



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

<b>Date and Time of Meeting:</b>	09.30 – 12.30, Monday 31 August 2023
<b>Venue:</b>	Ystwyth Boardroom and Microsoft Teams

<b>Present:</b>	Mr Maynard Davies, Independent Member (Committee Chair) Mrs Chantal Patel, Independent Member (Committee Vice-Chair) Cllr. Rhodri Evans, Independent Member Mr Iwan Thomas, Independent Member (VC) Mrs Judith Hardisty, Independent Member (VC)
<b>In Attendance</b>	Mr Lee Davies, Director of Strategy and Planning (SDODC Executive Lead) Mr Huw Thomas, Director of Finance Mr Keith Jones, Director, Secondary Care for Mr Andrew Carruthers, Director of Operations Ms Rhian Bond, Assistant Director of Primary Care for Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Director of Governance (Board Secretary) Dr Ardiana Gjini, Public Health (part) Mrs Helen Mitchell, Committee Services Officer (VC) (Minutes)  <b>Item SDODC (23)84</b> Ms Megan Harris, Public Health Ms Rhian Bond, Assistant Director, Primary Care  <b>Items SDODC(23)88 /SDODC(23)89 /SDODC(23)90</b> Ms Eldeg Rosser, Head of Capital Planning (VC)  <b>Item SDODC(23)90</b> Mr Paul Williams, Assistant Director of Strategy & Planning (VC)  <b>Item SDODC(23)91</b> Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC)

Agenda Item	Item	Action
<b>SDODC (23)80</b>	<p><b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b></p> <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"> <li>Mr Andrew Carruthers, Director of Operations</li> <li>Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care</li> </ul>	

<b>SDODC (23)81</b>	<b>DECLARATIONS OF INTEREST</b>	
	<ul style="list-style-type: none"> <li>Mrs Patel declared an interest in agenda items SDODC(23)89: Report on the Discretionary Capital Programme 2023/24: and SDODC(23)94: Pentre Awel, as Director of Health and Wellbeing Academy at Swansea University.</li> <li>Cllr. Rhodri Evans declared an interest in items SDODC(23)89: Report on the Discretionary Capital Programme 2023/24: and SDODC(23)94: Pentre Awel, as a County Councillor.</li> </ul>	

<b>SDODC (23)82</b>	<b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 27 APRIL 2023</b>	
	<p><b>RESOLVED</b> - the minutes of the SDODC meeting held on 26 June 2023 were <b>APPROVED</b> as an accurate record of proceedings.</p> <p>There were no matters arising.</p>	

<b>SDODC (23)83</b>	<b>TABLE OF ACTIONS FROM THE MEETING HELD ON 27 APRIL 2023</b>	
	<p>It was noted that three actions had been carried forward:</p> <p><b>SDODC(22)42: Continuing NHS Healthcare:</b> <i>The National Framework for Implementation in Wales: To present the detail of a national performance tool, to the Committee when available.</i> The Framework document is not yet available.</p> <p><b>SDODC(23)08: Targeted Intervention:</b> <i>To circulate the draft action plan to SDODC members. The Peer Review has now been received and is included on Committee meeting agenda as an appendix to item 2.1. and SDODC members will be asked to respond to Mr Lee Davies with comments /views at the Board Seminar in August 2023.</i> This action will be covered under item 2.1: Targeted Intervention</p> <p><b>SDODC(23)35: Planned Care Update:</b> <i>To obtain formal HDdUHB Board approval of the Memorandum of Understanding (MoU) between Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) with regard to agreed project definition, provision of a governance structure and framework to support a regional orthopaedic model.</i> Mr Keith Jones indicated that subsequent to the ARCH Regional Recovery Group meeting in September 2023 a report would be presented to Board. Mrs Jo Wilson indicated that the MoU would provide protection to both Health Boards as statutory bodies. (ARCH is not a statutory body).</p>	

<b>SDODC (23)84</b>	<b>WINTER RESPIRATORY VACCINATION PROGRAMME – DELIVERY PLAN</b>	
	<p>Dr Ardiana Gjini presented the Winter Respiratory Vaccination Programme: Delivery Plan 2023/24, indicating that the Hywel Dda University Health Board (HDdUHB) will:</p> <ul style="list-style-type: none"> <li>Progress the continued support for GP Practices, Community Pharmacies and additional resources to ensure the priority groups (including individuals aged 65 and over), receive their Flu vaccine and COVID-19 Booster.</li> </ul>	

- Continue to prioritise increased uptake of the Flu vaccine among children in order to reduce transmission of Influenza in the community and to protect older adults and other vulnerable groups.
- Continue to work with team leads and peer vaccinators to identify and train additional champions across HDdUHB.
- Request ongoing Executive-level enhanced support for staff Flu vaccinations, including letters from Directors of Nursing, Quality and Patient Experience, Public Health, Therapies and Health Science and the Medical Director to encourage staff vaccination and support of the peer vaccinator model.
- Investigate the recording of Flu vaccines administered to pregnant women and work with Public Health Wales (PHW), Primary Care and Midwifery colleagues to try to ensure accurate data collection and to improve working relationships across antenatal settings to vaccinate pregnant women where possible.
- Ensure that both the school nursing team and the wider expanded immunisation team can administer the children's nasal Flu vaccine. The delivery of this workstream will pilot the delivery within nursery classes in primary schools in Llanelli and Pembroke Dock to improve uptake in historically low uptake areas for this age group.

