, representing all counties and different directorates within the Health Board. This collaborative approach brought together a wealth of expertise and perspectives, fostering a sense of collective ownership and momentum in addressing the financial challenges faced by the organisation.

The outputs of the workshop represent a concerted effort to develop a comprehensive savings plan that addresses the current financial gap while ensuring the sustainability and quality of services. These initiatives are closely aligned with and complementary to the ongoing work under the 100 Day Planning and Delivery Cycle, ensuring a coordinated approach to financial recovery and service improvement.

It is important to recognise that as the Health Board rapidly develops more schemes and plans to achieve the £64m annual plan target and continue driving towards the £44.8m control total, there will be a need to carefully consider the de-prioritisation of other schemes and current work plans. The deployment of resources will need to be far more strategic, focusing on the main areas that will deliver a sustained and improved financial trajectory. This increased focus on finances may have consequences on other areas, including performance, and this will need to be carefully managed and communicated to all stakeholders.

Following the intensive two-day planning workshop, the next steps will focus on further developing and refining the outputs generated during the sessions. This will involve drafting a comprehensive summary of the workshop, detailing the potential schemes identified and their associated financial benefits.

As part of this process, each scheme will undergo a thorough financial assessment to determine its viability and potential impact on the health board's financial position. For those schemes deemed to have sufficient merit and potential for delivering in-year savings, a full Equality Impact Assessment (EQIA) and Quality Impact Assessment (QIA) will be conducted. These assessments are crucial to ensure that any proposed changes align with the health board's commitment to equality and maintain the highest standards of patient care and service quality.

Schemes that successfully pass the financial assessment, EQIA, and QIA stages will then proceed to the development of detailed implementation plans. These plans will outline the key milestones, outcomes, and timelines for each scheme, following a similar approach to the 100 Day Cycle methodology. However, given the pressing need to address the current financial gap, it is acknowledged that the full 100 Day Cycle may not be feasible for all schemes. Instead, a more rapid assessment and implementation process will be adopted to ensure that the identified savings can be realised within the current financial year.

The outcomes of these assessments and the proposed implementation plans will be presented at the upcoming Board Seminar in September 2024. This will provide an opportunity for further scrutiny, discussion, and decision-making regarding the prioritisation and progression of the identified schemes. The Board will carefully consider the financial, operational, and quality implications of each scheme, as well as any potential risks or challenges associated with their implementation.

It is important to recognise that while the rapid assessment and implementation process is necessary given the current financial pressures, it is essential that the Health Board

maintains its commitment to robust governance, risk management, and stakeholder engagement throughout this process. Regular updates on the progress of the identified schemes will be provided to the relevant committees and forums, ensuring transparency and accountability in the decision-making process.

Moving forward, the intention is to continue these bi-monthly workshops, given the value and momentum generated by this collaborative approach. The workshops have demonstrated the significant benefit of bringing together diverse perspectives and expertise to tackle complex financial challenges. However, it is important to acknowledge that some of the decisions arising from these workshops may be difficult and will ultimately be the responsibility of the Board to consider and approve at the upcoming Board Seminar.

In summary, the next steps following the intensive planning workshop will involve a comprehensive assessment of the identified schemes from a financial, equality, and quality perspective. Those schemes that demonstrate sufficient potential will be progressed to the development of detailed implementation plans, with a view to delivering the required in-year savings. The Board Seminar in September 2024 will be a critical milestone in this process, providing an opportunity for further scrutiny and decision-making to ensure that the health board takes the necessary actions to address its financial challenges while maintaining the highest standards of patient care and service quality. The collaborative approach exemplified by the recent workshop will continue to be a key driver in identifying and implementing solutions, while recognising that difficult decisions may be necessary to secure the long-term financial sustainability of the organisation.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to:

- **NOTE** the actions being implemented to bridge the £10.7m gap in the Health Board's Financial Plan, including the outcomes of the recent intensive TI and planning workshop and the need for the execution of in-year savings schemes aligned with the 100 Day Programmes.
- **DISCUSS** the delivery and assurance of directorate savings plans, focusing on the identification and closure of the £9.3m full-year unidentified savings gap, and the strengthened governance measures to ensure financial accountability across all directorates.
- **ACKNOWLEDGE** the need and potential risks associated with deprioritising non-critical initiatives to achieve the required financial savings target.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**		
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1	Provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation,

	focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern. 2.2 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objective 6 Sustainable Use of Resources (See Appendix 1), in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the attached Targeted Intervention Framework **– Appendix 1**
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Any financial impacts and considerations are identified in the report and Appendices
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Any Quality and Patient Impact risks are identified in the report and Appendices
Gweithlu: **Workforce:**	Any issues and risks are identified in the report and Appendices
Risg: **Risk:**	Any issues and risks are identified in the report and Appendices
Cyfreithiol: **Legal:**	Any issues are identified in the report
Enw Da: **Reputational:**	Any issues are identified in the report
Gyfrinachedd: **Privacy:**	Any issues are identified in the report
Cydraddoldeb: **Equality:**	Any issues are identified in the report

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1. Finance, strategy and planning
2. Performance and outcomes
3. Fragile services
4. Governance
5. Leadership, capability and culture
6. Quality of care

Escalation Domains

Finance Targeted Intervention Progress Report

Sustainable Resources Committee, 27 August 2024

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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.

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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 and 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.

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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 2024-25 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.

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Escalation Exception Report Summary - August 2024

Critical Areas: Facilities, Women and Children's Services, 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 (GGH)
- Mental Health and Learning Disability
- Prince Philip Hospital (PPH)
- Women & Children's Services

Widespread Issues:

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

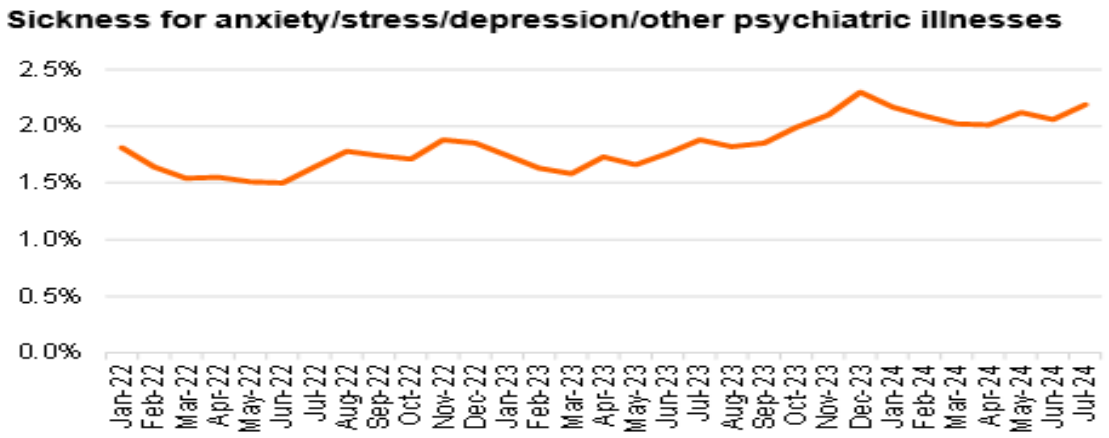
Escalations:

