Date	**19/12/2024**
Time	**09:30 - 12:30**
Location	**Microsoft Teams Meeting;**

Strategic Development & Operational Delivery Committee (SDODC)

HDD_Strategic Development & Operational Delivery Committee

NHS Wales

Agenda - 19 December 2024

1 GOVERNANCE

09:30, 0 min

1.1 Introductions and apologies

09:30, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.2 Declarations of Interest

09:30, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.3 Minutes and Matters Arising from the Meeting held on 31 October 2024

09:30, 5 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.4 Table of Actions from Meeting Held on 31 October 2024

09:35, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

1.5 Self-Assessment 6 Month Review (incl Self-Assessment Timelines)

09:35, 10 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

1.6 Corporate Risks Related to SDODC

09:45, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

1.7 Targeted Intervention Update

09:55, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

2 POPULATION HEALTH, PRIMARY & COMMUNITY

10:05, 0 min

2.1 Deep Dive PO10: Population Health

10:05, 20 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

2.2 Principle of Social Model for Health and Well Being

10:25, 10 min
Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

3 PERFORMANCE & DELIVERY

10:35, 0 min

3.1 Deep Dive PO4: Planned Care Update

10:35, 20 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)

3.2 Ophthalmology Performance (GIRFT)

10:55, 10 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Stephanie Hire (Hywel Dda UHB - General Manager Scheduled Care), Victoria Coppack (Hywel Dda UHB - Service Delivery Ophthalmology Ophthalmology & Neurology)

3.3 Integrated Performance Assurance Report

11:05, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

3.4 DEFERRED: Review of Clinical Pharmacy Services at NHS Hospitals in Wales

11:15, 0 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

4 BREAK

11:15, 5 min

5 PLANNING & PARTNERSHIPS

11:20, 0 min

5.1 **Deep Dive PO6: Clinical Services Plan**

11:20, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office)

5.2 **Planning in Partnership: Regional Integration Fund Update**

11:30, 10 min
Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Linda Jones

6 **CAPITAL AND ESTATES**

11:40, 0 min

6.1 **Capital Programme 2024_ Plan for 2025**

11:40, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

6.2 **A Healthier Mid and West Wales (AHMWW) Update (incl Nuffield Review Action Plan)**

11:50, 10 min
Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning)

6.3 **Energy Performance Contract, Heat Network Efficiency Scheme and Solar Farm Projects Update**

12:00, 10 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Paul Williams (Hywel Dda UHB - Head of Property Performance)

7 **FOR INFORMATION**

12:10, 0 min

7.1 **SDODC Work Programme 2024/25**

12:10, 0 min
Maynard Davies (Hywel Dda UHB - Independent Member)

8 **ANY OTHER BUSINESS**

12:10, 5 min

9 MATTERS AND RISK FOR ESCALATION TO BOARD

12:15, 5 min
Maynard Davies (Hywel Dda UHB - Independent Member)

10 DATES OF FUTURE MEETINGS

12:20, 0 min

- Thursday 27 February 2025

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09:30, 0 Mins

1 - GOVERNANCE

1.1 **09:30, 0 Mins**

1.1 - Introductions and apologies

Maynard Davies (Hywel Dda UHB - Independent Member)

1.2 **09:30, 0 Mins**

1.2 - Declarations of Interest

Maynard Davies (Hywel Dda UHB - Independent Member)

1.3

09:30, 5 Mins

1.3 - Minutes and Matters Arising from the Meeting held on 31 October 2024

Maynard Davies (Hywel Dda UHB - Independent Member)

For approval

Attachments

1.3 2024-10-31 - SDODC - Minutes.pdf

MINUTES OF THE HDD STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 31 October 2024**
Venue: **Microsoft Teams Meeting/ Ystwyth Boardroom**

Present:
Mr Maynard Davies Independent Board Member (Committee Chair)
Mr Michael Imperato Independent Board Member (Committee Vice Chair)
Ms Eleanor Marks, Hywel Dda University Health Board (HDdUHB) Vice Chair
Cllr Rhodri Evans Independent Board Member
Mr Winston Weir, Independent Board Member

In Attendance:
Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning representing Mr Lee Davies, Director of Strategy and Planning
Mr Andrew Carruthers, Chief Operating Officer
Mr Huw Thomas, Director of Finance
Dr Bruce Bolam, Deputy Director Public Health/Consultant in Public Health representing Dr Ardiana Gjini, Director of Public Health
Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk representing Ms Joanne Wilson, Director of Corporate Governance/Board Secretary
Mr Peter Skitt, County Director Ceredigion representing Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
Mrs Helen Mitchell, Committee Services Officer (Secretariat)

Minutes Ref.		Action
	Item SDODC (24)110 Ms Danielle Charles, Senior Nurse Manager (LTC) Ms Tracy Devantier, Performance and Improvement Manager	
	Item SDODC (24)111 Ms Trina Nealon, Principal Public Health Officer	
	Item SDODC (24)112 Ms Sarah Bolton, Head of Primary Care Transformation Ms Anna Henchie, Principal Programme Manager, Engagement and Transformation Programme Office	
	Item SDODC (24)113 Mr Owain Williams, Lead Pharmacist - Primary Care & Community Pharmacy	
	Item SDODC (24)115 Ms Karen Amner, Directorate Support Manager, Mental Health Central Services Ms Kay Isaacs, Interim Assistant Director of Mental Health & Learning Disabilities	

Items SDODC (24)117 and **SDODC (24)118**
Ms Eldeg Rosser, Head of Capital Planning

Item SDODC (24)119
Mr Sion Charles, ARCH Head of Strategy and Service Planning

SDODC (24)103 Introductions and Apologies

Mr Maynard Davies welcomed members to the Strategic Development and Operational Delivery Committee (SDODC) meeting.

The following apologies for absence were noted:

- Mr Lee Davies, Director of Strategy and Planning
- Ms Jill Paterson, Director of Primary Care, Community and Long Term Care
- Dr Ardiana Gjini, Director of Public Health
- Ms Joanne Wilson, Director of Corporate Governance/Board Secretary

SDODC (24)104 Declarations of Interest

No Declarations of Interest were noted.

SDODC (24)105 Minutes and Matters Arising from the Meeting held on 29 August 2024

RESOLVED - the minutes of the SDODC meeting held on 29 August 2024 were **APPROVED** as an accurate record of proceedings.

SDODC (24)106 Table of Actions from Meeting Held on 29 August 2024

SDODC (24)87: Cluster Integrated Medium Term Plan Monitoring Report: *Mr Mansfield has been tasked with investigating scaling up and rolling out successful cluster projects, including linking with Value Based Healthcare colleagues as part of an ongoing piece of work.* The Committee requested that an update report outlining work undertaken be presented. **RB**

SDODC (24)107 Operational Risks

Ms Charlotte Wilmshurst presented the Operational Risks Assigned to Strategic Development and Operational Delivery Committee (SDODC) report, indicating that six operational risks were aligned to SDODC, with three new risks added since the previous report by the Director of Public Health. One risk had decreased in score to 9 following discussions with the Executive Team.

Mr Michael Imperato highlighted the cessation of funding for the Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) Implementation Lead role; and the impact on service delivery due to lack of recurring funding for Prevention and Early Years which appears to be contrary to Hywel Dda University

Health Board's (HDdUHB) objectives. Mr Maynard Davies concurred and Mr Huw Thomas indicated that that Dr. Ardiana Gjini had highlighted the issue of funding cessation at national level and had been actively advocating for the continuation of funding. He also emphasised that this risk should be considered when setting budgets for the next fiscal year, acknowledging a potential funding gap should the Welsh Government (WG) be unable to provide the necessary funding. In such circumstances, the Health Board would need to decide on funding priorities. This would be a significant discussion as part of the overall budget acceptance for the next financial year. It is possible that when next year's budget is set, WG may reprioritise, thereby resolving the issue. A watching brief should be maintained on this matter. Mr. Thomas suggested that a fundamental rethink of HDdUHB's planning approach to determine the appropriate capacity responses might address the demand challenges. Ultimately, the service and strategy should be prioritised.

Mr Winston Weir raised concerns regarding Risk 1844: *Risk of not being able to provide a timely and effective Public Health service due to limited Public Health Consultant capacity,* noting that currently only one Public Health consultant (Dr Bruce Bolam) had been appointed out of the four positions established; and that the need to shift from demand measures to preventative measures required Public Health expertise. Mr Maynard Davies requested that Dr Gjini provide an update on the recent recruitment of additional Public Health consultants. **GJ**

Mr Shaun Ayres indicated that clarity is required regarding Health Board aims both in the short and medium term; and whether the appropriate resource has been allocated to each programme. He highlighted the ongoing challenge emphasising that that 2025-26 becomes even more challenging in terms of performance and having the correct programmes and milestones in place to track the refreshed Strategy and the Clinical Services Plan (CSP), alongside Targeted Intervention measures.

The Committee agreed that while the risks had been reviewed and scrutinised, they were not assured that all relevant controls and mitigating actions were in place.

Decision: The Strategic Development and Operational Delivery Committee:

• REVIEWED and SCRUTINISED the risks included within the Operational Register and DID NOT RECEIVE ASSURANCE that all relevant controls and mitigating actions were in place
• DISCUSSED whether the planned action would be implemented within stated timescales and would reduce the risk further and/ or mitigate the impact, should the risk materialise.

SDODC (24)108 Monitoring Welsh Circulars (WHCs)

Dr Bruce Bolam presented the Monitoring of Welsh Health Circulars (WHCs) report, highlighting that the Influenza (Flu) programme for this year had commenced across the Health Board, targeting both healthcare workers and the broader community at risk. There is ongoing national concern regarding measles outbreaks; and Public Health Wales and the Board recognise measles as a significant risk. He also advised that current data indicates that vaccination rates are not at the desired level and that efforts are being made to address the low uptake of measles vaccinations. Collaboration is ongoing with colleagues in Infection Control and Occupational Health.

Ms Eleanor Marks enquired about current vaccination campaigns for staff and offered to share, in the form of a blog, her recent experience having the Measles, Mumps, Rubella (MMR) vaccine. Dr Bolam confirmed that most staff should have completed the occupational health form upon joining HDdUHB, indicating their vaccination status. He acknowledged that full details are not known and agreed to investigate with a view to sharing this information. He also confirmed that routine vaccinations are a focus through occupational health and safety, especially during the Flu period. Clinics are providing multiple vaccines, including COVID-19 and potentially measles for staff who require it. There are no barriers or capacity issues in delivering vaccinations because Public Health immunisers are available to support should there be an immediate surge or push to ramp up vaccinations. **BB**

SDODC agreed that the Board could be assured by this position.

Decision: The Committee:

• RECEIVED ASSURANCE from the Lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC would be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these were being managed effectively.

SDODC (24)109 Targeted Intervention Annual Plan Update - Including PO Update Report

Mr Ayres presented the Targeted Intervention (TI) update, indicating that while the considerable resource and volume of work undertaken to date to reach Hywel Dda University Health Board's (HDdUHB) £64m deficit target was acknowledged, he was concerned about the alignment of the Urgent and Emergency Care (UEC), Cancer and Diagnostics programmes with the Clinical Services Plan. Following the last Targeted Intervention meeting with Welsh Government and subsequent follow-up, several key areas were identified for the Committee to monitor closely:

- Urgent and Emergency Care: Improvement has been noted, particularly in the Pembrokeshire system. There is a need for a clear plan with actions, milestones, and owners to replicate or adjust this model for Glangwilli Hospital (GGH).
- Cancer Performance: Challenges in diagnostics and individual cancer pathways require strong focus from the Committee.

Alignment with the CSP will be an area of focus, particularly in light of the upcoming Strategy refresh and financial planning for 2025-26. Mr Ayres emphasised the need to balance financial expectations with performance, quality, and workforce leadership.

In response to Mr Weir's enquiry regarding the Pembrokeshire system and whether it's success could be replicated across Carmarthenshire, particularly GGH, Mr Andrew Carruthers indicated that the work undertaken in Pembrokeshire was the result of two years of discussion, engagement, and ownership to reach its current level. Carmarthenshire is not yet at the same level of maturity. He advised that key voices from Pembrokeshire were helping to progress work in Carmarthenshire, particularly at GGH, which is facing significant performance challenges. A plan from the Carmarthenshire system is expected to be presented to the Integrated Quality, Financial Performance and Delivery Group (IQPFD) on 13 November, ahead of a Directorate Improving Together Session (DITS) meeting on 14 November 2024.

Mr Carruthers indicated that Mr Peter Skitt is in the process of developing a clear plan for Urgent and Emergency Care with specific actions, milestones, responsible owners and expected outcomes. A group of senior clinicians had been assembled to engage in the work. A productive first meeting was held, showing good clinical engagement and alignment on necessary actions. The focus now is on detailing how to achieve these actions.

Mr Skitt indicated that a quality intervention will start on 1 November 2024. A team will be based at GGH, creating an improvement hub for staff to engage with and link into. This group will be responsible for developing a comprehensive 12-week plan. Positive outcomes in the Pembrokeshire system had been highlighted and shared with Carmarthenshire teams to facilitate performance improvements at Glangwili Hospital.

An Executive Steering Group, chaired by Mr James Severs, has been established to provide oversight on the Getting it Right First Time (GIRFT) responses related to Emergency Departments (EDs). This group will also oversee work at GGH and ensure similar responses for other sites such as Bronglais and Withybush Hospitals. Mr Carruthers emphasised that while Withybush Hospital (WGH) is performing better in relation to Wales and the

UK, there is no room for complacency. The goal is to achieve high performance across all sites.

Ms Eleanor Marks enquired about HDdUHB plans to cope with extra demand over the winter period and whether a Winter Plan had been developed. Mr Carruthers indicated that WG no longer require the Health Boards to provide a Winter Plan, rather the Regional Partnership Boards (RPBs) have been asked to respond to a checklist, and a 50-day plan request has been issued by the Cabinet Secretary, stemming from the Care Action Committee's work. This plan involves both Health Board and Local Authority (LA) efforts to reduce length of stay and expedite patient discharge. HDdUHB's plan for winter is to continue working through the Six Goals programme improvement work and ensure that the escalation plans and systems are as robust and resilient as possible. The plan has remained consistent over the past two to three years, with no significant changes expected heading into this winter. Without additional funding to open more capacity or services, the focus will be on improving relationships, flow, discharge, and reducing admissions.

The discussion highlighted that while the winter plan does not introduce new strategies, it is crucial to be prepared for increased pressures and ensure that any additional risks are identified and mitigated. The importance of maintaining robust systems and processes was emphasised.

Ms Marks reiterated her concerns regarding winter pressures and Mr Carruthers indicated that HDdUHB has escalation plans for managing emergency demand and pressure. Should demand exceed current capacity, given that beds have been removed from the system the Health Board will face a choice between increasing capacity, which could jeopardise financial plans, or managing clinical risk and tolerating delays at the front door. It was noted that the risk of surge capacity impacting the financial plan has been flagged; and the Board agreed last month to include this risk in the financial submission. It was also noted that operational adjustments may be necessary as the situation evolves over winter.

Mr Skitt emphasised the challenges of creating a winter plan without accompanying funding; and stressed the need to enhance current efforts with greater speed, particularly in areas such as Hospital at Home elements, admission avoidance, discharge protocols and redirection policies. He also emphasised the need for efficient operation across the organisation to meet the overarching plan's objectives.

Mr Thomas highlighted the financial risk as a potential barrier to achieving the £64m deficit target, while noting that historically, winter pressures funding from WG has been a way to allocate resources. He suggested the need for proactive financial planning at the start of the year to anticipate spikes in expenditure, while

acknowledging the difficulty of setting aside funds for winter challenges due to the Health Board's deficit. He also proposed reflecting the need for financial robustness in next year's plan to allow for scaling bed capacity as necessary.

Mr Ayres reflected on the importance of understanding and flexing the most effective interventions as winter approaches, while highlighting the importance of profiling demand and understanding activity peaks and troughs, particularly around ambulance handovers.

Mr Skitt stressed the importance of regional collaboration among all partners, including Local Authorities, Health Boards, and the third sector. He emphasised that a unified plan is essential for effective delivery and flow through the system, noting that he was encouraged by the Care Action Committee's recognition of the issue as a regional concern.

In response to Cllr Evans enquiry regarding Planning Objective 8: A Healthier Mid and West Wales (AHMWW) infrastructure, which is behind schedule due to delays in progressing the Strategic Outline Case (SOC) for the new Urgent and Planned Care hospital and Withybush Community hub, Mr Ayres indicated that whilst other milestones are being progressed by the Health Board within this planning objective, there are concerns on the implications of the delay in progressing the SOC for clinical services and the Health Board's ability to maintain the estate infrastructure.

In terms of Planning Objective 8: A Healthier Mid and West Wales infrastructure, Mr Ayres confirmed that the planning objectives are not aligned with the strategic objectives and that aligning both would accelerate progress on the new builds.

Mr Maynard Davies acknowledged that planned care, diagnostics and cancer are behind in terms of planning objectives but are key TI measures. He emphasised the need for a clear plan, especially regarding tumour sites such as urology and skin. The Committee noted the importance of understanding diagnostic capacity needs and the number of treatments required, while emphasising the goal of achieving an optimal backlog of 60% for three consecutive months.

Mr Carruthers highlighted the urgency of completing the necessary work ahead of January 2025, stressing the importance of SDODC satisfaction with the plans in place. He noted the fragility in the cancer diagnostic pathway due to tightened pay and increased sickness rates, while highlighting the challenges in scanning capacity and reporting delays.

SDODC agreed to alert the Board to the current Cancer position, requesting it to seek solutions to improve the situation; and advise the Board regarding the regarding the alignment of the Urgent and Emergency Care, Cancer and Diagnostics programmes with the

Clinical Services Plan. SDODC also agreed to advise the Board that that the Pembrokeshire model has provided a template for collaborative working across acute sites; and that SDODC will continue to closely monitor the situation.

Decision: The Strategic Development and Operational Delivery Committee :
• RECEIVED ASSURANCE on the current position in regard to the progress of the Planning aligned to the Strategic Development and Operational Planning Committee, in order to assure the Board that the Planning Objectives are progressing and are on target, and to raise any concerns where a Planning Objectives is identified as behind in its status and/or not achieving against its key deliverables.
• ENDORSED the revised actions based on Welsh Government feedback from the TI meeting.
• ACCEPTED the specific oversight responsibilities for the areas set out in the assessment.

SDODC (24)110 Community & Long Term Care Quarterly Service Report

Ms Danielle Charles and Ms Tracy Devantier joined the meeting.

Ms Tracy Devantier presented the Long Term Care Performance Report, highlighting that there are currently 21 nursing homes across the three counties with a total potential capacity of 1,063 beds. The homes are a mixture of nursing and residential facilities, with the ratio being fluid. During Quarter (Q) 1 she indicated that no homes were subject to Escalating Concerns, although one home was being monitored under Provider Performance with a suspension on new admissions. This home is currently showing improvements and continues to receive support from various services.

Ms Devantier advised that the sector remains fragile and that the position is not isolated to HDdUHB but is prevalent across Wales. Ongoing efforts are being made to increase the availability of nursing and residential beds. She indicated that a recent application was received for a residential home in Ammanford to become a dual-registered nursing and residential home. This application was considered and approved. During the current quarter, two appeals and one dispute were received; five retrospective requests were submitted, and all activated claims were completed within the six-month timescale. Ms Devantier advised that there was an increase in the time taken to support protection applications, a trend observed across Wales.

Data shared previously with SDODC indicated that the Health Board was fully funding individuals for a prolonged period despite the agreement to fund for a maximum of two weeks. This has been reviewed, and there is currently a pause on the Discharge to Assess (D2A) model, with assessments now being completed in the hospital. The pathway team continues to be present in the hospital to support the process. Ms Devantier advised that data collection is ongoing as this is a trial period and will be reviewed

again at the end of November 2024 when it is benchmarked across England and Wales. A report including an option appraisal will be presented for consideration at that time.

In response to Mr Imperato's enquiry, Mr Skitt confirmed that the allocation of a social worker to patients on the D2A pathway was due to capacity at the Local Authority, who are challenging HDdUHB on the position they have adopted. While the 50-day challenge emphasises that assessments should not be conducted in hospitals, the Health Board's stance on this issue is financially motivated. Mr Skitt indicated that the Health Board would need to discuss joint funding with Local Authorities to reach a mutually agreeable position. He emphasised that it is crucial to work together as partners to agree the funding and assessment processes. The goal is to avoid the Health Board solely funding the current position and to find a collaborative solution.

Ms Devantier was unable to respond to an enquiry regarding HDdUHB's comparison with the rest of Wales in terms of Continuing Health Care (CHC) numbers across the region. She agreed to provide a short response when the information was available. **TD**

In response to a further enquiry regarding sustainability in the care sector and the provider who remains unwilling to accept the Health Board's fees, Ms Danielle Charles indicated that ongoing conversations with the provider have not resulted in any progress, placing HDdUHB in a difficult position. The provider refuses to accept the standard fees for continuing NHS healthcare, and the Health Board is not presently prepared to agree to funded nursing care. Admissions into the home are not being declined, however, if residents become eligible for Continuing Health Care in the future, there is a possibility they may need to move. Ongoing discussions are taking place between the Legal teams regarding this matter.

SDODC agreed that the Board could be assured by this report.

Ms Charles and Ms Devantier left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the content of this report
• RECEIVED ASSURANCE from the information provided

SDODC (24)111 WFGA Wellbeing Objectives Annual Report

Ms Trina Nealon joined the meeting.

Dr Bolam introduced the Well-being of Future Generations Annual Report 2023-2024, indicating that it is a requirement of the Board to incorporate it as part of annual planning.

Ms Trina Nealon indicated that the Well-being of Future Generations Act 2015 mandates public bodies to develop well-being plans and objectives; and that the current well-being objectives were developed in 2019 and agreed in 2020. The objectives align with the current Public Service Board (PSB) well-being plans. and are categorised into four themes. Each theme has two specific actions, resulting in a total of eight well-being objectives.

Ms Nealon also indicated that is a statutory duty to report on the progress of the Well-being of Future Generations Act. An annual report is therefore produced to highlight the progress towards achieving the well-being objectives. This year, staff were engaged to submit examples of work under each objective, resulting in 17 case studies being included in the report.

The case studies are wide-ranging and include examples from each of the four themes:

- Apprenticeship schemes
- Workforce inclusion
- Early intervention
- Prevention.

As the well-being objectives were originally developed in 2019-2020, an internal review will be conducted to assess their relevance and determine if amendments are needed.

The Committee commended the report and expressed his pleasure at the preventive work being undertaken.

In response to Mr Imperato's enquiry regarding the new Future Generations Commissioner requiring any change of emphasis, Ms Nealon indicated that she is currently unaware of any modifications to the role and function of these objectives, nor did she anticipate any future requests for review. The Future Generations Commissioner is a member of HDdUHB's Social Model Steering Group, which provides a valuable connection as the Health Board progresses. This is particularly significant as all well-being objectives are supported by a transition towards a social model approach.

In response to Ms Mark's question regarding the Carmarthen Hwb, Mr Maynard Davies advised that there are numerous facilities available. Most health-related services require appointments, however, there are also drop-in centres for housing and similar services. The requirements vary depending on the specific service. Dr Bolam agreed to provide more specific information such as whether GPs will be in attendance or GP referrals will be sent there. **BB**

In response to Cllr Evans query regarding when Dr Bolam expects to present the report again, both Dr Bolam and Ms Nealon indicated that they may be in a position to provide advice, contingent on the broader strategic planning for the Health Board

early in the planning cycle, but the Board will consider the overall strategic alignment. It is essential to ensure that the emphasis on prevention and the well-being of future generations is fully aligned with the financial and other circumstances of the Health Board's delivery; and whether Welsh Government request any changes. Ms Nealon indicated that the 2024-25 report is likely to be presented at a similar time in 2025. Mr Weir expressed interest in seeing the report in terms of the clusters.

SDODC agreed that the Board could be assured by this report.

Ms Nealon left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

• RECEIVED ASSURANCE that the Health Board is meeting the statutory obligations of the Well-being of Future Generations (Wales) Act, 2015 in the publication of this Annual Report.

• RECOMENDED for publication Hywel Dda University Health Board's (HDdUHB) Well-being of Future Generations Annual Report for the period 1 April 2023 – 31 March 2024.

SDODC (24)112 PO7: Primary Care & Community Strategic Plan

Ms Sarah Bolton and Ms Anna Henchie joined the meeting.

Mr Skitt presented the Primary and Community Services Strategic Plan, indicating that transitioning services out of hospitals and into community services is crucial. He commended Ms Sarah Bolton and Ms Anna Henchie for their significant contributions.

Ms Bolton indicated the scope of involvement and the components necessary for the development of the Strategy. The Strategic Development Group, which meets monthly, oversees this work and reports to the A Healthier Mid and West Wales Group. In August 2024, the Board Workshops and Seminars included a series of sessions exploring various ideas and principles related to the contracting profession, specifically focusing on General Medical Services, Pharmacy, and Primary Care. Following these workshops, further actions were identified. The engagement phase, which took place throughout September 2024, has now been concluded. This phase included seven face-to-face events across each cluster, as well as online sessions. Although attendance was limited, the information gathered was highly valuable.

Ms Bolton advised that an in-depth analysis of all the information had been conducted using a thematic approach, resulting in several high-level themes. Much of this work related to the Social Model for Health and Well-Being, and emphasised prevention and early intervention to avoid the need for Primary Care services. The

public has clearly expressed a desire to understand what Primary Care is and what services are available within the Community, as well as to consider any new services that may be needed. There was also feedback regarding access, with all individuals requiring an appointment on the day they need it. However, there was also a notable understanding, derived from conversations with the HDdUHB population, about the pressures on the system. By informing people more about how the service can be used effectively, HDdUHB could achieve the goal of educating patients.

Ms Bolton indicated that workforce engagement was conducted via a questionnaire distributed to all staff, recognising that staff members are also patients of Primary and Community Care services. HDdUHB wanted to understand what matters to staff in terms of delivering services, particularly regarding the shift towards Primary and Community Care settings. The Committee noted that although the response rate wasn't high, most respondents offered a Primary Care perspective. Feedback emphasised the need for greater provision of Mental Health services within communities. Funding was a major concern, with a focus on investing in the estate and training to ensure an improved infrastructure fit for the future. Another significant point noted by the Committee, which aligns with recent Board discussions, was the need for better IT systems and digital access. An integrated system would reduce duplication and provide a comprehensive patient story. Additionally, the integration of AI technology was highlighted to enhance communication between Primary and Secondary Care.

Ms Bolton advised that the next stage involves utilising the information gathered, including the Primary Care Issues report published as part of the Clinical Services Plan in March 2024. In addition, a Communities Issues report has been developed by Ms Anna Henchie. The Development Group will report potential options to the Board on 28 November 2024. These options will then be put forward for consultation and engagement at the beginning of 2025.

In response to Cllr Evans enquiry regrading Tregaron Hospital and the progress of community provisions aimed at bringing care closer to home, Mr Skitt indicated that all beds have been successfully removed, and the Organisational Change Plan (OCP) has been completed with all staff. Most Tregaron Hospital staff have chosen to remain within the Community teams and will be based at the hospital site. This process is ongoing, and training for the staff is also in progress.

Regarding the broader model, Mr Skitt indicated that HDdUHB is witnessing the development of more Advanced Nurse Practitioners (ANPs) and Advanced Practitioners across various professions, particularly within the Ceredigion model. This is an area he intends to focus on in his new role as Service Director. Given the time scales, progress to date has been encouraging.

In response to Mr Maynard Davies' question regarding timescales for presentation of the Strategy to Board, Ms Bolton advised that the 28 November 2024 Board meeting will consider a set of themes and ideas, marking the next stage in the creation of the Strategy. These themes and ideas are derived from the cumulative feedback gathered from the Issues report and various engagement activities. The timeline for developing a Strategic Plan is projected to extend beyond Christmas, aiming for completion in April or May 2025. Ms Henchie indicated that it was noted in May 2024 that this is an exceptionally tight schedule for producing such a plan, which is based upon established strategic directions, including the Primary Care Model for Wales; and the Six Goals and A Healthier Mid and West Wales programmes. Additional resources have been requested to ensure thorough and effective consultation and engagement. The Committee noted that producing this work to the expected breadth and depth will require time and resources. There are concerns about the availability of these resources, which were highlighted last month.

SDODC agreed that the Board could be assured by this report.

Ms Bolton and Ms Henchie left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the Primary and Community Services Strategic Plan update report for information

SDODC (24)113 Pharmaceutical Needs Assessment Six Months Review of Services

Mr Owain Williams joined the meeting.

Mr Owain Williams presented the Pharmaceutical Needs Assessment (PNA), indicating that the Health Board has an obligation to provide information, which was submitted and launched in October 2021. Over the last three years, two supplementary statements have been provided due to changes in pharmacy services. One dispensary practice relinquished their practice, impacting local pharmaceutical services, while another in Llanelli closed their business.

He advised that a new refreshed version of the PNA will be released within the five-year time period, with the process commencing in early 2025, and a small working group reviewing the entire process. The updated PNA will be presented to the relevant Committees and groups as required. To facilitate planning, a national meeting with Welsh Government and the Health Boards is scheduled for 7 November 2024; and will discuss the requirements for the PNA review and any changes to the regulations.

Cllr Evans commended the report.

Mr Williams left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the Pharmaceutical Needs Assessment report.

SDODC (24)114 PO3: Six Goals Programme

Mr Skitt presented the Six Goals Programme Quarter 2 Update, acknowledging the significant efforts of workstream leads regarding the Six Goals programme. Rather than merely adding to their existing responsibilities, this initiative has expanded their roles across the Health Board, moving beyond their previous hospital or service-based functions. He indicated that workstream leads are in place, and actively advancing this work. The out-of-hours service is involved with its manager contributing to the process, thereby ensuring a comprehensive 24/7 approach. Compared to the last report to this Committee, Mr Skitt indicated that HDdUHB is in a much stronger position and is beginning to see early signs of stabilisation at the hospital sites concerning the deliverables under the Six Goals programme. These deliverables include the one-hour ambulance handover, the 12-hour Emergency Department breaches, pathways of care, and the waiting time to see a clinician, which is a crucial quality measure.

The Committee noted that stabilisation and improvement are being observed across two sites. However, one site, the largest, remains an outlier, affecting target delivery. Special interventions have been implemented, including the creation of an improvement hub on-site with effect from 1 November 2024. A twelve-week action plan is in place to address issues and challenges, particularly addressing the introduction of the WGH approach in GGH The plan is expected to be ready by 13 November 2024.

Mr Skitt advised that a workshop was held with the national team, who reviewed and were satisfied with the approach and measures. The Q2 return has been submitted to WG, and a scrutiny process is scheduled for the week commencing 4 November 2024. The continuation of funding is contingent on meeting the required outcomes, which are expected to be met.

He also indicated that workstream leads are under significant pressure to deliver, and support is being provided by the Programme team. The 50-day challenge and its delivery are being focused on without detracting from the overall Six Goals programme, which is essentially a cultural change initiative rather than a strictly process-driven event.

Mr Skitt advised that national expectations are expected to change next year, with a new focus on respiratory disease and

falls prevention, adding another layer of targets for HDdUHB. The national team has also hinted at changes in the approach to urgent Primary Care services. Currently, HDdUHB runs a commissioned process with GP practices, funding them for additional urgent primary care appointments per day. The national picture is now shifting towards a Same Day Emergency Care (SDEC) model, similar to the Cardigan model, rather than an individual practice-based model. There is an expectation that the Health Board will be questioned on the absence of a walk-in model in Carmarthenshire and its implications for the future.

Mr Weir expressed appreciation for the positive presentation on managing Urgent and Emergency Care, acknowledging the complexity and challenges faced over the past two years. Commendation was given for the significant amount of work being done, particularly in addressing Pathway of Care Delays. It was noted that the target for Pathway of Care Delays was met in August 2024, with a decreasing trend observed. Continuous improvement was noted in Pembrokeshire and Ceredigion, while Carmarthenshire had seen an increase in numbers affecting the overall Health Board position. He also indicated that a regional approach had been implemented, involving Local Authorities and the Health Board in discussions to stimulate action and cross-learning. Quality improvement measures were being introduced in GGH to address local issues and flows.

Mr Skitt noted that a review of community hospitals' roles and their impact on pathway of care delays was planned, with an emphasis on ensuring that community hospitals are used appropriately and not as temporary holding areas.

He indicated that discussions with consultants and Local Authorities on tolerance levels and escalation processes to address individual cases are underway, with a focus on making decisions more expediently to avoid unnecessary delays.

In response to Mr Weir’s enquiry regarding the position at the end of March 2025, Mr Skitt indicated that several targets may see a deterioration in January 2025 due to the challenging period over Christmas. The 50-day challenge highlights the need to aim for better performance than last year, alongside the importance of 7-day working and reassessing the Christmas period shutdowns, particularly in Local Authority arrangements. Efforts will be made to push for continuous operations going forward into next year.

Mr Skitt confirmed that clinical leaders were working collaboratively with Local Authorities across the Hywel Dda population. The Pembrokeshire model was highlighted as a significant example of partnership and improvement and Mr Skitt confirmed that the two to three-year project to foster ownership of issues and the vanguard work in Pembrokeshire, would be rolled out to other counties. He also acknowledged the significance of

clinicians leading the way; and the importance of motivating and engaging them to inspire others to join their efforts.

Cllr Evans offered his assistance from a Local Authority perspective, with dialogue or discussions. He also queried the current status of ambulance handovers, noting that GGH remains an outlier while WGH has the correct model in place. He enquired whether the issue is due to higher patient flow or cultural factors, given the ongoing discussions and lack of progress at GGH.

Mr Skitt indicated that numerous discussions, meetings, and preparations had taken place regarding the future model. Identifying the responsible individual is crucial for accountability and progress. The twelve-week plan and local Improvement teams are consulting to turn ideas into tangible actionable steps. He also indicated that the Health Board should avoid a one-size-fits-all approach, such as the WGH model, and instead tailor solutions to each site's unique context.

The Committee recognised that much of the required change is cultural rather than purely process-driven; and that efforts should focus on gaining acceptance and engagement from staff at each site.

Ms Marks highlighted the challenges of implementing the plan to provide the right care in the right place at the right time, and queried the actions being taken to address them. She also referenced the differing risk appetites between community nursing staff and clinicians in acute settings. Community nursing staff appear to have a higher risk appetite compared to their counterparts in acute settings. Ms Marks acknowledged that continued efforts are required to address these challenges and ensure the successful implementation of the Community Care plan.

Mr Skitt emphasised the importance of moving hospital resources, including beds, into the community, alongside the consideration of asking consultants in acute settings to manage and work with patients at home. He highlighted the need to use hospital buildings as bases for staff rather than confining them within the walls.

Mr Skitt also recognised the need for more interactive discussions and joint training between GPs and hospital consultants in the context of joint exercises and training, which are currently lacking; and would address the challenges of boundaries and handovers that cause delays. Mr Skitt also highlighted the need for quicker referral processes which would reduce delays caused by written or emailed referrals. He reiterated the goal to create seamless integration between Primary, Community, and Secondary Care.

The Committee noted that the digital deficit impacts patient care as clinicians may not have full access to a patient's entire record, which leads to delays. It was suggested that a request for Board approval of a Welsh Intensive Care Information System (WICIS) based platform would improve the situation, and Mr Skitt indicated that discussions had commenced with a potential digital partner and the Digital team.

Mr Ayres indicated that the Nuffield Review would provide helpful reflections on the Strategic Plan and emphasised the importance of integrating the Six Goals programme and the digital partner into the strategic refresh.

Mr Skitt acknowledged the historical challenges due to separate funding allocations; and indicated that the new structure is expected to enhance collaboration and operational efficiency. He agreed to provide a further update at the 27 February 2025 Committee meeting. **PS**

SDODC agreed to advise the Board that the position was positive and requires further monitoring.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the Six Goal's Programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.
• NOTED a proposed review of the Q3/Q4 Programme Plan with Key Programme Leads to ensure ongoing alignment between Programme Deliverables and Outcomes
• NOTED a Programme focus for Quarter Three on bringing ED breaches back in line with TI and Annual Plan trajectories and a review of Programme funding, budget reallocation possibilities and project closure planning where required

SDODC (24)115 PO5: Mental Health & CAMHS

Ms Karen Amner and Ms Kay Isaacs joined the meeting.

Ms Karen Amner presented the PO5: Mental Health and Child and Adolescent Mental Health Services (CAMHS): October 2024 update report, highlighting that Phase 2 of the 111 option 2 programme (which is a Ministerial Priority) is heavily reliant on Welsh Government for an advertising campaign to ensure that the entire population of Wales is aware of this service; and will be coordinated through each Health Board in Wales.

Ms Amner confirmed HDdUHB's compliance with ensuring that all individuals undergo a gatekeeping assessment prior to admission, confirming that all community options have been explored and

exhausted. Once admitted, timely reviews are conducted to consider if discharge can be facilitated.

In terms of medical wait times, work commenced in Q1 to cleanse data and examine caseloads to understand the waiting times challenge. Occupational therapy for learning disabilities shows an improving position despite 43 individuals waiting. Similarly, physiotherapy has 18 individuals waiting, but the position is improving. There has been an increase in physiotherapy referrals in Ceredigion.

Local awareness campaigns for 111 option 2 have been developed, and together with a national advertising campaign should increase awareness across Wales. This will ensure that both the public and professionals are aware of the dedicated line for managing individuals with mental health or learning disability requirements.

Autism Spectrum Disorder (ASD) services continue to face challenges in capacity and demand. However, the services have received non-recurrent funding from Welsh Government through the Regional Partnership Board (RPB), which will enable recruitment and help reduce waiting lists.

Ms Amner indicated that an organisational change process has recently been completed to ensure that staff within Community Mental Health teams and Crisis teams are working consistent hours across the three counties. This change aims to enhance the delivery of services as per the improved service specifications for community teams.

She also indicated that a significant amount of work had been undertaken following the 2023 Learning Disabilities report to engage and co-produce the service. This process is ongoing, and HDdUHB has recently reviewed the report presented to the Board to reconsider the best approach for delivering the Learning Disability Service Improvement Programme. The programme is progressing well, as indicated by its green status.

Ms Amner advised that the service for older adults has an amber status. This part of the service focuses on providing psychological assessments for older adults with functional conditions, such as anxiety or depression, rather than dementia. The goal is to provide assessment, formulation, and treatment. Recruitment is crucial for this work, and the next step involves hiring psychology assistants who are essential for these assessments.

Following a review required by the Health and Safety Committee, all Section 136 Places of Safety were evaluated. HDdUHB collaborated with external stakeholders, including the Police, Local Authorities and West Wales Action for Mental Health, to conduct a wider option appraisal on providing places of safety for adults and children. The conclusion was to provide one place of safety for

adults within the Health Board, with the preferred location being in Carmarthenshire.

Ms Charlotte Wilmshurst indicated that the preferred option would require approval from the Executive Team and the consultation aspect would be handled by the Engagement team prior to being presented for Board approval.

Ms Marks expressed her thanks to the staff answering distressing calls to the 111 Option 2 line, although she expressed concern at the expected volume of calls when the line is publicised more widely.

Ms Marks also expressed concern regarding serous risks arising from long delays in the diagnosis of ASD in children and young people. She referenced management of the waiting lists, with 40% of children and young people (CYP) waiting less than 20 weeks; however, this statistic does not fully capture the situation. The scale of this issue is significant, and HDdUHB is partially reliant on annual RBP funding. Consequently, the Health Board recruits and trains personnel, but there is uncertainty about retaining them. Ms Marks indicated that the risk perceived when engaging with staff is not adequately reflected in this document; and that as a Board, members should consider the implications of a child waiting five years for a diagnosis, which is quite distressing. In some cases, two LAs provide assistance without waiting for a formal diagnosis. They assess how to proceed based on the situation.

Ms Marks requested that that ASD team return to report to the Committee on the strategic approach to addressing these issues. **AL**

Mr Carruthers indicated that the team have started to differentiate between ASD and ADHD to provide a clearer picture of status. However, the longest waiting times, which can be as long as 9-10 years in some cases across the UK are not reported. The team is working with the Mental Health Network Director nationally to explore opportunities for involvement in national pilots aimed at transforming performance in this area. There is a general acceptance that the current model and its performance measures are inadequate. HDdUHB lacks the capacity to meet these targets. He advised that the ASD team are also considering an alternative model which may address the actual risks but might not improve performance metrics. It is crucial to ensure that the Health Board addresses the core issues, as meeting performance targets alone does not guarantee timely access to treatment.

SDODC agreed to advise the Board of their concerns regarding serous risks arising from long delays in the diagnosis of ASD in children and young people.

Ms Amner and Ms Isaacs left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the MH&LD Directorates progress against its Planning Objective as presented, including the associated risks, issues and considerations for each service area as highlighted.
• NOTED that assurances and mitigations against each service area's objectives are being managed/scrutinised through Business Planning, Performance and Assurance Group and Quality, Safety and Experience Group and that Quarterly monitoring and reporting arrangements have been developed.

SDODC (24)116 Integrated Performance Assurance Report

Mr Thomas presented the Integrated Performance Assurance Report (IPAR), highlighting the three directorates with the most concerning levels of escalation. A comparative analysis was conducted between the August and September 2024 escalation assessments to demonstrate the progress being made, namely de-escalations from Level 3 to Level 2 in areas of Planned Care and Women's and Children's services. These assessments are fluid and subject to change each month. In response to an enquiry regarding Planned Care targets for the current year, Mr Carruthers indicated that there is optimism that Planned Care will exceed the targets set in the Annual Plan, following recent WG discussions on funding allocation.

He also indicated that the Annual Plan submitted to WG indicated that 527 patients would be waiting over 104 weeks for orthopaedic treatment. Proposals submitted to Welsh Government have received support in principle, with a sum of money allocated to support these efforts. Further assurance on capacity to deliver has been provided, and a response is expected imminently.

Mr Thomas advised that clearing the backlog of 527 orthopaedic patients and managing the 300 patient risk identified in cataracts was anticipated. He indicated that the goal was to achieve a zero 104-week waiting position and reduce the maximum waiting time for non-surgical specialties to 36 weeks by the end of March 2025, marking a significant milestone.

The Committee noted that, aside from the discussed issues around cancer and urgent mental care, diagnostics remain a concern due to workforce challenges. Support from the Welsh Government for diagnostic funding has been received but does not fully cover the identified gap. Further opportunities for funding are being explored, recognising the importance of diagnostics to overall performance and pathway targets.

Mr Thomas indicated that the staff sickness chart indicated a definite upward trend, attributed to stress, anxiety, and depression, a trend observed across NHS organisations. Several key actions and initiatives were in place to address these issues, though they are not within the remit of SDODC. This matter falls under the responsibility of the People, Organisational

Development & Culture Committee (PODCC), along with the Executive Team. However, it is important to acknowledge and note the concern that these factors are driving the increase in staff sickness. While this Committee does not directly address the staff sickness issue, it holds overarching responsibility and should remain informed. The significance of the issue therefore warrants continued attention.

SDODC agreed to alert the Board that Cancer performance is still well below the target set in Targeted Intervention (TI) criteria; and to advise Board that it expects to be in a strong position to deliver or improve upon the Annual Plan trajectory.

Decision: From the IPAR – Month 6 2024/2025, the Strategic Development and Operational Delivery Committee:
• DISCUSSED the issues highlighted through this SBAR and the supporting IPAR overview
• RECEIVED ASSURANCE of the process and actions in place to address escalated directorates
• ADVISED of any issues to be escalated to the November Board meeting

SDODC (24)117 Capital Programme

Ms Eldeg Rosser joined the meeting.

Ms Eldeg Rosser presented the Capital Programme for 2024/25 and Capital Governance Update Report, highlighting the Capital Resource Limit (CRL) fixing exercise, during which the capital expenditure and project timelines for all projects within the 2024-2025 programme have been reviewed. The team has successfully reallocated some of the slippage and unspent funds from these schemes to other areas within the programme. The table on page six of the report, approved by the Capital Planning Group and the Capital Subcommittee, was presented for the Committee's endorsement.

Additionally, positive news had been received from Welsh Government in response to HDdUHB's bid for £7.8m for potential end-of-year beds. £1.8 m was approved, with £1.3m allocated for equipping and digital costs for setting up domains in Pentre Awel, and £500k for scope replacements in Withybush Hospital. Furthermore, approval was granted for the Sexual Assault Referral Centre (SARC) project in Aberystwyth, amounting to £3.4m, allowing the Health Board to progress with this scheme in the coming months.

From the Subcommittee Update, Ms Rosser advised that there were a number of items to bring to the Committee's attention:

- There has been a delay in completing the Aseptic Business Justification Case (BJC) due to the lack of tenders for the project. HDdUHB is now pursuing an alternative procurement route and working with the Estates, Finance and Governance teams to present the BJC to the Board on 31 January 2025 for approval.

- The Capital Subcommittee has received a Backlog Maintenance Update report for 2023-2024, indicating that the value of the infrastructure backlog now stands at £255m, a significant increase from the £124m reported for 2022-2023.

In response to Mr Imperato's enquiry regarding the reason for the increase in the maintenance backlog, Ms Rosser indicated that increased scrutiny due to the Reinforced Autoclaved Aerated Concrete (RAAC) issue at Withybush Hospital, had led to the increase.

SDODC agreed that the Board could receive assurance regarding the reallocation of available Discretionary Capital Allocation in 2024/25.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the update on the Capital Programme and CRL for 2024/25
• ENDORSED the reallocation of available resource in 2024/25
• NOTED the capital schemes governance update
• NOTED the RAAC update
• NOTED the update from Capital Sub Committee

SDODC (24)118 PO8: AHMWW Programme

Ms Rosser presented the Implementing the A Healthier Mid and West Wales Strategy which included an update on Planning Objective 8: Estates Plan, highlighting discussions with Welsh Government on the A Healthier Mid and West Wales programme which secured funding for Pentre Awel and the Carmarthen Hwb (which is currently in the construction phase). Ms Rosser indicated that further discussions are ongoing regarding major infrastructure developments.

She also indicated that the Property Asset Strategic Plan is being consolidated, with efforts to exit leases, supported by projects such as the Carmarthen Hwb and the Picton Terrace development.

The Estates team is working on an energy performance contract, which will require spend-to-save investments; and ongoing work continues on other milestones within the planning objective.

SDODC agreed to advise the Board that PO8: AHMWW infrastructure is behind schedule due to delays in progressing the Strategic Outline Case (SOC) for the new Urgent and Planned Care Hospital and Withybush Community hub.

Ms Rosser left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:
• NOTED the discussion with WG colleagues on the 12

September 2024 as provided in this report and the meeting to be arranged with the IIB
• NOTED the updated summary position relating to Planning Objective 8 Estates Plan, which is behind the programme set for the Planning Objective
• CONSIDERED the implications of an extended programme timeline

SDODC (24)119 ARCH/ Joint Committee Update

Mr Sion Charles joined the meeting.

Mr Sion Charles presented the A Regional Collaboration for Health (ARCH) Portfolio Update Report, indicating that the ARCH programme is progressing well. Discussions within the Joint Committee have introduced some flexibility regarding the future organisation of the programme., which may lead to different organisational structures for the programme.

He indicated that the Pathology programme is advancing, although it is affected by Welsh Government's decisions on capital projects. The team is working diligently, and there is hope for future approval to proceed with the Outline Business Case (OBC).

The Committee noted optimism regarding the commencement of the Regional Stroke programme on a more regional basis, with support being provided to the Hywel Dda and Swansea Bay areas, to find connections where possible.

Mr Charles highlighted the following:

- Regional Diagnostics and Eye Care programmes are still in the definition phase and awaiting guidance and future direction from the Joint Committee.
- Orthopaedics and Interventional Radiology programmes have made good progress. However, a team member has taken a role running the Interventional Radiology Network.
- The ARCH review has been completed and will be shared after the meeting. **SC**
- Regional Commercialisation and Strategy work, led and funded by the Welsh Government, has seen significant involvement from the ARCH team. The output of the investigation, workshops, and draft strategy is expected by 4 November 2024. Further information will be brought to the next meeting. **SC**
- Guidance from the ARCH Partnership and the ARCH Delivery Leadership Group is being sought on how to advance the regional commercialisation and strategy on a regional basis with Swansea Bay.

Mr Charles left the meeting.

Decision: The Strategic Development and Operational Delivery Committee:

• NOTED the Hywel Dda UHB and Swansea Bay UHB regional discussions and the ARCH Portfolio Summary Update

SDODC (24)120 SDODC Work Programme 2024/25

The Strategic Development and Operational Delivery Committee NOTED the SDODC Annual Workplan.

SDODC (24)121 ANY OTHER BUSINESS

There was no other business reported.

SDODC (24)122 MATTERS AND RISK FOR ESCALATION TO BOARD

The WFGA Wellbeing Objectives Annual Report requires Board approval.

SDODC (24)123 DATES OF FUTURE MEETINGS

- Thursday 19 December 2024, 09:30 - 12:30
  Venue: Virtual vis MS Teams

- Thursday 27 February 2025
- Thursday 24 April 2025
- Tuesday 1 July 2025
- Thursday 28 August 2025
- Thursday 30 October 2025
- Thursday 18 December 2025
- Thursday 26 February 2026

1.4

09:35, 0 Mins

1.4 - Table of Actions from Meeting Held on 31 October 2024

Maynard Davies (Hywel Dda UHB - Independent Member)

For information

Attachments

1.4 SDODC 31 10 2024 Table of Actions v0.1.pdf

TABLE OF ACTIONS

Strategic Development and Operational Delivery Committee (SDODC)

31 October 2024

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SDODC (24)87	**Cluster Integrated Medium Term Plan Monitoring Report** To approach Mr Simon Mansfield to consider scaling successful cluster projects to prove their effectiveness prior to mainstreaming.	**RB**	**27 February 2025**	**Complete** Mr Mansfield has been tasked with investigating scaling up and rolling out successful cluster projects, including linking with Value Based Healthcare colleagues as part of an ongoing piece of work. An update has been forward planned for 27 February 2025 when the next Cluster Integrated Medium Term Plan Monitoring Report is expected.
SDODC (24)107	**Operational Risks** To advise the results of the Consultant recruitment advert in July 2024	**AG**	**19 December 2024**	**Complete** One fixed term / Bank consultant post and two substantive consultant posts were advertised in the summer. One of the already in post consultants who had been on long term leave returned back in work (phased return) in July; one Bank consultant started end of September; one substantive Consultant / Deputy DPH was appointed and started in post in October. One substantive Consultant post remains vacant, and another is vacant due to maternity leave (expected return January 2025).
SDODC (24)108	**Monitoring Welsh Circulars (WHCs)** To check if all staff are fully immunised.	**BB**	**19 December 2024**	**Complete** Data included within item 2.1 Deep Dive PO10: Population Health

SDODC (24)109	**Targeted Intervention Annual Plan Update - Including PO Update Report** To pick up winter funding in 2025-26 Annual Plan to facilitate flexibility	**HT**	**19 December 2024**	**Complete** This will be included as a choice for the 2025/26 plan.
SDODC (24)110	**Community & Long Term Care Quarterly Service Report** To advise CHC benchmarking against All Wales.	**JM**	**19 December 2024**	**Complete** NHS Wales Executive (Finance and Performance) undertook two all-Wales benchmarking exercises in 2019/20 and 2020/21 • Hywel Dda viewed as being in top quartile for cost and activity performance • low average cost of a package of care • low cost per head of population • average patient numbers relatively low • Colleagues in Powys have recently approached Hywel Dda with a view to learning from our management and cost performance
SDODC (24)111	**WFGA Wellbeing Objectives Annual Report** To advise how Carmarthen Hub will function.	**BB**	**19 December 2024**	**Complete** • The development of the Carmarthen Hwb facility is progressing to serve as a public service gateway, providing access to Local Authority services, including employment and benefits advice, in a welcoming environment. • Health services to be offered at the Hwb include Health Psychology, Paediatric Therapies, Children's Nursing, Community Nursing, Bariatric Treatment, Phlebotomy, Public Health Wales Screening, Urgent and Specialist Dental Treatment, Sexual and Reproductive Health, Podiatry and Orthotics, as well as Community Mental Health services such as Integrated

				Psychological Therapies, Eating Disorders, and Perinatal Services. Additionally, the Hwb will provide training and conference facilities for the existing Health and Social Care workforce and University of Wales Trinity St David. • Operational group meetings have been initiated by the Local Authority to work through building logistics, with a building user guide to be developed in the New Year. Referral and pathway processes for these services, which are currently operating in nearby Carmarthen premises, will be reviewed, and streamlined as part of the commissioning process commencing in 2025. • Alongside health services, the Hwb will also provide a multi-purpose family entertainment centre offering indoor activities like adventure tag, indoor karting, toy town, and adventure golf, as well as food and beverage options. It will feature space for temporary cultural and heritage exhibitions and be available for hire by community organisations. A health and fitness suite will be open to the public, supporting healthier lifestyles for both those using health services at the Hwb and the wider community.
SDODC (24)114	**PO3: Six Goals Programme** To provide update re GGH in February 2025.	**PS**	**27 February 2025**	**Complete** Forward planned on SDODC workplan.
SDODC (24)115	**PO5: Mental Health & CAMHS**	**KA**	**19 December 2024**	**Complete**

	To contact Comms Team regarding engagement with 111 Option 2.			
SDODC (24)115	**PO5: Mental Health & CAMHS** To consider serious risks re delayed diagnoses of ASD in children and young people	**LC**	**19 December 2024**	**Complete** Whilst WG, society and statutory services continue to place significant value on a diagnostic label, the risks to children, young people and families of delayed diagnoses are multi-faceted: • Additional educational support needs not being identified and met, leading to poor educational attainment, poorer holistic outcomes • Support needs for children, young people and families being unmet • High risk of family breakdown • Increased risk of developing psychiatric co-morbidities, placing increased demand on mental health services • Health Board breaching 26-week Welsh Government performance targets • Increased risk of complaints and reputational damage to organisation
SDODC (24)119	**ARCH/ Joint Committee Update** To share ARCH review.	**SC**	**19 December 2024**	**Complete** Report shared with SDODC on 11 December 2024
SDODC (24)119	**ARCH/ Joint Committee Update** To report regional commercialisation.	**SC**	**27 February 2025**	**Complete** Further information will be included within the next ARCH report forward planned for 27 February 2025

RB: Rhian Bond	AG: Ardiana Gjini	BB: Bruce Bolam	HT: Huw Thomas	JM: Julia McCarthy
TN: Trina Nealon	PS: Peter Skitt	KA: Karen Amner	LC: Liz Carroll	SC: Sion Charles

1.5

09:35, 10 Mins

1.5 - Self-Assessment 6 Month Review (incl Self-Assessment Timelines)

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For discussion

Attachments

1.5 SDODC CommitteeSelfAssessmentSBAR. 6 month update final.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategic Development and Operational Delivery Committee (SDODC) Self-Assessment Outcome Report 2023/24 – Progress Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Maynard Davies, SDODC Chair Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the actions agreed by the Strategic Development and Operational Delivery Committee (SDODC) in response to the outcome of the SDODC Self-Assessment 2023/24 process.

