

UNAPPROVED MINUTES OF THE HDD_STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 25 April 2024**
Venue: **Ystwyth Boardroom and Microsoft Teams Meeting**

Present: Mr Maynard Davies, Independent Member (Committee Chair)
Mr Michael Imperato, Independent Board Member (Committee Vice Chair)
(Teams)
Ms Eleanor Marks, HDUHB Vice Chair (Teams) (Part)
Mr Winston Weir, Independent Member (Teams)
Cllr Rhodri Evans, Independent Member (Teams)
Mr Sam Dentten, Deputy Regional Director, Llais West Wales (Teams)

In Attendance: Mr Andrew Carruthers, Director of Operations
Dr Ardiana Gjini, Director of Public Health
Mr Huw Thomas, Director of Finance
Mr Lee Davies, Director of Strategy and Planning
Ms Joanne Wilson, Director of Corporate Governance/Board Secretary (Teams)
Ms Rhian Bond, Assistant Director of Primary Care (Teams) for Ms Jill Paterson,
Director of Primary Care, Community and Long Term Care
Ms Urvisha Perez, Audit Wales (Teams) (Observing)
Ms Helen Mitchell, Committee Services Officer (Teams)

Items SDODC (24)33 and SDODC (24)34

Ms Stephanie Hire, General Manager - Scheduled Care

Items SDODC (24)38, SDODC (24)40, SDODC (24)41

Mr Shaun Ayres, Programme Director- Targeted Intervention / Deputy Director
of Operational Planning and Commissioning
Mr Dan Warm, Head of Planning

Item SDODC (24)43

Mr Nick Davies, Service Delivery Manager - Acute Paediatric and Neonatal
Services

Item SDODC (24)44

Dr Chris Brown, Clinical Director of Pharmacy & Medicines Management
Mr Owain Williams, Lead Pharmacist - Primary Care & Community Pharmacy

Item SDODC (24)45

Dr Rob Green, Interim Consultant Public Health / Deputy Director Public Health
Ms Joanna Dainton Carmarthenshire Locality Office

Items SDODC (24)47 to SDODC (24)451

Ms Eldeg Rosser, Head of Capital Planning

Minutes Ref.	Item	Action
SDODC (24)30	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: <ul style="list-style-type: none">Ms Jill Paterson, Director of Primary Care, Community and Long Term Care	
SDODC (24)31	Declarations of Interest No Declarations of Interest were noted.	
SDODC (24)32	Minutes and Matters Arising from the Meeting held on 29 February 2024 RESOLVED - the minutes of the SDODC meeting held on 29 February 2024 were APPROVED as an accurate record of proceedings.	
SDODC (24)33	Planned Care Update <i>Ms Stephanie Hire joined the meeting.</i> Ms Stephanie Hire introduced the Planned Care Update report, highlighting the 2024/25 priorities of resolving all 156+ week waits and 52 week waits for stage one outpatients (OPs) by the end of Quarter 4 and Quarter 1 respectively. She also advised that progress is ongoing regarding 104 week waits in Orthopaedics and Ophthalmology. Ms Hire referenced the 'perfect month' project, a strategic decision made as part of ongoing efforts in regional Orthopaedics and the overall Orthopaedic position within the health care system to prioritise running Orthopaedic theatres as productively and effectively as possible during a designated 'perfect month' in March 2024. This exercise resulted in a significant improvement in Trauma and Orthopaedic waiting times. Ms Hire indicated that the Health Board faces challenges prioritising Hywel Dda University Health Board (HDdUHB) patients into the regional Vascular service at Swansea Bay UHB (SBUHB). Mr Andrew Carruthers attends the Vascular Regional Group and had advised that it is unacceptable that HDdUHB patients wait longer than SBUHB patients. Whilst overall activity levels continue to improve, potential capacity was impacted by 12 days of lost capacity due to industrial action (IA) during 2023/24; and absence of inpatient (IP) capacity at Wityhush Hospital (WGH) due to infrastructure challenges. In addition, workforce deficits limited overall utilisation of available theatre sessions. Ms Hire also advised	

that following a clinically led validation exercise in General Surgery, clinical practise has changed.

Most specialities, including outpatients have returned to pre-COVID-19 levels of activity and staff are now working to optimise theatre operations and reduce waiting times. See on Symptom (SoS) and Patient Initiated Follow-Up (PIFU) schemes, which are alternative ways of caring for patients without requiring them to return for follow-up outpatient appointments, have contributed to progress made on OP transformation.

Ms Hire outlined the application of 2023/24 recovery funding and indicated that 2024/25 funding would also include Cancer and Therapies. Deep dives are currently underway throughout HDdUHB to ensure best use of the recovery funding and a Finance meeting has been scheduled for the week commencing 29 April 2024.

Ms Hire then highlighted the Booking in Turn process, which is colour coded and coordinated across the Health Board, advising that there is always an element of 'treat out of turn' due to the complexity of patients and inpatient activity. The priorities for 2024/25 are to reduce the three-year wait for all specialties, the 52-week wait for outpatients in stage one, and to optimise the elective programme, with outpatient transformation and improvement work being supported by a Task and Finish group, which will also feed into the new governance structure of the Health Board. She also highlighted the re-establishing of the high volume, low complexity work at WGH which commences during the week commencing 29 April 2024 and which, when Ward 9 is in use, will significantly impact waiting list times.

