



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	24 November 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Chief Executive's Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sian-Marie James, Assistant Director of Corporate Legal Services & Public Affairs

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (the UHB) since the Board meeting held on 29<sup>th</sup> September 2022.

Cefndir / Background

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

**(1) Register of Sealings**

The UHB's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at **Appendix A** have been signed by the Chair and Chief Executive or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the UHB's Standing Orders refers).

**(2) Consultations**

The UHB receives consultation documents from a number of external organisations. It is important that the UHB considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues which could potentially impact upon the organisation. A status report for Consultation Documents received and responded to is detailed at **Appendix B**, should any Board Member wish to contribute.

### **(3) Strategic and Operational Issues: local and regional**

#### Swansea Bay City Deal

Swansea Bay City Deal (SBCD) is a partnership between Carmarthenshire County Council, Neath Port Talbot County Borough Council, Pembrokeshire County Council and the City and County of Swansea. There is an Agreement dated 29 August 2018 between the four Local Authorities for a term of 15 years from 29 August 2018 that established the Swansea Bay City Region Joint Committee. Carmarthenshire County Council (CCC) is appointed as the Accountable Body responsible for the obligations set out in the Agreement.

The Joint Committee is able to co-opt one representative from Swansea University, University of Wales Trinity St David, **Hywel Dda UHB** and Swansea Bay UHB, who are non-voting members and can be on the Joint Committee for five years from 29 August 2018 until 28 August 2023.

In September 2021, CCC contacted the UHB to advise that they wished to incorporate legally the UHB as a co-opted partner to the SBCD, acknowledging our commitment to the promotion and delivery of various projects funded under the SBCD and membership as detailed within the Joint Committee Agreement.

As a co-opted partner, the UHB has received a request to sign a letter of commitment to agree to the annual payment of £50,000.00 for 2018/19, 2019/20, 2020/21, 2021/22 and 2022/23 (five years) to support SBCD; the same obligation is placed on other co-opted partners. A copy of the letter of commitment is attached at **Appendix C**.

I am seeking Members' agreement to sign the letter of commitment and authorise the final payment of £50,000 for 2022/23.

#### Joint Escalation and Intervention Arrangements

Members will be aware that the UHB was in an Enhanced Monitoring escalation status with Welsh Government (WG).

On 29<sup>th</sup> September 2022, WG advised that following the recent tripartite discussion between WG, Audit Wales and Healthcare Inspectorate Wales, the UHB's escalation status was changing. It has been raised to *Targeted Intervention* (TI) for planning and finance, but will remain at *Enhanced Monitoring* for quality issues related to performance (long waiting times and poor patient experience: urgent and emergency care; cancer; Part 1 CAMHS; C-Difficile rates; ITU Prince Philip Hospital; and Maternity Services).

WG confirmed that de-escalation would be considered when the UHB had an approvable and credible plan, and improvement in its financial position, but will support the UHB to achieve this. The first TI inception meeting was held with WG officials on 27<sup>th</sup> October 2022.

Going forward, the Chief Executive NHS Wales/Director General will chair quarterly TI meetings, supported by monthly touchpoint meetings between officials in WG and officers in the UHB.

Internally, I have established the following groups:

- An Escalation Steering Group that I will chair, with the Chair in attendance (**Appendix D**);
- A Targeted Intervention Working Group, chaired by the Director of Finance as the Senior Reporting Officer (SRO) for TI (**Appendix E**); and

- An Enhanced Monitoring Working Group, chaired by the Executive Director of Operations as the SRO for Enhanced Monitoring (**Appendix F**).

I attach the Terms of Reference for each of these three groups at **Appendix D, Appendix E** and **Appendix F** for your consideration and approval.

I will provide Members with an update at the next Board meeting.

### Industrial Action

The UHB has received official notification from the RCN, Unison, Unite and other recognised Trade Unions advising that they have either balloted, are currently balloting members with regard to industrial action or that they are about to ballot union members. Board members will now be aware that the RCN ballot has recently concluded and returned a vote in favour of strike action in Hywel Dda University Health Board. A number of the other Trade Unions are balloting on strike action and in relation to action short of strike action.

We are aware that RCN members would not have taken such a decision lightly and we also recognise that following an inflation pay award below the rate of inflation and an unprecedented rise in the cost of living that there is an element of frustration amongst the RCN membership and indeed other non-nursing staff too. Other Trade Union members are likely to have similar views. It is recognised that it's a difficult balance and we hope the Government can reach an agreement which avoids action of any sort being taken.

However, we have set up an Emergency Planning group under the leadership of Alison Shakeshaft, Executive Director of Therapies & Health Science with a view to putting in place contingency plans to ensure that as a minimum, urgent, emergency and critical care services can continue on any designated strike days. We understand that the first day of action is likely to be in December and the mandate will be effective until early May 2023. Terms of Reference for the Group have been drafted and a number of actions have already been assigned.

There is no indication at this point whether the other Trade Unions will have a mandate for industrial action (UNISON's ballot is due to close on 25<sup>th</sup> November with other Trade Unions having various closing dates up to 20<sup>th</sup> December 2022). One Union (CSP) is in the process of initiating the ballot process across England and Wales.

It is likely that some form of action will take place either to coincide with the RCN action or early in the new year.

### External Review of the Tuberculosis Outbreak Centred Around Llwynhendy, Carmarthenshire

In August 2021, Public Health Wales and Hywel Dda University Health Board jointly commissioned an independent review of the management of an outbreak of tuberculosis (TB) centred around Llwynhendy in Carmarthenshire. The outbreak was first identified in 2010 and, so far, at least 31 cases of active TB are associated with this outbreak, which continues to be actively managed.

A panel of experts was jointly commissioned by the Boards of Public Health Wales and Hywel Dda University Health Board, to undertake a review of the outbreak in line with agreed terms of reference and this has been led by Professor Michael Morgan. A draft copy of the report has been shared with both of the Boards and work is in progress for both organisations to consider the findings and recommendations. A final version of the report will be published and discussed at the next meeting of the Board on the 26 January 2023.

### IPS Award for Nurturing IPC Talent

Health Education and Improvement Wales (HEIW) has received a Gold Infection Prevention Society (IPS) Impact Award for its infection prevention and control (IPC) programme.

All health boards have specialist IPC teams whose role is to help and support colleagues, patients and communities to reduce the risk and spread of infections.

Working with partners across NHS Wales and education, the programme created a range of tools to further develop and increase the expertise of these teams to support colleagues and improve patient care.

My congratulations to Mandy Rayani, the UHB's Director of Nursing, Quality and Patient Experience, who chaired the Task and Finish Group, who is ensuring the tools from this programme are implemented in the UHB.

### Argymhelliad / Recommendation

The Board is invited to:

- **Endorse** the Register of Sealings (**Appendix A**) since the previous report on 29<sup>th</sup> September 2022;
- **Note** the status report for Consultation Documents (**Appendix B**) received/responded to;
- **Agree** to the letter of commitment for the UHB's co-opted member status at the Swansea Bay City Deal Joint Committee and the UHB's financial commitment up to 2022/23 (**Appendix C**);
- **Note** the changes to the UHB's Joint Escalation and Intervention status; raised to *Targeted Intervention* (TI) for planning and finance, but will remain at *Enhanced Monitoring* for quality issues related to performance; and **Approve** the Terms of Reference for the Escalation Steering Group (**Appendix D**); the Targeted Intervention Working Group (**Appendix E**); and the Enhanced Monitoring Working Group (**Appendix F**).

