

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Plan 2024/25 Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning Shaun Ayres, Programme Director for Targeted Intervention / Deputy Director of Operational Planning and Commissioning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

At the March 2024 Public Board meeting, a one-year Annual Plan for 2024/25 was endorsed, acknowledging significant risks and recognising that the forecast financial outturn remains unacceptable and further work will be required during 2024/25 to improve the position. The plan was subsequently submitted to Welsh Government on 28 March 2024. The annual plan includes a one-year financial plan and key deliverables for the next 12 months.

Following submission, the Health Board has received notification on 3 May 2024 from Welsh Government stating that the financial deficit set out in the annual plan is unacceptable and is not aligned to de-escalation criteria (for Targeted Intervention). As a consequence of this letter, further work is required throughout May 2024 to reduce both the financial and performance risks contained within the existing plan. The expectation is that the Health Board will improve the financial deficit projected, inclusive of quantified options and choices to make further improvement against the current financial forecast. Furthermore, a second letter was issued on 7 May 2024 by Welsh Government setting out revised performance expectations, following the Team Wales event. These updated performance expectations (including a revised Minimum Dataset) are also expected to form part of the submissions at the end of May 2024.

This report provides the Board with an update on the annual plan and the current actions being undertaken in response to Targeted Intervention.

Cefndir / Background

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit this to the Welsh Government for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period. Hywel Dda University Health Board (HDdUHB) was unable to do that for 2022/23, which led to the Health Board being escalated by the Welsh Government to Targeted Intervention for Planning and Finance. In January 2024, the entire organisation was placed into Targeted Intervention.

As noted at previous Board meetings, whilst the ambition and aspiration for HDdUHB remains to submit an approvable IMTP, the current challenges are such that, despite our best endeavours, we were not in a position to produce a balanced financial plan for 2024/25. Following discussion at Board, this was formally noted to Welsh Government (WG) in an accountability letter from the Chief Executive in February 2024.

In lieu of an IMTP, an annual plan was developed for 2024/25 and presented at the March 2024 Public Board meeting for endorsement. The plan considered by Board can be found at: [Annual Plan 2024/25](#).

The annual plan was subsequently submitted to Welsh Government on 28 March 2024. It sets out our initial step towards realising our medium-term aspirations to respond to the significant challenges which the Health Board is facing. The plan describes the key objectives and deliverables for the next 12 months and laying the foundations for further progress beyond that. It was, however, fully acknowledged that the in-year financial deficit, in particular, remains unacceptable and further work is required during the year, with clear progress expected in the first quarter.

Asesiad / Assessment

Feedback on the submission of March 2024

The Health Board received a formal response from Welsh Government to the accountable officer letter on 3 May 2024, noting that the Annual Plan did not deliver either a financially balanced plan or set a clear roadmap to the financial Control Total of £45m. Further, Welsh Government noted that, as it stands, the plan submitted is unacceptable and is not aligned to de-escalation criteria (for Targeted Intervention).

Therefore, by 31 May 2024, the Health Board is required to submit a report which sets out the underlying risks and choices and delivers an acceptable plan that provides the required level of data and information and materially improves the significant financial deficit position. As such, the Health Board is expected to reduce the risk in existing plans, improve the financial deficit projected and outline quantified options and choices to make further improvement from that position. The approach we are taking on this is highlighted through the challenges and risks in delivering the plan, as addressed further below.

Challenges and risks to delivery of the plan

The Annual Plan submission was clear on the challenges for the Health Board in delivering the plan; these include:

- Financial pressures - The Health Board is forecasting a £64.0m deficit for 2024/25, predicated on a £32.4m savings plan. Delivery of this plan carries risk, particularly in achievement of the savings, but nonetheless remains well above the £44.8m control total set by the Welsh Government. Bridging this gap in one year is not considered feasible but the work on the financial route map is expected to describe the options and opportunities to reach the control total as a milestone on route to long-term financial sustainability.
- Workforce issues - Long-standing difficulties with recruitment, retention and high agency usage, especially for nursing staff. The multi-year workforce stabilisation plan aims to address this but remains an ongoing challenge.
- Significant service fragilities - Many services are not compliant with quality standards and there are sustainability issues to address across the Health Board. Whilst the Clinical Services Plan aims to respond to this for the nine selected services, it is known that there are fragility risks in many services.