Dr Gjini advised that the plan is similar to the spring vaccination programme and that eligibility for the COVID-19 vaccine is broadly unchanged as follows:

- Residents in a care home for older adults
- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group
- Frontline health and social care workers
- Persons aged 12 to 64 years who are household contacts of people with immunosuppression
- Persons aged 16 to 64 years who are carers; and staff working in care homes for older adults

Seasonal Flu vaccination eligibility for 2023-24 can be summarised as follows:

- Children aged two and three years on 31 August 2023
- Children in primary school from reception class to year 6 (inclusive)
- Children in secondary school from year 7 to year 11 (inclusive)
- Persons aged six months to 64 years in clinical risk groups
- Persons aged 65 years and older (age on 31 March 2024)
- All adult residents in Welsh prisons
- Pregnant women
- Carers
- Persons with a learning disability
- Staff in nursing homes and care homes with regular client contact
- Staff providing domiciliary care
- Staff providing frontline NHS/Primary care services
- Healthcare workers (including healthcare students) with direct patient contact

In addition, individuals experiencing homelessness will also be an eligible group in 2023-24.

The meeting noted that with effect from 30 August 2023 the Welsh Government (WG) has advised that the COVID-19 vaccination programme

should commence as soon as possible, with individuals aged 75 and over; and care home residents. This is due to a new variant, BA286 which has been detected in one UK case with no recent travel history; and which is now designated a variant under monitoring by the World Health Organisation.

Mrs Chantal Patel questioned why the national uptake ambition had reduced from 77% last year to 75% this year. Dr Gjini advised that the national ambition takes no account of individual Health Boards or their uptake, and that it does not impact HDdUHB's ambition for uptake. HDdUHB is working to increase uptake in the face of anecdotal evidence of vaccine fatigue, although for the past three years the COVID-19 booster uptake has exceeded the spring uptake. As health care worker spring booster uptake at 52% is disappointing, the Communications team is meeting with Public Health colleagues on 31 August to discuss messaging aimed at boosting uptake.

Mrs Judith Hardisty requested clarification on the table on page 5 of the report; and referenced the decision to remunerate primary care contractors less.

Ms Megan Harris agreed to send a copy of the table on page 5 of the report to Mrs Helen Mitchell for onward sharing and for upload to the HDdUHB website.

**MH/  
HM**

Dr Gjini indicated that the decision with regard to the remuneration had been taken nationally, endorsed by WG colleagues and as such had been noted as a risk to HDdUHB, having a higher proportion of the population being vaccinated in primary care settings than other Health Boards. Dr Gjini will meet with Primary Care colleagues on 1 September 2023 and is hopeful that the reduced remuneration will not significantly affect the programme.

Ms Rhian Bond indicated in the MS Teams Chat that one practice had declined to participate due to the reduced rates, which Mrs Hardisty noted as concerning.

Mrs Hardisty also questioned whether those individuals already invited for the Flu vaccine in September would be able to receive the COVID-19 vaccine at the same time. Dr Gjini indicated that the Flu vaccine was expected to be replaced with the COVID-19 vaccine in those circumstances.

Regarding healthcare workers, Ms Harris advised that several different strands of work were in process to improve the uptake of both Flu and COVID-19 vaccines, including recruitment of peer vaccinators, access at acute sites; drop-ins at mass vaccination centres (MVCs); alongside access through GP practices and community pharmacies.

Ms Bond indicated that the significant use of Primary Care colleagues in previous campaigns will benefit this year's winter programme. The possibility of the Outreach MVC team being deployed to vaccinate in the majority of care homes had been investigated and as a result, a small number of practices were considering delivering the vaccines to the remainder. However there has been a reprioritisation so that the Outreach MVC team will now focus on the housebound who are in the most vulnerable category. GP practices have therefore been asked to commence their part of the programme on 11 September following the arrival of the vaccines and training material.

