

STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

ANNUAL REVIEW REPORT

2024-2025

1. Introduction and Chair's summary

In line with Standing Orders the Strategic Development and Operational Delivery Committee (SDODC) must submit an Annual Report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established, setting out how the Committee has met its Terms of Reference (TOR) during the financial year.

The Board uses this Annual Report to inform:

- The ongoing development of its governance arrangements, including its structures and processes:
- Its Board Development Programme, as part of an overall Organisation Development framework.

Chair's Reflections

I will start by saying that it has been a privilege to chair this Committee for the last 12 months. I would like to thank all the Committee members, all those who presented papers and all those who have supported the Committee for all their hard work.

As set out below, the Committee has covered many areas of importance to the Health Board providing challenge, scrutiny and assurance to the Board on the areas set out in the Terms of Reference. This year has been different to previous years as the Committee has played its part in progressing the actions required to move the Health Board towards exiting Targeted Intervention. The Committee has undertaken deep dives into all the planning objectives assigned to the committee, monitored performance in planned care and cancer care, delivery of the Transforming Urgent and Emergency Care (TUEC) and Six Goals programmes and the Health Board's Capital programme.

This is the final annual report of the Committee as, due to a review of governance, the Committee structure supporting the Board is changing and the responsibilities of the Strategic Development and Operational Delivery Committee will now be shared by the Strategic Planning Committee and the Finance and Performance Committee.

2. Terms of Reference and Workplan

The Terms of Reference (TOR) for the Strategic Development and Operational Delivery Committee is reviewed on an annual basis or following any significant changes. The TORs were last reviewed on 27 June 2024.

[Strategic Development and Operational Delivery Committee Terms of Reference](#)

The Strategic Development and Operational Delivery Committee has a workplan to enable forward planning for the forthcoming year. The workplan is produced to incorporate the duties outlined in the Committee's Terms of Reference and any suggested areas of focus identified during the self-assessment process.

The Strategic Development and Operational Delivery Committee workplan covers a range of activities including statutory reporting duties, regular items of business and priority planned pieces of work which support Board and Committee's objectives.

The workplan is regularly updated throughout the year to ensure it remains responsive to emerging issues and risks.

[Strategic Development and Operational Delivery Committee Workplan.](#)

3. Sub-Committee/s

The Capital Sub-Committee reports into the Strategic Development and Operational Delivery Committee with its own terms of reference and workplan for the year.

The Sub-Committee's TOR were last reviewed on 19 December 2024.

In line with their Terms of Reference, the Sub-Committee is required to provide a report after each meeting, as well as produce an annual report which is scheduled to be presented to the Committee on 24 April 2025 reporting on activity throughout the year.

4. Table of attendance

Membership	25.04.24	27.06.24	29.08.24	31.10.24	19.12.24	27.02.25
Maynard Davies Independent Member - Committee Chair	✓	✓	✓	✓	✓	✓
Michael Imperato Independent Member (Committee Vice-Chair)	✓	X	✓	✓	✓	✓
Rhodri Evans Independent Member	✓	✓	✓	✓	✓	✓
Winston Weir Independent Member	✓	X	✓	✓	✓	✓
Eleanor Marks Independent Member (HDdUHB Vice-Chair)	✓	✓	✓	✓	✓	X
Delyth Raynsford (For quoracy) Independent Member	-	✓	-	-	-	-
Chantal Patel (For quoracy) Independent Member	-	✓	-	-	-	-

In Attendance						
Lee Davies Director of Strategy and Planning	✓	✓	✓	✓	✓	✓
Huw Thomas Director of Finance	✓	✓	✓	✓	✓	✓
Andrew Carruthers Chief Operating Officer	✓	✓	✓	✓	✓	✓
Jill Paterson Director of Primary Care, Community and Long-Term Care	✓	✓	✓	✓	✓	✓
Dr Ardiana Gjini Director of Public Health	✓	✓	✓	✓	✓	✓
Llais Cymru Representative	✓	X	X	X	X	X
Meeting quorate?	Yes	Yes	Yes	Yes	Yes	Yes

A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Members, together with a third of the In Attendance members.

5. Committee Activities – alert, advise and assure.

The Committee is required to report to the Board after each Committee meeting by presenting a report highlighting the key discussion items at the Committee.

