

## MINUTES OF THE HDD STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE MEETING

Date of Meeting: **09:30, Thursday 27 February 2025**

Venue: **Microsoft Teams Meeting**

Present: Mr Maynard Davies, Independent Member, Chair  
Mr Michael Imperato, Independent Member, Vice Chair  
Cllr Rhodri Evans, Independent Member  
Mr Winston Weir, Independent Board Member

In Attendance: Mr Lee Davies, Director of Strategy and Planning  
Mr Andrew Carruthers, Chief Operating Officer  
Dr Ardiana Gjini, Director of Public Health  
Mr Huw Thomas, Director of Finance  
Ms Jill Paterson, Director of Primary Care, Community and Long Term Care  
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary

Mrs Helen Mitchell, Committee Services Officer

### Items SDODC (25)09, SDODC (25)13 and SDODC (25)14

Mr Shaun Ayres, Deputy Director of Operational Planning and Commissioning

### Item SDODC (25)10

Ms Elaine Kent, Senior Nurse

### Item SDODC (25)11

Ms Sarah Bolton, Head of Primary Care Transformation

### Item SDODC (25)16

Ms Beccy Temple-Purcell, Assistant Director of Nursing, Mental Health and Learning Disabilities

Ms Angela Lodwick, Assistant Director, Mental Health and Learning Disabilities

### Item SDODC (25)20 and SDODC (25)21

Ms Eldeg Rosser, Head of Capital Planning

Mr Rob Elliott, Director of Estates, Facilities and Capital Management

### Item SDODC (25)22

Ms Steph Hire, General Manager Scheduled Care Services

Minutes Ref.	Item	Action
<b>SDODC (25)01</b>	<b>Introductions and Apologies</b>	
	Mr Maynard Davies welcomed members to the final Strategic Development and Operational Delivery Committee (SDODC)	

meeting, thanking all members for their hard work and contributions.

Apologies were received from:

- Ms Eleanor Marks, Independent Member

**SDODC (25)02    Declarations of Interest**

Cllr Rhodri Evans declared an interest in agenda item SDODC (25)19: Capital Programme 2024-25 - Plan for the Pentre Awel, Carmarthen Hwb and Cross Hands projects as a Local Authority Councillor.

**SDODC (25)03    Minutes and Matters Arising from the Meeting held on 19 December 2024**

**RESOLVED** - the minutes of the SDODC meeting held on 19 December 2024 were **APPROVED** as an accurate record of proceedings.

**SDODC (25)04    Table of Actions from Meeting Held on 19 December 2024**

All actions were complete.

In response to Cllr Rhodri Evans' enquiry regarding whether Planned Care recovery funding had achieved the desired outcomes, Mr Lee Davies confirmed that orthopaedic numbers were much improved, projected to be below 50 at year-end, while Mr Huw Thomas indicated that Hywel Dda University Health Board (HDdUHB) is in a relatively good position compared to other Health Boards in Wales.

**SDODC (25)05    Self-Assessment of Committee Effectiveness: Outcome**

Mrs Joanne Wilson presented the SDODC Self-Assessment Outcome Report 2024/25, indicating that of the four outstanding actions, three would be followed up by the Corporate Governance team and the fourth action would be followed up by the Chair of the new Finance and Performance Committee by ensuring that areas of concern in relation to performance are referred to Quality, Safety and Experience Committee (QSEC) to seek assurance on the impacts to the patient.

Mr Maynard Davies indicated that, as with Sustainable Resources Committee (SRC), responses had been limited but that Independent Members were engaged and would raise any concerns.

Mrs Wilson agreed to meet with new Chair of the Finance & Performance Committee to ensure a smooth handover of issues from SDODC.

**JW**

**Decision:**

The Committee:

- **CONSIDERED** the outputs from the Committee Self-Assessment process.

- AGREED the actions to be taken to improve its effectiveness.

## **SDODC (25)06 Operational Risks Related to SDODC**

Dr Ardiana Gjini presented the Operational Risks Assigned to SDODC report,

### **Decision:**

The Committee:

- NOTED the re-alignment of risks currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025.
- REVIEWED and SCRUTINISED the risks included within this report to RECEIVE ASSURANCE that all relevant controls and mitigating actions are in place.
- DISCUSSED whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.
- This in turn enabled the Committee to PROVIDE the necessary ASSURANCE to the Board that these risks are being managed effectively.