- Capacity constraints - Bed occupancy, ambulance handover delays, long waiting lists and delays to discharge are all symptoms of a system under pressure. Improving flow and efficiency is a priority, however will be an ongoing challenge.
- Ageing estate - There are significant issues with the condition and suitability of facilities, as highlighted by recent Reinforced Autoclaved Aerated Concrete (RAAC) and fire safety problems. Substantial investment is required to fully address these risks, however it is recognised that capital funding in Wales is constrained.
- Timescales for transformational change - The plan recognises that the scale of change required to fully address the challenges will take longer than the 12 months covered. Balancing short-term delivery with longer-term transformation is a key challenge.

The priority tasks for the first quarter are to de-risk the delivery of the year 1 savings plans (i.e. move schemes that are categorised as black/red into amber/green) and quantify the distance to the control total over the two-year period, providing a clear target for our recovery efforts. In quarter two we intend to bring to Board the route map to delivering the control total.

Targeted Intervention (TI)

Following the change in its escalation status, the Health Board has been actively engaging with the Welsh Government through the Targeted Intervention (TI) process to address the identified challenges and drive improvements across the organisation. The Targeted Intervention Escalation Framework has now been agreed, which includes the key expectations and de-escalation criteria (Appendix 1). During the first TI meeting on 30 April 2024, the Health Board provided a comprehensive update on the progress made across each of the six domains and outlined the next steps for delivering the desired outcomes. Welsh Government provided valuable feedback, emphasising the need for clear, tangible outputs and outcomes.

In response to these revised expectations, the Health Board is developing a focused action plan to deliver the required improvements and demonstrate meaningful progress. The key priorities and actions include:

1. Finalising the progression of Red and Black savings schemes to Amber or Green status where possible by the first week of June 2024, or formally rejecting them and identifying alternatives. This will provide a clear picture of the assured savings for the 2024/25 financial year.
2. Developing a draft multi-year financial route map by the first week of June 2024, outlining the trajectory and key milestones required to achieve the £44.8m control total. This roadmap will offer a tangible plan for financial recovery.
3. Identifying the top 5-10 opportunities from the pipeline that will be progressed to delivery in 2024/25 and 2025/26, with clear timelines and expected financial impacts. These opportunities will be developed into deliverable plans, with oversight from the Value and Sustainability Group and the Integrated Quality, Finance and Performance Delivery (IQFPD) Group, to drive further cost reductions.
4. Demonstrating progress in key performance areas, such as reducing ambulance handover delays, improving Referral To Treatment (RTT) waiting times, increasing diagnostic capacity, and meeting the revised targets set by the Welsh Government. The Health Board will maintain its focus on these challenges and support the development and delivery of robust improvement plans.

5. Providing evidence of improvements in quality governance, including the embedding of learning from complaints and incidents and the reduction of Health Care Acquired Infection (HCAI) rates. The Health Board will continue to strengthen its quality governance arrangements and drive improvements in these areas.
6. Securing and allocating the necessary resources, including project management support, workforce, financial, and value-based healthcare expertise, by the end of May 2024 to support the delivery of key programmes and projects. This will ensure that the Health Board has the capacity and capability to effectively implement its improvement plans.
7. Developing a concise, focused presentation for the next Welsh Government TI meeting, highlighting the tangible outputs, outcomes, and next steps achieved by the Health Board. This presentation will demonstrate the meaningful progress made and the commitment to delivering sustainable improvements.

To ensure accountability and delivery, the Health Board has assigned the de-escalation criteria to each of the relevant reporting groups, which have then cascaded the responsibilities to their respective sub-groups. This approach ensures that all levels of the organisation are aligned and focused on achieving the desired outcomes.

The Value and Sustainability Group is responsible for the de-escalation criteria related to workforce development, financial opportunities and the financial route map. The sub-groups under this reporting group, such as the Workforce Stabilisation Group and the Finance Control Group, are tasked with delivering specific actions and outcomes in line with these criteria.

The Integrated Quality, Finance and Performance Delivery (IQFPD) Group oversees the delivery of the annual plan, including the de-escalation criteria related to savings delivery, quality management and operational performance. The sub-groups, including the Transforming Urgent and Emergency Care Group, the Planned Care and Cancer Group, and the Mental Health and Learning Disabilities Group, are responsible for implementing improvement plans and demonstrating progress in their respective areas.

