

**COFNODION CYMERADWYO Y CYFARFOD PWYLLGOR DATBLYGU STRATEGOL A  
CHYFLENWI GWEITHREDOL**

**APPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL  
DELIVERY COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	Thursday, 26 <sup>th</sup> August 2021 at 9.30 am
<b>Venue:</b>	Board Room, Ystwyth Building, St David's Park and via Microsoft Teams

<b>Present:</b>	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Councillor Gareth John, Independent Member (Committee Vice-Chair) (VC) Professor John Gammon, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Iwan Thomas, Independent Member (VC)
<b>In Attendance</b>	Mr Lee Davies, Director of Strategic Development & Operational Planning (SDODC Executive Lead) (VC) <i>part</i> Mrs Mandy Rayani, Director of Nursing, Quality & Patient Experience (VC) Mr Huw Thomas, Director of Finance (VC) <i>part</i> Mr Andrew Carruthers, Director of Operations (VC) Mr Rob Elliot, Director of Estates, Facilities and Capital Management (VC) <i>part</i> Mr Paul Williams, Assistant Director of Strategic Planning (VC) <i>part</i> Ms Bethan Lewis, Interim AD Public Health (VC) Mr Conrad Hancock, Interim Service Delivery Manager, Vaccination & Immunisation (VC) <i>part</i> Ms Rhian Bond, Assistant Director of Primary Care (VC) <i>part</i> Ms Sharon Burford, Service Improvement Lead, Carmarthenshire (VC) <i>part</i> Ms Helen Annandale, Therapies & Health Science Transformation Lead (VC) <i>part</i> Mr Sam Dentten, Hywel Dda Community Health Council (VC) Ms Alison Gittins, Head of Corporate and Partnership Governance (VC) Ms Sonja Wright, Committee Services Officer, Secretariat (VC)

<b>Agenda Item</b>		<b>Action</b>
<b>SDODC (21)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	
	Mr Maynard Davies welcomed all to the inaugural meeting of the Strategic Development and Operational Delivery Committee. Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Ms Jill Paterson, Director of Primary Care, Community &amp; Long Term Care</li> <li>• Mrs Ros Jervis, Director of Public Health</li> <li>• Mrs Joanne Wilson, Board Secretary</li> <li>• Dr Philip Kloer, Medical Director</li> <li>• Ms Alison Shakeshaft, Director of Therapies &amp; Health Science</li> <li>• Ms Jenny Pugh-Jones, Head of Medicines Management</li> </ul>	

SDODC (21)02	<b>DECLARATIONS OF INTEREST</b>	
	Interests were declared by Professor John Gammon in respect of item SDODC(21)08: <i>ARCH Update Report</i> and item SDODC(21)15: <i>Pentre Awel</i> , given his involvement in leading the Pentre Awel project on behalf of Swansea University.	

SDODC (21)03	<b>COMMITTEE TERMS OF REFERENCE</b>	
	<p>Members received the Strategic Development and Operational Delivery Committee's (SDODC) Terms of Reference (ToR), which had been approved at the Board meeting held on 27<sup>th</sup> July 2021.</p> <p>Prof Gammon queried whether the Committee could be satisfied that the ToR adequately articulate the mechanisms required to provide assurance to Members in respect of Capital Resource allocation (particularly relating to medical equipment), as this represented a significant element of focus for the Committee. Members noted that capital allocation is currently referenced under the following sections of the ToR:</p> <ul style="list-style-type: none"> <li>• 3.10 <i>Provide assurance to the Board that arrangements for Capital, Estates and IM&amp;T are robust; and</i></li> <li>• 3.11 <i>Consider proposals from the Capital, Estates and IM&amp;T Sub Committee on the allocation of capital and agree recommendations to the Board.</i></li> </ul> <p>It was agreed that a further review of how the Committee's scrutiny of Capital Resource allocation is reflected within the ToR would be undertaken by the Director of Strategic Development &amp; Operational Planning and the Board Secretary and, if applicable, any additions would be presented to the Board for approval.</p> <p>Mr Maynard Davies commented upon the large number of Planning Objectives that fall within the Committee's remit, reflecting that it may be challenging to reflect these in a balanced way on future SDODC agendas.</p>	LD/ JW
	The Committee <b>NOTED</b> the SDODC's Terms of Reference and <b>AGREED</b> that a review of the representation of the Committee's scrutiny of capital resource allocation within the ToR would be undertaken, particularly in regard to equipment maintenance and replacement, with any additions presented to the Board for approval.	

SDODC (21)04	<b>DISCRETIONARY CAPITAL PROGRAMME 2021/22</b>	
	<p><i>Mr Paul Williams joined the Committee meeting.</i></p> <p>The Committee received the Discretionary Capital Programme (DCP) report, providing detail relating to the 2021/22 Capital Programme and planned investments, together with the Capital Schemes Governance update.</p>	

Members also received an update report regarding the current status of the Cylch Caron Project.