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards 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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any issues are identified in the report
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report
<b>Risg: Risk:</b>	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels.  Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report
<b>Enw Da: Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>Has EqIA screening been undertaken? Not on the Report</li> <li>Has a full EqIA been undertaken? Not on the Report</li> </ul>

## Appendix A - Register of Sealings from 7<sup>th</sup> September 2022 – 9<sup>th</sup> November 2022

Entry Number	Details	Date of Sealing
385	Contract relating to Digital Radiography Replacement Phase 5 Worthybush General Hospital incorporating the conditions of the JCT Minor Work Contract 2016 Edition between Hywel Dda University Health Board and Edmunds Webster Limited.	28.09.2022
386	Contract relating to the Proposed Enablement Work for DR Replacement Project at Glangwili Hospital incorporating the conditions of the JCT Minor Work Contract 2016 Edition between Hywel Dda University Health Board and Edmunds Webster Limited.	28.09.2022
387	Licence to Assign Relating to Lease of Further Creche Facilities at Prince Philip Hospital, Llanelli, Carmarthenshire between Hywel Dda University Local Health Board and The Playroom Management Services Limited.	28.09.2022
388	Licence to Assign Relating to Lease of Land at Existing Creche Facilities in the Nurses' Residential Quarters, Prince Philip Hospital, Llanelli, Carmarthenshire between Hywel Dda University Local Health Board and The Playroom Management Services Limited.	28.09.2022
389	Deed of Novation of Framework Agreement and Call-Off Contract between Pembrokeshire County Council and Hywel Dda University Local Health Board and Hafal and Adferiad Recovery Limited.	28.09.2022
390	Contract relating to the Proposed Flouro/ Dr Room Scheme at Bronglais Hospital incorporating the conditions of the JCT Intermediate Building Contract 2016 Edition between Hywel Dda University Local Health Board and T.Richard Jones Limited.	25.10.2022

## Appendix A - Register of Sealings from 7<sup>th</sup> September 2022 – 9<sup>th</sup> November 2022

391	Contract relating to the Proposed CT Scheme at Bronglais Hospital incorporating the conditions of the JCT Intermediate Building Contract 2016 Edition between Hywel Dda University Local Health Board and T.Richard Jones Limited.	25.10.2022
392	Contract relating to the Proposed Works to DR Room at Bronglais Hospital incorporating the conditions of the JCT Intermediate Building Contract 2016 Edition between Hywel Dda University Local Health Board and T.Richard Jones Limited.	25.10.2022
393	Contract relating to Cardigan Integrated Care Centre Wall Protection Installation incorporating the conditions of the JCT Minor Works Contract 2016 Edition between Hywel Dda University Local Health Board and Lewis Construction building Contractors Wales Limited	09.11.2022
394	Contract relating to Improvement Work at Managed GP Practices incorporating the conditions of the JCT Minor Works Contract 2016 Edition between Hywel Dda University Local Health Board and John Weaver Contractors Limited	09.11.2022

## Appendix B: Consultations Update Status Report up to 8<sup>th</sup> November 2022

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
498	All Wales Specialist Mesothelioma MDT Service Specification	Welsh Health Specialised Services Committee	Andrew Carruthers, Keith Jones & Debra Bennett	25.08.2022	05.10.2022	<b>No Response Required</b>
499	WHSSC Obesity Strategy	Welsh Health Specialised Services Committee	Claire Jones, Dr Meryl James, Dr Akhila Mallipedhi, Zoe Paul-Gough (lead)	25.08.2022	21.09.2022	<b>16.09.2022</b>
500	Early Medical Abortion	NHS Confederation	Lisa Humphrey	08.08.2022	12.08.2022	<b>12.08.2022</b>
501	Draft action plan to end the abuse and neglect of older people in Wales	Welsh Government	Jill Paterson	11.08.2022	17.10.2022	<b>12.10.2022</b>
502	Draft HIV action plan for Wales 2022 to 2026	Welsh Government	Michael Thomas (Public Health)	11.08.2022	14.09.2022	<b>14.09.2022</b>
503	Developing a national framework for social prescribing	Welsh Government	Jill Paterson	11.08.2022	06.10.2022	<b>No Response Required</b>

## Appendix B: Consultations Update Status Report up to 8<sup>th</sup> November 2022

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
504	Substance misuse for mental health services for prisons	Welsh Government	Andrew Carruthers, Liz Carroll, Geraint Hughes	11.08.2022	20.10.2022	<b>12.10.2022</b>
505	Changes to the National Minimum Standards for Regulated Childcare	Welsh Government	Mandy Rayani, Sian Passey	11.08.2022	07.10.2022	<b>04.10.2022</b>
506	Healthy food environment	Welsh Government	Jo McCarthy	11.08.2022	01.09.2022	<b>No Response Required</b>
507	The Maternity and Early Years Strategy for West Wales	Early Years services for families in West Wales	Mandy Rayani, Jo McCarthy, Lisa Humphrey	11.08.2022	30.09.2022	<b>30.09.2022</b>
508	Continuing NHS Healthcare	Welsh Confederation	Jill Paterson	19.08.2022	07.11.2022	<b>10.10.2022</b>
509	Maximising the opportunity presented by biosimilar medicines – A national strategy for Wales	Cardiff and Vale UHB - All Wales Therapeutics and Toxicology Centre	Jill Paterson, Jenny Pugh-Jones	02.09.2022	07.09.2022	<b>No response Required</b>
510	<a href="#">The Duty of Candour</a>	Welsh Government	Mandy Rayani / Andrew Carruthers	31.08.2022	13.12.2022	

## Appendix B: Consultations Update Status Report up to 8<sup>th</sup> November 2022

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
511	Digital Health and Care Wales Welsh Language Scheme 2022-2025	Digital Health and care Wales	Alwena Hughes-Moakes	21.09.2022	07.10.2022	<b>30.09.22</b>
512	Public Services Ombudsman for Wales: consultation on our new Strategic Plan	Public Services Ombudsman for Wales	Mandy Rayani / Louise O'Connor	27.09.2022	22.11.2022	
513	<a href="#">Draft Annual Business Improvement Plan 2023/2024 - Mid and West Wales Fire and Rescue Service</a>	Mid and West Wales Fire and Rescue Service (MAWWF)	Andrew Carruthers, Rob Elliot	27.09.2022	06.12.2022	
514	PP251, Extracorporeal membrane oxygenation (ECMO) as a bridge to lung transplant (all ages), Policy Position Statement	Welsh Health Specialised Services Committee	Professor Phil Kloer, Andrew Carruthers	12.10.2022	09.11.2022	
515	<a href="#">Developing a substance misuse treatment framework for children and young people</a>	Welsh Government	Andrew Carruthers, Liz Carrol	30.09.2022	23.12.2022	
516	<a href="#">Services for care experienced children: exploring radical reform</a>	Welsh Government	Mandy Rayani, Mandy Nichols-Davies	13.10.2022	17.02.2023	

## Appendix B: Consultations Update Status Report up to 8<sup>th</sup> November 2022

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Lead	Received On	CLOSING DATE	Response Sent
	<a href="#">– new inquiry and consultation</a>					
517	Extending the Well-being of Future Generations Act's well-being duty	Welsh Government	Jill Patterson, Anna Bird	17.10.2022	20.10.2022	17.10.2022
518	Dexrazoxane for preventing cardiotoxicity in children (aged under 16 years old) receiving high-dose anthracyclines or related drugs for the treatment of cancer, Policy Position Statement	Welsh Health Specialised Services Committee	Nick Davies, Sue Beach	24.10.2022	21.11.2022	
519	<a href="#">The duty of quality</a>	Welsh Government	Mandy Rayani	25.10.2022	17.01.2023	
520	Givosiran for treating acute hepatic porphyria for people aged 12 years and older (PP252)	Welsh Health Specialised Services Committee	Sue Beach	25.10.2022	22.11.2022	

Eich cyf / Your ref:

Gofynner am / Please ask for:

Fy nghyf / My ref:

Llinell Uniongyrchol / Direct Line: 01267 224121

Dyddiad / Date: 30<sup>th</sup> June 2022

E-bost / E-mail: CMoore@carmarthenshire.gov.uk

Dear Sirs,

**Re: Agreement for the establishment of a joint committee for the Swansea Bay City Region dated 29<sup>th</sup> August 2018.**

**Obligations, Commitments and Contributions to the Annual Costs Budget.**

1. By an agreement dated 29<sup>th</sup> August 2018 (“the Agreement”) the four council partners to the Swansea Bay City Region agreed to collaborate to form a joint committee to discharge their obligations to one another and to the UK and Welsh Governments to promote and deliver various projects funded under the Swansea Bay City Deal.
2. The Agreement was subsequently amended by a Deed of Variation dated 11<sup>th</sup> December 2019.
3. As part of the arrangements to manage and monitor the costs associated with the Swansea Bay City Deal administrative and governance processes, the Agreement provides for an Annual Costs Budget to be established which is defined as “the approved annual costs budget held by the Portfolio Management Office for and on behalf of the Councils in relation to the payment of any Accountable Body Costs, Economic Strategy Board Costs, Joint Committee Costs (including Joint Scrutiny Committee Costs, Programme Board Costs and Portfolio Management Office Costs) in accordance with this Agreement.”
4. Clause 19.4 of the Agreement provides for the Annual Costs Budget for Years 1 (18-19) to 5 (22-23) being part funded by the payment of £50k per annum from each of the 4 Councils for each of those 5 years with the funding mechanism for further years to be agreed by the Councils. Any element of the Annual Costs Budget not covered by the £50k contributions would be recovered in a manner to be agreed by the Joint Committee.