Cefndir / Background

In June 2024, SDODC received a report which presented the outcomes of the SDODC Self-Assessment 2023/24 process. For SDODC, this involved:

- Short digital form which requested feedback on the following areas:
  - Governance and administration
  - Committee's inputs
  - Conduct of Committee meetings
  - Interface with other Committees, including the Board
  - Committee's impact
  - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters escalated to the Board
- Independent Members' (IM) Reflective sessions
- Auditor/Regulator feedback

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the SDODC Self-Assessment 2023/24 in June 2024 :

Action	By whom	By when	
Review Terms of Reference (TORs) to reflect the targeted intervention key deliverables for the Committee	Lead Executive/ Director of Corporate Governance	Completed	Review undertaken and revised TORs approved by Board on 25 July 2024.
Consider how agendas and meetings are structured to ensure Committee has sufficient time to focus on and scrutinise key matters within its remit, suggestions included (1) strategy, delivery, estates and Public Health, (2) strategy, capital, population health, Primary and Community Care	Lead Executive/ Director of Corporate Governance	Completed	The Governance section will now feature a more focused Targeted Intervention (TI) update, providing additional time for discussions on other topics. Furthermore, the IPAR has been relocated towards the end of the Performance section due to overlapping discussions that have arisen during Deep Dives. This approach will continue to be reviewed at each Agenda Setting meeting.
Workplan to include Commissioning, Primary Care, Community Services, Public Health	Lead Executive	Completed	These areas are now included on the SDODC work plan.
Review report template to simplify reporting and strengthen focus on delivery, impacts and outcomes	Director of Corporate Governance	Not Completed – revised date January 2025	This was delayed due to start of new Health Board Chair in May 2024. Feedback from the 2023/24 Self-Assessment process was presented to the Board Seminar in August and this will inform the development of the future reporting template.
Update report writing guidance for authors to reflect the need to focus less on process and more on delivery, impacts and outcomes	Director of Corporate Governance	Not Completed – revised date January 2025 ready for implementation in April 2025 with new Committee structure and	This was delayed due to start of new Health Board Chair in May 2024. Feedback from the 2023/24 Self-Assessment process was presented to the Board Seminar in August and this will

		Integrated Impact Assessment	inform the development of the future reporting template. Report writing guidance (Do's and Don'ts) are circulated with the Call for Papers, however guidance will be reviewed when new reporting template has been developed.
Provide clarity at Agenda Setting meetings the time allocated to focus on key issues and the senior managers who should be invited to present at meetings. This is now undertaken at each Agenda Setting meeting	Chair and Lead Executive	Completed	This is undertaken at each SDODC Agenda Setting meeting. This is also emphasised when issuing the call for papers email.
Ensure outcomes are fed into the Board Development Programme	Assistant Director of Organisational Development	Completed	Outcomes have been incorporated into the Board Development Programme.

Self-Assessment Process 2024/25

The Committee membership and attendees (as per Terms of Reference) will be sent a short digital form to complete in December 2024. Survey responses will be collated, along with feedback captured through the preceding 12 months and presented for discussion at SDODC on 27 February 2025.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE ASSURANCE** from the progress made against the actions being undertaken to improve its effectiveness.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Board Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	SDODC Terms of Reference SDODC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	SDODC Chair Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	An effective SDODC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	An effective SDODC should drive improvement through scrutiny and challenge on the effective and efficient management of risks relating to strategic development and operational performance.
Cyfreithiol: Legal:	Not applicable

Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

1.6

09:45, 10 Mins

1.6 - Corporate Risks Related to SDODC

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer)

For assurance

Attachments

1.6.1 SDODC CRR SBAR Dec 2024 FINAL clean.pdf

1.6.2 Appendix 2 - SDODC CRR Summary.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Corporate Risks Assigned to Strategic Development and Operational Delivery Committee (SDODC)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst, Assistant Director of Assurance & Risk

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

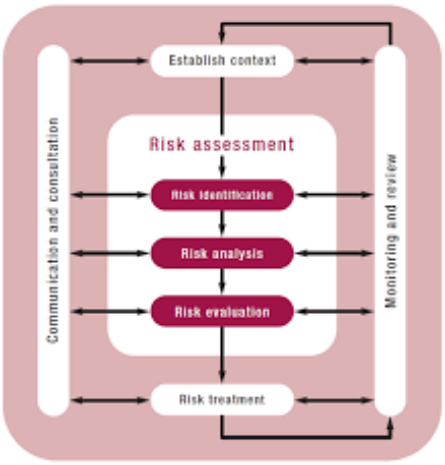
ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Strategic Development and Operational Delivery Committee (SDODC) is asked to receive assurance from the lead Executive Director for the corporate risks in the attached report that these are being managed effectively.

Cefndir / Background

Effective risk management requires a 'monitoring and review' structure to be in place to ensure that risks are effectively identified and assessed, and that appropriate controls and responses are in place.



(Risk Management Process, ISO 31000)

The Board's Committees are responsible for the monitoring and scrutiny of corporate level risks within their remit. They are responsible for:

- Seeking assurance on the management of risks on the Corporate Risk Register (CRR) and providing assurance to the Board that risks are being managed effectively and report areas of significant concern, for example, where risk appetite is exceeded, lack of action, etc.

- Reviewing corporate and operational risks over tolerance and, where appropriate, recommend the 'acceptance' of risks that cannot be brought within Hywel Dda University Health Board's (HDdUHB) risk appetite/tolerance to the Board.
- Identify through discussions any new/emerging risks and ensure these are assessed by management.
- Signpost any risks outside of its remit to the appropriate HDdUHB Committee.
- Use risk registers to inform meeting agendas.

These risks have been identified by individual Directors via a top-down and bottom-up approach and are either:

- Associated with the delivery of the Health Board objectives; or
- Significant operational risks escalated that are of significant concern and require corporate oversight and management.

Each risk on the CRR has been mapped to a Board level Committee to ensure that risks on the CRR are being managed appropriately, taking into account the gaps, planned actions and agreed tolerances, and to provide assurance to the Board through their update report on the management of these risks.

The Board has delegated a proportion of its role of scrutiny of assurances to its Committees to make the most appropriate and efficient use of expertise. Therefore, Committees should also ensure that assurance reports relevant to the principal risks are received and scrutinised and an assessment made as to the level of assurance it provides, taking into account the validity and reliability ie source, timeliness, methodology behind its generation and its compatibility with other assurances. This will enable the Board to place greater reliance on assurances, if they are confident that they have been robustly scrutinised by one of its Committees; and provide them with greater confidence regarding the likely achievement of strategic objectives, as well as providing a sound basis for decision-making. It is the role of Committees to challenge where assurances in respect of any component are missing or inadequate. Any gaps should be escalated to the Board.

The process for risk reporting and monitoring within HDdUHB is outlined at Appendix 1.

Asesiad / Assessment

The SDODC Terms of Reference reflect the Committee's role in providing assurance to the Board that principal risks are being managed effectively by the risk owners (Executive Leads).

The Terms of Reference state the Committee's purpose is to:

2.6 Seek assurance on the management of principal risks within the Corporate Risk Register (CRR) and Directorate Risk Registers allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern eg, where risk tolerance is exceeded, lack of timely action.

2.7 Recommend acceptance of risks that cannot be brought within the UHB's risk appetite/tolerance to the Board through the Committee Update Report.

2.8 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

There are two risks assigned to the Committee from the 21 risks currently identified on the CRR. These risks can be found at Appendix 2.

Changes Since Previous Report

Total Number of Risks	2	
New risks	0	
De-escalated/Closed	0	
Increase in risk score ↑	1	*Note 1*
No change in risk score →	1	*Note 2*
Reduction in risk score ↓	0	

Note 1 – Increase in risk score

Since the previous report, the following risk score has increased:

Risk Reference & Title	Date risk identified	Lead Director	Previous risk score (Aug 2024)	Current risk score	Rationale	Target Risk Score
1350 - 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	04/02/22	Chief Operating Officer	**4x3=12**	**4x4=16** (Reviewed 28/11/24)	The performance in September 2024 deteriorated to 40% due to several factors, including the legacy impact of radiology reporting delays, which increased during the summer period due to the dual impact of cessation of daytime Everlight external reporting, and an increase in emergency pathway demand.	**2x4=8**

					In addition, there was a negative impact on headline Single Cancer Pathway (SCP) performance achieved in recovering the skin pathway backlog which developed in previous months due to sharp increase in skin cancer referral demand and sickness/absence amongst the senior clinical team. There has been an encouraging reduction noted during October 2024 in relation to the 62 days+ backlog to 414 patients (improved by 129 patients), the largest monthly backlog reduction in the last 18 months. Further backlog reduction is forecast for November 2024. Although performance is predicted to improve significantly in November 2024 due to recovery actions within radiology and the skin pathway, the risk remains that cancer performance will not achieve 75% compliance by March 2025.	

Note 2 – No change in risk score

Since the previous report, there has been no change in the score of the following risk:

Risk Reference & Title	Date risk identified	Lead Director	Current Risk Score	Update	Target Risk Score
1842 - Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 2024/25 due to demand exceeding capacity	01/04/24	Chief Operating Officer	**5x3=15** (Reviewed 02/12/24)	The combined impact of a mismatch between demand and current/forecast capacity in key specialties, workforce limitations and limitations on the amount of recovery funding agreed by the Board all pose a risk to full achievement of Ministerial planned care recovery targets. The Annual Plan, approved by the Board in March 2024 highlighted delivery risks in Orthopaedics and Ophthalmology, and the additional recovery resource agreed by the Board is below the level required to ensure full delivery of the Ministerial milestones. Whilst delivery plans for 2024/25 reflect positive progress in increasing outpatient activity and treatment capacity, underpinned by planned improvements in workforce availability and operational productivity and efficiency, the Annual Plan signalled expected delivery gaps in both specialties. Furthermore, revised delivery expectations advised by Welsh Government (WG) since submission of the Health Board's Annual Plan have brought forward the expected target dates for achievement of the 104 week Total Pathway maximum wait from March 2025 to December 2024. Health Board performance	**3x3=9**

				in respect of planned care delivery milestones is also a key feature of its escalation to Targeted Intervention status. Opportunities are being explored to maximise capacity across Hywel Dda University Health Board (HBUHB) and Swansea Bay University Health Board (SBUHB) to support further recovery of waiting times. Both specialties have been prioritised for active exploration of regional solutions, in partnership with SBUHB, to expand available capacity and address forecast shortfalls against anticipated demand. Breach volumes in respect of the Stage 1 52-week target have improved for four consecutive months (July-Oct 2024) and are expected to be resolved by March 2025. Forecast breach volumes in respect of the Total Pathway 104-week target remain in Orthopaedics and Ophthalmology. On 15 November 2024, the Health Board received confirmation of the additional recovery financial allocation to be allocated by WG to support clearance of outstanding forecast 104-week breaches by March 2025. The delayed confirmation of this allocation has given rise to increased delivery risks due to the limited time remaining in which to secure independent sector	

				outsource capacity to supplement internal Health Board capacity. Taking the above into account, the current risk score is assessed to be lower than the inherent risk score due to the significant progress achieved in the past 12 months in improving waiting times, and current performance compares positively with other Health Boards. However the current risk score will remain unchanged until forecast monthly breach volumes further reduce in line with expectations.	

The 'heat map' below includes the risks currently aligned to SDODC:

HYWEL DDA RISK HEAT MAP

	LIKELIHOOD →				
IMPACT ↓	**RARE 1**	**UNLIKELY 2**	**POSSIBLE 3**	**LIKELY 4**	**ALMOST CERTAIN 5**
CATASTROPHIC 5			1842 (→)		
MAJOR 4				1350 (↑)	
MODERATE 3					
MINOR 2					
NEGLIGIBLE 1					

Argymhelliad / Recommendation

SDODC is asked to **RECEIVE ASSURANCE** that:

- 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; and
- Challenge where assurances are inadequate.

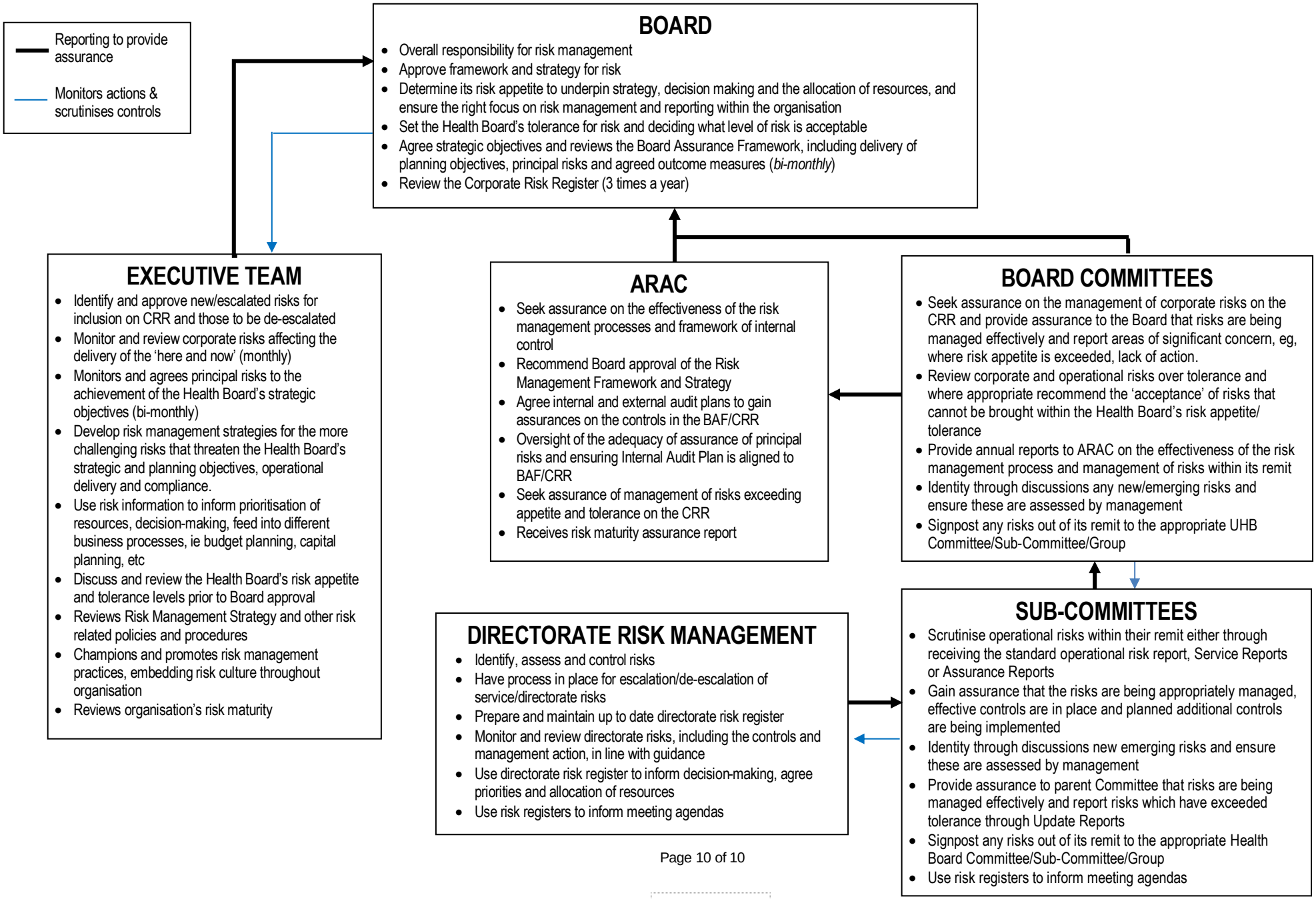
This in turn will enable SDODC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that HDdUHB is managing these risks effectively.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g., where risk tolerance is exceeded, lack of timely action. 2.7 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report. 2.8 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Contained within the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Underpinning risk on the Datix Risk Module from across HDdUHB's services reviewed by risk leads/owners.
Rhestr Termau: Glossary of Terms:	Current Risk Score - Existing level of risk taking into account controls in place. Target Risk Score - The ultimate level of risk that is desired by the organisation when planned controls (or actions) have been implemented. Tolerable risk – this is the level of risk that the Board agreed for each domain in January 2024 - Risk Appetite Statement.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Relevant Executive Directors.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No direct impacts from report however impacts of each risk are outlined in risk description.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	No direct impacts from report however impacts of each risk are outlined in risk description.
Gweithlu: **Workforce:**	No direct impacts from report however impacts of each risk are outlined in risk description.
Risg: **Risk:**	No direct impacts from report however organisations are expected to have effective risk management systems in place.
Cyfreithiol: **Legal:**	No direct impacts from report however proactive risk management including learning from incidents and events contributes towards reducing/eliminating recurrence of risk materialising and mitigates against any possible legal claim with a financial impact.
Enw Da: **Reputational:**	Poor management of risks can lead to loss of stakeholder confidence. Organisations are expected to have effective risk management systems in place and take steps to reduce/mitigate risks.
Gyfrinachedd: **Privacy:**	No direct impacts
Cydraddoldeb: **Equality:**	No direct impacts from report however impacts of each risk are outlined in risk description of individual risks.

Appendix 1 – Committee Reporting Structure



Risk Ref	Risk (for more detail see individual risk entries)	Risk Owner	Domain	Tolerance Level	Previous Risk Score	Risk Score Nov-24	Trend	Target Risk Score	Risk on page no...
1350	Risk of not meeting the 75% SCP waiting times target for 2022 - 2026 due to diagnostics capacity and delays at tertiary centre	Carruthers, Andrew	Quality/Complaints/Audit	8	4×3=12	4×4=16	↑	2×4=8	3
1842	Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 24/25 due to demand exceeding capacity	Carruthers, Andrew	Safety - Patient, Staff or Public	6	5×3=15	5×3=15	→	3×3=9	8

Assurance Key:

3 Lines of Defence (Assurance)		
1st Line	Business Management	Tends to be detailed assurance but lack independence
2nd Line	Corporate Oversight	Less detailed but slightly more independent
3rd Line	Independent Assurance	Often less detail but truly independent

Key - Assurance Required	
	Detailed review of relevant information
	Medium level review
	Cursory or narrow scope of review

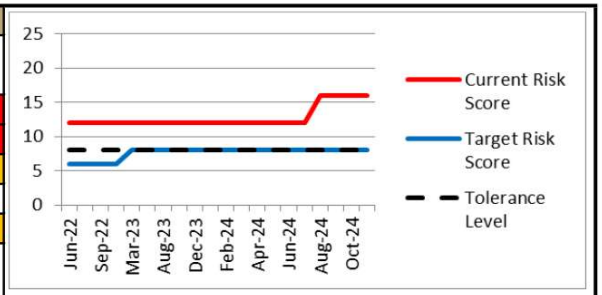
NB Assurance Map will tell you if you have sufficient sources of assurance not what those sources are telling you

Key - Control RAG rating	
LOW	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH	Controls in place assessed as adequate/effective and in proportion to the risk
INSUFFICIENT	Insufficient information at present to judge the adequacy/effectiveness of the controls

Date Risk Identified:	Feb-22	**Executive Director Owner:**	Carruthers, Andrew	**Date of Review:**	Nov-24
Strategic Objective:	5. Safe and sustainable and accessible and kind care	**Lead Committee:**	Strategic Development and Operational Delivery Committee	**Date of Next Review:**	Dec-24

Risk ID:	**1350**	**Principal Risk Description:**	There is a risk of the Health Board not being able to meet the 75% target by March 2025, and 80% by March 2026 for waiting times in the ministerial measures for the Single Cancer Pathway (SCP). This is caused by by reduced capacity to meet the expected demand for diagnostics and treatment delays at our tertiary centre, and the fragility within key tumour sites. This could lead to an impact/affect on on increased number of patients waiting in excess of 62 days and meeting patient expectations in regard to timely access for appropriate treatment which could potentially lead to poorer outcomes and patient experience, adverse publicity/reduction in stakeholder confidence, and increased scrutiny/escalation from Welsh Government.
Does this risk link to any Directorate (operational) risks?		1223, 114, 111, 1537, 1699, 1722, 1723, 797	

Risk Rating:(Likelihood x Impact)	
Domain:	Quality/Complaints/Audit
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	4×4=16
Target Risk Score (L x I):	2×4=8
Tolerable Risk:	8
Trend:	⟷



Rationale for CURRENT Risk Score:

The performance in September 2024 has deteriorated to 40% due to â€‹factors including:

Legacy impact of Radiology reporting delays, which increased during summer period due to dual impact of cessation of daytime Everlight external reporting, and an increase in emergency pathway demandâ€‹

Negative impact on headline Single Cancer Pathway (SCP) performance of positive progress achieved in recovering the Skin pathway backlog which developed in previous months due to sharp increase in skin cancer referral demand and sickness/absence amongst senior clinical teamâ€‹

Correspondingly, an encouraging reduction noted in October 2024 relating to the 62 day+ backlog to 414 patients (improved by 129 patients), the largest monthly backlog reduction in past 18 months. Further backlog reduction is forecast for November 2024.â€‹

Although performance is predicted to improve significantly in November 24 due to recovery actions within radiology and Skin pathway, the risk remains that cancer performance will not achieve 75% compliance by March 2025

Rationale for TARGET Risk Score:

The aim is to treat patients within target waiting times, which has now been confirmed as 75% non-adjusted 2022-2026.

The tolerance level will be met if plans to increase diagnostic capacity, utilising allocated recovery funding are realised. Publication of performance data by WG recommenced in Feb21 with health boards only reporting against the SCP, with no wait adjustment.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	Gaps in CONTROLS			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# A GI Improvement Group has been established to support the implementation of the NOP for the GI Pathways. # Accelerated imaging from Endoscopy to CT within the GI pathway now in place across all sites, reduction time on patient pathway by 23 days # Fully established cancer tracking team in place to allow patients to be proactively tracked through their pathways. # A new cancer dashboard developed by Informatics with the support of Business Intelligence (BI) SCP funding from the Wales Cancer Network. This is now live with access for Cancer Services staff and Service Managers, allowing MDTs to actively monitor tumour site specific patients on a SCP. # The health board have been piloting the use of Quarterly Planning and Monitoring reports developed by the NHS Executive since July 23. This has facilitated the development of targeted improvement plans per tumour site and subsequent weekly monitoring thus providing assurance of the robustness of plans. # As per the Wales Bowel Cancer Initiative, a successful FIT10 screening in the management of USC patients on a colorectal pathway was implemented in Jun20. A Straight to FIT test is being implemented within the health board, where depending on the result of the FIT test, as to whether an OPA or any further investigations are required, which will reduce the pathway by 14 days. On 6th April the health board introduced FIT10 screening into Primary care. This has resulted in a reduction in demand of 30% for first OPA. # Virtual appointments are being undertaken via digital solutions e.g. Attend Anywhere. # Weekly Cancer Watchtower meetings where services managers are in attendance. The function of this group is to monitor and address service demand, capacity and risk issues. # Monthly performance meetings with Welsh Government. # Trajectory performance plans have been developed for each tumour site by the relevant services, with regards to improving performance. This also includes Backlog Trajectory plans on how these improvements will be achieved. # Robust Urology diagnostic recovery plan to eliminate patients waiting more than 28 days in place, with committed resource allocation from recovery money. Monitoring of Urology diagnostic improvement trajectory via Cancer watchtower. # Cancer Pathway Review to be discussed at the MDT Business meetings	Anticipated significant gaps within key diagnostic services to address required levels of activity to support SCP. Key diagnostic information systems do not support effective demand / capacity planning. Need for the implementation of new, streamlined optimal clinical pathways to reduce diagnostic demand and expedite assessment pathways. Delays in data reporting, with a lag of 2 months.	Establish accelerated Neck lump pathway to reduce diagnostic pathway	Lewis, Caroline	31/12/2024	engagement required with Radiology and SBUHB
		Work with NHSE to review referral rates and patterns within primary care to reduce and refine demand to secondary care	Humphrey, Lisa	31/03/2025	Mapping in progress
		update TOR as per internal audit recommendation	Bennett, Debra	31/10/2024	In progress
		Assess the impact of OPA Laryngeal biopsy on overall performance for Head and Neck	Lewis, Caroline	~~30/10/2024~~ 31/12/2024	In progress. Requires 6 months data in order to commence.
		Roll out gynaecology one stop hysteroscopy to reduce diagnostic pathway across all sites	Freeman, Lyndon	31/12/2024	One stop in place for BGH and GGH - planning for WGH by end of December
		Radiology to work with cancer services and the NHSE to improve productivity and efficiency processes	Roberts-Davies, Gail	31/12/2024	In progress

and plans put in place to address and improve any bottlenecks or issues. Pathway reviews will also be a standing agenda item on the Oncology Quality & Safety meeting to ensure governance and part of the relevant Directorate Quality & Safety meetings # Process in place to improve component wait times and reduce patients waiting more than 14 day for first Outpatient Appointments (OPA) and 28 days for Diagnostics. # One to one escalation meetings held with Cancer Watchtower leads and Tumour Site Service Managers for tumour sites that require intervention. # New Endoscopy booking process implemented in November 2023 which tracks all patients referred for an endoscopy on a USC priority. If capacity is identified as a trending breach reason, the Service Management team supports targeted intervention to address these concerns in order to reduce time on patient pathways. # One Stop Hysteroscopy within Gynaecology implemented in May 2024 at Bronglais General Hospital, with plan to implement across all sites during Q2 of 2024/25 # Pathway changes in Head and Neck to include Laryngeal Biopsy at first OPA, reducing reliance on pan-endoscopy # Health Board wide internal escalation framework now in place to support the monitoring of performance targets, with a TI de-escalation target of 60% for three months (as at May 2024) FIT review complete to inform planning to realign FIT pathway to Primary care in line with NOP. * 8 additional radiology reporting sessions in place agreed up to March 25 Skin treatment recovery plan in place to end March 25 to reduce overall treatment volumes to a sustainable level of 100				
	Radiology to work with NHSE to refine demand and capacity planning	Roberts-Davies, Gail	31/12/2024	in progress
	Work with multidisciplinary team to reallocate FIT pathway to primary care in line with NOP and rest of Wales	Humphrey, Lisa	31/03/2025	Planning in progress

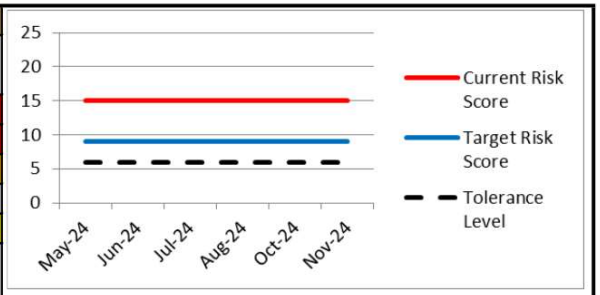
ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)	Gaps in ASSURANCES				
Performance Indicators	Sources of ASSURANCE	Type of Assurance (1st, 2nd, 3rd)	Required Assurance / Current Level			Identified Gaps in Assurance:	How are the Gaps in ASSURANCE will be addressed / Further action necessary to address the gaps	By Who	By When	Progress
Internal targets - Looking at the performance per tumour site individually that have the biggest impact on overall performance Skin Urology LGI Gynaecology Breast Reducing component waits Patient waiting more than 14 days for first OPA Patients waiting a diagnostic procedure and report more than 28 days Patients with a confirmed diagnosis of cancer waiting more than 62 days	Daily/weekly/monthly/ monitoring arrangements by management	1st			* Implementation of Single Cancer Pathway Report - BPPAC - Feb20 * COVID-19 Impact on Cancer Services - Board - May20 * Cancer Updated to QSEAC Jun20 & OpQSESC Jul20 * Risk 633 QSEAC - Feb21 & Aug21 * IPAR Report - Board - Nov22	None identified.				
	Monitor outpatient appointments booked beyond 10 days to identify common themes	1st								
	IPAR Performance Report to SDODC & Board	2nd								
	Monthly oversight by Delivery Unit, WG	3rd								

Date Risk Identified:	Apr-24		
Strategic Objective:	5. Safe and sustainable and accessible and kind care		

Executive Director Owner:	Carruthers, Andrew	**Date of Review:**	Dec-24
Lead Committee:	Strategic Development and Operational Delivery Committee	**Date of Next Review:**	Jan-25

Risk ID:	**1842**	**Principal Risk Description:**	There is a risk of non-delivery of planned care ministerial targets by March 2025. This is caused by a mismatch between demand and current/forecast capacity in key specialties, workforce limitations, and the impact of the Health Boards' financial forecast for 2024/25, which limits the amount of recovery funding agreed by the Board to ensure full achievement of the respective ministerial delivery targets. This could lead to an impact/affect on the quality of care provided to patients, significant clinical deterioration, delays in care and poorer outcomes, increasing pressure of adverse publicity/reduction in stakeholder confidence, and increased scrutiny from regulators.
Does this risk link to any Directorate (operational) risks?		1548, 180, 523, 525, 632, 958, 1083, 1027, 1628, 1629	

Risk Rating:(Likelihood x Impact)	
Domain:	Safety - Patient, Staff or Public
Inherent Risk Score (L x I):	5×4=20
Current Risk Score (L x I):	5×3=15
Target Risk Score (L x I):	3×3=9
Tolerable Risk:	6
Trend:	⟷



Rationale for CURRENT Risk Score:

The combined impact of a mismatch between demand and current/forecast capacity in key specialties, workforce limitations and limitations on the amount of recovery funding agreed by the Board all pose a risk to full achievement of ministerial planned care recovery targets. The Annual Plan, approved by the Board in March 2024 highlighted delivery risks in Orthopaedics and Ophthalmology, and the additional recovery resource agreed by the Board is below the level required to ensure full delivery of the ministerial milestones.

Whilst delivery plans for 2024/25 reflect positive progress in increasing outpatient activity & treatment capacity, underpinned by planned improvements in workforce availability and operational productivity and efficiency, the Annual Plan signalled expected delivery gaps in both specialties. Furthermore, revised delivery expectations advised by Welsh Government since submission of the Health Board's Annual Plan have brought forward the expected target dates for achievement of the 104 week Total Pathway maximum wait from March 2025 to December 2024. Health Board performance in respect of planned care delivery milestones is also a key feature of its escalation to Targeted Intervention status.

Opportunities being explored to maximise capacity across Hywel Dda University Health Board and Swansea Bay University Health Board to support further recovery of waiting times

Both specialties have been prioritised for active exploration of regional solutions, in partnership with Swansea Bay University Health Board (SBUHB), to expand available capacity and address forecast shortfalls against anticipated demand.

Breach volumes in respect of the Stage 1 52 week target have improved for four consecutive months (July-Oct 2024), and are expected to be resolved by March 2025. Forecast breach volumes in respect of the Total Pathway 104 week target remain in Orthopaedics and Ophthalmology. On 15th November 2024, the Health Board received confirmation of the additional recovery financial allocation to be allocated by WG to support clearance of outstanding forecast 104 week breaches by March 2025. The delayed confirmation of this allocation has given rise to increased delivery risks due to the limited time remaining in which to secure independent sector outsource capacity to supplement internal HB capacity.

Rationale for TARGET Risk Score:

The target score of 9 reflects the continuing delivery ambitions which remain, despite the workforce and resource limitations reflected in the Annual Plan. At the end of March 2024, 98.5% of all patients waiting experienced a wait of less than 2 years (104 weeks). Of note, positive progress achieved both in respect of effective demand management and transformation of outpatient pathways has ensured that overall waiting list demand has not grown with waiting list volumes at their lowest level for 2 years. This offers positive indicatons for future improvements in waiting times in 2025/26 onwards.

Opportunities to make further progress towards the Ministerial targets in 2024/25 in Orthopaedics will continue to be explored, including exploration of the regional opportunities referred to.

The tolerable risk (6) reflects the longer term recovery ambitions of the Health Board to reduce waiting lists and length of wait to the lowest levels possible.

Taking the above into account, the current risk score is assessed to be lower than the inherent risk score due to the significant progress achieved in the past 12 months in improving waiting times, and current performance compares positively with other Health Boards. However the current risk score will remain unchanged until forecast monthly breach volumes further reduce in line with expectations.

Key CONTROLS Currently in Place: (The existing controls and processes in place to manage the risk)	**Gaps in CONTROLS**			
	Identified Gaps in Controls : (Where one or more of the key controls on which the organisation is relying is not effective, or we do not have evidence that the controls are working)	**How and when the Gap in control be addressed** Further action necessary to address the controls gaps	**By Who**	**By When**	**Progress**
# Comprehensive daily management systems in place to manage planned care risks on daily basis including multiple daily multi-site calls in times of escalation. # Prioritised review of patients based on an agreed risk stratification model. # Provision of dedicated elective beds on 3 sites. # The staffing position continues to be monitored on a daily basis in accordance with safe staffing principles. # Delivery plans in place supported by daily, weekly and monthly monitoring arrangements. # Quarterly deep dive reviews of all specialty delivery plans and delivery assumptions to ensure full account of OP transformation and theatre productivity and efficiency opportunities # Escalation plans for acute and community hospitals (within limits of staffing availability). # Outpatient transformation programme in place with a continuing focus on alternatives to face to face delivery of outpatient care to enable increases in care volumes delivered. # Robust sickness absence management arrangements in place. # Quarterly review of job plans, with ongoing recruitment. # Elective care delivery plan developed for inclusion within Annual Delivery Plan. # Additional Planned Care Recovery proposals developed to utilise the additional recovery funding committed by the Board # Elective optimisation improvement programme in place to improve theatre activity productivity and efficiency, including improvements to waiting list scheduling and pre-operative assessment processes # Productive & Effective Elective Care Improvement Plan produced to drive productivity and efficiency improvements # Planned Care Delivery Workstream established, reporting to Integrated Quality, Financial Performance Delivery (IQFPD), as part of revised Targeted Intervention governance arrangements. #South West Wales Regional Orthopaedic Delivery Programme	# Workforce staffing availability to support further expansion of theatre capacity # Sufficiency of Anaesthetic medical staffing capacity to support further expansion of required operating lists. # Sustainability challenges remain in a number of specialty areas which have been targeted for in-depth review via regional planning programmes for key specialties and the Clinical Services Plan review. # Widespread adoption of national best practice guidance to improve elective optimisation and utilisation of available operating capacity # Deficiencies within pre-operative assessment process and overall capacity to support required volume of Pre-Operative Assessment Clinic (POAC) assessments	Recruitment of additional orthopaedic surgeons to increase operating capacity within specialty to maximise utilisation of remaining sessions	Hire, Stephanie	~~30/09/2024~~ 31/01/2025	2 surgeons appointed, and commenced in post in September 2024, however one has submitted a resignation letter and due to finish in October 2024. This position will need to be re-advertised. In addition, 2 further arthroplasty surgeons have been appointed, with likely start date of January 2025.
		Monitor progress with implementation of revised pre-operative assessment protocols to ensure alignment with best practice (Getting It Right First Time - GIRFT)	Hire, Stephanie	~~30/09/2024~~ 31/12/2024	Pre-Operative Assessment Clinic (POAC) pathway improvement plans progressing, including: 1)Piloting a screening tool which commenced in August 2024 for three months; 2)the development of a POAC assessment document. Further improvements have also been identified relating to the assessment document; and 3)the development of an electronic booking system to support the identification of available slots. However, issues remain with non-cohort lists as priority for POAC slots are given to USC and cohort patients.

established # South West Wales Regional Ophthalmology Programme established in November 2024		Additional outsource & insource solutions to be explored to supplement internal capacity in orthopaedics and ophthalmology.	Jones, Keith	31/12/2024	Expression of interest (EOI) launched October 2024. Formal tenders invited w/c 15th Nov following confirmation of WG additional allocation. Tenders due for evaluation 3rd Dec 2024 with Chair's Action scheduled 11th Dec 20024 to consider any proposed awards.

ASSURANCE MAP				Control RAG Rating (what the assurance is telling you about your controls	Latest Papers (Committee & date)
Performance Indicators	**Sources of ASSURANCE**	**Type of Assurance (1st, 2nd, 3rd)**	**Required Assurance / Current Level**		
A suite of planned care metrics have been developed to measure the system performance.	Activity volumes are reported daily on situation reports	1st			Annual Plan 2024/25
	Daily performance data overseen by service management	1st			
	Delivery Plans overseen by Acute Services Triumvirate	1st			
	Bi-monthly reports to SDODC on progress on delivery plans and outcomes (and to Board via update report)	2nd			
	IPAR Performance Report to SDODC & Board	2nd			
	Welsh Government IQFPD & Enhanced Monitoring Meetings	3rd			

Gaps in ASSURANCES				
Identified Gaps in Assurance:	**How are the Gaps in ASSURANCE will be addressed Further action necessary to address the gaps**	**By Who**	**By When**	**Progress**
None				

1.7

09:55, 10 Mins

1.7 - Targeted Intervention Update

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Deputy Director of Operational Planning and Commissioning)

For assurance

Attachments

1.7.1 Update on the 2025 26 Planning Cycle SBAR.pdf

1.7.2 SDODC - TI Report - Dec 24.pdf

1.7.3 Appendix 1 Dec 24 -SDODC TI Reporting Framework Tracker.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Update on the 2025/26 Planning Cycle
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Executive Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shaun Ayres, Deputy Director of Operational Planning and Commissioning / Programme Director for Targeted Intervention Daniel Warm, Head of Planning

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government (WG) for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period. The Health Board is in the process of developing the products that will underpin the Plan for 2025/26.

Hywel Dda is under Targeted Intervention (TI) across all six domains of the Welsh Government oversight and escalation framework, reflecting significant challenges across key performance areas, service and workforce fragilities and a substantial financial deficit.

Progress has been made this year across the six domains. Nonetheless, the Health Board has set out that the scale of the challenges means meeting the de-escalation requirements will likely take two years, up to March 2026.

Work has commenced on an Annual Plan for 2025/26 which will represent Year 2 of a two-year plan, given that the Health Board has an Annual Plan for 2024/25, setting out Year 1 of the response to addressing the TI issues; although that plan remains unacceptable and the Health Board is in breach of its statutory duty to produce a financially balanced three year integrated medium term plan (IMTP).

This report presents an update on the development of the 2025/26 plan.

Cefndir / Background

Whilst there has been a continued focus on delivery of the 2024/25 Plan, work is well underway on the Planning Cycle for delivery of the 2025/26 Plan.

At the time of writing this report, the Planning Framework produced by Welsh Government (which provides the context and scope of the Plan) has not yet been received; however, it is

envisaged that the planning framework will largely be a continuation of the current version. Given that these priorities continue to be the clear areas for assurance by Welsh Government, the likelihood is that these will remain core to the development of the 2025/26 Plan, along with the Health Board's Planning Objectives. This will be underpinned by the development of a set of Ministerial Templates (as set by Welsh Government) and service delivery plans – which will need to align to the Minimum Dataset.

As noted to Board in November 2024, given the distance from financial balance (subject to receiving details of the allocation for 2025/26) the current assumption is the Health Board will not be in a position to produce a financially balanced plan over three years and therefore will be required to produce an annual plan, rather than the required IMTP.

This is a serious and unacceptable position and puts the Health Board in breach of its statutory duty. The Annual Plan for 2025/26 is intended to cover Year 2 of a two-year improvement plan to respond to the TI de-escalation criteria. It will be set within the context of a broader strategic transformation programme, which was outlined in a separate Board report updating on the A Healthier Mid and West Wales strategy.

Asesiad / Assessment

Annual Plan Development

As part of the development of the Plan two workshops have been held to support the development of the Annual Plan, bringing together clinical and operational leaders to develop integrated plans. As a result of these workshops initial draft plans were due by 29 November 2024, and must demonstrate:

1. Specific actions to maintain and improve quality, performance and efficiency
2. Clear ownership and accountability
3. Detailed milestones and completion dates
4. Impact on quality and patient care
5. How improvements will be delivered within available resources
6. Dependencies between different services
7. Measures to track progress including a clear baseline assessment
8. Comprehensive risk assessments and mitigations

All plans submitted on 29 November 2024 are in the process of being reviewed. The below is a high-level overview of the positives and areas requiring further refinement in the coming weeks:

Positives

- Submissions demonstrate significant effort and a strong understanding of local challenges and opportunities.
- Many proposals align with the appropriate programmes such as the Six Goals framework, particularly in areas such as frailty pathways and community-based care, aiming to reduce admissions and improve patient flow.
- Financial awareness is evident in several submissions, with several schemes quantifying potential savings and aligning with central programmes like Internationally Educated Nurses (IENs), which are expected to deliver material savings.
- Dependencies and enablers, such as workforce, estates, and IT systems, are increasingly recognised, with plans often reflecting an awareness of interdependencies.

Areas for Further Development

- While workforce stabilisation is well-integrated into most plans, some submissions require greater clarity on workforce assumptions, recruitment feasibility, and timelines for delivery.

- Financial modelling is variable across submissions, with some schemes providing clear savings projections while others imply benefits without financial quantification.
- Many proposals depend on estates readiness or capital investment, which are not always aligned with operational timelines or funding pathways.
- Strategic alignment with broader frameworks such as the Clinical Services Plan (CSP) is evident in some plans, however further consistency is required to ensure a cohesive approach across systems.

Next Steps

The process will continue over the coming months, with a structured timetable of engagement, refinement, and escalation:

Further Refinement of Directorate Submissions

- 9 December 2024: A third Annual Plan Workshop will convene teams to review consolidated plans. Directorates are expected to have identified substantial savings and further refined their proposals by this date.
- Pre-Christmas Iteration - A further iteration of the plans will be required before Christmas to ensure progress is being made on addressing initial gaps. Updated drafts will be reviewed to assess improvements in workforce clarity, financial modelling, and dependency management.
- Focus Areas Plans will be required by Directorates to address gaps in workforce assumptions, financial modelling, and operational dependencies identified in the initial review.
- 13 January 2025 (Check-In Week): Interim progress reviews will ensure directorates are on track and provide an opportunity for targeted support ahead of final submissions.
- Delivery Plans: By 24 January 2025, directorates must submit final, detailed delivery plans for savings and improvement schemes, ensuring milestones, ownership, and delivery confidence are clearly outlined.

Escalation Meetings

- Built into the planning timeline are **dedicated escalation meetings** for directorates that have been flagged as requiring additional support.
- These meetings will address directorates that have not yet achieved their savings targets, particularly those below the 5% savings requirement in 2024/25. This also includes any deviation to our Performance and Quality delivery trajectories.
- Escalation will also focus on schemes with higher risk ratings, ensuring progress and delivery confidence improve ahead of submission deadlines.

Ongoing Governance and Oversight

- Directorate Improving Together (DIT) sessions will continue to focus on all domains linked to targeted intervention, supporting challenged directorates through escalation mechanisms.
- Internal escalation frameworks will ensure that evidence from the 29 November 2024 submissions informs a focused approach to addressing key risks and gaps.
- A supportive environment will be maintained to help all directorates succeed, with regular oversight to ensure alignment and deliverability.

Key Dates for Plan Development and Approval

- **December 2024**: Regular Committee updates to monitor progress and provide oversight.
- **30 January 2025**: Public Board meeting to review key deliverables and finalise plans for the next stage of development.

- **13 February 2025**: Stakeholder Reference Group meeting to gather broader insights and adjust plans accordingly.
- **20 February 2025 (Board Seminar)**: Comprehensive review of the Plan, addressing updates and modifications identified during prior meetings; along with Committee updates as appropriate (including but not limited to SDODC).
- **27 March 2025**: Formal consideration and approval of the final Plan at the Public Board meeting, ahead of submission to Welsh Government by the 31 March 2025 deadline.

By following this structured process, including the enhanced escalation mechanisms and regular oversight, the Health Board aims to ensure the 2025-26 Annual Plan is comprehensive, aligned with strategic and operational objectives, and focused on delivering measurable improvements in quality, performance, and financial sustainability.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** on the actions being undertaken to develop the 2025/26 Annual Plan

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee. 3.4 Seek assurance on the development of the Health Board's Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Plan/IMTP and the Health Board's strategy and priorities.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent *Discover* report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Report presented to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Public Board - March 2024 (acceptance of 2024/25 Planning Objectives as part of the 2024/25 Annual Plan)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Targeted Intervention Update
Shaun Ayres

09:30 – 12:30, 19 December 2022, Microsoft Teams

Introduction

As part of the revised Committee reporting, we are pleased to present an update to the SDODC Committee on the Health Board's performance against the Targeted Intervention (TI) framework criteria and our organisational objectives. This report covers all 27 criteria, which are aligned to the Strategic Development and Operational Delivery Committee (SDODC) and seeks to provide a detailed overview of the status of each of the 27 criteria (Appendix 1) with this paper focusing on the key issues that require more immediate attention.

Overall Status of Criteria:

Total Criteria Assessed: 27

Status Breakdown:

- Alert - 10 criteria
- Advise - 11 criteria
- Assure - 6 criteria

While there has been progress in several areas, we recognise that certain critical issues need more focused attention and actions. This report focuses on the criteria with an "Alert" status, as they represent the most significant challenges impacting our ability to achieve our strategic and operational goals. We will also provide an overview of actions and mitigations based on the information provided.

10 Alerts

Alert Status (10 criteria):

1. Criteria 4 - Submission of an acceptable Annual Plan
2. Criteria 6 - Board clarity on the strategic vision
3. Criteria 8 - Delivery of commitments in the Annual Plan
4. Criteria 13 - 60% performance maintained for three months against the Single Cancer Pathway (SCP) target
5. Criteria 17 - 15% reduction in delayed follow-up appointments
6. Criteria 18 - R1 ophthalmology patient pathways
7. Criteria 24 - Reduction in ambulance handovers over an hour
8. Criteria 25 - Reduction in patients waiting over 12 hours in Emergency Departments (ED)
9. Criteria 26 - Median time to assessment in ED
10. Criteria 27 - Reduction in delayed pathways of care

Criteria 4 - Submission of an Acceptable Annual Plan

Summary of Current Status - Alert

Our approach to the Annual Plan remains focused on meeting the 56 de-escalation criteria for Targeted Intervention (TI). However, there is a recognised risk of misalignment between the Welsh Government's annual planning framework expectations, the specific requirements of TI, and what the Health Board can realistically deliver within current constraints.

Key Issues

- Financial Risk - Delivering the financial control total of £44.8m is a significant challenge.
- Performance Expectations - Concerns exist about meeting performance expectations within the planning framework that may exceed what is achievable within the financial plan.

Actions and Mitigations

- Comprehensive Review - The annual planning process will support a comprehensive review to ensure informed decision-making.
- Gap Identification - We will identify how the Health Board can meet the de-escalation criteria while being transparent about any remaining gaps.
- Strategic Alignment - The Plan will focus on ensuring strategic alignment while balancing workforce, performance, and financial constraints.
- Monitoring and Oversight - Development of the 2025/26 Annual Plan will be closely monitored through the Executive Team and overseen by SDODC, Board Seminars, and Public Board.

Criteria 4 - Submission of an Acceptable Annual Plan

Key Milestones

- March 2025 - Public Board presentation and approval ahead of submission to Welsh Government by 31 March 2025.
- Regular Updates - Updates will be provided through Public Board papers, Board Seminar discussions, SDODC updates, and formal Executive Team and Business Executive Team monitoring processes.

Risks

- Financial Control Total - Achieving the financial control total is at risk.
- Performance Deliverability - Performance expectations may not be deliverable within the financial plan.

Criteria 6 - Board Clarity on the Strategic Vision

Status Change Date: 21 November 2024

Summary of Current Status – Alert (upgraded from Advise)

While “A Healthier Mid and West Wales” remains the organisation’s guiding strategy, there is a need to clarify what a refreshed approach will entail. Specific plans require review due to the time elapsed, the impact of the pandemic, and evolving expectations regarding capital investment.

Actions and Mitigations

- Board Discussions - Detailed discussions at the Board Seminar in October. Strategic Refresh paper presentation at the Board meeting on 28 November 2024.
- Public Board meeting outlining the strategic refresh.

Risks

- Lack of clarity around the direction of travel
- Inconsistency between in-year decisions and the potential revised strategy

Criteria 8 - Delivery of Commitments in the Annual Plan

Summary of Current Status- Alert

Diagnostics and cancer performance represent significant challenges, with projected outcomes falling well below target. Meeting the Annual Plan's commitments, particularly achieving three consecutive months of 60% performance, appears unfeasible within this financial year based on the current performance levels. Ambulance handovers over one hour and timely patient assessments in ED remain critical pressure points.

Actions and Mitigations

- Focused Recovery Efforts - Ongoing efforts to improve diagnostics and cancer performance including additional capacity.
- Address Urgent Care Pressures - Initiatives to reduce ambulance handover times and improve ED patient assessments.
- Monitoring Performance - Regular review of performance metrics via the Integrated Quality, Financial Performance and Delivery (IQFPD) group and Directorate Improving Together sessions (DITs to identify areas needing additional support.

Risks

- Performance Shortfalls - Continued underperformance in diagnostics and cancer services.
- Urgent Care Challenges - Persistent delays in ambulance handovers and ED assessments.

Criteria 13 - Single Cancer Pathway Performance

Summary of Current Status- Alert

The Health Board's current performance on the Single Cancer Pathway (SCP) remains significantly below the 60% Targeted Intervention (TI) target and the 75% Annual Plan target, with September 2024 reporting 40% compliance. Whilst some progress has been made in addressing pathway backlogs and improving straight-to-test rates, performance remains fragile. Early indications for October suggest modest improvement, but it is unlikely to be significantly above September's position.

Current Performance and Trajectory

1. **September 2024: 40%** - Constrained by diagnostic delays and a focus on reducing the backlog of long-wait patients.
2. **October 2024 (Forecast)** - Some improvement is expected, supported by targeted recovery actions, but performance is likely to remain well below the 60% TI target.
3. **End of Q3 (December 2024**) - While recovery efforts may yield incremental progress, achieving the 75% Annual Plan target is highly unlikely.

Key Challenges

1. **Fragile Workforce Resilience** - Radiology and dermatology remain at critical capacity, with minimal flexibility to absorb sickness or absences.
2. **Impact of Backlog Management** - Focus on addressing the 62-day+ backlog has improved the number of long-wait patients but adversely impacts headline performance by delaying earlier-stage completions.
3. **Systemic Delays Across Pathways** - Persistent bottlenecks in diagnostics and first outpatient contacts continue to affect several tumour groups.
4. **Sustained Pressure on Recovery Resources** - Dependency on short-term funding and additional sessions highlights the fragility of current improvements.

Criteria 13 - Single Cancer Pathway Performance

Actions and Mitigations

1. **Radiology and Diagnostics Recovery** - six additional weekly CT reporting sessions commenced October 2024, sustained through recovery funding until March 2025. Improved imaging turnaround times expected to drive incremental pathway recovery in Q4.
2. **Pathway and Backlog Management** - Skin cancer pathway backlog cleared, contributing to the first net reduction in the 62-day+ backlog in 18 months. Continuing to prioritise longer-wait patients while minimising further growth in short-wait pathways.
3. **Straight-to-Test Optimisation** - Straight-to-test compliance reached 71% in September, the highest level to date.
4. **Operational Resilience** - Proactive monitoring of high-risk areas, with contingency staffing secured for radiology and dermatology.
5. **Collaboration with Tumour-Specific Teams** - Continued pathway adjustments, particularly focusing on Day 14 first contact and Day 21 decision-to-treat compliance.

Key Risks

1. **Harm and Quality Risks** - Prolonged delays in diagnostics and treatment may increase the risk of harm to patients and negatively impact outcomes. Ongoing psychological distress for patients awaiting diagnosis or treatment.
2. **Workforce Sustainability** - Over-reliance on additional sessions and fragile staffing in key areas (radiology, dermatology) presents a significant risk.
3. **Reputational and Regulatory Risks** - Performance well below national expectations risks erosion of stakeholder confidence and potential escalation from regulators.

Criteria 17 - Reduction in Delayed Follow-Up Appointments

Summary of Current Status –Alert

The target of a 15% reduction in patients delayed by over 100% for follow-up appointments has not been achieved. Performance remains relatively static, with an average of 16,043 patients delayed, up from the baseline of 15,419. The Targeted Intervention escalation expectation (Goal) is 9469.

Actions and Mitigations

- Data Analysis - Identifying bottlenecks causing delays.
- Backlog Reduction Plan - Developing strategies and plans to reduce the backlog, potentially including additional clinics or outsourcing.
- Improved Scheduling - Enhancing appointment scheduling processes.
- Patient Communication - Improving communication to reduce ‘Did Not Attend’ rates.

Risks

- Increasing Delays - Potential for further increases in delayed follow-ups without intervention.
- Failure to meet TI Criteria- this is a key de-escalation target and has deteriorated from the baseline

Criteria 18 - R1 Ophthalmology Patient Pathways

Summary of Current Status - Alert

Current performance for R1 ophthalmology patient pathways is 36.8%, well below the target of 65%. Substantial improvement is needed to enhance timely access for these patients.

Actions and Mitigations

- Increase Clinic Capacity - Considering recruitment of additional specialists or use of locum services.
- Efficient Scheduling - Implementing more efficient scheduling practices.
- Patient Prioritisation - Ensuring R1 patients are prioritised appropriately.
- Performance Monitoring - Establishing regular reviews to track progress.

Risks

- Patient Quality and Outcomes - Delays could adversely affect patient quality and outcomes for those needing urgent ophthalmology care, or where delays can have a significant impact on patient harm.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times

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

Summary of Current Status for Criteria 24, 25 and 26 - Alert

The Health Board continues to face significant challenges in Urgent and Emergency Care (UEC), with performance in ambulance handovers exceeding one hour, 12-hour waits in ED, and median time to assessment by a clinical decision-maker showing varying levels of deterioration in October 2024. These areas are interdependent, with delays in one directly impacting the others, creating bottlenecks and risks across the system.

Current Performance Data (October 2024)

1. **Ambulance Handovers Over One Hour (Criterion 24)** - 929 delays, increasing from 771 in September (+20%).
2. **12-Hour Waits in ED (Criterion 25)** - 10% of patients (approximately 1,200 patients), up from 7.71% in September.
3. **Median Time to Assessment by a Clinical Decision-Maker (Criterion 26)** - 73 minutes, exceeding the target of 60 minutes (a deterioration from September of 69 minutes and our baseline of 58).