Alert – *The following matters were areas where the Committee was unable to take an assurance or had a lack of confidence that the action in place was sufficient to address the issue satisfactorily and/or it was within the scope of the operational team to resolve, and were alerting the Board as engagement action or intervention was required.*

Cancer Performance

In June 2024, the Board was alerted to the ongoing concerns regarding cancer performance, in particular diagnostic capacity. A further update in December 2024 indicated that cancer performance was still below the target set in Targeted Intervention (TI) criteria and, although the Committee received assurance regarding future expectations, the current performance was unacceptable. The Board, having been requested to seek solutions to improve the position, noted that insufficient radiology reporting capacity was significantly impacting Single Cancer Pathway (SCP) performance. It was confirmed that challenges had been identified in this area; and that the Health Board had put in place additional capacity, which would improve the position. The anticipated level of improvement in the January 2025 figures was not achieved. This was due to a capacity gap, which needed to be

resolved for the new financial year. The team was exploring the detail to ensure that the Cancer pathway experience was not impacted going forward.

Capital Programme

In April 2024, although assurance was provided in the report on the Discretionary Capital Programme 2023/24, which advised a £32k underspend, the report highlighted the risk of not receiving the additional £7.6m funding from Welsh Government (WG) for the Glangwili Hospital (GGH) Fire Scheme, which was facing cost pressures similar to the Withybush Hospital (WGH) Fire Scheme. A new risk for the Corporate Risk Register was developed to capture this issue. In the following report in June 2024, the Board was assured by the Capital Programme 2023/24, the Plan for 2024/25, and Capital Governance Report, which detailed a £3.2m allocation from Welsh Government for diagnostic equipment replacements, including a Magnetic Resonance Imaging (MRI) replacement in Prince Philip Hospital (PPH), a fluoroscopy room, and a digital radiography room. However, the December 2024 Capital Programme for 2024/25 and Capital Governance Update Report alerted the Board that delivery of the HDdUHB Strategy was dependent upon adequate community facilities being available.

Further work and discussions were ongoing with WG following the conclusion of a feasibility study to consider reduced floorspace required to progress the refresh of the Cross Hands Health and Wellbeing Centre Full Business Case (FBC). The Board, having been requested to pursue options within the revised WG funding allocation, noted that a number of capital schemes appeared to be in the process of being curtailed or reduced. In view of the effectiveness and impact of projects such as the Cardigan Integrated Care Centre (CICC), it would be unfortunate to lose or downgrade similar schemes. Noting that the Cabinet Secretary had recently visited CICC, the Chair, indicated that consideration should be given to how these schemes could be progressed.

The progression of A Healthier Mid and West Wales (AHMWW) infrastructure Strategic Outline Case (SOC) remained delayed due to the WG steer that the Health Board consider “the widest possible options” for the SOC. This led to a pause in the development of the SOC, as further clarification was sought on the scope of SOC options and the implications for the work undertaken to date. The Infrastructure Investment Board (IIB) agreed at their meeting on 23 January 2025, that a strategy document would be developed following a workshop between WG and HDdUHB colleagues on 20 March 2025.

Integrated Performance Assurance Report (IPAR)

While concerns regarding Cancer and Child Neurodevelopmental waiting lists were noted at every Committee meeting, the IPAR highlighted several key areas of concern and ongoing efforts to improve performance across various healthcare metrics:

- **Cancer Performance:** There had been a decline in cancer performance, with the percentage of patients starting treatment within 62 days from referral dropping from 60% in March 2024 to 43% in April 2024 and increasing to 53.3% in January 2025. Improvement plans are in place for the tumour sites with the largest waiting lists, including Urology, Lower Gastrointestinal (GI), Lung, and Gynaecology.

- Child Neurodevelopmental Waiting Lists: 21.1% of children had a neurodevelopmental assessment within 26 weeks in August 2024, narrowly missing the trajectory of 24%³. Autism Spectrum Disorder (ASD) performance had been consistently below 20% since September 2022. Changes to the ASD model are currently being piloted and reviewed by the Integrated Quality, Financial Performance and Delivery (IQFPD) Group on a fortnightly basis.
- Diagnostics Waits: Breaches reduced by 25% in February 2025, but total breaches remained high at 6,017 patients. Actions were being taken to improve capacity and reduce breaches.
- Finance: Agency spend reduced by 68% compared to February 2024, and bank spend increased by 7%.
- Healthcare Associated Infections: Total Staphylococcus (S.) aureus and Clostridioides (C.) difficile case numbers were higher in January 2025 compared to the same period last year, but Escherichia (E.) coli cases were fewer.
- Mental Health: All Part 1a and 1b Mental Health Measures for adults and children met target and trajectory in January 2025.
- Ophthalmology Performance: Performance had declined due to clinic losses and intravitreal injections over the Christmas period. Actions were being taken to improve performance, including a shared approach between hospital and community-based optometrist eye care teams and recruitment and training efforts.
- Planned Care: Special cause improving variation continued, with reductions in new outpatient waits over 52 weeks and Referral to Treatment (RTT) waits over 104 weeks.
- Staff Sickness Levels: Concerns were raised regarding staff sickness levels, which had increased for the seventh consecutive month in February 2025. The 12-month rolling sickness rate remains high at 6.65% in February 2025. Anxiety, stress, and depression are the highest reasons for absence. This rise impacts finance and performance and is regularly considered at the People, Organisational Development, and Culture Committee (PODCC).
- Therapies Waits: Breaches reduced to 1,932 in February 2025, with physiotherapy and podiatry being the most affected services.