Referencing the challenges at SBUHB, Cllr Rhodri Evans enquired about the obstacles HDdUHB faces and how they were being addressed. Ms Hire advised that HDdUHB is mandated by Welsh Government (WG) to work collaboratively with SBUHB, but there are differences in performance management and waiting list management. There have been difficulties in sharing data and constructing a single waiting list for Orthopaedic patients. There are also challenges in treating long waiting patients in SBUHB in the Vascular and Ophthalmology services. Because certain HDdUHB patients don't meet the Neath Port Talbot Hospital anaesthetic criteria, a Clinical Reference group has been stood up to investigate the situation. However, there are ongoing efforts to work regionally and improve the situation, such as HDdUHB contributing financially to the recruitment of vascular clinicians.

Mr Carruthers indicated that both clinical teams in SBUHB and HDdUHB may not be fully engaged and signed up to the regional model, and that they have some practical reasons for their reluctance. He added that staff at SBUHB tend to work in silos, whereas as HDdUHB colleagues are more engaged in team working. He suggested that there is still some work to do in convincing both clinical teams of the benefits and incentives of the regional approach, and why it is good for them. Mr Carruthers then highlighted that a regional approach should provide equitable access to Vascular services across Southwest Wales, especially those who have been waiting over 104 weeks. However, some clinicians in SBUHB were reluctant to prioritise the longer waiters from other Health Boards over their own shorter waiting patients, which caused frustration and disappointment. Mr Carruthers expects that a more structured network service for vascular

care, with common standards and principles, and a joint planning group to facilitate the process, will improve the situation.

In response to Mr Michael Imperato's question regarding the percentage change in new OPs, Ms Hire advised that the figures in red were due to a change in practise and the impact of industrial action (IA); and that she expects to see a change further into the year. Mr Imperato also enquired whether it was possible for future reports to include a projection of what the figures might look like in 12 months' time, to help the Committee conceptualise and follow progress. Ms Hire highlighted slide 15 which illustrates the possible breaches in 52 week OPs with or without WG funding. The slide also shows the allocation and out turn of the Quarters across the top.

She added that the derived demand for specialties is calculated based on the weighting and the potential trajectory breaches; and that the derived demand is being re-run for the second time after completing deep dives in the specialties. The slides will then be consolidated and updated with the new data.

SH

At Mr Maynard Davies' request, Ms Hire agreed to focus on the future projection in the next Planned Care Update report.

Following up on his initial question, Cllr Evans requested assurance that there is regular and effective co-working between HDdUHB and SBUHB, and that it is tracked and is improving. He also enquired what the optimal co-working model would look like, when it would be achieved, and how the silos can be removed for better joint working.

Mr Carruthers indicated that the Health Board is trying to shape its regional planning approach for certain service areas, such as Orthopaedics, Pathology and Ophthalmology, in collaboration with other organisations; and that the Orthopaedics service model development is a regional programme of work that aims to balance the clinical focus on outcomes and quality with the Welsh Government's focus on waiting times performance. The Ophthalmology service model is led by SBUHB and is running behind the Orthopaedics programme, while the Pathology service model will be updated at the Board meeting on 30 May 2024 with a joint venture proposal.

HM

At Cllr Evans request, Mr Maynard Davies agreed that the Committee should receive regular updates regarding regional planning.

Ms Rhian Bond highlighted an agreed prioritisation process for the Glaucoma pathway to transfer patients from the Ophthalmology waiting list to the Optometric practices, indicating that there are 692 uncategorised patients on the new list, and that the qualified optometrists have dedicated time to look at them over the next six weeks. Ms Hire indicated that this would be covered by the in-progress deep dives and that Ms Vicky Coppack would link with Ms Bond and her colleagues.

VC

Ms Eleanor Marks enquired how the IA has affected the regional partnership, the regional pathways, and the pace of improvement as she is concerned about the increase in red numbers indicating the number of outpatients waiting more than 52 weeks for treatment.

Mr Carruthers indicated that the IA had impacted HDdUHB by approximately 6000 appointments over the course of the year which may have further impacted the Health Board's performance.

He also highlighted that the regional programme faces the challenge of balancing the operational needs of reducing the waiting times for Orthopaedic patients across the two Health Boards, and the planning needs of setting up a clear and coherent plan for the next 12 months. The Regional Programme Board has requested a plan outlining the details of the collaboration, such as the number of lists, the post-operative care arrangements, and the use of capacity in different sites. The plan is expected to be presented at the next Regional Programme Board Meeting. Mr Carruthers indicated that the programme aims to achieve a waiting time of 104 weeks or less for all Orthopaedic patients in both Health Boards by the end of March 2025.

Ms Marks indicated that some patients are not notified about their appointments until after the date they should have had them, affecting the Booking in Turn system. She enquired whether the issue is under control or if there are actions to ensure that people are finding out about their appointments in good time. She suggested that the problem is largely related to letters, and that people who receive texts have no issues.

Ms Hire advised that a query had been received from Llais regarding health records. The team indicated that they usually call patients directly for short notice appointments, and that they weren't aware of any concerns about appointment letters. The team had raised a concern previously about an external company that deals with appointment letters. Ms Hire offered to liaise with the team if Ms Marks could give her some examples of concerns about the letters, so that they can be dealt with individually to understand the reasons for the delays, but Ms Marks had not taken any names. Ms Hire confirmed that no patients would have been removed from lists due to non-attendance.