Key Issues

1. **System Bottlenecks** - Delayed ambulance handovers reduce ED capacity to assess and treat incoming patients, contributing to prolonged 12-hour waits and extended times to clinical assessment. Lack of timely discharge impacts bed availability, cascading delays through the entire urgent care pathway.
2. **Seasonal Pressures** - October has historically shown deteriorating performance, likely due to pre-winter service pressures. With winter imminent, there is a heightened risk of further decline without immediate intervention.
3. **Flow and Discharge Risks (linked to Criterion 28**) - Delays in flow and discharge exacerbate these issues, as patients remain in acute beds longer, limiting capacity for new admissions and increasing pressures on ambulance services and EDs.

Criteria 24, 25 and 26 - Urgent and Emergency Care Performance: Ambulance Handovers, 12-Hour Waits, and ED Assessment Times

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Actions and Mitigations

1. **Winter Preparedness and Operational Plans** – Counties will be embedding these issues into the 50-Day Integrated Care Winter Challenge, with focused mitigations across:

- Ambulance Handover Delays: Collaborate with Welsh Ambulance Service Trust (WAST) to reduce delays through clearer handover protocols and enhanced triage models.
- ED Flow and Staffing: Expanding rapid assessment models and redirection
- Discharge Processes - Enhancing early discharge planning and community support to free up acute capacity.

2. The above will be further underpinned via the System Integration under the **Six Goals Programme** which further includes:

- Goal 2 – Access to Appropriate Care - Enhance pathways to direct non-emergency cases away from ED.
- Goal 3 – Alternatives to Admission - Scale up Hospital@Home and virtual wards to manage cases in community settings.
- Goal 4 – Discharge Planning - Focus on timely discharge through structured plans and increased collaboration with community services.

3. Enhanced Collaboration and Communication

- Strengthen links between acute sites, community care, and WAST to ensure smoother patient transitions.
- Engage staff at all levels to maintain focus on flow improvement and shared accountability.

Risks

1. Patient Safety and Experience -Prolonged waits in ED and delayed handovers can compromise patient safety and lead to adverse outcomes.
2. Winter Surge - A potential surge in demand during winter could exacerbate delays without robust mitigations in place.
3. Staffing Challenges - Increased pressures may lead to higher staff sickness rates, further straining capacity.

Conclusion and Next Steps

The interrelated challenges of ambulance handovers, 12-hour waits, and median time to assessment require a coordinated and systemic approach. By integrating targeted actions into the Winter Preparedness Programme and leveraging the Six Goals framework, the Health Board aims to stabilise performance ahead of winter pressures. Key next steps include:

- Finalising and implementing operational plans under the 50-Day Integrated Care Winter Challenge.
- Scaling up discharge and flow initiatives to ease pressures on acute sites.
- Monitoring performance data closely to adapt and respond in real-time.

Criteria 27 - Reduction in Delayed Pathways of Care

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Summary of Current Status - Alert

Pathway of Care Delays (PoCD) continue to pose a risk to flow and discharge across the Health Board. While progress has been observed in recent months, October 2024 saw delays rise to 200, exceeding both the Annual Plan target of 177 and the Targeted Intervention (TI) target of 174. This represents a critical area of focus, particularly as it is integral to the Six Goals Programme, which aims to improve urgent and emergency care delivery.

Key Points from National and Local Contexts

1. **National Feedback** - The National Six Goals Team noted satisfaction with the overall trajectory of PoCD improvements and highlighted Hywel Dda as the second-best performing Health Board in Wales for this metric. However, the rising delays in October have drawn attention, with concerns around winter pressures affecting progress.
2. **Local Performance Trends** – June – September 2024: Met trajectory targets for PoCD reductions, reflecting improving positions month-on-month. October 2024: An increase to 200 delays, placing the Health Board behind its planned trajectory for both TI and Annual Plan targets.
3. **Winter Preparedness Programme** - PoCD management is critical to achieving success in the 50-Day Integrated Care Winter Challenge. Effective discharge planning and flow improvements are essential to mitigate risks during high-demand periods.

Key Risks

- **Impact on Flow and Discharge** - Rising PoCD figures create bottlenecks in hospital discharge processes (inappropriate place for the patient), directly impacting flow through the system and contributing to ED delays and ambulance handover issues.
- **Capacity Pressures** - The sustained increase in PoCDs places further strain on inpatient and community resources, exacerbating challenges during winter.
- **Sustainability of Improvements** - Without robust operational plans, there is a risk of failing to sustain improvements seen earlier in the year.

Criteria 27 - Reduction in Delayed Pathways of Care

Actions and Mitigations

1. **Six Goals Programme Integration** - Leverage workstreams from the Six Goals Programme to address PoCD challenges, particularly under:
   - Workstream 3 - Safe Hospital Care.
   - Workstream 4 - Domiciliary Response and Hospital@Home.

2. **Focus on Discharge Planning** - Embed structured discharge planning across all acute sites, ensuring proactive engagement with community services to facilitate timely patient flow. Optimise use of community beds and virtual ward models under the Hospital@Home initiative.

3. **Operational Plans for Winter Pressures** - Incorporate PoCD mitigations into the 50-Day Integrated Care Winter Challenge, ensuring alignment with broader flow and discharge goals. Strengthen the role of the Clinical Streaming Coordination Hub to manage PoCD escalations and coordinate across acute, primary, and community settings.

4. **Monitoring and Governance** - Use real-time PoCD data to identify site-specific challenges and implement targeted interventions. Maintain regular updates to the Six Goals Clinical Advisory Group and engage stakeholders on performance and risks.

Conclusion

The increase in Pathway of Care Delays in October 2024 highlights a critical challenge to flow and discharge management as winter pressures intensify. While Hywel Dda's performance remains commendable compared to other Health Boards, immediate action is required to reverse the rising trend. Embedding clear operational plans through the Six Goals Programme and integrating robust discharge processes within the winter preparedness framework are essential to address these challenges and support sustained improvement.

Balancing Performance, Quality, and Financial Sustainability Across the 10 Alerts

Key Challenges and Considerations

1. **System Fragility and Pressures** - Persistent fragility across urgent and planned care pathways, including radiology, diagnostics, and ED, continues to challenge delivery against key targets. Seasonal pressures have compounded existing workforce and capacity issues, with risks of further deterioration during winter.
2. **Performance Gaps** - Current performance remains significantly below expectations for SCP (40% in September), ED 12-hour waits (10%), and ambulance handovers over one hour (929 in October). Backlog clearance efforts, while positive, have adversely impacted headline metrics, requiring better alignment between recovery actions and system flow.
3. **Quality and Safety Risks** - Delays across cancer and urgent care pathways increase the risk of harm to patients and impact their psychological wellbeing. Harm reviews and quality oversight must remain a priority to mitigate these risks while managing pressures.
4. **Balancing Financial and Operational Delivery** - All actions must be aligned with the Health Board's financial position, ensuring changes are not only effective but also financially sustainable. Short-term measures to address performance gaps must support long-term delivery models, avoiding reactive actions that may destabilise future quality or financial plans.

Next Steps and Mitigations

1. **Strategic Winter Planning** - Embed operational actions under the 50-Day Integrated Care Winter Challenge, ensuring alignment across urgent care, discharge, and flow.
2. **Integrated Approach to Recovery and Finance** - Ensure recovery actions (e.g. SCP improvements, backlog management) are designed to deliver sustainable outcomes that support quality and financial control in the long term. Prioritise cost-neutral or cost-effective initiatives where possible, avoiding significa al pressures on the financial plan.

3. **Monitoring and Escalation** - Continue real-time monitoring of key metrics, enabling timely interventions while maintaining a focus on harm and quality oversight.
4. **Stakeholder Engagement** - Maintain clear communication with Welsh Government and key partners, ensuring alignment on priorities, risks, and the Health Board's ability to deliver against expectations under TI and the Annual Plan.

Conclusion

The Health Board faces significant challenges in delivering against the ten alerts, with performance gaps, systemic fragility, and financial pressures all requiring a balanced and coordinated response. While short-term recovery actions are necessary, they must align with sustainable long-term objectives that support quality care and financial resilience.

The immediate priority is stabilising performance across urgent care, cancer, and planned pathways during the winter period, ensuring that all operational actions are aligned with harm mitigation and sustainable financial delivery. This will require ongoing focus on resource allocation, system flow, and proactive risk management to support recovery and resilience.

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Criteria	Action	Reporting Group	Committee	Status	Executive Lead	Summary of Current Status	Lead Executive Response (if	Documented Plan and Dates for Delivery (Evidence)	Actions Outstanding	Evidence and Assurance	Risk
4	Submission of an acceptable annual plan in line with the current planning framework.	TI coordination group	SDODC	Alert	Lee Davies	Our approach to the annual plan remains focused on meeting the 56 de-escalation criteria for Targeted Intervention (TI). However, there is a recognised risk of misalignment between the Welsh Government's annual planning framework expectations, the specific requirements of TI, and what the Health Board can realistically deliver within current constraints. To address this, the annual planning process will support a comprehensive review to ensure informed decision-making. This includes identifying how the Health Board can meet the de-escalation criteria while being transparent about any remaining gaps. Furthermore, the plan will remain focused on ensuring strategic alignment while balancing workforce, performance, and financial constraints. **The most significant risks are:** - Delivering the financial control total of £44.8 million (see criteria 3). - Addressing performance expectations within the planning framework that may exceed what is achievable within the financial plan. The development of the 2025/26 annual plan will be closely monitored through the Executive Team and overseen by SDODC, Board Seminars, and Public Board. **The key milestones include:** - Public Board presentation and approval in March 2025 ahead of submission to Welsh Government by 31st March 2025. **Regular updates provided through:** - Public Board papers. - Board Seminar discussions. - SDODC updates. - Formal Executive Team and Business Executive Team monitoring processes. This structured oversight will ensure alignment with Welsh Government expectations while mitigating identified risks where possible	The development of the plan for 2025/26 and key decisions relating to it will be closely monitored through the Executive Team and overseen by SDOD, Board Seminars and Public Board.	Annual plan for 25/26 to presented to Public Board in March 25 in advance of submission to WG by 31st March. Updates to be provided through: Public Board papers Board Seminar papers SDOD updates FET and BET updates			Risks: - Financial plan to achieve control total - Performance expectations in planning framework not deliverable within finanical plan
5	Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.	TI coordination group	SDODC	Advise	Lee Davies	The annual planning process for 2025-26 has been structured to ensure co-production across all senior leaders, both managerial and clinical, within the organisation. To support alignment with the Targeted Intervention (TI) de-escalation criteria, several key points have now been clarified to eliminate confusion between the annual plan, the Clinical Services Plan, and the wider strategic refresh. Additionally, the teams now have clarity on the parameters that define how they must balance resources across workforce, finance, performance, and management. A clear descriptor has been developed, explicitly linking the plan to the 56 de-escalation criteria, with an aim to achieve full compliance by March 2026. To ensure maximum engagement and co-production, clinical leads have been invited to participate in the planning workshop. Furthermore, the Medical Leadership Forum has been engaged, with clear requests for ideas to support the plan's development conveyed during these sessions. This approach ensures that all contributions are aligned with the overarching goal of achieving de-escalation by March 2026 across all relevant domains, with clearly defined roles and responsibilities for all contributors.	As above	As above			No risk identified
6	Board clarity on the strategic vision for the organisation.	AHMWW	SDODC	Alert	Lee Davies	While A Healthier Mid and West Wales remains the organisation's guiding strategy, there is a recognised need to clarify what a refreshed approach will entail. The overarching principles of the strategy remain aligned with the organisation's direction of travel, but specific plans require review due to the time elapsed, the impact of the pandemic, and the evolving expectations regarding capital investment. This was discussed extensively during the Board Seminar in October, and a paper outlining the strategic refresh is being presented at the November Public Board meeting. The details of this refresh, including any proposed adjustments to reflect current challenges and opportunities, are set out in the November Board paper.	This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	As per November Board paper			No risk identified
7	Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	AHMWW	SDODC	Advise	Lee Davies	Phase 2 of the Clinical Services Plan (options development) has now concluded. Subject to Board decision at the November Public Board meeting, the programme will move to Phase 3 (public engagement and consultation). The next steps are outlined in the November Public Board paper, which provides details on the progression to this critical stage. Implementation represents the fourth stage of the programme. Early work has commenced to explore the potential phasing of implementation, taking into account constraints related to finances and workforce availability.	This was discussed in detail at the Board Seminar in October and a paper is being presented to the November Public Board.	As per November Board paper			No risk identified
8	Delivery of commitments set out within the annual plan particularly in relation to the ministerial priorities.	IQFPD	SDODC	Alert	Andrew Carruthers	In terms of delivering the commitments outlined in the annual plan, diagnostics and cancer performance currently represent significant challenges, with projected outcomes falling well below target. Even with ongoing recovery efforts, meeting the annual plan's commitments—particularly achieving three consecutive months of 60%—appears unfeasible within this financial year. Additionally, ambulance handovers within one hour and timely patient assessment in ED remain critical pressure points, with urgent care performance facing substantial challenges at this stage.					1032 1843 1664 1350 1027 1708
9	Significant progress on a clinical services plan.	AHMWW	SDODC	Advise	Lee Davies	As above	As above	As above			No risk identified
10	Sustained improvements in delivery of the plan throughout the year.	IQFPD	SDODC	Advise	Andrew Carruthers	Throughout the year, financial targets have been met; however, performance has varied, especially in diagnostics and cancer services. Urgent care remains challenged, though improvements are evident in areas such as Withybush and the Pembrokeshire system. Mental health targets have shown strong results, exceeding the 80% benchmark in some areas. Progress has also been observed in infection control, with reductions in C. diff and Staph aureus infections, although some metrics, like hospital-onset infections, are just above target. These areas of improvement reflect positive strides while acknowledging the challenges in sustaining consistent delivery.					1032 1843 1664 1350 1027 1708
11	Welsh Government's confidence in delivery based on an assessment against the planning maturity matrix and planning quadrant.	TI coordination group	SDODC	Advise	Lee Davies	The upcoming quarter four update to the maturity matrix and planning quadrant will assess the progress made with the ongoing efforts to develop plans which respond to all domains within the TI framework. While delivery of key objectives during 2024-25 strengthens confidence (in particular financial savings), achieving the necessary improvement in performance and quality remains a longer-term aim. The progress made this year is positive in the approach to planning, though further developments are needed to reach the higher levels of the maturity matrix.	A further assessment will be made following the completion of the annual for 2025-26	Updated assessment against the matrurity matrix will be presented to SDOD following completion of 2025/26 planning round.			No risk identified

13	60% performance maintained for 3 months against the SCP target.	IQFPD	SDODC	Alert	Andrew Carruthers	Confidence in reaching the 60% cancer performance target remains low, with current trajectories reflecting a significant gap. For September, the projected performance is around 40%, following an August figure of 48%. Despite focused efforts in diagnostics to address these challenges, the current outlook underscores the scale of work required to align with annual plan expectations.					1350
14	100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Our current position remains steady at around 94%, aligning with the Targeted Intervention baseline. However, achieving the 100% target continues to be a stretch goal. While we are maintaining this baseline, closing the gap fully will necessitate sustained efforts to progress beyond the current threshold.					1843
15	100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	The baseline for this measure was 97%, with a goal of achieving and maintaining 100% for three consecutive months. Since January, performance has consistently exceeded the baseline, with an average of 98.1% over the past three months (July, August, and September). While this falls slightly short of the 100% target, it demonstrates a strong and stable level of performance, particularly given current challenges. Continued focus will ensure this reaches the expected target and sustains at the required level.	WG monies				1843
16	80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	IQFPD	SDODC	Assure	Andrew Carruthers	In this area, we are on track, achieving 83.7% in August and 84.9% in September. This consistent performance—maintained since July—indicates that the target of 80% has been met, suggesting that this indicator could potentially be considered for de-escalation. Although recent months have seen a marginal dip below the initial baseline of 85%, this is negligible in the overall context of improvement.					1843
17	15% reduction in the number of patients delayed by 100% for their follow-up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline.)	IQFPD	SDODC	Alert	Andrew Carruthers	Currently, the target for a 15% reduction in patients delayed by over 100% for follow-ups has not been met, with performance remaining relatively static. Over the past four months, the average has been 16,043, an increase from the opening baseline of 15,419. These figures highlight the need for more focused efforts to reduce delays in follow-up appointments and progress towards the target					1843 (C)
18	65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.	IQFPD	SDODC	Alert	Andrew Carruthers	The R1 ophthalmology target of 65% remains a significant challenge, with the current three-month average standing at 36.8%. While this target requires ongoing attention, it's clear that substantial improvement is needed to achieve the goal of timely access for R1 patients.					1664 (C)
19	80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	The overall target of 80% of patients waiting less than eight weeks for diagnostic tests remains challenging. We continue to make efforts to improve in this area, but significant work is still required to achieve the expected performance level.					1843 (C) 1547 (D)
20	80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Endoscopy performance has shown improvement, with a four-month average of 39.7%, up from the baseline of 28%. While this indicates positive progress, it remains well below the target of 80%, highlighting the need for continued focus to bring performance closer to expectations.					1628 (S) 1580 (S) 1628 (S)
21	80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	For non-obstetric ultrasound, the three-month average stands at 79.3%, with performance slipping below the 80% target in the past two months. Cardiac MRI performance currently averages 58.8%, which remains below both the baseline of 75% and the Targeted Intervention target of 80%. These figures indicate a need for continued improvement in both areas to reach the desired levels of performance.					797 (C) 1349 (D) 1936 (D)
22	85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	IQFPD	SDODC	Advise	Andrew Carruthers	Incremental progress has been observed in patients waiting less than 14 weeks for specific therapy, moving from a baseline of 75% to a current four-month average of 77.2%. While these gains are positive, they remain below the 85% target, underscoring the need for continued focus to drive further improvements toward this goal.					1766 (D) 736 (S) 1517 (S) 1661 (S)
24	A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on the Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Andrew Carruthers	While our baseline was set at 964 with a target of 680, we've seen an encouraging improvement over the last three months, averaging 817. This aggregate improvement suggests that some progress has been made. However, we recognise that much of this improvement is likely being driven by the Withybush site, which may indicate variability across sites that could impact overall performance. Acknowledging this as a positive step, further targeted focus may be needed to align all sites closer to our target					1027 (C) 1210 (D) 1115 (D) 750 (D)
25	Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	IQFPD	SDODC	Alert	Andrew Carruthers	Our baseline of 9% aimed to reach a target of 7%; however, we've recently seen an increase to a 10% average over the past three months. This does reflect a decline, and while we have identified improvement actions, these haven't yet translated into an operational plan. A focused operational plan would likely help address this gap and stabilise performance, allowing us to achieve our target more sustainably.					1027 (C) 1210 (D) 1115 (D) 750 (D)
26	Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	IQFPD	SDODC	Alert	Andrew Carruthers	This is an area where we've performed strongly. Our baseline of 58 minutes and goal of 60 minutes have been well exceeded with an average of 72 minutes over the last three months, despite a slight improvement in September to 69 minutes.					1027 (C) 1210 (D) 1115 (D) 750 (D)
27	A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 2023 baseline).	IQFPD	SDODC	Alert	Jill Paterson	Starting from a baseline of 203, our current three-month average is now 196, showing a steady month-on-month decrease. This is a promising direction; however, we remain above our target of 174. There was a notable drop from June to July, which may warrant further review to confirm the consistency and accuracy of recording. Overall, while we're seeing the right trajectory, achieving the target will require sustained efforts and possibly a clearer focus on any recording variances that could influence these results.					1027 (C) 1078 (D) 1231 D) 572 (D) 695 (S)
28	Improving ratings from service user feedback experience responses and evidence of use of Datix and CIVICA data to inform quality improvement processes and the experience of patients and their families.	IQFPD	SDODC	Advice	Sharon Daniel	Efforts are underway to incorporate patient experience data more systematically across the organisation. This data, now feeding into escalation meetings and being linked with updates on the patient safety dashboard, aims to enhance quality improvement by providing directorates with greater visibility into feedback trends. Although the roll-out has been slower than anticipated, this month marks the start of broader inclusion in directorate packs for escalation and improvement meetings. As the data becomes embedded in these processes, we expect it will strengthen our ability to respond to service user feedback and drive improvement initiatives effectively.					1184 (P)
29	80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	IQFPD	SDODC	Assure	Andrew Carruthers	This measure has consistently met and exceeded target performance, achieving 91% against a goal of 80% over June, July, and August, with sustained delivery over the past 18 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.					No risk identified
30	65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	IQFPD	SDODC	Assure	Andrew Carruthers	Performance has consistently met and exceeded the target, with an average of 83.1% against a 65% goal, showing sustained delivery over the past 11 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.					No risk identified
31	80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	IQFPD	SDODC	Assure	Andrew Carruthers	This criterion has consistently met and exceeded target performance, achieving 92.1% against an 80% target, with sustained delivery over the past 20 months. We have seen sustained delivery and performance; therefore, this criterion is no longer subject to escalation.					No risk identified

46	Whether the people who use services, the public, staff, and external partners are engaged and involved to support high quality sustainable services demonstrated by local surveys showing increasing confidence in the leadership and awareness of strategies.	TI coordination group	SDODC	Assure	Lisa Gostling	The health board has made progress in engaging staff and stakeholders to support high-quality sustainable services. Key metrics include 38% of leavers participating in exit interviews and a 76% engagement rate with the board outcome survey in February 2024, indicating increasing confidence in leadership and awareness of strategies. Additionally, the “Speak Up” platform has been launched across the organisation during the autumn period, with a network of Speak Up Guardians identified and trained to enhance avenues for staff engagement and feedback. Furthermore, the health board has launched the Cultural Intelligence Programme, supporting leaders and managers to lead and engage more effectively, empathetically, and inclusively with teams and patients from diverse cultural backgrounds. These initiatives demonstrate ongoing efforts to engage staff and stakeholders, fostering a positive organisational culture aligned with high-quality service delivery.					1185 (P)

2

10:05, 0 Mins

2 - POPULATION HEALTH, PRIMARY & COMMUNITY

2.1

10:05, 20 Mins

2.1 - Deep Dive PO10: Population Health

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health), Bruce Bolam (Hywel Dda UHB - Deputy Director Public Health/Consultant in Public Health)

For assurance

Attachments

2.1 SDODC - Planning Objective Deep Dive Report PO10 - Population Health Quart~.pdf

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Planning Objective 10 – Population Health

Executive Lead: Dr Ardiana Gjini, Executive Director Public Health

Reporting Officer: Bethan Lewis, Interim Assistant Director Public Health

Period of reporting: Quarter 2 progress update

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What is the aim of the Planning Objective?

SCOPE:

- Health Improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.
- Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (e.g. Primary Care).
- Leadership and partnership working to strengthen health board position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing. (Including support & collaboration with PSBs and RPB).

AIM:

To lead strategy, delivery and oversight in relevant areas to improve health, prevent ill health and reduce the long-term trends of increasing burden of ill health on the Health Board.

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What have been the key achievements so far?

Planning Objective 10 - Population Health				
[Strategic Objective 4: The best health and wellbeing for our communities				
Objective	***Specific Deliverables***	***Timescale***	***Lead Officers***	***Progress to date RAG Status***
10.1. ***Develop a strategic approach to improving population health and equity :*** *Complete the* ***development of a vaccination equity strategy*** *, and commence action planning and implementation.*	10.1.1 Establish forum with appropriate governance, and terms of reference for oversight of systematic approach to health equity in HDdUHB	Sep-24	JD	**On track**, Health Improvement and Strategc Equity Oversight Group is established. Vaccine Equity Steering Group developed to oversee delivery of startegic plan, monitoring will take place through Immunisation Oversight Group.
10.2 Develop and implement a regional health protection plan.	10.2.1 Establish Strategic Health Protection Oversight Group and agree local priorities, identifying trajectories and improvement	Jun-24	MH/BL/GA/GJ	**On track**, Group established and local priorities, trajectories and outcomes identified. Work underway on a three-year strategic plan for 2025-28..
10.3 Deliver on National Immunisation Framework with a focus on increasing uptake of MMR and seasonal imms	*10.3.1.1 Vaccination centre walk in for all over 5s for all vaccination programmes*	Jun-24	MH/BL/GJ	**On track**, summer drop in events held but not used well by population. Team reviewing ongoing access to drop in opportunites whislt targetting low uptake areas across MMR2 and 4 in 1 pre school booster.
	10.3.1.2 Data cleansing for MMR to ensure accurate portrayal of health board performance	Jun-24	MH/BL/GJ	**Completed.** for school aged children, need to explore further those children up to 5 years of age.
	10.3.1.3 Vaccination sessions at all schools with 50+ pupils under 90% MMR2 rate	Jun-24	MH/BL/GJ	**Completed.** but a challenge on uptake, fosussed programme continues. Achieved 90.1% in Primary schools and 92.1% across secondary schools.
	10.3.4.1 Review seasonal vaccination uptake among nursing staff and make recommendations with early planning for 24/25 programme; implement changes to	Jun-24	MH/BL/GJ	**On track**, planning for seasonal vaccination programmes complete and programmes began for Autumn / Winter period. Monthly review of uptakes across seasonal Flu, Autumn COVID booster and RSV immmunisations
10.4 Tobacco - implementation of local tobacco control plan working towards Smokefree 2030	10.4.1. Establishment of local tobacco control group	Jun-24	JD	**Completed.** First meeting scheduled for end of June chaired by Prof. K Lewis , draft terms of reference established, agenda and dates of quarterly meetings ongoing.
10.5 Delivery of Whole Systems Approach to Healthy Weight	10.5.1 Develop sub-system areas of focus and agree priority actions for next two years of programme	Mar-25	BC/TN/LW	**On track,** Regional mapping of the healthy weight system undertaken with stakeholders to build a shared understanding of the complex healthy weight system and the challenge to be addressed. System maps utilised at PSB level workshops during the Autumn aimed at narrowing the focus of the system to an agreed regional priority for collaborative action – outputs currently being analysed and will be shared back with stakeholders in early December. HDdUHB Healthy Weight Oversight Group established to provide oversight of key programmes of work n support of the Health Board's healty weight agenda. A Mapping Report of the All Wales Weight Management Pathway has been completed identifying gaps and opportunities

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What have been the key achievements so far (cont.)?

10.6 (Re)establish regional Children and Young People's governance forum under the RPB	10.6.1 Regularised meetings with ToR signed off by group to improve recognition of needs and strategies to improve H&WB of CYP	Sep-24	BW	**Completed.** RPB CYP Board have signed off ToR and quarterly meetings established. Strategic prioritisation exercise to be agreed at Q4 meeting.
10.7 Progress the development of the Social Model for Health and Wellbeing	10.7.1 Produce new framework for action for SMfHW	Mar-25	TN/ND/RR	**On track.** Definition and Principles of a **S**MfHW agreed by the Steering Group and progressing through internal governance processes within the Health Board and as part of external consultation working withe the Engagement Team. Draft Framework being developed to include a Charter to be launched at a planned Summit in March 2025
	10.7.2 Initiate development of social innovation with partners	Dec-24	TN/ND/RR	**On track**. Leading the Development of the Social Innovation Institute with Trinity St Davids University; e.g made links on a new Arts & Health Creative Presribing Programme following a successful bid for funding
	10.7.3 Map existing groups/initiatives/projects aligned to SMfHW	Mar-25	TN/ND	**On track**. Initial mapping commenced as part of on-going implementation
10.8 Alcohol and Drug Use	10.8.1 Retendering of Tier 2 Drug and Alcohol Services for adult and children & young persons	Mar-25	JD/CM	**On track**, Work on specification to be discussed at extended SLT in July. Tender due to be out by October and awarding of contract in January 2025
10.9 Equity in Clinical Service Planning	10.9.1 Develop framework for integrating equity and prevention into clinical service planning	Dec-24	JD/DD	**On track** ,Work on developing the frameworks for integrating equity and prevention into clinical services setting out proposal and approach is underway and Sbar to be produced. Also linking with Public Health Wales and framework was included in a Clinical Services Review Workshop late May as part of Hurdles Document.
10.10 Return on Investment	10.10.1 Produce a form of Return on Investment to health services for a few key public health services	Sep-24	JD/DD/CJ	**On track,** ROI papers on alcohol and drugs and smoking cessation were presented to SDOC. The financial elements of these are currently being reviewed. The ROI paper for vaccinations and immunisations is being reviewed by the finance and planning team prior to submission to SDOC.

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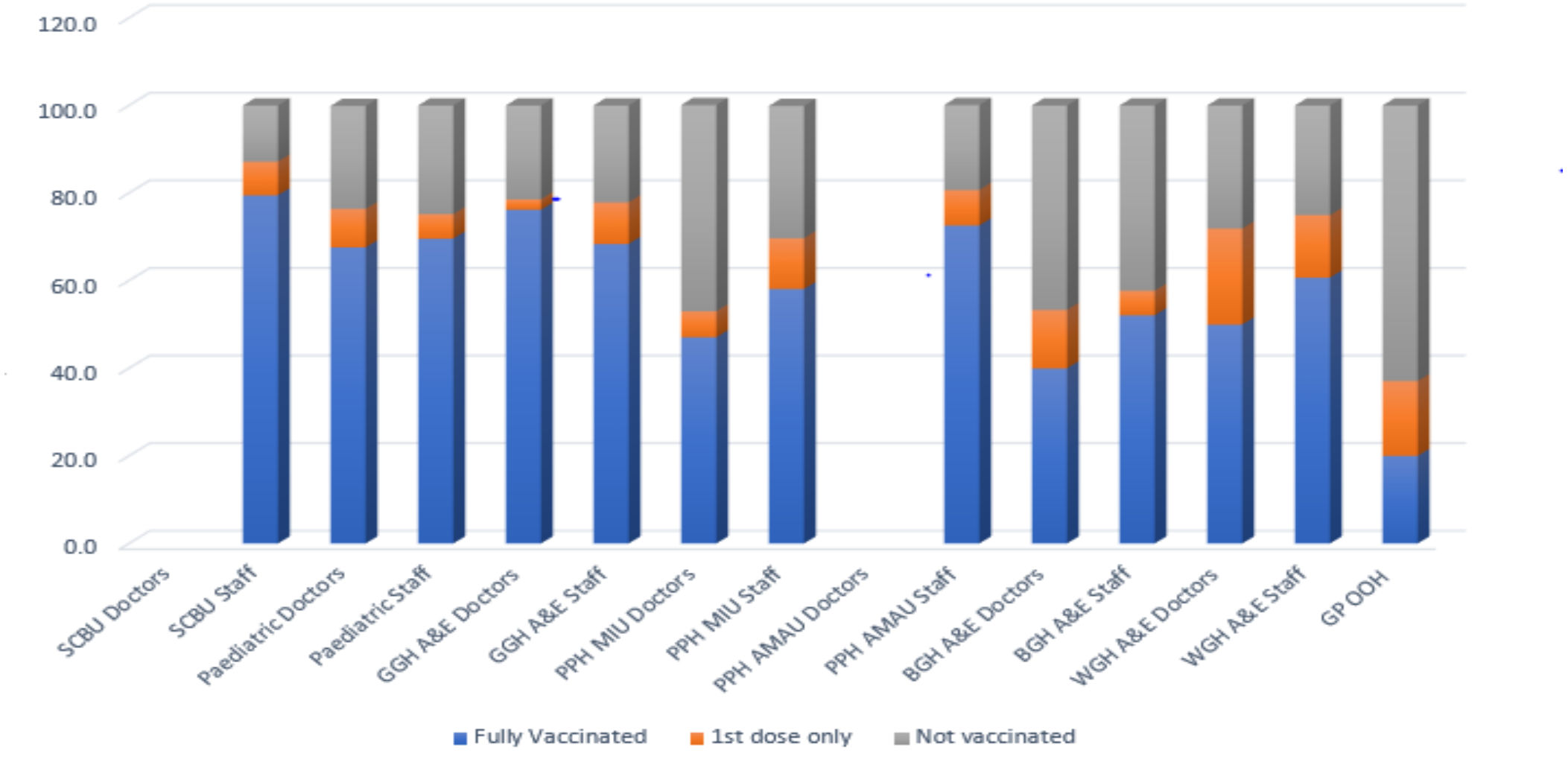
How do we know what we are doing is having an impact?

Indicator	Target	Hywel Dda 2023/24	Reporting period	Hywel Dda 2024/25	Carms	Ceredigion	Pembs	Movement	Wales
5% of adult smokers make a quit attempt via smoking cessation services	1.25% per qtr - 5.0% at Q4	7.45%	6/30/2024	2.11%				↑	NR

Indicator	Target	Hywel Dda 2023/24	Reporting period	Hywel Dda 2024/25	Carms	Ceredigion	Pembs	Movement	Wales
% Vaccine uptake in children reaching their **5th birthday** - "4 in 1"	95%	88.00%	6/30/2024	86.10%	83.10%	92.10%	87.70%	↓	89.40%
% Vaccine uptake in children reaching their **5th birthday** - Hib/MenC Booster	95%	94.00%	6/30/2024	93.80%	92.50%	92.70%	96.70%	↔	93.80%
% Vaccine uptake in children reaching their **5th birthday** - MMR dose 2	95%	88.90%	6/30/2024	86.40%	84.00%	90.10%	88.40%	↓	89.60%
% Vaccine uptake in children reaching their **5th birthday** - **"Up to date in schedule"**	95%	88.00%	6/30/2024	84.90%	82.30%	88.70%	87.00%	↓	87.70%

MMR staff vaccination update

- Information and prompts for all staff to check immune status has been coordinated through internal Health Board communications.
- Targeted communications (letters) have been sent to tier one high risk work areas and tier two occupational groups, including an offer of flexible, local vaccination and support to meet team needs.
- Additional information and education on MMR vaccination has been provided to senior nurse managers and service delivery managers through routine business meetings.
- In addition to routine bookings for existing occupational health clinics, public health and occupation health immunisation staff have collaborated to provide drop-in MMR vaccination centres to increase all staff access.
- A roaming vaccination service has been used to check staff immune status and offer MMR vaccination across all Health Board sites, revisited each month. This service has also provided opportunistic information and vaccination for executive and senior leadership staff.
- There is ongoing work targeting out of hours staff, many of whom are locums born before 1970 and therefore assumed to have established measles immunity.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SCBU Doctors
SCBU Staff
Paediatric Doctors
Paediatric Staff
GGH A&E Doctors
GGH A&E Staff
PPH MIU Doctors
PPH MIU Staff
PPH AMAU Doctors
PPH AMAU Staff
BGH A&E Doctors
BGH A&E Staff
WGH A&E Doctors
WGH A&E Staff
GP OOH
Fully Vaccinated
1st dose only
Not vaccinated

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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Hywel Dda
University Health Board

What are your take home messages for the Committee?

- The Directorate is making good progress against process-oriented planning objectives, despite capacity gaps, particularly at the consultant level, which have contributed to budget underspend.
- With ongoing structural changes, the next round of annual planning will increasingly focus on outcome-oriented objectives, building on the solid process measures completed this cycle.
- **Risk 1884:** There is a risk that the Hywel Dda Public Health Team may struggle to support the Health Board's priorities for 2024/25 or fulfil statutory functions, including responding to acute outbreaks, due to limited capacity. Only one of four consultants is currently in post, with a locum/fixed-term consultant starting in July 2024 and a new Deputy Director of Public Health in September. This is a Directorate risk, with a current score of 16.
- SDODC is asked to **RECEIVE ASURANCE** on Quarter 2 progress and the Directorate's commitment to exploring the impact of objectives on population health and actions for further improvement.

2.2

10:25, 10 Mins

2.2 - Principle of Social Model for Health and Well Being

Ardiana Gjini (Hywel Dda UHB - Executive Director of Public Health)

For assurance

Attachments

2.2.1 SDODC SBAR SMfHW 201124 v4.pdf

2.2.2 Appendix 2 SMfHW SDODC EHIA.pdf

CYFARFOD BWRDD PRIFYSGOL IECHYD
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Embedding a social model for health and wellbeing
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Trina Nealon, Principal Public Health Practitioner

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Progress has been made in developing tools for a system-wide approach to a social model for health and wellbeing, including a definition and set of principals approved by the Social Model for Health and Wellbeing (SMfHW) Steering Group, which are provided for assurance as Appendix 1.

The definition and principals will be used to develop a framework to embed the model as a way of working across partnership organisations. This commitment will form the basis of a celebratory Summit event in early 2025.

Cefndir / Background

Hywel Dda University Health Board has committed to embedding a SMfHW under Planning Objective 10: Population Health in the long-term strategy and Annual Plan 2024/25, including through support and collaboration with Public Service Boards (PSBs) and the Regional Partnership Board (RPB).

Key actions undertaken to date include:

- A systematic review of academic literature conducted by Aberystwyth University in 2022
- A “Conversations with a Purpose” thematic review led by Dr Philip Kloer and Baroness Rennie Fritchie, supported by the Public Health Directorate, in 2021/22
- Executive Leadership of the SMfHW transferred to the Executive Director of Public Health, February 2024
- Reviewed SMfHW Steering Group as part of Health Board governance review in 2024, with a strategic focus, revised membership and purpose
- A Definition and set of six Principles have been formulated and agreed by Steering Group members which will form part of a Framework and Charter
- Working with the Health Board’s Engagement Team, consultation is taking place on how these how these Principles can be embedded within organisations and communities

- A celebration event a multi-partnership Summit - to help amplify and lead a SMfHW 'movement' is planned for March 2025 with representation from the Future Generations Commissioner's Office, Welsh Government and presentations from prominent leaders working to reduce inequalities and inequity in population health

Asesiad / Assessment

Population health and wellbeing are influenced by socio-economic, environmental, and other factors, necessitating a holistic view of individual and community experience and outcomes.

The SMfHW Steering Group, in conjunction and represented by all 3 PSBs and Local Authority and Third Sector partners, formulated and agreed the principles, which will provide a foundation for all work outlined in the PSB's Well-being Plans.

The three 'Creating Change together' groups, established by the SMfHW provide a network for sharing and developing community practice to help reduce inequalities in health. Consultation has commenced on forming a 'Community of Practice' across the region.

The PSBs and the RPB support a system-wide approach to improving population health, wellbeing, and equity, for example, through the Shaping Places for Well-being in Wales Programme led by Public Health Wales and the Welsh Government's Healthy Weight, Healthy Wales strategy. The agreed definition and principals for the social model for health and wellbeing reflect this holistic and system-based approach.

To build momentum on progress to date and help further embed the social model for health and wellbeing as a shared way of working across partnering organisations in the Hywel Dda region, the next steps are:

- To develop a supporting framework, including a charter, maturity matrix, and self-assessment tool.
- To confirm a communications strategy, including options for a landing webpage, and supporting resources.
- To establish a community of practice building on the momentum of 'Creating Change' groups with the aim of expanding engagement with communities for a shift towards a SMfHB.
- To hold a celebratory Summit planned for spring 2025.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **RECEIVE ASSURANCE** that the Health Board is taking forward as per annual plan 2024-25 the social model for health and wellbeing by supporting the definition and principles as outlined in Appendix 1, and subsequent actions outlined above.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.

	3.8 Consider the Health Board's approach to reducing health inequalities and the interventions aimed at addressing the causes.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	5. Equitable 6. Person-Centred 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 6. Sustainable use of resources 1. Putting people at the heart of everything we do 2. Working together to be the best we can be
Amcanion Cynllunio Planning Objectives	10 Population health
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Well-being of future Generations (Wales) Act 2015
Rhestr Termau: Glossary of Terms:	Contained within the body of report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	SMfHW Steering Group Formal Executive Team A Healthier Mid and West Wales Group Strategic Development and Operational Delivery Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Yes – Attached EQIA Appendix 2

Ansawdd / Gofal Claf: **Quality / Patient Care:**	Evidence of improving the well-being of the population is at the forefront of this model
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Positive impact

Appendix 1: Definition and Principles of Social Model for Health and Wellbeing

Social Model for Health and Wellbeing (SMfHW)

Definition

A Social Model for Health and Wellbeing (SMfHW) focuses on reducing health inequalities, enabling people and communities to have more control over their health to achieve and maintain the best possible health. This model promotes prevention, early identification of disease and timely intervention. A SMfHW advocates that the building blocks of health, including social, environmental and biological factors, can create favourable conditions for good health. It also highlights that the prerequisites for health and prospects for health are everyone's responsibility, including health services, governments, local authorities, the voluntary sector, industry, academia, communities and individuals themselves.

Our SMfHW approach has an agreed set of principles. These are practical actions that can be taken to support a shift towards a SMfHW

Principles

Principle 1

A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives.

Principle 2

Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing.

Principle 3

Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.

Principle 4

Meaningful collaborations with partners will be strengthened and developed to make the most of the building blocks of health and wellbeing, with the goal of enabling individuals and communities to build resilience, reducing health inequalities and improving health equity.

Principle 5

A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing.

Principle 6

A culture of testing and learning will be encouraged, enabled, supported and celebrated.

Hywel Dda University Health Board
Equality & Health Impact Assessment (EHIA)

Please note:
Equality and Health Impact Assessments (EHIA) are used to support the scrutiny process of a Board or Committee by identifying the impacts of key areas of action before any strategic or higher-level decisions or recommendations are made.
It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment.

- The completed Equality & Health Impact Assessment (EHIA) must be:
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with assessing for impact, please contact:

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Part 1 – The Proposal

Sponsored by:	**Name**	**Ardiana Gjini**
	Title	**Executive Director of Public Health**
	Contact details	**Ardiana.Gjini2@wales.nhs.uk**

Policy or project title:	Embedding a Social Model for Health and Wellbeing
Brief outline of what is being proposed:	Hywel Dda University Health Board has committed to embedding a Social Model for Health and Wellbeing (SMfHW) under Planning Objective 10: Population Health in the long-term strategy and Annual Plan 2024/25, including through support and collaboration with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). A number of key actions have taken place. Of relevance to this paper are the following: • A Definition and set of six Principles have been formulated and agreed by Steering Group members which will form part of a Framework and Charter

	• Working with the Health Board's Engagement Team, consultation is taking place on how these how these Principles can be embedded within organisations and communities • A celebration event /multi-partnership Summit - to help amplify and lead a SMfHW 'movement' is planned for March 2025 with representation from the Future Generations Commissioner's Office, Welsh Government and presentations from prominent leaders working to reduce inequalities and inequity in population health
Who will be affected by the strategy / policy / plan / procedure / service? (Consider staff as well as the population that the project / change may affect to different degrees)	The shift towards a social model for health and wellbeing will affect: • Staff working in Statutory and Non-statutory services and the Third Sector across the region. • Citizens of Ceredigion, Carmarthenshire, and Pembrokeshire. • Health Board and Local Authority partners and stakeholders.

Part 2- Equality, Human Rights and Welsh language

1. How will the strategy, policy, plan, procedure and / or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts **Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.**	Opportunities for improvement / mitigation **If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.**
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	Younger and older people may better understand the role that they play in managing their health and wellbeing. Being engaged in local community activities is increasingly recognised as an important factor in maintaining health and wellbeing. Opportunities for improved access to volunteering both in the workplace and within communities may be improved as part of embedding a Social Model for Health and Wellbeing.
Disability	√				It is expected that all citizens may better understand the role that they play in managing their health and wellbeing.

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts **Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.**	Opportunities for improvement / mitigation **If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.**
Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes					It is anticipated that being engaged in activities in local communities will be increasingly recognised as important in maintaining health and wellbeing Increased awareness of the importance of including people with sensory or physical or learning disabilities in planning, delivering and participating in services.
Gender Re-assignment Consider the potential impact on individuals who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	It is anticipated that an increasing awareness of the importance and advantages of including people considering or undergoing gender-reassignment or who wish to live permanently in a different gender from their gender at birth in planning, delivering and participating in services may be supported as part of embedding the Principles of a Social Model of Health and Wellbeing.

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts **Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.**	Opportunities for improvement / mitigation **If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.**
wish to live permanently in a different gender from their gender at birth.					
Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.	√				
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.	√				Citizens may be engaged in activities in their local community which contribute to maintaining health and wellbeing, including community-based support to new parents and carers and access to health and social care support, particularly in areas of high deprivation. It is anticipated that an increasing awareness of the importance and advantages of including all people regardless of their sex, maternity status,
Race or Ethnicity People of a different race, nationality, colour, culture or	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts **Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.**	Opportunities for improvement / mitigation **If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.**
ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.					race, ethnicity, religion or belief in planning, delivering and participating in services.
Religion or Belief (or non-Belief) The term 'religion' includes a religious or philosophical belief.	√				
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	√				
Sexual Orientation	√				An increasing awareness of the importance and advantages of including all people regardless of

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts **Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.**	Opportunities for improvement / mitigation **If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.**
Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.					their sexual orientation, or membership of the Armed Forces, or family of a member of the Armed Forces in planning, delivering and participating in services.
Armed Forces Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find	√			Embedding the Social Model for Health and Wellbeing should have a positive impact on the population in general.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No Impact	Potential positive and / or negative impacts **Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.**	Opportunities for improvement / mitigation **If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.**
accessing such goods and services challenging.'					
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	√				It is anticipated that being engaged in Welsh, English, bilingual or other language medium activities in their local community would be increasingly recognised as important in maintaining health and wellbeing and would hope to see an increase in volunteering. It is anticipated that an increasing awareness of the importance and advantages of including all people regardless of their language of choice in planning, delivering and participating in services.

Part 3 – Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to Appendix A: The Legislative Framework.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	**Yes**	**No**
Article 2 : The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	√	
Article 3 : The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	√	
Article 5 : The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	√	
Article 6 : The right to a fair trial Example: issues of patient choice, control, empowerment and independence	√	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	√	
Article 11 : The right to freedom of thought, conscience and religion	√	

Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		

Part 4 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population and specific population groups (sometimes referred to as communities of interest or communities of place) who could be more impacted than others by a policy / project / proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- Potential gaps, opportunities to maximise positive health and wellbeing outcomes
- Recommendations / mitigation to be considered by the decision makers

Identification of specific population groups

The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in EHIA Screening and Appraisal. In an EHIA, the groups identified as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.
The lists provided are therefore just a guide and are not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages.

Complete the wider determinants framework table below providing rational / evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive / negative) for each of the wider determinants (the bullets under each determinant are there as a guide).

2. Record any unintended consequences (negative impacts) and / or gaps identified. Please remember to include evidence to support this view along with details of any engagement which has taken place with any particular group(s)
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation / recommendations where appropriate

Please note you may find that not all determinants are relevant to the project / plan.

Wider determinant for consideration	**Positive impacts or additional opportunities** Please include evidence to support your view.	**Negative impacts, unintended consequences or gaps** Please include evidence to support your view	**Population groups affected** Please include evidence to support your view	**Mitigation / recommendations**
Lifestyles • Diet / nutrition / breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Risk-taking activity i.e. gambling, addictive behaviour	The Social Model for Health and Wellbeing seeks to promote community and person-centered approaches, enabling and empowering individuals and communities to build health and wellbeing equally. It is a model that has many elements. Evidence			
Social and community influences on health • Adverse childhood experiences				

• Citizen power and influence • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Social isolation/loneliness • Social capital/support/network	to support each element can be found in documentation relating to the Wellbeing of Future Generations (Wales) Act 2015; Social Prescribing; Social Services and Wellbeing Act.			
Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?				
Living / environmental conditions affecting health • Attractiveness / access / availability / quality of area, green and blue space, natural space. • Health & safety, community, individual, public / private space	The Social Model for Health and Wellbeing seeks to promote community and person-centered approaches, enabling and empowering individuals and			

• Housing, quality / tenure / indoor environment • Light / noise / odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality	communities to build health and wellbeing equally. For evidence: see above			
Economic conditions affecting health • People on low income, economically inactive, unemployed / workless • People who are unable to work due to ill-health • People living in areas known to exhibit poor economic and/or health indicators • People unable to access services and facilities • Food / fuel poverty • Personal or household debt. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty				

Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services Transport including parking, public transport, active travel	The Social Model for Health and Wellbeing seeks to promote community and person-centered approaches, enabling and empowering individuals and communities to build health and wellbeing equally. For evidence: see above			
Macro-economic, environmental and sustainability factors • Biodiversity • Climate change / carbon reduction / flooding / heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration				

Part 5 – Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments**
There are no potential negative impacts identified or gaps in data as part of work to date to embed a Social Model for Health and Wellbeing.				