Mr Paul Williams highlighted the following key points:

- Following agreed commitments against the DCP for 2021/22, a balance of £1.04m remains to be allocated. The Capital Planning Group, which includes representation from Executive portfolios, has been working on the development of a prioritisation matrix to allocate the balance of the capital available across equipment, IT and estates infrastructure, based upon a weighted mechanism which will be re-tested to accommodate any year-end slippage. Members were advised that while the weighting matrix represents a sensible approach to allocation of the relatively small sums included in the DCP, it will to an extent inhibit the HB's ability to prioritise investments which support step changes.
- An operational pressure has been escalated recently relating to the need to progress the procurement and installation of isolation pods on site to help control infection outbreaks and manage patients who are known/suspected to be infectious. The cost of undertaking this work is expected to be £0.422m. As requested by Executive Team, the Infection Control Team have evaluated and confirmed the need for these pods in light of a potential 3<sup>rd</sup> wave of COVID-19 over the coming winter period.
- Risks remain relating to the Pond Street and Penlan sites; confirmation regarding Carmarthenshire County Council's bid for the development of the Carmarthen Town Hwb is expected in October 2021, and pending this confirmation, £70k has been allocated for environmental improvements in the Pond Street clinic, recognising that further sums may be required.
- Following engagement with Welsh Government (WG) regarding expectations for refreshing the Outline Business Case (OBC) for the Cross Hands Health Centre, more time will be required to review and update the capital costs and to build in the decarbonisation strategy and associated costs. The reviewed indicative timeline reflects that the refreshed OBC will be available in December 2021.
- The risk RAG status relating to the Women and Children Phase 2 scheme remains 'Red' as there is a significant delay in the scheme's completion. A revised programme has recently been issued which projects a Stage 2 handover date of 27<sup>th</sup> September 2021 and a scheme completion date of 15<sup>th</sup> November 2022. Members were informed that if all risks materialise, there is likely to be a requirement for an additional contribution from the DCP for the scheme, and that further details of progress would be provided at the SDODC meeting on 26<sup>th</sup> October 2021.
- Next steps in the Cylch Caron project include a 'Meet the Buyer' event which is planned for early September 2021 in order to test the market appetite to appoint another housing partner, with a new tender for a housing partner to progress the scheme to be issued in late September 2021. Members were advised of the implications of delays in the scheme in terms of the need to maintain services within Tregaron Community

Hospital, and noted a moderate level of confidence expressed by Mr Williams in regard to the HB's ability to attract a new housing partner.

Mr Lee Davies informed Members that following a review of the Board Assurance Framework in the Executive Team meeting held on 25<sup>th</sup> August 2021, the strategic risk rating score allocated to estates infrastructure had been increased from 12 to 16.

Mr Williams advised the committee that the HB had submitted bids for additional capital following a request from WG officials to all Health Boards. In response to a query from Members, Mr Williams confirmed that any additional funding would need to be spent by 31<sup>st</sup> March 2022, limiting the proposals which the HB could put forward. Mr Lee Davies thanked Mr Williams and his team for the work done in compiling these proposals, particularly given the very short timescales.

Reflecting upon the impact of practical considerations upon the HB's expenditure programme, Cllr Gareth John queried the achievability of certain projects, for example, the Carmarthen Hwb and the Cross Hands Health Centre. Mr Lee Davies explained that proposals for the HB's participation in the former scheme had first been discussed at an Extraordinary Board meeting on 24<sup>th</sup> June 2021 and that, since then, further work had been undertaken to reduce associated revenue implications to a more manageable amount.

While expressing his somewhat increased assurance in regard to progress upon the Women and Children scheme, Prof Gammon drew Members' attention to references within the report to potential risks relating to the proposed supply chain partners, and queried whether there is a potential for this to create delays in Stage 3 works. Mr Williams explained that the availability and delivery of supplies currently remains an unknown issue, and advised Members that while associated risks will be monitored, any interruption in supplies for the works is likely to lie outside the HB's control.

Mr Maynard Davies highlighted WG approval of the Business Continuity (Major Infrastructure) Programme Business Case (PBC), with an estimated capital value of c £87m, citing this as a significant achievement. Mr Williams agreed, however cautioned Members that high risks remain in relation to certain capital infrastructure issues. Mr Lee Davies added that the original PBC had been in excess of £200m, and that essential aspects relating to the first 4 years of development had been separated out. Therefore the sum of £87m related to priority areas for this period, and the further capital to cover remaining costs would be included in detailed business cases.