## **SDODC (25)07 Monitoring Welsh Health Circulars (WHCs)**

Dr Gjini presented the Monitoring of Welsh Health Circulars (WHCs) update report, confirming that there were no alerts. The actions required and approved by the Welsh Government are in line, but the uptake of staff vaccinations does not align with the actions in place; and is being monitored.

### **Decision:**

The Committee:

- NOTED the re-alignment of WHCs currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025.
- 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 will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively.

## **SDODC (25)08 Ministerial Directions (MDs)**

Ms Jill Paterson presented the Monitoring of Ministerial Directions update report, confirming that HDdUHB is compliant in all areas.

**Decision:**

The Committee:

- NOTED the re-alignment of Ministerial Directions currently reportable to SDODC in line with revised governance arrangements as approved by Board at its meeting on 30 January 2025.
- RECEIVED ASSURANCE that HDdUHB is compliant with the NSIs (MDs) issued by WG between 1 September 2024 and 31 January 2025.

**SDODC (25)09 Targeted Intervention**

Mr Shaun Ayres presented the Targeted Intervention Update report, indicating that although only one objective had moved from Alert status to Advise in the past 12 months, progress had been made in areas where it is relatively easy to implement change, thereby improving the position. Mr Lee Davies advised that there are now certain challenging issues which make it difficult to observe changes on a month-to-month basis.

The Board has established a strategic vision; however, timelines have not yet been determined for the strategic refresh or the specific steps required to achieve it. When the detail has been outlined this matter is like to move to Advise status.

Indicating that the Financial Plan requires ongoing monitoring to ensure that non-recurrent savings are converted into actual savings, Mr Ayres indicated that ensuring clarity on the specific actions needed over the coming months is crucial, particularly regarding urgent care and diagnostics, as diagnostics are crucial to cancer performance. Additionally, while not directly linked to this Committee, the Health Board must also monitor health infections, which Quality, Safety and Experience Committee (QSEC) addresses. This area tends to fluctuate and is among the three or four areas causing most concern for the next financial year.

In response to Cllr Evans' enquiry regarding mitigations, Mr Ayres emphasised the importance of being proactive in areas where HDdUHB faces the greatest challenges. Inevitably, some challenges will revolve around configuration; and the organisation is stretched across four sites, with workforce requirements creating significant fragility. It is crucial to ensure that all considerations align with statutory requirements.

Indicating that his primary concern was cancer performance, particularly its alignment with diagnostics, Mr Ayres indicated that maintaining diagnostics and the numerous background actions is essential. The Annual Plan will address aspects such as Faecal Immunochemical Tests (FIT), which will impact upper Gastrointestinal (GI) tumour sites and endoscopy, linking to the

surveillance plan. His main concern remains the actions related to cancer performance and the ability to demonstrate their impact. This is a critical next step in the planning and operational evolution within the Health Board. Additionally, fragile services outside of cancer performance are a concern, as unforeseen issues can arise. The goal is to be as informed as possible to avoid being caught off guard, as has happened in the past.

Confirming that any final amendments to the Annual Plan are required by close of play on 28 February 2025, Mr Ayres indicated that he thoroughly interrogates any changes.

The Committee noted a cultural issue within the planning framework, specifically in the operational planning process. HDdUHB's approach should become more scientific and precise, particularly regarding action trajectory and traction. This would address the lack of clarity on actions to be undertaken, when they will occur, and their expected outcomes.

**Decision:**

The Committee:

- NOTED the TI update report.

**SDODC (25)10 Community & Long Term Care Quarterly Service Report**

*Ms Elaine Kent joined the meeting.*

Ms Paterson presented the Long Term Care Performance Report, highlighting key issues and ongoing challenges within the independent sector. Indicating that one home was under a voluntary embargo, Ms Elaine Kent advised that two care homes refuse to accept Continuing Health Care (CHC) rates.

Regarding the development of nursing home provision across the area, HDdUHB is in discussion with Carmarthenshire County Council about an 84-bed care home in Carmarthenshire, which is expected to open in spring 2025. The providers have also purchased land in the Cross Hands area in Carmarthenshire with the intention of building a further 65-bed care home, which is anticipated to start construction at the end of 2025.