**Chris Moore FCCA**

Cyfarwyddwr y Gwasanaethau Corfforaethol,  
Neuadd y Sir, Caerfyrddin, Sir Gaerfyrddin SA31 1JP

Director of Corporate Services,  
County Hall, Carmarthen Carmarthenshire SA31 1JP



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MEWN POBL | IN PEOPLE

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5. Following the creation of the Joint Committee between the four Councils it was agreed with the 4 co-opted non-Council partners to the City Deal, namely Hywel Dda University Local Health Board, Swansea Bay University Local Health Board, Swansea University and University of Wales Trinity Saint David, that they would support the Joint Committee and respective lead local authorities in the discharge of the Councils' obligations to one another and to the UK and Welsh Governments through the promotion and delivery of those projects which the non-Council partners have direct and indirect responsibility for, funded under the Swansea Bay City Deal.
6. In addition to the contractual obligations of the 4 Councils set out in clause 19.4 of the Agreement, it was agreed with the 4 co-opted non-Council partners to the City Deal, that they would provide a payment of £50k per annum per organisation, for Years 1 (18-19) to 5 (22-23). The purpose of this letter is to formally acknowledge the payments made to date and to record the ongoing commitment to make further payments until 2023 or such other date as may be agreed by the parties following a review by the Joint Committee in respect of future commitments beyond Year 5.
7. This letter has been prepared by the Accountable Body acting on the instructions of the Joint Committee and will be signed by the Accountable Body on behalf of the 4 Council members of the Joint Committee. Separate letters will be sent to each of the co-opted non-Council partners to the Swansea Bay City Deal to be signed by an authorised signatory of each respective organisation. The parties to this letter agree that the terms of this letter are legally binding upon them.
8. The obligations under this letter are deemed to be effective from the date of the payment of the sum of £50k for Year 1 (18-19) and shall terminate upon the payment of the sum of £50k for Year 5 (22-23) unless otherwise agreed by the parties.
9. Third Party Rights. For the purposes of the Contracts (Rights of Third Parties) Act 1999 no one other than a party to this letter, their successors and permitted assignees, shall have any right to enforce any of its terms who, but for the Contracts (Rights of Third Parties) Act 1999 would not have been entitled to enforce such terms.
10. Governing Law. This letter and all disputes or claims arising out of or in connection with this letter or its subject matter or formation (including non-contractual disputes or claims) shall be governed by and construed in accordance with the law of England and Wales.
11. Please sign this letter where indicated below to confirm your agreement of the terms of this letter and return the same for signature by the Accountable Body on behalf of the 4 Council partners.

**Chris Moore FCCA**

Cyfarwyddwr y Gwasanaethau Corfforaethol,  
Neuadd y Sir, Caerfyrddin, Sir Gaerfyrddin SA31 1JP  
Director of Corporate Services,  
County Hall, Carmarthen Carmarthenshire SA31 1JP



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Yours faithfully,

**Chris Moore**

.....  
For and on behalf of the Accountable Body

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We accept the above terms.

**Signature**

**Name**

**Position**

**Date**

**Chris Moore FCCA**

Cyfarwyddwr y Gwasanaethau Corfforaethol,  
Neuadd y Sir, Caerfyrddin, Sir Gaerfyrddin SA31 1JP

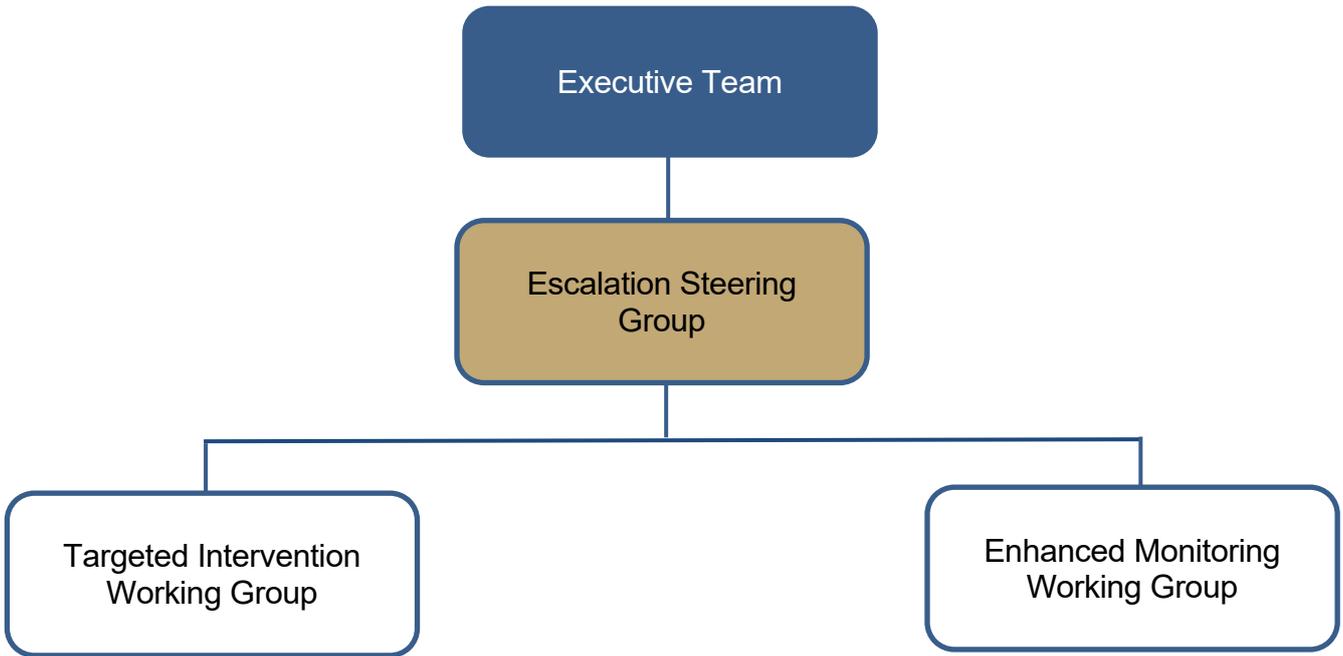
Director of Corporate Services,  
County Hall, Carmarthen Carmarthenshire SA31 1JP



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**ESCALATION STEERING GROUP**

**TERMS OF REFERENCE**

Version	Issued To	Date	Comments
V0.1	Escalation Steering Group	02.11.2022	For comment

## ESCALATION STEERING GROUP

### 1. Constitution

- 1.1 The Escalation Steering Group has been constituted from 02 November 2022 to oversee the Health Board's response to the increase in escalation status to targeted intervention for finance and planning and enhanced monitoring for specific quality and performance issues.
- 1.2 Targeted intervention is a heightened level of escalation within NHS Wales and occurs when the Welsh Government and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement.
- 1.3 Enhanced monitoring is when the NHS body demonstrates a pro-active response to put in place effective processes to address the issue(s) raised by the escalation process and drive improvement itself.

### 2. Membership

- 2.1 The core membership of the Escalation Steering Group shall comprise the following:

<b>Member</b>
Chief Executive (Chair)
Executive Director of Workforce and Organisational Development (Vice Chair)
Executive Director of Operations (SRO Enhanced Monitoring)
Executive Director of Strategic Development & Operational Delivery
Executive Director of Finance (SRO Targeted Intervention)
Executive Director of Nursing, Quality and Patient Experience
Board Secretary

<b>In Attendance</b>
Health Board Chair
Senior Projects Manager

- 2.2 The membership of the Escalation Steering Group will be reviewed on a regular basis.

### 3. Quorum and Attendance

- 3.1 A quorum shall consist of three Executive Directors/Directors including the Chair or Vice Chair.
- 3.2 Any senior officer of the University Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.3 Should any member be unavailable to attend, they may nominate a deputy with the agreement of the Chair, however these deputies will not count towards the quorum and will be shown as 'in attendance' for the purposes of the minutes.

## 4. Purpose

The purpose of the Escalation Steering Group is to:

- 4.1 Ensure oversight and coordination of the overall management of the Health Board response and activity relating to the increased escalation status.