*Mr Paul Williams left the Committee meeting.*

The Committee:

- **NOTED** the allocation of the balance of the Capital Programme, together with further issues that may require capital solutions in year and the interim over-commitment against the CRL.

- **NOTED** the schemes which are 'Red'-rated and the underlying reasons for this which will be the subject of further reporting to future SDODC meetings.

**SDODC  
(21)05**

## **A REGIONAL COLLABORATION FOR HEALTH (ARCH) WORK PROGRAMME**

The Committee received the *A Regional Collaboration for Health (ARCH)* report, providing an update on activities relating to the ARCH portfolio for the period April 2021 to June 2021, and the regional discussions that have taken place between Hywel Dda University Health Board (HDdUHB), Swansea University and Swansea Bay University Health Board (SBUHB).

Mr Lee Davies advised Members of Executives' view that the HB should become more involved in this collaboration, recognising the strengths which are inherent in this partnership in terms of accessing resources and developing cogent proposals for submission to WG.

Members were informed that the ARCH Delivery and Leadership Group met on 15<sup>th</sup> June 2021 to finalise discussions on the re-organisation of the ARCH governance structure, together with priorities and key deliverables. Members noted that a proposed operational delivery group will be led by the Chief Operating Officers to focus on operational developments, while a regional recovery group will focus on regional clinical service solutions and will sign-off regional business cases prior to presentation to the respective Health Boards for ratification.

Mr Lee Davies informed Members that SBUHB is currently in the process of engagement regarding the commissioning of a number of services, and that HDdUHB is actively involved in discussions, while recognising concerns relating to certain elements on the part of Hywel Dda Community Health Council (CHC). Members were advised that these discussions, and further engagement with SBUHB in regard to service provision may result in important decisions for HDdUHB in terms of the configuration of services which it would wish to see across the region.

Responding to a query from Ms Lewis as to the formal governance arrangements which apply to this 3-way collaboration, Mr Lee Davies informed Members that a statement on regional working between the HB and SBUHB would be presented at the Board meeting on 30<sup>th</sup> September 2021. Prof Gammon confirmed that governance is exercised through a Project Board, and that a Memorandum of Understanding regarding working principles and aspirations has been signed by each of the partners. Ms Lewis suggested that it might be timely to review these arrangements, given that the portfolio of ARCH is increasing, in order to ensure that the interests of HDdUHB's population are adequately protected.

Mr Lee Davies agreed with this observation, adding that discussions had been held between partners in regard to endorsement and approval processes. Mr Lee Davies further assured Members that any agreement



	<p>reached by ARCH represents a non-binding endorsement, and would need to be ratified by each sovereign Board.</p> <p>Mr Sam Dentten stated that the HB and Hywel Dda CHC were very much aligned on the Swansea Bay engagement and expressed the view of Hywel Dda CHC that unilateral initiatives must be avoided, and that all partners within the collaboration must be fully engaged with joint plans and actions.</p>	
	The Committee <b>NOTED</b> the ARCH Portfolio Summary Update.	

<b>SDODC (21)06</b>	<b>QUARTERLY ANNUAL PLAN MONITORING RETURN (Q1)</b>	
	<p>The Committee received the Quarter (Q)1 Annual Plan Monitoring Return, providing details of Planning Objectives (POs) and the current status of actions for Q1.</p> <p>Members were advised that this return represents the first version of a report which tracks progress against deliverables included within the HB's Annual Recovery Plan. Mr Lee Davies explained that the return presents a high-level overview, recognising that scrutiny of individual POs is undertaken within other committees.</p> <p>Members were advised that most objectives for Q1 have been delivered, and informed that as achievement against the element of the objective expected to be delivered by the end of Q1 is presented in this return, as opposed to delivery of the entire objective, the wording of the monitoring summary would be amended to 'On Track', rather than 'Achieved'.</p> <p>Commenting upon the clear and concise presentation of delivery against POs presented in the return, Prof Gammon queried whether this format could be adopted to present progress against the objectives which are assigned to other members of the Executive, reflecting that it would be useful to have consistency in reporting across all committees. Mr Lee Davies explained that this return tracks all POs, and could therefore be used to inform discussion in other committees, and undertook to discuss the adoption of this presentation format with other Executives.</p> <p>In response to a query from Ms Lewis as to where scrutiny of evidence supporting the RAG status assigned to each objective is undertaken, Mr Lee Davies assured Members that this is regularly reviewed by the Executive Team, and by individual committees.</p> <p>Mr Maynard Davies requested that rationale be provided to support significant changes in 'Amber'- rated planning objective delivery dates, to offer further context to Members in relation to progress and performance.</p>	<p><b>LD</b></p> <p><b>LD</b></p> <p><b>LD</b></p>
	The Committee <b>NOTED</b> the current status of delivery of planning objectives for Q1.	