The A Healthier Mid and West Wales (AHMWW) Group is accountable for the de-escalation criteria related to clinical strategy and fragile services. The sub-groups, such as the Clinical Services Review Group, the Infrastructure & Estates Planning Group and the Primary and Community Service Strategy Group, are tasked with developing and implementing plans to address these criteria and drive improvements in service delivery and sustainability.

By cascading the de-escalation criteria through this structured approach, the Health Board ensures that all levels of the organisation are aware of their responsibilities and are actively engaged in delivering the required outcomes. Regular monitoring, reporting, and escalation processes are in place to track progress, identify any challenges or barriers, and take corrective actions as necessary.

Escalation Status and Overview of Directorates

The Health Board has established an internal escalation framework and undertaken a comprehensive assessment of each Directorate against the six domains of the internal escalation framework: Quality, Governance, Workforce, Finance, Strategy and Planning, Fragile Services, and Performance and Outcomes. This assessment has resulted in the assignment of escalation levels (1-3) to each Directorate across these domains, with Level 3 representing the highest level of escalation and indicating areas requiring urgent attention and improvement.

Escalated Directorates will meet frequently with Executives and will be required to provide regular updates detailing clear actions, outputs and outcomes to address the identified issues and drive improvement. This will enable close oversight of the Level 3 and Level 2 Directorates, providing guidance and support to help achieve the required improvements and escalating concerns to the Executive Team and the Board as necessary. Directorates with Level 2 status will also be monitored, with quarterly updates provided to the IQFPD Group to ensure they continue to progress and do not deteriorate. Through this robust escalation process and clear reporting lines, the Health Board aims to effectively monitor and support the performance and quality of its Directorates, driving the necessary improvements to deliver the best possible outcomes for our patients and the population we serve.

The Health Board acknowledges the urgent need for action and remains fully committed to delivering the required outcomes. A revised Minimum Data Set (MDS) will be developed to align with the Welsh Government's expectations and to track progress against the key deliverables; this revised submission is due on 31 May 2024. The revised MDS (trajectory) will be regularly monitored and reported to the Board, the Welsh Government, and other relevant stakeholders to ensure transparency and accountability.

By focusing on these critical priorities, working collaboratively with the Welsh Government, and ensuring accountability through the cascading of de-escalation criteria, the Health Board aims to achieve significant improvements in performance, quality of care, and financial sustainability. The Board will maintain close oversight of the progress made and will proactively address any challenges or barriers to ensure the successful delivery of the TI programme and the best possible outcomes for the population served by the Health Board.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the update on the Annual Plan for 2024/25, recognising that a separate Supplementary Paper appears on the agenda
- **NOTE** the update on the approach to Targeted Intervention

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable

Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Not applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board (March 2024 for approval of submission of 2024/25 Annual Plan to Welsh Government)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2024/25
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2024/25
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2024/25
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2024/25 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements



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Section A: Introduction

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

A NHS organisation can be escalated for any, or all, of the domains highlighted below:



On the 23 January 2024, Hywel Dda University Health Board was escalated to level 4 (Targeted Intervention) of the [NHS Wales Escalation and oversight Framework](#). This ministerial decision followed the tripartite process of Healthcare Inspectorate Wales, Audit Wales and Welsh Government officials' discussing collective intelligence of NHS Wales organisations. The escalation of the whole organisation into level 4 reflects escalating concerns in all of the 6 domains of the oversight and escalation framework.

This document sets out the key areas to be addressed as part of the escalation and the expectations for improvement.

A1: Welsh Government approach to oversight and escalation

Information on the escalation and intervention approach can be found in the [NHS oversight and escalation framework](#).

To optimise the capacity, efficiency and effectiveness across health care settings, prudent health care principles and value-based healthcare will be the basis on which services are planned and delivered. Value in health care is realised when the best possible health care outcomes is achieved for our population with the resources that we have.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Assessment and monitoring

Targeted intervention will result in additional scrutiny being applied to the various domain areas.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery (IQPD) meetings and Joint Executive Team (JET) meetings.
- There will be quarterly escalation meetings chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales.
- Welsh Government will agree with the health board the ongoing frequency of interventions, support and monitoring.
- Welsh Government will agree with the health board whether a monthly progress report on the key areas in escalation will be required. For areas such as finance, this will include extant reporting arrangements such as the monthly monitoring return to Welsh Government.

Inception meeting

The inception meeting will review and agree the escalation plan (including targeted intervention and enhanced monitoring). The plan will set out the key objectives and key products; the composition of the project team; the ongoing monitoring and scrutiny approach.