## 5. Key Responsibilities

The Escalation Steering Group will:

- 5.1 Ensure oversight of the targeted intervention key deliverables in accordance with agreed timescales (appendix 1).
- 5.2 Ensure the three Targeted Intervention workstreams relating to governance, finance and planning are delivered in accordance with the agreed timescales (appendix 1).
- 5.3 Ensure oversight of the enhanced monitoring key deliverables in accordance with agreed timescales (appendix 1).
- 5.4 Ensure oversight of progress made against the sustainability conditions including ensuring the following:
  - That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
  - To demonstrate a strong link between ensuring quality and performance improvement.
  - That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.
- 5.5 Review and approve all evidence submission prior to formal Targeted Intervention and Enhanced Monitoring meetings with Welsh Government.
- 5.6 To identify any areas of support required from Welsh Government.
- 5.7 Act as a communication channel to the Board and the Audit and Risk Assurance.
- 5.8 To undertake on a least a monthly basis a full review of the escalation delivery plan and use this to report to the Public Board and Audit and Risk Assurance Committee on progress.

## 6. Agenda and Papers

6.1 The Escalation Steering Group will be supported administratively by the Corporate Governance Team, whose duties in this respect will include:

- Agreement of agenda with the Chair and attendees;
- Collation of papers;
- Taking the minutes;
- Keeping a record of matters arising and issues to be carried forward within an action log.

- 6.2 An agenda will be set with the Chief Executive 4 working days before each meeting with papers required by mid-day each Friday in order for the review by the Chief Executive. All papers must be approved by the lead Executive Director before they are submitted.

## **7. Frequency of Meetings**

- 7.1 The Escalation Steering Group will initially meet once a week, with additional meetings arranged as determined by the Chair. The frequency of meetings will be reviewed on a regular basis.

## **8. Accountability, Responsibility and Authority**

- 8.1 The Escalation Steering Group is directly accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the health board's vision, values, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## **9. Reporting**

- 9.1 The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Group business. The Group will receive an update at each meeting of the work that has been progressed by the Targeted Intervention Working Group and the Enhanced Monitoring Working Group.

- 9.2 The Chair of the Escalation Steering Group shall:

- Bring to the Board's specific attention any significant matter under consideration by the group.
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair or Chairs of other relevant committees of any urgent/critical matters.
- Report on a bi-monthly basis to the Board via the Chief Executive's report activities and on a bi-monthly basis to the Audit and Risk Assurance Committee.

## **10. Secretarial Support**

- 10.1 The Corporate Governance Team will support the arrangements for the Escalation Steering Group.

## **11. Review Date**

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least a six-monthly basis.



## Appendix 1

### Targeted Intervention key deliverables

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

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

1.13	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.	HT	SA
1.14	The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.	HT	AS
1.15	Test the delivery arrangements within the organisation against the KPMG delivery framework report.	HT	AS
2	<b>Planning</b>		
2.1	Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case.	LD	DW
	<b>Other requirements</b>		
2.2	The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.	LD	DW
2.3	Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).	LD	DW
	<b>WG Support</b>		
2.4	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.	LD	DW
2.5	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.	LD	DW
2.6	Monthly progress review meetings incorporating check and challenge throughout the planning process.	LD	DW
2.7	Ongoing support and guidance with regular feedback from the Welsh Government planning team.	LD	DW
2.8	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.	LD	DW
2.9	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.	LD	DW
2.10	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.	MR	MD
3	<b>General TI requirements</b>		
3.1	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.	SM	
3.2	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.	LD	DW
3.3	Implement the recommendations of the peer review exercises.	LD	DW
3.4	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.	LD	DW
3.5	Develop the organisation's clinical services plan within an agreed timeline.	LD	DW
3.6	Commit to participating in and rolling out the RTDC model across all sites.	MR	MD
4	<b>Enhanced monitoring</b>		
4.1	Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks.	AC	KJ

4.2	Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive.	AC	KJ
4.3	Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care.	AC	KJ
4.4	Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover.	AC	KJ
	<b>WG Support</b>		
4.5	Undertake desk top reviews into cancer – overall picture with a focus on areas of concern.	AC	KJ
4.6	Undertake desk top reviews into planned and unscheduled care focusing on areas of concern.	AC	KJ
4.7	Support the health board with its work on infection control with a focus on c-diff.	MR	
4.8	Review ambulance patient handover plans and implement the performance management framework.	AC	KJ
4.9	Agree trajectories against planned care ambitions.	AC	KJ
4.10	Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.	AC	KJ
5	<b>General enhanced monitoring requirements</b>		
5.1	Appoint an SRO for Enhanced Monitoring.	SM	
5.2	Demonstrate Board ownership and oversight of the areas of concern.	SM	
5.3	Submit an enhanced monitoring action plan by the 5 November 2022.	AC	KJ
5.4	Provide monthly progress reports against the enhanced monitoring action plan.	AC	KJ
5.5	On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.	AC	KJ
5.6	On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED.	AC	KJ
5.7	Produce a sustainability plan for critical care.	AC	KJ
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.	MR	
6	<b>Implementation</b>		
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	LD	DW
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.	LD	DW
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	HT	AS
6.4	Peer review and planning support implemented.	LD	DW
6.5	Presentation of speciality data reviews.	AC	KJ
6.6	Agreement of action plans for performance with the NHS Executive.	AC	KJ
6.7	Implementation of key deliverables, monitored and reviewed monthly.	SM	
7	<b>Deescalation from TI</b>		
7.1	The development of a credible three-year medium-term plan or an approvable annual plan.	LD	DW
7.2	Assessment at level 3 of the maturity matrix	LD	DW
7.3	Agreement of a robust three-year financial plan to meet its financial duties	HT	AS
7.4	Agreement of and sustainable progress made towards a finance improvement trajectory.	HT	SA
7.5	The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	AH-M	
8	<b>Deescalation from enhanced monitoring</b>		

<b>8.1</b>	Agreed approach and delivery over 6 months against planned care recovery actions.	<b>AC</b>	<b>KJ</b>
<b>8.2</b>	Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.	<b>AC</b>	<b>KJ</b>
<b>8.3</b>	Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.	<b>AC</b>	<b>KJ</b>
<b>8.4</b>	Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.	<b>AC</b>	<b>KJ</b>
<b>9</b>	<b>Sustainability requirements</b>		
<b>9.1</b>	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.	<b>HT</b>	<b>CE</b>
<b>9.2</b>	To demonstrate a strong link between ensuring quality and performance improvement.	<b>MR</b>	<b>MD</b>
<b>9.3</b>	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	<b>LG</b>	<b>CD</b>

## Section 2: Workstreams

### Governance and oversight workstream: Actions retained at TI Steering Group

		Executive Lead	Operational Lead
	<b>Governance</b>		
3.1	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.	SM	
5.1	Appoint an SRO for Enhanced Monitoring.	SM	
5.2	Demonstrate Board ownership and oversight of the areas of concern.	SM	
6.7	Implementation of key deliverables, monitored and reviewed monthly.	SM	
1.10	Implement frequent directorate accountability and performance management.	AC	CE
9.2	To demonstrate a strong link between ensuring quality and performance improvement.	MR	MD
9.3	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	LG	CD
7.5	The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	AH-M	
	<b>Data</b>		
9.1	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.	HT	CE
2.10	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.	MR	MD
3.6	Commit to participating in and rolling out the RTDC model across all sites.	MR	MD
	<b>Safety</b>		
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.	MR	
4.7	Support the health board with its work on infection control with a focus on c-diff.	MR	

### Finance workstream: Actions delegated to TI Group

		Executive Lead	Operational Lead
	<b>Financial planning</b>		
7.3	Agreement of a robust three-year financial plan to meet its financial duties	HT	AS
7.4	Agreement of and sustainable progress made towards a finance improvement trajectory.	HT	AS
1.1	To have produced a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position.	HT	AS
1.9	Develop a financial recovery plan to be agreed by the health board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by FDU / WG.	HT	AS
1.14	The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.	HT	AS

	<b>Diagnostics</b>		
1.2	Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources.	HT	SA
1.4	Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation.	HT	SA
1.11	Targeted support from the Financial Delivery Unit (FDU) regarding the health board's financial management and understanding the drivers behind the financial deficit. This is with a particular focus on the deficit deterioration from £25m to £62m, resultant impact and opportunities for improvement. This includes choices being considered by the Board to deliver improvements.	HT	AS
	<b>Opportunities framework</b>		
1.3	Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit.	HT	SA
1.6	Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.	HT	SA
	<b>Financial management</b>		
1.5	Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall level of realistic savings delivery.	HT	SA
1.13	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.	HT	SA
1.15	Test the delivery arrangements within the organisation against the KPMG delivery framework report.	HT	AS
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	HT	AS
	<b>Grip and control</b>		
1.7	Completed all the recommendations within the KPMG review undertaken in February 2020.	HT	AS
1.8	Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.	HT	AS
1.12	The FDU will review with the health board the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation.	HT	AS