SDODC (21)07	INFLUENZA SEASON 2021/22 – IMPACT, VACCINE AND EMERGING PRIORITIES	
	<p><i>Mr Conrad Hancock joined the Committee meeting.</i></p> <p>The Committee received the Influenza Vaccine Implementation Plan 2021/22, providing an update on the plans in place to improve the Influenza vaccine uptake within the HB, commencing in September 2021.</p> <p>Members were advised that the Plan has been developed in alignment with the HB COVID-19 Mass Vaccination Delivery Plan and West Wales Regional COVID-19 Prevention and Response Plan, and is a live document, subject to amendment as the season unfolds, as further WHCs are published, and as the HB derives learning from delivery of the COVID-19 vaccine. Members noted that maximum flexibility from services charged with delivery of actions within the Plan is required in order to respond rapidly to changes in policy, guidance and priorities as they emerge from the Joint Committee on Vaccination and Immunisation (JCVI) and WG.</p> <p>Ms Bethan Lewis informed Members that the HB's Integrated Influenza Programme is based upon a delivery model in which GP Surgeries, Community Pharmacies, HB Hospital In-reach, School Nurse Services and Mass Vaccination Centres will immunise at least between 60% and 80% of the HB population, and that where the timetable permits, the COVID-19 Booster programme will be delivered alongside the Influenza programme in collaboration with partners. Members were informed that a further added element of the 2021/22 Influenza programme is the inclusion of Primary School children, and children in school years 7 to 11.</p> <p>Members were advised that support would be sought from Executive leads to encourage staff take-up of Influenza vaccinations, including letters from the Directors of Nursing, Quality &amp; Patient Experience, Public Health, Therapies and Health Science and the Medical Director to encourage staff vaccination and to support the 'Peer Vaccinator' model. Members noted that work with team leads and peer vaccinators is planned to identify and train additional vaccination champions across the HB, and to promote online 'Flu-2' training to minimise face-to-face training needs.</p> <p>On behalf of the Committee, Mr Maynard Davies thanked the Public Health Team for a comprehensive summary of the Influenza Delivery Plan and the associated Project Plan, and expressed Members' assurance in the quality of the planning and the proactive approach taken.</p> <p><i>Ms Bethan Lewis and Mr Conrad Hancock left the Committee meeting.</i></p>	
	<p>The Committee <b>NOTED</b> the HB's 2021-22 Influenza Vaccine Delivery Plan and the Influenza Project Plan.</p>	

SDODC (21)08	WINTER PLAN 2021/22	
	<p>The Committee received a progress update on the HB's winter planning processes for 2021/22, being informed that the focus of the Winter Plan is to maintain safety, quality and continuity of care for the HB's patients throughout a consistently challenging period.</p> <p>Mr Carruthers explained that while the management of winter-related pressures within the HB has historically been supported through short-term central funding, WG has indicated that it will not take the same approach for 2021/22. Members were advised that a sum of £25m (the Urgent Emergency Care Transformation Fund) has been made available by WG, for which all organisations will submit bids and plans. Mr Carruthers added that while further funding may be available through the Regional Partnership Board, this is as yet unconfirmed. Members were informed that WG expectations for urgent and emergency care are shaped around six policy goals, with funding targeted towards 2 policy goals relating to '<i>Signposting people to the right place, first time</i>' and '<i>Assessment of clinically safe alternatives to admission to hospital</i>' for 2021/22.</p> <p>Members were informed that the HB's Urgent and Emergency Care planning is to a large degree aligned with the Winter Plan, and with the Annual Recovery Plan (in respect of surge capacity planning), and that actions to respond to the COVID-19 pandemic are in essence very similar to those included in the Winter Plan.</p> <p>Mr Carruthers highlighted significant issues relating to winter planning which are unique to 2021/22:</p> <ul style="list-style-type: none"> <li>• An increase in the number of people being admitted to hospital as a result of COVID-19;</li> <li>• A high level of hospital admissions for major treatments (compared with A&amp;E presentations for minor injuries which is typically seen at this time of year). Should this shift in activity continue, demand during the winter will be around 20% higher than in previous years;</li> <li>• An increase in the number of children admitted to hospital with Respiratory Syncytial Virus (RSV) infection. Members were advised that winter plans are based upon an assumption of an increase of 50% in RSV cases, and that plans to meet associated demands had been discussed at a Gold Command Group meeting on 25<sup>th</sup> August 2021, where arrangements to re-deploy Paediatric medical staff had been reviewed, together with the impact of this re-deployment upon other services;</li> <li>• The increased fragility of the Domiciliary Care market. Members were advised that given significant levels of concern in relation to current and future capacity within this sector, the HB is reviewing staff recruitment options, and considering whether any action can be taken in relation to hospital discharge care provision. Members were further</li> </ul>	



informed that staffing challenges in the sector have been exacerbated by staff annual leave taken over the school holiday period.