Mr Huw Thomas indicated that the postal service has recently been provided by an external supplier which will shortly transition to a hybrid print and post programme, allowing the sending of text messages or letters based on patient preference. He also indicated that there is an issue with how letters are consolidated and sent, which sometimes results in cancellations arriving before bookings; and that there is an active plan to improve the process of letter consolidation and delivery, which should improve the situation significantly in the next three to four months.

In Response to Mr Maynard Davies' query regarding the 3As Board Update Report, Ms Jo Wilson advised that:

- Advise: Provides guidance or recommendations based on the discussions.
- Assure: Confirms or validates matters addressed in the meeting.
- Alert: Notifications or warnings about urgent or important issues that need immediate Board attention or action.

SDODC agreed that the Board should be advised of the Planned Care Update report.

The Strategic Development and Operational Delivery Committee NOTED 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.

SDODC (24)34 Waiting List - The gap between consultant discharge and removal from the waiting list

The Committee received and considered the Waiting List Management report introduced by Mr Carruthers and presented by Ms Hire, who indicated that HDdUHB did not have a regular validation team for Elective Care waiting lists until five to six years ago and relied upon external sources. However, the Scheduled Care Directorate in HDdUHB is now responsible for overseeing the management of patients who have been referred for Elective (Planned) Care, and part of that responsibility includes ensuring patient waiting lists are regularly reviewed and cleansed in order to support the accuracy of appointment and treatment booking activities; and in turn maximise Outpatient, Diagnostic and theatre capacity for patient treatments. There are a broad range of clinical and administrative staff groups across the Health Board who have access to the Welsh Patient Administration System (WPAS) and can operationally validate patients on a waiting list, in addition to a dedicated validation team managed by the Scheduled Care Directorate. Ms Hire assured the Committee that removals of patients from the waiting list are undertaken correctly and in accordance with the Health Board's Access policy, which is derived from national policy and reviewed regularly. The Validation team oversees the management of the patients who are referred for Elective Care, and administratively validates the Referral to Treatment Time (RTT).

Ms Hire highlighted that the Patient Tracking List (PTL) nationally has been unavailable for a week, and the team has created a hybrid of the PTL with the help of Informatics and follow up wait data. She outlined the common reasons for stage one referrals, which are usually due to expedited duplicate referrals, and the removals in stage two and three, which are the diagnostic phase of the pathway where patients may not need further treatment. Ms Hire indicated that there are fewer referrals removed at stage four because of the cleansing throughout the pathway. She described the role of the administrative Validation team, which works closely with all clinicians to update the clinical record and take advice. The team also works with clinicians outside the Health Board, as some patients are in tertiary centres. The majority of patient removals reflect WPAS data entry errors which result in duplicate pathways. On average circa 100 records a month are removed due to duplicate entries.

A large volume of follow up patients are more suitable for alternative See on Symptom (SOS)/ Patient Initiated Follow-Up (PIFU) pathways. With the increasing application of SOS/ PIFU pathways in recent years, removal rates of patients previously recorded on a Follow Up Waiting List (FUWL) can be as high as 74% in some specialties. Compared to 2021, average SOS/ PIFU usage has increased by approximately 1,000 patients each month.

Ms Hire advised that a large volume of Health Board staff who have access to WPAS can validate patient information recorded on a Planned Care waiting list. The following groups of administration staff have the authority on WPAS to remove or adjust a patients pathway start date:

- Waiting list / Admissions teams have daily interaction with patients when booking appointments (ie Pre assessment). When patients are declared unfit, or refuse a reasonable offer or no longer require treatment, a patient is removed.
- The Validation Team validate all stages of the RTT pathway ensuring duplicates are removed and patient records accurately reflect the latest clinical outcome. No patients are removed without a clinical letter or detailed note on the record. Other examples of why patients are removed by the team include clinical instruction or a patient's pathway start date adjusted due to not attending (DNA) or could not attend (CNA) in accordance with the provisions in the Access Policy. The Validation manager works alongside the WLSS (Waiting List Support Service) to remove patients who have informed HDdUHB that they have had their treatment elsewhere. No removals are undertaken without a clear audit trail recorded on WPAS. Other reasons for removals include patients moving to another area.
- Hospital Ward staff remove patients as part of the admission and discharge process.
- The WPAS system automatically removes patients who have been on an SoS pathway after one year. However, this is communicated to the patient prior to redirection.
- Medical Secretaries remove patients following consultant reviews. Removal reasons include clinical decisions not to treat (due to efficacy or patient health). The Access Policy requires patients to receive written communication in such circumstances.
- Outpatient clerks can remove patients as part of their routine day to day work. Following an outpatient session a patient can be discharged if they have DNA'd twice.
- Health Records staff can remove patients if a patient advises they no longer require an appointment. Patients who CNA twice or refuse reasonable offers can also be removed.
- Follow up waiting list team staff can remove patients but will only do so following a clinical validation exercise or if there is a clear administrative reason for doing so (ie duplicate record).
- Service Support Managers in the Scheduled Care Directorate can remove patients following a clinical validation exercise (ie new clinical guidelines for the treatment of specific conditions) or non-responder reasons (patients who have failed to respond to routine validation enquiries in accordance with the Access Policy). All steps are documented on WPAS.
- In recent years, externally commissioned Validation team staff have had the ability to remove patients.