A 74-bed residential care home in the Ammanford area in Carmarthenshire has recently been re-registered as a nursing home for people with dementia. The Health Board is currently working through the residents there to undertake nursing assessments to determine which of them needs the oversight of a nurse 24 hours a day.

The Regional Partnership Board (RPB) continues to explore the possibilities of a public sector nursing home in the Pentra Awel development, as well as a 60-bed care home in Carmarthen, which is aiming to be operational in or around 2027/2028.

Regarding the Discharge to Assess (D2A) pathway, which was designed for individuals with nursing needs who required long-term placement in a nursing home, with the expectation that the CHC assessment would be completed within two weeks of discharge into the care home, data shared in previous meetings indicated that the Health Board had been fully funding individuals for a prolonged period despite the agreement to fund for a maximum of two weeks.

Given the prolonged delays and significant financial implications for the Health Board, a formal pilot was initiated at the beginning of August 2024, during which CHC assessments were completed in the hospital environment prior to discharge. The data collected from this pilot showed that the outcomes of the CHC assessments were not affected when undertaken in the hospital environment, indicating no actual difference whether the assessments were done in the hospital or in the care home at two weeks, three weeks, or four weeks.

The pilot evidenced a significant reduction in the number of days from referral to assessment. However, feedback from ward staff indicated delays before the referral reached the long-term care team, and ongoing issues with the home of choice and family preferences for moving their relatives. Feedback from the acute site highlighted that ward nurses lacked the confidence and competence to complete nursing assessments, the junior workforce was unfamiliar with detailed assessments, and there was a lack of awareness of the new process at ward level.

In December 2024, Welsh Government announced additional funding until the end of March 2025 as part of the 50-day integrated care Winter Challenge, enabling the restart of the discharge to assess model. This model aimed to step patients down from acute settings, community settings, or their own homes or residential homes into nursing homes for CHC assessments. These beds are monitored and reported to Welsh Government weekly, and to date, the Health Board has commissioned a total of 837 bed days, comprising 28 individuals stepped down from the hospital into a nursing home and six individuals stepped up from the community or residential care home to avoid hospital admission.

The Health Board has undertaken 11 CHC assessments and completed six-week assessments for these individuals. None were eligible for CHC; six were eligible for Funded Nursing Care (FNC), two were not eligible for either CHC or FNC and remained in residential beds, three returned to their own homes, and six passed away before the assessment was completed.

The Welsh Government funding is non-recurring, and a revised agreement is required moving forward into 2025/2026 to ensure financial sustainability for both organisations and to centralise patient decision-making. The ongoing funding for the discharge to assess beds will be discussed further at the Integrated Executive

Group (IEG) meeting during the week commencing 3 March 2025, and an update will be provided.

In response to Mr Imperato's enquiry regarding how the nursing home will be funded, Mss Paterson indicated that in terms of the potential Pentra Awel development, HDdUHB is considering a unique opportunity where the Local Authority would purchase the building, and the Health Board would either provide or commission the nursing care. The legal arrangements are currently being explored with a view to enabling HDdUHB to be the provider of the service.

Ms Paterson confirmed that Local Authorities cannot legally be responsible for nursing care, indicating that the Local Authority would take responsibility for the building, allowing HDdUHB to have improved governance by directly providing this service with NHS staffing, which the Health Board believes would lead to better outcomes.

Acknowledging the need to reflect on the learning from this project, Ms Paterson agreed to present Discharge to Assess (D2A) pilot to IQFPD prior to the next Finance & Planning meeting, noting that the process around the assessment is straightforward, with clear expectations for all partners to act in a timely manner. Part of the discussion involves addressing these expectations with Local Authority colleagues. Additionally, there are issues around confidence and support. It is concerning that ward staff feel ill-equipped to undertake nursing assessments. Trained, registered staff should be able to assess their patients' needs regularly. This issue should be addressed to ensure the best outcomes for patients, moving them to the right place to receive care in a timely manner.

**JP**

In response to Cllr Evans' enquiry regarding the care home sector, Ms Kent indicated that there are very few nursing home beds within Hywel Dda so individuals may be moved to different areas or to a home just over the border in Swansea for specialist needs. Relatives from other parts of the UK may also want to move their relatives closer to them, which can be more costly.

Regarding high-cost placements, most are catered for within the Health Board. The main reason for out-of-county placements is the home of choice or relatives wanting patients closer to them, rather than an inability to cater to them locally, although this may differ for mental health and learning disabilities patients.

