

**COFNODION CYMERADWYO Y PWYLLGOR DATBLYGU STRATEGOL A CHYFLAWNI
GWEITHREDOL APPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND
OPERATIONAL DELIVERY COMMITTEE MEETING**

Date and Time of Meeting:	9.30am – 1.00pm, Thursday 21 December 2023
Venue:	Ystwyth Boardroom and Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) Mr Michael Imperato, Independent Member (Committee Vice Chair) (VC) Mrs Judith Hardisty, Interim Chair (VC) (Part) Cllr. Rhodri Evans, Independent Member Mr Winston Weir, Independent Member (VC)
In Attendance:	Mr Lee Davies, Director of Strategy and Planning (SDODC Executive Lead) Professor Phil Kloer, Medical Director / Deputy CEO (Part) Mr Keith Jones, Director of Secondary Care deputising for Mr Andrew Carruthers, Director of Operations Ms Catherine Evans, Head of Strategic Performance Improvement deputising for Mr Huw Thomas, Director of Finance (Part) Mr Huw Thomas, Director of Finance (Part) Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Director of Governance (Board Secretary) Dr Ardiana Gjini, Director of Public Health Mr Robert Green, Deputy Director of Public Health Mr Nathan Couch, Audit Wales (VC) Mr Jeff Brown, Audit Wales(VC) Mrs Helen Mitchell, Committee Services Officer (VC) (Minutes) Item SDODC (23)132 Professor Chris Brown, Clinical Director of Pharmacy and Medicines Management (VC) Item SDODC (23)133 & 23 (134) Ms Eldeg Rosser, Head of Capital Planning (VC) Item SDODC (23)136 Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) Item SDODC (23)140 Mr Ben Rogers, Principal Programme Manager Transformation (VC) Item SDODC (23)141 Dr Leighton Phillips, Director Research, Innovation and Value (VC) Mr Nathan Davies, Senior Project Manager (VC) Item SDODC (23)144 Ms Linda Jones, West Wales Regional Partnership Board (VC)

Agenda Item	Item	Action
SDODC(23)125	INTRODUCTIONS & APOLOGIES FOR ABSENCE	

	<p>Mr Maynard Davies welcomed members to the Strategic Development and Operational Delivery Committee (SDODC) meeting.</p> <p>The following apologies for absence were noted:</p> <ul style="list-style-type: none"> • Mr Andrew Carruthers, Director of Operations 	
SDODC(23)126	<p>DECLARATION OF INTERESTS</p> <p>There were no Declarations of Interest.</p>	
SDODC(23)127	<p>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 26 OCTOBER 2023</p> <p>RESOLVED - the minutes of the SDODC meeting held on 26 October 2023 were APPROVED as an accurate record of proceedings subject to amendment.</p>	
SDODC(23)128	<p>TABLE OF ACTIONS FROM THE MEETING HELD ON 26 OCTOBER 2023</p> <p>An update was provided on the Table of Actions from the meeting held on 26 October 2023.</p> <p>There were ten actions to carry forward and one item included on the agenda:</p> <p>SDODC(22)42: Continuing NHS Healthcare: The National Framework for Implementation in Wales: To present the detail of a national performance tool, to the Committee when available. We haven't yet received the national framework document (Jill will confirm when received).</p> <p>SDODC (23)35: Planned Care Update: The MoU & supporting Project Definition Document (PDD) has been referred to the A Regional Collaboration for Health (ARCH) Regional Recovery Group. Sian-Marie James advises that on 4 December 2023, the ARCH Regional Recovery Group supported the proposal for developing a regional (ARCH) MoU. Colleagues are now discussing the clauses to be included in this document.</p> <p>SDODC(23)84: Winter Respiratory Vaccination Programme – Delivery Plan: To investigate the correlation of staff sickness rates with frontline worker vaccine uptake. As discussed at the meeting – it is complex and difficult to make a meaningful correlation, but Bethan Lewis is exploring the request with the HR team. Carried forward from October 2023.</p> <p>SDODC(23)105: Targeted Intervention (TI) Update: To share the Infrastructure Investment Board (IIB) feedback on the Nuffield review when available. Mr Lee Davies advises that the final report has not yet been received.</p> <p>SDODC(23)106: Integrated Performance Assurance Report: Ms Jill Paterson advises that this has not yet actioned as meetings have had to be cancelled for unforeseen reasons.</p> <p>SDODC(23)106: Integrated Performance Assurance Report: To investigate whether the reduction in Gynaecology outpatients is due to the change in screening intervals. Carried forward from October 2023.</p>	