From 31 March 2025, the IPAR will in future be presented to all Finance and Planning Committee meetings for consideration and assurance.

Mental Health and Learning Disabilities

An in-depth Mental Health and Learning Disability Update report outlined an alternative model for the diagnosis and assessment of autism spectrum disorder (ASD) in children and young people (CYP) prior to approval at Board on 27 March 2025. The ASD pilot would be established as a matter of urgency within the next three months and would report on a fortnightly basis to IQFPD. The Board, having been requested to consider what further action the Health Board could take in response to the neurodevelopmental position; and to raise the matter with WG emphasising the need for national solutions, noted the potential long-term impact of individuals not being able to access support and treatment due to the service being so pressured. There was a possibility these individuals would present with more

severe problems in the future. The Board indicated that it was important to be cognisant of community need at a much broader level as this issue crosses the borders of healthcare into other sectors.

Ophthalmology Getting It Right First Time (GIRFT)

The Ophthalmology GIRFT recommendations presented in December 2024 outlined deadlines of 31 January 2027 due to the lack of estates capacity to expand clinics. This issue was linked to the work on the Clinical Services Plan (CSP). At the Committee's request, IQFPD investigated the position to ascertain if further action could be undertaken more immediately to improve the situation. At the Board's request, an update was provided to the Board on 27 March 2025, when it was noted that there were opportunities to clarify and take further steps to progress and close actions. A further update would be provided to the Board on 29 May 2025.

Targeted Intervention

In considering the Targeted Intervention Update presented in August 2024, concerns were raised regarding meeting the 100-Day Planning and Delivery Cycle, which had a firm operationalisation deadline of 1 October 2024, to ensure measurable and timely outcomes. In October 2024, the Committee acknowledged the substantial work and resource investment made in striving to meet HDdUHB's £64m deficit target. However, concerns persisted about how effectively key programmes including Urgent and Emergency Care, Cancer, and Diagnostics were aligned with the CSP. In an effort to drive performance improvements, positive results achieved in the Pembrokeshire system were highlighted and shared with Carmarthenshire teams to support enhancements at GGH.

Additionally, the Emergency Department (ED) GIRFT Report prompted the formation of an Executive-led Steering Group which would oversee the management response to the GIRFT findings and ensure that key recommendations were actioned efficiently. The Committee remained committed to monitoring and overseeing the delivery of Targeted Intervention (TI) criteria, ensuring alignment with broader strategic objectives.

Urgent and Emergency Care (UEC)/ Six Goals Programme

In June 2024, following an advisory update to the Board on 27 April 2024, Board was alerted that a detailed action plan was requested from the Operational team regarding UEC performance which responded to the challenges faced, including the possible withdrawal of six months WG Six Goals (formerly Transforming Urgent and Emergency Care (TUEC)) funding which was contingent on visible improvements in performance. Progress was noted in October 2024 although the Committee continued to closely monitor delivery of the programme.

In February 2025, the Six Goals Programme was de-escalated following WG's mid-point review and the refocussing of Same Day Emergency Care (SDEC) and UEC funding towards initiatives aligned to UEC Ministerial Priorities. In addition, the Six Goals Programme Quarter 3 Update Report provided assurance regarding the formal response from WG following the Programme's mid-point review: A letter stated that the Six Goals Programme in HDdUHB had made good progress in many areas and that engagement with the national team had been positive, and therefore it would continue to fund the Programme through Quarters 3 and 4.

Advise – *The following matters were areas of concern where assurance had been taken on actions in place but required close monitoring.*

Commissioning

The Commissioning Bi-Annual Report indicated that the negotiations regarding Long Term Agreements with Swansea Bay University Health Board (SBUHB) and Velindre Cancer Centre respectively would be finalised at the end of February 2025 which should mitigate financial risk.