In terms of the sustainability issue, Ms Paterson indicated that a new 84-bed care home is being built and is due to open soon. This care home was developed without any consultation with either the Health Board or the Local Authority. Consequently, the Local Authority is not keen to enter any contract with the facility at this point. HDdUHB is in discussions with Local Authority partners, as it would not be ideal for the Health Board to enter a contract with them solely. However, following a brief discussion

with Mr Carruthers, there may be different ways the Health Board could engage with this care home. Given the current pressure on nursing home beds, HDdUHB should not miss the opportunity for extra capacity if it is available and if it is satisfied that the provider can deliver the required level of care with robust arrangements in place.

In response to Mr Maynard Davies' enquiry regarding the sustainability of nursing homes due to the increased National Insurance (NI) costs, Ms Paterson indicated that care homes have raised concerns. Previously, the real living wage was funded by Welsh Government through Local Authorities and Health Board budgets. However, from a Health Board perspective, HDdUHB will have to cover next year without Welsh Government funding. The NI costs are particularly concerning for small providers in terms of maintaining their business. These issues are being worked through and will be reflected in the increase for the inflationary uplift for the forthcoming year, which is currently in progress.

Mr Thomas indicated that the National Insurance (NI) costs will have a consequential effect on HDdUHB's expenses, which have been factored into the 2025-26 Financial Plan. This situation prompts broader concerns regarding the sector's viability, as a portion of its sustainability relies on charging private patients. The alteration in charging could introduce additional costs, potentially impacting the viability of the private sector. This exacerbates the overall risk that the sector is facing.

The Committee agreed to advise the Board of the current position.

*Ms Kent left the meeting.*

**Decision:**

The Committee:

- NOTED the content of this report.
- RECEIVED ASSURANCE from the information provided.

**SDODC (25)11 Deep Dive PO7: Primary Care & Community Strategic Plan**

*Ms Sarah Bolton joined the meeting.*

Ms Paterson presented the Primary Care and Community Strategic Plan, highlighting that the Board Seminar held during the week commencing 17 February 2025 had raised certain issues which were now being addressed.

The Committee agreed to assure the Board of the current position.

*Ms Bolton left the meeting.*

**Decision:**

The Committee:

- NOTED the report for information as work progresses to develop a Primary and Community Services Strategic Plan.

**SDODC (25)12 Primary Care IMTP (AKA Cluster Projects)**

Ms Paterson presented the Cluster Integrated Medium Term Plan (IMTP) Monitoring Report, providing an update on cluster projects, emphasising the robust quarterly review process and the governance and finance mechanisms in place to monitor progress and outcomes. Referencing the importance of scaling up projects Ms Paterson highlighted the necessity of scaling up successful projects due to their beneficial outcomes for patient care and the overall system.

In response to Mr Weir's enquiry regarding categorisation of projects and the need for more information on outcomes and patient impact, Ms Paterson clarified that the paper is a process paper intended to provide assurance on the monitoring and governance of cluster projects, not to seek approval for specific projects.

Mr Thomas highlighted the need to quantify the impact of cluster projects and align them with broader public health and community preventative measures. Ms Paterson concurred, emphasising the importance of integrating cluster projects with other programmes and the need for more visible connections.

Ms Paterson agreed to liaise with Mr Carruthers to consider alignment of cluster projects with the wider objectives of services such as Urgent and Emergency Care (UEC).

**JP**

In response to Mr Imperato's suggestion of a thematic approach to cluster projects to improve sustainability and reduce hospital admissions, Ms Paterson indicated that that cluster projects must reflect specific needs identified in population needs assessments and align with Ministerial and Health Board priorities.

Ms Paterson agreed to liaise with Mrs Wilson regarding the possibility of cluster leads delivering a presentation at a future Board Seminar to provide ground-level feedback on projects.

**JP**

**Decision:**

The Committee:

- NOTED the former process for developing the Cluster IMTPs.
- RECEIVED ASSURANCE regarding the process being taken to ensure progress of Cluster projects through the monitoring and evaluation process.
- NOTED the new process of reporting finance data.