#### Planning workstream: Actions delegated to TI Group

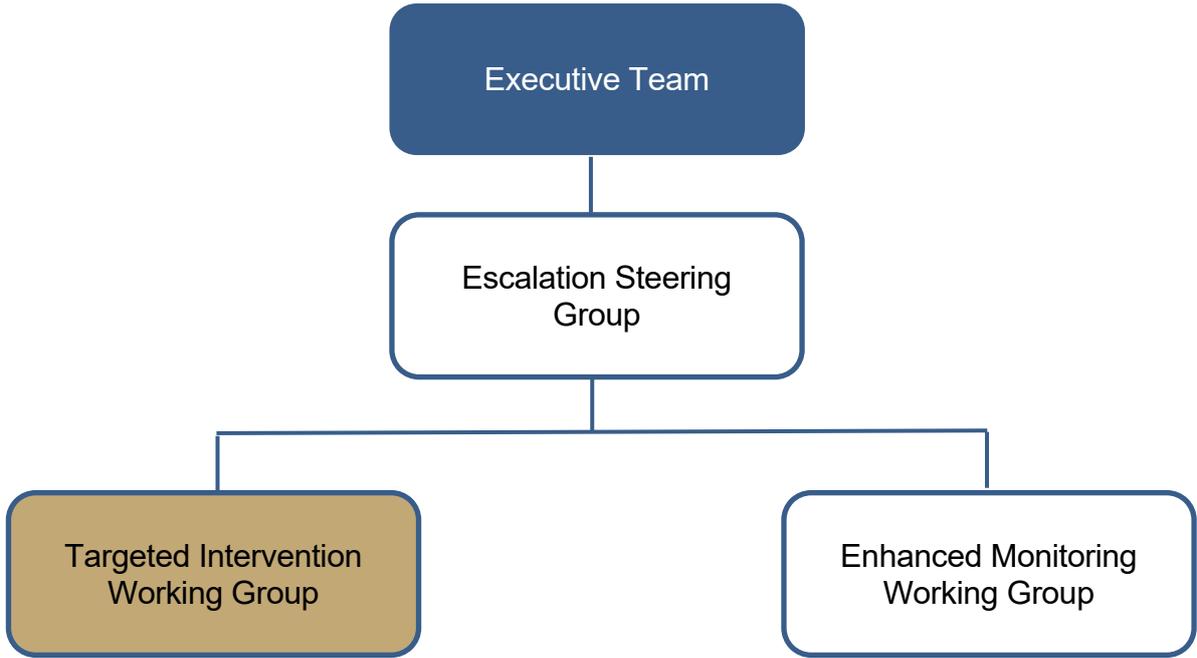
		Executive Lead	Operational Lead
	<b>Plan</b>		
7.1	The development of a credible three-year medium-term plan or an approvable annual plan.	LD	DW
3.4	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.	LD	DW
3.5	Develop the organisation's clinical services plan within an agreed timeline.	LD	DW
	<b>Planning maturity matrix</b>		

3.2	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.	LD	DW
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.	LD	DW
7.2	Assessment at level 3 of the maturity matrix	LD	DW
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	LD	DW
	<b>Planning process</b>		
2.2	The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.	LD	DW
2.3	Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).	LD	DW
2.1	Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case.	LD	DW
	<b>Peer reviews</b>		
2.5	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.	LD	DW
2.8	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.	LD	DW
2.9	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.	LD	DW
3.3	Implement the recommendations of the peer review exercises.	LD	DW
6.4	Peer review and planning support implemented.	LD	DW
	<b>WG oversight</b>		
2.4	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.	LD	DW
2.6	Monthly progress review meetings incorporating check and challenge throughout the planning process.	LD	DW
2.7	Ongoing support and guidance with regular feedback from the Welsh Government planning team.	LD	DW

#### Enhanced monitoring: Actions delegated to Enhanced monitoring group

		Executive Lead	Operational Lead
	<b>Diagnosis</b>		
4.2	Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive.	AC	KJ
4.5	Undertake desk top reviews into cancer – overall picture with a focus on areas of concern.	AC	KJ
4.6	Undertake desk top reviews into planned and unscheduled care focusing on areas of concern.	AC	KJ
6.5	Presentation of speciality data reviews.	AC	KJ
4.10	Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.	AC	KJ
	<b>Recovery plans</b>		
4.3	Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care.	AC	KJ

4.4	Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover.	AC	KJ
5.7	Produce a sustainability plan for critical care.	AC	KJ
6.6	Agreement of action plans for performance with the NHS Executive.	AC	KJ
4.8	Review ambulance patient handover plans and implement the performance management framework.	AC	KJ
	<b>Improvement trajectories</b>		
4.1	Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks.	AC	KJ
4.9	Agree trajectories against planned care ambitions.	AC	KJ
5.5	On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.	AC	KJ
8.1	Agreed approach and delivery over 6 months against planned care recovery actions.	AC	KJ
8.4	Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.	AC	KJ
8.3	Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.	AC	KJ
5.6	On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED.	AC	KJ
8.2	Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.	AC	KJ
	<b>Oversight</b>		
5.3	Submit an enhanced monitoring action plan by the 5 November 2022.	AC	KJ
5.4	Provide monthly progress reports against the enhanced monitoring action plan.	AC	KJ



**TARGETED INTERVENTION WORKING GROUP**

**TERMS OF REFERENCE**

Version	Issued To	Date	Comments
V0.1	Targeted Intervention Working Group	02.11.2022	For comment

## TARGETED INTERVENTION WORKING GROUP

### 1. Constitution

- 1.1 The Targeted Intervention Working Group has been constituted from 02 November to deliver the Health Board's response to the increase in escalation status to targeted intervention for finance and planning.
- 1.2 Targeted intervention is a heightened level of escalation within NHS Wales and occurs when the Welsh Government and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement.

### 2. Membership

- 2.1 The core membership of the Targeted Intervention Working Group shall comprise the following:

#### Member

Executive Director of Finance (SRO Targeted Intervention) (Chair)

Executive Director of Strategic Development & Operational Delivery (Vice Chair)

Executive Director of Operations (SRO Enhanced Monitoring)

Executive Director of Workforce and Organisational Development

Board Secretary

#### In Attendance

Deputy Director of Finance/Assistant Director of Finance

Head of Planning

Senior Projects Manager

Strategic Advisor

#### Regular Briefings

Independent Member (Chair of the Audit and Risk Assurance Committee) (open invitation to attend)

- 2.2 The membership of the Targeted Intervention Working Group will be reviewed on a regular basis.

### 3. Quorum and Attendance

- 3.1 A quorum shall consist of two Executive Directors/Directors including the Chair or Vice Chair.
- 3.2 Any senior officer of the University Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.3 Should any member be unavailable to attend, they may nominate a deputy with the agreement of the Chair, however these deputies will not count towards the quorum and will be shown as 'in attendance' for the purposes of the minutes.

## **4. Purpose**

The purpose of the Targeted Intervention Working Group is to:

- 4.1 Deliver the Health Board's response to the increase in escalation status to targeted intervention for finance and planning.

## **5. Key Responsibilities**

The Targeted Intervention Working group will ensure:

- 5.1 Delivery of the targeted intervention key deliverables in accordance with agreed timescales (appendix 1).
- 5.2 Delivery of the two workstreams relating to finance and planning are delivered in accordance with the agreed timescales (appendix 1).
- 5.3 Prepare and review all evidence submission prior to formal Targeted Intervention meetings with Welsh Government.
- 5.4 To identify any areas of support required from Welsh Government.

## **6. Agenda and Papers**

- 6.1 The Targeted Intervention Working Group will be supported administratively by the Corporate Governance Team, whose duties in this respect will include:
  - Agreement of agenda with the Chair and attendees;
  - Collation of papers;
  - Taking the minutes;
  - Keeping a record of matters arising and issues to be carried forward within an action log.
- 6.2 An agenda will be set with the Executive Director of Finance (SRO for Targeted Intervention) 4 working days before each meeting with papers required by mid-day each Friday in order for the review by the Chair of the Meeting. All papers must be approved by the lead Executive Director before they are submitted.

## **7. Frequency of Meetings**

- 7.1 The Targeted Intervention Working Group will initially meet once a week, with additional meetings arranged as determined by the Chair. This will be reviewed at regular intervals

## **8. Accountability, Responsibility and Authority**

- 8.1 The Targeted Working Group is directly accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the health board's vision, values, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## **9. Reporting**

- 9.1 The Chair of the Targeted Intervention Working Group shall:

- Bring to the Escalation Steering Group's attention any significant matter under consideration by the group.
- Ensure appropriate escalation arrangements are in place to alert the Chief Executive of any urgent/critical matters.
- Report on a weekly basis on progress made to the Escalation Steering Group.