	<p>Mrs Patel queried whether it would be possible to correlate staff sickness rates with frontline worker vaccine uptake. Dr Gjini indicated that the data would be difficult to interpret, but that she would investigate.</p> <p>In response to a question from Mr Maynard Davies, Dr Gjini confirmed that the Health Board did not anticipate vaccine supply difficulties.</p>	<b>AG</b>
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the proposed delivery plan and the opportunity to build on the integration, where possible, of the COVID-19 vaccination programme with our existing Flu programme</li> <li>• <b>NOTED</b> the work underway to mitigate the risk to programme delivery of proposed approach and receive assurance from the control measures in place through recognition of the key enablers</li> </ul>	

<b>SDODC (23)85</b>	<b>TARGETED INTERVENTION UPDATE</b>	
	<p>Mr Lee Davies presented the Targeted Intervention (TI) Update outlining that Ms Sally Attwood's Peer Review of Planning Arrangements in HDdUHB March 2023 (presented to SDODC on 26 June 2023), 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 TI expectations (including C which centres on the development of a robust planning cycle and D which focuses on clear roles and accountabilities to drive key work streams across the organisation). As a result, multiple, overlapping plans have been eliminated, and the resulting set of actions will be monitored by the TI Working Group and overseen by Mr Steve Moore's Escalation Steering Group, prior to submission to Welsh Government for approval.</p> <p>Of the themes detailed below, Master Action C covers themes 1 to 5 and Master Action D covers theme 6:</p> <ol style="list-style-type: none"> <li>1. Organisational culture and planning</li> <li>2. IMTP, Planning Cycle and financial sustainability</li> <li>3. Operational planning and change management</li> <li>4. Planning and the strategy (bridge between short/medium term plans and the longer-term strategy)</li> <li>5. Capacity and capability of the Corporate Planning Directorate</li> <li>6. Project governance and reporting tools</li> </ol> <p>Mr Lee Davies advised that work is also ongoing to develop a framework for the provision and assessment of evidence to each action.</p> <p>In response to Mrs Patel's question regarding Reinforced Autoclave Aerated Concrete (RAAC), Mr Lee Davies confirmed that RAAC issues at Worthybush Hospital (WH) would not influence TI plans, although they will impact in-year and future years' financial plans and performance, which is an Enhanced Monitoring (EM) issue.</p> <p>Mrs Patel referenced Ms Judith Paget's recent letter, enquiring how HDdUHB monitors the overall position to give the assurance requested. Mr Lee Davies indicated that that overall monitoring is undertaken by the Board via a mechanism for tracking and delivering key objectives within the plan. He advised that he intends to liaise with Mrs Wilson and Mr Huw Thomas to respond to Ms Paget's letter. Cllr Rhodri Evans emphasised the importance of</p>	<b>LD/JW /HT</b>



	<p>tracking and queried the interactivity and fluidity of engagements with WG. Mr Lee Davies confirmed that the formal, quarterly TI meetings with WG colleagues were constructive and positive; and indicated that the separate, informal meetings with WG planning colleagues were largely process focussed, where HDdUHB has been able to demonstrate improvements in processes. The mutually agreed processes lead to a supportable plan which WG can approve, although the broader issues facing the Health Board and NHS Wales mean that further work will have to be determined.</p> <p>Mr Maynard Davies referenced a lack of understanding between HDdUHB and WG and emphasised the importance of unification. Mr Maynard Davies also raised the absence of timescales in the draft plan to monitor progress, and Mr Lee Davies agreed that they should be included.</p> <p>Referencing resource for planning, Mr Lee Davies indicated that the Health Board was currently maximising the resource available in the Planning team, that broader capital plans would enhance the resource; and that if the Strategic Outline Case (SOC) is approved by WG, the Health Board would proceed to Outline Business Case (OBC), when further resource would be necessary to deliver the plans; and benefit and overlap would result.</p> <p>Mr Huw Thomas indicated that assurance had been provided to WG via the Financial report presented to Sustainable Resources Committee (SRC) on 29 August 2023, outlining the Health Board's financial position to date against the Annual Plan; and assessing the key financial projections, risks and opportunities for the financial year.</p> <p>Mrs Wilson indicated that prior to the next quarterly TI meeting with WG, a response to Ms Paget's letter would be produced. Additionally, she advised the need to apprise Board that HDdUHB will no longer be able to deliver the plan agreed at the beginning of this financial year due to the requirement to slow or pause certain items; and that she expects the Board to delegate certain actions to SDODC.</p> <p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> from the ongoing response to Targeted Intervention (from a Planning perspective).</p>	LD
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SDODC (23)86	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b></p> <p>Mr Huw Thomas introduced the Integrated Performance Assurance Report, (IPAR), referencing the new PowerPoint Integrated Performance Assurance Report (IPAR) Overview: as at 31 July 2023, which summarises performance against HDdUHB's key improvement measures for 2023/24. He highlighted the following:</p> <ul style="list-style-type: none"> <li>• Planned Care breaches continue to show improving variation</li> <li>• A slight deterioration in performance in Referral to Treatment (RTT) metrics in the last month</li> <li>• High levels of concern regarding Urgent and Emergency Care (UEC) four- and 12-hour breaches</li> <li>• HDdUHB achieved and exceeded the one-hour handover target</li> <li>• The Diagnostics position is improved</li> <li>• Challenges continue in Mental Health, in particular in Neurodevelopmental services</li> </ul>	
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- Healthcare acquired infections: C-diff remains on trajectory to achieve improvement, however E-coli, shows a deterioration

Cllr Evans indicated that staff shortages, patient flow and demand and capacity impact performance. Mr Jones indicated that staff shortage issues are likely to impact Planned Care delivery due to an increasing level of self-presenting patient demand of a higher level of acuity; and staff shortages across the wider integrated system have a greater impact on performance.