## **SDODC (25)13 Update on the 2024/25 Planning Objectives and the 2025/26 Annual Plan**

Mr Ayres presented the Update on the 2024/25 Planning Objectives and the Annual Plan for 2025/26, emphasising the balance between short-term stabilisation needs and long-term strategic goals, and highlighting the involvement of clinical input and broader representation. In referencing fragile services, Mr Ayres indicated that the strategic refresh of the Clinical Services Plan (CSP) was expected to address these issues.

In response to Mr Maynard Davies' enquiry regarding the degree of confidence in delivering the activities outlined in the plan, Mr Lee Davies assured the Committee that the plan is credible and achievable, although some areas are still maturing. Mr Ayres acknowledged that while there are challenges, particularly in neurodevelopmental services, efforts are being made to improve performance.

In response to Cllr Evans' query re the presentation of data, Mr Ayres confirmed that the 2025-26 planning objectives will be more intrinsically linked with the overarching delivery of key programmes next year. Mr Lee Davies indicated that the new management structure would place an emphasis on reinforcing responsibilities and expectations.

### **Decision:**

The Committee:

- RECEIVED ASSURANCE on the current position in regard to the progress of the Planning Objectives aligned to SDODC, 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.
- RECEIVED ASSURANCE on the steps taken in the development of the Plan for 2025/26.

## **SDODC (25)14 Commissioning**

Mr Ayres presented the Commissioning bi-annual report, highlighting the following:

- Dual Energy X-Ray Absorptiometry (DXA) Scans have a reducing waiting list with 450 scans per month being undertaken compared to the original average of 142.
- The Non Drug Allergy service poses challenges, with no capacity available from University Hospitals of Liverpool, and reliance on an All-Wales or South Wales solution.
- South West Wales Cancer Centre (SWWCC): There was a slight delay in commissioning the Computerised Tomography Simulator (CT SIM), which it is expected to be live by May 2025. Strategic considerations include the development of the fifth and sixth Linac.

- Financial Plan and Joint Commissioning Committee (JCC) concerns: The financial plan includes a £5.5m uplift for the JCC, but it is currently predicting £5.9m, requiring measures to mitigate exposure on the contract.
- Long term Agreements (LTA): The negotiations deadline for agreement on LTAs is 28 February 2025 to avoid financial risk, with issues particularly with Velindre Cancer centre and Swansea Bay University Health Board (SBUHB) being addressed.

In terms of financial grip and control, Mr Ayres indicated that all directorates could demonstrate effective grip and control. HDdUHB has avoided a potential expenditure of £265k by thoroughly reviewing all oncology Service Level Agreements (SLAs). Without this review, there was a risk of incurring these costs. This achievement highlights the Health Board's understanding of its business and contractual obligations. Similarly, HDdUHB has redirected high-cost drugs inappropriately charged to Health Board contracts to the JCC, which may have implications for the next year. Additionally, in neurology and vascular services, HDdUHB has identified instances of double charging through an LTA and an SLA. These actions collectively demonstrate improved grip and control in several key areas.

In response to Cllr Evans' enquiry regarding reaching the radiotherapy 8-week target, where he referenced that the recent Board Seminar had highlighted a shortfall of 57,500 scans to meet the 8-week target, equating to approximately 327 hours of work per week, Mr Carruthers acknowledged the shortfall and the challenge of recruiting 139 whole-time equivalent (WTE) staff across various skill levels. The plan presented at the Board Seminar offered scope to continue following a similar model to the latter half of this year. There is an opportunity to improve cancer performance, maintain the single cancer pathway (SCP) position, and reduce the number of people waiting over eight weeks. However, it is unlikely to reach zero within the current allocation. Additional funding from Welsh Government may help bridge the gap, but the extent is uncertain. Regional conversations regarding diagnostics and system capacity are ongoing.

Mr Carruthers also indicated that the current plan aims to manage cancer performance and mitigate the 8-week position next year, though it won't completely clear the backlog. Looking ahead to years two and three, recruiting 140 staff is unlikely. Instead, a mixed approach involving digital solutions, Artificial Intelligence (AI) developments, and other opportunities will be explored to manage capacity, either as a Health Board or jointly with SBUHB on a regional basis.

The Committee agreed to advise the Board of the current position.

**Decision:**

The Committee:

- NOTED the content of this report.

**SDODC (25)15 Deep Dive PO8: A Healthier Mid and West Wales Infrastructure**

Mr Lee Davies presented the Deep Dive Planning Objective (PO) 8: A Healthier Mid and West Wales Infrastructure report, indicating that HDdUHB is awaiting clarity on the programme, which is expected at an upcoming meeting with Welsh Government scheduled for 25 March 2025.