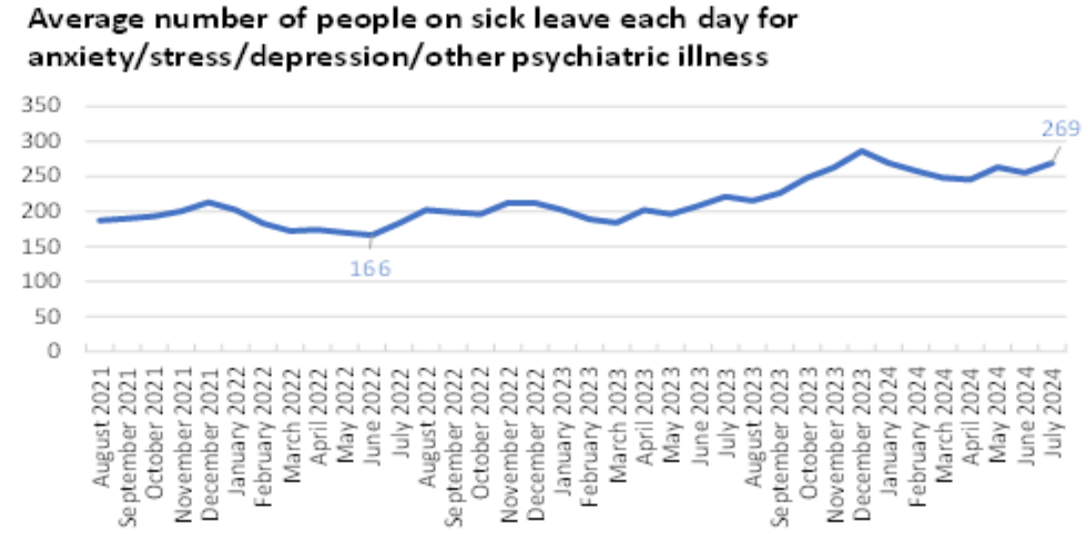
- 25 directorates escalated up in various domains
- Common reasons: workforce issues, financial concerns, performance challenges

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





Concerning Trend and Risk to Health Board Delivery

- 12 month 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%), PPH (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.

Alerts

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	Criteria	Reporting Group	Committee	Status	Action
3	Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	Value and Sustainability	SRC	Alert	- Financial Roadmap – aligned to the roadmap, there are several programmes of change which has a clear focus on delivering cost reduction - Directorates are challenged via the Rapid Improving Together session regarding their savings challenge - A compendium of opportunities has been shared with the Directorates and via the savings process each Directorate is expected to work through the opportunities and the four gateways
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Alert	- 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	SDODC	Alert	- 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, UEC and DPOCs
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	IQFPD	SDODC	Alert	- 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

Alerts

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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	- Continue focussed validation approach - Review latest National Pathways to identify further opportunities (CIN, INNU, SOS or PIFU)Continue roll out 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 Dx rate - Review 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	- Focus on increasing R1 capacity with new 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	- 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.
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	- 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 PPH, this remains a challenged position across GGH, BGH and WGH

Alerts

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	Criteria	Reporting Group	Committee	Status	Action/Status
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	- 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 HB position in June 24 is 75
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).	IQFPD	SDODC	Alert	- 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.
34	Evidence that all recommendations from the Royal Colleges HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	IQFPD	QSEAC	Alert	- Review and document the process to ensure recommendations from the Royal Colleges, HIW, and other specific reviews are correctly discharged. - Utilise the Quality Governance Framework and involve IQFPD to ensure the creation and implementation of clear action plans, with defined milestones and outcomes. - Regularly update with demonstrable evidence via the operational governance arrangements to ensure all actions are integrated into the health board's long-term improvement plan. - Schedule regular reviews and audits to verify the discharge of recommendations and adherence to the improvement plan, reporting findings via the Quality & Governance arrangements.
45	Plans are in place to develop a sustainable workforce resulting in improved staff retention and staff well-being a reduction in the number of vacancies and the number of interim and agency staff. Workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan.	Value and Sustainability	PODC	Alert	- Monitored and overseen via the Value and Sustainability Group, to ensure that the commitments in the current annual plan are delivered ; whilst ensuring there is a focus on 25/26. - Both the Nurse Stabilisation and Reduction in Medica Variable Pay programmes will be responsible for delivering a reduction in agency and variable pay. The nurse stabilisation programme is firmly established and has clear plans to deliver agency reductions year on year.

Alerts

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	Criteria	Reporting Group	Committee	Status	Action/Status
51	70% of complaints that had final reply (Reg 24) / interim reply (Reg 26) to be closed less than 30 working days of concern received.	IQFPD	QSEAC	Alert	- Develop and implement a trajectory to achieve the 70% closure rate target. - Screen complaints rigorously to ensure only appropriate cases are closed within the timeframe. - Monitor current average closure rate, which is 62%, and identify areas for improvement. - Report monthly on progress towards achieving the 70% target, with detailed action plans for any shortfalls.
52	Effective response from the health board to external reports and reviews including those from Audit Wales the Ombudsman Royal Colleges and HIW resulting in sustainable improvements.	IQFPD	QSEAC	Alert	- Utilise the Quality Governance Framework to provide demonstrable evidence of acceptance and embedding of improvements both at Directorate/Care Group levels and in practice. - Quality Safety Intelligence sub-group within IQFPD to regularly review the status of action plans, and Directorates/Care Groups to monitor the implementation of actions and concerns. - Ensure clinical executives and their deputies meet fortnightly to review progress and address any emerging issues with Directorates/Care Groups