Cllr Evans referenced a Never Event included in the report, which had been reported to QSEAC and which Mr Huw Thomas advised was a nasal gastric wire which had been left in position for approx. eight hours when not needed.

Mrs Hardisty raised queries regarding the following:

- Staff shortages in Therapies and whether they had historically been covered by agency staff
- Increased delays and higher numbers of patients waiting to be discharged when patient acuity is lower
- Increasing concerns regarding Ophthalmology
- The Care Home bed position
- Concern regarding Mental Health assessments

Mr Huw Thomas responded that the Therapies' approach historically had been that when two posts were vacant, agency staff were recruited to one post in an attempt to offset the remaining vacancy. During the current year, the Health Board has been unable to continue this practise as neighbouring Health Boards are offering higher levels of pay. A refocus on recruitment is a response to the challenge.

Mr Huw Thomas also indicated that the section of the report referencing Care Home beds highlighted the challenge of bed availability versus commissioning across the integrated system.

Mr Huw Thomas suggested that a Mental Health report be requested for the next SDODC on 26 October 2023. This was agreed.

Mr Jones indicated that reference to patient acuity is a factual reflection of the acuity monitoring system in place across all areas; and that it may not reflect the level of pressure due to occupancy and capacity, which could be influenced by many other factors. This will be covered in the Discharge Process agenda item.

Referencing Ophthalmology, Mr Jones indicated that the data reflects the capacity available within the service at present. Whilst there has been progress in commissioning additional capacity through community-based optometry practices, there is limited interest due to the national conversation regarding the optometrist contract across Wales. In addition, the Glaucoma pathway is challenged due to capacity issues. Mr Jones indicated that SBUHB are similarly challenged; and that there is a growing clinical view that a regional discussion may progress the service to a regional Centre of Excellence, which would concentrate and consolidate resources and benefit recruitment. A national review is ongoing and is likely to report in the autumn.

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	<p>Mrs Hardisty indicated that she had not received assurance that the position would improve for HDdUHB patients in the short term. Mr Maynard Davies concurred.</p> <p>Mr Iwan Thomas queried how close the Health Board was to meeting the nursing and midwifery staffing target and whether the target should be reviewed to meet the needs of patients and wider communities. Mr Lee Davies indicated that international recruitment had contributed to success in filling posts, resulting in better staffing rates on the wards. However, this approach incurred a financial cost. Specific areas are challenged which limits the Health Boards ability to meet performance targets.</p> <p>Mr Huw Thomas indicated that international nurse recruitment had been paused which would save approx £400k; and that the Health Board remains open to recruit to clinical roles. He also indicated a ban placed on travel and accommodation, (which had mainly benefited Thornbury Nursing Services (TNS) nurses), an immediate financial benefit of approx £2.4m resulted. A secondary benefit was that TNS stopped supplying nurses, and as a result, the use of agency staff didn't reduce, but the use of on contract staff increased. The meeting noted that a gradual increase in controls is changing agency behaviours.</p> <p>Mr Maynard Davies noted some positive elements were reported, in particular that HDdUHB staff treat 6% more outpatients, 24% more inpatients and 24% more day cases than in 2019; and that during June 2023, HDdUHB was the only Health Board to achieve a 20% reduction in healthcare acquired infections.</p> <p>Mr Maynard Davies enquired whether the Health Board had sufficient capital to refurbish the premises at Ty Bryn to facilitate increased capacity in the Neurodevelopmental service. Mr Lee Davies agreed to investigate and to advise Mr Maynard Davies.</p> <p><i>*See AoB for Mr Lee Davies' response.</i></p> <p>Mr Maynard Davies indicated that difficult decisions will be made at Board regarding services.</p>	<b>LD</b>
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED LIMITED ASSURANCE</b> from the IPAR – Month 4 2023/2024.</p>	