EHIA Completed by:	**Name**	Rhian Rees
	Title	Senior Public Health Practitioner
	Department	Public Health Directorate
	Contact details	Rhian.Rees@wales.nhs.uk
	Date	4.12.24
EHIA Authorised by:	**Name**	Trina Nealon
	Title	Principal in Public Health
	Department	Public Health Directorate
	Contact details	Trina.Nealon@wales.nhs.uk
	Date	4.12.24

3

10:35, 0 Mins

3 - PERFORMANCE & DELIVERY

3.1

10:35, 20 Mins

3.1 - Deep Dive PO4: Planned Care Update

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Keith Jones (Hywel Dda UHB - Director of Operational Planning & Performance)

For assurance

Attachments

3.1 SDODC Planned Care Update November 2024 (004).pdf

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University Health Board

Deep Dive PO4: Planned Care Update

Deep Dive PO4: Planned Care Update

The purpose of this presentation is to update the Strategic Development and Operational Delivery Committee of the progress achieved in reducing the volume of patients experiencing long planned care waiting times, within the resource framework agreed by the Board and the operational factors experienced during 2023/24 and into 2024/25

Planned Care Recovery - Latest

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Stage 1 (Max wait 52 weeks)

- November breaches reduced to 2,622
- 47% reduction in 52 week breaches since June 2024
- Delivery Plan forecasts achievement of zero breaches by March 2025
- 35% reduction in 36 week breaches since June 2024 – positive indications for further recovery in future years

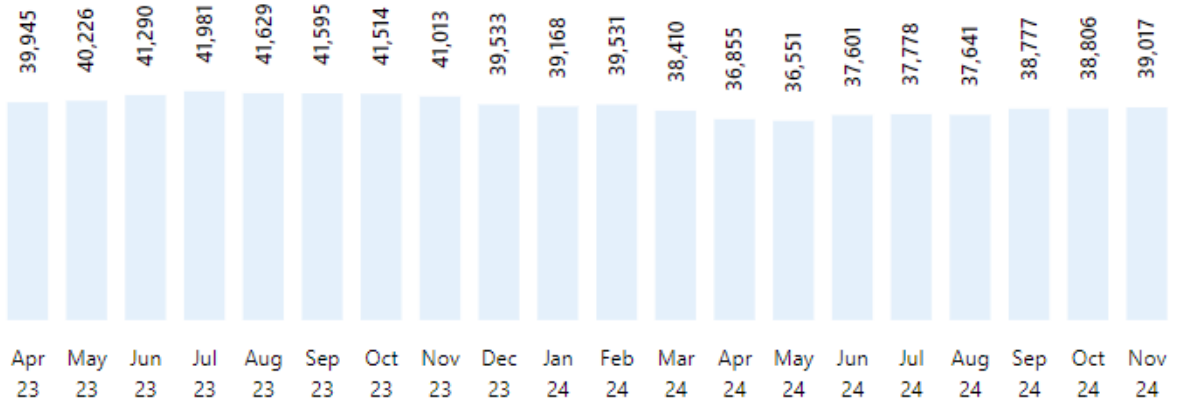
Total Pathway (Max wait 104 weeks)

- November breaches reduced to 1,951 (below expected peak level)
- No growth in 36 week / 52-week total pathway breaches = positive indications towards recovery in future years
- 11th Nov - additional WG recovery allocation (£6.3m) received to support additional independent sector capacity to reduce previously forecast year end breaches: Orthopaedics (527) and Ophthalmology (300)
- Independent sector insource solution being commissioned to supplement existing capacity
- Current delivery risk of circa 100 patients (orthopaedics) due to reduced timeline for delivery Jan – March – further mitigating opportunities actively being explored

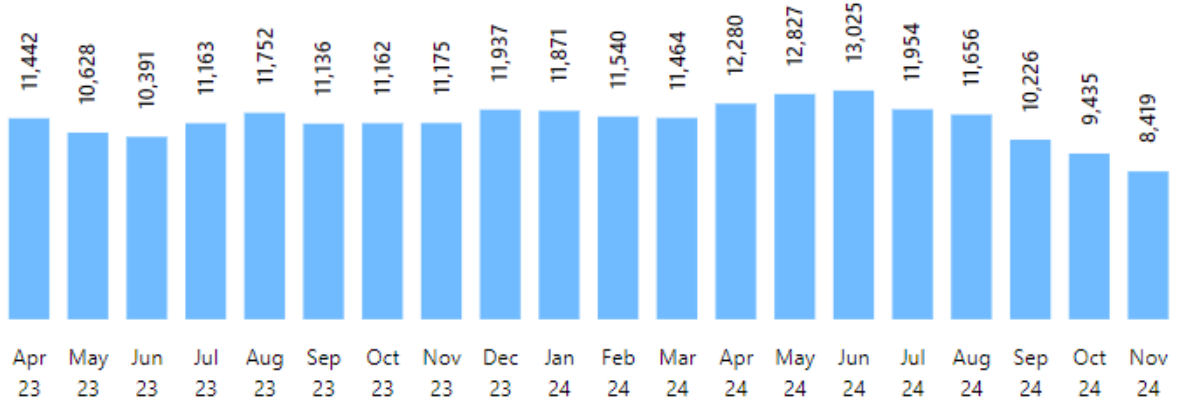
RTT Performance [Stage One]

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

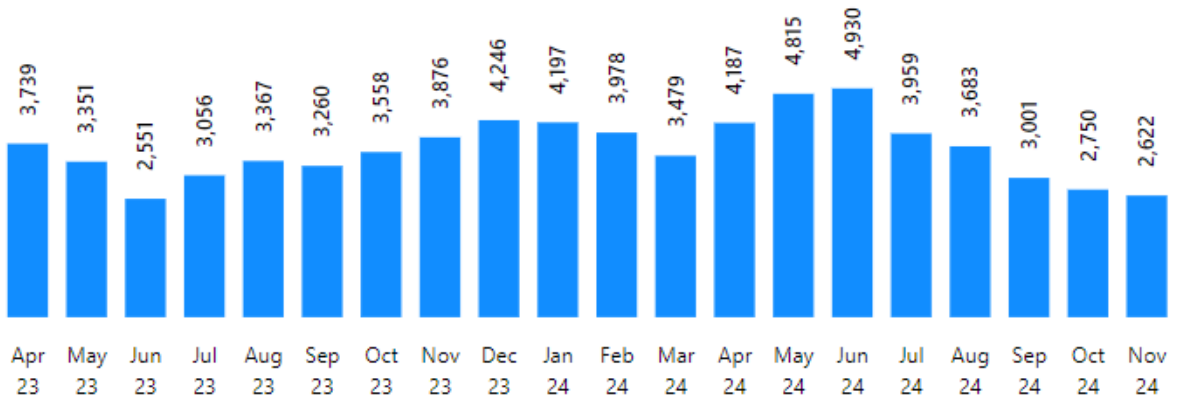
Patients waiting under 26 weeks



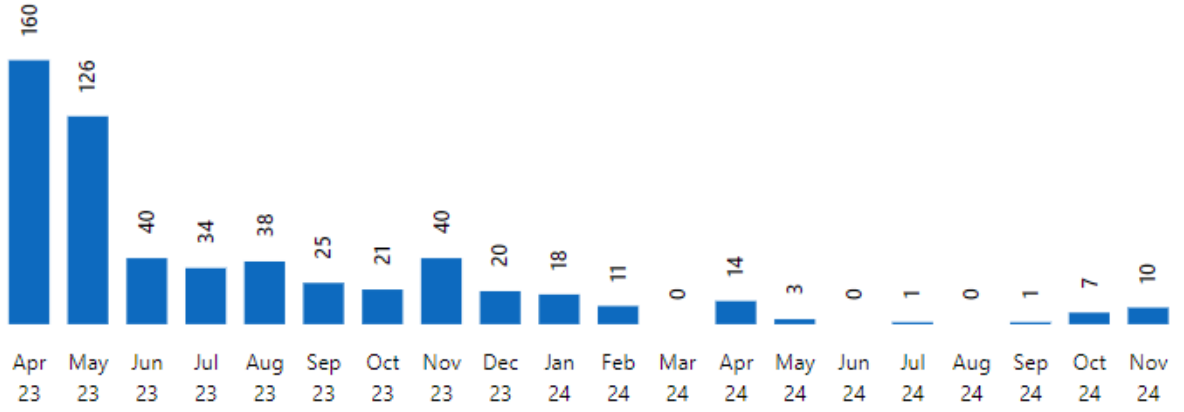
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks

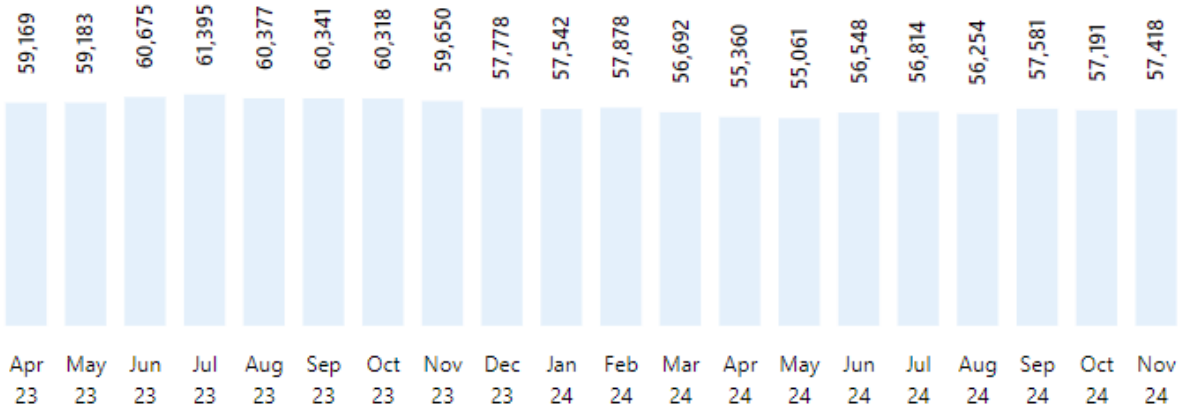


Source: Hywel Dda RTT Dashboard

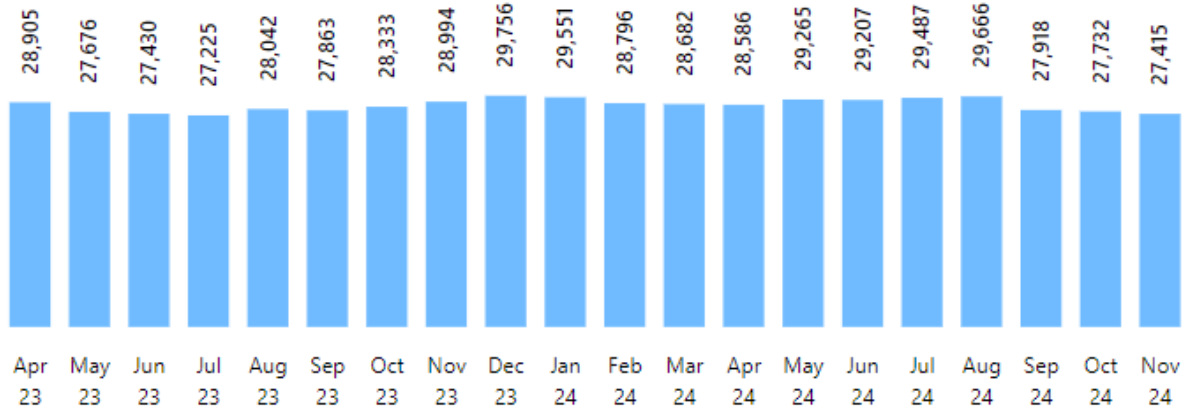
RTT Performance [All Stages]

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

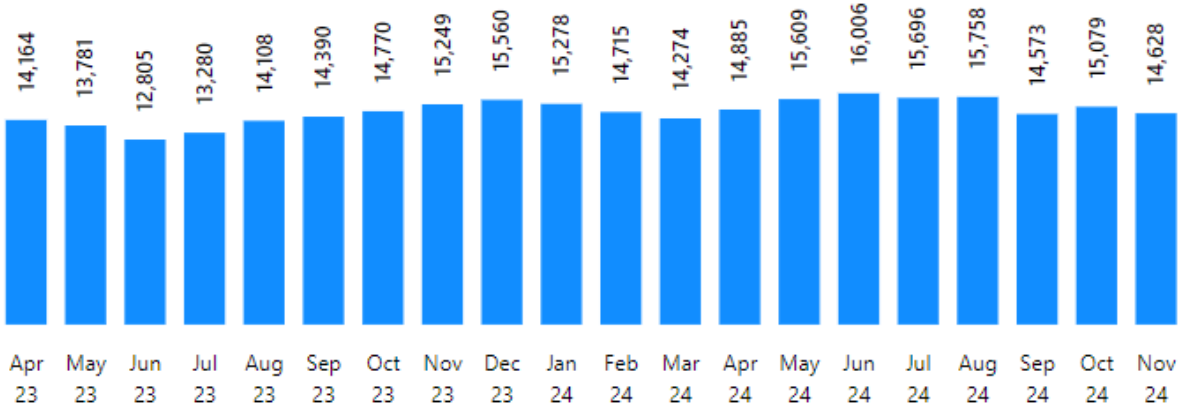
Patients waiting under 26 weeks



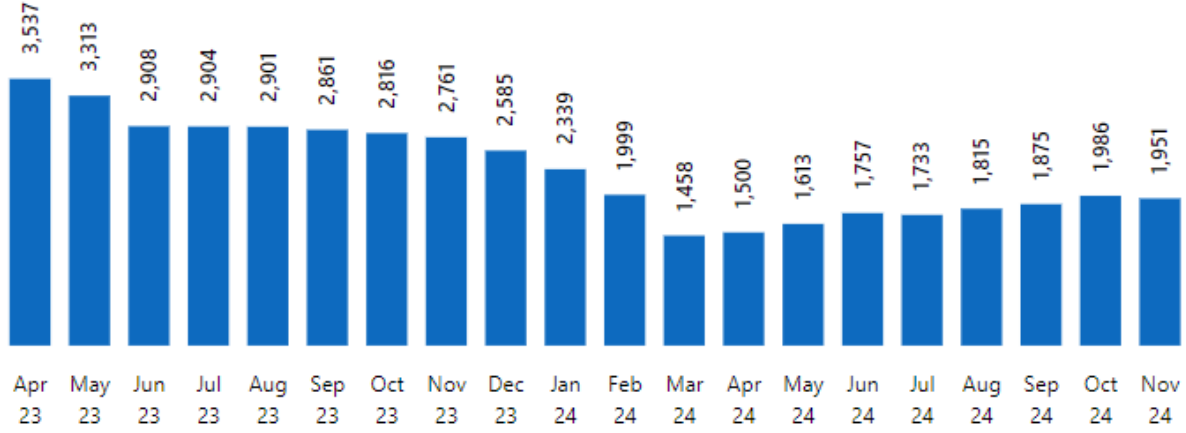
Patients waiting 36 weeks and over



Patients waiting over 52 weeks



Patients waiting over 104 weeks



Source: [Hywel Dda RTT Dashboard]

RTT Waiting List Volume

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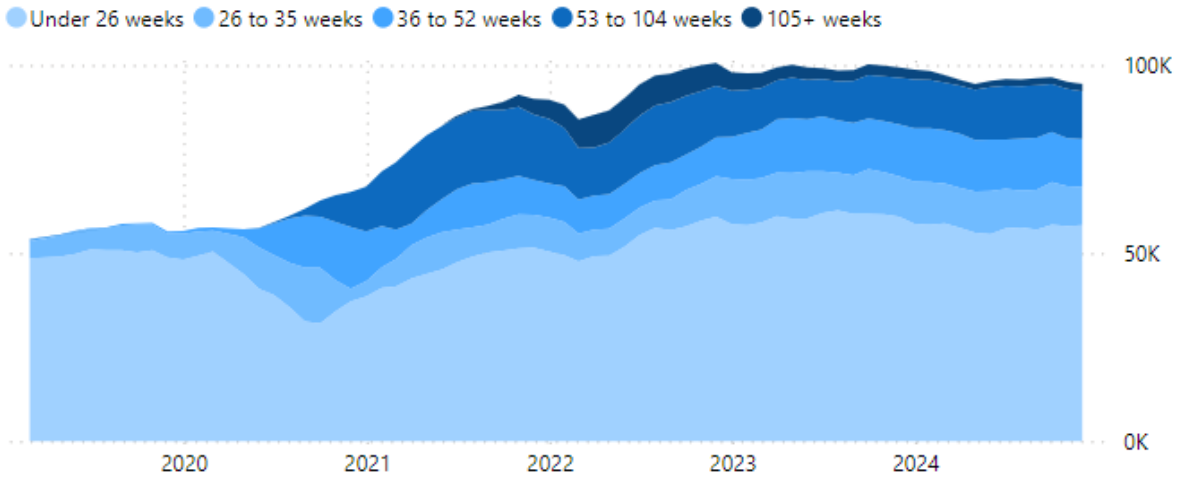
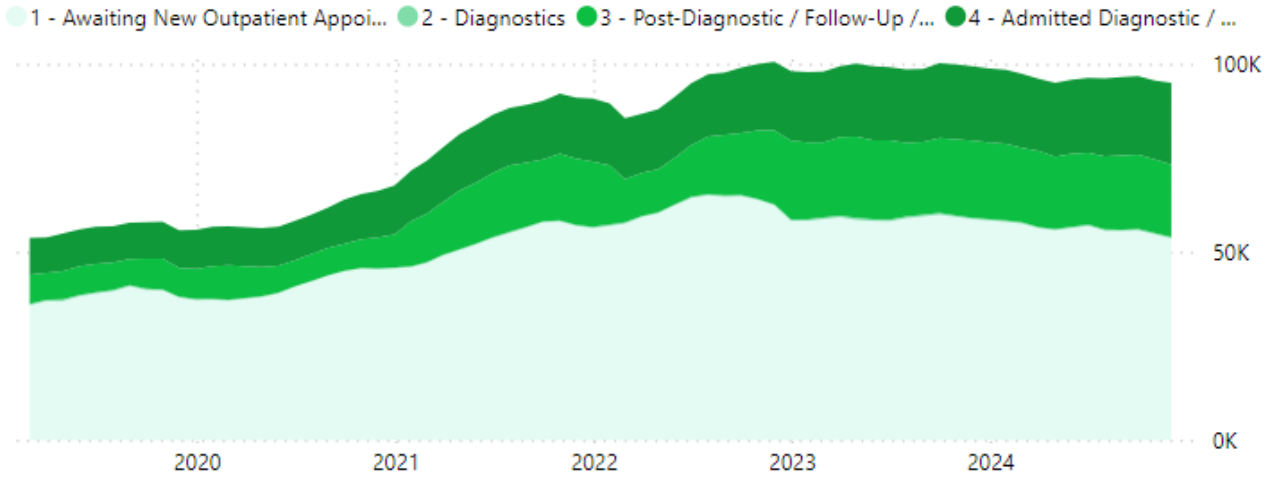
Total patients waiting by length of wait



Total patients waiting by pathway stage



Grouped waits with totals

Date	Under 26 weeks	26 to 35 weeks	36 to 52 weeks	53 to 104 weeks	105+ weeks	Total
Nov 24	57,418	10,100	12,787	12,677	1,951	**94,933**
Oct 24	57,191	10,639	12,653	13,093	1,986	**95,562**
Sep 24	57,581	11,265	13,345	12,698	1,875	**96,764**
Aug 24	56,254	10,516	13,908	13,943	1,815	**96,436**
Jul 24	56,814	9,820	13,791	13,963	1,733	**96,121**
Jun 24	56,548	10,473	13,201	14,249	1,757	**96,228**
May 24	55,061	11,412	13,656	13,996	1,613	**95,738**
Apr 24	55,360	10,942	13,701	13,385	1,500	**94,888**
Mar 24	56,692	10,600	14,408	12,816	1,458	**95,974**

Pathway stage with totals

Date	1 - Awaiting New Outpatient Appointment	2 - Diagnostics	3 - Post-Diagnostic / Follow-Up / Unknown	4 - Admitted Diagnostic / Treatment	Total
Nov 24	53,563	343	19,404	21,623	**94,933**
Oct 24	54,660	340	19,603	20,959	**95,562**
Sep 24	55,747	324	19,855	20,838	**96,764**
Aug 24	55,574	332	19,689	20,841	**96,436**
Jul 24	55,625	323	19,502	20,671	**96,121**
Jun 24	56,990	330	19,083	19,825	**96,228**
May 24	56,324	318	19,463	19,633	**95,738**
Apr 24	55,760	310	19,231	19,587	**94,888**

Source: Hywel Dda RTT Dashboard

Performance & Trajectory Update: Nov 2024

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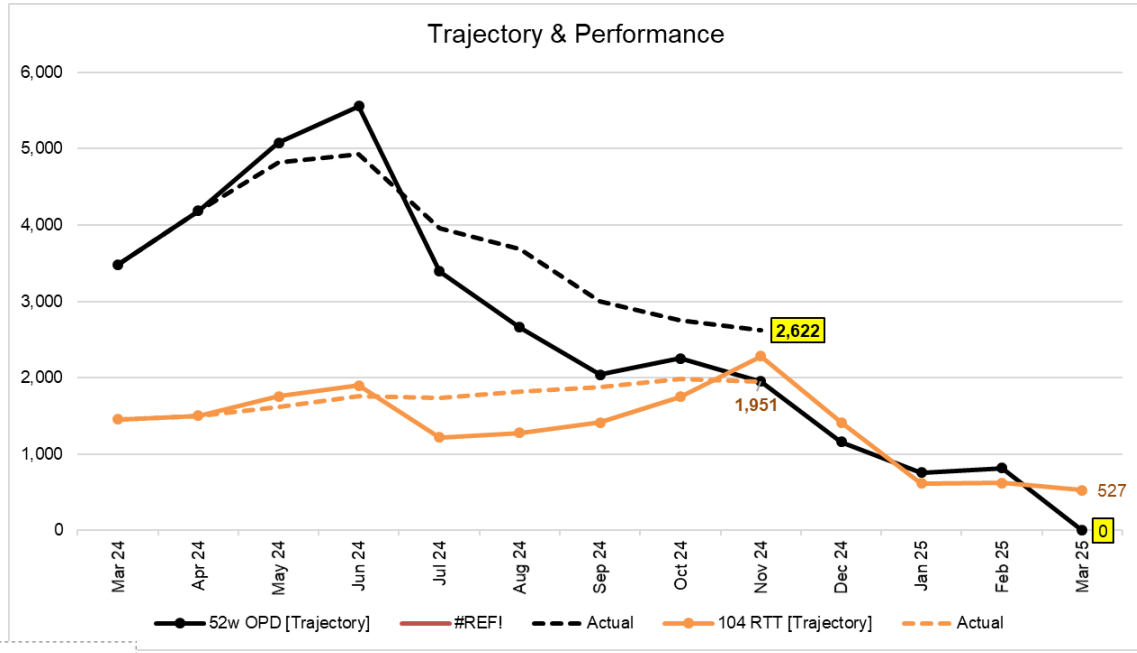
MEASURE		BASELINE	PERFORMANCE TRAJECTORY											
Measure	TARGET	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
52w OPD [Trajectory]	Zero patients waiting by the end of March 2025	3,479	4,187	5,075	5,557	3,394	2,658	2,041	2,254	1,949	1,163	760	815	0
Actual		3,479	4,187	4,815	4,930	3,959	3,683	3,001	2,750	2,622				
104 RTT [Trajectory]	Zero end of March 2024	1,458	1,500	1,756	1,897	1,218	1277	1417	1750	2284	1,417	618	620	527
Actual		1,458	1,500	1,613	1,757	1,733	1,815	1,875	1,986	1,951				

- The above table outlines the Health Board's trajectory position alongside actual performance *(original WG submission)*
- The graph demonstrates Health Board's stepped improvement plan to March 2025
- All figures are aggregated from individual specialty and subspecialty specific delivery plans



Delivery Plan Variance

Key Specialty variances versus original trajectory:

- **Urology** recovery funds prioritised Cancer pathway priorities over routine longest waiting patients. Recovery plan developed alongside clinical need/priority. Additional routine activity undertaken from September 2024.
- **Vascular** - deficit in regional capacity being delivered. All issues have been escalated for appropriate action.
- **Ophthalmology** – prioritisation of clinical capacity to urgent & emergency pathways due to sickness and unavailability. One stop pathway implemented and outsourcing underway. Achievement of 52/104 week targets now considered low risk
- **General Medicine & Geriatric** services have experienced increased consultant to consultant referrals. These are being investigated alongside mitigating recovery plans which include pooling waiting lists and additional clinical triage according to evidence based standard operating procedures
- **Rheumatology** impacted by critical clinician sickness. Recovery plans being deployed to recover by March 2025.
- **Orthopaedics** priority focus through Q1 & Q2 has been recovery of 3- & 4-year breaches with improvements in 104 position through Q3 and Q4. Independent sector insource solution currently being commissioned.

Productive & Effective Elective Pathways: Progress

- Total Stage 1 waiting list is the lowest since July 21 (54,660 in Oct ’24)
- 98% of patients on total pathway wait < 104 weeks
- Evidence of strong HB focus on effective waiting list management, outpatient modernisation and improving theatre utilisation
- Over 65k patients managed via SoS/PIFU pathways
  - 27 specialties
  - 218 clinical conditions
  - 314 clinicians
- 56% of new outpatients / 23% of follow up outpatients managed via SoS/PIFU or discharged
- Strong clinical triage focus – 30% of referral not added to waiting list
- Total Pathway waiting list volume reducing
- Daily Planned Care SITREPs review of theatre utilisation – improvements noted but further scope remains – national comparative theatre dashboard due to launch Dec 24
- HDUHB acknowledged as lead HB for booking/treat in turn performance

New Patients Discharged / SOS or PIFU

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Attended

Main specialty	Future Appointment	Future Appointment %	SOS/PIFU	SOS/PIFU %	Discharged	Discharged %	SOS/PIFU + Discharged	SOS/PIFU + Discharged %	Total Attendance
100 - General Surgery	16	5.69%	101	35.94%	164	58.36%	265	94.31%	281
104 - Colorectal	34	12.32%	28	10.14%	214	77.54%	242	87.68%	276
191 - Pain Management	2	18.18%	3	27.27%	6	54.55%	9	81.82%	11
103 - Breast	66	19.24%	5	1.46%	272	79.30%	277	80.76%	343
107 - Vascular	9	20.93%	2	4.65%	32	74.42%	34	79.07%	43
300 - General Medicine	25	21.55%	0	0.00%	91	78.45%	91	78.45%	116
120 - ENT	162	34.99%	21	4.54%	280	60.48%	301	65.01%	463
301 - Gastroenterology	81	36.65%	30	13.57%	110	49.77%	140	63.35%	221
502 - Gynaecology	201	37.02%	67	12.34%	275	50.64%	342	62.98%	543
320 - Cardiology	97	37.45%	31	11.97%	131	50.58%	162	62.55%	259
328 - Stroke Medicine	29	37.66%	0	0.00%	48	62.34%	48	62.34%	77
330 - Dermatology	133	41.05%	43	13.27%	148	45.68%	191	58.95%	324
400 - Neurology	64	43.84%	16	10.96%	66	45.21%	82	56.16%	146
110 - Trauma & Orthopaedics	566	47.36%	406	33.97%	223	18.66%	629	52.64%	1,195
340 - Respiratory Medicine	95	56.55%	3	1.79%	70	41.67%	73	43.45%	168
420 - Paediatrics	152	59.14%	16	6.23%	89	34.63%	105	40.86%	257
130 - Ophthalmology	457	62.43%	39	5.33%	236	32.24%	275	37.57%	732
101 - Urology	121	62.69%	25	12.95%	47	24.35%	72	37.31%	193
430 - Geriatric Medicine	45	66.18%	2	2.94%	21	30.88%	23	33.82%	68
410 - Rheumatology	101	67.33%	10	6.67%	39	26.00%	49	32.67%	150
302 - Endocrinology	55	72.37%	2	2.63%	19	25.00%	21	27.63%	76
307 - Diabetic Medicine	55	79.71%	3	4.35%	11	15.94%	14	20.29%	69
361 - Nephrology	34	82.93%	0	0.00%	7	17.07%	7	17.07%	41
303 - Clinical Haematology	55	91.67%	0	0.00%	5	8.33%	5	8.33%	60
Total	**2,655**	**43.44%**	**853**	**13.96%**	**2604**	**42.60%**	**3457**	**56.56%**	**6,112**

Follow Up Patients Discharged / SOS or PIFU

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Attended

Main specialty	Future Appointment	Future Appointment %	SOS/PIFU	SOS/PIFU %	Discharged	Discharged %	SOS/PIFU + Discharged	SOS/PIFU + Discharged %	Total Attendance
328 - Stroke Medicine	2	7.41%	0	0.00%	25	92.59%	25	92.59%	27
100 - General Surgery	8	19.51%	14	34.15%	19	46.34%	33	80.49%	41
104 - Colorectal	22	25.88%	16	18.82%	47	55.29%	63	74.12%	85
191 - Pain Management	7	43.75%	0	0.00%	9	56.25%	9	56.25%	16
107 - Vascular	23	45.10%	7	13.73%	21	41.18%	28	54.90%	51
320 - Cardiology	99	51.83%	17	8.90%	75	39.27%	92	48.17%	191
110 - Trauma & Orthopaedics	1,034	54.85%	453	24.03%	398	21.11%	851	45.15%	1,885
400 - Neurology	113	58.55%	59	30.57%	21	10.88%	80	41.45%	193
502 - Gynaecology	459	69.76%	54	8.21%	145	22.04%	199	30.24%	658
120 - ENT	451	74.30%	35	5.77%	121	19.93%	156	25.70%	607
340 - Respiratory Medicine	280	74.67%	14	3.73%	81	21.60%	95	25.33%	375
430 - Geriatric Medicine	119	76.28%	5	3.21%	32	20.51%	37	23.72%	156
301 - Gastroenterology	369	77.04%	34	7.10%	76	15.87%	110	22.96%	479
420 - Paediatrics	391	79.15%	33	6.68%	70	14.17%	103	20.85%	494
330 - Dermatology	385	81.40%	30	6.34%	58	12.26%	88	18.60%	473
103 - Breast	378	82.35%	7	1.53%	74	16.12%	81	17.65%	459
300 - General Medicine	61	82.43%	0	0.00%	13	17.57%	13	17.57%	74
101 - Urology	832	82.70%	73	7.26%	101	10.04%	174	17.30%	1,006
130 - Ophthalmology	1,319	86.89%	36	2.37%	163	10.74%	199	13.11%	1,518
302 - Endocrinology	230	87.12%	1	0.38%	33	12.50%	34	12.88%	264
410 - Rheumatology	470	91.80%	23	4.49%	19	3.71%	42	8.20%	512
361 - Nephrology	192	95.05%	0	0.00%	10	4.95%	10	4.95%	202
307 - Diabetic Medicine	240	96.00%	1	0.40%	9	3.60%	10	4.00%	250
303 - Clinical Haematology	1,133	96.51%	4	0.34%	37	3.15%	41	3.49%	1,174
Total	**8,617**	**77.01%**	**916**	**8.19%**	**1657**	**14.81%**	**2573**	**22.99%**	**11,190**

Waiting List Additions p/w

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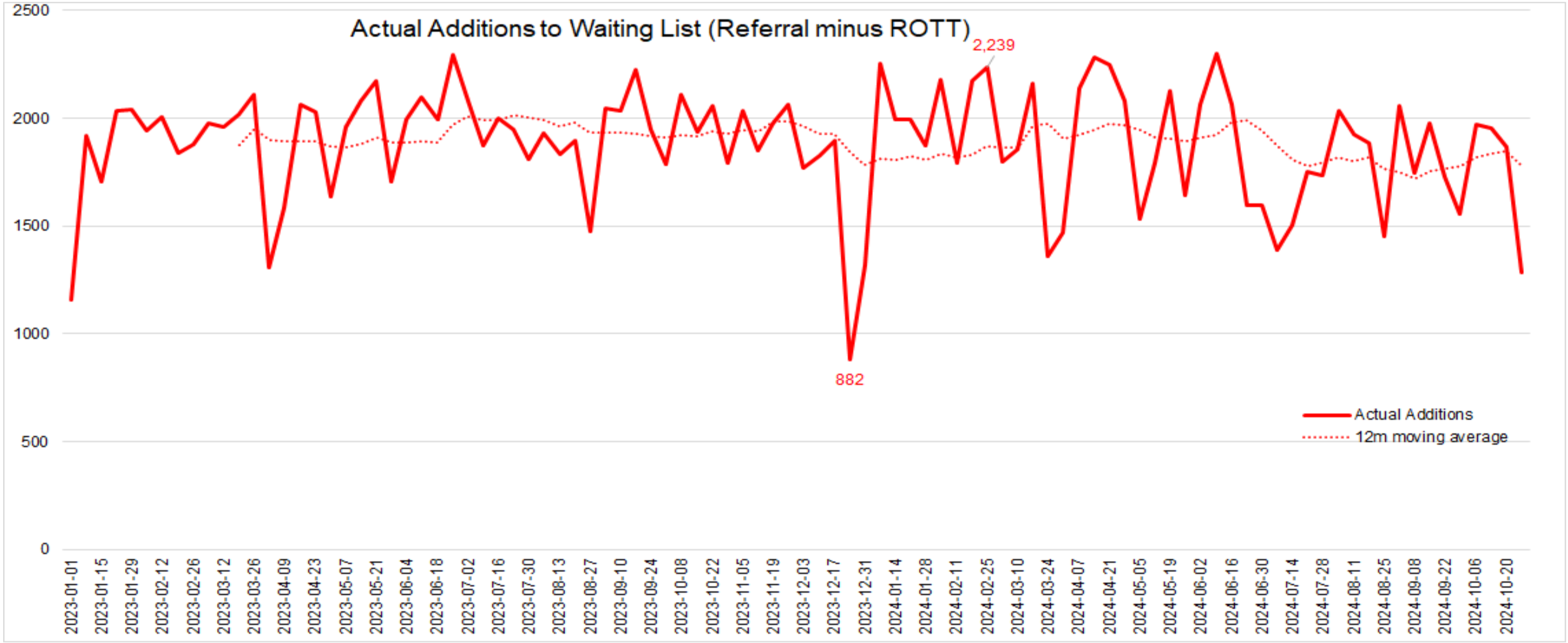

Referrals & ROTT

Years	Month	ALL	ROTT	Actual Additions	% ROTT
2022	Apr	9539	2339	7200	25%
	May	11853	2463	9390	21%
	June	11023	2713	8310	25%
	July	11083	3251	7832	29%
	Aug	10993	2764	8229	25%
	Sept	11043	2818	8225	26%
	Oct	11736	3534	8202	30%
	Nov	11984	3605	8379	30%
	Dec	9054	3681	5373	41%
2023	Jan	11185	3453	7732	31%
	Feb	11046	3382	7664	31%
	Mar	13141	3997	9144	30%
	Apr	10459	3379	7080	32%
	May	12407	3657	8750	29%
	June	13190	4056	9134	31%
	July	11865	3580	8285	30%
	Aug	11759	3564	8195	30%
	Sept	11965	3321	8644	28%
	Oct	12284	3438	8846	28%
	Nov	12215	3750	8465	31%
	Dec	9572	2882	6690	30%
2024	Jan	12090	3523	8567	29%
	Feb	12084	3322	8762	27%
	Mar	11517	3844	7673	33%
	Apr	12406	3499	8907	28%
	May	12027	3666	8361	30%
	June	11228	3184	8044	28%
	July	11041	3774	7267	34%
	Aug	11276	3276	8000	29%
	Sept	11114	3375	7739	30%
	Oct	12075	3663	8412	30%
Average		11492	3379	8113	29%
12m average		11554	3480	8074	30%
22-23 average		11140	3167	7973	29%

Over last 12 months an average of:

- **2,641** weekly referrals
- **793 (29%)** patients Removed Other than Treated (ROTT)
- **1,846** additions to the waiting list each week

Planned Care Capacity/Activity Improvements:

GIG CYMRU NHS WALES
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Stage One

- Outpatient (OP) activity increased by 13% in Oct ‘24 compared to 19/20 average
- Increase of 7% in Oct ‘24 compared to Oct ’23

Stage 4

- From October 2023 to October 2024
  - IP Activity increased by 36% (+126 patients in month)
  - DC activity increased by 7% (+200 patients in month)
  - DC volumes exceed 19/20 average
  - Combined IP/DC volumes exceed 19/20 average

Outpatient and IP&DC Activity

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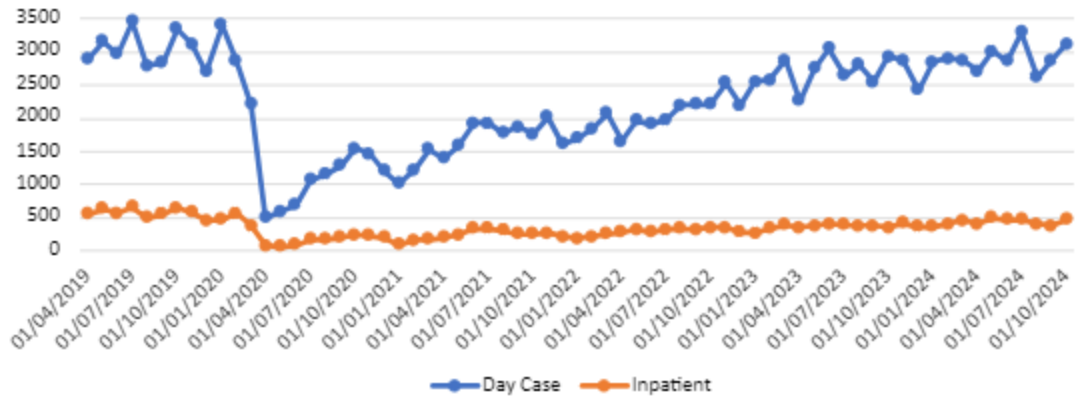
Monthly outpatient activity (all specialties): Apr 19 to Oct 24

Monthly inpatient & day case activity (all specialties): Apr 19 to Oct 24



Planned Care activity: Oct 23 compared to Oct 24

Selected surgical Specialties	New Outpatient				Inpatient				Day case			
	2019/20 avg.	Oct 23	Oct 24	% change: Oct 23 to Oct 24	2019/20 avg.	Oct 23	Oct 24	% change: Oct 23 to Oct 24	2019/20 avg.	Oct 23	Oct 24	% change: Oct 23 to Oct 24
Breast	337	465	362	-22%	37	44	41	-7%	-	-	-	-
Cardiology	397	207	384	+86%	-	-	-	-	97	130	105	-19%
Colorectal	195	574	739	+29%	14	26	38	+46%	24	64	87	+36%
ENT	564	622	627	+1%	46	35	71	+103%	51	39	57	+46%
Gastroenterology	302	385	354	-8%	-	-	-	-	573	519	739	+42%
General Surgery	362	197	559	+184%	75	20	30	+50%	512	276	288	+4%
Gynaecology	712	753	787	+5%	43	44	49	+11%	133	108	104	-4%
Ophthalmology	673	435	479	+10%	-	-	-	-	327	245	188	-23%
Trauma & Orthopaedics	615	570	591	+4%	198	84	128	+52%	217	208	231	+11%
Urology	262	231	341	+48%	107	84	99	+18%	434	546	536	-2%
Selected surgical specialties total	**4,419**	**4,439**	**5,223**	**+18%**	**520**	**337**	**456**	**+35%**	**2,368**	**2,135**	**2,335**	**+9%**
All specialties grand total	**6,745**	**7,231**	**7,745**	**+7%**	**547**	**352**	**478**	**+36%**	**2,985**	**2,931**	**3,131**	**+7%**

2019/20 monthly average figures included for reference. Where data for a specialty is lower than 10, a dash figure is included in the 'All specialties grand total' field.

Planned Care Recovery:
Single Cancer Pathway (SCP) Overview

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- October performance has improved to 44.6% as expected
  - The legacy impact of Radiology reporting delays which increased during the summer period due to dual impact of cessation of daytime Everlight external reporting and increase in emergency pathway demand has resolved within the month and will not be a contributing factor in November 2024.
  - The legacy impact of loss of capacity within the skin pathway has now resolved in month and will not be a contributing factor in November 2024.
- Correspondingly, encouraging reduction in November 62 day+ backlog to 392 patients with further backlog reduction forecast for December 2024.
- November SCP performance expected to show improvement with recovery beyond 60% threshold expected by end Q3.
- Underlying pathway indicators suggest positive progress:
  - component waits data (First OP waits / diagnostic waits / treatment waits) show positive improvement across most of our tumour pathways
  - NB: Although data shows growth in outpatient appointment (OPA) volumes these numbers are small, spread across tumour sites and will reduce by end of the Quarter.
  - Straight to test data positive progress (overall 71% in September 2024 – highest recorded level to date)
  - First contact by Day 14 and Decision to Treat by Day 21 monitoring data – incremental improvements in most tumour pathways listed

SCP (Actions & Risks)

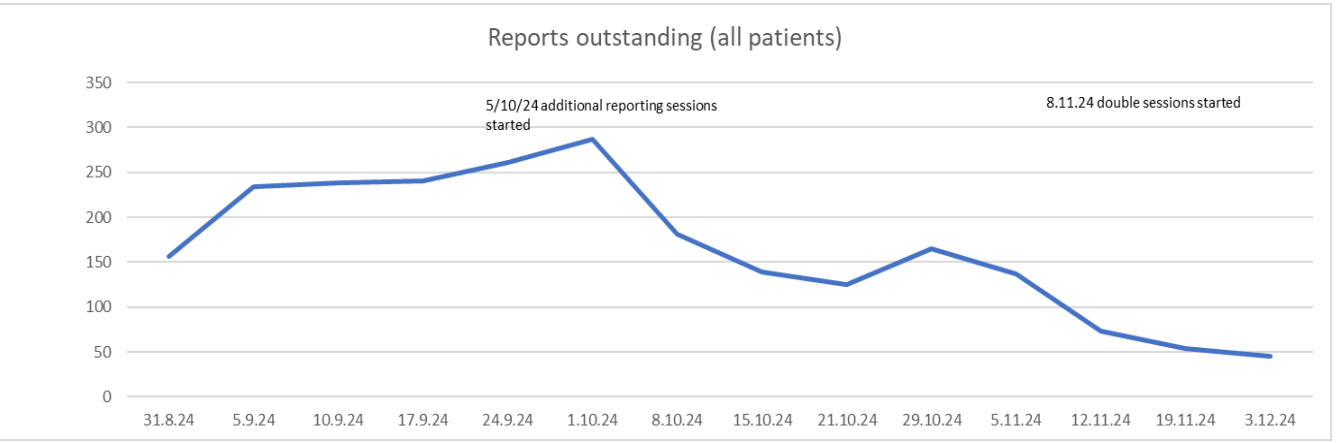
Actions

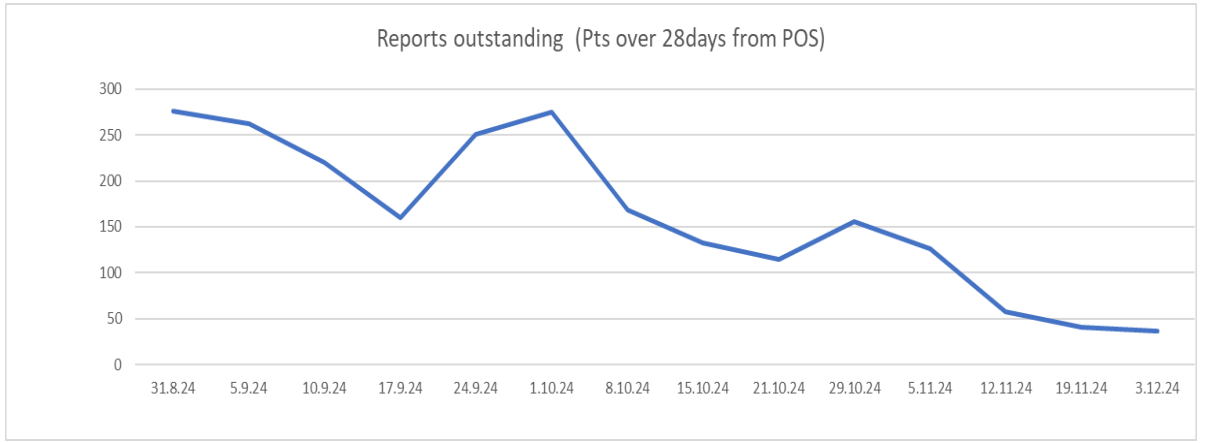
- Recovery actions for **Skin** backlog completed during September 2024. Confirmed plan to increase treatment capacity in place to end of Q4.
- Recovery actions for **Radiology** reporting delays and outstanding volumes progressing well.
  - Additional resources prioritised for six additional sessions per week for CT reporting in place until end Q4. Commenced 5 October 24 (122 reports per week). SCP reporting turnaround times have now recovered to previous levels (pre-summer).
  - Will continue to resource via recovery funds through to March 2025.
- Focus on Gynaecology recovery – continue with progress made in reducing component waits - increase capacity in one stop model - January 2025.
- Current trajectory to March 2025 revised to reflect current actions across all tumour pathways (64% by March 2025).
- Urgent consideration of further actions to support improvement to/beyond 70% by March 2025, in line with recovery allocations. To be considered at Hywel Dda University Health Board (HDdUHB) Integrated Quality, Financial Performance and Delivery Group (IQFPD) on 11 December 2024.

Risks

- Risks predominantly associated with fragile service / workforce profile in key specialties – limited resilience to sickness/absence:
  - Radiology
  - Dermatology

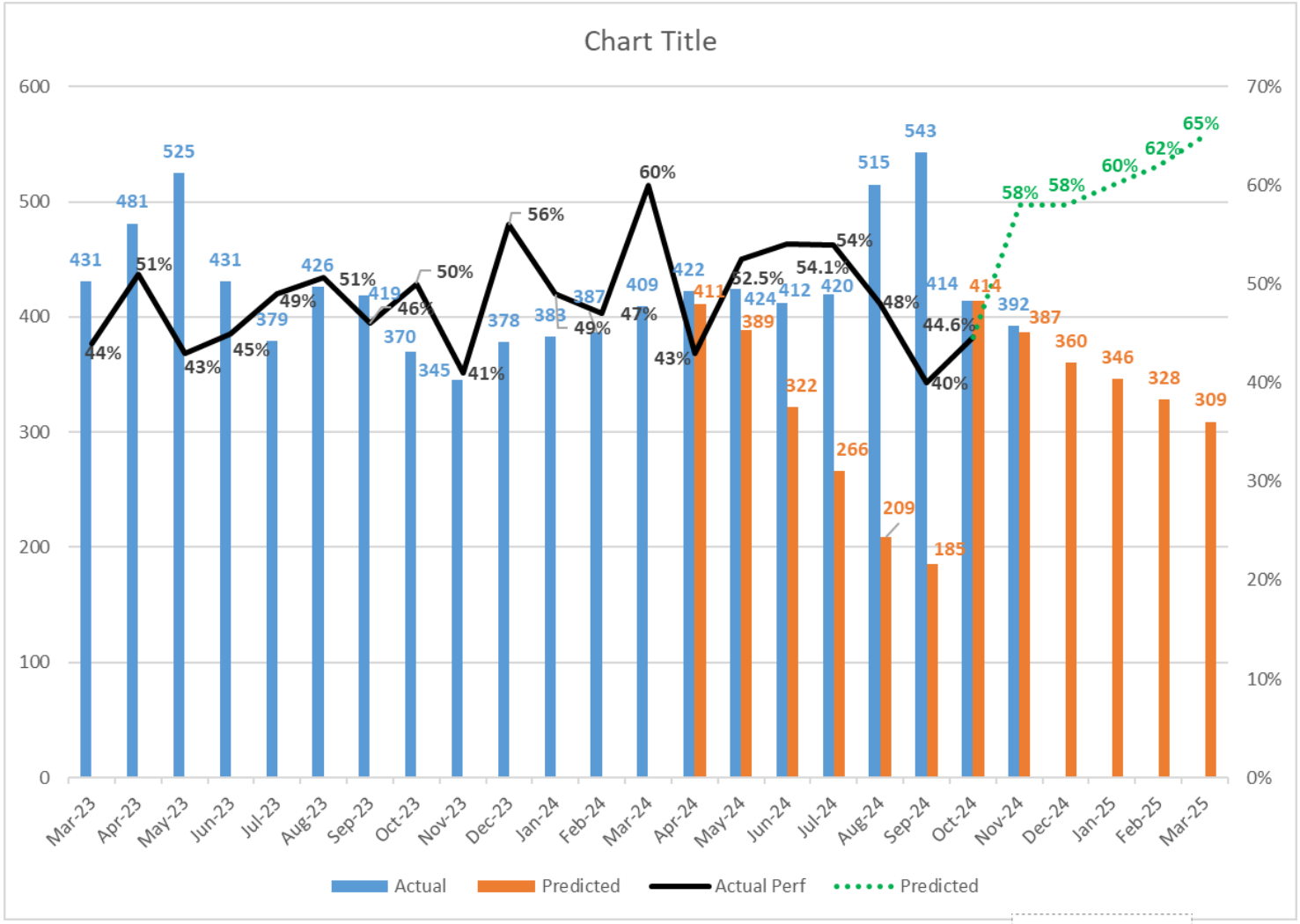
Radiology Reporting Recovery Plan
3 December 2024





- The chart on the left shows the weekly reduction in overall volume of patients on the Single Cancer Pathway waiting radiology reporting.
- The chart on the right shows the weekly reduction of patients on a Single Cancer Pathway waiting more than 28 days for radiology reporting.
- The Radiology reporting waits are now lower (in volume and length of wait) than at any point of the year

Backlog and Performance March 2023– March 2025



October 2024 performance increased to 44.6% as expected.

November 2024 performance expected to show improvement with recovery beyond 60% threshold expected by end of Q3.

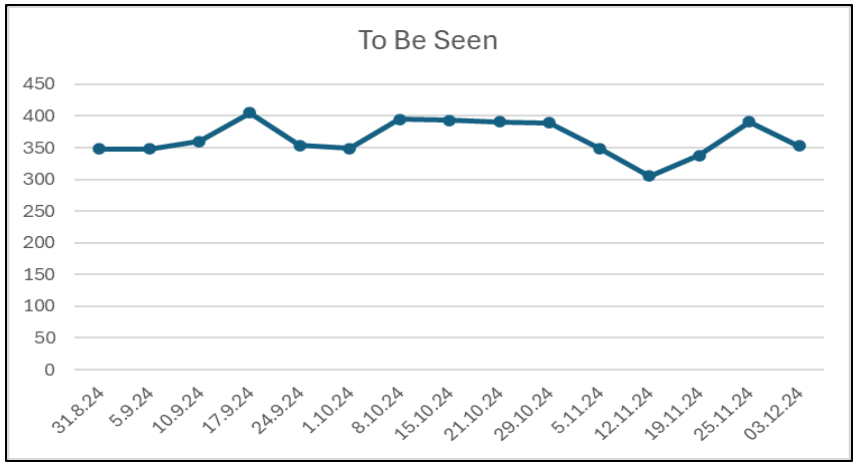
Reduction in November 62 day+ backlog to 392 patients with a further improvement forecast for December 2024.

Recovery actions for **Skin** working well with confirmed plan of increased treatment capacity in place to end of Q4.

Recovery actions for **Radiology** progressing well – additional resources for six sessions per week for CT reporting in place until end Q4. Commenced 5 October 2024 (122 reports per week). SCP reporting turnaround times have now recovered. The overall volumes and waits are now lower than at any point in the year.

Recent component wait data across all stages are showing an improving trend. Urgent consideration of further actions to support improvement to/beyond 70% by March 2025, in line with recovery allocations. To be considered at HDdUHB IQFPD on 11 December 2024.

Single Cancer Pathway: Additional Recovery Opportunities (Radiology CT)



	Booked	Not booked	Total
CT	95	118	213
MRI	23	53	76
USS	25	24	49

- Despite radiology reporting recovery plan, total SCP Radiology demand remains steady at circa 350 patients (relative balance).
- Majority are awaiting CT scans.
- 240 patients are waiting 28 days+ and 81 patients are waiting 62 days+.
- Majority of the above are in Urology and Lower gastrointestinal (LGI) pathways.
- Action to reduce SCP CT volumes will reduce length of wait, turnaround times, and resolve CT delays to minimum levels.
- NB: Separate proposals for mobile MRI and ultrasound scan (USS).
- Proposed Recovery Action:
  - Reduce SCP CT volumes by circa 200 patients over five weeks
  - Two all day sessions per weekend (10 sessions / 80 hrs)
  - [illegible] scanning, consumables and reporting)

Single Cancer Pathway: Additional Recovery Opportunities (Urology Transperineal ultrasound-guided (TP) Biopsy)

Urology Breakdown as of 03 12 24

Procedure	Dated in Dec	Dated in Jan	Undated	Total	> 28 days
Flexi Cyst	99	3	13	115	25
Rigid Cyst	10	1	18	29	26
TURBT	6	0	8	14	13
TP Bx	25	3	46	74	56
TRUS	7	0	2	9	6
TURP	1	0	0	1	1
Ureteroscopy	0	0	4	4	3

- Increasing reliance on TP biopsy as diagnostic approach in line with optimal pathway and improved MRI response.
- 74 patients awaiting TP biopsy, 56> 28 days, 30> 62 days.
- Recurrent plan to increase to 18 TP biopsies per week from January 2025 but backlog of circa 50 patients remains.
- Proposed Recovery Action:
  - Five weekend lists December 2024/January 2025.
  - £37.5k forecast cost.

Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- **RECEIVE ASSURANCE** from progress achieved in reducing the volume of patients experiencing long planned care waiting times, and
- **NOTE** the additional measures being explored to mitigate potential delivery risks by March 2025
- **RECEIVE ASSURANCE** from the recovery actions being pursued to support recovery of Single Cancer Pathway performance and reduce delays for treatment

3.2

10:55, 10 Mins

3.2 - Ophthalmology Performance (GIRFT)

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Stephanie Hire (Hywel Dda UHB - General Manager Scheduled Care), Victoria Coppack (Hywel Dda UHB - Service Delivery Ophthalmology Ophthalmology & Neurology)

For assurance

Attachments

3.2 Strategic Development and Operational Delivery Committee SBAR - Ophthalmol~.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Ophthalmology Getting It Right First Time (GIRFT).
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations.
SWYDDOG ADRODD: **REPORTING OFFICER:**	Victoria Coppack Service Delivery Manager Ophthalmology and Neurology.

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Ophthalmology 'Getting It Right First Time' (GIRFT) review identified 59 recommendations for Hywel Dda University Health Board (HDdUHB) to action. These recommendations have been monitored closely in the All-Wales Ophthalmology Cataract and Glaucoma Implementation meetings and tracked via the Audit and Risk Assurance Committee (ARAC). An update on the progress made against the 59 recommendations and proposed future actions is to be presented to the Strategic Development and Operations Delivery Committee (SDODC) to give assurance on progress.

Cefndir / Background

The GIRFT programme is a national programme designed to improve the treatment and care of patients, through an in-depth review of services, which involves providing recommendations to the service that are evidence based to drive change. The GIRFT team, attended HDdUHB to review the Ophthalmology service on 28 and 29 June 2023, with the focus being the Cataract and Glaucoma pathways. The outcome of this visit resulted in 59 recommendations being provided to the Health Board.

Ophthalmology services within HDdUHB have faced long standing challenges, which are reflective of similar pressures across the UK. There have been underlying capacity challenges within the service both locally and nationally. The capacity challenges within the service resulted in Ophthalmology being identified as a 'fragile service' in July 2023 due to the high number of consultant and nursing vacancies and heavy reliance on locum staff to support service delivery.

The introduction of a new Management Team in July 2023 and the subsequent support provided by the GIRFT Team, has resulted in significant steps being taken towards the recovery of the service. The Hospital-based Eye Service (HES) has continued to build clinical links with both the community optometrists and Swansea Bay University Health Board (SBUHB) to progress the development of the service in line with the GIRFT recommendations.

Asesiad / Assessment

The quality and safety of Ophthalmology services has improved over the past sixteen months with a new fully established management structure. Quality and Safety meetings continue on a bi-monthly basis, alternating with a bi-monthly business meeting. Alongside these structured meetings, there is a weekly GIRFT Task and Finish Group within the service. This has ensured that Clinicians, Nursing staff, the Administration Team, Primary Care representatives and the Management Team meet regularly to discuss and present quality and safety issues, service development and service delivery and progress the necessary policies and procedures to underpin the development of a more robust service model. Progress of the GIRFT recommendations is reported to a bi-monthly Ophthalmology Clinical Implementation Network (CIN) meeting, which is a Clinically lead meeting, inclusive of professions and all sectors of care, to meet, review, discuss and implement all Wales clinical pathways to improve service delivery.

To date the Ophthalmology Team have completed and closed 37 recommendations in total. 25 cataract recommendations and 12 Glaucoma recommendations have been completed. There is a total of 22 recommendations being progressed, 13 of these are cataract recommendations and 9 of these are Glaucoma recommendations.

Recommendations fully completed to date are numbers 1,2,4, 6, 7, 8, 9, 10,11, 13, 14, 16, 18, 19, 20, 23, 26, 29, 30, 31,32, 34, 36, 37 38,40, 41, 42, 45, 48, 49, 50, 51, 54, 55 56 & 57 (of the higher risk or shorter target dates).