TI Progress July 2024

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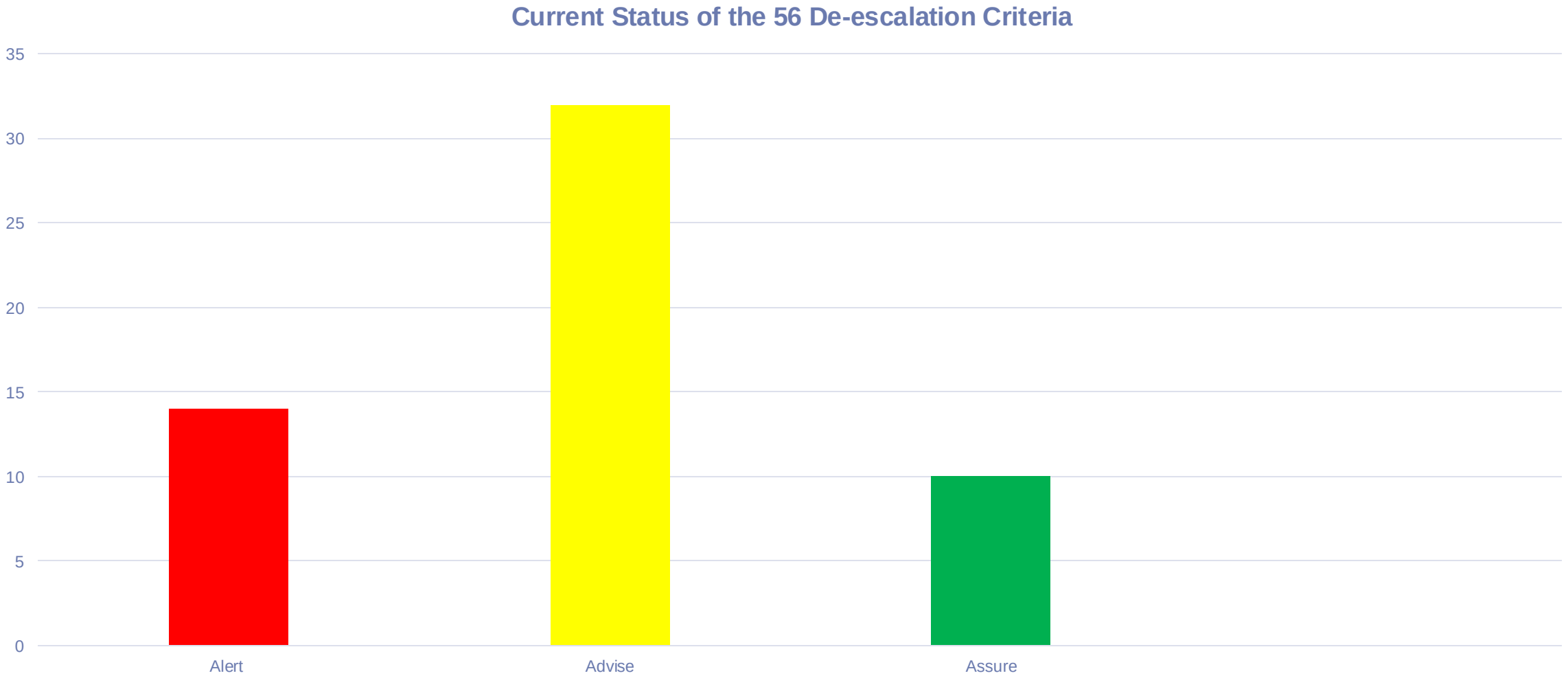

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Approach to TI and Revised Arrangements

Definitions

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Assurance Level	
Assurance Level: High = Assure	• 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	• 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	• 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

	Action	Lead	Committee	RAG Status	Comments
1	Appoint an SRO(s) for the overall escalation and each domain if considered necessary and appropriate project leads.	CEO	ARAC	Assure	Complete - Director of Strategy and Planning appointed as SRO
2	Have board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.	SRO	ARAC	Assure	The de-escalation criteria is clearly set out and aligned to leads and committees. All current alerts have clear actions and/or plans
3	Agree the Targeted Intervention plan(s) and commit sufficient resources to ensure that the plan deliverables are achieved.	CEO	ARAC	Advise	Some not all resources have yet been identified
4	Provide monthly progress reports and evidence against the escalation plan to Welsh Government/NHS Wales Executive as required.	SRO	ARAC	Assure	Yes, this TI Framework is a live document and is updated daily/weekly/monthly and then shared as required.
5	Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the overall position.	DOF	ARAC	Assure	

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1. Finance, strategy and planning
2. Performance and outcomes
3. Fragile services
4. Governance
5. Leadership, capability and culture
6. Quality of care
Escalation Domains