## **10. Secretarial Support**

10.1 The Corporate Governance Team will support the arrangements for the Targeted Intervention Working Group.

## **11. Review Date**

11.1 These terms of reference and operating arrangements shall be reviewed on at least a six monthly basis.

## Appendix 1

### Targeted Intervention key deliverables

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

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

1.13	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.	HT	SA
1.14	The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.	HT	AS
1.15	Test the delivery arrangements within the organisation against the KPMG delivery framework report.	HT	AS
2	<b>Planning</b>		
2.1	Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case.	LD	DW
	<b>Other requirements</b>		
2.2	The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.	LD	DW
2.3	Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).	LD	DW
	<b>WG Support</b>		
2.4	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.	LD	DW
2.5	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.	LD	DW
2.6	Monthly progress review meetings incorporating check and challenge throughout the planning process.	LD	DW
2.7	Ongoing support and guidance with regular feedback from the Welsh Government planning team.	LD	DW
2.8	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.	LD	DW
2.9	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.	LD	DW
2.10	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.	MR	MD
3	<b>General TI requirements</b>		
3.1	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.	SM	
3.2	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.	LD	DW
3.3	Implement the recommendations of the peer review exercises.	LD	DW
3.4	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.	LD	DW
3.5	Develop the organisation's clinical services plan within an agreed timeline.	LD	DW
3.6	Commit to participating in and rolling out the RTDC model across all sites.	MR	MD
7	<b>Deescalation from TI</b>		
7.1	The development of a credible three-year medium-term plan or an approvable annual plan.	LD	DW
7.2	Assessment at level 3 of the maturity matrix	LD	DW
7.3	Agreement of a robust three-year financial plan to meet its financial duties	HT	AS

<b>7.4</b>	Agreement of and sustainable progress made towards a finance improvement trajectory.	<b>HT</b>	<b>SA</b>
<b>7.5</b>	The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	<b>AH-M</b>	
<b>9</b>	<b>Sustainability requirements</b>		
<b>9.1</b>	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.	<b>HT</b>	<b>CE</b>
<b>9.2</b>	To demonstrate a strong link between ensuring quality and performance improvement.	<b>MR</b>	<b>MD</b>
<b>9.3</b>	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	<b>LG</b>	<b>CD</b>

## Section 2: Workstreams

### Governance and oversight workstream: Actions retained at TI Steering Group

		Executive Lead	Operational Lead
	<b>Governance</b>		
3.1	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.	SM	
5.1	Appoint an SRO for Enhanced Monitoring.	SM	
5.2	Demonstrate Board ownership and oversight of the areas of concern.	SM	
6.7	Implementation of key deliverables, monitored and reviewed monthly.	SM	
1.10	Implement frequent directorate accountability and performance management.	AC	CE
9.2	To demonstrate a strong link between ensuring quality and performance improvement.	MR	MD
9.3	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	LG	CD
7.5	The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	AH-M	
	<b>Data</b>		
9.1	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.	HT	CE
2.10	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.	MR	MD
3.6	Commit to participating in and rolling out the RTDC model across all sites.	MR	MD
	<b>Safety</b>		
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.	MR	
4.7	Support the health board with its work on infection control with a focus on c-diff.	MR	

### Finance workstream: Actions delegated to TI Group

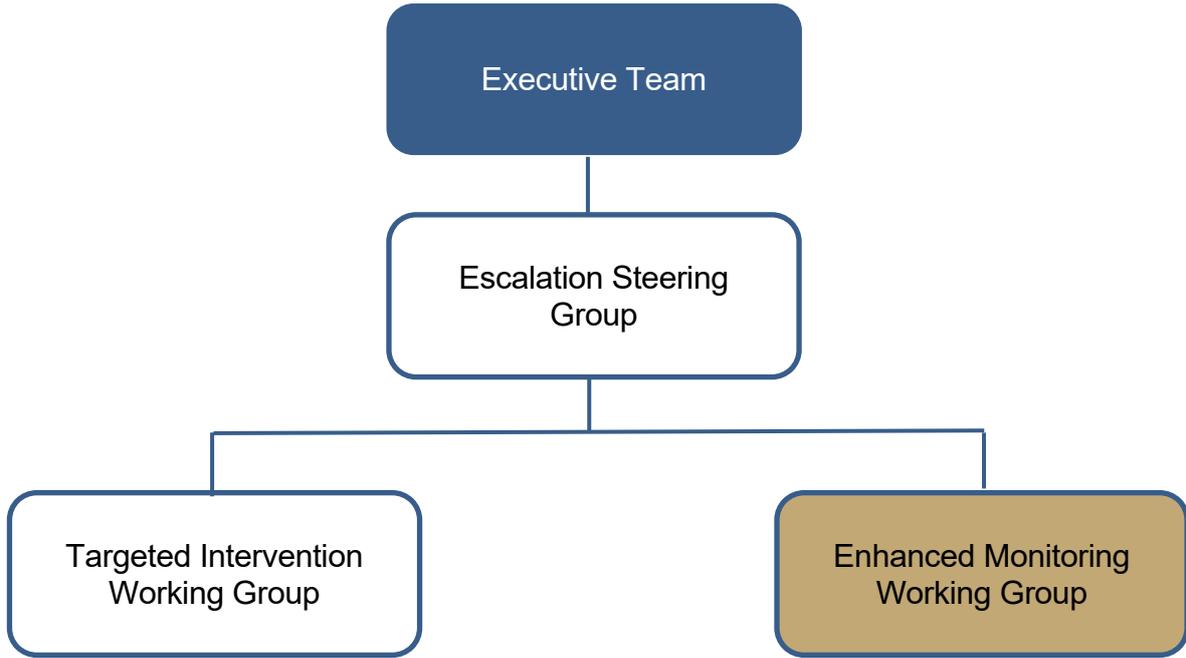
		Executive Lead	Operational Lead
	<b>Financial planning</b>		
7.3	Agreement of a robust three-year financial plan to meet its financial duties	HT	AS
7.4	Agreement of and sustainable progress made towards a finance improvement trajectory.	HT	AS
1.1	To have produced a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position.	HT	AS
1.9	Develop a financial recovery plan to be agreed by the health board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by FDU / WG.	HT	AS
1.14	The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.	HT	AS

	<b>Diagnostics</b>		
1.2	Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources.	HT	SA
1.4	Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation.	HT	SA
1.11	Targeted support from the Financial Delivery Unit (FDU) regarding the health board's financial management and understanding the drivers behind the financial deficit. This is with a particular focus on the deficit deterioration from £25m to £62m, resultant impact and opportunities for improvement. This includes choices being considered by the Board to deliver improvements.	HT	AS
	<b>Opportunities framework</b>		
1.3	Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit.	HT	SA
1.6	Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.	HT	SA
	<b>Financial management</b>		
1.5	Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall level of realistic savings delivery.	HT	SA
1.13	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.	HT	SA
1.15	Test the delivery arrangements within the organisation against the KPMG delivery framework report.	HT	AS
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	HT	AS
	<b>Grip and control</b>		
1.7	Completed all the recommendations within the KPMG review undertaken in February 2020.	HT	AS
1.8	Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.	HT	AS
1.12	The FDU will review with the health board the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation.	HT	AS

#### Planning workstream: Actions delegated to TI Group

		Executive Lead	Operational Lead
	<b>Plan</b>		
7.1	The development of a credible three-year medium-term plan or an approvable annual plan.	LD	DW
3.4	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.	LD	DW
3.5	Develop the organisation's clinical services plan within an agreed timeline.	LD	DW
	<b>Planning maturity matrix</b>		

3.2	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.	LD	DW
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.	LD	DW
7.2	Assessment at level 3 of the maturity matrix	LD	DW
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	LD	DW
	<b>Planning process</b>		
2.2	The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.	LD	DW
2.3	Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).	LD	DW
2.1	Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case.	LD	DW
	<b>Peer reviews</b>		
2.5	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.	LD	DW
2.8	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.	LD	DW
2.9	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.	LD	DW
3.3	Implement the recommendations of the peer review exercises.	LD	DW
6.4	Peer review and planning support implemented.	LD	DW
	<b>WG oversight</b>		
2.4	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.	LD	DW
2.6	Monthly progress review meetings incorporating check and challenge throughout the planning process.	LD	DW
2.7	Ongoing support and guidance with regular feedback from the Welsh Government planning team.	LD	DW



**ENHANCED MONITORING WORKING GROUP**

**TERMS OF REFERENCE**

Version	Issued To	Date	Comments
V0.1	Enhanced Monitoring Working Group	02.11.2022	For comment

## ENHANCED MONITORING WORKING GROUP

### 1. Constitution

- 1.1 The Enhanced Monitoring Working Group has been constituted from 02 November 2022 to deliver the Health Board's response to the increase in escalation status to enhanced monitoring for specific quality and performance issues.
- 1.2 Enhanced monitoring is when the NHS body demonstrates a pro-active response to put in place effective processes to address the issue(s) raised by the escalation process and drive improvement itself.