Escalation Touchpoints

- Frequency of the finance and planning targeted intervention touchpoint meetings will be agreed with the NHS Executive - these will examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.
- A monthly oversight meeting, chaired by Welsh Government will be established to oversee the targeted interventions established to support performance recovery at Hywel Dda University Health Board. It will bring together Welsh Government, NHS Executive and Hywel Dda University Health Board leads to co-ordinate and deliver the interventions as required within the targeted intervention improvement framework to support sustained service improvements.
- Agreement to the monitoring of the other domains to be agreed at the inception meeting.
- A quarterly escalation meeting chaired by the Director General of the Health and Social Services Group / Chief Executive NHS Wales

Section B: Targeted Intervention

Targeted intervention (Level 4) is the second highest level of escalation within the NHS oversight and escalation framework. It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. Support will always be designed and delivered within the relevant organisational context and specific support needs will be reviewed through regular oversight meetings and additional enhanced oversight arrangements.

Welsh Government will take and co-ordinate action and direct intervention to support Hywel Dda UHB to strengthen its capacity and capability in order to drive improvements. It is important to recognise that over the past number of years, the organisation has used external assessments and reviews of its situation to develop plans and processes to address long standing issues related to an unsustainable financial position.

The initial stage therefore will evaluate understood issues but assess the impact of the delivery mechanisms the organisation has in place. An intervention plan will be developed following this. The interventions will normally be undertaken by the NHS Wales Executive directed by Welsh Government. On some occasions, appropriate external support will be given to the organisation. The intervention plan for each domain will report into the overarching process.

De-escalation will be to the next level on the intervention scale with reduced oversight and reporting at each stage of de-escalation, from level 4 to level 3.

The framework domains with the observation areas for initial focus are set out below and will support the intervention plan which will lead to clear de-escalation criteria.

Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on developed products.
5. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.
6. Direct the NHS Executive to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
7. Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

Hywel Dda University Health Board

1. Appoint an SRO(s) for the overall escalation and each domain if considered necessary and appropriate project leads.
2. Have board ownership and oversight with a clear governance structure, ensure that the Board is apprised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. Agree the Targeted Intervention plan(s) and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide monthly progress reports and evidence against the escalation plan to Welsh Government as required.
5. Strengthen the formal review mechanisms to support urgency in delivering confidence and improvement to the overall position.

Expected outcomes

Strategy and Planning

- Improved integrated planning evident across the organisation to develop an approvable IMTP for 2025-28, providing a route map towards the UHB's longer-term ambition.
- Effective regional planning taking place to ensure patients have access to the best possible care with clear demonstration that services of higher risk are more sustainable and benefit the population the organisation serves.
- Clearly agreed clinical strategy and development of a clinical plan to lead future planning and investment decisions.

Finance

- A robust financial governance and a robust financial control environment through undertaking a review of the financial management arrangements in place, against an appropriate best practice framework(s) and developing and implementing an action plan to address any gaps in approach.
- The drivers of the current deficit articulated in order to inform a triangulated approach to identify and deliver actions that will improve efficiency and maximise the use of resources.
- Clear policies and processes supporting the identification, delivery and monitoring of all savings schemes. This should include having a clear and robust opportunities framework (and pipeline) that contains realistic opportunities to support and manage the short-term challenges being faced, as well as driving the larger-scale transformational changes that will support long-term sustainability.
- A clear strategy to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery; this will need to be an integrated plan, with clear and realistic planning assumptions, which triangulates with the organisation's longer-term strategic objectives around service delivery, workforce, infrastructure, etc.
- Clear improvement in the planned financial trajectory for 2024/25 including significant progress towards delivery of the target control total; improved grip and control of the existing financial and operational pressures; and further progress around identification and delivery of opportunities.

Performance and outcomes

- Sustained improvements in quality and patient experience across secondary care.
- Improved access to planned care with reduced waiting times in line with national requirements.
- Improved access to cancer services with waiting times in line with national requirements, and reduction in the number of patients waiting over 62 days.
- Improved access across urgent and emergency care including a sustained reduction in ambulance handovers, a reduction in the time to be seen by a clinician, reduction in the number of pathways of care delays and delivery of effective flow through the organisation.
- Delivery of transformation and new models of planned, unscheduled, primary and community services.