Recommendations currently being addressed are outlined below, those recommendations highlighted orange (8 recommendations) are dependent on the outcome of the Clinical Services Plan to progress and have been given longer target dates:

Reference Number	Recommendations	Progress	Target date and RAG status
Cataract delivery			
Peer Review/2023/110/MD3	Review the line management structure and explore whether a MDT cataract or whole ophthalmology surgical team across all areas (OP, day case, theatres, preop, imaging) dedicated to ophthalmology will work better. Consider whether to use staff more flexibly across these different areas e.g. using clinical nurse or optometry specialists in theatre or day care.	25/11/2024 - Awaiting the outcome of Clinical Services Plan (CSP).	31/01/2027
Peer Review/2023/110/MD5	Review the reasons with local optometrists as to why conversion rates lower than should be and take action to improve. Use a formal shared decision making tool, such as the NHS England one, in primary care	25/11/2024 – All Wales decision making tool currently being used. Communication to Optometrists in primary care regarding referral. Referral triage	31/05/2025

		returning any referrals that are inappropriate.	
Peer Review/2023/110/MD12	Introduce standardised risk (in line with college guidance) and priority ratings for cataract surgery and change waiting list forms to support this	01/08/2024 - Waiting list cards in use from 22/07/2024. 25/11/2024 – Priority rating for patients moved from stage one to stage 4 currently being reviewed.	31/10/2025
Peer Review/2023/110/MD15	Introduce high flow principles and processes to cataract lists and patients of ANY complexity to drive higher numbers of cases in all lists. Send for patient early enough to ensure they are ready in the anaesthetic room to enter theatre once the last case finished.	25/11/2024 – High flow principles being applied in AVH. NHS executive visit undertaken in AVH with further visit booked for GGH. Bilateral cataract operations introduced across all sites. Await outcome of CSP which is looking at resources across site and how to utilise theatres differently.	31/01/2027
Peer Review/2023/110/MD17	Non-medical MDT staff admitting the cataract patients should be trained and empowered to mark the eye, check or take consent etc. – consider whether to involve the clinical nurse and optometrist practitioners and/or train the day surgery staff. Do not do routine observations on the day.	25/11/2024 – Actions for the Workforce Plan have been reviewed and planning for WfP for 2025/2026 will commence in December 2024. Consent now undertaken in One stop pre-assessment clinic and routine observations have been stopped on the day.	31/07/2025
Peer Review/2023/110/MD21	Do not have patients climbing on and off a trolley in the operating room - position patients in the anaesthetic room and wheel the patient in and out on trolley or couch.	25/11/2024 - Challenges to implement in GGH and BGH theatre set up and lack of staff. CSP will potentially address this issue. which is looking at resources across site and how theatre space could be utilised differently.	31/01/2027
Peer Review/2023/110/MD22	Organise some HVLC lists pilot and prove the principle, then roll out the learning. Use those consultants particularly who have done this elsewhere and consider using senior	25/10/2025 – Cataractathon explored, and resources do not allow this to be delivered in house.	31/01/2027

	trainees from other health boards where available. Consider a “cataractathon” or “cataract month” to start – ABUHB have done this.	However, HVLC have been introduced in AVH with one surgeon trialling 8 patients per list in December 2024. Await outcome for CSP for GGH/BGH theatres and how they may be utilised differently.	
Peer Review/2023/110/MD24	Rationalise cataract surgery to only units that are, or can be changed to be, suitable for high flow. Move other work out of the most suitable units to accommodate this.	25/11/2024 – Potential to move IVT lists out of AVH day surgery into AVH OPD to create capacity for a cataract dedicated theatre space in AVH. The CSP may also deliver solutions.	31/01/2027
Peer Review/2023/110/MD25	Urgently explore greater regionalisation and ability to offer cataract surgery for the region at Swansea as a surgical hub.	25/11/2025 – First Regional meeting was held on the 15t November 2024 with a further meeting planned on the 24 January 2025.	31/03/2025
Peer Review/2023/110/MD27	The unit should undertake a whole MDT workforce review, pushing everyone to the top of their licence and assessing numbers and training requirements for cataract and HVLC.	27/09/23 - HDdUHB to devise a Workforce development plan which has been discussed with Swansea Bay for support to undertake staff training days. 25/11/2024 – Workforce Plan for 2025/2026 will commence in December 2024.Practice development Nurse post secured.	31/10/2025
Peer Review/2023/110/MD28	RNOH/GIRFT recommends use of the Modelling software available RCOphth cataract workforce calculator.	25/11/2025 – Workforce plan. 2025/2026 will commence in December 2024.	31/03/2025
Peer Review/2023/110/MD33	Ensure regular internal cataract audits are done looking at PCR AND visual loss for the whole unit and individual surgeons	25/11/2024 – Proposal sent to audit team. Audit lead identified. SAS doctor identified has left the HB. Discussed in Ophthalmology QSE, new SAS doctor	31/05/2025

		identified to progress. With aim to complete audit in the next 6 months.	
Peer Review/2023/110/MD35	Establish staggered patient arrival times to reduce the patient journey time. Explore how discharge process can be shorter.	25/11/2025 – Staggered patient arrival time in AVH. Discussion at recent GIRFT team meeting about staggered arrival times in BGH and GGH. Decision to re-assess when One stop pre-operative assessment is embedded as this will remove the need for patients to be seen by the Consultant on the ward on the day of the procedure.	31/01/2025
Glaucoma Delivery			
Peer Review/2023/110/MD39	Review methodology for ophthalmology/glaucoma activity and waiting times data collection, validation and sense checking and ensure all of the relevant team have sight of this and can discuss any actions required.	25/11/2025 – R1 capacity review has been completed and SBAR produced detailing the resources needed for the recovery of the Glaucoma delivery. Next steps are to employ into Clinician vacancies and introduce further glaucoma clinics to improve timeliness.	30/06/2025
Peer Review/2023/110/MD43	Ensure consistent risk stratification is used for all patients at every glaucoma visit. This needs to be done at all sites and at all types of visits, including, as the pathway develops, in community optometry. Use this data to create a view of the whole glaucoma patient population who are at high, medium & low risk - this is critical to ensure they are managed appropriately and that resources can be deployed appropriately. This needs to be delivered as a matter of urgency.	25/11/2024 -Risk stratification continues and has been utilised with the development of the WGOS 4 pathway. This risk stratification continues.	30/09/2025
Peer Review/2023/110/MD44	Rationalise where ophthalmic outpatients are delivered to	19/06/2024- Update- This is being reviewed as part of CSP as it	31/03/2027

	fewer better sites with dedicated ophthalmic spaces.	involves other services to move to create less sites with more capacity.	
Peer Review/2023/110/MD46	Review the footprint and usage of all the outpatient areas and create ophthalmology and subspecialist areas with teams and all equipment in one or two area/sites for glaucoma.	19/06/2024- Update- This is being considered as part of the CSP as it involves moving other services.	31/01/2027
Peer Review/2023/110/MD47	Work with the health board and the regional team to find a better outpatient solution, fit for modern ophthalmic care and the longer-term rising population demand which can support training the MDT. Consider all options for the regional collaboration with other relevant health boards.	25/11/2024 – Regional Joint Committee meeting has been held on the 15/11/2024 and work streams to focus on 4 areas inclusive of Glaucoma has been discussed. Substantive Consultant to undergo training in SBUHB for Glaucoma sub-specialty	31/01/2027
Peer Review/2023/110/MD52	Urgently link up regionally to use resources to their best availability including medical and MDT manpower for cataract, glaucoma and other areas.	25/11/2024 – Regional Joint Committee meeting has been held on the 15/11/2024 and work streams to focus on 4 areas inclusive of Glaucoma has been discussed.	30/09/2025
Peer Review/2023/110/MD53	Fund more ophthalmic (optometrist, orthoptic and nurse) practitioners and develop them. Fund more technicians and health care support workers and train them to deliver a wider scope of practice.	25/11/2024- Funding has been secured within budget for a Practice Development Nurse. Funding is being sought for further workforce as part of the R1 delivery solutions.	31/09/2025
Peer Review/2023/110/MD58	Undertake proper demand and capacity work and explore realistic options for change, and how much and how quickly they will deliver. Accelerate business cases to improve capacity and implement.	25/11/2024 – Demand and Capacity plans completed with Gap in delivery identified. Immediate measures to increase delivery with Clinicians on boarding, longer term solutions to increase activity will be reliant on the outcome of CSP.	30/09/2027
Peer Review/2023/110/MD59	The very long waiters need to be assessed now (e.g. by	25/11/2024 – WGOS 4 desktop review of all	31/03/2025

	virtual assessments) regardless of the original risk rating to avoid cases of serious harm.	suitable patients to be sent via the community Optometrists to safety net the longest waiting patients. Plans to increase virtual clinics in discussion.	

The organisational risks associated with the outstanding recommendations are being tracked by the Audit and Risk Assurance Committee.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **RECEIVE ASSURANCE** from the progress made against the recommendations and the future plans in place to address the outstanding recommendations.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (The best health and wellbeing for our individuals, families and our communities) and 5 (Safe, sustainable, accessible and kind care), in accordance with the Board approved timescales, as set out in HDdUHB's Annual Plan. 2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales. 2.3 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaborative, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH). 2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on

	specific issues where performance is showing deterioration or there are issues of concern. 2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Fragile service risk - 1664 – Risk Score 20
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 1. Putting people at the heart of everything we do 5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	GIRFT review and recommendations
Rhestr Termau: Glossary of Terms:	GIRFT – Getting It Right First Time HDdUHB – Hywel Dda University Health Board HES – Hospital-based Eye Service ISBCS -Immediately Sequential Bilateral Cataract Surgery PPH – Prince Philip Hospital SBUHB - Swansea Bay University Health Board

	SDODC - Strategic Development and Operations Delivery Committee SNM – Senior Nurse Manager
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Getting It Right First Time – All Wales Ophthalmology Cataract and Glaucoma Implementation Group. Audit and Risk Assurance Committee.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No current financial impact, all recommendations being delivered within current budget.
Ansawdd / Gofal Claf: Quality / Patient Care:	The GIRFT recommendations aim to improve the quality of care delivered by the Ophthalmology service.
Gweithlu: Workforce:	The GIRFT recommendations aim to improve the workforce through development and collaborative working.
Risg: Risk:	The risk of Fragile service is currently under scrutiny in the ARAC – Risk 1664.
Cyfreithiol: Legal:	No current legal impacts of implementing GIRFT recommendations. However, the implementation of a timely service will negate legal cases caused by delays to treatment.
Enw Da: Reputational:	Improvements undertaken through the GIRFT review will improve the delivery of Ophthalmology services and consequently improve the reputation of the service.
Gyfrinachedd: Privacy:	No impact on privacy or confidentiality.
Cydraddoldeb: Equality:	The Equality Impact Assessments needed to correlate with any new policies or documents have been submitted to the working-controlled documentation group with the documentation for approval.

3.3

11:05, 10 Mins

3.3 - Integrated Performance Assurance Report

Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

3.3.1 SDODC SBAR - M8 December - Final.pdf

3.3.2 M8 December '24 IPAR Overview - Final.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Committee – Month 8 2022/2023
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Director of Finance

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 8, 2024/25 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: Integrated Performance Assurance Report (IPAR) dashboard as at 30st November 2024. Ahead of the Board meeting, the dashboard will also be made available via our internet site.
- A summary document entitled *Integrated Performance Assurance Report (IPAR) Overview: as at 30 November 2024* is also provided. This document summarises performance, issues and actions for our key improvement measures for 2024/25.

The dashboard has been redesigned to make it more streamlined and easier to use so it may initially take a little more time to adjust to the changes. Developments are:

- A performance summary for all metrics, which can be filtered to show all or key deliverables metrics
- Performance charts have been grouped by topic, enabling all charts to be displayed on one page

A summary of the Statistical Process Control (SPC) chart icons is included below.

Variation How are we doing over time	■	Concerning trend = a decline that is unlikely to have happened by chance
	■	Usual trend = common cause variation / a change that is within our usual limits
	■	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	▣	Missing target = will consistently fail target without a service review
	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

In February 2024, Welsh Government published the 2024/25 NHS Wales Performance Framework. The framework outlines the Ministerial Priorities for this financial year, along with key targets.

Asesiad / Assessment

We have adopted the '3As assessment' approach to highlight either an alert, advise or assure status for each of our key performance measures. Please refer to the latest Integrated Performance Assurance Report (IPAR) dashboard for data and charts for all performance measures.

Alert (may require discussion)
There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

Cancer – Performance in October 2024 improved to 44.6% with 134 out of 300 patients starting their first definitive treatment from point of suspicion. This was broadly in line with expectations, against the revised trajectory of 45%. In the same month, there were 2,186 referrals. Performance is expected to improve beyond 60% by the end of February 2025. Performance in October reflected the legacy impact of both Radiology reporting delays which increased during the summer period due to the dual impact of cessation of daytime external reporting and increase in emergency pathway demand; and temporary loss of capacity within the skin pathway. Action has been taken to recover both issues and these are not expected to be a contributing factor to performance in November 2024.

Positive progress has been achieved in reducing the volume of patients in the 62 day+ backlog through October and November. Similarly, waiting times for component stages of the Single Cancer Pathway (SCP) (waits for first outpatient appointments, cancer diagnostics and treatment) have showed positive improvement in October and these are expected to contribute to further improved SCP performance from November onwards. Actions to further improve performance during Quarter (Q) 4 include:

- Increased treatment capacity for skin and gynaecology
- Additional resources prioritised for Radiology (six additional sessions per week for computerised tomography (CT) reporting)
- Additional Urology LATP diagnostic procedures

Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (radiology and dermatology) with limited resilience to sickness/absence.

Child neurodevelopmental waits – In October 2024, the overarching metric is showing expected (common cause) variation, with 18.6% of children having a neurodevelopmental assessment within 26 weeks, narrowly missing trajectory of 26%. Autism Spectrum Disorder (ASD) was 12.6%, and Attention Deficit Hyperactivity Disorder (ADHD) was 46.7%.

The 26-week target for ADHD assessments is showing improving variation. ASD performance has been consistently below 20% since September 2022 and is showing concerning variation, with demand far outstripping our capacity to see ASD patients. We are outsourcing ASD assessments to address waiting lists with an additional 66 diagnostic assessments procured using Neurodivergence Improvement Programme and Regional Integration Fund slippage funding for this financial year.

Staff sickness – 12-month rolling sickness remains high at 6.62% in November 2024, the highest level in over two years. Anxiety, stress and depression continues to account for the highest reasons for

absence across the majority of our directorates, with around 38% of long-term sickness attributed to this (3% of these work-related).

Work is underway to understand what additional support can be offered to enable an earlier return to work. Sickness levels in Facilities continued to rise in November 2024, in-month sickness was 12.15% (2.26% short-term 9.9% long-term). The 12-month rolling figure reached 11.18%. Targeted resource and support is being provided by the Workforce team.

Ophthalmology – The summer saw the lowest performance since pre-Covid, however, performance increased from 56.7% in September to 65% in October 2024, where 166 out of 1,795 of high risk (R1) patients attended appointments within their nationally agreed timeframe* against a target of 95%. Whilst overall performance is showing concern variation and is impacted by recruitment difficulties and the high number of services delivered across multiple sites, progress towards the target in October reflects continued improvements to the glaucoma pathway and a shared approach between the Hospital and community-based Optometrist eye care teams. Recruitment and training is underway alongside longer term plans to improve performance with investment.

*Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date.

Diagnostics waits eight weeks and over – Breaches in November were 6,451 and the trajectory of 1,235 was not met. Performance is common cause variation. The three highest waits for diagnostics were:

- Radiology: 5,001 breaches in November 2024. The number of breaches has been increasing since March 2024 and a concerning trend variation is now present on the Statistical Process Chart (SPC). Deterioration in performance driven by increased in waits for MRI scans following the cessation of additional mobile MRI capacity secured in October, coupled with an extended breakdown of the Glangwili Hospital (GGH) CT scanner. Underlying increases in demand for both investigative pathways have also influenced the position. Available resourced capacity is being prioritised for cancer and inpatient demand.

  Several actions have been agreed to increase capacity in the remainder of the financial year, including locum consultant Radiologist recruitment, procurement of an additional mobile MRI scanner, recommencement of an insource solution for non-obstetric ultrasound capacity (NOUS) and additional CT scanning and reporting capacity. Service fragilities, waiting list trajectories and longer-term staffing needs are detailed in next year's Radiology Annual Plan.

- Endoscopy: 575 breaches in November 2024. Improving variation is showing on the SPC chart. Short term sickness and gaps in the establishment caused theatre nursing staff challenges. An additional five sessions per week are being run to uplift core capacity and seven designated sessions to reduce backlog. A productivity dashboard has been developed and being utilised to identify ongoing opportunities to improve utilisation of capacity. Endoscopy and Cardiology recovery plans in place and expected to achieve zero 8-week breach performance by March 2025.

- Cardiology: 672 breaches in November 2024. Breach volumes are showing a decrease and performance is showing improving variation, with the third successive month of reductions. Planned insource solution began in October 2024 addressing Echocardiogram gaps until the end of March 2025. Ambulatory monitoring and Transoesophageal Echo (TOE) breach positions reduced due to the recruitment of two substantive Physiologists in November 2024, however, remain above trajectory. To address capacity deficits, a review of Cardiologist job plans will be conducted by the end of December 2024 to prioritise TOE activity.

Therapies waits 14 weeks and over – Breaches in November 2024 (2,244) remain high, with all services showing concerning variation and only one meeting trajectory:

- Physiotherapy: 1,184 breaches, 53% of the therapies total. Stabilisation of workforce required to achieve recovery. Agency workers employed to support recovery position. Engaged with workforce teams to recruit to substantive vacancies. Seeking to increase pool of bank staff and recruit additional staff.

- Podiatry: 546 breaches, the second highest in the last five years, with only June 2020 higher. Impacted by recruitment issues and chronic vascular / diabetic foot pathology demand. Actions to address include staff skill mixing, recruitment to vacancies and waiting list management including open access clinics and telephone triage.

- Occupational therapy: 336 breaches, the lowest number recorded since December 2021, and tracking near to our trajectory. High number of breaches in paediatrics due to backlog and demand, with a focus on prioritising caseloads and recruitment to address capacity shortfalls.

- Dietetics: 114 breaches, the second highest recorded. Stabilisation of workforce required to achieve recovery. Agency workers employed to support recovery, but position remains fragile. Engaged with workforce teams to recruit to hard-to-fill substantive vacancies. Some successful international recruitment recently undertaken.

- Art therapy: 33 breaches, the only service to meet trajectory (39) in November 2024, however, an increase in breaches for two consecutive months.

- Speech and language therapy: 31 breaches, the third highest recorded. New recruits employed to support paediatric service where breaches sit. High confidence that position will be recovered within this financial year.

Trajectories for therapies breaches to the end of March 2025 are subject to change pending ongoing review by service leads and refresh of Therapy Improvement and Recovery Plan.

Audiology waits 14 weeks and over – 1,430 breaches in November 2024 (concerning variation), an increasing position since April 2023 and the highest number recorded. Issues include a large backlog coupled with workforce deficits, significant long-term sickness and a revised rota in Ear, Nose and Throat (ENT) from November 2024. The fragile status of the audiology service is under review, with actions underway including clinic template reviews, potential use of Patient Initiated Follow Ups (PIFU) to replace some virtual follow up appointments to release capacity (pending approval of Quality Impact Assessment Panel) and a deep dive into capacity and demand which has identified data extraction issues that are being addressed by colleagues providing the patient management system.

Ambulance red calls responses < 8 mins – 49.5% in November 2024, target is 65%. Performance is showing expected (common cause) variation however performance has been deteriorating the last two months. Mitigation of risks via weekly reviews of Welsh Ambulance Service Trust (WAST) Resource Escalation Action Plan; Dynamic review of demand and area specific pressures; Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance.

Ambulance handovers – the number of handovers taking longer than one hour in November 2024 is showing concerning variation and did not meet the trajectory of 801. Handovers taking more than four hours, performance is showing expected (common cause) variation overall and at each acute site. Both Bronglais and Withybush Hospitals showed a marked increase in breach numbers during November 2024. Risk mitigation actions: Red and Amber 1 ambulance release plans, Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance incident call stack, for admission avoidance.

4-hour and 12-hour Accident and Emergency (A&E)/ Minor Injuries Unit (MIU) patient delays – no significant change in November 2024 to the concerning performance trend for patients spending less than four hours in A&E/MIU or those spending longer than 12 hours. Prince Philip Hospital (PPH) met the trajectory for the fifth successive month for 12-hour patient delays and the TI de-escalation criteria to reduce the percentage of patients waiting over 12 hours to no more than 7% however this needs to be maintained for de-escalation to be considered. Prince Philip Hospital (PPH) is showing expected (common cause) variation for fourth successive month for 4-hour MIU performance.

Risk mitigation actions: Same Day Emergency Care (SDEC) units continue to support and be developed; Boarding protocol in place and the wards will take patients from the Emergency Department (ED) prior to the discharge patient leaving the ward; Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continue to run which facilitates early discharges and follow up review. Overnight closure of MIU at PPH has reduced the number of high acuity patients self presenting. Any high acuity cases are triaged and if admission required, are handed over to the Acute Medical Admissions Unit (AMAU).

Health Care Associated Infections – Cumulative C. difficile and S. aureus case numbers to date are higher than the same period last financial year.

- C.difficile infections – In month cases are showing expected (common cause) variation in November 2024. Population rates per 100,000 are reducing and the targeted Intervention (TI) de-escalation criteria of reducing hospital onset cases by 25% was not met in November 2024 (eight) for the second successive month. Assurance meetings are held monthly on each site to review each hospital onset. Action plans developed with services focusing on Infection Prevention practice.

- E. coli infections - In month cases are showing expected (common cause) variation in November 2024. Population rates per 100,000 increased slightly and the TI de-escalation criteria of reducing hospital onset cases by 25% was not met in November (nine). Assurance meetings are held monthly on each site to review each hospital onset.

- S. aureus infections – in month cases are showing expected (common cause) variation in November 2024. Population rates per 100,000 are reducing and the TI target was achieved for the second consecutive month in November, with hospital onset cases recorded at two. Assurance meetings are held monthly on each site to review each hospital onset.

Advise (to monitor)
There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

Pathway of Care Delays – Performance is showing expected (common cause) variation. Census count delays increased during November 2024 to 204, however, the total number of days delayed for our non-mental health patients decreased to 7,524 days from 7,923 days previously. Assessment delays remain the largest proportion of delays.

The Health Board continues to work with the NHS Executive National Pathway of Care Delays team; a weekly System Escalation meeting is in place to consider any pathway delays across acute and community inpatient sites and to troubleshoot and focus on a weekly review of people with a length of stay over 21, 50 and 100 days remains in place across the system.

Planned Care – The key planned care metrics are showing improving variation in November 2024:

- New outpatient waits over 52 weeks: Breaches reduced for the fifth consecutive month to 2,622, which equates to a 47% reduction since June 2024 and the lowest recorded since June 2023. Delivery plan forecasts no patients waiting >52 weeks by March 2025.

- 35% reduction (4,606) in 36-week new outpatient breaches since June 2024, with positive indications for further recovery in future years.

- Referral to treatment (RTT) waits over 104 weeks: Breaches reduced to 1,951 and our monthly trajectory was met for the first time since June 2024. Additional planned care recovery funding received from Welsh Government (WG) in November 2024 is being utilised to further reduce forecast 104 week breaches by 31 March 2024 with an additional insource solution being commissioned via the independent sector. A delivery risk of circa 100 orthopaedic inpatients has been identified and further mitigating solutions are actively being explored.

- Follow ups delayed over 100% of their target date: Breaches increased to 16,682, the highest recorded for two years. All specialties are reviewing national Clinical Implementation Network (CIN) guidance to help drive further improvements.

Psychological therapy – the percentage of adults receiving a psychological therapy within 26 weeks is showing an improving variation and the trajectory for October 2024 was exceeded with compliance of 75.6%, the highest compliance recorded.

We have achieved target for the first time for Integrated Psychological Services of 82.7%. This follows the introduction of group therapies as an entry point to psychological therapies with an initial evaluation paper shared with NHS Executive reporting positive outcomes of groups. Further evaluation is planned over the coming months.

Assure (to note)
There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Mental health – all Part 1a and 1b measures for adults and children met target and trajectory in October 2024. All Part 1a and 1b measures are showing improving variation with the exception of both adult assessments within 28 days and interventions starting within 28 days following assessment, which are showing common cause variation. The Targeted Intervention de-escalation criteria of Local Primary Mental Health Support Services assessments undertaken; children and young people therapeutic interventions started within 28 days and those having a valid care treatment plan were met.

Patient experience: is showing common cause (usual) variation. Overall patient experience is continuing to exceed the 90% target, with 92.6% of patients responding positively on the survey in November 2024. The target has been exceeded every month since October 2022.

Personal Appraisal Development Review within 12 months: is showing improving variation. In November 2024 compliance rose again to 83.1% (target 85%), the highest level in over five years. Continuous improvement has been made since our lowest compliance of 62% in April 2022.

Triangulating our data: November 2024

- Quality safety and risk – during November 2024, there were 298 patient falls, this is the highest recorded amount in over three years. Medication errors were also high with 117 cases. We continue to have significant numbers of high and extreme risks on the Risk Register with 462 this month. Complaints received decreased (126). The number of new infection cases was 75 recorded, 16 of which were C. difficile.

- Workforce – In month staff sickness was 6.74%, high level of long-term sickness (4.2%). Short term sickness increased to (2.54%). During November 2024 Nursing and Midwifery agency use returned the lowest recorded rate to date of 55.28 Whole Time Equivalents (WTE).
- Finance – Comparing November 2024 to November 2023, our agency spend reduced by 60% and is the lowest recorded since April 2022 and bank spend increased by 29% during the same period.

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	79	221	169	
Patient falls	31	298	298	
Medication errors	19	142	117	
Pressure damage developing or worsening during care	48	166	102	
New complaints by month received (ward level not available)	111	218	126	
Number of high and extreme risks (health board & directorate only)	381	492	462	
Infections: new cases	53	84	75	
Infections: C. difficile cases	12	23	16	
Workforce				
Number of staff/contractor related incidents	11	184	116	
Sickness - short term	1.7%	3.6%	2.5%	
Sickness - long term	3.3%	4.6%	4.2%	
Number of vacancies	To follow			
Staff turnover (12 month rolling)	7.3%	9.8%	8.4%	
Nursing and midwifery vacancies	To follow			
Nursing and midwifery agency (WTE)	55.28	379.79	55.28	
Bank (WTE)	178.93	352.75	178.93	
Financial recovery				
Agency spend	£667,812	£3,491,731	£667,812	
Bank spend	£872,933	£1,628,320	£1,592,743	

Escalation: November 2024

A summary of the internal escalation status of each of our directorates is included in the table below. Directorates have been assessed across the six domains of Quality, Governance, Workforce, Finance, Strategy and Planning, Fragile Services and Performance and Outcomes. The assessment criteria can be found in Appendix A.

Escalation overview
November 2024

KEY

1 Reasonable assurance | 2 Limited assurance | 3 No assurance

	Directorate	Quality	Governance	Workforce	Finance, Strategy and Planning	Fragile Services	Performance & Outcomes
Director of Operations	Director of Operations	1	3	2	3	1	n/a
	Facilities	3	2	3	3	1	3
	Mental Health & Learning Disabilities	3	3	2	3	2	3
	Cancer & Oncology	1	2	1	2	1	3
	Pathology	1	3	2	3	2	n/a
	Radiology	3	3	2	2	1	3
	Planned Care (incl. Audiology and Endoscopy)	3	3	2	3	2	3
	Bronglais Hospital	2	1	2	2	2	3
	Glangwili Hospital	2	1	2	3	3	3
	Prince Philip Hospital	2	1	2	3	1	3
	Withybush Hospital	2	1	2	3	2	3
	Women & Children	2	3	2	3	2	3
Director of Primary, Community and LTC	Carmarthenshire County	2	1	2	3	1	3
	Ceredigion County	2	1	2	3	1	3
	Pembrokeshire County	2	1	2	3	1	3
	Primary Care	1	1	2	1	2	3
	Primary Care Management	1	1	2	1	1	n/a
	Medicines Management	1	2	2	3	2	n/a
Other	Director of Therapies and Health Sciences	2	1	2	3	1	3
	Director of Finance	1	2	1	1	2	n/a
	Director of Nursing	1	2	2	2	1	3
	Director of Public Health	1	1	3	1	1	3
	Director of Strategy and Planning	1	2	1	1	1	n/a
	Director of Workforce & OD	1	1	1	1	1	n/a
	Medical Directorate	1	2	1	1	1	n/a
	Corporate Services	1	1	2	1	1	n/a

Escalation changes from October to November 2024

Domain	Escalated up ↑	De-escalated ↓
Quality	n/a	Bronglais Hospital
Governance	Director of Nursing Medicines Management Radiology	n/a
Workforce	n/a	Medical Mental Health & Learning Disabilities
Finance, Strategy and Planning	n/a	Director of Nursing Primary Care Primary Care Management
Fragile Services	n/a	Ceredigion County Prince Philip
Performance & Outcomes	Ceredigion County Primary Care (new metric added)	n/a

All four of our acute hospitals have been reduced to Level 2 escalation for quality and safety. Glangwili, Prince Philip and Withybush Hospitals were de-escalated to Level 2 as at 31 October 2024 and Bronglais Hospital was de-escalated as at 30 November 2024.

Our three directorates with the highest levels of escalation are Mental Health and Learning Disabilities, Facilities and Planned Care. The escalation levels and key points to note for each of these directorates are summarised below. Directorates with concerning levels of escalation (Level 3s) are having monthly contacts with Executive Directors to discuss actions being taken to address the escalation issues.

Corporate directorates are being asked by Executive Team members to support the challenged directorates where a need is identified.

Mental Health and Learning Disabilities

In August, September and October 2024, the Mental Health and Learning Disabilities directorate had the highest level (3) of escalation across five out of the six domains. As at 30 November 2024, the directorate has been de-escalated to Level 2 for the Workforce domain, recognising the improvements that have been made.

Escalation domain	Oct 24	Nov 24	Change	Notes
Quality	3	3	↔	Areas that need to be addressed: overdue Peer Review and Health Inspectorate Wales (HIW) actions, incidents open over 120 days and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Further work needed to improve compliance for completing audit and inspection actions.
Workforce	3	2	↓	Further action needed to reduce sickness and staff turnover. Overdue pay progressions and job planning compliance rates also need to be addressed.
Finance, Strategy & Planning	3	3	↔	Assurance needed on delivery of recurrent savings for this financial year.
Fragile Services	2	2	↔	National solution needed to address challenges within the Autism Spectrum Disorder (ASD) pathway.
Performance and Outcomes	3	3	↔	Directorate on level 2 for psychological therapies. However, demand is outstripping capacity for ASD and the directorate are liaising with the NHS Executive for a national solution.

Facilities

Due to senior staff vacancy and sickness, the Facilities directorate has been experiencing exceptional capacity challenges in its management team. The Executive Team are working with the directorate to identify other Health Board staff who can assist the directorate on a short to medium term basis.

Escalation domain	Oct 24	Nov 24	Change	Notes
Quality	3	3	↔	Actions for the internal audit of cleanliness and overdue HIW actions need to be addressed.
Governance	2	2	↔	Directorate need to ensure sufficient governance arrangements are in place.
Workforce	3	3	↔	Improvements needed in PADR compliance, staff turnover and overdue pay progressions.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	1	1	↔	
Performance and Outcomes	3	3	↔	Improvements needed in the consistency and performance of cleaning audits.

Planned Care

The Planned Care directorate are on Level 3 escalation for four domains for the third consecutive month.

Escalation domain	Oct 24	Nov 24	Change	Notes
Quality	3	3	↔	Areas that need to be addressed: incidents open over 120 days, duty of candour assessments and complaints open over 30 days and awaiting comments from service.
Governance	3	3	↔	Improvement needed in compliance for completing audit and inspection actions. Directorate also need to ensure 90% of Welsh Health Circulars are implemented within the require timescales.
Workforce	2	2	↔	Improved compliance needed for PADRs, sickness, staff turnover, overdue pay progressions, mandatory training and job planning.
Finance, Strategy & Planning	3	3	↔	Directorate need to deliver a balanced position by year end and 5% recurrent savings.
Fragile Services	2	2	↔	More sustainable plans required for: critical care (PPH), emergency general surgery (WGH and GGH), ophthalmology consultant on-call rota, anaesthetics medical workforce, provision of 7 day a week Trauma unit (GGH).
Performance and Outcomes	3	3	↔	Directorate working towards ensuring no patients wait over 52 weeks for a first outpatient or over 104 weeks from referral to treatment.

Argymhelliad / Recommendation

The Committee is asked to:

- **DISCUSS** the IPAR – Month 8 2024/2025 report
- **RECEIVE ASSURANCE** on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'alert'.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern. 3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A). 3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks are outlined throughout the report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. All Apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	7. All apply

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	2022/2023 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care Strategic Development and Operational Delivery Committee People, Organisational Development and Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology

Cyfreithiol: **Legal:**	Better use of resources through integration of reporting methodology
Enw Da: **Reputational:**	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a Health Board, which then may have a knock-on impact on recruitment and staff morale.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 30th November 2024

For further details see the ‘System measures’ section of the latest IPAR dashboard.

This document summarises performance against our key improvement measures for 2024/25. This includes measures relating to our enhanced monitoring from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included measures for delayed pathways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard:
Integrated Performance Assurance Report (IPAR) dashboard as at 30th November 2024.

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Cancer	% pts on single cancer pathway within 62 days	Oct 2024	75%	45%			
Delayed discharges	Number of Pathways of Care delayed discharges	Nov 2024	n/a	204		N/a	
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Nov 2024	0	6,451			
Finance	Financial in month deficit	Nov 2024	n/a	-£18,315,000		N/a	
Infections	E. coli: Number of confirmed cases (in-month)	Nov 2024	21	37			N/a
Infections	S. aureus: Number of confirmed cases (in-month)	Nov 2024	6	08			N/a
Infections	C. difficile: Number of confirmed cases (in-month)	Nov 2024	8	16			N/a
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Oct 2024	80%	75.6%			
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Oct 2024	80%	18.6%			
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Oct 2024	80%	84.1%			
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Oct 2024	80%	98.1%			
Planned care	Waits over 52 weeks: new outpatient appointment	Nov 2024	0	2,622			
Planned care	Patients waiting 104 weeks+ RTT	Nov 2024	0	1,951			
Planned care	Patients waiting over 52 weeks RTT	Nov 2024	0	14,628			N/a
Planned care	Follow-up appts - delayed >100%	Nov 2024	0	16,682			N/a
Planned care	% R1 eyecare appts attended in target or 25% delay	Oct 2024	95%	65.0%			N/a
Therapies	Pts waiting 14 wks+ for specified therapy (Exc. Audiology)	Nov 2024	0	2,244			
Urgent and emergency care	% Ambulance red call responses < 8 mins	Nov 2024	65%	49.5%			N/a
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Nov 2024	0	986			
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Nov 2024	0	295			N/a
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Nov 2024	95%	63.9%			N/a
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Nov 2024	0	1,543			
Workforce	% staff PADRs in the previous 12 months	Nov 2024	85%	83.1%			N/a

Key

Variation - how are we doing over time
- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

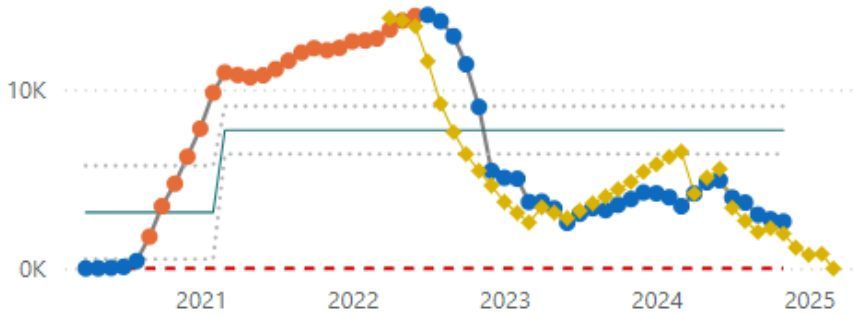
Statistical process control (SPC) charts

- Why use SPC charts?
- Anatomy of a SPC chart
- Rules for special variation within SPC charts
- Understanding SPC icons

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

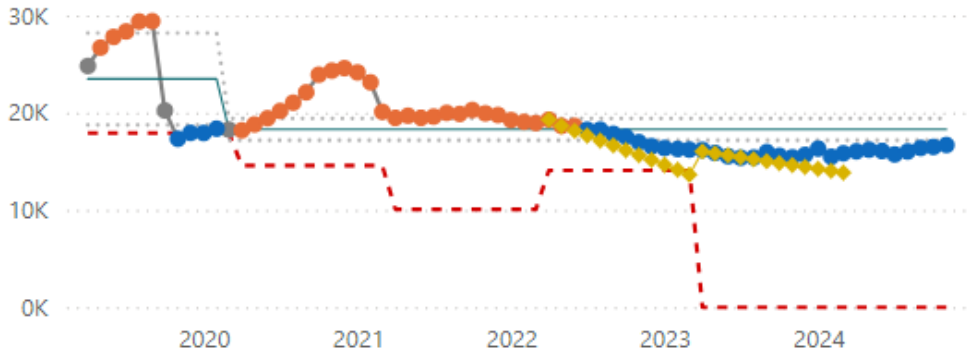
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >52 weeks for first outpatient appointment



Breaches have reduced for 5 consecutive months with improving variation showing. The 2,622 breaches in November 2024 equates to a 47% reduction since June 2024 and the lowest recorded since June 2023, however, the ambition for November (1,949) was not met.

Follow up outpatient appointments delayed over 100% past target date



The number of follow ups delayed by more than 100% of their target date has increased for 4 consecutive months. The 16,682 breaches in November 2024 is the highest recorded since November 2022.

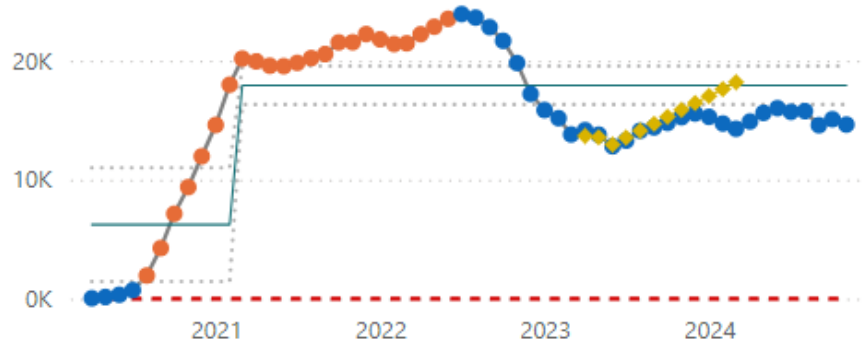
Key challenges / issues	Key actions / initiatives	Due date
• Delivery of 52-week outpatient target is supported by outpatient modernisation plans including maximisation of self-management pathways such as See on Symptoms (SoS)/Patient Initiated Follow Up (PIFU).	• The Health Board are on track to achieving no patients waiting over 52 weeks for their first outpatient appointment by March 2025. Progress towards this is dependent upon specialty specific operational plans that include the use of recovery monies from Welsh Government. There are challenges within General Medicine and Care of the Elderly services where mitigation and recovery plans are being developed.	31/03/25
• The Health Board actively manages and triages referrals which has resulted in no waiting list growth.	• Continue to manage demand via targeted validation, referral management, robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU).	Ongoing
• Outpatient waiting volumes are at their lowest since July 2021. Latest performance, although improved has been impacted by sickness, bereavement, and clinical unavailability. Additional factors include vascular regional capacity issues.	• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.	Ongoing
• Volume and percentage of patients on a follow up waiting list in Hywel Dda is significantly lower than other large Health Boards in Wales.	• Reducing the number of patients waiting beyond 100% of their follow up target date to below 9,000 will be supported nationally by the clinical lead for planned care and use of CIN (Clinical Implementation Network) guidelines.	Ongoing
• 35% reduction (4,606) in 36 week new outpatient breaches since June 2024,with positive indications for further recovery in future years.	• Demand and capacity plans have been developed and are regularly in use across key specialties to maxi apacity and forecast accurately.	Ongoing

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition and Ministerial priority)

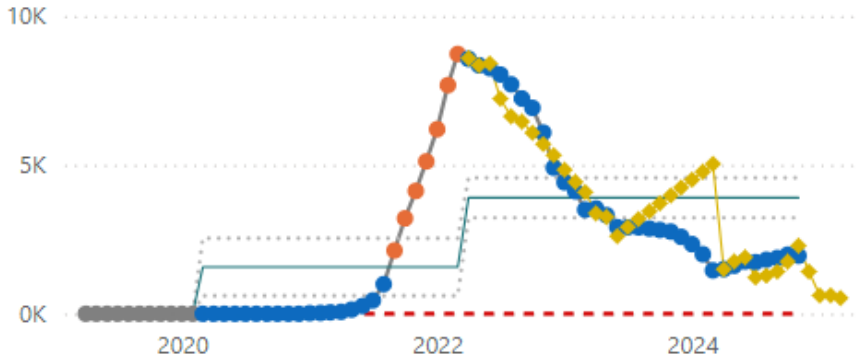
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Performance has been steadily improving in recent months, with improving variation showing. Breaches in November 2024: 14,628

Patients waiting over 104 weeks from referral to treatment



An increasing trend since March 2024, however, improving variation is showing and November 2024 saw a reduction in breaches (1,951) compared to October. Trajectory (2,284) was met.

Key challenges / issues	Key actions / initiatives	Due date

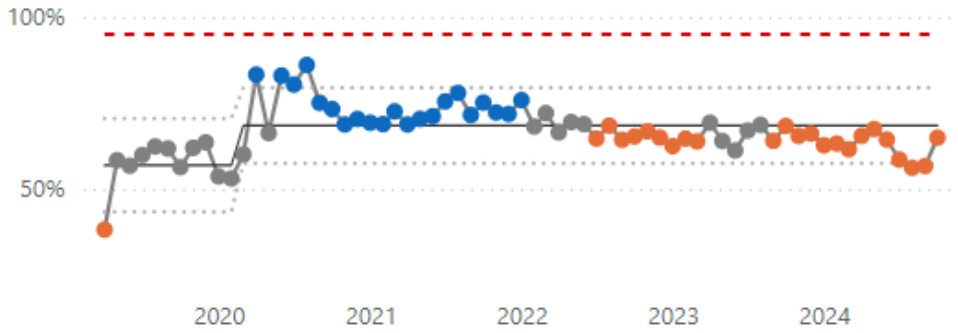
• Ongoing acute hospital site pressures can adversely affect elective care.
• Additional health needs/co-morbidities can impact a patient's suitability for an outsourced/day case (rather than inpatient) which impacts treatment times.
• Maintaining and reducing waiting times further by March 2025 is dependent upon agreed recovery funding and procurement support.
• Longer waiting patients are requiring additional pre-assessment support.
• Achieving GIRFT (Getting It Right First Time) ambitions in each specialty partly reflects variations in clinical confidence alongside organisational / process factors in the pre-operative pathway.
• Performance has been impacted by sickness, annual leave, and clinical unavailability. Additional factors include:
  • Prioritising Urology cancer backlog over routine backlog demand
  • Colorectal cancer demand utilising routine slots.
  • Vascular regional capacity issues
  • Ophthalmology and Rheumatology capacity to meet demand.
	• Continue to manage demand via targeted validation, referral management (i.e. implementing My Health Pathways), robust clinical triage and the use of alternative pathways such as self-management (SoS & PIFU).
	• Continue to prioritise longest waiting patients, track diagnostic patients, clinically and administratively validate patient waiting lists. The directorate are working towards improving the treat/booking in turn rate for the top decile of longest waiting patients.
	• Demand and capacity plans have been developed and are regularly in use across key specialties to maximise available capacity and forecast accurately.
	• Independent sector insource solution being commissioned to supplement existing capacity.
		Ongoing
		31/03/25
		Ongoing
		31/01/25

Ophthalmology R1 (high-risk patients) performance

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date



The summer saw the lowest performance since pre-Covid, however, performance increased from 56.7% in September to 65% in October 2024, where 1,166 out of 1,795 high-risk (R1) patients attended appointments within their clinically assigned target date or within 25% beyond that date and performance shows concerning variation. Target = 95%.

% R1 patients waiting within their clinical target date or within 25% beyond their clinical target date

In October 2024, 35% of high-risk (R1) patients (6,289 out of 17,892) were waiting within their clinically assigned target date or within 25% beyond that date, the lowest level recorded. Target = 95%.

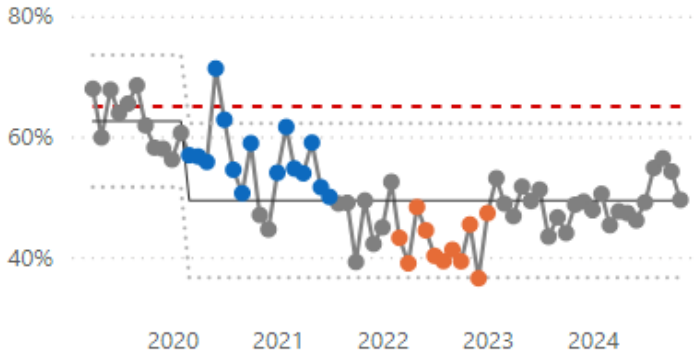
Key challenges / issues	Key actions / initiatives	Due date
• Ophthalmology has struggled to recruit and retain the medical workforce to deliver required clinics.	• Two speciality doctors on-boarding.	31/03/25
	• Two consultant posts to go out to advert.	30/06/25
• The service has struggled to recruit and retain the necessary skilled nursing and non-medical staff to deliver required clinics.	• Developing a training programme for two junior doctors.	31/08/25
	• Two Band 7 posts awaiting job description sign off to go out to advert.	31/03/25
• Ophthalmology is delivered out of nine sites which is unsustainable in terms of travel and retaining skilled staff. There is limited estates available on central sites to deliver the required clinics. The current workforce would be better utilised if larger clinics could be overseen by one Consultant, which would increase productivity and help to retain staff.	• R1 delivery plan presented to board with short term recovery secured, with further discussion about longer term recovery ongoing.	30/04/25
	• Clinical Service Plan is ongoing to review resources and estates, reducing delivery to fewer key sites.	31/01/27
• Limited clinic appointments result in a conflict between delivering the Eye care Measures targets and Ministerial Measures targets (including Referral To Treatment).	• The above measures and investment required will increase the percentage of R1 cohort of patients waiting for an appointment within their target from 35% to 75%.	31/03/26

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

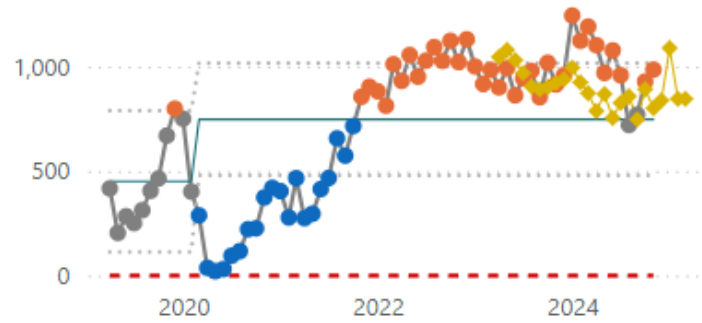
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Life threatening (red) call responses taking over 8 minutes



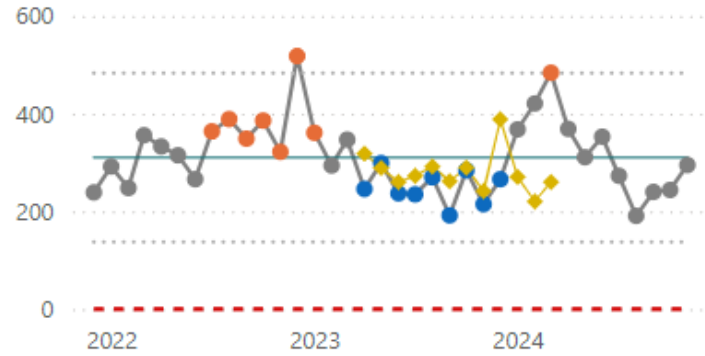
Latest data is showing expected (common cause) variation, 344 red calls met, out of a total of 695 responses, 49.5% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 986 handovers > 1 hour out of a total of 1,925, 51%. The trajectory of 801 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation.
295 handovers > 4 hour out of a total of 1,925, 15%.

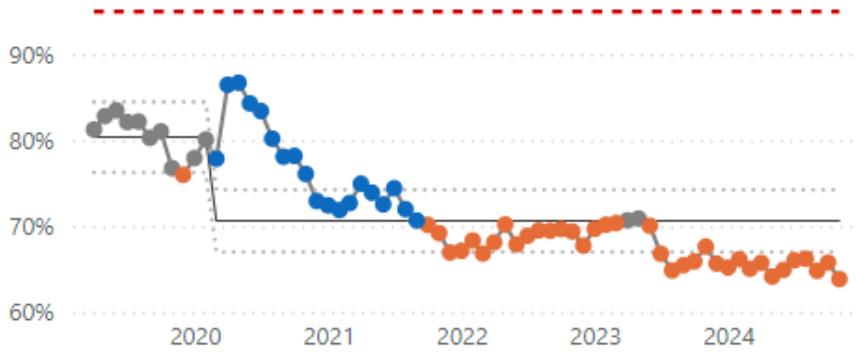
Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
The Welsh Ambulance Services University NHS Trust (WAST) have been unable to provide an update on issues due to additional operational pressures resulting from Storm Darragh.	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts. • Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources. • Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. • Palliative care Paramedic trial live 8th October 2024, which will provide support to palliative care patients within HD. • Porth Preseli staffed with Advanced Paramedic Practitioners supporting multidisciplinary approach to admission avoidance. Improvements being made with uplifting cover • Recruitment of newly qualified paramedics, emergency medical technicians and to the Cymru High Acu nit	Weekly ongoing Daily – Hourly Ongoing Weekly ongoing Completed but needs ongoing work. End of January 2025

Urgent and Emergency Care – Emergency Departments - Hywel Dda

(Enhanced monitoring condition and Ministerial priority)

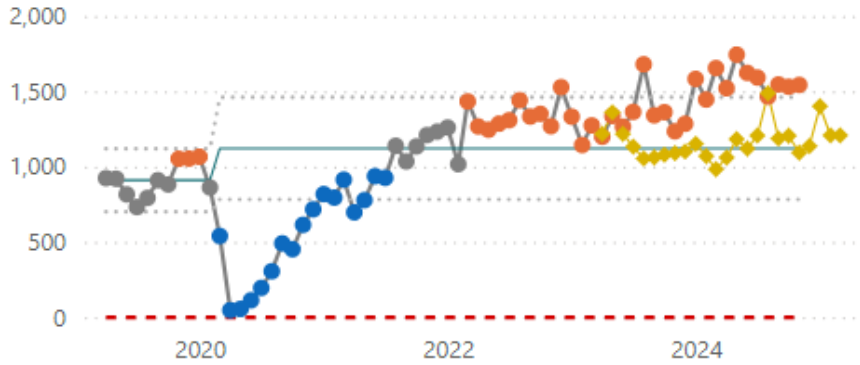
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E/MIU



64% reported for November, 4,997 breaches out of 14,075 new attendances. Chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



1,543 breaches out of 14,075 new attendances, 11%. The chart is showing a concerning performance trend. The trajectory of 1,093 was not met

Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

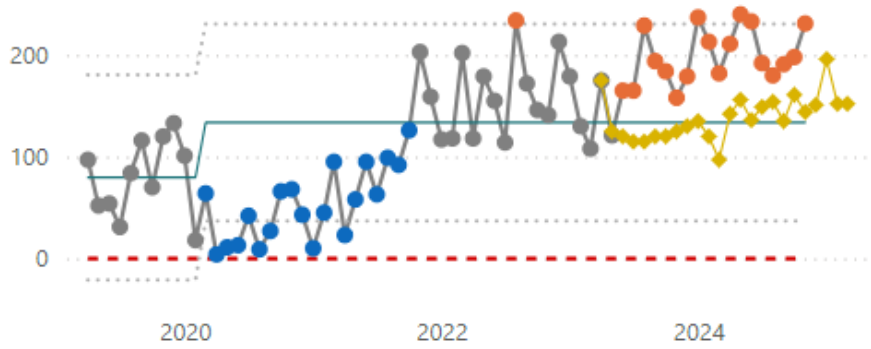
- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

Urgent and Emergency Care – Ambulances - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

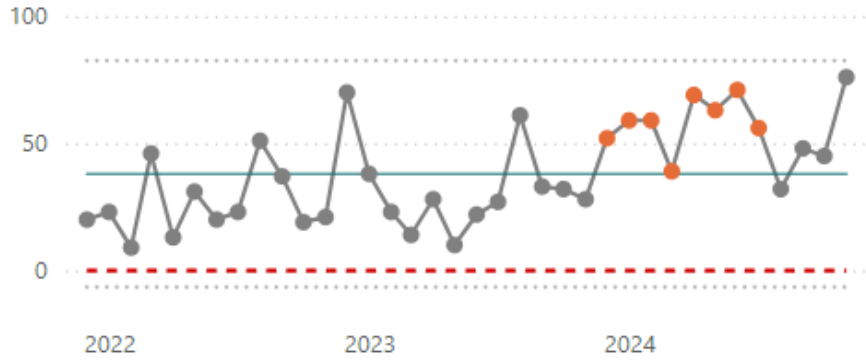
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing a concerning variation, 231 handovers >1 hours reported out of a total of 410 handovers, 56%. The trajectory of 144 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 76 handovers >4 hours were reported out of 410 total handovers 19%.

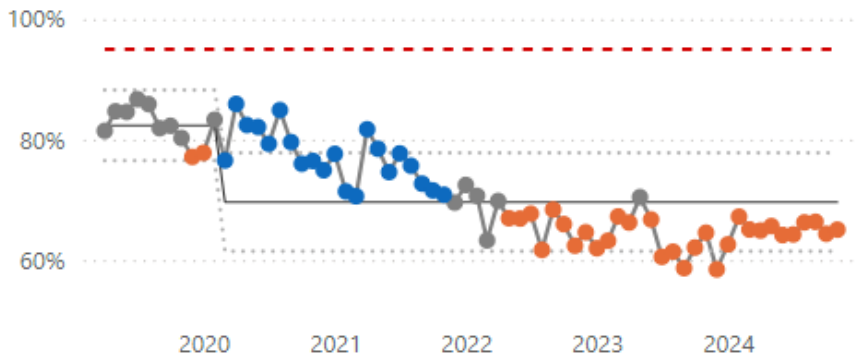
Key challenges / issues	Key actions / initiatives	Due date
• Continued Emergency department "front door" capacity pressures continue. Increase in ambulance conveyances to site currently seen – average of 12 per day to average of 18 presently. Emergency and Urgent Care surge (number of patients beyond the capacity) and unallocated bay pressures maximised - with patients routinely cared for in corridor areas to maximise flow available. Surge areas are additional beds opened to support additional demand where no other capacity is available. This is further compounded by an increase in the acuity of patients including those self-presenting and often, these patients are triaged with a higher priority than those subject to handover delays. Pathways of Care delay numbers have also increased concurrently. Recovery and de-escalation is impacted by the combination of all of these factors.	• NHS Executive action plan in situ to support actions designed to improve flow across the site	31/03/25
	• Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.	31/03/25
• The Y Bwa unit opened at the end of July (to manage the decant of Meurig Ward) continues to support site pressures by providing capacity for step-down (medically optimised) patients. Flow out from this unit has become constrained in relation to non-availability of social care capacity.	• A request to extend arrangements at the Y Bwa site is being made to the Executive Team with a view to exploring re-allocation of both BGH site capacity as well as reviewing the patient cohort at Y Bwa to improve the constraints previously detailed.	31/12/24
• Patient flow out of hospital continues to be compromised with limited care home capacity and reduced community hospital bed base.	• Triumvirate team are pursuing the potential to devise and hold a "flow summit" in January 2026 with all elements of the patient flow journey to identify if any further improvements in process can be secured.	To be confirmed

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition and Ministerial priority)

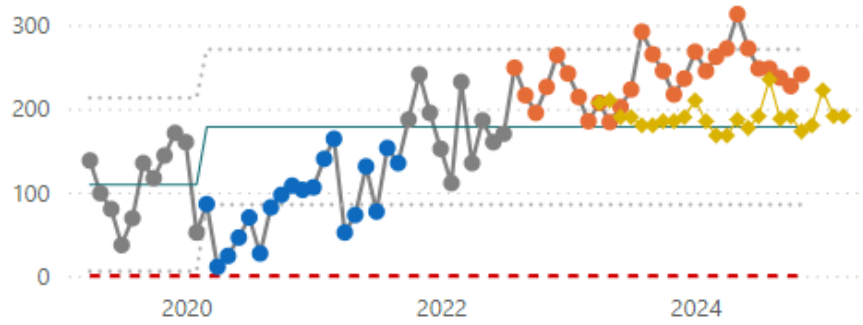
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



65% reported for November, 919 breaches out of 2,661 new attendances. Chart is showing a concerning performance Trend.

Patients waiting over 12 hours in A&E



241 breaches out of 2,661 new attendances, 9%. The chart is showing a concerning performance trend. The trajectory of 173 was not met.