### 2. Membership

- 2.1 The core membership of the Enhanced Monitoring Working Group shall comprise the following:

<b>Member</b>
Executive Director of Operations (SRO Enhanced Monitoring) (Chair)
Executive Director of Nursing, Quality and Patient Experience (Vice Chair)
Board Secretary

<b>In Attendance</b>
Director of Secondary Care
Director of Mental Health and Learning Disabilities
Transforming Urgent and Emergency Care Director
Assistant Director of Nursing
Head of Strategic Performance Improvement

<b>Regular Briefings</b>
Independent Member (Chair of the Quality, Safety and Experience Committee) (open invitation to attend)

- 2.2 The membership of the Enhanced Monitoring Working Group will be reviewed on a regular basis.

### 3. Quorum and Attendance

- 3.1 A quorum shall consist of two Executive Directors/Directors including the Chair or Vice Chair.
- 3.2 Any senior officer of the University Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.3 Should any member be unavailable to attend, they may nominate a deputy with the agreement of the Chair, however these deputies will not count towards the quorum and will be shown as 'in attendance' for the purposes of the minutes.

## 4. Purpose

The purpose of the Enhanced Monitoring Working Group is to:

- 4.1 Deliver the Health Board's response to the increase in escalation status to enhanced monitoring for specific quality and performance issues.

## 5. Key Responsibilities

The Enhanced Monitoring Working group will ensure:

- 5.1 Delivery of the enhance monitoring key deliverables in accordance with agreed timescales (appendix 1).
- 5.3 Prepare and review all evidence submission prior to formal enhanced monitoring and IQPD meetings with Welsh Government.
- 5.4 To identify any areas of support required from Welsh Government.

## 6. Agenda and Papers

- 6.1 The Enhanced Monitoring Working Group will be supported administratively by the Corporate Governance Team, whose duties in this respect will include:
  - Agreement of agenda with the Chair and attendees;
  - Collation of papers;
  - Taking the minutes;
  - Keeping a record of matters arising and issues to be carried forward within an action log.
- 6.2 An agenda will be set with the Executive Director of Operations (SRO for Enhanced Monitoring) 4 working days before each meeting with papers required by mid-day each Friday in order for the review by the Chair of the meeting. All papers must be approved by the lead Executive Director before they are submitted.

## 7. Frequency of Meetings

- 7.1 The Enhanced Monitoring Working Group will meet as frequently as required to fulfil its responsibilities and accountabilities under these terms of reference noting this will be at least once per month. The meetings will be schedule to coincide with Welsh Government meetings.

## 8. Accountability, Responsibility and Authority

- 8.1 The Enhanced Monitoring Working Group is directly accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the health board's vision, values, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

## **9. Reporting**

9.1 The Chair of the Enhanced Monitoring Working Group shall:

- Bring to the Escalation Steering Group's attention any significant matter under consideration by the group.
- Ensure appropriate escalation arrangements are in place to alert the Chief Executive of any urgent/critical matters.
- Provide regular briefings to the Chair of Quality, Safety and Experience Committee.
- Report on a weekly basis on progress made to the Escalation Steering Group.

## **10. Secretarial Support**

10.1 The Corporate Governance Team will support the arrangements for the Enhanced Monitoring Working Group.

## **11. Review Date**

11.1 These terms of reference and operating arrangements shall be reviewed on at least a six monthly basis.

## Appendix 1

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

		Executive Lead	Operational Lead
<b>4</b>	<b>Enhanced monitoring</b>		
4.1	Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks.	<b>AC</b>	<b>KJ</b>
4.2	Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive.	<b>AC</b>	<b>KJ</b>
4.3	Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care.	<b>AC</b>	<b>KJ</b>
4.4	Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover.	<b>AC</b>	<b>KJ</b>
	<b>WG Support</b>		
4.5	Undertake desk top reviews into cancer – overall picture with a focus on areas of concern.	<b>AC</b>	<b>KJ</b>
4.6	Undertake desk top reviews into planned and unscheduled care focusing on areas of concern.	<b>AC</b>	<b>KJ</b>
4.7	Support the health board with its work on infection control with a focus on c-diff.	<b>MR</b>	
4.8	Review ambulance patient handover plans and implement the performance management framework.	<b>AC</b>	<b>KJ</b>
4.9	Agree trajectories against planned care ambitions.	<b>AC</b>	<b>KJ</b>
4.10	Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.	<b>AC</b>	<b>KJ</b>
<b>5</b>	<b>General enhanced monitoring requirements</b>		
5.1	Appoint an SRO for Enhanced Monitoring.	<b>SM</b>	
5.2	Demonstrate Board ownership and oversight of the areas of concern.	<b>SM</b>	
5.3	Submit an enhanced monitoring action plan by the 5 November 2022.	<b>AC</b>	<b>KJ</b>
5.4	Provide monthly progress reports against the enhanced monitoring action plan.	<b>AC</b>	<b>KJ</b>
5.5	On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.	<b>AC</b>	<b>KJ</b>
5.6	On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED.	<b>AC</b>	<b>KJ</b>
5.7	Produce a sustainability plan for critical care.	<b>AC</b>	<b>KJ</b>
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.	<b>MR</b>	
<b>6</b>	<b>Implementation</b>		
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	<b>LD</b>	<b>DW</b>
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.	<b>LD</b>	<b>DW</b>
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	<b>HT</b>	<b>AS</b>
6.4	Peer review and planning support implemented.	<b>LD</b>	<b>DW</b>
6.5	Presentation of speciality data reviews.	<b>AC</b>	<b>KJ</b>
6.6	Agreement of action plans for performance with the NHS Executive.	<b>AC</b>	<b>KJ</b>

<b>6.7</b>	Implementation of key deliverables, monitored and reviewed monthly.	<b>SM</b>	
<b>7</b>	<b>Deescalation from TI</b>		
<b>7.1</b>	The development of a credible three-year medium-term plan or an approvable annual plan.	<b>LD</b>	<b>DW</b>
<b>7.2</b>	Assessment at level 3 of the maturity matrix	<b>LD</b>	<b>DW</b>
<b>7.3</b>	Agreement of a robust three-year financial plan to meet its financial duties	<b>HT</b>	<b>AS</b>
<b>7.4</b>	Agreement of and sustainable progress made towards a finance improvement trajectory.	<b>HT</b>	<b>SA</b>
<b>7.5</b>	The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	<b>AH-M</b>	
<b>8</b>	<b>Deescalation from enhanced monitoring</b>		
<b>8.1</b>	Agreed approach and delivery over 6 months against planned care recovery actions.	<b>AC</b>	<b>KJ</b>
<b>8.2</b>	Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.	<b>AC</b>	<b>KJ</b>
<b>8.3</b>	Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.	<b>AC</b>	<b>KJ</b>
<b>8.4</b>	Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.	<b>AC</b>	<b>KJ</b>

## Section 2: Workstreams

### Governance and oversight workstream: Actions retained at TI Steering Group

		Executive Lead	Operational Lead
	<b>Governance</b>		
3.1	Establish an appropriate governance structure for Targeted Intervention including the appointment of an SRO and Independent Member for TI.	SM	
5.1	Appoint an SRO for Enhanced Monitoring.	SM	
5.2	Demonstrate Board ownership and oversight of the areas of concern.	SM	
6.7	Implementation of key deliverables, monitored and reviewed monthly.	SM	
1.10	Implement frequent directorate accountability and performance management.	AC	CE
9.2	To demonstrate a strong link between ensuring quality and performance improvement.	MR	MD
9.3	That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.	LG	CD
7.5	The health board builds on relationships and existing partnership structures and fully engages and involves the public, staff, trade unions and partners on the transformation and reshaping of services.	AH-M	
	<b>Data</b>		
9.1	That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.	HT	CE
2.10	Specialist demand and capacity advice and support to the health board from Improvement Cymru with the roll out of RTDC (Real Time Demand and Capacity) programme.	MR	MD
3.6	Commit to participating in and rolling out the RTDC model across all sites.	MR	MD
	<b>Safety</b>		
5.8	Undertake a detailed analysis behind infection control with a focus on c-diff.	MR	
4.7	Support the health board with its work on infection control with a focus on c-diff.	MR	