Members were informed that short-term approaches are being considered which are linked to introducing enhanced payment for nurses to cover the end of the Summer holiday period, in addition to Half-Term and Easter school holidays.

Mr Carruthers assured Members that progress is being made in supporting Urgent Care provision which underpins the HB's planning, with same-day surge models in place, the establishment of a primary physician triage process for patients awaiting ambulance conveyance and the development of the '*Contact First*' and 111 communication streaming hubs, for which a positive response to advertised posts has been received.

Commenting upon the comprehensive summary of complex issues presented in the report, Ms Lewis queried whether, recognising the limited control which the organisation exercises in the Domiciliary Care market, the HB had considered all strategic options to re-define its role in this sector. Mr Carruthers explained that the HB continues to consider the issues involved, and that many challenges related to the legal framework governing Domiciliary Care provision. Members were advised that these issues are being faced by all Welsh Health Boards, and suggested that the universal nature of the challenges facing the Domiciliary Care sector might prompt a national review of the policies relating to commissioning services within this area, which may in turn facilitate further options for the provision of care for patients following hospital discharge. Mr Carruthers explained that where historically there had been a level of resistance to joint partnership recruitment, Local Authorities are now more amenable to developing and supporting joint recruitment arrangements.

Members were informed that in order to address challenges relating to Domiciliary Care capacity, the HB has been seeking legal advice in relation to earlier discharge from hospitals, transferring patients to care homes as an interim step where safe and appropriate to do so, before returning them home with a package of care. Members were cautioned, however, regarding family concerns and legal complexities which might impact upon this temporary solution and further advised that early discharge without an appropriate care package would be likely to lead to hospital re-admission.

Mr Carruthers expressed his frustration that many proposed solutions remain overly strategic in nature given the urgent and pressing nature of the issues involved, albeit some progress is now beginning to be seen. Members commented upon the degree of flexibility and cooperation which is required between the various organisations involved in providing Domiciliary Care, and Mr Iwan Thomas assured Members that detailed discussions within Pembrokeshire are ongoing between the HB, the Local Authority and Third Sector providers to address the significant ongoing concerns and demands.

From a CHC perspective, Mr Dentten expressed a desire to understand the local and national approach to developing good quality public communications hubs, and how these would be advertised to members of the public. Mr

	<p>Dentten queried how robust the 111 service would be, given that there needs to be trust in the service if it is to be used to its full potential and assist in deflecting pressures upon A&amp;E services. Mr Caruthers recognised the challenge in instilling public confidence in the use of 111, rather than A&amp;E, as a first point of contact, and informed Members that a soft launch of the service would take place in September 2021, followed by a lead-in period in which staffing capacity to deal with calls will be increased.</p> <p>Mr Carruthers advised Members of WG's commendation of the HB's Integrated Winter Plan, while observing that the challenge lies in its delivery given the unprecedented confluence of issues which the HB must address.</p>	
	<p>The Committee <b>NOTED</b> the HB's Regional Integrated Winter Plan 2021/22, together with demands which have the potential to impact upon its delivery.</p>	

<b>SDODC (21)09</b>	<p><b>BJC FOR PHASE I OF FIRE ENFORCEMENT NOTICES COMPLIANCE WORKS AT GLANGWILI GENERAL HOSPITAL</b></p> <p><i>Mr Rob Elliott joined the Committee meeting.</i></p> <p>The Committee received a report setting out the next stage in delivering the Capital investment necessary to comply with the Fire Enforcement Notices (FENs) and Letters of Fire Safety Matters in place on the Glangwili General Hospital (GGH) site, together with the Business Justification Case (BJC) detailing Capital investment requirements for Phase 1 of fire enforcement works at GGH and seeking formal endorsement from WG for approval to proceed and for release of the associated capital funding.</p> <p>Mr Rob Elliott highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Works covered by the Advance Works Contract (vertical escape routes in main hospital core blocks and residential accommodation) are due for completion on 25<sup>th</sup> September 2021, with a value of £800k.</li> <li>• The BJC applies to Phase 1 works (main horizontal compartmentation in main hospital core block and associated residential accommodation including main plant rooms and underground service ducts), with works due to start in September/ October 2021 subject to WG approvals, and having an indicated completion date of December 2022.</li> <li>• The total capital cost of the project is £16.5m, which includes a figure of £3,311,062 for quantified risk contingency funding. This has been included following discussions with WG and the agreement of a means of dealing with contingency risk in terms of capital outturn. This element of funding can only be accessed by HDdUHB should the project require additional funding.</li> <li>• The project is complex, in that it is impossible to assess the quantum and full nature of the works required in all areas prior to BJC submission, given work within operational wards and the extent of disruption that would be caused to the hospital. The procurement</li> </ul>	
---------------------	---	--

strategy has necessarily responded to the level of risks and the procurement process is based on New Engineering Contract (NEC) Option E (*i.e.* a cost-reimbursable contract). This approach has been agreed with WG and NHS Wales Shared Services Partnership Specialist Estates Services and offers additional support to HDdUHB in the case of escalating capital costs as the works progress.