Referencing the Pentre Awel project, Mr Lee Davies indicated completion of the leisure element of the construction, including the hydrotherapy pool, is likely to be completed at the end of April 2025, while the Clinical Unit is likely to be completed towards the end of 2025.

The Committee agreed to advise the Board of the current position.

**Decision:**

The Committee:

- NOTED the update both to the strategy discussions with Welsh Government and the progress with community schemes as they both relate to the objectives of PO8.

**SDODC (25)16 Deep Dive PO5: Mental Health & CAMHS**

*Ms Beccy Temple-Purcell and Ms Angela Lodwick joined the meeting.*

Ms Beccy Temple-Purcell presented the Planning Objective 5: Mental Health & Child and Adolescent Mental Health Services (CAMHS) Reporting Period: January 2025 report, providing an overview of the progress within the Mental Health and Learning Disabilities (MH&LD) Care Group. She highlighted the consistent achievement of Parts 1A and 1B compliance, the operational status of the 111 option 2 service, and the progress in upscaling multidisciplinary roles to be more psychologically informed.

In response to Mr Imperato's enquiry about the increasing number of Autism Spectrum Disorder (ASD) referrals, Ms Temple-Purcell indicated that the increase is due to greater awareness of ASD in communities and training of professionals to identify symptoms earlier.

Ms Angela Lodwick highlighted challenges faced by the children's ASD service, including the marked increase in referrals and the long waiting list. She presented a pilot proposal pathway aimed at fast-tracking assessments, indicating that the proposal aims to initiate a fast-track process for both existing and new referrals. The process involves two highly trained clinicians reviewing the information received, obtaining additional information if required, and then conducting a desktop review to decide against the criteria for a positive diagnosis of ASD. The goal is to improve the

timeliness of assessments and ensure that children can access support services more quickly.

In response to Cllr Evans' enquiry regarding the potential impact of the pilot on children and young people (CYP), Ms Lodwick cited positive evidence from both Aneurin Bevan and Cardiff and Vale University Health Boards, which have implemented this approach. These Health Boards have been able to see young people more promptly and avoid a 4-year waiting list, which is detrimental to educational and developmental attainment. Ms Lodwick also indicated that the Health Board is awaiting confirmation of additional funding from the Welsh Government.

Referencing Section (S) 136 provision, Ms Temple-Purcell provided an update on the new service model indicating that the Health Board is close to agreeing on a preferred model and is currently working on a quality impact assessment. In response to Mr Weir's enquiry regarding consistency across the Local Authorities, Ms Temple-Purcell confirmed a single approach across Hywel Dda.

The Committee agreed to alert the Board to the current position.

*Ms Temple-Purcell and Ms Lodwick left the meeting.*

**Decision:**

The 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.
- RECEIVED ASSURANCE that the Service is actively working through alternative models with key stakeholders to ensure improved future access to ASD services.

**SDODC (25)17      Deep Dive PO3: Six Goals Programme**

Mr Carruthers presented the Six Goals Programme Quarter (Q) 3 Update report, indicating that performance at the end of Q 3 was unsatisfactory, with significant pressure on delays and access. Media coverage indicated it was one of the worst winters for unscheduled care, affecting staff morale. However, January 2025 data showed some improvement in delays.

Referencing actions taken through the Six Goals programme Mr Carruthers indicated that they are starting to show positive

impacts, with efforts to provide a more consistent 7-day service across Urgent and Emergency Care (UEC).

Changes in front door pathways in Glangwili Hospital (GGH) have reduced the number of patients going through the emergency department, contributing to small improvements in length of stay.

Mr Carruthers emphasised the importance of transformational work in 2025-26, with a workshop planned for April 2025 to discuss a practical blueprint for West Wales.

He highlighted a need to include more contextual information in updates, focusing on activity and demand rather than only performance metrics.

Increased engagement and ownership from staff was observed, with more participation in improvement initiatives and weekly data review sessions. Mr Carruthers indicated that the Big Room model would be progressed from three separate meetings for ED, acute medicine and surgery staff to one large meeting to encourage further engagement and facilitate a change in culture.

The Committee agreed to advise the Board of the current position.