<b>SDODC (23)87</b>	<p><b>DISCHARGE UPDATE REPORT: INC GOVERNANCE</b></p> <p>Mr Maynard Davies introduced the Discharge Update Report indicating that it was in response to an action from Board on 25 May 2023.</p> <p>Mr Jones gave a high-level overview of the report indicating that numbers in the delayed pathways of care are relatively flat, although there is concern regarding rising pressures due to external factors such as delays in Social Care assessment and home care. The meeting noted positive progress in turning patients around at the front door and discharge within 72 hours, which may impact outpatient demand later in the pathway. Mr Jones indicated that concerted effort had reduced patients in the longer length of stay cohort (three weeks and over), although those individuals remaining in the longer length of stay categories are mainly awaiting capacity beyond hospital stays.</p>	
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	<p>Mr Jones briefly outlined the amber actions within the Table of Actions regarding the Trusted Assessor roles, indicating that the work has exposed a difficult back door challenge due to community care having reached saturation point.</p> <p>Mr Lee Davies advised that longer stay patients occupy approx. 400 of the 1000 beds within HDdUHB, which is 100 more than pre-pandemic.</p> <p>Mrs Patel indicated that she has seen patients hospitalised for up to 18 months and questioned how the position is communicated to the HDdUHB population, emphasising the de-conditioning which occurs due to long hospital stays. Mr Jones indicated that Social Care challenges and de-conditioning are regularly discussed among healthcare professionals.</p> <p>Mrs Hardisty articulated her frustration that the Trusted Assessor scheme was close to being rolled out in Carmarthenshire, but that in Pembrokeshire, the model was still under consideration; and indicated that delays should be escalate to the CEO, Chief Officer meetings and/or the Regional Partnership Board (RPB).</p> <p>Mr Jones advised that collaborative working was ongoing; that an approach had been made through the CEO's office; and that senior officers were visiting Glangwili Hospital on 31 August 2023.</p> <p>Cllr Evans emphasised the gradual increase in frailty of long stay patients and Mr Jones referenced the co-capacity challenge in the Social Care section of the pathway. He also advised that earlier discharge tends to expose the core capacity challenge further along the pathway.</p> <p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the Discharge Update Report.</p>	
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<b>SDODC (23)88</b>	<b>CAPITAL SUB-COMMITTEE – 20 JULY 2023</b>	
	<p>Ms Eldeg Rosser presented the Capital Sub-Committee report, indicating that following the pressures on the Discretionary programme due to the underwriting of the Fire Schemes in WH alongside the RAAC issues there, a new risk had been placed on the Corporate Risk Register, referencing the overspend against the Capital Resource Limit (CRL).</p> <p>Ms Rosser also indicated that a copy of the West Wales 10-Year Strategic Capital Plan to develop regional capital projects, access the Housing with Care Fund, and Integration and Rebalancing Capital Fund, which was produced by the RPB in conjunction with the three local authorities, had recently been shared.</p>	
	The Strategic Development and Operational Delivery Committee <b>NOTED</b> the Capital Sub-Committee update report.	

<b>SDODC (23)89</b>	<b>REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2023/24</b>	
	<p>Ms Rosser presented the report on the Discretionary Capital Programme 2023/24, highlighting that at the time of preparation, only £19k remained in the contingency reserve. Since then, HDdUHB has received two funding approval letters in the form of £6.4m to support the Fire Schemes in WH; and £12.8m in support of the RAAC remedial works. Paused/delayed schemes will now be reviewed. In light of the funding approval, the new corporate risk will be</p>	

	<p>reviewed to reflect the additional allocations from WG; and the Fire Scheme risk at WH will also be amended.</p> <p>Ms Rosser indicated that with effect from 4 September 2023, the Women and Children Phase II Scheme second theatre will be in use, although outstanding paperwork is yet to be completed prior to accepting practical completion.</p> <p>In addition, pausing of the development of business cases will be revisited and progressed as appropriate.</p> <p>Mr Rob Elliott confirmed that the £6.4m Fire Scheme was expected to cover all Fire works and is due to complete at the end of October 2023.</p> <p>Mr Lee Davies confirmed that developments regarding Pentre Awel would continue to be reported to the Committee.</p> <p>In response to a question raised by Cllr Evans, Ms Rosser confirmed that Cylch Caron tendering documents were being prepared and would be issued in September 2023.</p> <p>Ms Rosser confirmed that paused projects are likely to be delayed by two to three months.</p> <p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the following:</p> <ul style="list-style-type: none"> <li>• The significant risk of overspending against the Capital Resource Limit (CRL) for 2023/24 and the new corporate risk which has been placed on the corporate risk register but this risk was significantly reduced as a result of funding from WG</li> <li>• The allocation and spend of the Discretionary Capital Programme (DCP) for 2023/24</li> <li>• The continued pressures being placed on the contingency reserve</li> <li>• The capital schemes governance update</li> </ul>	
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<b>SDODC (23)90</b>	<p><b>STRATEGIC OUTLINE CASE: A HEALTHIER MID AND WEST WALES</b></p> <p>Mr Paul Williams presented the A Healthier Mid and West Wales Programme Business Case (PBC) Update and SOC Summary Slides, highlighting that the final, broadly positive report regarding the Clinical Strategy Review commissioned by WG and undertaken by the Nuffield Trust, had been drafted and the Health Board had responded. HDdUHB will attend the WG Infrastructure Investment Board (IIB) on 21 September 2023 to discuss programme timing, the implications of programme delay and the infrastructure options considered by the HDdUHB.</p> <p>Mr Williams expects that the successful completion of the Clinical Strategy Review and IIB discussion will enable the Minister to endorse the A Healthier Mid and West Wales Programme Business Case; which will facilitate the presentation of the Strategic Outline Case (SOC) to Board on 30 November 2023.</p> <p>Evidence compiled to date will be presented to Board on 14 September 2023 with a view to discarding one of the three shortlisted sites.</p> <p>Mr Williams advised that the SOC focuses on the new Urgent and Planned Care Hospital (UPCH), GH and WH, which have been grouped together</p>	
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because they link from a service, workforce and patient flow perspective. The services envisaged for the new UPCH, GH and WH will be run by a reprofiled workforce already working in GH and WH.