	<p>SDODC (23)112: Deep Dive: Planning Objective 4c: Mental Health Recovery Plan: To investigate the position regarding the availability of council accommodation for patients who could be stepped down, and whether the Local Authority has a statutory responsibility to accommodate them. Carried forward from October 2023.</p> <p>SDODC (23)114: Dementia Strategy: To collaborate with the Dementia Strategy Group and the Information and Performance Team to develop a time spent at home metric, and to include it in the Performance Dashboard. In process.</p> <p>SDODC (23)114: Dementia Strategy: To liaise with Mr Will Oliver and Public Health colleagues to consider the inclusion of Prevention and Inequities sections within the Dementia Strategy. Carried forward from October 2023.</p> <p>SDODC (23)118: Estates Property Strategy: To discuss the feasibility and implications of the third option ie undertaking interim work on the buildings and the service model to improve the agility and quality of the service, while waiting for WG's decision on the capital funding. Welsh Government agreed to provide funding for the most urgent Estates risks over the upcoming three to five years. The Strategic Outline Case (SOC) to be discussed at Board Seminar on 14 December 2024.</p>	
SDODC(23)129	<p>SELF-ASSESSMENT TIMELINES</p> <p>Mr. M Davies introduced the Self-Assessment Timelines report, indicating that during the week commencing 5 February 2024 all Committee members and attendees will receive a short digital form for completion within two weeks. Survey responses will be collated, along with feedback captured through the preceding 12 months; and that on 18 March 2024, a facilitated, in-person workshop has been arranged to discuss the feedback from the above and develop a workplan to be taken forward. The outcome report will then be presented to SDODC on 25 April 2024.</p> <p>The Strategic Development and Operational Delivery Committee NOTED the timelines for the SDODC Self-Assessment 2023/24.</p>	
SDODC(23)130	<p>TARGETED INTERVENTION UPDATE</p> <p>Mr Lee Davies provided an update on the Targeted Intervention position indicating that the Peer Review report had been consolidated with wider/previous reports including Audit Wales Structured Assessments; Annual Planning Cycle (NHS Wales Planning Framework); the KPMG report in relation to financial planning; the Maturity Matrix; and the internal planning Master Actions emanating from the original Targeted Intervention (TI) expectations. As a result, multiple, overlapping plans have been eliminated, and the resulting consolidated, comprehensive action plan provides clarification on the plan's purpose in sharing the current status with the Committee, noting that actions are tracked by the Escalation Steering Group (ESG) which is chaired by Mr Steve Moore, Chief Executive.</p> <p>Mr L Davies acknowledged the challenges and areas for improvement, such as delivering a credible and approvable plan,</p>	

	<p>achieving financial targets, and managing service fragility and planned care pathways.</p> <p>In response to Cllr Rhodri Evans' question regarding the Maturity Matrix and the levels of performance in different phases of the planning process, Mr L Davies indicated progress had been evidenced during the past 12 months based on the self-assessment tool and the feedback from the external review. He agreed that Hywel Dda University Health Board (HDdUHB) was aiming to be exemplary in planning decisions and were ambitious to make them as robust as possible, following the best practices and standards. Mr L Davies also acknowledged that there was some subjectivity in the assessment and that the Health Board may have been too critical of itself in some aspects such as the quality of data and the stakeholder engagement.</p> <p>Mr L Davies indicated that the majority of actions are expected to be completed by 31 March 2024.</p>	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE from the ongoing response to Targeted Intervention (from a Planning perspective).</p>	

SDODC(23)131	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	<p>Ms Cath Evans introduced the Integrated Performance Assurance Report (IPAR) Month 8, 2023/24 which provides an overview of the HDdUHB's performance against various national and local measures for the month of November 2023.</p> <p>Ms C Evans highlighted the following:</p> <ul style="list-style-type: none"> • Referral to Treatment (RTT) trajectories continue to be met. • Follow up performance shows a positive improving trend. • Ambulance handovers over one hour show concerning variation and teams are working on improving trajectories for the remainder of 2023/24. • Four and twelve hour waits in the Emergency Departments (EDs) also show concerning variation. • At 30 November 2023, 227 patients in HDdUHB hospitals were subject to delayed pathways or discharges. • Cancer performance in October 2023 was 50% against the trajectory of 67%. HDdUHB received 320 more referrals in October this year than for the same period last year. • Neurodevelopmental waits show a performance of 19% against a trajectory in October 2023 of 80%, although this is a national issue. • 6000 diagnostics patients are waiting more than eight weeks, with a slight reduction in the number of Cardiology patient waits. • Dietetics has seen a large increase in demand due to a new weight management medication. • Numbers of C-diff and E-coli cases have increased. 	

	<p>The Committee noted that Urgent and Emergency Care, Mental Health and Cancer performance are key areas of focus for consideration of innovation and digital solutions.</p> <p>Dr Adiana Gjini indicated that Public Health colleagues were investigating the reason for the rise in C-diff and E-coli cases.</p> <p>In response to a question from Cllr R Evans, Ms C Evans advised that, at the request of the Board, a new four hour trajectory for ambulance handovers is under development and will be available in the January IPAR.</p> <p>Mr Keith Jones indicated that Welsh Government did not request Health Boards to submit an improvement trajectory against four hour ambulance delays at the start of the year, although it did require a one hour trajectory, which is why the new trajectory is being developed.</p> <p>Mr Michael Imperato commended the report and agreed with Mr Winstone Weir that it would be helpful to be able to pinpoint key focus areas within the report. Mr Weir, focussing on the Single Cancer pathway, queried whether the actions referenced in the report would positively impact performance in a timely way; and noted that this would be covered later in the meeting.</p> <p>Ms Cath Evans agreed to investigate Mr Weir's enquiry regarding prescribing of the new weight reducing medication and its impact on Dietetics.</p>	CE
	<p>The Strategic Development and Operational Delivery Committee NOTED the report from the IPAR – Month 8 2023/24.</p>	