Quality of Services

- Demonstrating a strong link between ensuring quality and performance improvement. Quality and safety embedded in everything the organisation does.
- Ensure that all recommendations from the Royal Colleges, HIW and other reviews are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term Improvement Plan.
- Healthcare acquired infections in line with agreed trajectories.

Fragile Services

- Fragile services are supported by strong clinical leadership, an effective integrated improvement plan, project management structure and effective transformation support.
- There is an effective process to recognise and respond to services that are at risk of becoming fragile.

Leadership, capability and culture

- Demonstrate through delivery, leadership that enables the organisation to implement national strategic programme objectives.
- Lead the improvement in sustainable service delivery with increased focus on the short and medium term. This should not only focus on hospital delivered services but the transformation of primary care.
- Ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.
- The organisation is focussed on all aspects of strategic workforce planning and maximising the skills of its current staff.
- Continuation of embedding/demonstrating lived values and behaviours throughout the organisation.
- Clinical leadership is visible and effective; there is leadership development support in place and the consultant body as a whole is actively engaged in driving forward service improvement.
- There is evidence of positive shifts in culture in key areas such as multidisciplinary working.
- Senior leaders set the desired culture and tone for the organisation which promotes equality, inclusivity, openness and transparency.

- A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient outcomes, user and staff feedback.

Governance

- Ensuring all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery. Empowering effective decision making and a constant focus on performance improvement.
- Effective programme management structure is in place, which defines objectives of the improvement work, has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; effective, open and transparent reporting, with effective strategic Board oversight.
- Ensuring the health board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels. Data is collected only when required and is stored and shared appropriately.
- Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee.
- Clinical Plan and Annual Plan developed, agreed and communicated across the organisation and to the public; early actions delivered providing confidence that sustainable longer term continuous improvement is achievable.
- Deliver and change in corporate and operational structure with minimal impact on care delivery.
- Succession and development plans in place to ensure operational efficiency at all times.

B1: Finance, Strategy and Planning

The finance, strategy and planning domain within the oversight and escalation framework gives consideration to the following:

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there a significant underlying deficit and/or significant gap to the financial plan?

Finance Intervention

At month 10, the health board reported a forecast deficit of £66m, a £21.2m gap from delivery of the Target Control Total of £44.8m. The position includes a £4.7m shortfall against a savings plan requirement of £19.5m. The recurrent savings plan gap is £9.3m. At month 7, the health board revised and increased its carried forward underlying deficit by £30.6m, to £93.6m noting pressures across unscheduled care. The ULD includes anticipation of £43m conditionally recurrent funding.

The finance intervention and focus whilst in targeted intervention covers the following five areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
 - The financial committee structure is clearly articulated and addresses key risks.
 - Financial reports and supplementary presentations include the analysis and narrative explanation required to enable management and board to discharge their duties.
 - Financial controls at the health board are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews or other control reviews.
 - The finance function has the necessary capacity and capability to support the needs of the wider organisation.
 - Budget holders and managers are held to account for delivering their financial plans.
 - That as a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

2. Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.

- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The drivers and investment decisions responsible for the growth in workforce are well understood; are reviewed for ongoing value; and are monitored through the Integrated Performance Report.
- The integrated performance reports clearly identify and monitor metrics against key activity cost drivers;
- That as a result of the above there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

3. Development and realisation of opportunities

- Has a clear process and approach across the organisation to support the identification, delivery and monitoring of all savings schemes.
- Development of a comprehensive opportunities framework with a constant pipeline of opportunities, and establish clear roles and responsibilities for developing opportunities into saving schemes and subsequent delivery of these saving schemes.
- Is translating national opportunities identified through the Value and Sustainability Board into local savings.
- Has clear policies and processes in place to enable budget holders and managers to realise and deliver identified savings schemes.
- Value based health care principles have been embedded across the organisation.

4. Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- A clear engagement plan to communicate the necessity for financial improvement across the organisation.

5. Delivery of Plan

- It is delivering clear improvement in the planned financial trajectory for 2024/25 (i.e. significant progress towards delivery of the Target Control Total), including further progress around identification and delivery of recurring opportunities.

Strategy and Planning Intervention

The strategy and planning intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Delivery of improved integrated planning

- Completion of the recommendations in the integrated planning review.
- Board self-assessment against the integrated planning matrix and evidence assessment documentation with a view to achieving level 3/4 on the matrix.

2. Submission and delivery of an approvable plan

- Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
- Make good progress in delivering the ministerial targets, accountability criteria and the targeted intervention requirements.