The meeting noted that the service strategy is based on the clinical strategy established in 2018. Based on the Options Framework assessment undertaken, the University Health Board's preferred way forward is likely to be new builds at UPCH, GH and WH which deliver purpose-built accommodation in the fastest timeline.

Mr Williams referenced options below included in the programme business case and indicated that revenue costs for the new hospital are not disaggregated from Glangwili and Withybush Hospitals but remain at programme level:

- Do Nothing
- Do Minimum
- Minimum Efficiency
- Likely Efficiency
- Maximum Efficiency

Mr Williams also indicated that the Do Nothing option is included in the SOC for comparative purposes only and is not presented as a practical option. The Do Minimum option only includes the cost of bringing sites up to Category B standard of refurbishment but does not include any site or service redesign costs, functional suitability or substantial cost issues such as RAAC and carbon reduction.

The Commercial Case outlines the Health Board's approach to procuring and delivering the Preferred Way Forward identified in the Economic Case, and the Programme overall. The Commercial Case also identifies the potential sources of funding, however no decisions regarding the optimal funding route have been taken at this stage.

Mr Williams indicated that further work will be undertaken in future business case iterations such as:

- Development of detailed workforce assumptions
- Detailed cost modelling by specialty and by scheme
- Reflection in revenue cost assumptions of how implementation of the HDdUHB's digital, estates and environmental strategies will impact on costs
- Quantification of risks and benefits
- Detailed sensitivity analysis once key risks and cost drivers are more thoroughly understood
- Annual impact on cashflows

He advised that the Management Case SOC provides:

- An update to the governance and delivery arrangements put in place to deliver the Programme
- The approach that will be used to develop and deliver OBCs
- A Programme plan updated from the plan presented in the Programme Business Case (PBC)
- Updates on the Health Board's approaches to hybrid/agile working, change management, stakeholder engagement and communication, risk management and mitigation and benefits realisation

	<p>Mr Lee Davies indicated that the Nuffield Clinical Review Draft report underlined key issues identified by HDdUHB in 2017-18 regarding the configuration.</p> <p>He also emphasised the importance of the Infrastructure Investment Board meeting on 21 September 2023 which presents a significant challenge to NHS Wales. HDdUHB expects that the meeting will provide an opportunity to reinforce the points already outlined by Mr Williams.</p> <p>Mr Lee Davies indicated that HDdUHB's preferred option would be new builds for both Glangwili and Withybush Hospitals.</p> <p>Cllr Evans queried whether the Nuffield Trust report was likely to be available and Mr Lee Davies indicated that the WG timeline for approval wasn't clear.</p> <p>Mrs Wilson emphasised the need for financial governance and scrutiny regarding the digital plan which sits alongside this programme.</p> <p>Mr Huw Thomas agreed that alignment of governance processes the Transformation and Digital programmes and to a lesser extent, the social model.</p> <p>Mrs Hardisty questioned the ability of the Board to proceed in the absence of the published Nuffield Trust review. Mr Lee Davies confirmed that HDdUHB would not seek Board approval for the SOC without Programme Business Case endorsement from the Minister. Mrs Hardisty emphasised the importance of clarity and transparency and Mrs Wilson noted that the Nuffield Trust review would be published by WG, having been commissioned by them.</p> <p>Mr Maynard Davies questioned when WG funding would be provided to enable HDdUHB to proceed with the SOC. Mr Lee Davies indicated that submission of the SOC application for approval was expected to be November; and subject to WG decision-making timelines, could be approved in three to four months.</p>	
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the following:</p> <ul style="list-style-type: none"> <li>• The update on the Clinical Strategy Review and IIB and the likely PBC endorsement timeline</li> <li>• The progress being made on the Strategic Outline Case (SOC)</li> <li>• The continuing technical work and commercial discussions in support of the land selection process</li> <li>• The public consultation has closed and the process of conscientious consideration is taking place</li> <li>• The update on the Community Schemes</li> </ul>	

SDODC (23)91	<b>REINFORCED AUTOCLAVE AERATED CONCRETE (RAAC) PLANKS: UPDATE</b>	
	<p>Mr Rob Elliott presented the RAAC Planks report, highlighting that work in the pot wash in the main kitchen is complete and that work has commenced on Wards 9 and 12. Visual surveys of Ward 7 are expected to be complete before Christmas. Surveys of the remaining three wards are expected to be complete by the end of March. All ground floor areas have now been surveyed except the gym due to the ceiling height. The main kitchen has a very high ceiling alongside mechanical plant and extraction units, etc which must be</p>	

removed, and will be empty by close of play on 31 August 2023 to allow immediate survey work to be undertaken. The dining room will be closed from the evening of 31 August 2023 and a takeaway service has been offered to all staff. A cook freeze solution will subsequently be offered from the dining room. A fully serviced field kitchen is being rapidly developed and is expected to be ready in eight to nine weeks.