- To take this process forward, working groups have been established during the development of the BJC, including key hospital managers and nursing heads, or delegated leads. These groups will be fully consulted with regard to any changes to the works that may impact the provision of health services on the GGH site. Any fundamental changes to the project scope or timeline will be authorised in advance by the Project Director and the established Project Board.
- The programme of works identified within the BJC will be managed via the Delivery Team with direct reporting into the Project Board and the Capital, Estates, Information Management and Technology Sub-Committee (CEIMTSC). A Fire Enforcement Control Group has been established to ensure delivery of the agreed action plan. The Estates Infrastructure Programme Board will provide strategic direction in order to develop the specific capital investment proposals within the BJC and ensure that these are aligned with the Business Continuity (Major Infrastructure) Programme Business Case. Progress will be reported to via the CEIMTSC.

Members were advised that the main benefit from this project will be the HB's compliance with FENs, thereby avoiding closure of buildings and ensuring that the delivery of patient services can be sustained. Members noted additional benefits in terms of reduced backlog maintenance and the realisation of a comprehensive concise fire strategy for the GGH site, and were assured that post-project evaluation will be undertaken in accordance with WG requirements.

Cllr John suggested that investment of £16.5m to support fire precaution upgrade works would signal the HB's commitment to supporting its local hospitals, and would therefore provide beneficial publicity. Mr Iwan Thomas agreed, reflecting that whilst this capital investment represents a compliance issue, it will also support public confidence in local services and commitments by HDdUHB to local populations and service centres.

Prof Gammon welcomed the additional governance arrangements which are in place in relation to the project, and expressed his reassurance, both in terms of robust programme governance and learning from FEN works undertaken at Withybush General Hospital, which would inform planning and support the BJC. Mr Elliot advised Members of a high level of participation in the project from the WG Capital Audit Team, which has provided advice in relation to project scrutiny and monitoring processes.

Members commended the quality and detail provided in the BJC, and supported the submission of the Business Case to WG, noting that it would require approval via HB Chair's Action prior to ratification at the Board

	<p>meeting on 30<sup>th</sup> September 2021, in order that it may be submitted to WG and progressed as quickly as possible.</p> <p><i>Mr Rob Elliott left the Committee meeting.</i></p>	
	<p>The Committee <b>SUPPORTED</b> the submission to WG of the BJC to progress the Phase 1 GGH works, to be approved via Chair's Action prior to ratification by the Board at its meeting on 30<sup>th</sup> September 2021.</p>	

<b>SDODC (21)10</b>	<p><b>PHARMACEUTICAL NEEDS ASSESSMENT</b></p> <p><i>Ms Rhian Bond joined the Committee meeting.</i></p> <p>The Committee received the HB's Pharmaceutical Needs Assessment (PNA), being advised that publication of the PNA is a requirement under section 82A of the Public Health (Wales) Act, as enacted by The National Health Service (Pharmaceutical Services) (Wales) Regulations 2020.</p> <p>Members were advised that this document has been subject to a public consultation and includes data and feedback from patient and contractor surveys and Public Health Wales, together with information relating to existing commissioned services from Community Pharmacy.</p> <p>Ms Rhian Bond explained that the PNA is a public-facing document, to be published on the HDdUHB website, and is based upon a requirement for all members of the HB's population to be able to access Pharmacy services within 30 minutes' travel time. Members were advised that there are currently no 'gaps' identified in Pharmacy provision across the HB, and that work is underway to improve the uptake of enhanced services, including emergency contraception, influenza vaccination, common ailments service and smoking cessation therapy/ treatment in order to reduce pressure on GP services and to improve patient access to care.</p> <p>Responding to a query from Mr Dentten in relation to whether the PNA takes into account current levels of demand for Pharmacy services, given a reduction in the number of local branches in certain geographical areas, Ms Bond explained that there is a level of variance in how Pharmacy contracts are managed, and that the PNA, as a 'live' document would require amendment to reflect closure of a Pharmacy, followed by consultation to determine service provision within the affected area. Members were informed that the document would assist the HB in considering the future sustainable provision of Pharmacy services.</p> <p>Mr Maynard Davies commented upon the wealth of valuable information which is included in the PNA, providing a high level of understanding of the needs of the HB's population in relation to Pharmacy services.</p> <p><i>Ms Rhian Bond left the Committee meeting.</i></p>	
-------------------------	---	--