Domain 1: Finance, Strategy and Planning

Domain 1: Finance, Planning and Strategy

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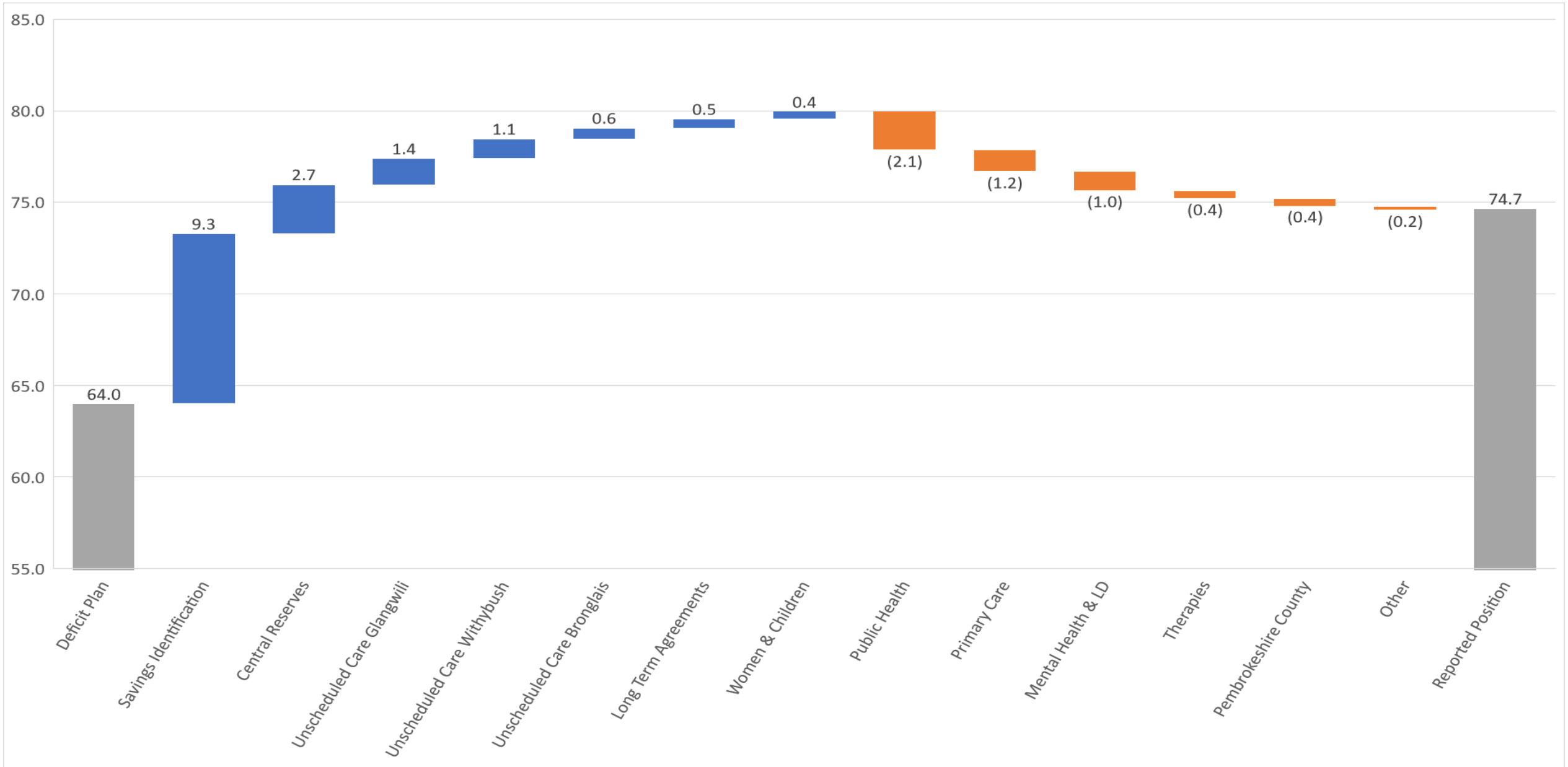
	Criteria	Reporting Group	Committee	Status	Comments
1	The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.	Value and Sustainability	SRC	Advise	Additional measures introduced.
2	Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.	Value and Sustainability	SRC	Advise	Further work undertaken on the opportunities to underpin the financial route map but continues to be raised as a concern by WG.
3	Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.	Value and Sustainability	SRC	Alert	Annual plan does not deliver the control total.
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	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, AHMWW, however PBC not yet endorsed by WG and therefore strategic plan remains uncertain.

Domain 1: Finance, Planning and Strategy

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
7	Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	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.	TI coordination group	SDODC	Advise	Our position has shown improvement; however, this is finely poised and may require revision in September 2024
12	Establishment of a Joint Committee with SBUHB and demonstrate improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.	Executive team	BOARD	Advise	The joint committee is currently being established with the relevant executives meeting to discuss both the sustainability and prioritisation of services.

End of Year: Key Directorates (£'m)



Savings Plans and Delivery Performance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Annual Plan Requirement £32.4m