SDODC(23)132	<p>REVIEW OF CLINICAL PHARMACY SERVICES AT NHS HOSPITALS IN WALES</p> <p><i>Professor Chris Brown joined the meeting.</i></p> <p>Ms Jill Paterson introduced the Review of Clinical Pharmacy Services at NHS Hospitals in Wales report. Professor Chris Brown outlined Welsh Government's response to the independent review and the actions taken by HDdUHB to implement the recommendations.</p> <p>Professor Brown acknowledged the increasing complexity and expenditure of medicines, and the need to adapt services to deliver a prudent and value-based approach to pharmaceutical care. He also highlighted the variation in clinical pharmacy across different hospitals and specialties, and the potential to expand the role of clinical pharmacists and technicians in integrated and community-based settings.</p> <p>Professor Brown cited HDdUHB as an exemplar for scale and spread in the following services:</p> <ul style="list-style-type: none"> • Pharmacist-led peri-natal mental health 	
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	<ul style="list-style-type: none"> • Early heart failure diagnosis clinics • South West Wales renal services <p>Professor Brown also highlighted the transformation programme for kidney care which involved digital innovation, health literacy, and research.</p> <p>He referenced 60 strategic actions to be undertaken by Health Boards and other stakeholders, with different priority ratings of immediate, short term, medium term, and long term. He also presented the vision and strategic aims for the Pharmacy and Medicines Management Directorate, which include best use of technology, standardisation and centralisation, advanced professional practice, health literacy, and leadership and governance.</p> <p>In response to enquiries from Cllr R Evans and Mr Weir, Professor Brown indicated that the Health Board has appointed a digital innovation and value-based lead, a Health Board wide clinical pharmacist; and is developing the roles of registered technicians and consultant pharmacists to enhance the clinical capabilities and productivity of the pharmacy workforce.</p> <p>The Health Board is also working on a gap and needs analysis, a benchmarking exercise, and a prioritisation of the short, medium, and long term actions recommended by Welsh Government, with the involvement of the pharmacy staff at all levels; and aims to adopt and adapt the Welsh Government's 60 recommendations, which will require service redesign, digital transformation, clinical leadership, workforce upskilling, and patient empowerment.</p> <p><i>Professor Chris Brown left the meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE from the Pharmacy and Medicines Management Directorate to redesign its service models and practices to meet the WG recommendations. • RECEIVED ASSURANCE from the Vision for pharmacy services, supporting wider engagement and integration of pharmacy services within the HDdUHB to realise the benefits that clinical pharmacy can provide. • NOTED WG recommendation 11 which states that; new service developments or service redesign of hospitals must consider the clinical and technician pharmacy service from the outset. 	

SDODC(23)133	CAPITAL SUB-COMMITTEE - SEPTEMBER 2023	
	<p><i>Ms Eldeg Rosser joined the meeting.</i></p> <p>Ms Eldeg Rosser presented the Capital Sub-Committee report summarising the activities and decisions of the Capital Sub-Committee for the reporting period of November 2023. She</p>	

	<p>highlighted the additional funding allocation from Welsh Government for Fire Enforcement works at Withybush Hospital, the slippages and underspends in the capital programme, the pressure on the contingency reserve, and the planning process for the next year's discretionary programme.</p> <p>Ms Rosser referenced the revised Terms of Reference (ToR), highlighting key changes regarding the split of the core membership and those in attendance.</p>	
	<ul style="list-style-type: none"> • The Strategic Development and Operational Delivery Committee: NOTED the Capital Sub-Committee update report. • ENDORSED the Capital Sub Committee Terms of Reference. 	