Community and Long-Term Care Quarterly Service Report

Changes to the existing Discharge to Assess (D2A) process outlined in the June 2024 Community and Long-Term Care Quarterly Service Report and their implications were fully considered. Given the prolonged delays and the significant financial implications to the Health Board, it was noted that the Health Board would cease to fund the D2A Pathway beds and return to undertaking Continuing Health Care (CHC) Assessments in hospital, prior to discharge. However, the Long-Term Care Pathway Team would continue to work across the hospital sites, supporting with the CHC Assessments. This would ensure timely, consistent assessments and would continue to support patient flow. A further update was provided at the Committee meeting in February 2025 when concerns were raised regarding the sustainability of nursing and care homes and the impact of increased employers National Insurance contributions with effect from 6 April 2025. The position would be closely monitored as HDdUHB's Financial Plan is finalised.

Corporate Risk Report

In April 2024, the Corporate Risk Report indicated that *Risk 1350: Risk of not meeting the Single Cancer Pathway waiting times target of 75% for 2022-2026 due to diagnostics capacity and delays at tertiary centre* had changed for the financial year and. WG had allocated funding for the SCP, but there was a risk of reputational challenge and escalation if the performance progress was not satisfactory.

Risk 1350 was reviewed again in December 2024 noting that the risk score had increased to 16 following a revision of the SCP due to performance being behind the planned improvement trajectory over recent months. A revised trajectory had been developed for the period to the end of March 2025. While there was an anticipation of performance improvement in the upcoming months, the fragility of the position and the inability to meet the original Annual Plan targets led to the decision to increase the risk score.

Operational Risk

In February 2025, concerns were raised regarding the risks outlined in the Operational Risk Register that uncertainty relating to recurring funding may impact a number of public health programmes. Programmes were likely to continue for the year 2025-26 as funding had been informally confirmed, and due to the time in post, staff had employee rights; however, risks relating to the financial recovery and savings delivered remained. There was acknowledgement that there is always a funding challenge in relation to one- or two-year funding grants from WG. This should be reviewed in the Finance and Planning Committee after the Treasury's comprehensive spending review due later this year.

Pentre Awel

In April 2024, the construction phase of the health section of the Pentre Awel project was likely to be delayed until the early part of the 2025-26, due to challenges in the supply chain and the impact of COVID-19. The delay in the construction phase may have some financial implications for the Health Board, such as a marginal improvement in the forecast for and, as well as the potential increase in the costs of the project.

Planned Care

The April 2024 Planned Care Update report outlined key priorities for 2024-25, focusing on reducing long waiting times for outpatients and inpatients across various medical specialties. It provided a review of the progress made in 2023-24 and utilisation of recovery funding. The report examined the application of 2023-24 recovery funding and outlined how 2024-25 funding would expand to include Cancer and Therapies. Deep-dive assessments to ensure optimal fund utilisation and performance monitoring were presented at alternate Committee meetings through the year. These assessments highlighted the implementation of innovative approaches, such as See on Symptom (SoS) and Patient Initiated Follow-Up (PIFU) schemes aimed at reducing unnecessary outpatient appointments.

Ongoing coordination with Swansea Bay University Health Board (SBUHB) regarding key regional services such as Orthopaedics, Vascular, and Ophthalmology was highlighted in each report alongside a commitment to ongoing review and improvements. While continuous efforts were made to address challenges and optimise service delivery, concerns were noted regarding performance risks and targeted intervention implications, particularly for cancer services.

Primary Care Integrated Medium Term Plan (IMTP) (Cluster Projects)

In August 2025, the new contractual requirement for the development of GP Collaborative Integrated Medium Terms Plans (IMTPs) and the requirement to engage in the development of Cluster IMTPs and their implications were fully considered. The Committee agreed that the next Primary Care and Community Strategic Plan update report, expected in February 2025 would include targeted intervention (TI) measures and emphasise the importance of assessing local innovative initiatives. These initiatives would be integrated across the Health Board to prevent disparities in service provision. Consequently, the updated report offered assurance regarding the steps being taken to ensure the advancement of cluster projects through the monitoring and evaluation process.

Regional Integration Fund (RIF)

The West Wales Regional Partnership Board Update (Regional Integration Fund Update) presented in December 2024, indicated that current funding was coming to an end, necessitating a review of currently funded projects to consider either mainstreaming, in which case a clear business case would be required, or discontinuing.