Ms Hire acknowledged that human error is inevitable in any service and outlined the measures to reduce and monitor the risk, such as training, auditing, feedback, and governance. She referenced an issue at SBUHB and a national news report about the problems with patient removals there, and confirmed that HDdUHB conducted an immediate audit to check its own performance. The audit evidenced that HDdUHB was compliant with the

Access Policy and that the risk of inappropriate removals was low. It also indicated that the Validation team gives regular feedback to Consultants and Medical Secretaries, and that a refresher training programme has commenced.

In response to Mr Imperato's enquiry regarding the audit, Ms Hire indicated that an internal audit was undertaken by the Validation team and HDdUHB's Internal Performance team, and to a lesser degree, the Clinical Effectiveness team. Mr Imperato enquired whether the Internal Audit team could periodically review the position and Mrs Wilson advised that it would not be possible for the current year, but that she and Cllr Rhodri Evans, who is Chair of the Audit, Risk and Assurance Committee (ARAC) would consider it in the future.

JW/RE

SDODC agreed that the Board should be assured by the Waiting List Management report.

Ms Steph Hire left the meeting.

The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE from the governance arrangements in place to manage the appropriate removal of patients from Planned Care waiting lists.

SDODC Table of Actions from Meeting Held on 29 February 2024 (24)35

SDODC (23)35: Planned Care Update: *Progress has been made with a draft Memorandum of Understanding between Swansea Bay UHB and Hywel Dda UHB received on 1 March 2024. This is being reviewed by both organisations at this stage. The action was closed in Audit, Risk and Assurance Committee (ARAC) with the condition that Mr Keith Jones would update the action plan. It can now be marked as Complete.*

SDODC (23)112: Deep Dive: Planning Objective 4c: Mental Health Recovery Plan: *To investigate the position regarding the availability of council accommodation for patients who could be stepped down, and whether the Local Authority has a statutory responsibility to accommodate them. Ms Sian Marie James has advised that instructions have been sent to Legal & Risk colleagues to provide advice and this should be received within 2-3 weeks. This action can be marked as complete when the information is received from the Legal & Risk team.*

SDODC SDODC Assurance Annual Report to ARAC/Board (24)36

The Committee received the SDODC Annual Assurance Report to Audit, Risk and Assurance Committee (ARAC)/Board. Mr Maynard Davies indicated that it was an appropriate reflection of the work undertaken in 2023/24.

The Strategic Development and Operational Delivery Committee APPROVED the Strategic Development and Operational Delivery

Committee's Annual Report 2023/24 for onward transmission to Board for ENDORSEMENT at the meeting scheduled to be held on 30 May 2024.

SDODC DEFERRED: Self-Assessment of Committee Effectiveness: Outcome (24)37

SDODC Targeted Intervention Update (24)38

Mr Shaun Ayres and Mr Dan Warm joined the meeting.

Mr Lee Davies introduced the Targeted Intervention Update (12-month review of the Maturity Matrix) report, highlighting the transition from the old to the new Targeted Intervention (TI) arrangements.

Mr Shaun Ayres indicated that to assess the progress of finance and planning against the Maturity Matrix, 12 months after being escalated to TI measures, a thematic approach had been adopted, instead of having numerous actions, to embed systematic change across the following nine domains:

- Strategy Development
- Strategy alignment and development of a 3 year Integrated Medium Term Plan (IMTP)
- Dynamic and engaged planning
- Operational planning
- Best practice approach to improvement
- Realistic and deliverable
- Systems and processes for performance, accountability, and improvement
- Measurable and improving performance
- Assurance

Mr Ayres also highlighted potential discrepancies between the original and the current baseline, and positive work undertaken over the summer on the annual plan, consisting of two phases and containing a high level of detail. He referenced difficulties in obtaining the right information at the right time during the planning round, and the need to be honest and transparent as an organisation. Mr Ayres outlined the revised organisational structure and the approach to TI in the financial year, which is based on embedding the systemic theme and the Escalation Framework. He then emphasised the importance of aligning and synergizing the Annual Plan, the Maturity Matrix outputs and the Framework with TI, so that they are addressed through core day-to-day business.

Mr Dan Warm advised that while scores for some areas may be lower than last year, that does not indicate regression, rather a reflection of the current position and maturity level of HDdUHB.

Mr Maynard Davies indicated that Welsh Government has set out an expectation for the organisation to reach Level 3 of the Planning Maturity Matrix, acknowledging that the Matrix is not a linear or perfect tool, and that HDdUHB may have achieved some aspects of higher levels while still lacking some of the lower levels. Mr Lee Davies clarified that the Matrix is

not only a way to satisfy WG, but also a way to become a learning and reflective organisation that can provide evidence of its planning maturity. Ms Wilson indicated that the Board and ARAC have to approve and own the Matrix, and that ARAC will also conduct a review of the evidence that supports the Matrix assessment.

Ms Marks commended the report; requested future updates; noted that improving the continuous planning culture is an important and interesting goal that reaches beyond finance and strategy.

In response to Mr Maynard Davies' question regarding editing the report to reflect the new executive structures before presenting it to Board, Mr Ayres indicated that the report was a reflection of work undertaken in the past 12 months and further editing regarding the new structure should be added.

SDODC agreed that the Board should be alerted to the requirement to approve the Planning Maturity Matrix.

The Strategic Development and Operational Delivery Committee APPROVED the scoring of the Planning Maturity Matrix for the 12-month review.