3. Clinical strategy

- Develop the organisation's clinical services plan within an agreed timeline.
- Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

4. Regional planning

- Review the learning from the orthopaedic intervention from Welsh Government and the NHS Executive, demonstrate effective partnership working to deliver a regional orthopaedic model that benefits the populations of each respective organisation.
- Scope and develop regional opportunities for ophthalmology services with SBUHB and develop a regional delivery plan that reduces waste, harm and variation.

De-escalation Criteria

Finance

1. The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.
3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.

Strategy and Planning

1. Submission of an acceptable annual plan in line with the current planning framework.
2. Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.
3. Board clarity on the strategic vision for the organisation.
4. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.
5. Delivery of commitments set out within the annual plan, particularly in relation to the ministerial priorities.
6. Significant progress on a clinical services plan
7. Sustained improvements in delivery of the plan throughout the year.
8. Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.
9. Establishment of a Joint Committee with Swansea Bay UHB and demonstrate improved regional collaboration where required to ensure continued safety,

quality and ongoing viability and sustainability of regional services; including orthopaedics and ophthalmology.

B2: Performance and Outcomes

The performance and outcomes domain within the oversight and escalation framework gives consideration to the following:

- Is performance in line with agreed trajectories and national requirements?
- Are issues delivering against plan and accountability conditions identified and addressed appropriately in a timely manner?
- Are outcomes measured and monitored appropriately, with any changes identified, investigated, and actioned promptly?
- Are contracted services managed appropriately?

Performance and outcomes concerns at the health board cover a range of areas, including:

- urgent and emergency care - A&E waiting times, and extended ambulance handovers.
- planned care - long waiting pathways, cancer performance, delayed outpatient follow-up, diagnostics (specifically radiology and endoscopy), therapy services and CAMHS.

Performance and Outcomes Intervention

The performance and outcomes intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Establish baseline and agree improvement plans

- Undertake a current situation report to highlight the baseline and opportunities. This will be repeated at agreed milestones to provide assurance to Welsh Government and the Board that progress is being made or where further interventions are required.
- Review, for assurance purposes, progress the health board has made against previous external and internal reviews and implementation plans with a performance lens.
- Consolidate previous performance reviews and improvement plans into one core document, reducing the risk of duplication, with the intention of adding value to a clear way forward.
- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.

2. Implement improvement plans

- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Improve access to planned care with reduced waiting times in line with national requirements.

- Improve the timeliness of access to cancer services and demonstrate improved compliance with the suspected cancer pathway, prioritising improvement in the most at risk tumour sites.
 - Ensure that cancer backlog reduces to agreed levels and site-specific plans are in place for tumour sites of concern.
 - Implement an outpatient's transformation plan that supports a move towards the requirements of the planned care programme.
 - Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.
3. Work with national programmes and respond to external reviews such as GIRFT
- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care, Planned Care Improvement and the National Diagnostic and Endoscopy Programmes.
 - Support the implementation and realisation of the GIRFT opportunities as highlighted through the programme reviews.
 - Develop and implement an integrated approach to theatre scheduling and management, working with the GIRFT programme to develop and embed the agreed theatre reporting metrics on a bi-weekly basis.
 - Develop agreed plans in response to the GIRFT speciality reviews and recommendations.
 - Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.
4. Communications and engagement
- Ensure there are plans in place for all long waiters with a clear communication strategy with appropriate support to keep them well.
 - Implement the requirements of the three Ps policy.
 - Ensure that patients are clear where they can and should access support, signposting away from emergency services.
 - Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

De-escalation criteria

De-escalation criteria are set out below and should be maintained for at least 3 months before de-escalation will be considered. De-escalation will be to the next level of the escalation framework. Performance data will be enhanced by a monthly progress report from the health board across a range of measures.

Planned Care and Cancer

- 60% performance maintained for 3 months against the SCP target.
- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
- 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.

- 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.
- 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)
- 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.
- 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.
 - 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
 - 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
- 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.
- Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

Urgent and Emergency Care

- A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).
- Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.
- Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.
- A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).
- Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.

CAMHS

- 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.
- 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.
- 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.

The above metrics, and monthly reports will form the basis of an assessment by the Welsh Government and NHS Executive as to the confidence levels of the health board's ability to maintain and sustain improvements.