Areas on the ground floor originally emptied to survey, have now been propped with sub safety propping, and are reoccupied, with the exception of the gym and the kitchen. Mr Elliott advised that Outpatients A had been surveyed, and that due to the large number of props required, is expected to be unusable. The fast-tracking of Outpatients A is presently being considered with a view to postponing work on one of the other wards until the next financial year.

WG have now approved total funding amounting to £12.8m across the current and next financial year. Mr Elliott advised that he attends weekly meetings with WG colleagues to monitor and refine financial planning, as actual figures could not be included initially.

Mr Jones commended the Withybush team and the collaborative approach adopted by the wider integrated team. With effect from 25 August 2023, the three remaining top floor ward areas were vacated through a combination of mitigation plans that have significantly increased the capacity in the South Pembrokeshire Hospital; and also by creating approx 15 additional bed spaces elsewhere on the Withybush site in unaffected areas.

Pressure on ambulance handover delays has been recorded alongside pressure in UEC and ED. Clinical teams at WH are investigating ways to mitigate delays as best they can under the circumstances. To date, no streams or pathways have been directed away due to reduced overall bed capacity.

Selected outpatients have been transferred to South Pembrokeshire Hospital while others have moved to virtual digital delivery.

Mrs Hardisty queried the impact on staff and questioned where it will be reported. Mr Elliott advised that patient and staff reps attend in both Bronze and Silver meetings. He indicated that staff are undergoing training in a different the method of food transfer where, instead of being plated in the kitchen, food is transferred in bulk to the wards and served there. Additional cleaning and cooking staff are being supported in South Pembrokeshire.

Mrs Wilson advised that instead of reporting to numerous committees, reports would be presented at Board. Mrs Wilson indicated that Mr Steve Moore had agreed that a weekly briefing would be shared with the Board and agreed to follow-up with him. She also indicated that this was an Internal Major Incident as opposed to a Major Incident.

Mr Elliott confirmed that all contractor work is tendered; and that all estimated figures were based on a worst-case scenario.

Mr Huw Thomas indicated that certain items were being procured through a direct award framework, where immediate supplies are secured to allow work

**JW**



	to progress. He advised that the kitchen is a direct award framework, which has itself been tendered.	
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the following:</p> <ul style="list-style-type: none"> <li>• The Reinforced Autoclave Aerated Concrete (RAAC) Planks report</li> <li>• The impact on the Discretionary Capital Programme</li> <li>• The application to Welsh Government for financial support funding in the 2023/24 and 2024/25 Financial Year</li> </ul>	

<b>SDODC(23)92</b>	<b>DEEP DIVE: PLANNING OBJECTIVE 4A: PLANNED CARE UPDATE AND CANCER RECOVERY</b>	
	<p><b>Planned Care</b></p> <p>Mr Jones gave a high-level overview of the Planned Care Update, highlighting current and projected performance and the requirement for further funding to continue improvement; transformational work, proposals and plans submitted to WG which may attract additional recovery funding.</p> <p>Mr Jones indicated the following:</p> <ul style="list-style-type: none"> <li>• Stage 1 and Stage 4 waiting times and volumes continue to improve to July 2023</li> <li>• The rate of improvement is expected to slow and reverse if no additional resource, above the level agreed within Annual Recovery Plan, is available to support continued delivery</li> <li>• While zero three year waits are expected at Stage 1, Stage 4 three year waits are anticipated in Orthopaedics, and other specialties with low clinical priority caseloads</li> <li>• Performance by the end of Q2 is expected to deteriorate without additional supporting resource and the rate of deterioration is expected to increase through Q3/Q4 without corrective actions</li> <li>• Delayed follow-up performance continues to show consistent improvement due to the focus on outpatient transformation</li> <li>• See On Symptoms (SoS)/ Patient Initiated Follow-Up (PIFU) approaches are well embedded</li> <li>• Discharge rates post Outpatient assessment remain high, indicative of clear clinical decision making in accordance with specialty guidance</li> </ul> <p>Mr Jones indicated the HDdUHB follows up a lower percentage (16% to 17%) of the population than any other Health Board in Wales, which reflects clear, clinical decision making at the front end of the pathway.</p> <p>Cllr Evans questioned whether the £6.6m allocated funding was ring-fenced/allocated to a specific area. Mr Jones advised that funding was allocated to deliver improvements in Planned Care, and there is a right of withdrawal by WG if improvements are not delivered. Mr Huw Thomas indicated that, having been discussed at Board, there is an expectation to deliver an improvement of 10% on the plan. The funding is presently held in abeyance pending further discussion with WG.</p> <p><b>Cancer Recovery</b></p> <p>Mr Jones gave a high-level overview of the Cancer Recovery Update, highlighting challenges at the front end of the pathway in Diagnostics. He indicated that focussing on reducing the backlog will generate improvement. He also indicated that from an activity response perspective, the HDdUHB delivers more treatments than in previous years; and that the total backlog</p>	