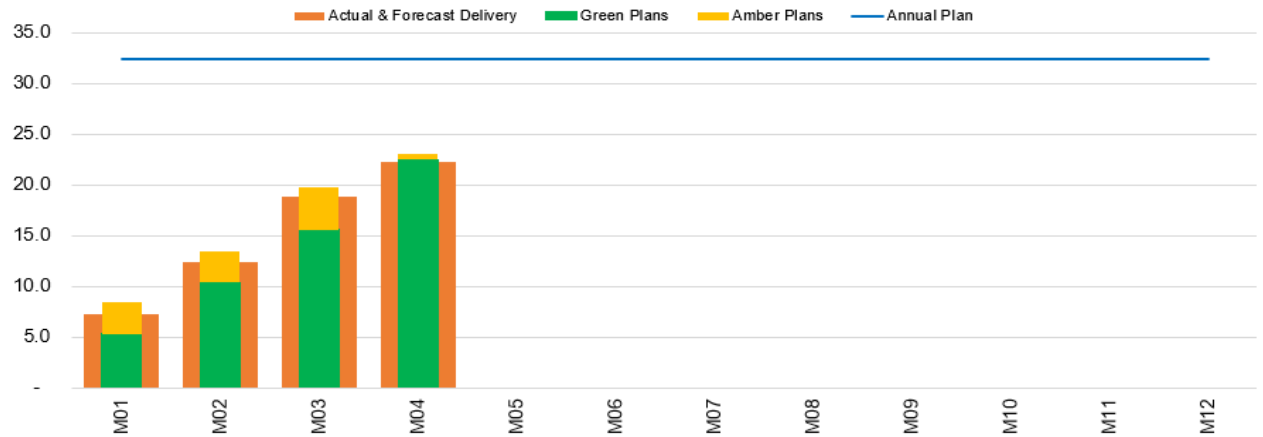
In-Year Delivery £22.2m

In-Year Shortfall £10.2m

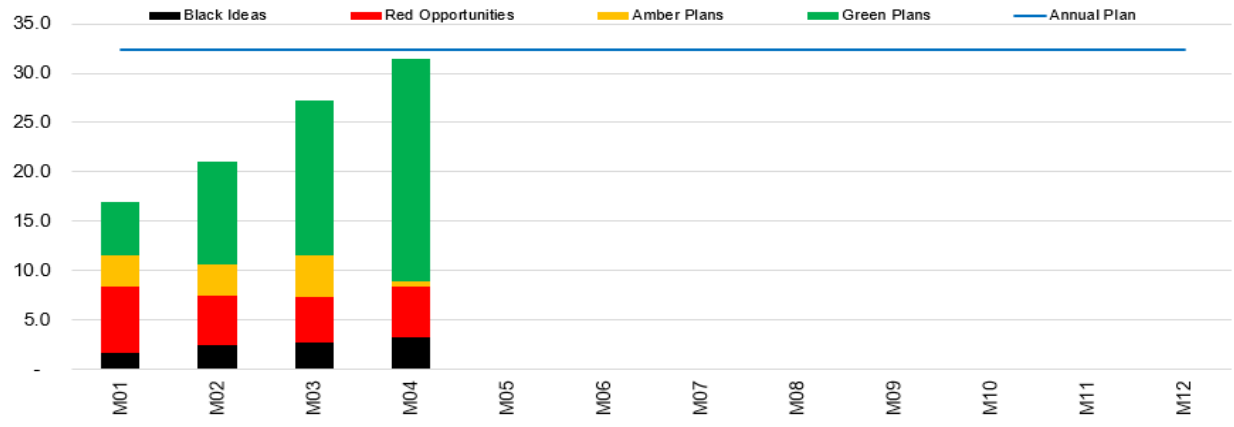
Recurrent Delivery £16.2m

Recurrent Shortfall £16.2m

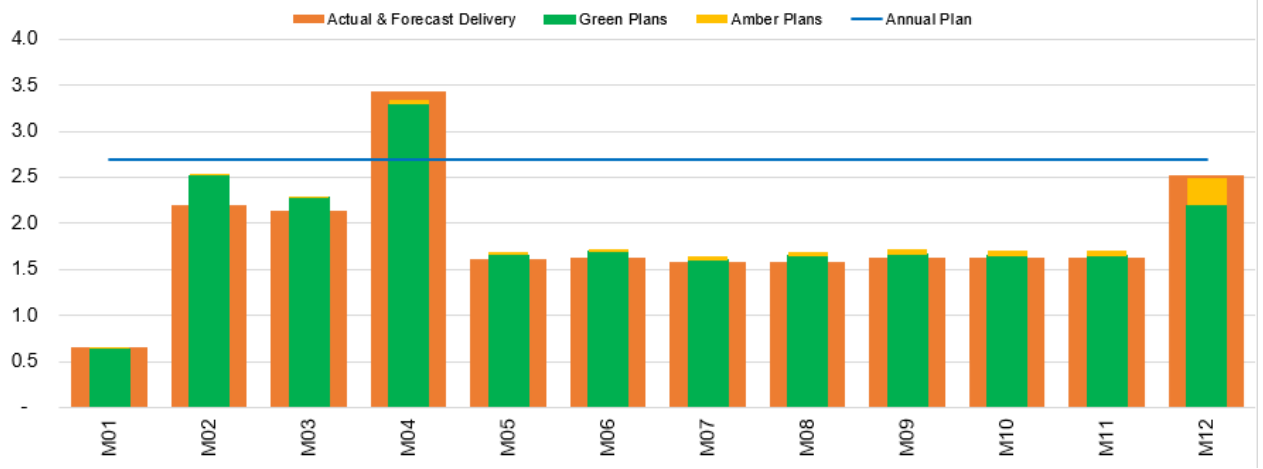
Monthly Trend of Annual In-Year Risk-Assessed Savings Delivery (£'m)



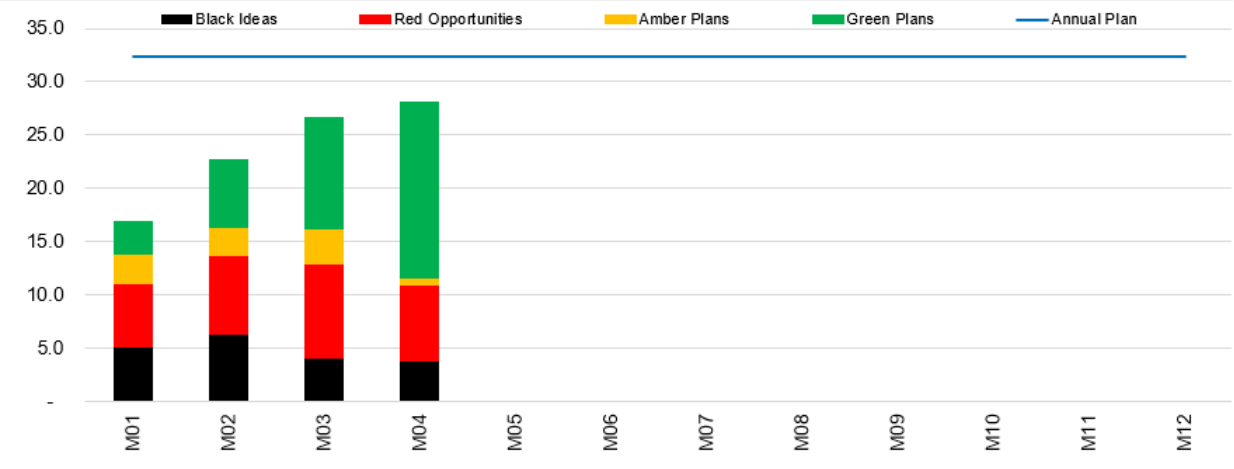
Monthly Trend of Annual In-Year Opportunity, Pipeline & Savings Plans (£'m)



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, 9 schemes as non-recurring £0.9m
Red & Black conversions	1.1	7 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

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Overview

- The 100 Day Programme Cycle is designed to streamline the planning and execution of key initiatives within the 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 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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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 6 Goals Programme) – SRO Peter Skitt

GIG CYMRU NHS WALES
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Current Status by Day 45

In accordance with the 100 Day Programme 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.

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 ED/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 Q1 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 6 Goals Programme) – SRO Peter Skitt

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 operational plans 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, sustainable change 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.
- Milestone Achievement: The program 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 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 operational plans, but this alignment appears incomplete, raising further doubts about the program's readiness.

Alternative Care Provision (Aligned Via the 6 Goals Programme) – SRO Peter Skitt

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Current Status by Day 45

Conclusion:

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

- Probability of Readiness by 1st October: The probability of being fully operational by the 1st of October is at risk due to the delays in integration, milestone achievement, and resource allocation. The program 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 program 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

Medical Variable Pay – SRO Carly Hill

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 related 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.

Medical Variable Pay – SRO Carly Hill

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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.

Medical Variable Pay – SRO Carly Hill

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 it 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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 the 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 6 Goals Programme) – SRO Mandy Davies

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Day 1- 20 Status Update	Next Steps (By Day 30)	Confidence Level – Alert
- 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.	- 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.	- 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 the 1st of October.

Mental Health and Learning Disabilities – SRO Liz Carroll

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Status Update – Day 45

Assessment of Recurrent 5% Savings Impact on MHLD 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.

EMS Contract Reviews – SRO Gareth Rees

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Status Update – Day 45

Maternity and Paediatric DAV
The service has justified keeping the Paediatric DAV (Dedicated Ambulance Vehicle) by highlighting several key points in response to the questions posed. Firstly, they argue that the low patient numbers is a positive indicator, as the aim is to minimise the need for emergency transport in this vulnerable cohort, and 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 MOU and 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 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 & 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.

PPH EMS Support Vehicle – Affirmation required around who is assessing this opportunity

Confidence Level - Alert

Critical Care – SRO Keith Jones

GIG CYMRU NHS WALES
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Hywel Dda
University Health Board

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 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.