**Decision:**

The Committee:

- NOTED the Six Goals programme progress against its Planning Objective as presented, including the associated risks, issues and considerations for each Workstream as highlighted.
- NOTED the 2025/26 UEC Ministerial Priorities reflected within High level priorities identified for the Six Goals Programme in 2025/26.
- NOTED the risks/mitigations regarding refocusing of current SDEC and UPC funding towards initiatives aligned to 2025/26 UEC Ministerial Priorities.
- RECEIVED ASSURANCE regarding the formal response from Welsh Government following the Programme's mid-point review: A letter stated that the Six Goals Programme in Hywel Dda had made good progress in many areas and that engagement with the national team has been positive, as such it would be continuing to fund Q3 and Q4.

**SDODC (25)18 Integrated Performance Assurance Report (IPAR)**

Mr Thomas presented the Performance Update for HDdUHB – Month 10 2024/2025 report, highlighting staff sickness which is monitored by People, Organisational Development & Culture Committee (PODCC), particularly stress and depression; and has seen a worrying trend over the past two years, despite additional staffing resources.

In response to Cllr Evans' enquiry regarding spending of additional funding allocated for specific projects, whether all allocated funds had been spent and if any of the funding would need to be returned, Mr Thomas provided an update on the spending of additional funding allocated for specific projects. He confirmed that the Health Board had received £5.9m for orthopaedics and £420k for ophthalmology. Mr Carruthers indicated that he expected that all funding would be used by the year end, but in the event that it wasn't, he agreed to make enquiries and follow-up with Cllr Evans.

**AC**

An issue was highlighted regarding the resignation of an orthopaedic consultant from an outsourced provider, which affected the delivery of services to approximately 100 patients. The team had worked to mitigate this risk and had reduced the number to approximately 40 patients.

Referencing the ophthalmology position, Mr Carruthers indicated that funds allocated to ophthalmology are not specifically for cataracts, but rather for other areas within the field. The additional money recently spent is intended to support the Intravitreal Injection Therapy (IVT) pathways, particularly the Age-related Macular Degeneration (AMD) induction pathway. This area is crucial for HDdUHB to focus on and improve in 2025-26, as there is a potential harm and safety risk from not being able to provide timely care. The capacity to address these needs has been challenged for some time.

In response to Mr Maynard Davies's enquiry regarding achieving a 70% target for cancer treatment by the end of March 2025, Mr Carruthers indicated that current expectations were 65%, with plans in place to maintain and improve radiology capacity for a future target of 80% at the end of 2026.

The Committee agreed to inform the Board that the Alert, Advise Assure status for cancer had been amended to advise.

**Decision:**

The Committee:

- CONSIDERED the IPAR – Month 10 2024/2025 report.
- RECEIVED ASSURANCE on the operational delivery of mitigating actions to improve performance in the areas that have been categorised as 'Alert'.

**SDODC (25)19 Capital Programme 2024-25; 2025/26 Plan**

*Ms Eldeg Rosser and Mr Rob Elliott joined the meeting.*

Ms Eldeg Rosser presented the Capital Programme for 2024/25, 2025/26 and Capital Governance Update report, highlighting the following:

- An additional £600k had been received from Welsh Government for digital hardware, medical equipment, and closed-circuit television, (CCTV) cameras.
- The discretionary allocation for the next year has increased from £7.4m to £10m.
- The Cross Hands scheme is being reviewed to ensure its delivery within the financial envelope allocated by the Welsh Government.
- The response from the All Wales prioritisation process regarding the regional pathology scheme indicates that the current format is not affordable. Consequently, HDdUHB is engaged in further discussions with SBUHB to determine next steps. In the interim, it may be necessary to utilise some discretionary capital to secure suitable accommodation and maintain service continuity in the short to medium term.
- The Cylch Caron project is currently out to tender.
- Feedback from the All Wales prioritisation process regarding the hospital building programme indicates that there is currently no funding available to support a hospital building programme across Wales.

In response to Mr Maynard Davies' enquiry regarding the pathology labs, Mr Lee Davies indicated that the grant for the labs poses a significant risk. The Health Board is exploring what can be done in the medium term to address the associated risks, emphasising that the current environment is unacceptable and immediate actions within existing resources are being investigated, as well as more substantial measures ahead of the regional plan, which will take several years.