SDODC(23)134	<p>REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2023/24</p> <p>Ms Rosser presented the report on the Discretionary Capital Programme (DCP) 2023/24, highlighting the following:</p> <ul style="list-style-type: none"> • 2023/24 Capital Resource Limit (CRL) of £36.020m comprising £29.751m for the All Wales Capital Programme (AWCP), £5.435m for the DCP, and £0.834m for International Financial Reporting Standard (IFRS) 16 Leases. • The current forecast for capital expenditure is in line with the CRL, with a balanced position expected at the end of the year. • The DCP expenditure plan for 2023/24 has been approved by the Board and progress is being made on placing orders against it. • The contingency reserve for the DCP remains under significant pressure, with a current balance of £0.048m. • WG have allocated an initial £1.3m to the Health Board for diagnostic equipment, subject to confirmation that items can be delivered by 31 March 2024. • Bids submitted for Emergency Department (ED) schemes across all four sites were approved by WG in the sum of £400k to be used by 31 March 2024, for items such as purchase of beverage and food trolleys; minor refurbishment of toilet areas; and reinstating of storerooms. <p>Ms Rosser confirmed that, in collaboration with Carmarthenshire County Council, work progresses on the development of Business Justification Cases (BJCs) for additional capital to fund Carmarthen Hwb and Pentre Awel. She expects these BJCs to be submitted to WG for approval in early February 2024.</p> <p>Ms Eldeg also highlighted very recently published Welsh Government guidance regarding All Wales Capital Prioritisation, advising that HDdUHB will be asked to submit and complete pro formas for all schemes where business case approval to construct has not yet been given. This key work will be undertaken in January 2024, with a view to submitting returns on or before 14 February 2024.</p>	
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	<p>In response to Mr Imperato's enquiry regarding SDODC oversight or input, Ms Rosser confirmed that Mr Imperato, as the Independent Member on the Capital Sub-Committee, would be invited to attend upcoming workshops in January 2024. Mr L Davies indicated that the DCP will be presented to SDODC prior to being presented to Board as part of the Annual Plan whereas the capital prioritisation will involve horizon scanning over the next 10 years to assist WG to identify a prioritised list of capital requirements for Wales.</p> <p><i>Ms Eldeg Rosser left the meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee</p> <ul style="list-style-type: none"> • NOTED the allocation and spend of the Discretionary Capital Programme (DCP) for 2023/24 • NOTED the update on the Capital Resource Limit (CRL) for 2023/24 • NOTED the additional allocation for diagnostic equipment. • NOTED the plan to develop the DCP priorities for 2024/25 • NOTED the capital schemes governance update. 	
SDODC(23)135	<p>STRATEGIC OUTLINE CASE: A HEALTHIER MID AND WEST WALES</p> <p>Mr L Davies provided an update regarding the development of the Strategic Outline Case (SOC) and the work underway in support of the A Healthier Mid and West Wales (AHMWW) Programme. He advised that the Nuffield Trust had conducted an independent review of the Health Board's clinical model and submitted a draft report to Welsh Government, which is generally supportive of the model and includes implications and recommendations for further work. A response was recently received from Welsh Government which the Health Board is considering. Mr L Davies indicated that the response reinforced some of the previous points raised; and will be shared with Board Members. Mrs Jo Wilson confirmed that when the WG has been formally received, it will be presented to Board who will take an action to delegate the response to this Committee to oversee the management response.</p> <p>The Strategic Development and Operational Delivery Committee is requested to:</p> <ul style="list-style-type: none"> • NOTE the status of the current programme of work in relation to the Programme Business Case and Strategic Outline Case. • NOTE the receipt of correspondence from the Deputy Chief Executive NHS Wales and the work underway to clarify the likely resource and timeline implications for key programme activities. • NOTE the receipt of the draft Nuffield Trust Review of the Health Board's Clinical Model and that clarification has been sought in relation to the finalisation of this report. • NOTE the completion of the Programme Assessment Review (PAR) and the Amber status achieved. • NOTE that there may be implications for the Principal Risk 1196, which will be subject to further review. 	

SDODC(23)136	REINFORCED AUTOCLAVE AERATED CONCRETE (RAAC) PLANKS: UPDATE	
	<p><i>Mr Rob Elliott joined the meeting.</i></p> <p>Mr Rob Elliott introduced the Reinforced Autoclave Aerated Concrete (RAAC) Planks Update report, indicating that HDdUHB has followed the revised industry guidance to conduct detailed surveys and repairs of RAAC planks in several properties, especially Withybush Hospital (WH). He indicated that HDdUHB has secured £12.8m from Welsh Government to fund the remedial work for the current and next financial year. However, the work will only cover the critical and high-risk planks, while the lower-risk planks will require regular inspections and may incur further costs in the future. The work will also affect some clinical services staff and may pose challenges for future maintenance.</p> <p>Mr Elliott indicated that WG had approved the transfer of approx. £1.16m from the current financial year into next financial year due to significant areas of risk and unknowns in the 2024/25 programme. He also indicated that, should costs increase, Welsh Government colleagues to date have been positive in support and flexibility.</p> <p>The Committee noted that, as part of the RAAC remedial work programme, WG was supportive of releasing additional funding in advance of Phase 2 so that the fire compliance work could be undertaken at the same time as the RAAC works; and disruption could be minimised.</p> <p><i>Mr Rob Elliott left the meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • NOTED the report. • NOTED temporary propping of areas, where possible, to allow clinical services to continue. • NOTED the support funding from Welsh Government for the 2023/24 and 2024/25 Financial Year. • NOTED the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks areas in the future and the expectation of further deterioration and further investment being necessary. • NOTED that further updates will be presented at future Strategic Development and Operational Delivery Committee meetings. 	