B3: Fragile Services

The clinical and fragile services domain within the oversight and escalation framework gives consideration to the following:

- Does outcome and clinical data indicate that the service is an outlier?
- Are people safe and not at high risk of avoidable harm?
- Are outcomes of care and treatment appropriately monitored and benchmarked with other similar services so any unduly variable or significantly worse are identified and action taken appropriately?
- Are services from other providers commissioned effectively?
- Does people's care and treatment reflect current evidence-based guidance, standards, practice or technology?

Fragile Services Intervention

The fragile services intervention and focus whilst in targeted intervention will alter over time as it is likely that other services that may become fragile during the time frame of targeted intervention and if that is the case, then these concerns will be outlined clearly as below.

Initial analysis indicates that there are a number of fragile services across the health board. Stage one of the escalation framework will focus on the following:

- Stroke
- Primary care
- Critical care
- Emergency general surgery
- Ophthalmology

For each service, there will be a summary document setting out the issues of concern, expectations and de-escalation criteria.

De-escalation criteria

1. Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, AW, HMC, RC, Llais etc), mortality reviews, duty of quality/candour, infection protection control, performance, clinical and medical leadership.
2. Fragile services (including but not limited to stroke, primary care, orthopaedics and ophthalmology) are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support. Where appropriate key performance metrics will be agreed.
3. Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.

4. Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.

B4: Governance

The governance domain within the oversight and escalation framework gives consideration to the following:

- Are there clearly defined, well understood processes for escalating and resolving issues and managing performance?
- Does the Board have the skills and capability to lead the organisation?
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?

Governance Intervention

The governance intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below.

1. Observation and analysis

- Respond to insight and feedback from observations in a positive and constructive manner, setting out how the feedback has had an impact.

2. Peer support

- Respond to insight and feedback from peer support in a positive and constructive manner, setting out how the feedback has had an impact.

3. Development of key frameworks

- Develop and implement core frameworks to include performance.

4. Board Self-Assessment

- Review strategic risks and ensure that risk management is aligned with the health boards risk appetite.
- Ensure an appropriate governance framework is in place, particularly with regards to providing appropriate scrutiny of performance, leadership style and practice.
- Regular self-assessment against an agreed maturity matrix.
- Responding to the outcome of self-assessments and external assessments and observations by setting objectives that will improve effectiveness.

De-escalation Criteria

1. Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee as demonstrated by Committee and Board papers.
2. Evidence of Board considering the Duty of Quality to inform their decision making and evaluating their compliance with the Duty.
3. Effective programme and performance management structure is in place, which defines objectives of the improvement work, has plans which show how the work

is delivered and what barriers could impact on delivery of outcomes; structures have effective, open and transparent reporting, with effective Board oversight and a clear performance and delivery framework that drives improvement.

4. Risk management arrangements are in place for identifying, recording, managing risks across the organisation. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny of fragile services provided by QSE and Board.
5. Clear governance and assurance systems in place with performance (quality, resource, activity/outcomes) issues escalated appropriately through clear structures and processes.
6. Self-assessment against an agreed governance maturity matrix with evidence the agreed level.

B5: Leadership, Capability and Culture

The leadership, capability and culture domain within the oversight and escalation framework gives consideration to the following:

- Is there leadership capacity and capability to deliver high quality sustainable care?
- Is there clear accountability and delivery framework/processes in place to drive outcomes through the structure.
- Does the executive leadership set the deliverables for directorates/care groups in an effect way that provides clarity of expectation and is there a process in place for remedial action should underperformance occur.
- Is appropriate and accurate information being effectively processed, challenged and acted on?
- Is there a clear vision and credible strategy to deliver high quality, sustainable care to people and robust plans to deliver?
- Is there a culture of high quality, sustainable care?

Leadership, Capability and Culture Intervention

The leadership, capability and culture intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Workforce and structure

- Review the scope and breadth of responsibilities, review the effectiveness of the structure to deliver high quality safe care and experience for patients and their families/carers.
- Review key medical and nursing gaps and capacity for all clinical groups making recommendations for the future.
- Focus on strategic workforce planning and maximising the skills of its current staff.
- Ensure that all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery. Empowering effective decision making and a constant focus on performance improvement.
- Review the clinical leadership arrangements ensuring that job plans are reviewed and updated on an annual basis.
- Support the development of a policy for job planning for consultants, SAS doctors and where appropriate for other senior clinicians.

2. Leadership and development

- Ongoing development of leadership and management skills at all levels/professions to strengthen management maturity.
- Ensure that clinical leadership is visible and effective; there is leadership development support in place and the consultant body as a whole is actively engaged in driving forward service improvement.