	<p>has reduced from 500 to approx. 379 in July 2023. Patients waiting 104+ days are following complex pathways where they may have more than one tumour.</p> <p>Mr Jones was optimistic that performance will improve through the second six months of the year because the solutions currently in place are relatively sustainable.</p>	
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> from plans in place to deliver Planning Objective 4a in relation to Single Cancer Pathway recovery</li> <li>• <b>NOTED</b> progress achieved in recent months to reduce the volume of patients in the 62 Day+ backlog</li> <li>• <b>RECEIVED ASSURANCE</b> from plans in place to deliver Planning Objective 4a in relation to Planned Care recovery with available resources, and progress achieved to date</li> <li>• <b>NOTED</b> the risks to further recovery progress during the remainder of 2023/24 in the absence of additional supporting resource</li> </ul>	

<b>SDODC (23)93</b>	<b>DEEP DIVE: PLANNING OBJECTIVE 6A: CLINICAL SERVICES PLAN</b>	
	Mr Lee Davies presented the Clinical Services Plan update, indicating that work is underway and that an issues report will be presented to Board on 25 January 2024, across all areas not covered to date. Mr Lee Davies expects a discussion at Board on 28 September 2023 regarding a short postponement, to enable individuals to focus on immediate issues.	
	The Strategic Development and Operational Delivery Committee <b>NOTED</b> Clinical Services Plan Report.	

<b>SDODC (23)94</b>	<b>PENTRE AWEL</b>	
	Mr Lee Davies presented the Pentre Awel Update 2023 – Quarter 2, indicating that erection of steelworks has commenced and should be complete by the end of the year. Discussions are ongoing with Carmarthenshire County Council (CCC) to finalise the designs, utilisation of space, etc. Mr Lee Davies indicated that HDdUHB had formally advised CCC that the original request for four floors had been revised to three floors to reduce costs.	
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the following:</p> <ul style="list-style-type: none"> <li>• The progress in the development of the Pentre Awel project</li> <li>• The actions to confirm the Health Board involvement in the project</li> <li>• The overall timeline</li> </ul>	

<b>SDODC (23)95</b>	<b>CORPORATE RISKS RELATED TO SDODC</b>	
	<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"> <li>• <b>Risk 1657:</b> Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 23/24 due to demand exceeding capacity.</li> <li>• <b>Risk 1707:</b> Risk of breaching Capital Resource Limit (CRL) in 2023/24 due to additional significant demands for funding.</li> </ul> <p>With regard to Risk 1657, this had already been discussed earlier in the meeting.</p> <p>With regard to Risk 1707, this will be revised following the allocation of WG funding.</p>	

	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> that:</p> <ul style="list-style-type: none"> <li>• All identified controls are in place and working effectively.</li> <li>• All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> <li>• Challenge where assurances are inadequate.</li> </ul>	
<b>SDODC (23)96</b>	<p><b>CORPORATE POLICIES</b></p> <p>There were no corporate policies requiring SDODC approval.</p>	
<b>SDODC (23)97</b>	<p><b>WORK PROGRAMME 2023/24</b></p> <p>The Strategic Development and Operational Delivery Committee work programme 2023/24 was received for information.</p>	
<b>SDODC (23)98</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>*In response to Mr Maynard Davies' question re Ty Bryn, Mr Lee Davies advised that there had been initial contact between Mental Health and Estates teams, but no detailed plans as yet.</p>	
<b>SDODC (23)99</b>	<p><b>MATTERS FOR ESCALATION TO BOARD</b></p> <ul style="list-style-type: none"> <li>• Lack of Ophthalmology capacity and the risk to the service</li> <li>• Discharge update report and associated concerns, particularly in light of the Health Board's request for Mutual Aid; and the lack of progress with a Trusted Assessor model in Pembrokeshire and the subsequent delayed recruitment</li> <li>• Necessity for scrutiny and alignment of governance processes in the Transformation and Digital Programmes and also the Social Care model</li> <li>• Performance challenges due to RAAC works</li> <li>• Financial Performance and the risk of withdrawal of WG improvement funding up to £6.6m</li> </ul>	
<b>SDODC (23)100</b>	<p><b>DATE AND TIME OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• 9.30am – 12.30pm, Thursday 26 October 2023</li> </ul> <p>Hybrid: Ystwyth Board Room and Teams</p>	