### Finance workstream: Actions delegated to TI Group

		Executive Lead	Operational Lead
	<b>Financial planning</b>		
7.3	Agreement of a robust three-year financial plan to meet its financial duties	HT	AS
7.4	Agreement of and sustainable progress made towards a finance improvement trajectory.	HT	AS
1.1	To have produced a trajectory and action plan for returning the organisation on an initial basis to its 2021/22 outturn deficit position.	HT	AS
1.9	Develop a financial recovery plan to be agreed by the health board. The financial recovery plan (FRP) that will provide focus for the NHS body to rapidly improve the financial position. The FRP will need to be action and delivery focused with a clearly articulated improvement trajectory. It will need to be formally signed off by the Board of the NHS body and approved / endorsed by FDU / WG.	HT	AS
1.14	The FDU will work with the health board to agree specific finance interventions which will be encompassed in a finance recovery plan incorporating the budget control environment, financial planning, forecasting and all opportunities and improvement actions already identified to maximise the available opportunities pipeline.	HT	AS

	<b>Diagnostics</b>		
1.2	Clarity on what the drivers are and where the deficit is in service and workforce terms. Have a clear strategic narrative to inform the organisations plan and national priorities, with clarity on any choices to commit recurrent resources.	HT	SA
1.4	Have a clear assessment of where the organisation's cost base is changing and why, ensuring overall baseline alignment in service and workforce terms being consistent and follows from the underlying assessment. Ensure that cost drivers are well understood, evidenced based, with a realistic cost growth assessment including cost mitigation.	HT	SA
1.11	Targeted support from the Financial Delivery Unit (FDU) regarding the health board's financial management and understanding the drivers behind the financial deficit. This is with a particular focus on the deficit deterioration from £25m to £62m, resultant impact and opportunities for improvement. This includes choices being considered by the Board to deliver improvements.	HT	AS
	<b>Opportunities framework</b>		
1.3	Demonstrate a focus on recurrent solutions and not reliance on non-recurrent measures resulting in impacting underlying deficit.	HT	SA
1.6	Working within a live ongoing opportunity framework, which is continually updated and refined linking into to efficiency and productivity agenda.	HT	SA
	<b>Financial management</b>		
1.5	Have savings and efficiency plans, supported by realistic and deliverable plans, with a clear risk assessment and actions being taken to mitigate those risks to give confidence in an overall level of realistic savings delivery.	HT	SA
1.13	The FDU will support the organisation in undertaking a review of financial management arrangements, identifying gaps, next steps and opportunities. This will incorporate the deterioration of the deficit, testing and reviewing the delivery framework and the opportunities framework.	HT	SA
1.15	Test the delivery arrangements within the organisation against the KPMG delivery framework report.	HT	AS
6.3	Key deliverables agreed with the FDU and implementation plan in place, monitored and reviewed monthly.	HT	AS
	<b>Grip and control</b>		
1.7	Completed all the recommendations within the KPMG review undertaken in February 2020.	HT	AS
1.8	Take immediate action, to review and demonstrate the recommendations from the KPMG report undertaken in February 2020 were implemented and evidence of doing so. Where this isn't the case, ensure there is an agreed timescale to implement.	HT	AS
1.12	The FDU will review with the health board the recommendations from the KPMG reports undertaken in February 2020 to establish the evidence of implementing the recommendations and outcomes of the review. Where appropriate review and consider timescales for further implementation.	HT	AS

#### Planning workstream: Actions delegated to TI Group

		Executive Lead	Operational Lead
	<b>Plan</b>		
7.1	The development of a credible three-year medium-term plan or an approvable annual plan.	LD	DW
3.4	Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.	LD	DW
3.5	Develop the organisation's clinical services plan within an agreed timeline.	LD	DW
	<b>Planning maturity matrix</b>		

3.2	Develop a planning maturity matrix through which the organisation could assess themselves against in order to identify the steps required to develop the planning processes.	LD	DW
6.2	The Health Board to develop the maturity matrix in conjunction with staff and stakeholders – December 2022.	LD	DW
7.2	Assessment at level 3 of the maturity matrix	LD	DW
6.1	The Health Board to conduct its baseline assessment and set out the planning improvement journey following receipt of the 2023/24 planning guidance.	LD	DW
	<b>Planning process</b>		
2.2	The health board to strengthen the planning process in terms of commencing the process earlier in the year and implementing robust budget setting principles as recommended in the report.	LD	DW
2.3	Embed a greater focus on triangulating HDUHB demand, what is required to service that demand and planned outcomes (quality, access, workforce, transformational savings and finance).	LD	DW
2.1	Evidence of improved integrated planning across the organisation to develop an approvable IMTP for 2023-26, providing a route map towards the UHB's longer-term ambition as set out in the Programme Business Case.	LD	DW
	<b>Peer reviews</b>		
2.5	Peer support and challenge for integrated planning. This will be organised through Welsh Government planning directorate.	LD	DW
2.8	A rapid peer review of integrated planning capacity and capability within Hywel Dda both in terms of IMTP planning and capital planning.	LD	DW
2.9	A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms.	LD	DW
3.3	Implement the recommendations of the peer review exercises.	LD	DW
6.4	Peer review and planning support implemented.	LD	DW
	<b>WG oversight</b>		
2.4	Provision of specialist planning and strategy advice from the Director of Planning at Welsh Government.	LD	DW
2.6	Monthly progress review meetings incorporating check and challenge throughout the planning process.	LD	DW
2.7	Ongoing support and guidance with regular feedback from the Welsh Government planning team.	LD	DW

#### Enhanced monitoring: Actions delegated to Enhanced monitoring group

		Executive Lead	Operational Lead
	<b>Diagnosis</b>		
4.2	Have a clear understanding of the challenges it faces across key planned care specialities to include general surgery and urology and the appropriate solutions agreed with the NHS Executive.	AC	KJ
4.5	Undertake desk top reviews into cancer – overall picture with a focus on areas of concern.	AC	KJ
4.6	Undertake desk top reviews into planned and unscheduled care focusing on areas of concern.	AC	KJ
6.5	Presentation of speciality data reviews.	AC	KJ
4.10	Provide peer support through the Cancer Network with cancer planning, assessment against the Quality Statements and National Optimum Pathway.	AC	KJ
	<b>Recovery plans</b>		
4.3	Develop and implementing sustainable service plans for cancer, CAHMS, neurodevelopment and critical care.	AC	KJ

4.4	Robust plans to improve urgent and emergency care and a reduction in day-to-day variations. Focus to include SDEC and handover.	AC	KJ
5.7	Produce a sustainability plan for critical care.	AC	KJ
6.6	Agreement of action plans for performance with the NHS Executive.	AC	KJ
4.8	Review ambulance patient handover plans and implement the performance management framework.	AC	KJ
	<b>Improvement trajectories</b>		
4.1	Agreed realistic improvement trajectories to achieve the planned care ambitions on outpatients and eliminating patients waiting over 104 weeks.	AC	KJ
4.9	Agree trajectories against planned care ambitions.	AC	KJ
5.5	On planned care ensure that there is a clinical plan in place for all long waiters and that all patients waiting over 2 years for their first appointment are booked by the end of December 2022.	AC	KJ
8.1	Agreed approach and delivery over 6 months against planned care recovery actions.	AC	KJ
8.4	Evidence of actions implemented from identified within the speciality reviews, opportunities assessment and improvement plans and performance sustainably improved over 6 months.	AC	KJ
8.3	Improved cancer performance with performance against an agreed backlog trajectory maintained over 6 months and performance improvement noted in line with the plan.	AC	KJ
5.6	On urgent and emergency care provide a focus on timely patient flow and discharge, engage with patients (and staff) on their experience in ED and focus upon reducing trolley waits and long waits for admission from ED.	AC	KJ
8.2	Consistency in urgent and emergency care over the next 6 months as highlighted in 12-hour performance and ambulance handovers.	AC	KJ
	<b>Oversight</b>		
5.3	Submit an enhanced monitoring action plan by the 5 November 2022.	AC	KJ
5.4	Provide monthly progress reports against the enhanced monitoring action plan.	AC	KJ