SDODC Integrated Performance Assurance Report (24)39

Mr Thomas presented the Integrated Performance Assurance Report (IPAR) – Month 12 2023/2024, highlighting the following:

- The Health Board exceeded the target for Part 1A and 1B of the Mental Health Act in March 2024.
- The Health Board reduced the number of breaches across the two years measure for Planned Care, which was the best position in the last 18 months.
- The Health Board faced challenges in ambulance handovers, Emergency Department (ED) waits, and patient falls, which increased the pressure on Urgent and Emergency Care (UEC) services.
- The Health Board experienced a significant increase in demand for Cancer services, which affected Single Cancer pathway performance and the backlog of patients.
- The Health Board had the highest number of breaches in Therapy services since before 2018, which had more than doubled over the year.
- The Health Board had 220 delayed pathways in March 2024, which varied across the three counties.
- The Health Board came under the trajectory for C-Diff and E-Coli infections.

Mr Carruthers acknowledged the difficulties faced by the Urgent Care system in the last few months due to high demand and pressure, and the steps taken to reset the transformation care programme and improve performance. He also referenced a specific issue of Norovirus outbreak at Prince Philip Hospital (PPH) which affected capacity; and the positive developments of reopening wards in Worthybush Hospital (WGH) and opening a new assessment unit. Mr Carruthers highlighted Carmarthenshire as the most difficult area to improve performance, having two district general hospitals and the largest site. He also outlined the plan to set up a

Carmarthenshire Improvement and Delivery group to address the urgent issues.

In response to a question from Mr Imperato, Mr Carruthers advised that he had concerns regarding the poor and inconsistent performance in cancer treatment, which is affected by factors such as industrial action, staffing issues, and the fragility of some services and pathways. He also identified Ophthalmology as an area of concern, especially some specific pathways for wet Age-related Macular Degeneration (AMD) injections and glaucoma, which need to be improved this year. Some improvement in the performance of Psychological therapies is expected to reach above 60% in the next month, thanks to the work done to set up a different response to the waiting lists and services.

Mr Imperato suggested that the report should highlight the areas of concern more clearly, such as the high number of children and young people (CYP) awaiting Mental Health services and the low uptake of immunisation.

Mr Maynard Davies requested clarification on what a 'whole school approach to Mental Health services' means. Dr Ardiana Gjini explained that it is a programme that aims to improve health and well-being in schools, and that HDdUHB is one of the best Health Boards in Wales in implementing it.

Referencing Mr Maynard Davies' enquiry regarding whether the decrease in agency spending and the increase in bank spend have resulted in a net benefit or net loss for the organisation, Mr Thomas advised that the organisation had benefited from the change in nursing, but he also indicated that there was an increase in agency, overtime, bank and substantive staffing in March 2024. He would need to examine the April 2024 data to assess if that was a one-off or a trend.

Mr Maynard Davies noted that the HDdUHB is receiving an additional 194 cancer referrals each month during the period of March 2023 to February 24, compared to the previous 12 months. Mr Thomas confirmed that the current level of referrals is higher than the pre-COVID-19 level, as shown by the trend chart covering the period from January 2020.

Referencing the impact of Diagnostics delays on waiting lists for cancer and other conditions, and how the new Single Cancer pathway target applies to any referral that could potentially be a cancer case, Mr Carruthers indicated that HDdUHB plans to achieve the eight week target for all Diagnostics by the end of March, with some additional capacity and funding needed.

SDODC agreed that the Board should be:

- Assured on the processes and the data collation, and over improvements in March 2024 in Planned Care, Diagnostics and Part 1a and 1b of the Mental Health Act.
- Advised on concerns that the Ortho geriatrician review of performance is dependent on a limited number of key clinicians, that neurodevelopmental pathway (which is improving but remains a concern), and C-Diff and E-coli (which is better than trajectory for March but remain areas of concern).
- Alerted to UEC performance, Therapies, Cancer, Falls and Delayed pathways.

The Strategic Development and Operational Delivery Committee NOTED the report from the IPAR – Month 12 2023/2024.

**SDODC Annual Plan
(24)40**

Mr Warm presented the 2024/25 Annual Plan Update report, indicating that the 2024/25 Annual Plan was presented to Board on 28 March 2024 and approved for submission to Welsh Government, with some conditions related to the targeted intervention and financial position of the Health Board.

HDdUHB is still awaiting formal feedback from WG but is continuing to develop actions highlighted in the Plan, especially those relating to TI and escalation work. He advised that the Health Board has three key reporting groups which will use the Annual Plan to drive forward the improvement of the Health Board's performance and the de-escalation of its TI status. HDdUHB is aware of the representations made by the Board to de-risk the plan for the first quarter and will focus on ensuring that it delivers what it said it would deliver, as a prerequisite for any future de-escalation.

In response to Mr Winston Weir's request for clarity regarding key risks, Mr Lee Davies indicated that the Annual Plan highlighted key risks and that a number of risks are included in Risk Registers. He also identified the performance risk of meeting the targets and standards for quality, safety and access, as well as the impact of external factors such as industrial action and estate issues; alongside the workforce risk of relying on a small number of individuals in some services, both in Secondary and Primary Care, and the potential disruption to service delivery and objectives. Risks are highlighted and managed through the Board Assurance Framework (BAF), the Risk Registers and the regular surveys and reviews of the estate.