In response to Mr Maynard Davies' enquiry regarding a potential risk of a capital underspend. Ms Rosser indicated that she is collaborating with procurement and finance colleagues to ensure that all ordered items will be delivered by 31 March 2025. There are a number of items for which they have agreed vesting certificates off-site. Due to the influx of end-of-year capital from the Welsh Government, there are still risks under consideration. However, contingency plans are in place. If certain items of equipment are not delivered on time, there is a backup plan to work with digital colleagues to quickly procure hardware and software to ensure the Health Board does not breach the Capital Resource Limit (CRL).

In response to Cllr Evans' query regarding Reinforced Autoclaved Aerated Concrete (RAAC), Mr Rob Elliott explained that the ongoing work involves further annual site inspections of the condition of the RAAC in place. He indicated that only the very high-risk and high-risk planks have been mitigated so far, while the moderate and low-risk planks have not received any treatment. The annual inspections will help identify any further deterioration in the condition of the RAAC, and based on the findings, further business cases and investments may need to be developed.

In response to Cllr Evans' enquiry regarding CCTV cameras, Ms Rosser indicated that some cameras had been purchased earlier in the year and that there is a programme for rolling out new cameras. This rollout requires digital infrastructure, which is part of the pre-commitments for the next year's programme. The cameras being purchased now will be deployed over the next 12 months, prioritising areas identified by the security team as needing either replacement or new installation.

**Decision:**

The Committee:

- NOTED the update on the Capital Programme and CRL for 2024/25.
- ENDORSED the proposed allocation of the DCP for 2025/26 for onward ratification to Board.
- NOTED the capital schemes governance update.
- NOTED the RAAC update.
- NOTED the update from Capital Sub Committee and the content of the draft Infrastructure Enabling Plan.

**SDODC (25)20**

**Programme Business Case: Letter of Fire Safety Matters at Bronglais Hospital**

Mr Rob Elliott presented the Programme Business Case (PBC) for the Letter of Fire Safety Matters (LoFSM) at Bronglais Hospital (BGH), highlighting that the programme is worth over £100m in total. The current Program Business Case (PBC) is for BGH is responding to an LoFSM rather than an enforcement notice. The PBC is the initial stage in drawing down capital, and subject to endorsement by Welsh Government, will move to a Business Justification Case (BJC) for further financial checks and procurement details.

Mr Elliott indicated that HDdUHB has worked closely with Welsh Government, NHS Wales Shared Services Partnership (NHSSP), and the Mid and West Wales Fire and Rescue Service (MWWFRS) on the detailed work for the PBC, which has been agreed upon as part of a scope reduction plan. The current cost expectation is in excess of £25m, and the Health Board anticipates challenges from Welsh Government when it is officially submitted in April 2025.

*Ms Rosser and Mr Elliott left the meeting.*

**Decision:**

The Committee:

- NOTED the position of this Programme Business Case within the overall HDdUHB Fire Investment Programme.
- SUPPORTED the submission of the attached Programme Business Case to the HDdUHB Board for onward transmission to Welsh Government for Endorsement.
- NOTED that further reports will be provided to the Committee as this Fire Programme progresses.

**SDODC (25)21 A Regional Collaboration for Health (ARCH)**

Mr Lee Davies presented the A Regional Collaboration for Health (ARCH) Portfolio Update report, indicating that the programme is in a period of transition. Mrs Wilson indicated that SBUHB colleagues have contributed to a governance report which will be submitted to Board on 27 March 2025.

**Decision:**

The Committee:

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

**SDODC (25)22 534 Patient Access Policy (from Watchtower Group)**

*Ms Stephanie Hire joined the meeting.*

Ms Stephanie Hire presented the Extension to the review dates of SDODC - Access Policy Review, explaining that HDdUHB had been in consultation with Welsh Government and had received input from participating departments. The inclusion team helped ensure that the policy suggestions from Welsh Government were transparent and acceptable for implementation.

*Ms Hire left the meeting.*

**Decision:**

The Committee:

- APPROVED the extension to the review dates of the Access policy until 30 May 2025 when the new national guidelines are expected to be agreed.

**SDODC (25)22 Close**

Prior to Mr Maynard Davies closing the final SDODC meeting, Mr Weir thanked him for his hard work over his tenure, noting that Mr Maynard Davies will remain on the Committee as Vice Chair, and will chair the new Finance and Performance Committee meeting when it is established with effect from 1 April 2025.