	The Committee <b>SUPPORTED</b> the PNA for submission to the Board at its next meeting on 30 <sup>th</sup> September 2021.	
--	--	--

<b>SDODC (21)11</b>	<b>PLANNING – PLANNING OBJECTIVES UPDATE</b>	
	<p>The Committee received a report providing an update on progress made in the development of the POs under the Executive Leadership of the Director of Strategic Development and Operational Planning that are aligned to the Committee.</p> <p>Recognising that the report represents an iteration of other monitoring reports relating to these objectives, Mr Lee Davies proposed that the Committee’s work programme be amended to reflect the removal of update reports relating to Performance and Planning POs as standing agenda items, and confirmed that discussion would be held with the Director of Finance in order to determine how updates relating to specific POs are presented in future Committee meetings.</p>	<b>SW LD/ HT</b>
	The Committee <b>NOTED</b> the progress made in the development of the Planning Objectives (POs) under the Executive Leadership of the Director of Strategic Development and Operational Planning that are aligned to the Committee.	

<b>SDODC (21)12</b>	<b>PENTRE AWEL UPDATE</b>	
	<p><i>Ms Sharon Burford and Ms Helen Annandale joined the Committee meeting.</i></p> <p>The Committee received a report and a presentation providing an update on the progress of the project to deliver services within the Pentre Awel development, providing assurance that services in Pentre Awel will be aligned with the HB strategy and that all opportunities will be sought to ensure that the HB can maximise benefits arising from the delivery of care services on site.</p> <p>Ms Sharon Burford and Ms Helen Annandale highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Pentre Awel is a c. £200 million development located across 86 acres of brownfield land and will co-locate public (<i>i.e.</i> local government, HB), academia, private and voluntary sectors and create an environment for leisure, education, research and development, business incubation and health promotion.</li> <li>• The project has achieved a number of critical milestones in 2021 and has made significant progress towards achieving financial sustainability, specifically, the City Deal Business Case has been approved which enables the project to access £40m of funding to contribute to the Zone 1 construction. A Memorandum of Information has been issued to the financial markets to secure funding for the</li> </ul>	



	<p>whole site, and expressions of interest from two major financial institutions have now been received and are currently being assessed.</p> <ul style="list-style-type: none"> <li>• The procurement for the main contractor for Zone 1 is in progress (c. £70m contract value). Responses are currently being assessed, and the aim is to appoint a contractor during September 2021. Construction work will subsequently commence with sectional completion commencing September 2023, and full completion of the entire zone and site infrastructure being no later than January 2024.</li> </ul> <p>Members congratulated the Project Team upon the progress made, and expressed their assurance and satisfaction in regard to the realisation of the strategic vision underlying the Pentre Awel development.</p> <p><i>Ms Sharon Burford and Ms Helen Annandale left the Committee meeting.</i></p>	
	<p>The Committee <b>NOTED</b> progress in regard to the delivery of services within the Pentre Awel development.</p>	

<b>SDODC (21)13</b>	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b>	
	<p><i>Mr Huw Thomas joined the Committee meeting.</i></p> <p>The Committee received the HDdUHB Integrated Performance Assurance Report (IPAR) for Month 4 2021/22, highlighting specific areas of improvement and concern, together with mitigating actions to address these concerns.</p> <p>Mr Huw Thomas highlighted the following key points:</p> <ul style="list-style-type: none"> <li>• Areas of concern aligned to the 4 'Quadrants of (COVID-19) Harm' (as outlined in the NHS Wales Operating Framework) relate to A&amp;E waits over 12 hours, hospital-acquired pressure sores, treatment waits over 36 weeks from point of referral, and waits of over 8 weeks for a specific diagnostic.</li> <li>• Further areas of concern in terms of performance relate to local diagnostic service capacity pressures within Cancer Radiology and Endoscopy services, reduced outpatient and theatre capacity in Ophthalmology services as a result of COVID-19 and staff sickness/shortage, access to Orthogeriatric assessment for hip fractures, and lack of capacity within Nutrition and Dietetics services supporting Diabetes, Paediatrics and Specialist Child and Adolescent Mental Health Services.</li> </ul> <p>Mr Thomas drew Members' attention to performance concerns relating to staff compliance with Personal Appraisal and Development Reviews (PADRs) and completion of competencies within the Core Skills and Training Framework, and suggested that these demonstrate the need to separate out the various components of the IPAR and to align them with the committees under whose remit they would best sit, for example the People, Organisational</p>	

Development and Culture Committee in the case of PADR and training compliance performance. Members agreed with this proposal, and were advised that performance relating to areas covered by the respective committees would be ready for reporting to the next round of committee meetings.