SDODC(23)137	INTEGRATED MEDIUM TERM PLAN (IMTP)	
	<p>Mr L Davies introduced the Integrated Medium Term Plan (IMTP) report, advising that HDdUHB is required to produce a financially balanced IMTP and submit it to the Welsh Government for approval. The planning framework and the Ministerial Priorities for 2024/25 are expected to be similar to the current ones. Mr L Davies indicated that the Health Board adopts an integrated planning approach that</p>	

	<p>aligns planning objectives across all departments into a single, cohesive operational plan. The planning objectives are based on a defined risk appetite and support the strategic and well-being goals of the Health Board. The Committee noted that the development of the IMTP is overseen by the Planning Steering Group on behalf of the Executive Team and SDODC; and that a substantive paper would be presented to the Committee on 29 February 2024. The Board will consider the risk appetite and the planning objectives on 14 December 2023, and approve the final IMTP on 28 March 2024.</p> <p>Mr L Davies agreed to share the recently published WG planning guidance.</p>	LD
	<p>The Strategic Development and Operational Delivery Committee NOTED the steps being taken in the development of the Plan for 2024/25.</p>	

SDODC(23)138	<p>PLANNED CARE AND MANAGING OUTPATIENTS</p> <p><i>Mrs Judith Hardisty joined the meeting.</i></p> <p>Mr Jones introduced the Planned Care and Managing Outpatients report and gave a high level overview, indicating the following:</p> <ul style="list-style-type: none"> • Stage 1 waiting times have recently plateaued. • Two year Referral to Treatment (RTT) waits are marginally declining • An improved outturn is expected in Q4 as additional financial allocation is deployed by March 2024 • RTT Performance shows that 99.9% of patients are waiting less than 104 weeks at Stage One, and 97% are waiting less than 104 weeks overall. • Day Cases in November 2023 compare well to November 2022 with a 12% improvement. • Inpatient activity has improved by 18% <p>Mr Jones indicated that, following discussions with clinical teams regarding capacity to deliver additional internal levels of activity above core levels, a plan has been developed which should enable the Health Board to resolve the challenge regarding patients waiting 156+ weeks; and patients waiting over four years by the end of March 2026, with the exception of Orthopaedic patients.</p> <p>The Committee noted two supplementary measures which Welsh Government has asked all Health Boards to progress as follows:</p> <ul style="list-style-type: none"> • At 31 December 2023, 97% or less of total patients on Referral to Treatment (RTT) pathways wait 104+ weeks, which Mr Jones expects HDdUHB to meet • At 31 March 2024, 99% of patients on RTT pathways wait under two years. HDdUHB do not yet have a confirmed plan to deliver this target. Mr Jones indicated that this equates to no more than 900 patients waiting over two years. <p>Mr Jones indicated that work is ongoing to explore solutions or internal opportunities to address the Ministerial Measures.</p>	
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Mrs Judith Hardisty advised that she had visited the Day Surgery Unit at Glangwili Hospital (GH) on 20 December 2023, and staff had advised her that they were not optimising productivity, and having viewed run charts for early starts/late finishes, Mrs Hardisty requested assurance that theatres and day surgery are working as expected; and asked how levels of productivity could be benchmarked to ensure that treatments and procedures were undertaken within normal hours rather than at weekends or by means of waiting list initiatives.

Mr Jones advised that HDdUHB currently meets the national standard for the proportion of day case treatments undertaken as a as a comparison of total activity (85%) however advised that there are opportunities to try to increase throughput. The Committee noted that Mr Jones chairs the Pre-assessment Improvement Group which is tasked with better correlating the pre-assessment process with our patient booking process and waiting list management approach, however there are challenges to increase productivity are linked to clinical availability and various issues related to individual sites. In addition to the work that is underway, the Health Board is also now engaged with the national elective optimisation programme, recently launched by Welsh Government. In response to Mrs Hardisty's enquiry, Mr Jones confirmed that ongoing work includes the review of consultant job plans.

In response to Cllr R Evans' enquiry about high cost locums, Mr Jones indicated that there appeared to be an almost clinical dependency on the continuation of this arrangement. He confirmed that teams continue to explore alternatives; and that were it not for these high cost clinicians, performance would be considerably worse in some areas.

Mr Huw Thomas indicated that the Health Board would be expected to clearly define best value from any further recovery funding allocated by WG. He confirmed that this would form part of the planning process.

Mrs Judith Hardisty left the meeting.

The Strategic Development and Operational Delivery Committee:

- **RECEIVED LIMITED ASSURANCE** of plans in place in relation to Planned Care recovery with available resources, and progress achieved to date.
- **NOTED** the risks to further recovery progress during the remainder of 2023/24 in the absence of additional supporting resource

SDODC(23)139

CANCER RECOVERY

Mr Jones introduced the Cancer Recovery report and gave a high level overview, indicating the following:

- Plans are in place to deliver Planning Objective 4a in relation to the Single Cancer Pathway Recovery

- Live tracking of backlog patients, both 62+ days and 52-62 days, indicates improvement with trajectory plans in place for every tumour site.
- Systematic Anti-Cancer Therapy (SACT) treatment demand exceeds the pre COVID-19 period.
- Backlog Performance is predicted to improve over the next six months as backlog decreases and component waiting times for each tumour site improve.
- HDdUHB Cellular Pathology is part of the IBEX programme where the use of artificial intelligence is used to aid diagnostics in Prostate cancer patients.