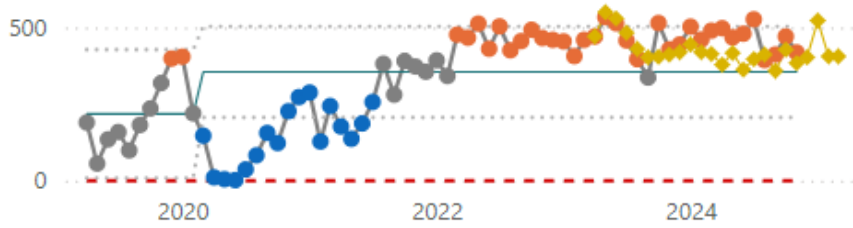
Key challenges / issues	Key actions / initiatives	Due date
• 4 hour waits continue to be a challenge and are related to the constraints described in relation to the 1 hour ambulance handover position. The Clinical Decisions Unit boarding protocol introduced at the beginning of June continues to support site pressures in order to minimise delays as much as possible.	• NHS Executive action plan in situ to support actions designed to improve flow across the site	31/03/25
• The position is further compounded by an increase in the acuity of patients including those self-presenting- and often, these patients are triaged with a higher priority than those subject to handover delays	• Review of nursing establishment within Emergency and Urgent Care in line with nurse staffing act with a view to implementing supernumerary coordinators etc. Additional nursing staff are rostered when department is surged, including nurse support to patients on ambulances.	31/03/25
• Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.	• A request to extend arrangements at the Y Bwa site is being made to the Executive Team with a view to exploring re-allocation of both BGH site capacity as well as reviewing the patient cohort at Y Bwa to improve the constraints previously detailed.	31/12/24
• Patient flow out of hospital has also been compromised with limited care home capacity and reduced community hospital bed base.	• Triumvirate team are pursuing the potential to devise and hold a “flow summit” in January 2026 with all elements of the patient flow journey to identify if any further improvements in process can be secured.	To be confirmed

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

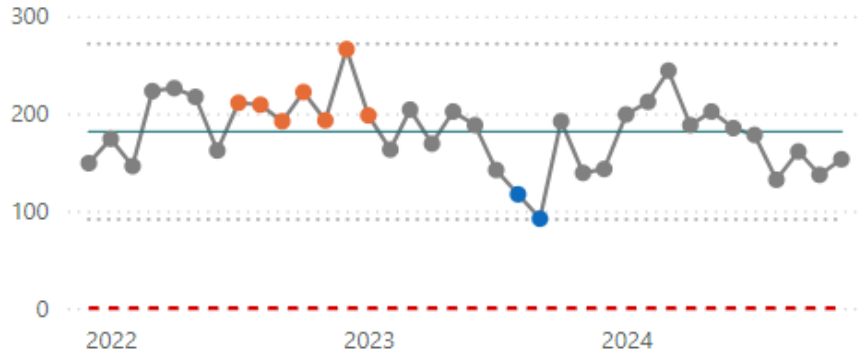
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 419 handovers >1 hours reported out of a total of 735 handovers, 57%. The trajectory of 384 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 153 handovers >4 hours reported out of a total of 735 handovers, 21%.

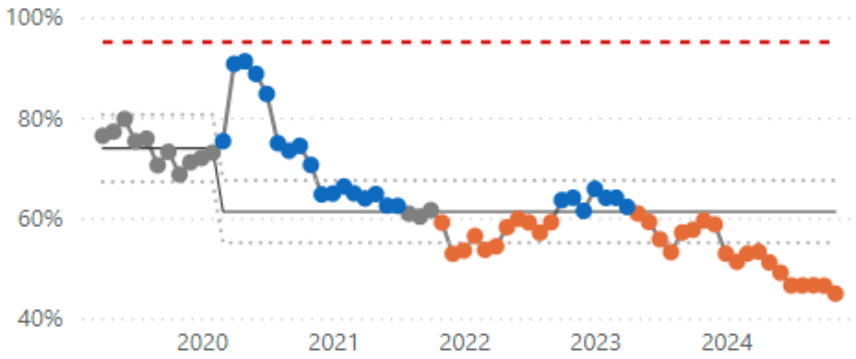
Key challenges / issues	Key actions / initiatives	Due date
The Emergency Department continues to be overcrowded with a high surge (number of patients beyond the capacity) of patients around the ED bay, in ambulatory rooms and in the waiting area. Overcrowding impacts on the ability to handover ambulances in a timely manner. Ward closures within medicine specialty due to the prevalence of Flu and Covid. Reduced ED capacity due to Resus flooring repairs.	• Surgical Same Day Emergency Care (SSDEC) piloted w/c 11.11.24 within existing ward area with no additional staffing to reduce specialty waits within ED/ Reception area. • Plans being worked up to accommodate additional specialties such as T&O and Urology within ward areas to avoid ED pathway. • Red and Amber 1 ambulance release requests facilitated with escalation in place in and out of hours. • Boarding protocols implemented as daily practice on confirmed discharges from ward areas. Boarding on query discharges (predicted but not confirmed) at high escalation status. • 12 week improvement plan (currently in week 3) to focus on key areas in line geted Intervention with support from Senior Quality Improvement.	13/01/25 31/01/25 Ongoing Ongoing 03/02/25

Urgent and Emergency Care – Emergency Departments - Glangwili Hospital

(Enhanced monitoring condition and Ministerial priority)

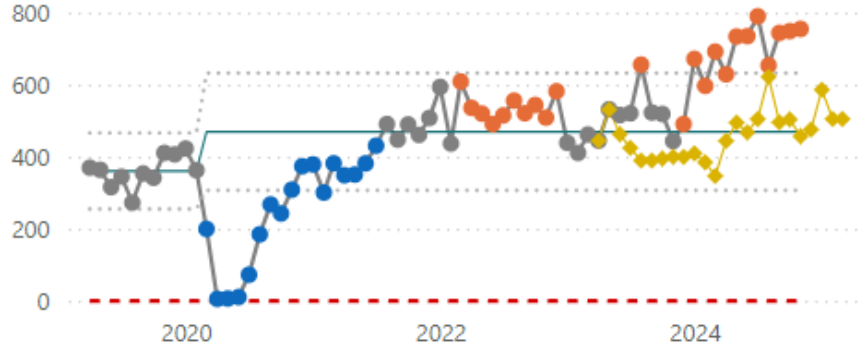
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



44.9% reported for November, 2,404 breaches out of 4,365 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



755 breaches out of 4,365 new attendances, 17%. Chart is showing concerning performance trend. The trajectory of 457 was not met.

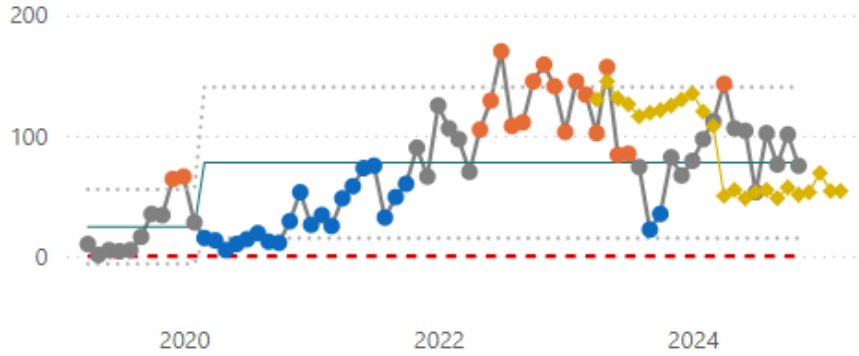
Key challenges / issues	Key actions / initiatives	Due date
• Lack of appropriate space for medical and surgical specialties to review patients when department is fully escalated (co-ordinated and progressive response adopted when Emergency patient pathway has reached predefined thresholds of risk or failure).	• Surgical Same Day Emergency Care (SSDEC) pilot commenced on 11/11/2024. Full impact to be reviewed mid January (from ED Length of stay data). Consideration for Phase 2 for surgery specialties.	13/01/25
• High demand of attenders within Emergency Department and large volume of high acuity self-presenters.	• Data quality improvement work planned for roll-out mid to end of December with support from Informatics.	31/12/24
• Long waits for Mental Health pathways with patients remaining in ED's.	• Implementation of Criteria Led Discharge across additional areas to include weekends.	31/12/24
• Continued high demand of attenders to Glangwili Hospital with large volume of high acuity self-presenters.	• Further use of virtual ward for community and Medical SDEC. Consultant connect in use within Medical SDEC for streaming.	Ongoing

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

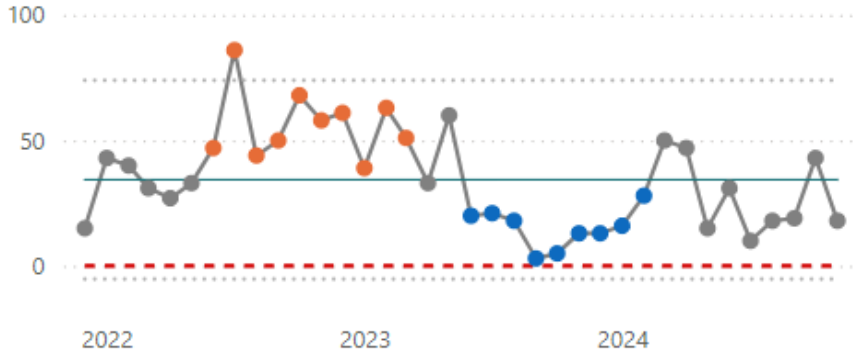
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) variation. 75 handovers >1 hours reported out of a total of 209 handovers, 36%. The trajectory of 51 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 18 handovers >4 hours reported out of a total of 209 handovers, 9%.

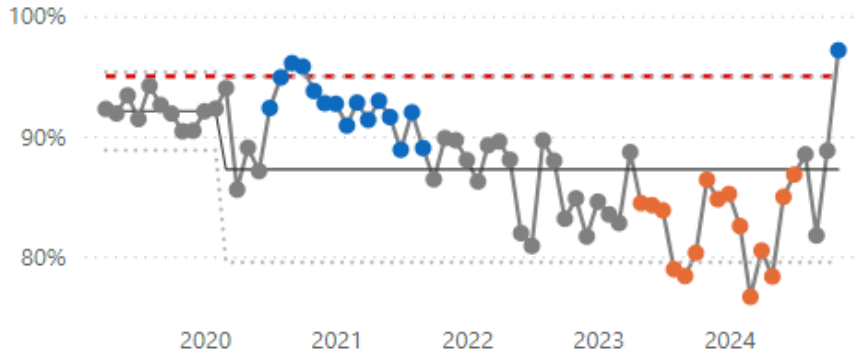
Key challenges / issues	Key actions / initiatives	Due date
• Overall ambulance arrivals shows a further decrease from previous months but <1 hour target was still not met.	• Boarding protocols (where patients are moved to wards early where discharges and query discharges are predicted) initiated at site escalation points through patient flow meetings and manager of the day escalation.	31/12/24
• Challenges with the prioritisation of medical patients in MIU needing an inpatient bed which resulted in slightly longer delays in ambulance handovers due to clinical prioritisation.	• Red and Amber 1 ambulance release plans continue to be facilitated, scoping safe areas to handover patients.	Ongoing
• All our ward areas continue to operate on full capacity with additional patients in surge areas to maintain flow.	• Front door model (which will have designated areas for patients to receive multidisciplinary treatment to expedite discharge home) being agreed to included interface frailty service. Recruitment of Advanced Nurse Paramedic (ANP) has been successful. Frailty model currently being worked up.	31/12/24
• Across Carmarthenshire- Advanced Paramedic Practitioner fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave	• Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance stack.	31/12/24
• Challenges remain with a spike in infection control issues this month with various bays closing and with the closure of 1 ward area resulting in closed beds		

Urgent and Emergency Care – Emergency Departments – Prince Philip Hospital

(Enhanced monitoring condition and Ministerial priority)

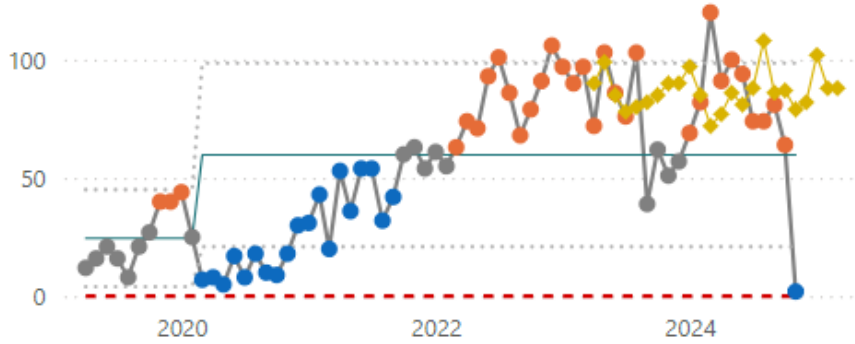
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



97.2% reported for November, 56 breaches out of 2,032 new attendances. Chart is showing improving variation performance trend.

Patients waiting over 12 hours in MIU



2 breaches out of 2,032 new attendances, 0.1%. Chart is showing improving performance trend. The trajectory of 79 was met.

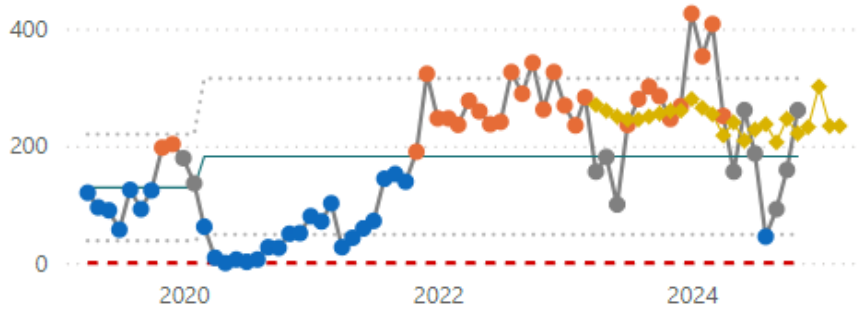
Key challenges / issues	Key actions / initiatives	Due date
• Following the overnight closure which was introduced on the 1st November, the Minor Injury Unit (MIU) new patient attendances has decreased with only 23% of patients presenting with a major complaint. Patients who present to MIU with a medical complaint, following triage require admission, are handed over to the medical team in AMAU ward. In turn this has reduced our 12 hour breach position.	• Same Day Emergency care (SDEC) continues to support with redirection from MIU (in hours) if appropriate and admission avoidance. Attendances remain high with our hybrid model including medical input with circa 95% discharge rate. Looking to increase medical support.	30/04/25
• Patients who are medically optimised, who are no longer requiring medical intervention needing discharge support due to complex needs remains a challenge with around 50 patients per day. This does have an impact on patient flow throughout the hospital.	• Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase over the next 12 months when we review doctors weekly timetables to meet the demand and avoid delays.	31/03/25
	• Nursing recruitment ongoing with nurses on boarding.	Ongoing
	• Working with community colleagues on early discharge planning.	Ongoing

Urgent and Emergency Care – Ambulances - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

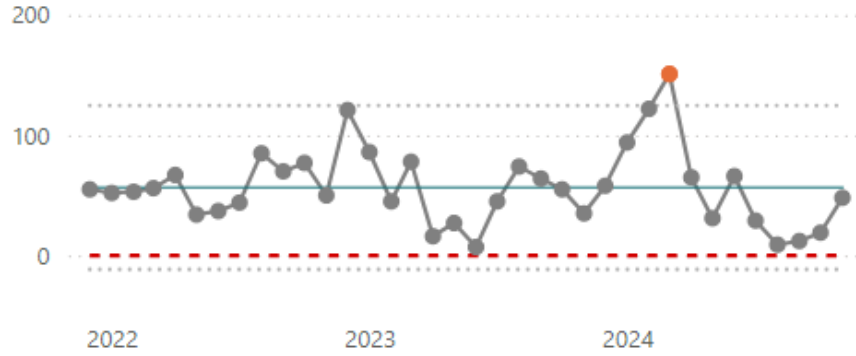
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing expected (common cause) 261 handovers >1 hours reported out of a total of 571 handovers, 46%. The trajectory of 221 was not met.

Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation. 48 handovers >4 hours reported out of a total of 571 handovers, 8%.

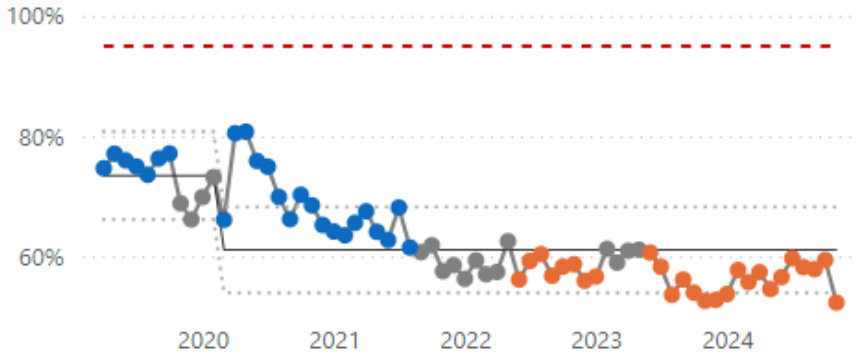
Key challenges / issues	Key actions / initiatives	Due date
• The overcrowding in the emergency department is primarily driven by two factors: the high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals. These challenges lead to congestion and longer wait times for patients requiring both urgent and non-urgent care.	• 3 SDEC type unit open (Medical, Frailty and Surgical	Completed
	• The improvement of specialty pathways, with medical teams directly engaging with patients in the emergency department (ED) before they are transferred to the ward, is a highly effective strategy for enhancing patient flow.	Completed
• The growing number of clinically optimised patients who are medically ready for discharge but remain in the hospital is another significant factor contributing to slow patient flow in the emergency department. This backlog often leads to a bottleneck as inpatients beds remain occupied, limiting the ability to admit new patients from the emergency department.	• The implementation of a boarding protocol, where wards accept patients from the ED even before a discharge patient has physically left the ward, is another valuable strategy to improve patient flow. This proactive measure can help reduce ED overcrowding by accelerating patient transfers.	Completed
	• The implementation of an Advanced Paramedic Practitioner (APP) to screen the ambulance incident stack is a forward-thinking strategy to reduce [illegible]cessary conveyance to the ED. By triaging & managing cases effectively [illegible]can significantly improve system efficiency and patient outcomes.	Completed

Urgent and Emergency Care – Emergency Departments - Withybush Hospital

(Enhanced monitoring condition and Ministerial priority)

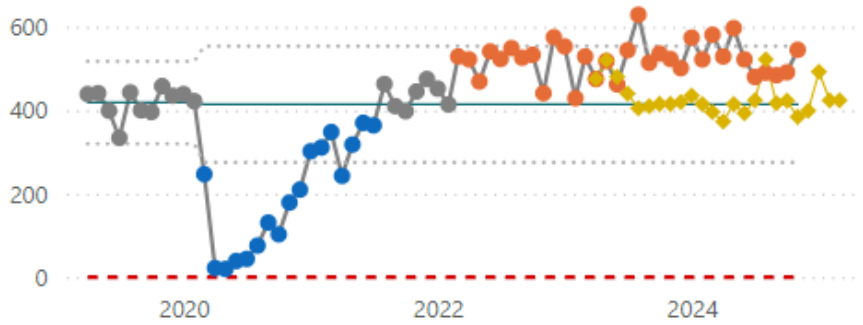
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



52.3% reported for November, 1,594 breaches out of 3,387 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in A&E



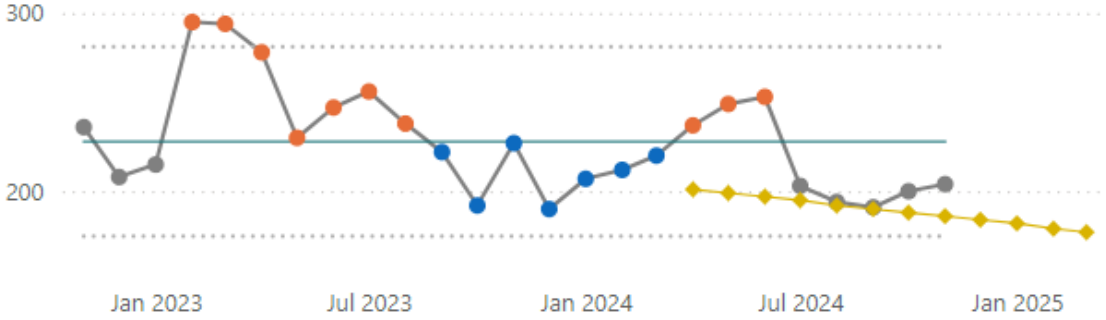
545 breaches out of 3,387 new attendances, 16%. Chart is showing concerning performance trend. The trajectory of 384 was not met.

Key challenges / issues	Key actions / initiatives	Due date
• The overcrowding in the emergency department is primarily driven by two factors: the high demand from a large number of patients seeking care and a significant influx of high-acuity self-presenting individuals. These challenges lead to congestion and longer wait times for patients requiring both urgent and non-urgent care.	• Collaboration between acute care and community services is crucial for improving discharge processes. By working together, both sectors can ensure timely and safe discharges, reduce readmissions and improve patient outcomes.	Completed
• Discharge bottlenecks occurring toward the end of the day can significantly impact patient flow through the hospital, as inpatient beds remain occupied for most of the day, delaying admissions from the ED and other areas. This creates a domino effect, resulting in ED overcrowding and reduce capacity for incoming patients.	• The completion of the Vanguard Programme, which focuses on exploring “what matters to the patient,” is a significant step in placing patients at the heart of their care. This programme will significantly enhance both the patient journey and discharge planning by ensuring that care is more personalised and aligned with the patients needs.	31/03/25
• The shortage of nursing home and care home beds in the county is a critical factor contributing to discharge delays, as patients who are medically fit for discharge but require ongoing care often remain in hospital beds unnecessarily.	• Hot clinics running 5 days a week	Completed
• The growing number of clinically optimised patients who are medically ready for discharge but remain in the hospital is another significant factor contributing to slow patient flow in the emergency department.		

Urgent and Emergency Care – Pathway of Care Delays (PoCD)

(Ministerial priority)

Total number of pathways of care delayed discharges (non MH + MH & LD)



- Number of census count delays increased in November with 204 patients and expected (common cause) variation. The trajectory of 186 was missed.
- The total days delayed for non-mental health decreased in November, 7,524 days vs 7,923 in October and has decreased for the past 2 months. Mental Health and learning disability delays have been increasing since August 2024 , 1,216 days in November vs 1,137 in October.
- Assessment delays remain the largest proportion of delays, in line with the rest of Wales.
- The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas.

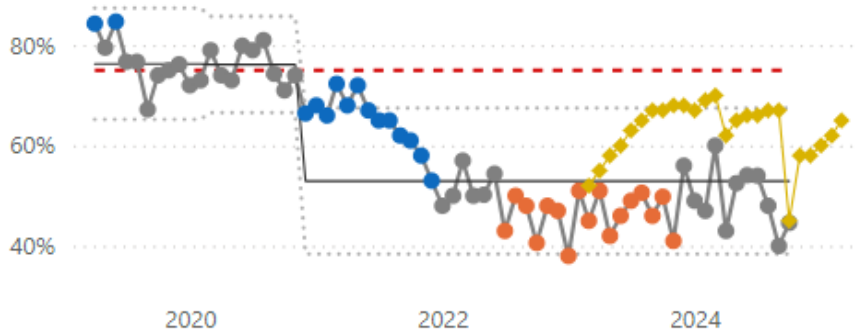
Key Challenges / Issues	• Key actions / initiatives	Due date
Non mental Health: The Care Action Committee set the trajectory targets for the Pathway of Care Delays at a National level. Although the Health Boards trajectories have not been met this month for total delays and bed days associated with delays – the region continue to meet and exceed the trajectory in assessment reasons associated with the delays. Length of stay (LOS) continues to be a key challenge however the LOS >100 days has decreased from 59 patients in October to 46 in November (census related delays). Demand and capacity continues to be a challenge at all points in the patient's journey – the county teams continue to focus on all areas of assessment, provision of service and review of patient need.	• Weekly system escalation meeting in place to consider any pathway delays across acute and community inpatient sites and to troubleshoot. Acute Head of Nursing, Ward Sister, Local Authority and Senior Community Nursing attend. • Weekly review of people with a LOS of over 21, 50 and 100 days, this patient cohort is reported • to Executives on a weekly basis. • Deep dive fishbowl process on 100 day LOS across all sites to identify themes of delay, action learning focus and further escalation as required. • Following the census pathways of care delays, a report demonstrating numbers per hospital and reason codes is shared at Executive Team meetings demonstrating compliance against Care Action Committee targets. • The reasons of all census delays are mitigated and monitored through the Pathway of Care Delays Delivery Group. • The region continue to be supported by the National Executive team.	31/03/25
Mental health: The Mental Health & Learning Disability directorate census count for November 2024 remained unchanged as the position remained at 13. There were four discharges and four new patients identified.	This position now includes eight patients who have a length of stay over the 90-day threshold for Mental Health. However, all patients have concise discharge plans in place and the discharge delays are beyond the control of the in-patient multi-disciplinary team. This deterioration has been raised with the respective heads of service to note.	31/03/25

Single Cancer Pathway

(Enhanced monitoring condition and Ministerial priority)

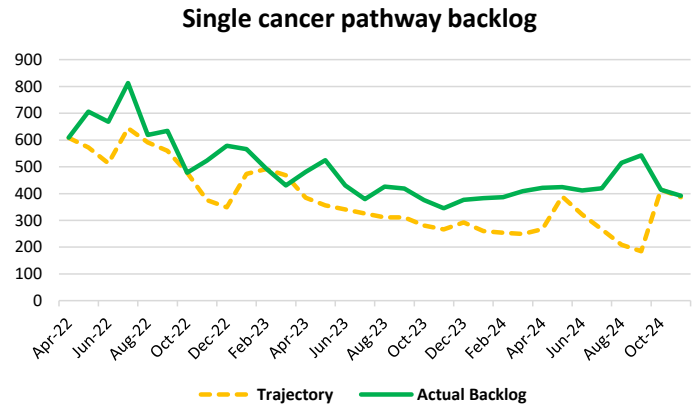
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% single cancer pathway patients starting treatment within 62 days



In October 2024, 44.6% (134 out of 300) patients started treatment within 62 days against the 45% trajectory.

Number of single cancer pathway patients waiting over 62 days



In November 2024 there were 392 patients waiting over 62 days for treatment (trajectory 387).

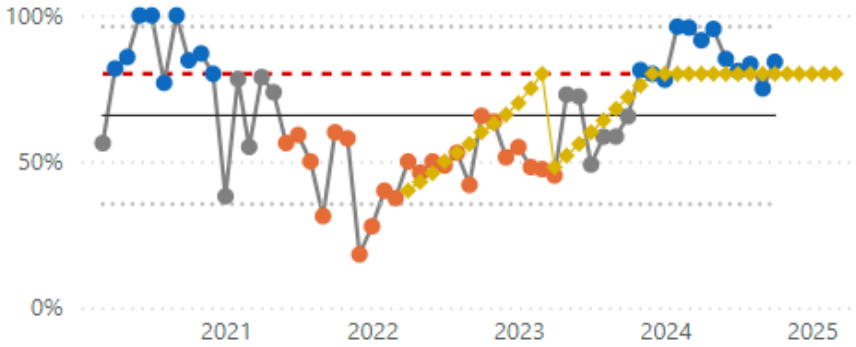
Key challenges / issues	Key actions / initiatives	Due date
The legacy impact of both Radiology reporting delays which increased during summer period due the impact of the cessation of daytime Everlight external reporting and an increase in emergency pathway demand, and loss of capacity within the skin pathway have impacted performance since August 2024.	Confirmed funding for 6 sessions per week for Computed Tomography (CT) radiology reporting in place until end of March 2025. Commenced 5th October 2024 (122 reports per week). This additional capacity will reduce the single cancer pathway radiology diagnostic waits.	31/03/25
November single cancer pathway performance expected to show improvement with recovery beyond the 60% threshold expected by the end of quarter 3 (December 2024).	Short term recovery plan in place for Skin pathway during September/October. Confirmed plan to increase treatment capacity from 30 patients to 50 patients per week in place to end of March 2025.	31/03/25
Risks to meeting trajectory are predominantly associated with fragile service/workforce profile in key specialties (radiology and dermatology) which have limited resilience to sickness/absence.	Urology increase demand for LATP procuring equipment to increase capacity-working in collaboration with pathology.	31/11/24

Therapeutic interventions following primary mental health assessment

(Enhanced monitoring condition)

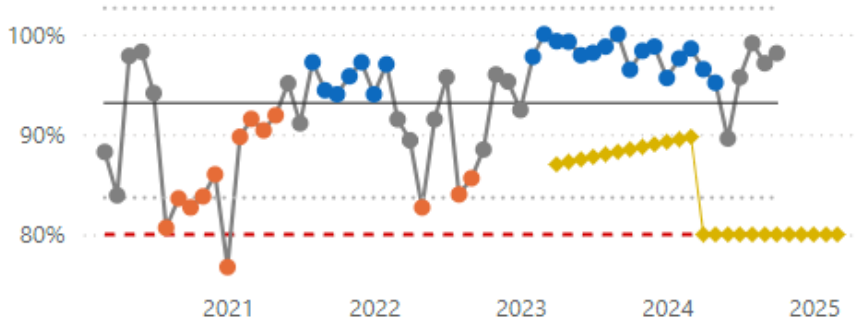
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance of 84.1% is showing special cause improving variation and the trajectory and target of 80% were both met.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+)



Latest performance of 98.1% is showing common cause variation and the trajectory and target of 80% were both comfortably exceeded.

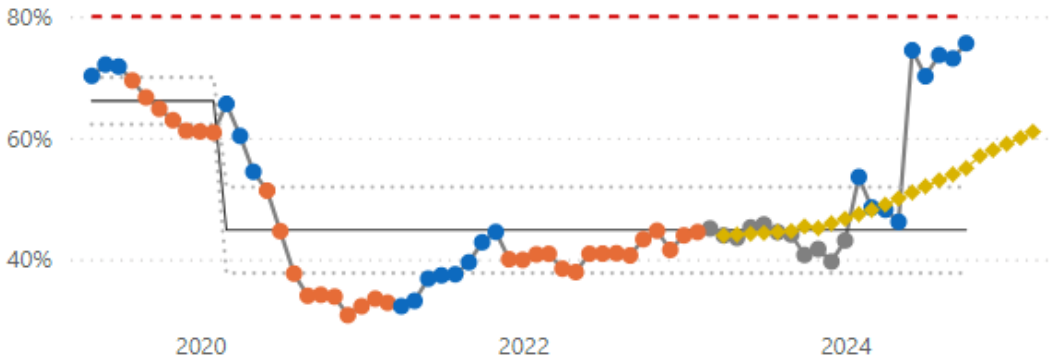
Key challenges / issues	Key actions / initiatives	Due date
% therapeutic interventions started within 28 days following LPMHSS (Local Primary Mental Health Support Service) assessment (persons aged 0-17): 37 of 44 of interventions were commenced within target in October. The team have implemented a new system to provide more robust oversight to ensure ongoing compliance is maintained.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17):** A CAMHS (Children and Adolescent Mental Health Service) senior leadership service development process was initiated in October to look at care pathways across the service and establish access arrangements. Patients have historically been reluctant to take up online group work and online individual work and vastly favour one-to-one appointments resulting in longer caseloads. However, we continue to trial group work programmes and approaches to identify the right approach and are working with our adult Psychological Therapies colleagues to learn from their experience.	31/03/25
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+): Groups are now underway to support compliance. Estates access continues to be challenging across the three counties. During November the service experienced a higher-than-average sickness rate which has impacted on service provision, however staff have endeavoured to ensure compliance.	**% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18+):** Despite an increase in referrals in LPMHSS, we continue to see high compliance with targets.	31/03/25

Psychological Therapy Waits

(Enhanced monitoring condition and Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% adults waiting <26 weeks to start a psychological therapy

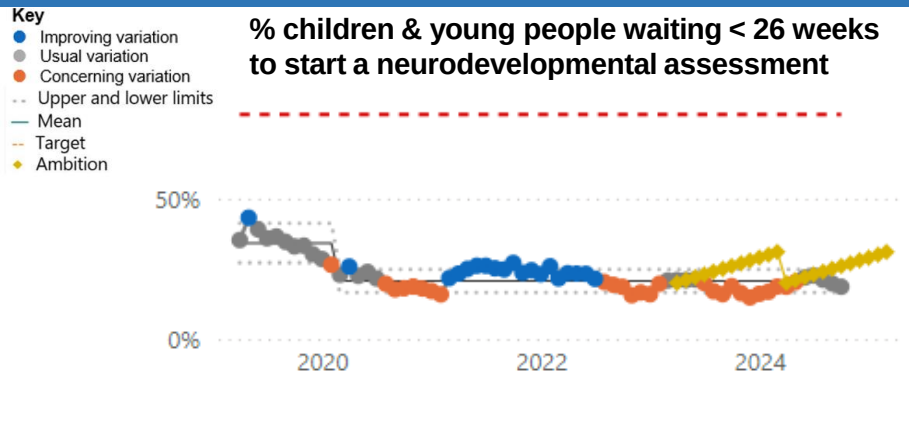


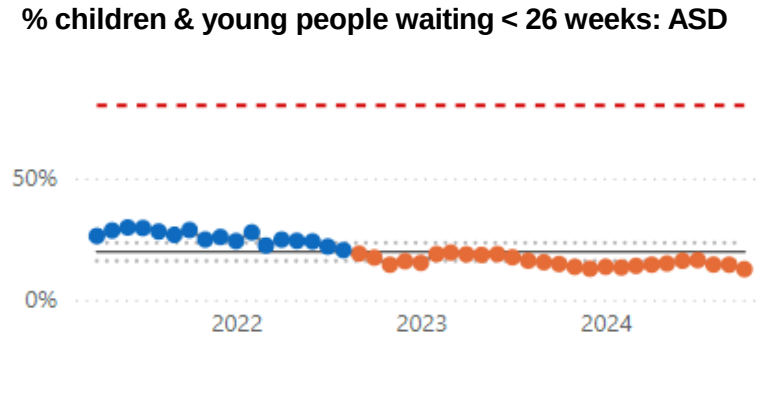
- Performance in October of 75.6% shows improving variation and the trajectory of 55% was met.
- 441 out of 533 (82.7%) patients started an integrated psychological therapy;
- 9 out of 15 (60%) started an adult psychology assessment;
- 33 out 91 (36.3%) started a learning disability psychology within 26 weeks.

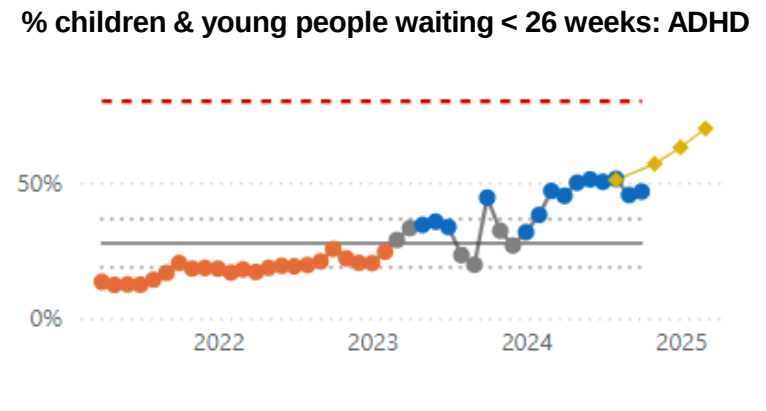
Key challenges / issues	Key actions / initiatives	Due date
Integrated Psychological Therapies Service (IPTS): Progression towards a prudent and tiered approach to high intensity intervention remains underway to support the increase in demand, however, this is a cultural shift that requires effective planning over the next 6 months.	**IPTS:** The service has achieved the required target and work now commences on the next phase of the service model of offering a tiered approach to intervention through groups being an entry point to psychological therapies ensuring it can continue to maintain the target compliance. An initial evaluation paper has reported positive outcomes to the groups and has been shared with NHS Executive, with the service planning further evaluation over the forthcoming months.	31/03/25
Adult Psychology: The Psychology Adult Mental Health workforce is difficult to recruit to. A large geographical area can mean that access is limited in some areas given small staffing numbers.	**Adult Psychology:** Grow your Workforce plans are in place. This is a long-term initiative that has been supported by Health Education and Improvement Wales with vacancies recruited. We continue to operate a Health Board waiting list rather than one based on locality offering remote and face to face appointments, thereby increasing access and options for those waiting..	31/03/25
Learning disabilities: Psychologists are care co-ordinating a higher number of very complex cases and court protection work which takes up clinical time. There is long-term sickness within the team.	**Learning disabilities:** Practitioners across the service are utilised to prioritise most urgent cases.	31/03/25

Neurodevelopmental Assessment Waits

(Enhanced monitoring condition and Ministerial priority)



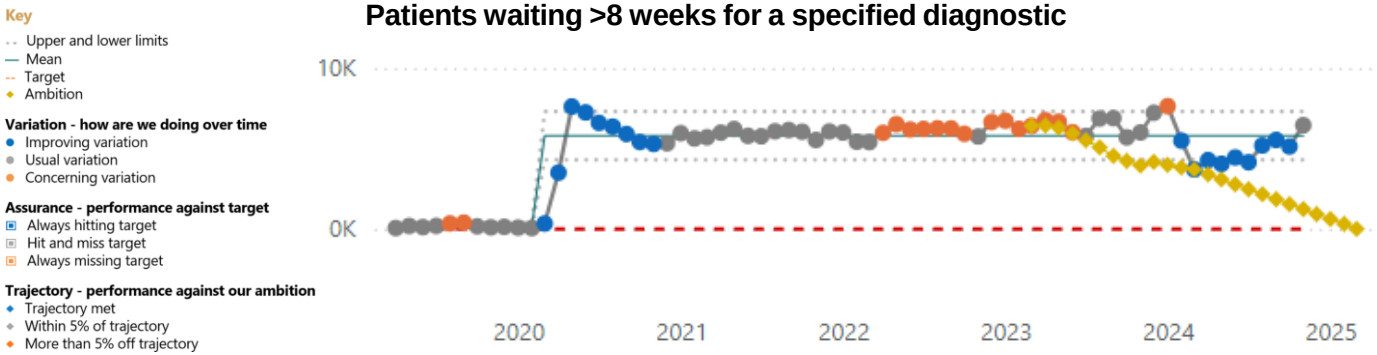




The overarching neurodevelopmental assessment metric is a combined ASD & ADHD position. Performance in October 2024 of 18.6%, shows common cause variation and the trajectory of 26% was not met. Performance is driven by ASD, where 423 of 3,353 (12.6%) patients had an ASD assessment < 26 weeks. 336 out of 719 (46.7%) patients had an ADHD assessment <26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Autism Spectrum Disorder (ASD): Demand for assessment has increased year on year, ranging from an average of 20 referrals per month in 2016 to an average of 118 referrals per month in 2024. Welsh Government's Neurodivergence Improvement Programme (NDIP) and Code of Practice legislative requirements stipulate development of pre and post diagnostic support, with pre-assessment workshops and advice hubs for parent carers routinely in place, which has diverted resources from tackling waiting lists.	**ASD:** A procurement exercise to outsource ASD assessments to address waiting lists is underway with contracts awarded. An additional 66 diagnostic assessments have been procured using NDIP and Regional Integration Fund (RIF) slippage monies for this year, bringing the total to 445 diagnostic assessments for children and young people (CYP) by March 2025. Timing of referrals uploaded are in accordance with financial controls. Monthly contract monitoring meetings are in place. Additional monies of £312,000 have been awarded to help tackle waiting lists. Relocated to new premises with dedicated clinic space to increase capacity and assessment opportunities. Robust caseload allocation and monitoring in place with extensive data validation of waiting list ongoing.	31/03/25
Attention Deficit Hyperactivity Disorder (ADHD) There has been a significant uplift in ADHD demand into Community Paediatrics in the last 2 years with a 100% increase in one year. In 2023/24, ADHD referrals averaged approximately 28 per month whilst in 2024/25 year-to-date the average monthly referral rate is 56. Increase in demand outweighs the ADHD capacity within the service of 40 per month. Significant progress has been made in CYP waiting over 104 weeks from 37% in March 2023 to 3% in September 2024. Clinic room capacity across sites is a significant challenge with longer term solutions being explored at Bandi and Puffin.	**ADHD:** To achieve the target of 80% of CYP waiting less than 26 weeks by 31st March 2025, the service would need to increase new ADHD capacity to 26 per week compared to current core capacity. This would require the provision of additional Quantitative Behavioural (QB) Tests and follow up sessions. Currently only one device to carry these out across the counties and limited HCSW staff are trained to use these. Funding streams are being sought to support the purchase of additional devices and would require additional recruitment. The service is exploring the use of 'The Portsmouth Model' which, if found to be suitable, may reduce delays in diagnosis and demand on QB testing. Recruitment of one whole-time equivalent Community Paediatrician in BGH. Continue to f clinic capacity and match demand through rigorous job planning.	31/03/25

Diagnostic waits over 8 weeks
(Ministerial priority)

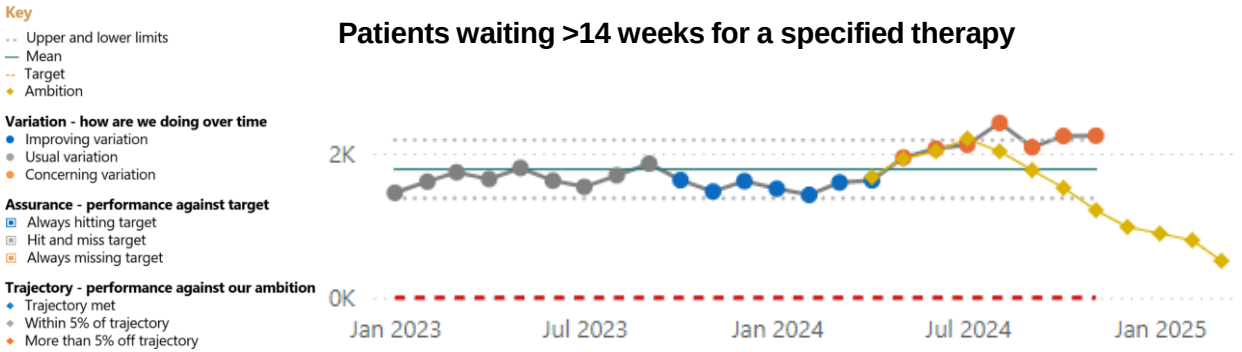


Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	Nov 2024	6,451	●	▣	◆
Radiology		5,001	●	▣	n/a
Cardiology		672	●	▣	n/a
Endoscopy		575	●	▣	n/a
Neurophysiology		176	●	▣	n/a
Phys measure		15	●	▣	n/a
Imaging		12	●	▣	n/a

Performance in November is showing common cause variation; breaches are higher than any time since January 2024 and the trajectory of 1,235 was not met. Main driver is Radiology performance, 78% of all breaches are attributed to Radiology.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: • Endoscopy theatre nursing staff fragility, due to short term sickness and gaps in the staffing establishment budget – mitigation plans have been put in place to utilise variable pay. • Stability of consultant workforce affecting provision of core capacity. • Capital replacement programme – ageing/fragile scopes replacement.	**Endoscopy:** • Continue to run 5 additional sessions per week (funded via recovery money) to uplift core capacity and 7 designated core sessions per week to reduce the backlog of patients over 8 weeks. • Productivity dashboard developed and being utilised to identify ongoing opportunities for improved utilisation of capacity.	31/03/25
Radiology: • Demand exceeding capacity for timely investigations and reporting. • There have been are no additional lists due to funding since 31 August 2024, to reduce 8 week backlog in Computed Tomography (CT) or Ultrasonography (US) resulting in an expected increase in breaches. • Increased breaches in CT, due to a breakdown of GGH CT scanner. • Reporting delays are causing delays in all pathways which is deteriorating the position. Cancer and inpatient reporting is being prioritised and additional reporting lists being held for cancer pathway.	**Radiology:** • Awaiting Welsh Government funding decision to re-establish with additional lists and US insourcing. • Additional Locum Consultant Radiologist commenced 02/12/24 with a second starting 20/01/25. Interviews to be held in January for a speciality grade in Breast Radiology. • Service fragilities, waiting list trajectories and longer-term staffing needs described in detail within the first draft of the 2025/26 Radiology annual plan. • Magnetic Resonance Imaging (MRI) upgrade at PPH. Scanning capacity temporarily reduced due to the use of a mobile unit during the upgrade period. Plans for procurement of an additional mobile MRI scanner for Q4. Extended days at GGH MRI have been re-introduced on weekdays due to the engagement of two locum Radiographers in November.	31/03/25
Cardiology: • Echocardiogram (ECHO) - breaches recovering, additional lists and insourcing utilised. • Ambulatory Monitors – breaches reducing but exceeded trajectory due to additional on-boarding activity in November. • Transoesophageal ECHO (TOE) – breach position reduced but higher than the trajectory, due to the changes of job planned capacity.	**Cardiology:** • ECHO - additional inhouse enhanced rate and insourcing has commenced as planned . • Ambulatory Monitors - we have recruited/on-boarding 2 substantive Physiologists in November 2024. Service to carry out Demand and Capacity with Cardio respiratory managers. • TOE- Review of Cardiologist job plans to prioritise capacity for increased TOE activity. Due date - 31/12/24	31/03/25 31/12/24

Therapy waits over 14 weeks
(Ministerial priority)



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory	% children waiting < 14 weeks
All*	November 2024	2,244	●	▣	◆	62.4%
Physiotherapy		1,184	●	▣	◆	97%
Podiatry		546	●	▣	◆	68.1%
OT		336	●	▣	◆	20.3%
Dietetics**		114	●	▣	◆	60.1%
Art therapy		33	●	▣	◆	n/a
SALT		31	●	▣	◆	91%
Audiology*		1,430	●	▣	n/a	n/a

*Data for all therapies now excludes Audiology
**Dietetics now excludes waits for Weight Management Service

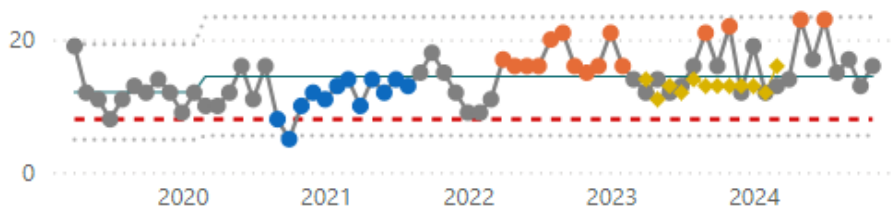
Breaches have been increasing since February 2024 and concerning variation is showing in all services, with only 1 meeting trajectory. Podiatry breaches have seen a sharp increase and are at the second highest level recorded.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: • Insufficient capacity to meet incoming demand and concurrently reduce the breach position. This is due to challenges securing agency and lead in times to recruit substantive posts.	**Physiotherapy:** • Active recruitment with support of campaigns team for 4 Whole Time Equivalent (WTE) Band 6 posts to support Musculoskeletal (MSK) and Community. • Recruit 5 WTE agency for MSK recovery, supported by MEDACs • Submit request to Financial Control Group to request support to increase bank workforce	31/03/25 15/01/25 19/12/24
Occupational Therapy (OT): • We are experiencing the highest number of breaches in paediatrics due to the current back log and ongoing management of current new demand • Our focus remains on prioritising all case-loads and recruitment of additional staff to address capacity shortfalls	**Occupational Therapy:** • Performance/actions for improvement are reviewed weekly via therapies weekly performance meeting. • Continued validation of the waiting list. • Review job planning process • We have 2 x Band 6 staff going on maternity leave in Spring 2025. We are initiating the recruitment process in December 2024 to fill these vacancies.	31/05/25 31/12/24 31/01/25 31/12/24
Podiatry: • Significant follow up commitment of chronic vascular/diabetic foot pathology which is difficult to discharge, impacting on new patient management. • Withdrawal of successful candidate to Band 6 post which was introduced to manage waiting times.	**Podiatry:** • Continued validation of waiting lists. • Proactive management of waiting lists including open access clinics, phone triage and skill mix of staff. • To go back out to recruit Band 6 podiatry role by 31/1/25 • Exploring opportunity for agency workers to support recovery.	31/12/24 31/01/25 31/01/25

C.difficile and E.coli cases
(Enhanced monitoring)

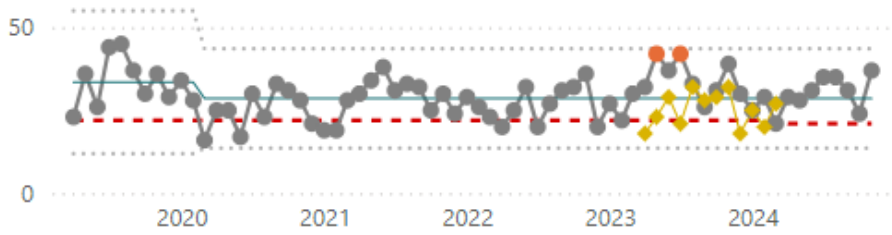
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Number of laboratory confirmed C.difficile cases (in-month)



The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 53.6

Number of laboratorv confirmed E.coli cases (in-month)



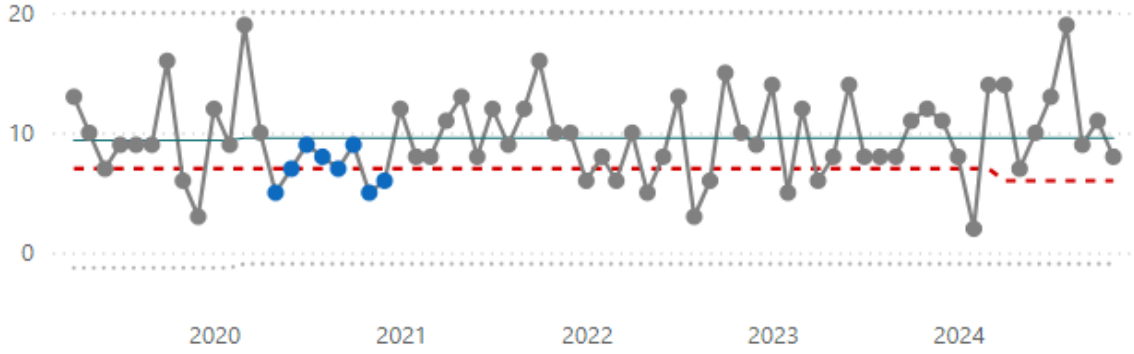
The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 97.1

Key challenges / issues	Key actions / initiatives	Due date
C.difficile: • Case numbers have increased during 2024/25 reporting cycle, not just within Hywel Dda (HD) but increases noted across all Health Boards across Wales compared to last year's data. • Within HD, we have concerns regarding cases of cross infection of C.difficile within hospital sites. • 8 Hospital onset (HO) cases were recorded in November, increasing from 7 in October and did not meet the targeted intervention (TI) goal of 6 cases.	**C.difficile:** • Assurance meetings held monthly on each site to review each hospital onset case to determine causation. Process will be reviewed 30/12/24. • Action plans developed with services focusing on Infection Prevention practice and uploaded to Datix incidents. • Clostridium difficile Improvement (CDI) Group meetings have commenced • Antimicrobial stewardship reviewed for each site using 'Start Smart and Then Focus' audit tool • Data presented to Managed Practices Quality and Safety Committee Meeting for discussion. • Monthly monitoring meetings with NHS Executive in place • HPV/UVc decontamination is being utilised across all hospital sites alongside DiffX.	Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing Ongoing
E.coli: • April 2024 to August 2024 has seen a consistent increase in cases across hospital and community. • A higher proportion of cases are that of community onset compared to hospital onset. • 2024/25 data presents fewer cases than last year for the same period. • 9 HO cases were recorded in November and did not meet the TI goal of 5 cases, following three successive months of achieving.	**E.coli:**. • Progression with the HCAI Improvement Plan to provide assurance of consistency of practice • Prevention work continues within the community with care homes • Monthly monitoring meetings with NHS Executive in place	Ongoing Ongoing Ongoing

S.aureus
(Enhanced monitoring condition)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Number of laboratory confirmed S.aureus cases (in-month)



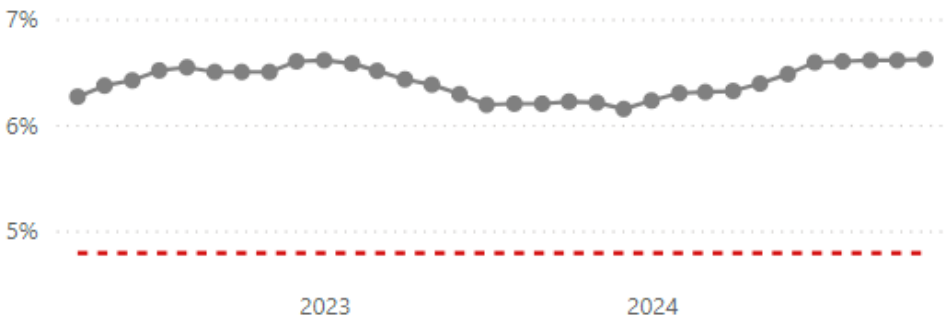
The chart is showing expected (common cause) variation. The cumulative rate per 100,000 population this month is 35.

Key challenges / issues	Key actions / initiatives	Due date
•S.aureus cases in the HD have followed the all Wales trend and have continued to fluctuate month on month however cases have increased compared to the same period last year which matches the all Wales trend. •The majority of cases continue to be that of community onset rather than hospital onset.	• Aseptic Non-Touch Technique (ANTT) compliance for E-learning was 77.19% in August and 77.6% in September with training ongoing in December for ANTT assessors. Aiming to increase compliance to 85% by January 2025. • Hand hygiene compliance audits continue for clinical areas alongside messaging for 'Bare Below the Elbow'. • IPC representation within the Vascular Access Group to update guidance for the care and maintenance of lines • Learning from events for HCAI assurance meetings are reviewing cases of staph aureus bacteraemia infections for learning from events that can be shared across directorates and sites	31/01/25 Ongoing Ongoing Ongoing

Staff sickness
(Delivery framework)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

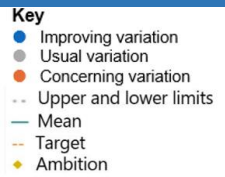
% staff sickness rate (12 months rolling)



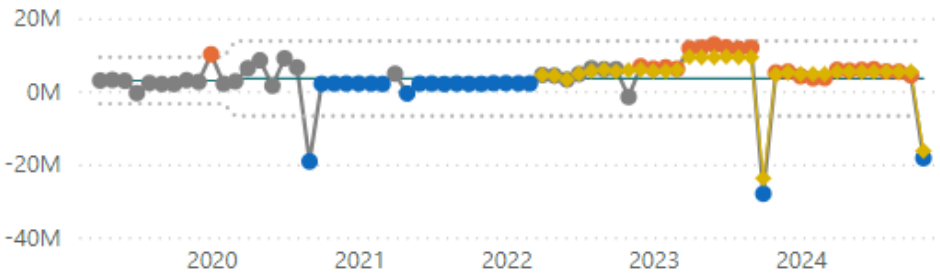
Performance shows common cause variation, however, the 6.62% 12 month rolling staff sickness rate recorded in November 2024 is the highest level in over 2 years.