Critical Care – SRO Keith Jones

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Hywel Dda
University Health Board

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 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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

1. Finance, strategy and planning

2. Performance and outcomes

3. Fragile services

4. Governance

5. Leadership, capability and culture

6. Quality of care

Escalation Domains

Domain 2: Performance and Outcomes

Baseline Position and Current Performance Against TI

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
13	60% performance maintained for 3 months against the 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 3 months.	IQPFD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 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 3 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 3 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 3 months.	IQFPD	SDODC	Alert	Actions and Plans set out within the Alerts

Domain 2: Performance and Outcomes
Planned Care and Cancer

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
21	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 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 3 months.	IQFPD	SDODC	Advise	Agreed improvement trajectory delivers this criteria.
23	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	QSEAC	Advise	Do we have trajectories and plans for this?

Domain 2: Performance and Outcomes
Urgent and Emergency Care

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	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 3 months (Based on the Oct-Dec 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.	IQPFD	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 Oct-Dec 23 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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
29	80% of 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 HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Criteria being achieved

Domain 3: Fragile Services

Domain 3: Fragile Services

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
32	Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HMC, RC, Llais, etc.), mortality reviews, duty of quality/candour, infection protection control, performance, clinical and medical leadership.	IQFPD	QSEAC	Advise	Update on fragile services framework presented at QSEAC in April
33	Fragile services (including but not limited to stroke, primary care, orthopaedics and ophthalmology) are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support. Where appropriate key performance metrics will be agreed.	IQFPD	QSEAC	Advise	Stroke, orthopaedics, ophthalmology and primary care are supported through Clinical Services Plan and Primary and Community strategy programmes. Support for other services to be established as part of framework above.
34	Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to HDdUHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.	IQFPD	QSEAC	Alert	Further work required to establish the position against recommendations.
35	Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.	IQFPD	QSEAC	Advise	Clinical Services Plan presented regularly at Public Board. Work on the fragile services framework to be presented at future Board.

Domain 4: Governance

Governance

	Criteria	Reporting Group	Committee	Status	Comments
36	Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee as demonstrated by Committee and Board papers.	TI coordination group	ARAC	Assure	• Refreshed approach to Committee self-assessment feeding into the Board Development Programme • IM reflective sessions following every meeting • Operational risks are reviewed by Committees every other meeting • Ministerial priorities are aligned to Committee
37	Evidence of Board considering the Duty of Quality to inform their decision making and evaluating their compliance with the Duty.	TI coordination group	ARAC	Advise	• QIA process approve by QSEC and is being implemented with QIA Panels taking place
38	Effective programme and performance management structure is in place, which defines objectives of the improvement work, has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; structures have effective, open and transparent reporting, with effective Board oversight and a clear performance and delivery framework that drives improvement.	TI coordination group	ARAC	Advise	

Governance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Criteria		Reporting Group	Committee	Status	Comments
39	Risk management arrangements are in place for identifying, recording, managing risks across the organisation. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny of fragile services provided by QSE and Board.	TI coordination group	ARAC	Advise	• Defined process in place for reporting risks to Board and Committees
40	Clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes.	TI coordination group	ARAC	Advise	• New Executive Team governance arrangements in place • New Internal Escalation Framework in place • Further work required on strengthening operational governance arrangements linked to new operational directorate structure
41	Self-assessment against an agreed governance maturity matrix with evidence the agreed level.	TI coordination group	ARAC	Advise	• Board Effectiveness Self-Assessment undertaken in April 2024, feeding into the Board Development Programme, reporting to ARAC and Board in May and July 2024 • Following feed-back a more detailed maturity matrix to be developed reflecting the 6 domains of TI and core roles of Board

Domain 5: Leadership, Capability and Culture

Leadership, Capability and Culture

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Criteria		Reporting Group	Committee	Status	Comments
42	A full and substantive Executive Director Team, with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.	TI coordination group	PODC	Advise	• Board succession is being addressed thorough board development session with both IM and Executive directors with recent time out sessions held • Robust performance management framework being introduced for Executive Directors with objectives set for 2024/2025 and personal development plans identified
43	Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback.	TI coordination group	PODC	Assure	• 4 cohorts of LEAP leadership programme in train with second cohort graduating recently • Second new consultant cohort has commenced on the programme
44	Positive staff engagement in NHS Wales surveys.	TI coordination group	PODC	Assure	• Staff survey results have been considered in partnership with staff side • Local implementation plans being developed for consideration at the next staff partnership forum • Cultural progression report approved for the last 12 months approved at PODC in April 2024

Leadership, Capability and Culture

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
45	Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan	Value and Sustainable	PODC	Alert	• Workforce plan complied as part of the annual plan and retention plans are in place for nursing and medical staff with AHP retention group being established from June • Plan in place regarding job plans – monitored by ARAC
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	• Full details in the culture progression report • 38% of leavers have an exit interview • 76% engagement rate with board outcome survey (February 2024)
47	Clinical change is led and driven forward by clinical leaders at all levels of the organisation.	TI coordination group	PODC	Advise	• Interim Medical Director held a medical leadership forum (April 2024) to discuss challenging organisational agenda and expectation of clinical leaders in organisation change

Leadership, Capability and Culture

	Criteria	Reporting Group	Committee	Status	Comments
48	A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback	TI coordination group	QSEAC	Advise	• Development of a quality surveillance group led by Clinical Executives is being established to further embed triangulation of data and information
49	Effective use of data to help demonstrate improvements in leadership	TI coordination group	PODC	ASSURE	• Full details in the culture progression report

Bwrdd Iechyd Prifysgol
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1. Finance, strategy and planning
2. Performance and outcomes
3. Fragile services
4. Governance
5. Leadership, capability and culture
6. Quality of care
Escalation Domains

Domain 6: Quality of Care

Quality of Care

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

	Criteria	Reporting Group	Committee	Status	Comments
50	Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and BoardThe health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs. • C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month) • Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month) • E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month)	IQFPD	QSEAC	Advise	
51	70% of complaints that had final reply (Reg 24) / interim reply (Reg 26) to be closed less than 30 working days of concern received	IQFPD	QSEAC	Alert	The actions and plans are set out in the Alerts section

Quality of Care

Criteria		Reporting Group	Committee	Status	Comments
52	Effective response from the health board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.	IQFPD	QSEAC	Alert	The actions and plans are set out in the Alerts section
53	Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.	IQFPD	QSEAC	Advise	
54	Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards through the organisation from Board to service area delivery	IQFPD	QSEAC	Advise	
55	Oversight of safeguarding arrangements to ensure the board have sufficient, meaningful assurance that organisation is delivering against its safeguarding statutory responsibilities.	IQFPD	QSEAC	Assure	