Referencing the increase in the volume of oncology treatments over the past 12 months, Mr Jones indicated that during October 2023 HDdUHB delivered the highest volume of cancer treatments ever; and emphasised the dedication of clinical teams to meet the needs of the population and patients.

In terms of Cancer Pathway Performance Mr Jones highlighted a month discrepancy in reporting between headline performance (reported a month in arrears) and backlog (reported in real-time) and indicated a positive performance improvement from September to October, reaching 50%, correlating with a decreasing trend in the backlog. He acknowledged challenges in the Skin pathway due to a transition from the previous insource provider to an alternative, which impacted the backlog. The Committee noted an encouraging trend in the local backlog decreasing, while the Tertiary Centre's backlog remains relatively static.

Mr Jones highlighted the impact of variability in urgent referral triage support from Swansea Bay University Health Board (SBUHB) which had coincided with the transition of the insource provider and explained that capacity pressures led to a reduction in routine referrals triaged on behalf of the Health Board. As a result, following further assessment a number of routine referrals were either upgraded or downgraded, depending on their status. HDdUHB has now engaged Consultant Connect until March 2024 to undertake the activity in order to address the issue; and has reported a significant improvement.

Mr Jones highlighted an improving trend in the skin cancer population backlog and expressed confidence in sustaining improvements until the end of March 2024. He confirmed that lessons learned over the past two to three months will be applied to the model for the year 2024/2025.

Referencing the backlog improvement in the Urology and Lower Gastro Intestinal (LGI) pathways, Mr Jones attributed this to capacity expansion, enhanced diagnostic activities, and pathway improvement initiatives.

Mr Jones highlighted a significant improvement in the headline Urology tumour pathway performance and expects the positive trend

to continue into Q4. He referenced the expected variability in headline Single Cancer Pathway percentage performance at the end of December due to the ongoing activity and backlog reduction efforts; and anticipates a continued reduction in the backlog in December, with a potential headline cancer pathway performance reported between 55% and 60%. He also acknowledged the correlation between treating backlog patients and breaching but expressed confidence in ongoing improvement efforts.

Mr Jones raised concerns about the potential risks associated with the upcoming junior doctor industrial action in mid-January and highlighted the potential risk of compromised activity volume and patient care during the three-day industrial action period. He also referenced ongoing national-level discussions regarding the approach individual organisations are being asked to consider. The Committee noted the uncertainty regarding the true impact of the industrial action and ongoing efforts to quantify and understand its implications.

In response to Cllr R Evans' query regarding the significance of initial triage, patient assessment, and treatment in relation to Ministerial Priorities, Mr L Davies confirmed that patients who were found not to have cancer were removed from the pathway and were no longer included in data.

Cllr R Evans then sought clarification on the graph representing the backlog, specifically understanding whether it indicates the definitive start of treatment or patients being discharged from the pathway. Mr Jones provided insight into the challenges of balancing demand and capacity in the diagnostic part of the pathway and highlighted the focus on responsiveness and efficiency in delivering timely diagnostics.

In response to Mr Imperato's enquiry regarding initial assessment and his request for clarity regarding Ministerial Priorities, Mr Jones indicated that the focus is on improving the diagnostic part of the pathway and balancing demand and capacity.

Mr Imperato requested a concise summary of the improvement strategy to meet the objectives, and Mr Jones emphasised the strategic focus on improving the diagnostic part of the pathway by increasing capacity and implementing initiatives such as Straight To Test for greater efficiency and productivity.

The Strategic Development and Operational Delivery Committee:

- **RECEIVED ASSURANCE** from plans in place to deliver the Planning Objective 4a in relation to Single Cancer Pathway Recovery.
- **NOTED** progress achieved in recent months to reduce the volume of patients in the 62+ Day backlog.

SDODC(23)140 DEEP DIVE: PO6A - CLINICAL SERVICES PLAN

Mr Ben Rogers joined the meeting.

	<p>Introducing the Clinical Services Plan, Mr L. Davies indicated that the overall status of the project is on track as per the revised timeline; and that discussions are ongoing with the Consultation Institute regarding planning the next phase of the programme.</p> <p>Mrs Wilson reminded the Committee that the Clinical Services Plan is a key area of focus for WG on the Health Board.</p> <p><i>Mr Ben Rogers left the meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED the Clinical Services Plan report.</p>	