Key challenges / issues	Key actions / initiatives	Due date
Conditions impacting absence rates include: Anxiety, stress and depression continues to account for the highest reasons for absence across the majority of our directorates. The analysis of long-term sickness cases (more than 4 weeks) shows that circa 38% of staff are off due to anxiety/stress/depression/other psychiatric illnesses. However, only 3% of these are entered as work related absences. More work is being done to understand what additional support would enable an earlier return to work and there has been a significant increase in the number of stress risk assessments being completed which helps understand the issues impacting an earlier return. **Review Outcomes:** **Targeted support for sickness absence:** Whilst Operational Workforce continue to support services with the management of sickness absence on a case-by-case basis, there is little capacity to support further with targeted and proactive interventions at present due to complex employee relations case work. *We have diverted one part-time member of staff to some trend analysis and identification of additional interventions, and this is focused on one directorate at present. A review of the benefits of this work will be undertaken in January 2025.	**Task & Finish Group action plan in place:** e.g. early mental health check-ins by managers and using stress risk assessments in a more preventative way i.e. before the individual goes off on sick.	Ongoing
	Temporary redeployment guidance – draft guidance is currently under review and awaiting approval. The guidance will support staff before they become too unwell to undertake their current role but would remain fit to do other work.	31/01/25 (revised)
	Estates and Facilities - deep dive of sickness data has been undertaken, action plan and targeted interventions have been devised. Support in place as identified* Action complete with ongoing support.	31/11/24
	Development of skills training analysis to be embedded in the redeployment/ temporary redeployment process to improve development and opportunities.	31/01/25 (revised)
	Bitesize training sessions being developed to focus on single elements of the absence management process. Piloting 5-minute session on 'How to conduct effective return to work interviews'. A list of 15 other similar sessions have been identified and have been allocated to the Workforce team to develop.	31/01/25 (revised)
	The Welsh Health Circular (17) Non-Pay Health & Wellbeing Group – report on progress due end of January and will continue to adapt and deliver the action plan to support a reduction in sickness absence.	26/01/25

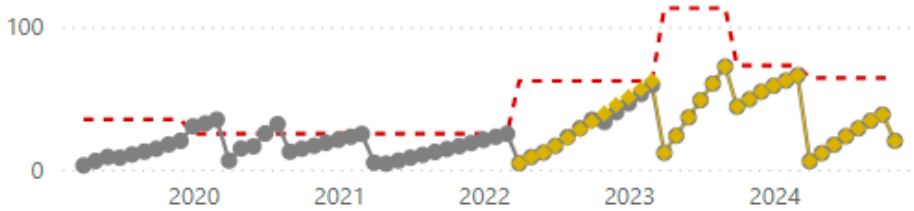
Financial deficit
(Targeted intervention)



Financial in-month deficit



Financial deficit (£m) – year to date

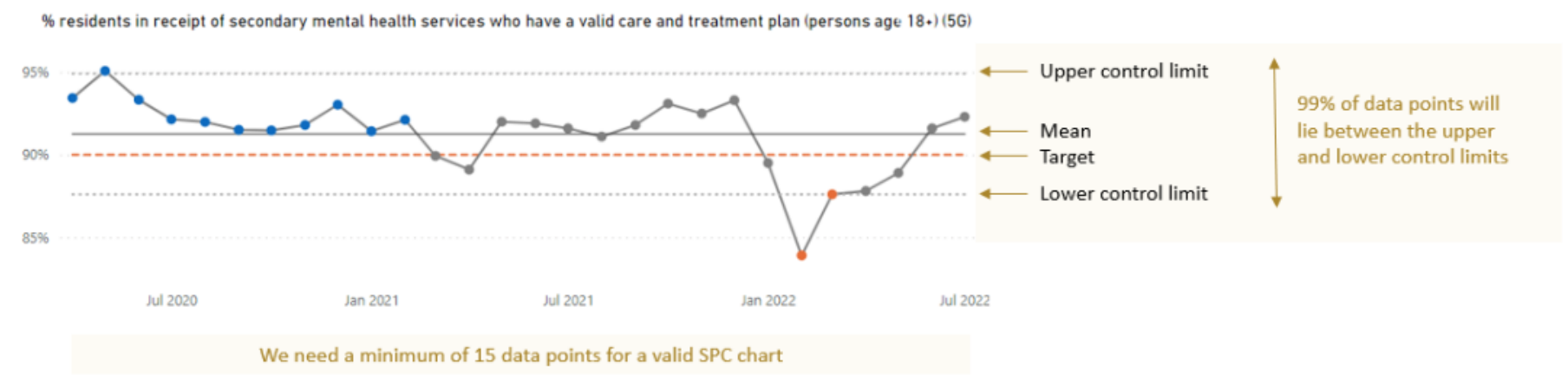


Key challenges / issues	Key actions / initiatives	Due date
Total funding, communicated in a letter to the CEO from Director General for The Health, Social Care and Early Years, is £32.45m, of which £26.0m has been made available on a conditionally recurrent basis, based on five criteria, one of which being to achieve a financial trajectory to breakeven by 2027/28. Whilst this does not change the previously agreed direction for the planning cycle, it provides clarity as to the Welsh Government expectation on the financial requirements to be included within the Health Boards plan for 2025-28. The Month 8 financial position is a surplus of £18.3m, recognising the impact of 7/12th prior months' Welsh Government funding. The core operational variance to plan is £(1.6)m with the in-month savings target of £2.7m being successfully over-identified by £(0.5)m, with savings plans over-delivering against their planned benefits by £(0.1)m. An over-reliance on non-recurrent savings in-year gives rise to a significant recurrent gap (£14.1m), which increases the underlying deficit as the starting point for the 2025/26 planning cycle.	1.With an improving run rate trend, and several further financial improvement actions in progress, either as savings schemes or mitigation actions, the organisation will be reviewing an assessment of progress in readiness for Month 9 reporting. 2.The programme of actions to deliver £4.2m recovery savings as agreed by the Board, have now been integrated with the development of the £20.0m recurrent savings as part of the planning cycle. The focus is to close the recurring savings gap to reduce the underlying deficit. 3.Further to the first draft planning submissions from the service on the 29 November, the next iteration of the plan is 20 December. This will include progress against the prioritisation of schemes with a clear distinction between investment and savings components. Final iterations are due by 24 January 2025 to enable a submission to the appropriate Committee forums before being presented to Public Board. The Executive Team commitment was for £20.0m of recurrent savings to be identified by December 2024 – this stands at £10.0m following the first submission. 4.Escalation process – Executive Delegated Officers, and their Service Leads are being scrutinised through the monthly forecasting and internal escalation process and are required to contain costs in line with their current forecast positions to deliver £31.5m. Further mitigating actions for areas of overspend are being scrutinised to ensure remedial actions are taken. 5.Medical Additional Cover and Premium – Bronglais Hospital and Mental Health continue use premium locum and agency to cover sickness, annual leave rota planning, and gaps within rosters. Rate Card proposals required with LMC and exit strategies for mium cover.	31/03/25

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:

A single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

Variation How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	▣	Missing target = will consistently fail target without a service review
	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target
Note: remember **blue** is good, orange is **bad**		

3.4

11:15, 0 Mins

3.4 - DEFERRED: Review of Clinical Pharmacy Services at NHS Hospitals in Wales

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care)

For assurance

4

11:15, 5 Mins

4 - BREAK

5

11:20, 0 Mins

5 - PLANNING & PARTNERSHIPS

5.1

11:20, 10 Mins

5.1 - Deep Dive PO6: Clinical Services Plan

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Helen Morgan-Howard (Hywel Dda UHB - Head of Transformation Programme Office)

For assurance

Attachments

5.1 Planning Objective 6 Deep Dive Report 19DEC2024 (1).pdf

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- Deep Dive Planning Objective 6: Clinical Services Plan

- Lee Davies

- Helen Morgan-Howard | Sarah Isaac | Ben Rogers | Alex Martin

- Monthly Clinical Services Plan Sub Group

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What is the aim of the Planning Objective?

The Scope and Impact of Planning Objective 6:

To provide a set of plans for key clinical services to address critical sustainability risks up to the proposed new hospital network through the production of an issues paper.

- Stroke
- Planned care (Orthopaedics, Ophthalmology, Dermatology, Urology, Emergency General Surgery, Critical Care)
- Diagnostics (Radiology, Diagnostics)

Urgent and Emergency Paediatrics was also included within the broader Clinical Services Plan as it was an example of service change brought about to address sustainability issues, however that project was further established having already developed an issues paper, produced options and was preparing for consultation at the time of the Clinical Services Plan establishment.

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What is the aim of the Planning Objective?

The drivers of the Clinical Services Plan:

In March 2023, Board approved the establishment of a programme approach to develop a **Clinical Services Plan** in response to service fragilities, based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.

Service	Driver	Executive Lead
Critical Care	Response to service fragility, in particular at Prince Philip Hospital (PPH)	Chief Operating Officer
Urgent and Emergency Paediatrics	As per the outcome of the consultation. Currently at Implementation phase as updated in Board in January 2024	Chief Operating Officer
Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology, and Urology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer
Emergency General Surgery	To respond to service fragility, particularly at Withybush Hospital (WGH), as referenced in the March 2023 operational update	Chief Operating Officer
Stroke	To meet standards and respond to service fragility	Executive Director of Allied Health Professions and Health Science
Diagnostics (Endoscopy and Radiology)	To support the return to pre-COVID activity levels (as a minimum), as part of improving access and reducing waiting times for patients	Chief Operating Officer

- Phase 1 – Issues Paper refresh:

Phase 1 included a clinically led assessment of the ten service areas included within the Clinical Services Plan programme across all sites within the Health Board. For the Primary Care issues paper, the assessment was led by the senior management team which oversees contracted services. This concluded with the Board endorsing the programme to move into Phase 2.

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-update-sbar-pdf/

- Phase 2 – Options Development

Phase 2 – Options Development stage focused on the development of a series of deliverable options. This stage also brought in interdependencies such as Therapies, Welsh Ambulance Service Trust (WAST), Trade Union representatives and Swansea Bay to name but a few.

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Achievements so far? - Structure

- The structure of the CSP described here highlights the latest position of the programme which builds on the Governance structures of Phase 1:

- **Clinical Services Plan Sub group** - the Clinical Services Plan Sub Group reports into, namely A Healthier Mid and West Wales (AHMWW), Executive Team, Strategic Development and Operational Delivery Committee (SDODC), and Public Board

- **Clinical Services Plan Project Group** - The combination of the Planned Care Project Group, Stroke Project Group and Diagnostics Project Group which were set up during Phase 1 of the CSP

- **Clinical Reference Group** - The Clinical Reference Group is an advisory group that the CSP programme team can access to seek advice from lead clinicians across the health sector. The membership includes members from Primary and Secondary Care as well as from the four hospital sites

- **Options Development Group (ODG**) - The group was composed of the medical, nursing, and operational lead for each service, along with representatives from internal interdependent services such as Anaesthetics, Theatres, Outpatients, Emergency Medicine, Therapies, Health Science, Trade Union Representatives etc., Primary Care, external interdependent services such as Welsh Ambulance Service Trust, as well as Llais and Welsh Government who attended in observatory roles

- **Wider Options Development Group** – This group included patient representatives, Local Negotiating Committee (LNC), Local Medical Committee (LMC) and the Stroke Association

- **Task and Finish groups** – for each of the nine services. Were able to check and challenge the process whilst also support in the development of detailed configurations and impact assessments

- **Check and Challenge Groups** (including other NHS Wales Organisations, Primary Care Representatives, third sector and Local Authorities.) With a purpose to feedback on the outputs to the ODG

- **Clinical Service Plan Subgroups**

Activity Modelling Group (AMG) – Represented by Workforce, Capital, Estates, Finance, informatics, Data Science, Transformation Programme Office (TPO) and Research and Development (R&D)

Communications & Engagement – Supported communications, targeted engagement and the continuous engagement channel

- **Impact Screening and Assessment**

- **Clinical Editors**

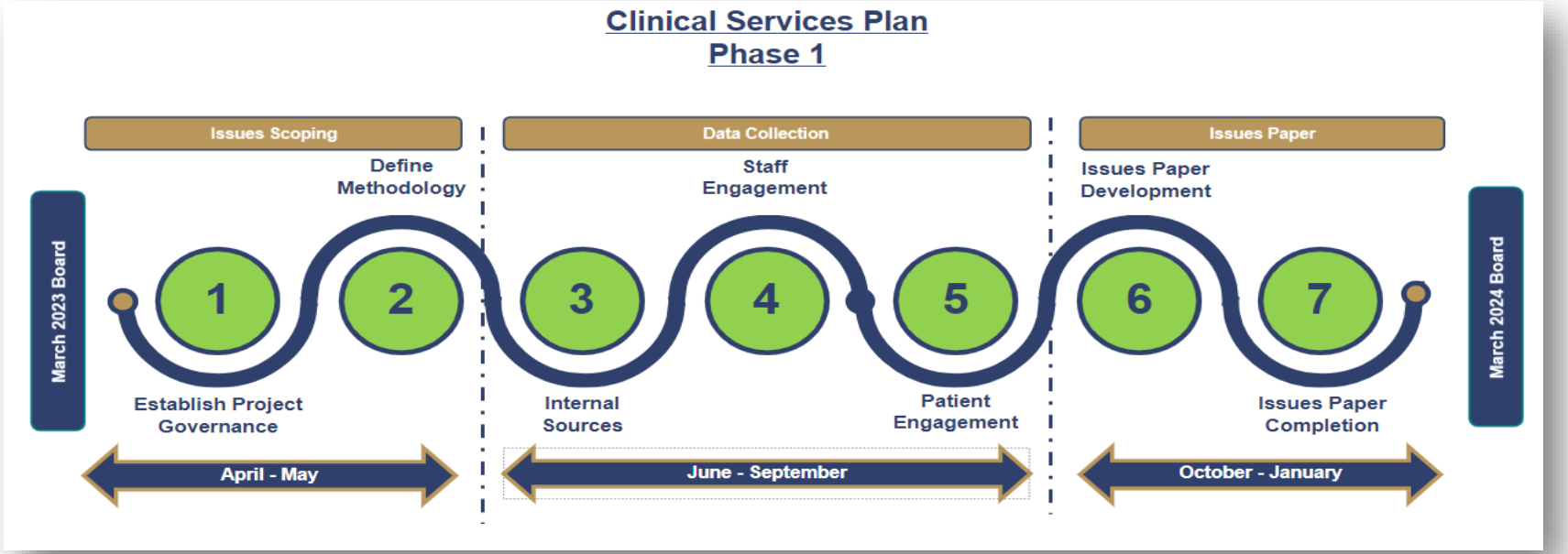
- CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

Achievements so far? - Process

- CSP SBAR and Phase 1 – Issues Paper - https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/

- SDODC Deep Dive Clinical Services Plan 21 December 2023 hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-21-december-2023/item-5-3-deep-dive-po6a-clinical-services-plan/

- CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/



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Achievements so far? - Outputs

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- At the conclusion of Phase 2, four options have been developed and scored, with feedback from those that took part used to inform the conclusion on potential next steps for the Clinical Services Plan.
- While the process identified an option with a highest overall score, there is no substantial differentiation between the top two options. Similarly, the two lower scoring options were not considerably lower than the top two options to necessarily rule out at this stage.
- Some options, with further detail around workforce and capital impact would also fail to meet hurdle criteria, however by moving to a phased approach these can be retained but will become risks to programme delivery rather than be excluded.
- The emerging model, informed by the work on the Clinical Services Plan, seeks to build on the strengths of each of the sites in such a way that builds a networked model with complementary areas of expertise.
- The configurations at a higher level can be seen in the table to the right:
- CSP SBAR and Phase 2 Closing report highlighting the progress of the programme to date can be found here - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

Service	Current Service	Commonality	Variant 1	Variant 2	Variant 3	Variant 4
Emergency General Surgery	EGS service at GGH, WGH and BGH, no EGS service at PPH	EGS service at BGH, no service at PPH. EGS SDECs in WGH and GGH.	WGH EGS operations transferred to GGH	EGS operations alternate weekly between WGH and GGH		
Stroke	Acute Stroke Unit at GGH, PPH, WGH and BGH	BGH and GGH Treat and Transfer	PPH and WGH are Acute Stroke Units	WGH offers Treat and Transfer, PPH is Comprehensive Stroke Centre		
Dermatology	Medical Photography and Phototherapy at GGH, HB service (Temporary) at PPH, no service at WGH or BGH	Service at PPH only	AVH & CICC community delivery	SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery with community spokes through GP practices	Cross Hands paediatric clinics only, CICC and SPH community delivery
Ophthalmology	HB service at GGH and BGH, outpatient service at PPH and WGH	WGH provides outpatients, no longer using SPH for community, clinics remain in NRC and AVH	HB service centralised in GGH, no longer using AICC for community	HB service provided in BGH and PPH, review community sites.		
Urology	HB service at GGH and PPH, Outpatients and day case at WGH and BGH	Emergency pathway in GGH, outpatients and day cases in WGH and BGH. TWOC in community.	Centralise diagnostic services to PPH	Create a diagnostic hub at PPH and surgery list one week a month in BGH		
Elective Orthopaedics	Local and regional arthroplasty pathway at PPH, local arthroplasty pathway at BGH, day case and short stay pathways at PPH, WGH & BGH (temporary changes)	Local arthroplasty, day case and short stay pathways at BGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, extended day case and short stay pathways at WGH	Local arthroplasty pathway at PPH, day case and short stay pathways at WGH	Regional arthroplasty pathway at PPH, day case and short stay pathways at WGH, increased service at BGH
Endoscopy	HB service at GGH, PPH, WGH and BGH	HB service at GGH, WGH and BGH	Diagnostic hub at PPH	HB service at PPH. Community sites for Bowel Screening Wales	HB service with extended working hours at PPH	
Radiology*	HB service at GGH, PPH, WGH and BGH	No X-ray service at LH or SPH, X-ray services remain at TCH	HB service day time only at all sites, X-ray service at CICC	7 day general HB service at GGH and BGH, 5 day interventional service at WGH, Diagnostic hub in PPH. X-ray service in CICC and Regional Diagnostic hub	HB Interventional service at GGH and BGH, HB service without interventional at PPH and WGH, X-ray service at CICC	HB service at PPH and WGH, 7 day HB service with at BGH, 7 day HB service with 24/7 interventional at GGH. No X-ray service at CICC
Critical Care**	Level 3 ICU in GGH, WGH and BGH, Level 2 ICU with level 3 Transfers (Temporary) at PPH	Level 3 ICU at GGH and BGH	Enhanced Care Unit at PPH and WGH	Level 3 ICU at WGH, Enhanced Care Unit at PPH	Level 3 ICU at WGH, Level 2 ICU with Level 3 Transfers at PPH	

Key: All Options | Option 1 | Option 2 | C

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What needs to be done next?

At the Board meeting on 28 November 2024 the Board endorsed the CSP programme to progress with the recommendations as highlighted below:

- **NOTE** the proposed service configurations identified by the options development process and their risks to delivery against the programme hurdle and evaluation criteria and Quality Impact Assessments
- **ENDORSE** the proposed approach to identify the workforce and finance requirements to deliver the service configurations in a phased implementation
- **DECIDE** whether to seek alternative service configurations which may not have been considered or tested within the options development process (Phase 2 of the programme)
- **APPROVE** the procurement for the next phase of the programme
- **DECIDE** whether to expand the consultation scope to assess the impact of service change on hospital sites as a result of the findings
- **NOTE** that the Clinical Services Plan programme will produce a project plan with scope, matters for inclusion, phased service configuration options details, and an approach for consultation (Phase 3), for decision at Board in January 2025

Regarding the Urgent and Emergency Paediatrics Implementation Plan, the Board is asked to:

- **NOTE** the update on Urgent and Emergency Paediatrics Implementation Plan at Withybush Hospital

CSP SBAR and Phase 2 Closing report - hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/

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What are your take home messages for the Committee?

Updates to the committee:

- The nine services included within the CSP were selected because of significant risks to service sustainability, attainment of quality standards and/or timeliness of care. It is therefore considered imperative that the programme progresses, to respond to these risks and provide clarity on the direction of travel. The SBAR paper sets out the proposed next steps and Board have endorsed the approach, with a further paper anticipated for the Public Board in January 2025. Discussions have been held with neighbouring Health Boards about the options and there is a commitment between organisations to assess the impact of potential service changes ahead of decisions being made.
- The CSP report also highlights that the options developed provide a strong steer on the potential role of the four acute sites over the medium-term, as we seek to deliver the strategy within the existing acute site configuration. To move towards sustainable services, improve quality, safety, experience and outcomes it will be necessary to follow the guidance of our clinicians, move to a networked model across our four sites, build on the respective strengths of each hospital, avoid duplication and consolidate our specialist workforce. These principles are of course entirely in line with the existing strategic direction set out in AHMWW.
- As discussed in the Board meeting on 28 November 2024, the options will need to be reviewed to ensure that they account for any regional impact on the delivery of services, as well as not prevent any future refresh of the strategy with service models which may be inconsistent with future service delivery changes.
- The work between the November 2024 and January 2025 Board meetngs will focus on the approach to Consultation for the Clinical Services Plan. Within this how the configuration of the services can be delivered within their existing resources. Work is ongoing to understand what can be delivered at implementation phase and what may require identification of funds in the future as to realise improvements and further meet standards.

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What are your take home messages for the Committee?

Updates to the committee:

- Key risks to delivery:

1. As the programme moves from options development to consultation the nature of the risks have changed. However the risks to timeline still remain due to the critical needs of some of the services in scope which have sustainability challenges such as Stroke and Emergency General Surgery.
2. As the consultation phase may be happening in 2025, a pre-election year, it is likely to receive political scrutiny and challenge given the impacts on hospital sites and the way services will be delivered.
3. The service changes identified could fundamentally change how the hospitals work in the medium term until the full implementation of the A Healthier Mid and West Wales strategy and is likely to be contentious with the public. This would need to be managed as far as reasonably practical through communications and engagement planning. However we should be prepared for narratives that circulate in the public which are outside of our influence, especially as the consultation and supporting messaging is unlikely to be available until mid Spring/ early Summer 2025.
4. The options identified have been reviewed to consider a phasing approach, allowing the consultation to talk about a roadmap to sustainable and affordable service change, however this comes with the risk that some elements may take longer to implement if there are not clear and identifiable funding streams to support the service in the 2-4 year improvement period or 4+ year longer term period.
5. Whilst it is clear that there will be a large amount of engagement and/ or consultation in the next few years (Prince Philip Hospital Minor Injuries Unit, Primary Care and Community Services Strategy, Wider Strategic Refresh), a phasing plan which considers pre-election period for the election year, along with associated resource requirements, has not been developed and agreed. There is a risk that there may not be sufficient capacity within the organisation to manage these programmes of work alongside business as usual activity of any future demand which may arise.

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Submitted By: Ben Rogers and Alex Martin, Principal Programme Managers

Date Submitted: 20 November 2024

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Planning Objective: 6 – Clinical Services Plan

Executive Lead: Lee Davies/ Mark Henwood

Reporting Period: 21 October to 18 November 2024

Overall status: On-track

- **Rationale for overall status: Four shortlisted options have been developed and appraised. Closing report for Board on 28 November 2024 completed and awaiting Board review**

Progress against planned outcomes / trajectories / milestones:

- Since the last update in October 2024, the Clinical Services Plan has taken the four shortlisted options, alongside Quality Impact Assessments and Equality Impact Screening and developed a closing report for Board on 28 November 2024

Activities planned for next milestone and reporting period

- Presentation of Phase 2 Closing Report to Board on 28 November 2024
- Procurement activity for consultation/ engagement support should Board wish to progress to Phase 3 of the Clinical Services Plan
- Supporting with the analysis of Critical Care data to support with evidencing Enhanced Care Unit requirements within option configurations. This will impact the above assessments
- Completion of the Phased Assessment of what can be delivered within the existing resource from day 1 of the service implementation

Any other Comments

Matters for information:

- A phased assessment will consider configurations within existing resource. This will consider the implication of the service configuration and consideration of the finance and workforce assessments that have taken place
- Estate – service configurations to remain deliverable may require recognition and support from site leads as to ensuring space is available in consideration of this Planning objective

Any other comments:

- Work to support Phase 3 has not yet been planned as it will be dependent on the outcome of the Board decision in November. Should there be a decision to engage or consult on options, a plan will be developed detailing the timescales and resources to deliver this activity

Recommendation

The Strategic Development and Operational Delivery Committee is requested to:

- Note the Clinical Services Plan Update.

5.2

11:30, 10 Mins

5.2 - Planning in Partnership: Regional Integration Fund Update

Jill Paterson (Hywel Dda Health Board - Director of Primary Care, Community and Long Term Care), Linda Jones

For information

Attachments

5.2 RPB SDODC Dec24v2.pdf

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PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	West Wales Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Linda Jones, Regional Partnership Board Manager

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This is an update on the work undertaken by the West Wales Regional Partnership Board (WW RPB) and associated outcomes.

Regional Partnership Boards were established to support and facilitate integration, partnership and regional working to improve services and quality of life for the citizens. The work of the RPB covers all population groups, and includes publication of the Market Stability Report, the Population Needs Assessment, and the Area Plan. This report will update on the general work of the RPB, and highlight specific work supported by the RPB Team.

Cefndir / Background

Governance.
In March 2024, the RPB undertook a self-assessment which indicated that there was a lack of focus and understanding regarding the role and purpose of the Board amongst its members. As a consequence it was agreed that the RPB would commission an external agency to provide a series of workshops aimed at developing a shared vision and understanding of the purpose and priorities of the Board, increasing its effectiveness.

As part of this process, the RPB Chair and Lead Officer will be contacting Executives and Directors of the member organisations to discuss the role of the RPB and how we can facilitate partnership and integration going forward.

Asesiad / Assessment

Regional Integration Fund/Further Faster

The Regional Partnership Team works closely with partners and project leads to ensure that compliance with the reporting requirements from Welsh Government (WG) is met. This includes ongoing workshops to develop skills and tools in reporting, including developing clear vision and outcomes. This has been supported by the development of a new project-level form.

Increasingly, Welsh Government are emphasising the need for evidence of the impact of funding. Case Studies are a powerful way of doing this, and the team have developed extensive support for visual case studies to clearly communicate impact and outcomes. A Regional Integration Fund (RIF) tracker is utilised for budget monitoring and reporting purposes which has also been extended to include the Further Faster funding, and any future funding streams. This forms part of the strengthened governance and strategic oversight for Integrated Executive Group over the different funding streams.

In November 2024 the initial feedback for the 6-month RIF reporting was provided. It was mainly positive, although again the lack of regionality in the portfolio was highlighted. RIF is now over half-way through the five year programme, and discussions about post-RIF have commenced. From early indications, there will be an emphasis on integration and regionality, and any legacy funding for RIF will be based on the match funding identified. There will also be the need to address any projects which do not meet the RIF criteria and reprioritise the funding available. This process will be overseen by the Integrated Executive Group (IEG) and RPB.

Programmes

Carers/ Dementia

- New Senior Responsible Officer (SRO) and Programme Manager for Dementia and carers commenced in role in Quarter (Q) 3.
- Currently focussing on:
    - Updating and refreshing delivery of the Dementia Strategy - ensuring there is appropriate strategic oversight and delivery through the Dementia Steering Group, focussing on workstreams and aligning these with National and Regional priorities.
    - Preparing for a new Regional Carers Strategy - an initial engagement survey has been completed, data has been analysed and work has commenced to identify priorities, actions and outcomes through workshop discussions, which will be summarised and agreed prior to public consultation in January 2025.

Research, Innovation & Improvement Co-ordination (RIC) Hub

- Patient Discharges: Discovery across three counties, with system recommendations
- Dragons Den: funded two Bevan Exemplars to spread/scale
- Pre-hospital video triage: Welsh Ambulance Service Trust (WAST)/ Stroke services video triage to commence January 2025

Workforce

Comprising of six workstreams. These include:

1. Leadership.
    - Leadership group have developed and launched a coaching network
    - Group are developing a leadership programme based on compassionate leadership
2. Registered Managers
    - Forum held in November 2024 bringing together all registered managers was very successful
3. Education and development
    - Two partners have recently withdrawn from community induction, so work will be initiated to discuss future direction as a priority

Children and Young People

1. Neuro-Diversity (ND) Improvement Programme

- Regional ND event with WG and Welsh Local Government Association (WLGA) input that enabled West Wales RPB to fully participate in the ND accelerated design event
- ND Board have submitted proposals totalling over £100,00k (not for diagnostics) for WG funding to supplement support for children, young people (CYP) and families in communities

2. NEST/NYTH (Nurturing/Empowering/Safe/Trusted)

- Two regional NEST/NYTH workshops have been held and a Self-Assessment completed for the West Wales RPB. A 12-month action plan (October 2024 – October 2025) has been developed which promotes awareness and the use of the NEST/NYTH Framework

3. Regional Safe Accommodation Model

- This work supports a regional group of Responsible Officers to develop a regional approach to children's residential care. Closely aligned to Capital developments and "blueprint" work for new children's residential homes

4. Children and Young Persons Board

- Board re-established ensuring appropriate governance over key CYP workstreams eg NEST/NYTH, Safe Accommodation and Eliminate Agenda

5. Facilitation Team

- WWRPB communications strategy, including a bi-lingual refresh to the web site www.wwrpb.org.uk and development of a monthly WWRPB Newsletter: https://wwrpb.org.uk/en/newsletters/
- Development of a Citizen and Third Sector Engagement Board including stakeholders, Third Sector organisations, volunteers and people accessing regional Health and Social Care Services to ensure their voice is reflected in the development and transformation of services across the region. More information can be accessed here: https://wwrpb.org.uk/en/get-involved/
- As part of strengthening evidence of impact of RIF projects, developing and supporting visual case studies that have been identified as good practice by WG

6. Market Stability/ Commissioning

- Process to support the Regional Alignment of Community Equipment Services (RACES) and harmonise the way community equipment is delivered in the region has been established
- Single regional Quality Assurance Framework in relation to all older adult care homes agreed and implemented
- Enhanced procedure for agreeing joint funded placements (adults with a learning disability) under development
- Market Stability Programme, (in response to the recommendations of the Market Stability Report published in 2022), has been established to consider options which include the feasibility of a local authority-run nursing home

Argymhelliad / Recommendation

SDODC is requested to:

- **NOTE** this update report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not Applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable
Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable

6

11:40, 0 Mins

6 - CAPITAL AND ESTATES

6.1

11:40, 10 Mins

6.1 - Capital Programme 2024_ Plan for 2025

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Eldeg Rosser (Head of Capital Planning)

For approval

Attachments

6.1.1 DCP Governance Update Dec 24 FINAL.pdf

6.1.2 Annex 1 CSC Update (3As) Report.Template.V1 Nov 24.pdf

6.1.3 Annex 1A CSC Terms of Reference v17 lu 20.11.24.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Capital Programme for 2024/25 and Capital Governance Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Eldeg Rosser, Head of Capital Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report is presented to the Strategic Development and Operational Delivery Committee (SDODC) to:

- Update on the 2024/25 Capital Programme and Capital Resource Limit (CRL) for 2024/25
- Provide a capital schemes governance update
- Update on the status of the Reinforced Autoclave Aerated Concrete (RAAC) Schemes, Withybush Hospital (WGH)
- Update from Capital Sub-Committee (CSC) and request approval for the updated Sub-Committee Terms of Reference (Appendix 1A).

Cefndir / Background

This report provides an update on the 2024/25 Discretionary Capital Programme. It follows on from the report and discussion at the SDODC meeting held on 31 October 2024 and the Capital Sub-Committee (CSC) meeting held on 19 November 2024.

The available capital allocation for 2024/25 will provide Hywel Dda University Health Board (HDdUHB) with a significant challenge and risk in trying to address the historical backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

Risk
The corporate risk 1196 states:

There is a risk the Health Board is not able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. This could lead to an impact/effect on the Health Board's ability to deliver its strategic objectives, service

improvement/ development, statutory compliance (ie, fire, health and safety) and delivery of day-to-day patient care.

Discretionary Allocation Use
The terms of the Discretionary Capital Allocation letter from Welsh Government (WG) state:

Discretionary capital is that allocated directly to NHS organisations for the following priority obligations across all healthcare settings: Meeting statutory obligations, such as health and safety and Firecode; maintaining the fabric of the estate; and the timely replacement of equipment.

The prioritisation process for Discretionary Capital Allocation (DCP) includes representation from Executive portfolios at the Capital Planning Group (CPG) which reports to the CSC, and the position set out is consistent with that reported to the Sustainable Resources Committee (SRC).

Asesiad / Assessment

Capital Resource Limit (CRL) 2024/25

The CRL for 2024/25 has been issued with the following allocations:

Allocation	£m
All Wales Capital Programme (AWCP)	24.676
Discretionary Programme (gross allocation)	6.216
International Financial Reporting Standard (IFRS) 16 Leases	0.163
Total	**31.055**

Since the last report the following amendments have been made to the CRL:

Scheme	£m	Description
Fishguard Health and Wellbeing Centre	0.070	Funding for costs associated with the business case for the Fishguard Health and Wellbeing Centre
Estates Funding Advisory Board (EFAB) - Infrastructure	(0.050)	Reduction in in-year funding to reflect the forecast underspend against the original allocation
Withybush Hospital (WGH) - Reinforced Autoclaved Aerated Concrete (RAAC) Fees and Works	(0.500)	Reduction to reflect the forecast underspend against the original WG allocation
Glangwili Hospital (GGH) Fire Enforcement Phase 2 - Fees	(0.182)	Reduction in in-year funding to reflect slippage of programme to 2025/26
Backlog Maintenance 2024-25	(0.660)	Reduction in in-year funding to reflect slippage of programme to 2025/26
Digital Priorities Investment Fund (DPIF) – Radiology Informatics System Procurement (RISP)	(0.150)	Reduction to reflect the forecast underspend against the original WG allocation
IFRS 16 Leases	0.163	Funding for capitalisation of new and renewed leases under IFRS 16 covering the period April to July 2024.
Total	**(1.309)**	

Capital Expenditure Plan

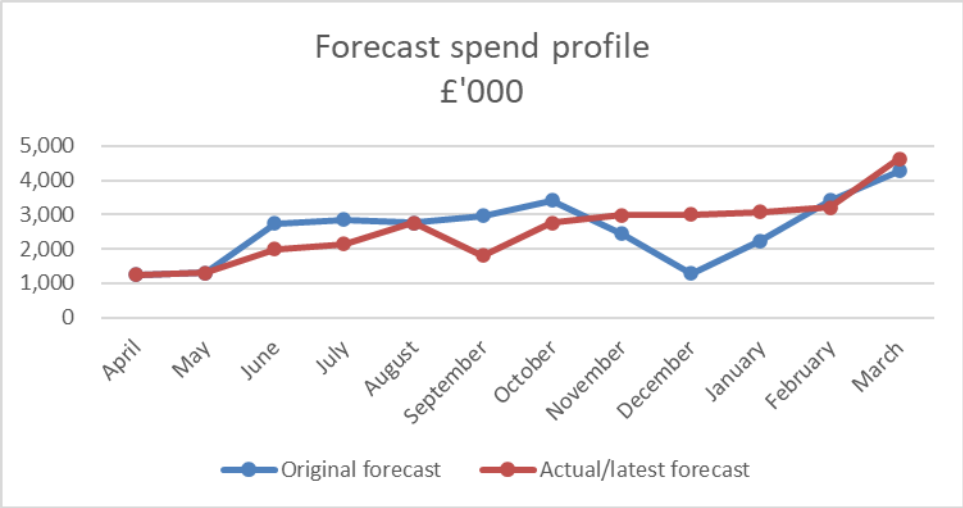
The table below reflects the current expenditure plan as reported to Welsh Government (WG) and provides a breakdown for AWCP funding.

Scheme	Planned Spend 2024/25 £m	Cumulative Spend Apr - Oct £m	Spend Oct £m	Remaining balance £m
AWCP				
Estates Funding Advisory Board (EFAB) - Infrastructure	2.808	1.004	0.267	1.804
EFAB - Fire	1.141	0.921	0.000	0.220
WGH - RAAC Works	5.453	2.780	0.393	2.673
GGH - Fire Enforcement Phase 1	7.967	6.127	1.056	1.840
GGH - Fire Enforcement Phase 2	0.055	0.039	(0.068)	0.016
Cross Hands Health and Wellbeing Centre	0.126	0.126	0.012	0.000
Brongais Hospital (BGH) Digital Radiology X-Ray works	0.290	0.205	0.187	0.085
Diagnostic Equipment 2024-25	3.202	0.024	0.017	3.178
Backlog Maintenance - 2024-25	3.165	0.365	0.139	2.800
DPIF - RISP	0.224	0.000	0.000	0.224
Fishguard Health and Wellbeing Centre	0.070	0.000	0.000	0.070
Sub-total AWCP	**24.501**	**11.591**	**2.003**	**12.910**
Discretionary				
IT	1.349	0.330	0.071	1.019
Equipment	1.669	0.995	0.567	0.674
Estates – Statutory	0.450	0.103	0.027	0.347
Estates Infrastructure	2.365	0.574	0.032	1.791
Other	0.558	0.407	0.050	0.151
Sub-total Discretionary	**6.391**	**2.409**	**0.747**	**3.982**
IFRS 16 Leases	**0.163**	**0.163**	**0.000**	**0.000**
TOTAL	**31.055**	**14.163**	**2.750**	**16.892**

Expenditure Profile Forecast

The below chart shows current forecast expenditure compared with the original forecast. Expenditure for October 2024 was less than forecast on RAAC, EFAB and Backlog Maintenance all Wales allocations. Forecasts for the year have been adjusted for these projects as part of the October CRL fixing exercise with funding handed back or deferred as detailed in the CRL adjustments table above. The revised forecasts reflect the expected delivery to March 2025.

Discretionary expenditure was higher than forecast primarily due to the timing of an invoice for equipment.



Fixing of CRL at the end of October 2024

The Health Board has confirmed what the end of year capital scheme forecasts are to WG at the end of October 2024 for all capital schemes. Any changes to the CRL will only occur due to new approved funding allocations.

The risk of over / under spending against the CRL materialises at this point.

Capital Programme 2024/25

All Wales Capital Programme

HDdUHB's All Wales Capital Allocations for 2024/25 are detailed in the table above, and includes allocations for:

- Fire Enforcement Works at WGH and GGH
- Estates Funding Advisory Board
- Diagnostic Equipment

Discretionary Capital Allocation (DCP)

The confirmed capital allocation for HDdUHB to allocate in 2024/25 is £7.421m.

This allocation is the allocation prior to the adjustment made for the Estates Funding Advisory Board schemes, where the Health Board funds 30% and Welsh Government funds 70% of the scheme costs.

	£m
Original DCP Allocation	7.421
EFAB Infrastructure	(0.817)
EFAB Fire	(0.366)
EFAB Decarbonisation	(0.050)
CRL Adjustment	0.028
Adjusted DCP allocation	**6.216**

Changes to the CRL through additional allocations and for costs previously incurred through the DCP have resulted in the following revised allocation being available:

	£m
Original DCP Allocation	7.421
CRL Adjustment	0.028
Balance Sheet Release/VAT Recovery	0.728
Previously incurred costs from AWC (BGH lift shaft)	0.235
Revised DCP Allocation	**8.412**

The available allocation despite the increase will still provide HDdUHB with a significant challenge and risk in trying to address the backlog in:

- Medical and non-medical equipment
- Informatics and Digital infrastructure and equipment
- Estates, statutory and infrastructure

The current Capital Programme amended to reflect the additional allocation, slippage, underspends and VAT recovery is shown below:

Schemes	Allocation £m
Pre-commitments	
BGH Clinical Decisions Unit (CDU)	0.346
Replacement morcellator	0.049
GGH MRI Chiller	0.179
Paediatric Consultation all now in 2025/26	*0.000
CDU BGH associated moves	0.090
Isolators	0.101
Fees to develop Sexual Assault Referral Centre (SARC) and Aseptic Business Justification Case (BJC)	0.100
30% EFAB Contribution 2024/25	1.233
End of Year (EOY) Unreceipted items	0.169
Ring-fenced allocations	
Breakdown and contingency	1.715
Residential accommodation	0.200
Business case development	0.100
Capital support	0.200
Statutory programme	0.450
Equipment	1.260
Digital	1.260
Estates improvement programme - Wards	0.500
Estates	0.260
Invest to Save	0.200
TOTAL DCP	**8.412**

* now all in 2025/26

The Capital Planning Group will continue to work on the prioritisation matrix developed and refined to ensure that the patient focus remains central. With this approach assured confidence can be taken if any additional allocations become available in year through:

- Additional Welsh Government approvals
- Review of VAT recoveries

- Potential disposals
- Slippage on existing schemes

Schemes are prioritised in a patient focused way.

Contingency

Items currently funded from our Contingency reserve are:

Contingency	£m
Cost of relocation General Medical Services (GMS) Cross Hands	0.037
Ultrasound Probe WGH	0.014
GGH Mortuary Security Upgrade	0.010
Cold Storage Aseptic Drugs	0.093
ECG Machine A&E WGH	0.008
Meurig bed relocation est	0.080
Ultrasound probe replacement Cardigan	0.006
LV panels residential blocks	0.098
GGH ICU/HDU Hot water storage	0.036
St David's Surgery dispersal	0.095
Decontamination Tent WGH	0.028
Cardiac Ultrasound Probe	0.013
Potential additional internal fees	0.100
GGH blast chiller replacement	0.042
BGH Boiler work	0.013
PPH Chiller	0.020
Replacement Platelet Incubator and Agitator	0.010
Fees Cross Hands	0.080
BGH - Access system upgrade for Baby tagging system	0.011
Replacement Dishwasher PPH	0.007
Motorised wheelchair BGH	0.007
Additional adaptation costs Cross Hands Surgery	0.023
GGH Laundry	0.007
Fire BJC fees	0.240
Air conditioning Audiology GGH	0.007
Choledochoscope Theatres GGH	0.006
Day Surgical Theatre operating lights	0.037
PPH Roof repairs	0.101
Balance remaining	**0.508**

Invest to Save

Of the current £0.200m earmarked for invest to save schemes the following schemes have been approved:

	Cost £m	Annual Saving £m
Mortuary equipment	0.023	0.036

Helipad expenditure WGH	0.035	0.027
BGH CHP Flue	0.018	0.102

Additional bids

The following additional bids have been awarded to HDdUHB:

- Backlog maintenance: £4.061m
- Diagnostic Imaging equipment: £3.202m awarded for
  - MRI in Prince Philip Hospital
  - Fluoroscopy Room in Withybush Hospital
  - Radiology Room in Withybush Hospital
- Sexual Assault Referral Centre: £3.354m over 2 years
- Picton Terrace: £3.835m over two years
- End of year bids £1.833m
  - £1.333m Pentre Awel
  - £0.500m replacement scopes WGH
- End of year and Waiting List support: £4.048m

Pre-Commitments into 2025/26 and future years

Based on current agreements made by the Health Board the following pre-commitments are likely to be incurred in 2025/26 and future years:

	25/26 £m	26/27 £m
Paediatric Service (following consultation)	0.800	
Picton Terrace – for 5 years 2026/27 to 2030/31		0.110
Total	**0.800**	**0.110**

Discussions have commenced in the Capital Planning Group to prioritise the DCP expenditure plan for 2025/26 recognising that a significant balance will need to be held in the contingency reserve.

Capital Governance – Project Updates

At the November 2024 meeting of the Capital Sub-Committee, the Projects with a current alert status were reported as follows:

Project:	RAG Indicator:	Stage:	Matters for Committee attention:
Aseptics	**ALERT**	**Business Justification Case development**	As the initial tender closed due to nil returns from invited tenderers. Subsequently, a second tender has been issued and is also experiencing delays due to queries raised. Tender returns have been received and at the time of preparing this report were being evaluated. The timeline will be reviewed following the tender

			return report and recommendations. This could potentially impact on the planned BJC submission to Board in January 2025 which the Project Group are working towards mitigating against.
Next Key Milestone:	Tender Return / BJC Health Board Internal Scrutiny		

Project:	**RAG Indicator:**	**Stage:**	**Matters for Committee attention:**
Cross Hands Health and Wellbeing Centre	**ALERT**	**Full Business Case Development (FBC)**	Further work and discussions are ongoing with Welsh Government following the conclusion of a feasibility study to consider reduced options as required to progress the refresh of FBC. HDdUHB have been given an indicative financial envelop to deliver the project. Confirmation that the supply chain partner will continue to work with us has been received. The timeline for the progression of the scheme will now be reviewed.
Next Key Milestone:	Update of timeline following WG meeting		

Project:	**RAG Indicator:**	**Stage:**	**Matters for Sub Committee attention:**
Regional Pathology	**ALERT**	**Outline Business Case (OBC)**	The current OBC preferred option and design significantly exceeds the scope and anticipated outturn cost in alignment with the original Strategic Outline Case (SOC) submission (adjusted for inflation). Swansea Bay UHB are awaiting confirmation of funding from WG to progress the OBC, no project team or project group meetings have been held in recent months pending confirmation of funding.
Next Key Milestone:	Confirmation from WG with regards to the Prioritisation Programme submissions.		

Projects led by other organisations:

Carmarthen Hwb (led by Carmarthenshire County Council (CaCC))
Health and Social Care Integration and Rebalancing Capital funding has been awarded to Carmarthenshire County Council and the Health Board to progress this development, which has been previously discussed by the Board as part of the estate rationalisation plan. Work commenced on site in mid-July 2024. The Board approved the signing under seal, of the contract documentation for the lease with Carmarthenshire County Council at their meeting on 25 July 2024.

Pentre Awel (led by Carmarthenshire County Council)
A bid to support £1.3m of the health element of the project has been approved by Welsh Government. This development was supported in principle by the Board in January 2024 as part of the Health Board's Estates Rationalisation Plan and in September 2024 the Board supported the signing of the lease documentation and revenue consequences associated with the project.

Cylch Caron (led by Ceredigion County Council (CeCC))
The tendering process to obtain a Delivery Partner to work with Ceredigion County Council and the Health Board on the project closed on 20 September 2024. Tenders were invited for a Delivery Partner to work with the Council and Health Board to deliver a new fully integrated health, social care and housing centre, Cylch Caron in Tregaron. No tenders met the tender requirements. There is however scope for further discussions with two potential partners which is currently being followed up by CeCC and HDdUHB. A meeting with WG to discuss next steps is to be held on 4 December 2024.

Reinforced Autoclave Aerated Concrete Schemes WGH

A detailed programme of work has been developed to remediate all critical and high-risk planks. In addition, where it has been able to safely temporarily prop areas, these facilities have also been reopened pending future repair works.

The works underway are all progressing to programme which is summarised below:

Task Name	Duration	Start	Finish
WGH RAAC: 2023/24 CONSTRUCTION PHASE SUMMARY	190 days	Mon 26/06/23	Fri 15/03/24
POTWASH ADVANCED WORK (COMPLETE)	20 days	Mon 26/06/23	Fri 21/07/23
EMERGENCY PROPPING/ADVANCED WORK (COMPLETE)	143 days	Wed 13/09/23	Fri 29/03/24
WARD 9 (COMPLETE)	50 days	Mon 24/07/23	Fri 29/09/23
WARD 12 (COMPLETE)	50 days	Mon 28/08/23	Fri 03/11/23
TEMP KITCHEN ENABLEMENT WORK (COMPLETE)	15 days	Mon 16/10/23	Fri 03/11/23
TEMP KITCHEN FACILITY (OPERATIONAL)	81 days	Mon 14/08/23	Mon 04/12/23
SPH ADDITIONAL BED CAPACITY (COMPLETE)	45 days	Mon 23/10/23	Fri 22/12/23
WARD 7 (COMPLETE)	50 days	Mon 09/10/23	Fri 15/12/23
WARD 11 (COMPLETE)	45 days	Mon 23/10/23	Fri 22/12/23
WARD 8 (COMPLETE)	50 days	Mon 08/01/24	Fri 15/03/24
WARD 10 (COMPLETE)	50 days	Mon 08/01/24	Fri 15/03/24
MAIN KITCHEN ENABLEMENT (COMPLETE)	35 days	Mon 29/01/24	Fri 15/03/24
WGH RAAC: STRUCTURAL SURVEYS (COMPLETE)	230 days	Mon 15/05/23	Fri 29/03/24
2024/2025 WGH RAAC: RED RAG RATED GF REMEDIAL WORK	250 days	Mon 01/04/24	Fri 14/03/25
OPD A - TENDER 1 (COMPLETE)	95 days	Mon 29/01/24	Fri 07/06/24
MAIN KITCHEN - TENDER 1 (COMMISSIONING PHASE)	131 days	Mon 01/04/24	Mon 30/09/24
OPD B - TENDER 2 (CONSTRUCTION PHASE)	130 days	Mon 24/06/24	Fri 20/12/24
OTHER G/F AREAS - TENDER 3 (CONSTRUCTION PHASE)	190 days	Mon 24/06/24	Fri 14/03/25
WGH BGH PLANT ROOMS/OPD ROOF - TENDER 4 (CONSTRUCTION)	85 days	Mon 26/08/24	Fri 20/12/24
WGH RAAC: CURTINS RE-SURVEY INSPECTIONS SECOND FLOOR	215 days	Mon 22/04/24	Fri 14/02/25

The programming of the future inspection regime is now being planned in some detail and is detailed below:

WGH RAAC: CURTINS RE-SURVEY INSPECTIONS SECOND FLOOR	215 days	Mon 22/04/24	Fri 14/02/25
Ward 9: Re-survey Inspections	15 days	Mon 22/04/24	Fri 10/05/24
Ward 12: Re-survey Inspections	20 days	Mon 20/05/24	Fri 14/06/24
Ward 7: Re-survey Inspections	15 days	Mon 28/10/24	Fri 15/11/24
Ward 11: Re-survey Inspections	15 days	Mon 18/11/24	Fri 06/12/24
Ward 8: Re-survey Inspections	15 days	Mon 09/12/24	Fri 27/12/24
Ward 10: Re-survey Inspections	15 days	Mon 06/01/25	Fri 24/01/25
Re-survey Inspections Contingency	15 days	Mon 27/01/25	Fri 14/02/25

Progress on the RAAC schemes is regularly reported to the Health and Safety Committee.

Update from Capital Sub Committee

Attached in Annex 1 is the update from the Capital Sub-Committee (CSC) held on 19 November 2024:

There are:

- two items to alert the Committee
- four items to advise the Committee
- one item to assure the Committee

One of the alert items for SDODC to approve as part of this update is the amendments made to the CSC Terms of Reference (TOR) following the meeting the updated TOR are attached as Annex 1A.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is asked to:

- **NOTE** the update on the Capital Programme and CRL for 2024/25
- **NOTE** the capital schemes governance update
- **NOTE** the RAAC update
- **NOTE** the update from Capital Sub Committee
- **APPROVE** the amended terms of reference for the Capital Sub Committee

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree recommendations to the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate Risk 1196 - not be able to provide safe, sustainable, accessible and kind services. This is caused by insufficient investment to ensure we have appropriate facilities, medical equipment and digital infrastructure of an appropriate standard. Score 16 Corporate Risk 1745 - of not being able to deliver safe, effective and timely services across the Health Board estate, including acute, community and mental health facilities. This risk also impacts the Health Board's nonclinical estate, educational facilities and managed practices. Risk Score 15
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems persepctive
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Not Applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	CSC Sustainable Resources Committee Capital Planning Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Capital values noted within the report. Included within individual business cases and Capital prioritisation process.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Included within individual business cases and capital prioritisation process.
Gweithlu: **Workforce:**	Included within individual business cases and capital prioritisation process.
Risg: **Risk:**	Risk assessment process is integral to the capital prioritisation process and the management of capital planning within HDdUHB also included within individual business cases and capital prioritisation process.
Cyfreithiol: **Legal:**	Included within individual business cases and capital prioritisation process.
Enw Da: **Reputational:**	Included within individual business cases and capital prioritisation process.

Gyfrinachedd: **Privacy:**	Included within individual business cases and capital prioritisation process.
Cydraddoldeb: **Equality:**	Equality assessments are included within individual business cases and capital prioritisation process when required.

CAPITAL SUB COMMITTEE UPDATE REPORT

Date of last meeting: 19 November 2024

Quoracy: Met

Report by: Eldeg Rosser, Head of Capital Planning

KEY DISCUSSION POINTS AND MATTERS TO BE ESCALATED FROM THE DISCUSSION AT THE MEETING:

Alert[1] (may require discussion)

Capital Sub-Committee (CSC) wish to **alert** members of the Strategic Development and Operational Delivery Committee (SDODC) that:

- **The CSC Terms of Reference (ToR) have been reviewed** with updates to membership made and are attached in Annex 1A for approval by SDODC.
- The **A Healthier Mid and West Wales update** paper to Board in November 2024 explicitly outlined the current situation with the development of Health Board infrastructure plans to support the strategy and the expectation the New Hospital is a minimum of 10 years away, and the significant implications of this. This will require a refresh of the Strategic Plan and there will be a requirement for this CSC to consider the capital components of this.

Advise[2] (to monitor)

Capital Sub-Committee wish to **advise** members of SDODC that:

- **Capital Resource Limit (CRL) 2024/25:**
  - The CRL needed to be fixed with Welsh Government (WG) by end of October 2024. The amounts returned / to note are:
    - £500k forecast underspend on Reinforced Autoclaved Aerated Concrete (RAAC) works at Withybush Hospital (WGH).
    - £660k slippage associated with backlog maintenance schemes.
  - There are no risks to be highlighted to achieve the forecasted spend by end of March 2025.
  - A forecast overspend against the WGH Imaging Scheme was highlighted. The current indicative position is an overspend of £1.9m against the budget received from WG.
  - The risk to the Discretionary Capital Programme (DCP) was discussed. In the meeting on 18 November 2024 WG advised there is an imaging allocation in the next financial year. It was indicated although not confirmed this scheme would be the priority against this funding.

- **Capital Programme 2024/25**

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[1] *There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.*

[2] *There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern*.

- Since the last update there has been approval for the Sexual Assault Referral Centre (SARC) in Aberystwyth at £3.354m over two years and works costs for Picton Terrace at £3.835m over two years. There has been capital approval for Pentre Awel equipment and digital items and equipment in WGH.
- A bid was submitted to WG of £2.5m for items which could be delivered before 31 March 2025 that would assist with the reduction of waiting times. Response anticipated from WG by week ending 22 November 2024.
- The preparatory work for developing the capital plan for next year for the Capital Planning Group has begun.
- There is £800k pre-commitment against next year for the work resulting from the Paediatric Consultation.
- Whether there needed to be an allocation from DCP for any work resulting from the Clinical Services Plan was raised. It was noted that due to the timing, there may be no requirement next financial year, and that a substantial contingency was held as standard. A discussion with Executives was suggested.