Quality of Care

	Criteria	Reporting Group	Committee	Status	Comments
56	Use of National Clinical Audit and Outcome Review Programme and Value in Health dashboards to support quality improvement and address unwarranted variation in care. (including the use of patient and staff feedback to influence service design).	IQFPD	QSEAC	Advise	

Healthcare Associated Infections (HCAI) Trajectories 2024/25

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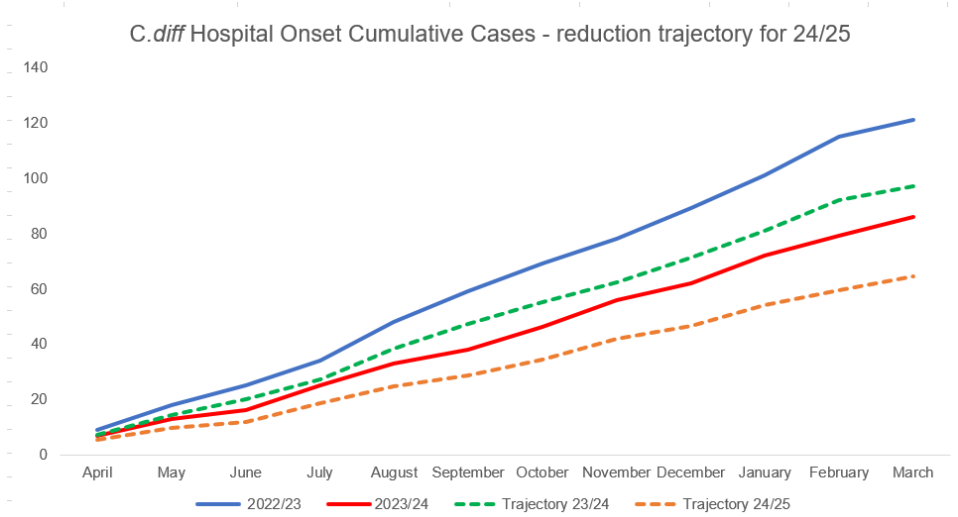

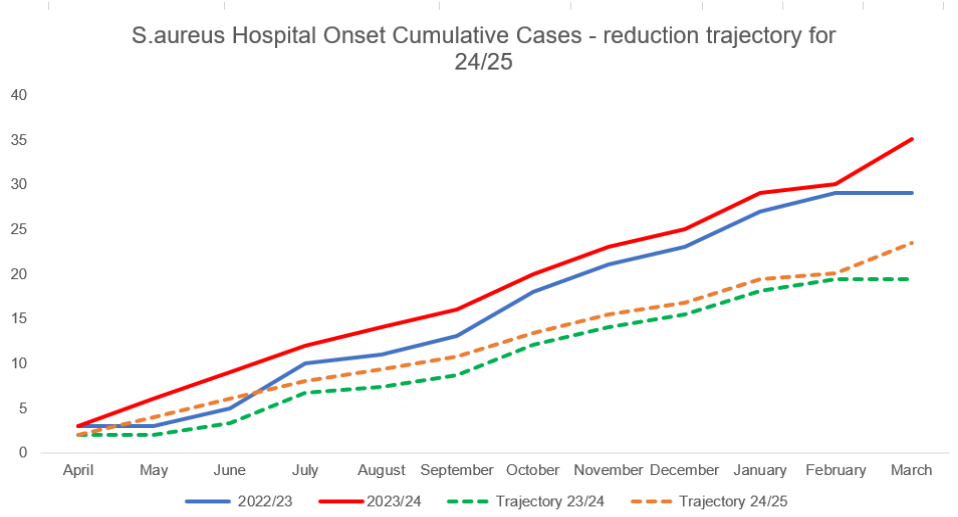

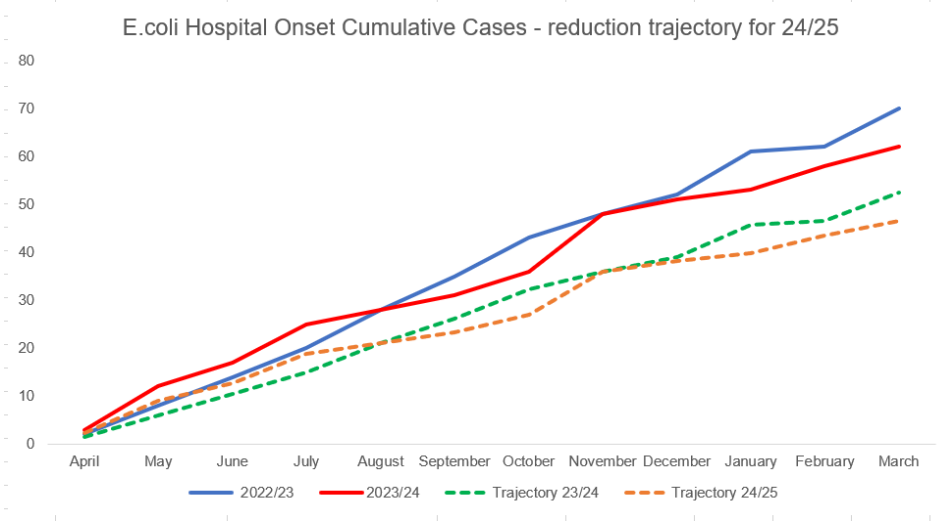

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University Health Board

Escalation Exception Report

August 2024 (as of 8 August 2024)

Escalation Status Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 & 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 4 domains:
  - Facilities - quality, governance, workforce and finance.
  - Glangwili Hospital – quality, finance, fragile services and performance.
  - Mental Health and Learning Disabilities - quality, governance, finance and performance.
  - Prince Philip Hospital – quality, finance, fragile services and performance.
  - Women and Children's Services - 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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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%; 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	C.Diff highest ever number of reported cases (23) E.Coli & S.aureus cases increased for the 2nd consecutive month 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)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	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	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)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

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 TI Meetings

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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 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