SDODC(23)141	<p>DEEP DIVE: PO7C - SOCIAL MODEL</p> <p><i>Dr Leighton Phillips joined the meeting.</i></p> <p>Dr Leighton Phillips introduced an update on progress made to deliver Planning Objective 7C (Social Model for Health and Wellbeing), and highlighted the following:</p> <ul style="list-style-type: none"> • The social model for health and well-being underpins the AHMWW programme by recognising the influence of social, economic, environmental, and cultural factors on the population's health and well-being; aiming to address the root causes of health inequalities; and promoting holistic and person-centred care. • The Health Board has adopted the social model as part of its strategic framework and aims to work with partners and communities to address the wider determinants of health and reduce health inequalities. • Professor Phil Kloer has led the program to embed the social model in the organisation and align it with other agendas such as public health, population health, and social innovation by engaging with staff, service users, carers, partners, and stakeholders, conducting research and evaluation, developing training and resources, and implementing changes and innovations. • The programme has achieved positive outcomes, such as improving the quality of care, enhancing the staff and service user experience, strengthening partnerships and collaborations, and increasing the awareness and advocacy of the social model for health and well-being. • The programme also faced some challenges, such as balancing the medical and social perspectives, aligning the social model for health and well-being with other organisational agendas and priorities, and sustaining the momentum and commitment of the programme. • When Professor Kloer takes up the Interim Chief Executive position in the new year there will be a need to ensure the continuity and development of the programme. This will involve the appointment of a new programme lead, reviewing the governance and accountability structures, securing the resources 	
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and funding, and monitoring and evaluating the impact and outcomes of the programme.

- The close alignment with HDdUHB's clinical strategy presents an opportunity for new areas of focus such as social innovation (the process of creating and implementing novel solutions to address social problems and needs); and fostering a culture of social innovation by supporting staff and service users to generate and test new ideas and collaborate with other organisations and sectors to scale up and spread the social innovations.

In response to Mr Imperato's enquiry regarding timelines and monitoring of the programme, Dr Phillips outlined the challenges of measuring the impact of the social model, especially in terms of population health and long-term outcomes; and indicated that the Health Board needs to develop a realistic and consistent measurement framework that captures the core of the activity, the changes in the pathways and experiences of the people using the services.

Mrs Wilson confirmed in the MS Teams Chat that his questions relate to issues raised by Independent Members recently in terms of timescales and outcomes and more specific planning objectives. She indicated that Mr L Davies was in the process of following up this action.

Mr Imperato also requested clarity regarding the equality impact assessment and whether it reflects the potential benefits and risks of the social model for different groups of people and communities. Dr Phillips advised that the equality impact assessment was completed in a more immediate sense, focusing on the equality implications of the specific proposals in the report, such as the reorganisation of the teams, the allocation of resources, and the engagement of stakeholders. He admitted that the longer-term equality impact of pursuing the social model was not fully explored and that it would require more research and consultation.

Dr Gjini indicated that the model aims to encourage the HDdUHB workforce to view health services through a wider lens; and confirmed that, the January 2024 Steering Group would consider timescales and measurable outcomes, although the recent prioritisation of planning objectives will present challenges. She also acknowledged that the equality impact assessment should reflect the Health Board's fundamental aim of reducing inequalities in health.

Mr M Davies commended the pilot and indicated that it was one of the most important and innovative pieces of work currently being undertaken, as it provided a comprehensive and rigorous evaluation of the Public Health interventions. He appreciated that the pilot not only considered specific outcomes, but also the wider effects of the interventions on society and the environment. He was also pleased to see some specific examples of the interventions being evaluated, as he felt that the previous update was more focused on the academic research.

Cllr R Evans concurred, noting the partnerships that the pilot had established with the academic and community sectors, and queried how much co-working and dialogue there had been with Local Authorities (LA) and other stakeholders. He was concerned that there may be barriers or gaps in the communication and collaboration between the pilot and the LAs, as he felt that they were the key actors in the delivery and implementation of the Public Health interventions. Dr Gjini agreed that Local Authorities were crucial partners for the pilot and that the Health Board had tried to involve LA colleagues from the outset, by inviting them to the Steering Group meetings, workshops, and the consultations. The pilot had also tried to align its objectives and expectations with the LAs, by using the same indicators and frameworks that they used. She indicated that the pilot had faced challenges in terms of data sharing and feedback mechanisms, as some LAs were reluctant or unable to provide the data or information the pilot required. Dr Gjini also indicated that the pilot had encountered some difficulties in terms of the timing and the coordination of the interventions, as some LAs had different schedules and priorities than the pilot. She advised that the pilot was working to overcome these challenges and to improve the co-working and dialogue with the LAs, by establishing regular meetings, newsletters, and reports. Dr Gjini informed the Committee that the project was also open to suggestions and feedback from the LAs and other stakeholders, as it aimed to be responsive and adaptive to their needs and preferences.

Mr M Davies expressed his thanks, indicating that he appreciated the efforts that the pilot was making to engage with LAs and other partners. He hoped that the pilot would continue to foster the collaboration and the communication with the stakeholders, as he believed that this was essential for the success and the sustainability of the project.

Cllr R Evans referenced £1.8 million LA funding from Welsh Government for well-being centres and Mrs Wilson reminded the Committee, via the MS Teams Chat that as an assurance Committee, SDODC could not commit to expenditure. Mr Thomas confirmed via the MS Teams Chat that, in view of the challenging financial outlook, any discussion on resource allocation would need to be considered by Executive team.