Mr Weir reflected that by removing a section of the Annual Plan and adding it as an appendix to the 2024/25 Annual Plan Update report it could be more effective in showing how the Health Board addresses key risks. He also acknowledged that each Committee and the Board receive updates throughout the year and will review them through their respective lenses.

Mr Lee Davies agreed to include a section on risk in the future reports on the 2024/25 plan, and to indicate which other Committees are overseeing risk mitigation. Mr Wier also suggested that the report should point to the sources of assurance for the delivery of the plan.

LD/DW

Mr Ayres, in clarifying how to structure the TI measures plan and align them with the Annual Plan and the risks, proposed to use a balanced scorecard approach and rank the risks by their severity. Mrs Wilson cautioned that the TI measures should not be seen as separate from the existing process of managing risk in the Health Board, indicating that all TI risks are already on the Corporate Risk Register, and that they should avoid confusion and duplication. She suggested a discussion with Mr Ayres, to clarify how to integrate it with the current risk management system.

JW/SA

SDODC agreed that the Board should be advised of the position because it is too early to be assured and Welsh Government are unlikely to approve the Plan because it doesn't meet their targets.

The Strategic Development and Operational Delivery Committee
RECEIVED ASSURANCE with regard to the Annual Plan for 2024/25.

SDODC Closure Report - Annual Plan Monitoring Returns and Planning Objectives (24)41

Mr Lee Davies introduced the Planning Objectives Closure report explaining that the report will form part of a larger report to Board encompassing all planning objectives.

Mr Warm outlined the progress of the nine planning objectives aligned to SDODC for 2023/24, and the revised planning objectives for 2024/25, noting that the number of planning objectives had been reduced with more of them aligned to SDOC for 2024/25. He explained that the planning objectives were aligned to four Committees as follows:

- SDODC
- People, Organisational Development & Culture Committee (PODCC)
- Quality, Safety and Experience Committee (QSEC)
- Sustainable Resources Committee (SRC)

Mr Warm also summarised the status of the planning objectives for 2023/24 and highlighted areas that will continue to be developed and monitored in 2024/25.

At Mr Maynard Davies' request, SDODC noted that delays to the Estates Strategy and the Strategic Outline Case (SOC) were due to the Nuffield Review and the Infrastructure Investment Board's request to include more feasible options after the majority of the work previously agreed had been undertaken.

The Committee also noted that the report compared the data from May 2023 to February 2024 instead of the full year's figures, which may have been due to the timing of data availability; and that the plan to establish a regional pathology services shadow form from April 2024 was not yet approved and would be presented to Board on 30 May 2024.

Dr Gjini noted that Planning Objective 7C for most of the year was led by the Medical Director, not the Director of Public Health and Mr Lee Davies agreed to make the necessary changes prior to submission to Board.

LD/DW

SDODC agreed that the Board should be assured by the Planning Objectives Closure report.

Mr Shaun Ayres and Mr Dan Warm left the meeting.

The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE on the position in regard to the progress during 2023/24 of the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

SDODC Clinical Services Plan (24)42

Mr Lee Davies gave a brief verbal update on the Clinical Services Plan (CSP) indicating that the plan is on track and follows the methodology presented at the Board meeting on 28 March 2024. The first deliberative session took place recently and involved engaging with a large group of people to explore the issues and options for each of the nine services. Subsequently, a check and challenge session was held via MS Teams. The first intensive Sprint sessions scheduled for 25 and 26 April 2024 will consider the options and develop the preferred ones for each service.

The Strategic Development and Operational Delivery Committee NOTED the Clinical Services Plan update.

SDODC Implementation of Paediatrics Project Plan (24)43

Mr Nick Williams-Davies joined the meeting.

Mr Carruthers introduced the Implementation Project Plan for Urgent and Emergency Children and Young People's Services (Paediatrics) at Withybush and Glangwili Hospitals - Update, April 2024 report, which outlined the actions and challenges of developing a plan for the chosen option. He indicated that operational pressure has impacted the capacity and timeline of the project, while acknowledging that the system wide operational pressure has slowed down some of the things the Health Board wanted to do in the last three months; and that clarity is needed on how long certain actions will take.

Mr Nick Williams-Davies indicated that the Neonatal service implementation has been delayed by operational pressures at WGH, which affect the availability of Puffin ward as the venue for the service. The Programme Management team has met with the Director of Secondary Care and the acting General Manager to review the Task and Finish groups and make them clearer and more definitive. They have also received programme management support from Mr Lee Davies and his team. The Programme Management team will now identify time scales and milestones for the Task and Finish groups, and focus on the first Enabler group, which involves capital and estates work to repurpose the ward for the Neonatal service. The estimated time for the unit to be handed over is November of this year.

Mr Imperato raised concerns about the composition and expertise of the Task and Finish group that will address the travel and transport issues for Paediatric services in Pembrokeshire. Mr Williams-Davies explained that the Transport team had already conducted a piece of work to understand the current situation and will lead a separate group to improve the information and identify any shortfalls. Mr Imperato suggested that the Task and Finish group should include external input from someone from the bus operators who is familiar with bus timetables.

Mr Carruthers suggested that the team should reflect on membership and consider which key stakeholders should be involved. Mr Williams-Davies agreed to review with the Task and Finish groups membership to engage as many stakeholders as possible; and to provide an update at the next SDODC meeting.

NWD

Mr Williams-Davies left the meeting.

The Strategic Development and Operational Delivery Committee NOTED the Implementation Project Plan for Urgent and Emergency Children and Young People's Services (Paediatrics) at Witybush and Glangwili Hospitals- Update, April 2024.