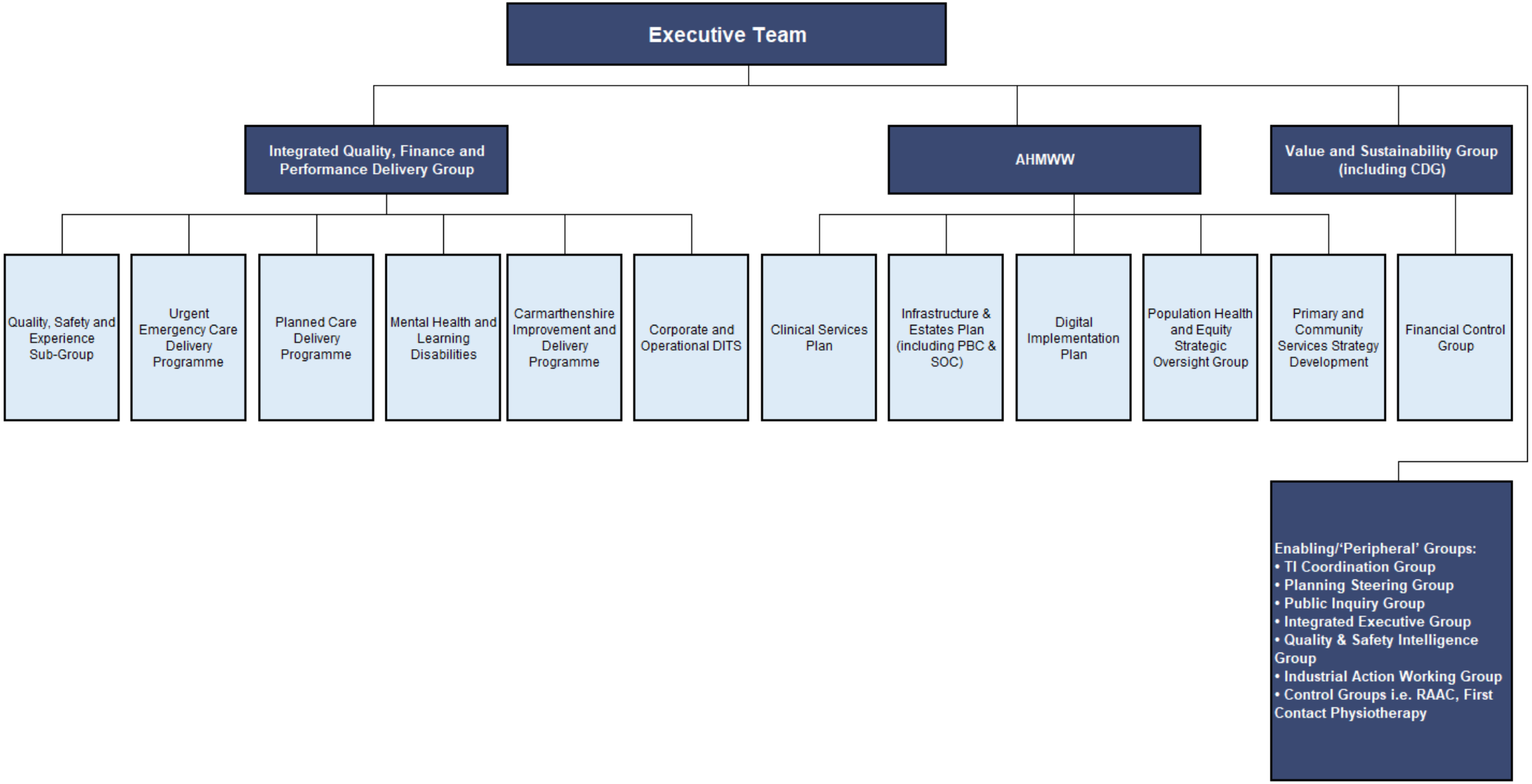
Future Meetings

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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	MH&LD
	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	MH&LD
	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

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board



New Executive Team Governance Arrangements

- **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 Group**: Focuses on financial improvement and sustainability initiatives (Planning Objectives 1 and 2)
- **Integrated Quality, Finance and Performance Delivery (IQFPD) Group:** Oversees performance management and delivery of the Annual Plan/IMTP (Planning Objectives 3, 4 and 5)
- **A Healthier Mid and West Wales (AHMWW) Group:** 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

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

TI Coordination Group - Outputs and Outcomes

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

Value and Sustainability Group

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

AHMWW Group

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

IQFPD Group

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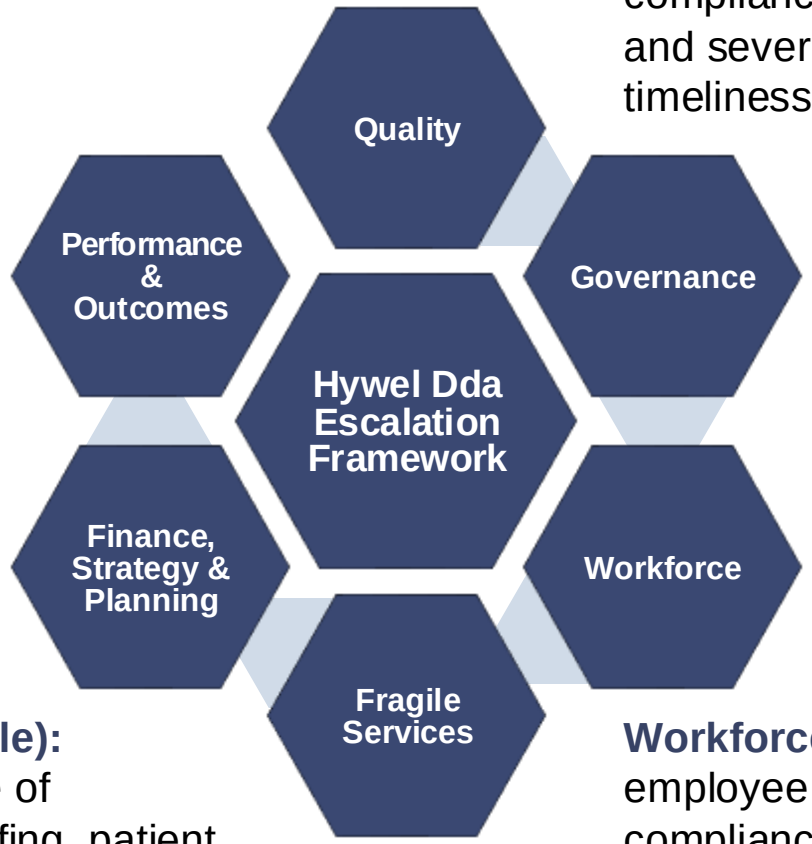
Performance and Outcomes: Evaluates performance against key targets and agreed improvement trajectories. Escalation levels are determined by the extent of underperformance and the effectiveness of recovery plans.

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.