Assure – *The following matters were areas where there was confidence that robust actions are in place and are sufficient to address the issues to operate effectively.*

Monitoring of Welsh Health Circulars and Ministerial Directions

The Monitoring of Welsh Health Circulars Update Reports and Ministerial Directions were reviewed at alternate meetings and regularly reported that the respective actions required were being addressed by the Health Board; and that the Health Board was compliant with the Ministerial Directions (MDs) issued by WG.

Planning Objectives

Planning Objectives aligned to SDODC were considered at each meeting, either individually or as a whole. Assurance was provided in April 2024 on the position regarding the progress. Subsequently, in June 2024, the Health Improvement Strategic Plan provided assurance that plans were in place for the delivery of health improvement priorities related to and Planning Objective 10: Population Health, and any relevant successor annual planning objectives for 2025-26, and 2026-27, in order to support the long-term achievement of Strategic Objective 4 (The best health and wellbeing for our individuals, families and communities). Progress was also noted in December 2024.

In October 2024, assurance was provided that the Planning Objectives (including the Pharmaceutical Needs Assessment) were progressing and were on target. Development of the: Primary Care and Community Strategic Plan (Planning Objective 7) was underway and articulated the principles and standards to identify key actions which ensured provision of sustainable Primary Care and Community services across the four contractor professions, whilst aligning to the delivery of the overarching Health Board's strategic vision.

At the final SDODC meeting in February 2025, assurance was provided by the 2024/25 Planning Objectives and the Annual Plan for 2025/26 on the current position in regard to the progress of the Planning Objectives aligned to SDODC.

Primary Care and Community Strategic Plan

Assurance was provided on a number of areas in the Primary Care and Community Strategic Plan presented at alternative meetings, including in June 2024, the development of the Primary and Community Services Strategy Development Group's monthly meetings and the three task and finish groups that met every three weeks focusing on Best Practice, Outcomes, Improvement, Estates, Workforce, and Sustainability.

Population Health

The quarterly Population Health Progress Update outlined health improvement strategic oversight and elements of delivery including healthy weight, reducing harms from tobacco, drugs and alcohol.

Local health protection system leadership, vaccination and immunisation oversight and delivery with partners (eg Primary Care) were also considered, as were leadership and partnership working to strengthen the Health Board's position on health equity and the wider determinants of health, continuing to develop a Social Model for Health and Wellbeing (including support and collaboration with Public Services Boards (PSBs) and Regional Partnership Boards (RPBs)).

Public Health Return on Investment

The Public Health Return on Investment: Smoking and Drugs and Alcohol reports presented to the Committee in August 2024, provided assurance regarding economic benefits of Public Health programmes to the Health Board.

Social Model for Health and Wellbeing

In December 2024, assurance was provided that the Health Board would advance the Social Model for Health and Wellbeing in alignment with the Annual Plan and, by supporting its definition and principles.

Items recommended for approval by the Committee during the year:

- SDODC Annual Report 2023-24
- Maturity Matrix and Action Plan
- SDODC Terms of Reference
- Health Improvement Strategic Plan
- Winter Respiratory Vaccination Programme: Delivery Plan 2024/25
- Well-being of Future Generations Annual Report 2023-2024
- Embedding a Social Model for Health and Wellbeing Report
- Proposed allocation of the Discretionary Capital Programme (DCP) for 2025/26
- Programme Business Case (PBC) for Letters of Fire Safety Matters (LoFSM) at Bronglais Hospital (BGH) prior to submission to Welsh Government

6. Committee Effectiveness - Feedback from self-assessment process

As stipulated within Standard Orders, the Board introduced a process of regular and rigorous self-assessment and evaluation of the performance of the Strategic Development and Operational Delivery Committee.

- For the Strategic Development and Operational Delivery Committee this involved the completion of a short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The results from which were fed into an action plan, combining information and Auditor/Regulator feedback.

The process was undertaken during the year and reported to the Committee on 27 June 2024. [SDODC Self Assessment Report 2024/5](#)

The Committee received an update on progress at the Committee on 19 December 2024 at the mid-year point.

7. Conclusion

The Committee is satisfied that it operated effectively and in line with the Terms of Reference. Issues were escalated to Board as appropriate, and the Committee used feedback from the self-assessment process to evolve and improve.

This Annual Report marks the final submission for this Committee, as significant changes to governance arrangements will take effect from April 2025. As part of this transition, the current structure and oversight mechanisms will evolve to align with the new governance framework, ensuring continued effectiveness and accountability. This report serves as a reflection on the Committee's contributions, key achievements, and insights gained over the past 12 months, providing a comprehensive summary before the forthcoming governance changes reshape its role and responsibilities.