**SDODC Electronic Prescribing Medicines Administration (EPMA)
(24)44**

Dr Chris Brown and Mr Owain Williams joined the meeting.

Mr Owain Williams presented the Electronic Prescribing Medicines Administration (ePMA) report, outlining the electronic prescribing systems for both Primary and Secondary Care in Wales, under the Digital medicines transformation portfolio. The ePMA system for Secondary Care covers prescribing and medicines administration within the hospital boundaries and some outreach models; and requires Health Board funding for its implementation. The Primary Care Electronic Prescription Service (EPS) aims to replace green prescriptions with electronic transfer and dispensing of medicines. It is a Digital Health and Care Wales (DHCW) led programme that depends on the availability and assurance of the service providers and Community pharmacies. Mr Williams indicated that the rollout plan for EPS is based on the readiness of GP and pharmacy systems. Two practices in Hywel Dda UHB will go live in Quarter 3 this year, with a further 11 practices with 40 pharmacies to follow later in this financial year.

Ms Rhian Bond advised that the GP clinical system transfer to EMIS is a fortuitous opportunity for electronic prescribing in Primary Care, emphasising that the Betsi Cadwaladr UHB pilots had been successful and offered assurance for the Electronic Prescribing Programme; and that the Electronic Prescribing Programme is a chance to do things differently in Primary Care to improve efficiency and safety.

Mr Imperato expressed his interest in EPS and requested a timeline and an update of the project in Quarter 4.

Mr Thomas indicated that the report had been presented to SDODC in response to a previous question raised at Board and Mr Maynard Davies agreed that, because the Digital programme sits largely with SRC, the update should be presented there in future.

HM

SDODC agreed that the Board should be assured by the ePMA report.

Dr Brown and Mr Williams left the meeting.

The Strategic Development and Operational Delivery Committee NOTED the differences and potential for integration between ePMA and EPS to fully realise the benefits of digitising the medicines prescribing and supply workflows; understood the relevance of the programmes and their contribution to Delivering a Healthier Wales and HDdUHB Digital Operational Plan; and understood current Health Board position for the implementation of digital medicines systems.

The Strategic Development and Operational Delivery Committee passed the responsibility for future updates to SRC.

**SDODC DEFERRED: Health Improvement and Wellbeing Strategic Plan
(24)45**

**SDODC Pentre Awel
(24)46**

Mr Lee Davies presented the Pentre Awel Update report, indicating that the building project is well underway and visible from the outside, although the construction phase for the health section is delayed until the next financial year. The delay in the health section poses certain challenges, such as accommodation pressures and postponed benefits. However, it also has financial implications, such as a marginal improvement in the forecast for this year.

SDODC agreed that the Board should be advised regarding the delay to the construction of the health section of the project.

The Strategic Development and Operational Delivery Committee NOTED the following:

- The progress in the development of the Pentre Awel project.
- The key points outlined in the Assessment section above.
- The requirement for the Health Board to progress and finalise the lease arrangements.

**SDODC Capital Sub-Committee held on 8 March 2024
(24)47**

**SDODC Capital Sub-Committee Annual Report
(24)48**

Ms Eldeg Roser joined the meeting.

Ms Eldeg Rosser presented the Capital Sub-Committee Update report alongside the Capital Sub-Committee Annual Report, providing a brief overview of the update from the Capital Sub-Committee, stating that there were no specific points she wished to highlight to the Committee at this time; and drawing the Committee's attention to the work undertaken during 2023/24.

SDODC agreed that the Board should be assured by the Capital Sub-Committee Update report.

The Strategic Development and Operational Delivery Committee NOTED the Capital Sub Committee Update Report following it's meeting on 8 March 2024.

**SDODC Report on the Discretionary Capital Programme 2023/24
(24)49**

Ms Rosser presented the Capital Programme 2023/24, Plan for 2024/25 and Capital Governance Update report, highlighting that against the resource available, the unaudited expenditure position for the year is an underspend of £32k, despite receiving WG end-of-year funding. She advised that the Health Board had to vest and bond one item of equipment which was planned.

HDdUHB has requested WG additional funding for the Fire Safety Schemes at GGH, and because this request is subject to Ministerial approval it carries some level of risk. Ms Rosser is therefore in the process of developing a new risk for the Corporate Risk Register to capture the potential risk of HDdUHB not receiving this WG funding.

Ms Rosser then updated the Committee on the progress of the capital schemes, such as the start of the chemotherapy units in Bronglais Hospital (BGH); the updating of the Sexual Assault Referral Centre (SARC) scheme in Aberystwyth; and the Carmarthen Hwb scheme which has submitted a Business Justification Case (BJC) to Welsh Government. The scheme has received WG feedback and presented its case to the Integrated Regional Capital Fund (IRCF) Panel, which decides on the funding allocation. The scheme is awaiting the Panel's decision on whether it will fund the additional costs of the project. She concluded by providing an update on the Reinforced Autoclaved Aerated Concrete (RAAC) scheme.

Mr Maynard Davies commended the report and asked Ms Rosser to pass the Committee's thanks to all teams involved.

SDODC agreed that the Board should be assured by the Capital Programme 2023/24, Plan for 2024/25 and Capital Governance Update Report.

The Strategic Development and Operational Delivery Committee NOTED the following:

- The update on the Capital Programme and CRL for 2023/24.
- The update on the Capital Programme for 2024/25
- The capital schemes governance update.
- The RAAC update.