The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from the PO 7C: Social Model for Health and Wellbeing (SMfHW) report regarding progress made to deliver Planning Objective 7C and the proposed direction of travel for future work.

SDODC(23)142

PRIMARY AND COMMUNITY SERVICES STRATEGY

Ms Paterson presented the Primary and Community Services Strategy which provides an update on the progress of developing a Primary and Community Services Strategy for HDdUHB, to align with the principles of care, the Clinical Services Plan, and the

	<p>Transforming Clinical Services vision. She indicated that further discussion is required regarding scope and engagement with communities to develop the model around a resilient community.</p> <p>Dr Phillips agreed with Ms Paterson's observations.</p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED the progress made to date on the development of the Primary and Community Services strategy.</p>	

SDODC(23)143	PHARMACEUTICAL NEEDS ASSESSMENT ANNUAL REVIEW	
	DEFERRED	

SDODC(23)144	REGIONAL INTEGRATION FUND UPDATE	
	<p><i>Ms Linda Jones joined the meeting.</i></p> <p>Ms Linda Jones provided an update on the Regional Integration Fund, highlighting the challenge of tapering funding, which requires increasing match funding from partners over time. She indicated that WG has suspended tapering for 2023, but the decision for the next year is pending. Ms Jones indicated that the match funding requirement for the fund is 10% of the total grant amount. She explained the project team is tracking the match funding resources and will be ready to resume when notified by WG. The Committee noted that a briefing report on the recent evaluation will be shared when available. Ms Jones agreed to provide access to the dashboard to anyone who requests it.</p> <p>Ms Paterson referenced a challenging conversation at a meeting she had recently attended, due to the uncertainty of the funding situation and the need to make difficult decisions. The meeting attendees agreed that the projects should be reviewed based on their contribution to the RIF objectives and their sustainability. The attendees recognised that some projects would have to end and that an exit strategy should be developed to minimise the negative impact. The attendees emphasised the importance of managing the resource of the three systems (Pembrokeshire, Carmarthenshire, and Ceredigion) and avoiding any projected deficit or legacy costs.</p> <p><i>Ms Linda Jones left the meeting.</i></p>	LJ
	<p>The Strategic Development and Operational Delivery Committee NOTED the contents of the Regional Integration Fund Summary report.</p>	

SDODC(23)145	PENTRE AWEL	
	<p>Mr L Davies provided a brief update on the Pentre Awel development, indicating that work was progressing as expected.</p>	

	<p>The Strategic Development and Operational Delivery Committee NOTED the following:</p> <ul style="list-style-type: none"> • The progress in the development of the Pentre Awel project. • The key points outlined in the Assessment section above. • The requirement for the Health Board to sign off the preferred configuration option for the Clinical Delivery Unit by 13 December 2023. 	
SDODC(23)146	<p>CORPORATE RISKS RELATED TO SDODC</p> <p>The Committee received the Operational Risks related to SDODC Report presented by Mr Lee Davies who highlighted the following:</p> <ul style="list-style-type: none"> • Risk 1707: <i>Risk of breaching Capital Resource Limit (CRL) in 2023/24 due to additional significant demands for funding.</i> This risk has been de-escalated following funding approval from Welsh Government (WG) on 29 August 2023 to support the remedial works at Wthybush Hospital (WH) relating to Reinforced Autoclaved Aerated Concrete (RAAC), as well as the phased Fire Enforcement works on the site. • Risk 1657: <i>Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 23/24 due to demand exceeding capacity.</i> • Risk 1350: <i>Risk of not meeting the 75% Single Cancer Pathway (SCP) waiting times target for 2022 - 2026 due to diagnostics capacity and delays at tertiary centre.</i> <p>The Committee noted that one risk has been de-escalated since the previous meeting, and that two risks remain on the register with no change in their scores.</p> <p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively. • All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises. • Challenge where assurances are inadequate. 	
SDODC(23)147	<p>CORPORATE POLICIES</p> <p>There are no policies for approval.</p>	
SDODC(23)148	<p>SDODC WORK PROGRAMME 2023/24</p> <p>The Strategic Development and Operational Delivery Committee NOTED the SDODC Annual Workplan.</p>	
SDODC(23)149	<p>ANY OTHER BUSINESS</p> <p>There was no other business reported.</p>	
SDODC(23)150	<p>MATTERS AND RISKS FOR ESCALATION TO BOARD</p>	

	<p>The following Matters and Risks for Escalation to Board were identified:</p> <ul style="list-style-type: none"> • Capital prioritisation. • The absence of a defined pathway to achieving the Ministerial Priority of 99% of patients waiting four weeks or less 	
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SDODC(23)151	DATE AND TIMES OF NEXT MEETINGS	
	<ul style="list-style-type: none"> • 9.30am, Thursday 25 April 2024, Ystwyth Boardroom and MS Teams 	

UNAPPROVED