- To have completed a review of clinical leadership at all level/capacity and capability/multi-professional working/empowerment of more junior staff identifying change champions and empower local leadership models.
- The health board has and is progressing the actions within its strategic equality plan is reviewed annually by the Board.

De-escalation Criteria

1. A full and substantive Executive Director Team, with a clear organisational structure is in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.
2. Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity. Evaluation of the impact of these programmes including decision making, use of equality impact assessment, safeguarding and participant feedback.
3. Positive staff engagement in NHS Wales surveys.
4. Plans are in place to develop a sustainable workforce resulted in improved staff retention and staff well-being, a reduction in the number of vacancies and the number of interim and agency staff, workforce plans and clinician job plans are reviewed annually to ensure that the organisation can deliver the requirements of the annual plan
5. Whether the people who use services, the public, staff and external partners are engaged and involved to support high quality sustainable services, demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.
6. Clinical change is led and driven forward by clinical leaders at all levels of the organisation.
7. A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including quality, mortality, staffing levels, patient outcomes, user and staff feedback.
8. Effective use of data to help demonstrate improvements in leadership.

B6: Quality of Care

The quality of care domain within the oversight and escalation framework gives consideration to the following:

- Does the leadership, governance and culture support the delivery of high-quality, person-centred care?
- Do people receive effective care and/or is there sufficient assurance in place?

Quality of Care Intervention

The quality of care intervention and focus whilst in targeted intervention covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

1. Planning and service management

- Reassess the clinical strategy and support the immediate development of a clinical plan to lead future planning and investment decisions.
- Review the models for agreed services including clinical leadership, capability regional and service configuration options.
- Assess patient risk within the ophthalmology pathway, assess whether the clinical risk is being well managed and options for an improved clinical model.
- Review commissioning arrangements as appropriate.
- Review the clinical approach for regional delivery models.

2. Quality Management – clinical governance

- Review current systems and procedures to ensure high quality care, consistent with the Duty of Quality guidance.
- Review data surrounding incidents complaints, datix, never events to establish any patterns and investigate the extent to which learning is taking place.
- Overall review and assessment of clinical governance.
- Assessment of clinical staff capability and overall wellbeing.
- Review the quality management system linking quality control, assurance, planning and improvement, to include the management of complaints, incidents, claims, safeguarding and other related activities in line with agreed guidelines.
- Review how patient experience is being used to support quality management.
- Review safeguarding arrangements.
- Ensure that there are standard operating procedures for undertaking and responding to:
 - Clinical risk assessment
 - Mortality and Morbidity reviews
 - Incident reporting, investigations and learning
 - Coroner's requests and inquests
 - Capability and capacity issues

- Record keeping
- Understanding consent, as well as the fundamentals of care practice

3. Quality Management – complaints and HCAIs

- Undertake oversight of the PTR process including PTR compliance, inquests and claims management, complaints and serious incidents and external investigation processes.
- Implement a recovery plan to ensure that complaints are responded to in line with Welsh Government targets.
- Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and Board.

De-escalation criteria

- Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and Board
The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.
 - C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month)
 - Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)
 - E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month)
- 70% of complaints that had final reply (Reg 24)/interim reply (Reg 26) to be closed less than 30 working days of concern received
- Effective response from the health board to external reports and reviews including those from Audit Wales, the Ombudsman, Royal Colleges and HIW resulting in sustainable improvements.
- Demonstrate how service user and staff experience/involvement is being used to improve quality processes and inform service development across the organisation.
- Demonstrate the progress made against implementing the requirements of the Duty of Candour and Duty of Quality including the embedding of the Care and Quality Standards through the organisation from Board to service area delivery.
- Oversight of safeguarding arrangements to ensure the board have sufficient, meaningful assurance that organisation is delivering against its safeguarding statutory responsibilities.
- Use of National Clinical Audit and Outcome Review Programme and Value in Health dashboards to support quality improvement and address unwarranted

variation in care. (including the use of patient and staff feedback to influence service design).

Section C: Document Rendition

Date Created	Updated	Review date
12 March 2024	Circulated to Hywel Dda UHB for comment and discussion at their inception meeting. Comments and written feedback received	
11 April 2024	Revised version sent to HDUHB	
8 May 2024	Amended CIVICA de-escalation criteria to align with Performance Framework. Amended title to reflect change of name of group.	
13 May 2024	Final version shared with health board	