SDODC SOC: AHMWW Programme (24)50

Mr Lee Davies presented the Strategic Outline Case: A Healthier Mid and West Wales (AHMWW) report, highlighting a very recent meeting with Welsh Government to explore the options regarding the SOC. He advised that the meeting helped to refine options and align the expectations of both parties.

Mr Paul Williams (Assistant Director of Strategy & Planning) and Ms Rosser will work with NHS Wales Shared Services Partnership (NWSSP) colleagues to determine the level of detail required for the assessment of the options.

SDODC and Board will be updated on progress and Mr Lee Davies will also share his follow up communication with Ian Gunney. He acknowledged that Welsh Government have agreed that the clinical case for the Mid and West Wales programme is compelling and that the options should reflect the best outcomes for the patients.

In response to an enquiry from Cllr Evans, Mr Lee Davies indicated that the new hospital is one of the options that is still open for consideration. The other option would be to reconfigure the existing services and sites. The

phasing of the project is another question that needs to be addressed, as it affects how the new hospital or the reconfiguration would be implemented over time. The phasing also depends on the availability of capital funding and the impact on the current services which HDdUHB alone cannot solve.

SDODC agreed that the Board should be advised regarding the AHMWW Programme.

The Strategic Development and Operational Delivery Committee NOTED the following:

- The continuing dialogue in support of the release by WG of the final Nuffield Trust review of the UHB's proposed clinical model.
- The workshop being planned to progress the SOC for the new urgent and planned care hospital, Withybush and Glangwili
- The role of the programme SRO and the decision to appoint the Director of Strategy and Planning into this position following the departure of the former Chief Executive.
- That the Principal Risk 1196 has been the subject of review and the risk score remains at 16.

SDODC Cross Hands Health and Wellbeing Centre FBC (24)51

Mr Lee Davies indicated that, an urgent meeting on 22 April last with WG, had been scheduled due to the cost of the project having risen from £37.4m to £53m, which is above WG guidance of inflation plus 10%. The cost increase is mainly due to market conditions and inflation, not scope or specification changes. Welsh Government has requested an urgent meeting with the Project team to discuss the affordability and feasibility of the project. They have asked for three actions: a review of the cost increases by NWSSP colleagues; a clarification of the cost envelope; and a possible reduction of the scope and size of the project. The Project team is therefore exploring options and communicating with stakeholders; and working with the supply chain partner and professional advisors to review the options for reducing the cost and redesigning the building. They are also informing service leads and partner organisations of the potential delay and the need for communications. Mr Lee Davies advised that the project will not be presented to May Board as planned because the Project team needs to complete the actions and meet again with Welsh Government in a month's time. They will update the Board and SDODC on the outcome of the meeting and the next steps.

Ms Rosser reiterated that the project is facing a potential time delay due to the cost issues. Service leads, partner organisations, the supply chain partner, and professional advisors have been notified or consulted about the situation and the options going forward. Due to the development having specific interest from Welsh Government, a communication strategy may be required to address the potential delay.

Mr Thomas indicated that the net revenue cost of a development project in Carmarthenshire is a major driver of the Health Board's deficit. The Executive Team debated about the feasibility of recommending this project to the Welsh Government and the Board and suggested that it should be either cost neutral or cost beneficial for the system. The latest developments imply that the project needs further work to reduce the revenue cost, or the

recommendation needs to reflect the financial challenge and the need for additional funding.

Board approval is required for the Cross Hands Health and Wellbeing Centre: Full Business Case but due to an increase in costs from Outline Business Case (OBC) to Full Business Case (FBC) Welsh Government has requested further work on the scheme before it can be submitted to Board for approval.

SDODC agreed that the Board should be alerted regarding the current position.

Ms Eldeg Rosser left the meeting.

The Strategic Development and Operational Delivery Committee NOTED the development of the Cross Hands Health and Wellbeing Centre - Full Business Case

**SDODC DEFERRED: SARC BJC
(24)52**

**SDODC Corporate Risks Related to SDODC
(24)53**

In response to Cllr Evans enquiry, Mr Carruthers referenced the risk assessment of the Single Cancer pathway, which aims to improve the outcomes and experiences of cancer patients. He indicated that the delivery plan and the target for achieving 75% of the single cancer pathway has changed for the financial year 2024-25, and the team will review the risk accordingly. Welsh Government has allocated funding for the Single Cancer pathway, but there is a risk of reputational challenge and escalation if the performance progress is not satisfactory.

The Strategic Development and Operational Delivery Committee RECEIVED 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.
- Challenge where assurances are inadequate.

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

**SDODC Corporate Policies
(24)54**

There are no policies for approval.

**SDODC SDODC Work Programme 2024/25
(24)55**

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

SDODC ANY OTHER BUSINESS

(24)56

There was no other business reported.

SDODC MATTERS AND RISK FOR ESCALATION TO BOARD

(24)457

SDODC Assurance Annual Report to ARAC/Board: For approval
Targeted Intervention Update: Maturity Matrix for approval

SDODC DATES OF FUTURE MEETINGS

(24)58

Thursday 27 June 2024 09.30 – 12.30

Venue: In-person (Ystwyth Boardroom) and MS Teams

Thursday 29 August 2024

Thursday 31 October 2024

Thursday 19 December 2024

Thursday 27 February 2025