- **Audit Wales will be undertaking a Review of Capital Investment Priortisation -** this is expected to be within the next few months.
- **The Infrastructure Investment Enabling Plan 2024-2027 schemes** have been reviewed for progress and work on the Infrastructure Investment Enabling Plan for 2025 - 2028 has commenced. A draft plan will be presented to the Capital Sub-Committee in January 2025

Assure[3] (to note)

The Capital Sub-Committee wish to **assure** members of the SDODC that:

- **Capital Governance Highlight Reports** have been reviewed by CSC for all projects with Red and Amber. Other key points highlighted:
  - Workshops would be needed with the Community teams and Primary Care to work through a priority list for community infrastructure priorities and how this supported the strategic plans, linking to the work being done to refresh the regional capital prioritisation through the Regional Partnership Board (RPB) and the Regional Capital Group.
  - The delay in the regional pathology scheme may cause the Health Board to incur capital spending to provide an interim solution. Work is ongoing to evaluate this. It was noted that progress on the capital prioritisation process and how this affected the regional pathology scheme would be raised in the next Capital Review Meeting with WG.
  - Radiology schemes were not currently included on the Highlight Report (HLR) for capital governance updates, and these would be added to this bi-monthly reporting.

[3] *There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.*

- **The Arts and Health Annual Update Report** outlining the range of projects and growing evidence base shows that the Arts have a role to play in creating therapeutic and healing environments. The Bronglais Cancer Treatment Unit was identified as a flagship project for the incorporation of the arts into this capital project.

Review of Risks

The Capital Sub Committee discussed and noted the risks highlighted in relation to

Capital Resource Limit 2024/25:

- The risk to DCP was discussed. At the meeting on 18 November 2024 Welsh Government advised that there is an imaging allocation in the next financial year. It was indicated although not confirmed this scheme would be the priority against this funding.
- This was a key action on the radiology equipment Corporate Risk Register regarding the Withybush Hospital fluoroscopy room that once complete could reduce the risk score.

Sharing of learning

The Arts and Health Annual Update Report highlighted key learning and recommendations as follows:

- Identification of a key flagship project each year/ every two years which can be developed, and learning shared that can affect all other schemes across the Health Board.
- Incorporating art into Capital Projects to creating healing spaces should be a strategic consideration to the Health Board.
- Establish a Patient Experience Group or Healing Environments Group as part of subgroup structure for capital projects.
- Further consideration of Project Management from an Arts perspective.
- Establishment of a scalable percent for Art Policy as standard practice and develop a Public Art Plan.

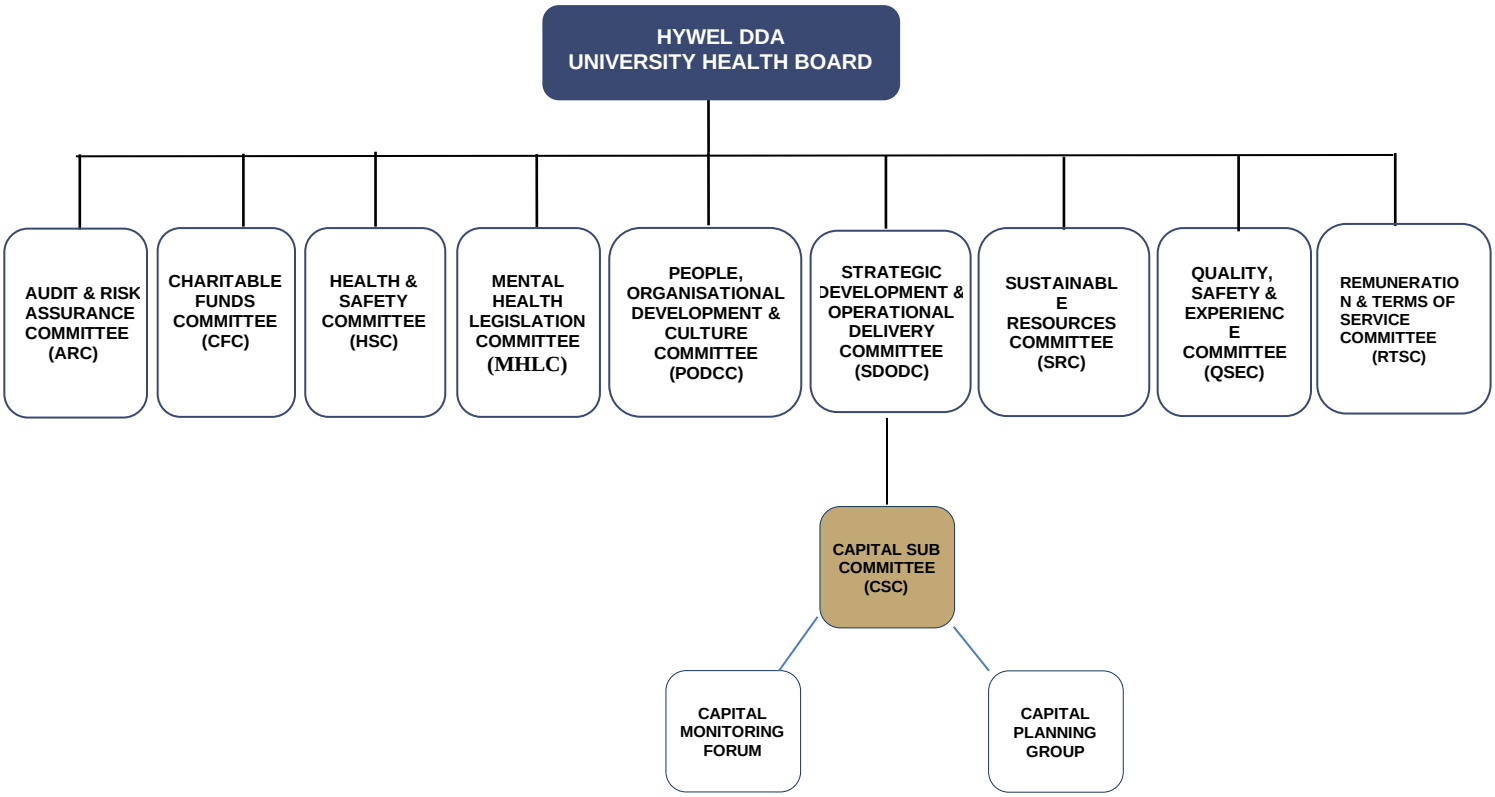
Recommendation

The SDODC is asked to:

- **NOTE** the Capital Sub Committee Update Report following it's meeting on 19 November 2024
- **APPROVE** the CSC Terms of Reference (ToR) appended at Annex 1A

TERMS OF REFERENCE

CAPITAL SUB-COMMITTEE



Version	Issued to:	Date	Comments
V1	People Planning & Performance Assurance Committee	30th June 2015	Membership additions
V2	Governance Team	July 2015	Aligned to Governance Review
V3	Capital, Estates & IM&T Sub Committee	July 2015	Membership additions and aligned to PPPAC ToRs – approved
V4	Capital, Estates & IM&T Sub Committee	February 2016	Membership and frequency revisions

V5	Capital, Estates & IM&T Sub Committee	August 2017	In conjunction with Corporate Governance Team TOR aligned to PPPAC TORs. Sections 7 & 8 updated
V6	People Planning & Performance Assurance Committee	24th October 2017	Regional planning made more explicit
V7	Capital, Estates & IM&T Sub Committee	29th January 2019	DRAFT Membership reviewed, updates to purpose of the sub-committee and sub-group reporting.
V8	People Planning & Performance Assurance Committee	19th February 2019	Approval of amendments noted at CEIM&T 29/01/19
V9	Capital, Estates & IM&T Sub Committee	19th November 2020	Approval given. Amendments made
V10	People Planning & Performance Assurance Committee	17th December 2020	For approval
V9	Capital, Estates & IM&T Sub Committee	25th November 2021	For discussion
V10	Capital, Estates & IM&T Sub Committee	27th January 2022	Approved following amendments made
V11	Strategic Development and Operational Delivery Committee	24th February 2022	For approval
V12	Capital Sub Committee	22nd November 2022	Approved following amendments made
V13	Capital Sub Committee	23rd March, 2023	Approved by SDODC 27/04/2023 subject to 1 amendment see V14 5.12
V14	Capital Sub Committee	25th May 2023	For information
V15	Capital Sub Committee	July, 2023	Updated membership list for discussion with CSC
V16	Capital Sub Committee	6th November, 2023	Updated in line with recommendations made at CSC meeting 22.09.23. For further review at CSC 17.11.23 Approved by SDODC 21/12/23
V17	Capital Sub Committee	19th November, 2024	The following changes agreed at CSC meeting 19.11.24 for onward ratification by SDODC at their meeting on 19.12.24

			• Change Head of Therapies to Chair of Medical Devices Group • insert after the current 5.10 *To receive reports and papers relating to the effective application of capital resources scrutinising final use against original business justification intentions. Monitors the improvement impacts of strategic investment over time.*

CAPITAL SUB-COMMITTEE

1. Constitution

1.1. The Capital Sub-Committee (CSC) has been established as a Sub Committee of the Strategic Development and Operational Delivery Committee (SDODC) and constituted from 1st June 2015.

2. Membership

2.1 The membership of the Sub-Committee shall comprise:

Title
Executive Director of Strategy and Planning (Chair)
Assistant Director of Strategic Planning and Development (Deputy Chair)
Independent Member
Director of Estates, Facilities and Capital Management
Senior Business Partner (Finance) (Delegated on behalf of the Director of Finance)
Head of Facilities Information and Capital Management
Deputy Director of Operations
Assistant Director, Medical Directorate (Delegated on behalf of the Medical Director)
Digital Director
Assistant Director of Primary Care
Assistant Director of Assurance and Risk
Head of Procurement
Head of Capital Planning (Sub Committee Lead)
Chair of Medical Devices Group
Director of Nursing and Control of Infection representative
In Attendance
Committee Support/Secretary
County Director Representative
Head of Capital Audit (three times a year/tri-annual)
Director of Mental Health and Learning Disabilities
Capital Programme Manager, Capital Planning
General Manager, Women and Children's Directorate
Head of Radiology
Project Manager, Capital Planning
Head of Pathology
Head of Property Performance
Capital Programme Manager, West Wales Regional Partnership Board
Clinical Director of Pharmacy and Medicines Management

2.2 The membership of the Capital Sub-Committee will be reviewed on an annual basis.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than a third and must include as a minimum the Chair or Vice Chair of the Sub-Committee.

3.2 An Independent Member shall attend the meeting in a scrutiny capacity. The scrutiny role of Independent Members on Sub-Committees is to ensure their effectiveness in terms of processes and outcomes, and in particular that their work is organised and undertaken in accordance with their terms of reference, that they have clarity about the limits of their delegated powers and responsibilities, and that they understand fully their relationship with and reporting responsibilities to their parent Committee.

3.3 Any senior officer of the University Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

3.4 The Sub-Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

3.5 Should any member be unavailable to attend, they may nominate a suitably briefed deputy to attend in their place. Where attendance is delegated, the nominated representative is responsible for informing discussions where relevant and reporting back to the named member accordingly.

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Capital Sub-Committee.

3.7 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

4. Purpose

4.1 The purpose of the Capital Sub-Committee is to:

4.1.1 Oversee the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).

4.1.2 Recommend to the Board, via the Strategic Development and Operational Delivery Committee (SDODC), the use of the Health Board's Capital Resource Limit (CRL), in line with the HB's financial scheme of delegation

4.1.3 Review, on an annual basis, the Discretionary Capital Programme (DCP) for the following financial year.

4.1.4 Oversee the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy for consideration by SDODC, prior to Board approval.

4.1.5 Oversee the development and delivery of implementation plans for the Estates Strategy agreeing corrective actions where necessary and monitoring its effectiveness.

5. Operational Responsibilities

5.1 Develop recommendations to the Board, via the SDODC and Executive Team, on the use of the Health Board's Capital Resource Limit (CRL), for approval.

5.2 Develop prioritised recommendations for discretionary capital sums and All Wales Capital Schemes and receive investment proposals, in response to an assessment of the organisation's risks, and to support the Health Board's A Healthier Mid and West Wales Strategy (including delivery plans) and vision for healthcare and its strategic objectives, including performance and financial improvement.

5.3 Provide a co-ordinated approach to overseeing delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term) enabling the Health Board to understand the overall delivery commitments and risks and proposing changes as appropriate.

5.4 Provide assurance that capital projects are managed and governed in accordance with mandatory requirements, best practice and the latest Welsh Government capital guidance, ensuring that revenue consequences associated with capital projects are explicit at project scoping stage.

5.5 Provide assurance around the effective management of the Health Board's CRL, ensuring expenditure is in line with Standing Orders and within the agreed programme.

5.6 Scrutinise and quality assure major capital business cases prior to submission to SDODC including those developed in partnership with other organisations such as, Local Authorities, GP partners and Third Sector organisations.

5.7 Ensure a robust disposal policy for redundant estate is in place.

5.8 Consider options for the acquisition or disposal of estate and agree recommendations for the Board, via the SDODC.

5.9 Review and recommend the appropriate delegated limits for capital expenditure authorisation and authorisation for other funding sources.

5.10 Make recommendations on capital expenditure in relation to Digital, medical & non-medical equipment, estates statutory and infrastructure, contingencies and other provisions.

5.11 To receive timely post project evaluation and project closure reports which will include a review of the effective application of capital resources and scrutinise the final use against original business justification objectives and monitors the initial improvement impacts of strategic investment.

5.12 Provide assurance to SDODC that risk is considered as part of prioritisation of capital expenditure items and that where risks are not addressed by capital funding, these risks have been reviewed to assess whether further mitigation actions should be taken (to minimise the impacts should the risk materialise), contingency measures can be strengthened (in case the risk materialises to minimise disruption) and reflect whether the risk is being tolerated or further treated.

5.13 Agree the Annual Capital Audit Plan and monitor action against recommendations contained within audit reports issued by Capital Audit.

5.14 To receive regular progress updates on the Housing with Care Fund and Integrated Rebalancing Capital Funds Capital bids and schemes being progressed through the West Wales Regional Partnership Board

5.15 Agree issues to be escalated to SDODC with recommendations for action.

5.16 Agree an annual work plan for the Sub-Committee for review and approval by SDODC.

6. Agenda and Papers

6.1 The Sub-Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Executive/Assistant Director at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Sub-Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Sub-Committee members. Following approval, the agenda and timetable for papers will be circulated to all Sub-Committee members.

6.3 All papers should have relevant sign off before being submitted to the Sub-Committee Secretary.

6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.5 The minutes and action log will be circulated to members within **ten** days to check the accuracy.

6.6 Members must forward amendments to the Sub-Committee Secretary within the next **seven** days. The Sub-Committee Secretary will then forward the final version to the Sub-Committee Chair for approval.

7. Frequency of Meetings

7.1 The Sub-Committee will meet bi-monthly and shall agree an annual of meetings. Any additional meetings will be arranged as determined by the Chair of the Sub-Committee.

7.2 The Chair of the Sub-Committee, in discussion with the Sub-Committee Secretary shall determine the time and the place of meetings of the Sub-Committee and procedures of such meetings.

8. Accountability, Responsibility and Authority

8.1 The Sub-Committee will be accountable to the Strategic Development and Operational Delivery Committee for its performance in exercising the functions set out in these terms of reference.

8.2 The Sub-Committee shall embed the UHB's vision, corporate standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

8.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Sub-Committee.

9. Reporting

9.1 The Sub-Committee, through its Chair and members, shall work closely with the Strategic Development and Operational Delivery Committee and other committees, including joint /sub committees and groups to provide advice and assurance to the Board through the:

9.1.1 joint planning and co-ordination of Board and Committee business;

9.1.2 sharing of information.

9.2 In doing so, the Sub-Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

9.3 The Sub-Committee may establish groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business. The following groups have been established:

9.3.1 Capital Planning Group (CPG)

9.3.2 Capital Monitoring Forum (CMF)

9.4 The Sub-Committee will receive an update following each Group's meetings detailing the business undertaken on its behalf.

9.5 The Sub-Committee will also receive updates from the regular Capital Review meetings held with Welsh Government representation.

9.6 The Sub-Committee Chair, supported by the Sub-Committee Secretary shall:

9.6.1 Report formally, regularly and on a timely basis to the Strategic Development and Operational Delivery Committee on the Sub-Committee's activities. This includes the submission of a Sub-Committee update report, as well as the presentation of an Annual Report within 6 weeks of the end of the financial year.

9.6.2 Bring to the Strategic Development and Operational Delivery Committee's specific attention any significant matter under consideration by the Sub-Committee.

10. Secretarial Support

10.1 The Sub-Committee Secretary shall be determined by the Lead Director.

11. Review Date

11.1 These terms of reference shall be reviewed on at least an annual basis by the Sub-Committee for approval by the Strategic Development and Operational Delivery Committee

6.2

11:50, 10 Mins

6.2 - A Healthier Mid and West Wales (AHMWW) Update (incl Nuffield Review Action Plan)

Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Paul Williams (Hywel Dda UHB - Assistant Director Of Strategic Planning)

For information

Attachments

6.2 AHMWW SDODC update for Dec 24 v1pwer (002).pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	A Healthier Mid and West Wales (AHMWW) – Infrastructure and Estates
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Williams, Assistant Director of Strategic Planning and Developments

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides an update to the report provided to the Strategic Development and Operational Delivery Committee (SDODC) on 31 October 2024, specifically:

- the programme timescale and wider infrastructure and estates implications (as reported by the Director of Strategy and Planning at the Public Board meeting on 28 November 2024)
- the progress of the AHMWW community schemes

Cefndir / Background

Programme progress has been the subject of regular reporting to the Capital Sub Committee (CSC), A Healthier Mid and West Wales Group, AHMWW Infrastructure and Estates Sub Group, Strategic Development and Operational Delivery Committee (SDODC) and Board.

Welsh Government (WG) has requested that the Health Board develops a Strategic Outline Case (SOC) for the new hospital and the repurposing of Glangwili Hospital (GGH) and Withybush Hospital (WGH), indicating a level of support for progressing the programme. More recently, WG has requested that the Health Board consider “the widest possible options” for the SOC. This has led to a pause in the development of the SOC as further clarification is sought on the scope of SOC options and the implications for the work undertaken to date. Dialogue with WG continues and it is anticipated the Health Board will return to the Infrastructure Investment Board with a view to agreeing the options for inclusion within the SOC. If the Health Board is required to consider options outside of what was agreed in the strategy, it may be necessary to revisit aspects of the strategy, potentially including further public engagement.

A refresh of the Programme Business Case (PBC) might also be required before finalising the SOC. There are likely to be significant timeline and cost implications, and planning will be required on what needs to be managed in the extended interim period, including for clinical services and estate and infrastructure. The Director of Strategy and Planning presented a comprehensive update to Board at their meeting on 28 November 2024. This included the indicative programme timescales and wider infrastructure, and estates implications as highlighted in the 'assessment' section of this report.

Asesiad / Assessment

Programme timescale and wider infrastructure and estates implications

The Director of Strategy and Planning presented a comprehensive update to Board at their meeting on 28 November 2024. The following were highlighted as implications for infrastructure and estates

- **Programme Timescale** - The pandemic and subsequent programme delays have meant the timescale for delivery of the programme, in particular the new hospital network, is substantially longer than originally anticipated. It is now highly likely that the new hospital would not be operational for at least a decade.
- **The timing and sequence of delivery will need to change** - Given the affordability challenges it would appear highly unlikely that all the capital schemes within the programme could be delivered within a decade. The Health Board will therefore likely need to prioritise and sequence the capital schemes and adjust the wider plans to reflect this.
- **The interim plan will need to change** - In accepting that a new hospital will not be operational until the mid to late 2030s, it follows that the key service changes unlocked through a new hospital will now need to be considered ahead of a new facility and within the existing site configuration.
- **The proposed location for the new hospital may need to be reviewed** - In agreeing the strategy, the Health Board set out a 'zone' between Narberth and St Clears where the new hospital would be located, based upon detailed analysis of journey times for the population. Since the strategy was agreed, the Health Board has undertaken an exercise to generate a long list of possible site locations, evaluated and shortlisted these options and undertaken a public consultation leading to two sites remaining, one in St Clears and one in Whitland. Both locations are viable, but the analysis has clearly shown that, for those services not provided for at Prince Phillip Hospital (PPH) (currently the most notable services are A&E, obstetrics, paediatrics and emergency surgical services), the further west the hospital is located the more activity flows to Swansea Bay. A change of flows would have two consequences: firstly it increases the capacity requirement in Swansea Bay (in the case of acute medicine this was the main reason for retaining that service in PPH as part of the strategy) and secondly it reduces the critical mass (activity volumes) of the Hywel Dda service, which in turn may potentially affect its long-term viability. This latter consideration was for example, in the case of Obstetrics, the primary reason for removing the Narberth site as part of the land shortlisting process. Indeed, there was significant clinical concern from women and children's services about any site for the new hospital further west than Carmarthen.
- **The overall capital costs are likely to increase but the programme may become more affordable** - It is highly likely that an extended implementation period will lead to increased

capital costs as old, poor condition buildings are maintained prior to the necessary major capital investment. Paradoxically, whilst the overall cost of the programme may increase, the phasing over a longer period could in fact make it more affordable for Welsh Government as capital investment is spread over more financial years

It highlights that an extended programme timeline could bring potential for more capital investment directed towards digital, prevention and primary and community care early in the programme. In terms of a strategic refresh, the scope of the strategic refresh will need to be agreed but it may include re-consideration of the infrastructure options, and sequencing.

The Board agreed the need for a strategic refresh given the context set out in the report. A key initial step will be to present this same context to the Infrastructure Investment Board early in 2025 to explicitly agree the next steps for the capital component of the programme. This relates specifically to the necessary business cases, the scope of the options to be appraised and the capital implications to progress the work both to address the interim years and the strategic solution.

Community Schemes Update

Several of the AHMWW Community Schemes continue to be developed and the summary position is set out below. Key points to note are that:

- Given the capital affordability issues there is only timeline assurance currently relating to the Pentre Awel and Carmarthen Hwb schemes which are led by the Carmarthenshire CC.
- Further work is required to prioritise the UHB schemes which will be informed through the Primary Care and Community strategy review underway and the associated consultation planned for 2025.

The summary position for current community schemes is as follows:

Cross Hands Health and Wellbeing Centre

As previously reported Welsh Government has requested the footprint of the scheme be re-visited to reduce capital cost implications. The Full Business Case (FBC) is therefore currently being reviewed alongside a full-service review to bring the cost back into the financial envelope as advised by WG.

Carmarthen Hwb (led by Carmarthenshire County Council)

The Business Justification Case for Integration and Rebalancing Capital Fund (IRCF) funding was submitted to WG and £10.8m of WG funding has been released for the scheme £7m for Carmarthenshire County Council as the lead authority on this scheme and £3.8m for UHB equipping. Building works commenced on site in mid-July 2024.

Pentre Awel (led by Carmarthenshire County Council)

A refresh of the Full Business Case (FBC) has been completed by Carmarthenshire County Council (CCC) for the City Deal funding, this was also submitted to WG for additional IRCF funding. Funding from IRCF source was declined but £1.333m of All Wales Capital Programme funding has been approved for the scheme in 2024/25.

North Pembrokeshire Health and Wellbeing Centre in Fishguard

A report to confirm the scope of the scheme was approved by the Executive Team in November 2024.

Cylch Caron
The tenders for a housing partner to work with Ceredigion County Council and the UHB to deliver this scheme has been out to the market and closed on 20 September 2024. The Tender has not been met by any of the Interested parties, however there is scope for further discussions with 2 potential partners which is currently being followed up by Ceredigion CC and the UHB. A meeting with the Capital and IRCF team from WG has been arranged for 4 December to agree on the next steps for this development.

Aberystwyth Integrated Care Centre
Work on a revised scope for this scheme is currently being picked up by the Regional Capital Team a meeting of stakeholders was held on 24th September 2024.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee (SDODOC) is requested to:

- **NOTE** the key infrastructure and estates implications noted in this report as highlighted in the wider AHMWW update to Board on 28 November 2024
- **NOTE** the update on the AHMWW Community Schemes.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1196 - Insufficient investment in facilities/equipment/digital infrastructure (risk score 16)
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	5a Estates Strategies

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained in the body of the report
Rhestr Termau: Glossary of Terms:	Contained in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Capital Sub Committee (CSC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The PBC and SOC sets out both the revenue and capital funding assumptions for the programme including a detailed Financial Case section in the PBC
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the PBC and SOC. This is an integral part of the PBC and SOC case for change
Gweithlu: Workforce:	Implicit within the PBC and SOC. This is an integral part of the PBC case for change and is the subject of Workforce Appendix in support of the PBC.
Risg: Risk:	Risk 1196 Insufficient investment in facilities/equipment/digital infrastructure
Cyfreithiol: Legal:	Implicit within the PBC
Enw Da: Reputational:	Implicit within the PBC
Gyfrinachedd: Privacy:	Implicit within the PBC
Cydraddoldeb: Equality:	There is an Equality & Health Impact Assessment which will remain 'live' through the duration of the programme.

6.3

12:00, 10 Mins

6.3 - Energy Performance Contract, Heat Network Efficiency Scheme and Solar Farm Projects Update

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Paul Williams (Hywel Dda UHB - Head of Property Performance)

For assurance

Attachments

6.3 SDODC SBAR Energy Carbon programmes of work Dec 2024.pdf

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	19 December 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Energy & Carbon programmes of work update Decarbonisation
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer Lee Davies, Executive Director of Strategy & Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Williams, Head of Property Performance

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper will provide the committee with awareness of the work ongoing to deliver on the following programmes of work that will target reductions in the energy use and carbon impact on the estate, namely:

- A new Energy Performance Contract (EPC).
- Heat Network Efficiency Scheme (HNES) optimisation and funding.
- Private wire solar farm project near Prince Philip Hospital (PPH).

A paper was tabled to the Capital Sub Committee (CSC) on the 8 March 2024 to update on the plans to deliver a new EPC, via the Re:Fit 4 Wales framework programme (Re:Fit 4). A further paper was tabled to the Business Executive Team on 13 November 2024 to update on the three current project plans, and to seek approval to submit a capital bid application to secure funding via the UK Government funded HNES for Phase I works at PPH, which has since been actioned.

These developments will ensure that Hywel Dda University Health Board (HDdUHB) is working towards its obligations to meet Welsh Government (WG) decarbonisation new zero public sector targets by 2030, but also to ensure it benefits from opportunities such as the solar farm. For all these projects further Health Board and Welsh Government approvals will be sought as they progress; and prior to any matters of contract and financial commitments being made.

The paper will update the Committee on the status of the projects, set out the next steps and financial and risk implications and provide assurance on the work ongoing to deliver on each.

Cefndir / Background

Energy Performance Contract

An EPC project supports Health Boards to target carbon reductions and achieve substantial guaranteed performance improvements including financial benefits through energy efficiency and/or renewable energy generation to support the organisation to deliver on the Welsh Government NHS Decarbonisation Strategic Plan.

The existing EPC 10-year contract, the first in Wales with Centrica ends in March 2025, and preparations are ongoing to manage the transition of Centrica-maintained equipment to HDdUHB responsibility. The impact and risks of this change will be reported separately to outline the impact on the operational delivery and financial risks, but the key risks are:

- A transfer of risk from the provider Centrica to HDdHB on operational delivery and maintenance of the energy efficiency measures (ECMs) so the onus to maintain operation will be wholly with the Health Board.
- Loss of the guaranteed saving position, with no ability to reclaim revenue losses annually through contract.
- Loss of the providers contract obligation to fund repairs on ECM failures, this option is not available on the new standalone maintenance contracts for reasons of age and the risk to the providers, so any costs is a call on capital.

In terms of the new EPC approach, the concept remains similar with the selection of a partner to deliver turnkey energy and carbon reduction projects with guaranteed financial savings outputs. The key difference with the new EPC model is that it is procured via an established framework, namely Refit 4 and is funded via the Wales funding programme, for the NHS the WG 'Invest to Save' (I2S). This differs from the current EPC which benefited from a circa £10m WG capital funding because I2S funding is in the form of an interest-free WG loan which the Health Board would repay from the revenue savings gained from reduced energy consumption; and therefore lower costs. The payback term is typically 10 years. The I2S funding approach is consistent across Wales and is seen by WG to be the preferred route to manage limited resources, as demand for services continues to rise.

The programme is supported by the Refit 4 framework provider Local Partnerships (LP), Shared Services (SS) Procurement and Legal and WG Energy Services (WGES). HDdUHB has signed an Access Agreement and Client Support Agreement and through a procurement process selected a partner Vital Energi to develop the new EPC, including the scope of energy efficiency measures (ECMs) to be implemented, this with no contract or financial commitment at this stage.

Heat Network Efficiency Scheme

The HNES provides funding to public, private and third sector applicants, to support improvements to existing district heating or communal heating projects in England and Wales that are operating sub-optimally and resulting in poor outcomes. HNES is a route to provide grant support to help address the increasing costs for heat networks and enables better operational efficiencies in the medium to long term. HDdUHB appears to be the only Health Board currently pursuing this source of funding and to date has secured and delivered a £24k grant application at PPH site for a digital twin of the heating system and feasibility study for optimisation of the system. This has generated a report setting out four stages of potential project developments on the site, with Stage 1 an optimisation project in the range of £1.4m.

Further feasibility grant applications have been submitted for Glangwili (GGH), Bronglais (BGH) and Withybush (WGH) Hospital sites. Gemserv, the facilitators of the HNES programme have confirmed that the BGH grant application was successful, not supported GGH site application and we await WGH grant application decision. HDdUHB has submitted a capital grant bid to secure 49.9% match funding for the PPH scheme, to be delivered via the new EPC project route.

Private Wire Solar Farm

An opportunity to arrange an electrical supply via the connected infrastructure from a planned 9 Megawatt (MW) private solar farm project near PPH site is being explored with a private developer. The scheme remains at planning stage and the Health Board has made early representation and provided an expression of interest to secure an optimum supply, subject to solar farm planning approval, technical reviews, power purchase agreement (PPA) and necessary HDdUHB approvals.

Asesiad / Assessment

Energy Performance Contract

An EPC and Estates / Buildings Decarbonisation subgroup has been established to manage the project, this group previously reporting into the Climate Change Task Group with the Sustainable Resource Committee (SRC) as the reporting Committee, but this arrangement is subject to current review following a change in the decarbonisation Executive portfolio. The table below sets out the progress to date and the next steps:

MILESTONE	TARGET DATE
Soft-market test with framework providers	Complete
Submission of Invitation to Tender (ITT)	Complete
Tender Return	Complete
Selection of Service Provider (evaluation period – bidders day / presentation / site visits)	Complete
Commencement date (date of entering into the Contract)	Complete
Submission of High-Level Appraisal (HLA) by the appointed Service Provider	November 2024
Submission of Draft Investment Grade Proposal(s) by the appointed Service Provider	January 2025
Approval of Industrial Growth Plan (IGP)	March 2025
Board and Welsh Government approval of funding	April 2025
Date of entering into Works/Optimisation Services Agreement (WOS)	May 2025
On-site installation works commence	Q1 2025/26
Works/Optimisation Services completed including agreement of Monitoring and Verification Services and Maintenance responsibilities	Programme to be agreed

The above programme is being developed by HDdUHBs selected partner, Vital Energi and a Phase I scope of works has been agreed but may be subject to change. These works are targeted at the following estate namely, PPH, BGH, GGH, WGH, Elizabeth Williams Clinic, and Hafan Derwen sites and is focused on combinations of LED lighting replacement, Solar Photovoltaic (PV), heating system, Energy Centre and Combined Heat and Power optimisation, Air Handling Units fan replacements, building management system controls and insulation for each site.

Financial overview

The Wales Funding Programme is the title scheme and application approach which is managed as a single WG budget. For Health Boards the WG Invest to Save (I2S), will be sought, this award and finance administered by WG with 0% interest on the loan repayable.

It is anticipated that HDdUHB will be bidding for around £8.7m in the first phase and target delivery of works over the financial years 2025-26 and 2026-27. The main source of funding

will be WG I2S repayable loan funding (£8.0m), supplemented by HNES capital grant funding if this is successful (£0.7m). WG were keen to ensure that Health Boards going through the current framework selection process (Betsi, Cwm Taf Morgannwg, Aneurin Bevan) included an option for Alternative Finance in their agreements, although it is not expected this will be required in Phase 1, but is available as an option in future phases.

The scheme outputs will need to meet the Wales Programme funding criteria, which requires a maximum 10-year payback on the investment, the repayments generated from the contracted guaranteed utility revenue savings. Under this EPC model any underperformance against the guaranteed position would be covered by the contract, unless it is agreed that the issue was caused by HDdUHB, so this will need to be carefully managed and controlled. This is no different to current EPC arrangements, although the financial arrangements differ in that the new EPC is a repayment loan not a capital funded model.

There are no upfront fees to arrange the HLA and IGP development costs, these captured via the funding envelop alongside any Health Board consultant fees. The intention is to appoint and fund the client-side support and in-house team via the capital envelope to support with the delivery of the scheme ie, Project Manager, Engineering design and supervisor role, Cost Advisor etc.

Of note the capital funding includes a contingency to reflect potential issues of estate infrastructure, as an example such as electrical wiring to maintain safety, out of hours working and any issues identified during the works specific to the ECM. As a focused energy project with the constraints on costs, paybacks and carbon criteria, this contingency will not address wider estate infrastructure backlog. Any additional funding requirements would need to be funded from other sources if to be addressed during these works.

Subject to the necessary Health Board and WG approvals HDdUHB will enter into the framework works contract (WOS) with the service provider to deliver the schemes.

Heat Network Efficiency Scheme funded by UK Government

The proposal is to include the implementation as part of the EPC project, with a target to implement Stage 1 into the first phase EPC scope of projects, subject to further technical review and agreement with Vital Energi. The following four stage outputs were identified:

- **Stage 1: Hydraulic optimisations:** The potential benefits include boiler house optimisations to valves and pumps, alongside investment to the building management controls systems.

- **Stage 2: Adding Air Source Heat Pump (ASHP) to the return leg of the energy Centre:** Retain gas boilers and CHP to provide 15% heat supply and deliver energy cost savings / consumption, with a CO2 reduction of approximately 223 tonnes per year.

- **Stage 3: Removing Gas boilers**: Adding two ASHP with the Combined Heat and Power (CHP) to provide 55% of the heat but with a negative energy cost saving approximately 28%, with a CO2 reduction of approximately 663 tonnes per year.

- **Stage 4: Remove CHP – Fully Decarbonised Solution:** A fully electric system consisting of a 2-stage ASHP system can provide 100% of the heat but with a negative energy cost saving approximately 113%, with a CO2 reduction of approximately 957 tonnes per year.

The intention is to deliver the Stage 1 works via the Phase I EPC scheme, with the remaining stages potentially forming part of future phases of the EPC programme.

Financial overview

The Stage 1 capital costs have been developed via the EPC project scope with Vital Energi who have supported HDdUHB to develop early design and costs to support a grant bid submission to the scheme. A capital bid application has been submitted to secure 49.9% funding on a total scheme value estimated at £1.4m, which is not repayable.

The Health Board will need to fund the 50.1% match funding to meet the HNES criteria, with the intention to fund via the I2S funding application. If the grant bid is successful but wider WG funding is not approved, HDdUHB would not draw down monies, or will explore alternative funding options. If the HNES funding bid is rejected, the full funding requirements will be sought via I2S funding, which will follow the EPC repayment criteria.

The savings benefits from the Stage 1 scheme will be included as part of the EPC delivery plan business case. Of note if HDdUHB was to progress with Stages 3 and 4, this would deliver a carbon positive position, but alongside a negative financial position resulting from the additional costs of operating ASHPs and the removal of gas boilers and CHPs units ie at PPH site this would represent 113% carbon reduction but introduce an estimated £100k Stage 3 and £500k Stage 4 annual revenue cost pressure at PPH. If this position was mirrored across all sites, as an example, the removals of the CHPs and gas boilers at WGH this figure will be significantly higher when considering the whole estate.

As an indication of scale, the CHP units at PPH and WGH and BGH generate annual savings of circa £410k/year (average last three years) £180k at PPH, £126k at WGH, and £105k at BGH. Of note annual savings have been higher and there is fluctuation in the performance year on year, with the units having suffered infrastructure issues in recent years. A large proportion of these costs have been offset by the underperformance guaranteed savings, but these are not included in the above figures. The CHPs units are nearing 10 years in age for PPH and WGH and over 10 years old for BGH, and the life expectancy is circa 15 years, so prior to this stage a decision on the phased replacement strategy will need to made, reflecting technologies at the time and noting that WG currently will not support replacement to gas boilers or gas fuelled CHPs

Whilst this is a Health Board and WG ambition and policy to not to replace CHPs and to transition away from gas to an electrification model to meet public sector net zero carbon targets, the impact on the revenue position will need to be highlighted and raised as a key risk to the delivery plans.

Private Wire Solar Farm

The opportunity to agree a Power Purchase Agreement (PPA) to procure electrical supply to Prince Philip Hospital (PPH) from a private wire solar farm located near the hospital is being scoped. If feasible and approved the scheme has the potential to deliver reduced energy cost savings, provide a net zero carbon option, and provide wider resilience and cost certainty benefits. The scheme is being planned for early 2026/27 and early discussions are being held to consider the technical and funding options with the developer and through funding sources. A key barrier to delivery is the electrical infrastructure on the PPH site, this scheme identified as a priority business continuity project, but there is a risk that timescales may not align with continued delays in the funding. This position is to be raised with WG representatives to discuss options to deliver and fund the project.

Next Steps:

- EPC: The next stages are to agree the HLA in November 2024 and move to the IGP development stage.
- HNES: The outcome of the WGH feasibility grant is expected in December 2024 and PPH site grant application is expected in early 2026.
- Private solar farm: To continue to work with the developer as they progress their project, and work with WG and shared service colleagues to consider the technical and funding challenges.

The schemes are being managed via HDdUHB EPC and Building/Estate Decarbonisation Sub-Group, which currently reports to the Climate Change Task Force Group, this structure is subject to change to governance arrangements, following a change in the executive portfolios. The schemes will require internal HDdUHB approval including Board approval for the EPC, and WG approval to the funding application via the Wales Funding Programme and HNES funding routes, prior to any agreement of contract.

Argymhelliad / Recommendation

The Committee are asked to:

- **RECEIVE ASSURANCE** on the progress being made to deliver on the Energy Efficiency and sustainability projects with the aim to reduce energy costs and environmental impact.
- **NOTE** the content of the report.
- **NOTE** the progress being made on each project and risks and financial position set out in the paper.
- **NOTE** the impact of carbon initiatives on the financial revenue position.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Climate Change Task Force
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1793
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	1. Plan and deliver services to increase our contribution to low carbon

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Decarbonisation strategy
Rhestr Termau: Glossary of Terms:	Within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Business Executive Team on the 13th of November 2024

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Financial impact included in the report
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Will be assessed as part of the project delivery
Risg: **Risk:**	Will be assessed as part of the project delivery

Cyfreithiol: **Legal:**	Legal representation will be in place
Enw Da: **Reputational:**	Communication team to support the programme.
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	This will need to considered.

7

12:10, 0 Mins

7 - FOR INFORMATION

7.1

12:10, 0 Mins

7.1 - SDODC Work Programme 2024/25

Maynard Davies (Hywel Dda UHB - Independent Member)

Attachments

7.1 SODC Workplan 2024-25 v2.9.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE
WORKPLAN 2024/25

* Standing agenda item

AGENDA ITEM/ ISSUE	LEAD	RESPONSIBLE OFFICER/ REPORT AUTHOR	NOTE	25 April 2024	27 June 2024	29 Aug 2024	31 Oct 2024	19 Dec 2024	27 Feb 2025
			DEADLINE	*2 April 2024*	*7 June 2024*	*9 Aug 2024*	*11 Oct 2024*	*29 Nov 2024*	*7 Feb 2025*
GOVERNANCE AND RISK									
Introduction and Apologies*	Chair	All		✓	✓	✓	✓	✓	✓
Declaration of Interests*	Chair	All		✓	✓	✓	✓	✓	✓
Minutes from previous meeting and Matters Arising*	Chair	CSO		✓	✓	✓	✓	✓	✓
Table of Actions*	Chair	CSO		✓	✓	✓	✓	✓	✓
SDODC Terms of Reference	Chair	CSO			✓				
Self-Assessment of Committee Effectiveness: Process	Jo Wilson	Karen Richardson			✓				
Self-Assessment of Committee Effectiveness: Outcome	Jo Wilson	Karen Richardson		D	✓				✓
Self-Assessment 6 Month Review Due	Jo Wilson	Karen Richardson						✓	
SDODC Annual Report to Board	Chair	CSO		✓					
Corporate Risks Allocated to SDODC	Lee/Andrew	Rachel Williams		✓		✓		✓	
Operational Risks Related to SDODC	Lee/Andrew	Claire Bird			✓		✓		✓
Monitoring Welsh Health Circulars (WHCs)	Relevant EDs	Rachel Williams			✓		✓		✓
Ministerial Directions (MDs)	Relevant EDs	Rachel Williams			✓		✓		✓
POPULATION HEALTH, PRIMARY & COMMUNITY									
Community and Long Term Care Quarterly Service Report	Jill Paterson	Julia McCarthy			✓		✓		✓
PO7 – Primary Care and Community Strategic Plan *Formerly 7b Integrated Localities* *To include:* *National CHC Framework 2021* RPB Population Needs Assessment Social Services and Well-being (Wales) Act 2014 (SSWBA) (Covered in Cluster and Pan-Cluster work) (Completed on 5 year cycle; last approved by RPB July 2022; Draft to SDODC prior to publication – January 2027)	Jill Paterson	Rhian Bond Julia Chambers			✓		✓		✓
PO 10: Population Health (incl. social model for health and wellbeing)	Ardiana Gjini	Megan Harris			✓	✓		✓	✓

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Formerly 7a Population Health; 7c Social Model for Health and Wellbeing To include: Immunisation Programme for Prevention and Strategic Response Plan: 2024/25: Progress Update, Key Priorities and Delivery Plan Wellbeing of Future Generations Act Annual Report PSBs Well-being Assessments									
Health Improvement & Wellbeing Strategic Plan	Ardiana Gjini	Jo Dainton		✓	✓				
PC IMTP (AKA Cluster Projects)	Jill Paterson	Laura Lloyd Davies				✓			✓
WBFG Wellbeing Objectives Annual Report	Ardiana Gjini		*CM email of 23 July 2024 refers.*				✓		
PERFORMANCE & DELIVERY									
Integrated Performance Assurance Report* *(available working day 12)*	Huw Thomas/EDs	Mandi Chesterman		✓	✓	✓	✓	✓	✓
PO3 – Six Goals (formerly Transforming Urgent and Emergency Care Programme) *Formerly3a Transforming Urgent and Emergency Care programme*	Andrew Carruthers	Keith Jones Alison Bishop	Ministerial Measure		✓		✓		✓ (to include GGH)
PO4 - Planned Care (incl cancer, diagnostics and therapies performance) Formerly 4a Planned Care and Cancer Recovery; 4b Regional Diagnostics Plan	Andrew Carruthers	**Planned Care** Keith Jones Amorelle Jones Steph Hire	Cancer Keith Jones Steph Hire Debra Bennett Ministerial Measure	✓		✓		✓	
PO5 – Mental Health and CAHMS Formerly 4c Mental Health Recovery Plan	Andrew Carruthers	Liz Carroll Aileen Flynn	Local Measure		✓		✓		✓
Ophthalmology performance: Getting It Right First Time (GIRFT)	Andrew Carruthers	Steph Hire Vicky Coppack	Action from 29 February 2024 SDODC			✓		✓	
Pharmaceutical Needs Assessment: Six Months Review of Services	Jill Paterson	Rhian Bond/ Tracey Huggins	Action from SDODC 27 April 2023				✓		
Electronic Prescribing Medicines Administration (EPMA)	Huw Thomas	Anthony Tracey	Board Discussion – 30 Nov 2023 (See CM Email – 09 01 2024)	✓					
Waiting List: The gap between consultant discharge and removal from the waiting list	Andrew Carruthers	Keith Jones Steph Hire	Action from Public Board – 25 January 2024 (see email 08 02 2024)	✓					
Review of Clinical Pharmacy Services at NHS Hospitals in Wales	Jill Paterson	Chris Brown						**D**	
PLANNING & PARTNERSHIPS									
Targeted Intervention and Annual Plan 2024/25 update: including PO Update Report	Lee Davies	Shaun Ayers Dan Warm		✓	✓	✓	✓	✓	✓

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End of Year Closure Report:	Lee Davies	Dan Warm		✓					
PO6 - Clinical Services Plan *Formerly 6a Clinical Services Plan*	Lee Davies	Helen Morgan-Howard			✓			✓	
PO 8: A Healthier Mid and West Wales infrastructure *Formerly 5a Estates Strategies; 8a Decarbonisation & Sustainability*	Lee Davies	Paul Williams Clare Emmanuel/ Rob Elliott			✓		✓		✓
A Healthier Mid and West Wales Update (incl: Nuffield Review Action Plan)	Lee Davies	Paul Williams Clare Emmanuel/				✓		✓	
Commissioning	Lee Davies	Shaun Ayres				✓			✓
CAPITAL AND ESTATES									
Capital Sub-Committee Terms of Reference	Lee Davies	Eldeg Rosser Clare Emanuel						✓	
Capital Sub-Committee Annual Reports	Lee Davies	Eldeg Rosser Clare Emanuel		✓					
Report on the Capital Programme 2024-25 (incl CSC & DCP)	Lee Davies	Paul Williams Eldeg Rosser Rob Elliott (RAAC)		✓	✓	✓	✓	✓	✓
Business cases as required	Lee Davies	Eldeg Rosser							
Aseptic Project BJC								✓	
Cross Hands Health and Wellbeing Centre FBC	Lee Davies	Eldeg Rosser		✓					
SARC BJC	Lee Davies	Eldeg Rosser		**D**	✓				
WGH Phase 2 BJC	Andrew Carruthers	Kirsty Walker	KW email – 26 11 24						
Asceptics BJC (if complete)	Lee Davies/ Jill Paterson	Eldeg Rosser	As agreed by JW					✓	
Planning in Partnership: Regional Integration Fund Update	Jill Paterson	Linda Jones						✓	
ARCH Update	Lee Davies	Sion Charles			✓		✓		✓
FOR APPROVAL									
Corporate Policies	Lee Davies			✓	✓	✓	✓	✓	✓
534 Patient Access Policy (from Watchtower group) (See CJ email of 23 05 2024)	Andrew Carruthers	Christine James Steph Hire Amorell Jones				✓			✓
FOR INFORMATION									
SDODC Work Programme 2024/25	Chair	CSO		✓	✓	✓	✓	✓	✓
ONE-OFF MATTERS									
Health Improvement and Wellbeing Strategic plan	Ardiana Gjini	Rob Green/Megan Harris		✓					
Additional funding requirements for Planned Care waiting list recovery (as part of Planned Care Deep Dive see KL email of 10 May 2024)	Huw Thomas/ Ardiana Gjini		March Board Seminar action			✓			
Regional Orthopaedics Model			Action from June 2024 SDODC			✓			

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Public Health Return on Investment: Smoking Drugs and Alcohol	Ardiana Gjini	Bethan Lewis	Action from June 2024 SDODC			✓			
Well-being Objectives (WFGA) Annual Report	Ardiana Gjini	Trina Nealon	On JW instruction – prior to Board				✓		
Energy Performance Contract, Heat Network Efficiency Scheme and Solar Farm projects update	Lee Davies		On JW instruction – prior to Board						✓
ADMINISTRATION									
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	CSO		✓	✓	✓	✓	✓	✓
Agenda to be issued - 5 weeks prior to meeting	CSO	CSO		✓	✓	✓	✓	✓	✓
Reminder 1 emails (Call for papers) (at least 4 weeks prior to meeting to receive papers at least 21 days before the meeting)	CSO	CSO		✓	✓	✓	✓	✓	✓
Reminder 2 emails – 2 days after the last email	CSO	CSO		✓	✓	✓	✓	✓	✓
Reminder 3 email – 1 day after the last email	CSO	CSO		✓	✓	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	CSO	CSO		✓	✓	✓	✓	✓	✓
Share draft TOA within 2 days of the meeting	CSO	CSO		✓	✓	✓	✓	✓	✓
Circulate minutes & TOA for comments within 7 days of the meeting	CSO	CSO		✓	✓	✓	✓	✓	✓
Check & send final version of minutes to the Committee Chair following comments received.	CSO	CSO		✓	✓	✓	✓	✓	✓
Chase updates on TOA before the next meeting	CSO	CSO		✓	✓	✓	✓	✓	✓
Produce Board Update Report within 7 days	CSO	CSO		✓	✓	✓	✓	✓	✓
Prepare schedule of meetings	CSO	CSO		✓	✓	✓	✓	✓	✓

Note:

2024/25 POs		SOs		2023/24 POs	2022/23 POs
Value and sustainability					
PO1: Workforce stabilisation	Critical enabler	1: Putting people at the heart of everything we do	PODCC	1a Develop an attraction & Recruitment plan	• 1F: HR offer (induction, policies, employee relations, access to training)
				1b Develop career progression opportunities	• 2D: Clinical Education Plan • 2J: "Future Shot" Leadership Programmes
				2a Engage with and listen to our people	• 1H: "Making a Difference" Customer Service programme • 2A: Regional Carers Strategy response • 2B: Strategic Equality Plan and Objectives establishment • 2K: organisational listening, learning and cultural humility • 2L: Staff engagement strategic plan

2024/25 POs		SOs		2023/24 POs	2022/23 POs
Value and sustainability					
					• 4I: Armed Forces Covenant
				2b Continue to strive to be an employer of choice	• 2I: integrated Occupational Health & Staff psychological wellbeing offer
				2c Develop and maintain an overarching workforce, OD and partnerships plan	• 1G: OD Relationship Manager rollout
PO 2: Financial recovery and roadmap	Statutory duty	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	• 6B: Value improvement and income opportunity • 6D: Value Based Healthcare and Patient Reported Outcome Programme
				8b Local Economic and Social Impact	• 6H: Supply chain analysis
				8c Financial Roadmap	• 6I: Interim Budget 2022/23 • 6L: workforce, clinical service and financial sustainability
Quality and performance					
PO 3: Transforming urgent and emergency care	Ministerial priority	5: Safe, sustainable, accessible and kind care	**SDODC**	3a Transforming Urgent and Emergency Care programme	• 4P: Recovery and Rehabilitation Service • 4Q: Community Care Support to reduce non-elective acute bed capacity • 5A: NHS Wales Delivery Framework Targets • 5B: Local Performance Targets • 5J: 24/7 emergency care model for Community and Primary Care
PO 4: Planned care (incl. cancer, diagnostics and therapies performance)	Ministerial priority	5: Safe, sustainable, accessible and kind care	**SDODC**	4a Planned Care and Cancer Recovery	• 1B: Single Point of Contact • 1E: Personalised care for patients waiting • 5A: NHS Wales Delivery Framework Targets • 5B: Local Performance Targets • 5F: Bronglais Strategy • 5N: Implement National Network and Joint Committee Plans • 6K: Design Assumptions
				4b Regional Diagnostics Plan	• 5F: Bronglais Strategy
PO 5: Mental health and CAHMS	Ministerial priority	5: Safe, sustainable, accessible and kind care	**SDODC**	4c Mental Health Recovery Plan	• 5G: Transforming Mental Health and LD implementation
A Healthier Mid and West Wales					
PO 6: Clinical services plan	Service fragilities	5: Safe, sustainable, accessible and kind care	**SDODC**	6a Clinical Services Plan	• 5F: Bronglais Strategy • 5O: Fragile Services
PO 7: Primary care and community strategic plan	Ministerial priority Service fragilities	4: The best health and wellbeing for our communities	**SDODC**	7b Integrated Localities	• 3I: Primary Care Contract Reform • 4C: Transformation fund schemes • 5H: Integrated locality plans • 5T: Complex health and care needs
PO 8: A Healthier Mid and West Wales infrastructure	Estate fragilities	6: Sustainable use of our resources	**SDODC**	5a Estates Strategies	• 5C: Business Case for A Healthier Mid and West Wales • 5U: Community and non-clinical estates strategy
				8a Decarbonisation & Sustainability	• 4R: Green Health and Sustainability • 6G: Decarbonisation and green initiatives plan
PO 9: Digital strategic plan	Critical enabler	6: Sustainable use of our resources	SRC	5c Digital Strategy	• 3E: Business intelligence and modelling • 5M: Implementation of clinical and all Wales IT systems • 5R: Digital Inclusion • 6M: Cyber Security Framework • 6N: Intelligent Automation
PO 10: Population Health (incl. social model for health and wellbeing)	Long-term sustainability	4: The best health and wellbeing for our communities	**SDODC**	7a Population Health	• 4A: Public Health Delivery Targets • 4B: Public Health Local Performance Targets • 4D: Public Health Screening • 4G: Healthy Weight: Healthy Wales • 4H: emergency planning and civil contingencies • 4J: Regional Well-being Plans • 4K: Health Inequalities • 4M: Health Protection • 4S: Improvement in Population Health • 4V: One Health • 4W: Whole School Approach to Mental Health and Emotional Wellbeing
				7c Social Model for Health and Wellbeing	• 4L: Social Model for Health and Wellbeing • 4N: Food Systems • 4U: Community proposals for place-based action
	Business as usual POs (not taken forward from 2023/24 into 2024/25)			3b Healthcare Acquired Infection Delivery Plan	• 3C: Quality and Engagement Requirements • 5X: Quality Management System

2024/25 POs		SOs		2023/24 POs	2022/23 POs
Value and sustainability					
				5b Research and innovation	• 3G Research and Innovation
				6c Continuous Engagement	• 3J: AHM&WW Communications Plan • 3M: UHB Communications Plan • 4T: Continuous engagement implementation
				8d Welsh Language and Culture	• 3N: Welsh Language
				Business as usual POs (not taken forward from 2022/23 into 2023/24)	• 1A: NHS Delivery Framework targets • 1I: Family Liaison Service rollout • 2E: Evidencing impact of charitable funds • 2M: Arts in Health Programme development • 3A: Improving Together • 3L: Review of existing security arrangements • 3H: Planning Objective Delivery Learning • 5I: Children and young people services improvement • 5K Clinical effectiveness self-assessment process • 5P: Market Stability Statement • 5Q: Asthma pathway • 5S: Palliative Care and End of Life Care Strategy • 5V: IMTP and Operational Planning • 5W: Liberty Protection Safeguards

8

12:10, 5 Mins

8 - ANY OTHER BUSINESS

9

12:15, 5 Mins

9 - MATTERS AND RISK FOR ESCALATION TO BOARD

Maynard Davies (Hywel Dda UHB - Independent Member)

10

12:20, 0 Mins

10 - DATES OF FUTURE MEETINGS

- Thursday 27 February 2025