Referencing the presentation of performance relating to the Quadrants of Harm, Ms Anna Lewis highlighted the ambiguity of the grey colour coding presented for a number of metrics, in that while this indicates that the Health Board's (HB) performance is within its normal range, it does not qualify whether performance in each case should provide assurance, or cause for concern.

Ms Lewis added that in view of a wider recognition that the current care system is not designed to deliver certain national targets, and given therefore the iterative nature of the associated scorings which are presented, collective consideration must be given to a forum in which inherent challenges in meeting these targets are discussed. Providing some context to this observation, Mrs Mandy Rayani reminded Members that the HB technically remains in a public health emergency state, and that the impact of this status should be considered in discussing the delivery of performance targets.

Mr Thomas explained that the way in which performance is reported in the IPAR is essentially one-dimensional, and agreed to discuss with the Director of Operations how the metrics presented may be linked with specific Planning Objectives and with recovery actions which are being undertaken, in order to provide a more holistic and contextualised view of performance in future reports. Mr Thomas further suggested that the presentation of the HB's performance may need to be discussed at Executive level, and possibly at a Board Seminar session, while Mr Maynard Davies agreed that, given issues relating to people and quality of service, committee Chairs would wish to be involved in this discussion.

Mr Andrew Carruthers agreed that some thought must be given to how assurance regarding individual areas of performance in terms of service re-design and system actions may be presented to the various committees, and suggested that in some cases it may be appropriate for committees to commission 'deep dive' reviews of specific performance metrics, based upon the provision of further detail relating to individual areas. Mr Carruthers assured Members that monthly performance 'checkpoints' had been re-established, in which he would review performance management in order to formulate responses to issues identified within the report and to articulate the redesign and improvement work which is ongoing at service and system level.

While recognising that many performance targets are outside the HB's control, and that many performance concerns are linked to system issues which can only be resolved through a long-term strategy, Prof Gammon queried where some improvement may be expected to be seen against those targets which are within the organisation's control, and demonstrated to the public. Mr Thomas confirmed that timescales for improvements would be included in future reporting, however cautioned that certain trajectories are

HT/  
AC

	<p>more complex, and that the inclusion of forecasts relating to performance improvement would therefore be a developmental process.</p> <p>Mr Maynard Davies requested that significant changes in the summary sections of the IPAR, be highlighted - for example the movement of measures between areas or the availability of additional measures in the report. Mr Thomas undertook to review this issue.</p> <p>Members noted the significant progress made in the development of the IPAR in terms of its functionality, usability and the quality of information provided.</p>	HT
	<p>The Committee <b>REVIEWED</b> the Integrated Performance Assurance Report and <b>SUPPORTED</b> a proposal to separate out certain components and report these to those committees whose Planning Objectives are aligned with individual performance targets.</p>	

SDODC (21)14	<b>MONITORING OF WELSH HEALTH CIRCULARS</b>	
	<p>The Committee received a report providing an update on progress relating to the implementation of Welsh Health Circulars (WHCs), which come under the Committee's remit.</p> <p>Members noted 2 WHCs which have been assigned 'Amber' status in terms of progress:</p> <ul style="list-style-type: none"> <li>• <i>Implementation of the Emergency Department Clinical information Management System.</i> Members were advised that the HB is fully cognisant of any issues, and that plans to implement the system are being progressed.</li> <li>• <i>Value-Based Health Care Programme data requirements.</i> Members were informed that while Patient Recorded Outcome Measures (PROMs) are being captured, there is currently no repository to allow these to be included within the Clinical Portal. Mr Thomas explained that the HB is therefore developing an in-house PROMs data visualisation platform, supported by data gathered from the DrDoctor patient engagement system.</li> </ul>	
	<p>The Committee <b>NOTED</b> progress in relation to the implementation of Welsh Health Circulars which sit within its remit.</p>	

SDODC (21)15	<b>PERFORMANCE – PLANNING OBJECTIVES UPDATE</b>	
	<p>The Committee received the Performance Planning Objectives report, providing an update on the progress made in the development of the Planning Objectives relating to Performance that are aligned to the Committee and which are under the Executive Leadership of the Director of Finance.</p>	

	<p>With regard to the progress of work against these objectives, Mr Thomas advised that as the scope of outcomes measurement broadens to reflect the increasing alignment of strategic objectives at Board level with operational planning, there has been some consequential slippage in timescales for roll-out across the organisation. Noting this element of 'mission-creep', Ms Lewis queried how an evaluation of objectives delivery may be built into the monitoring process. Mr Thomas explained that the HB is working with <i>Improvement Cymru</i> to source additional support for scrutiny processes, which will initially be used to monitor delivery of the Women and Children Phase 2 scheme.</p> <p><i>Mr Huw Thomas left the Committee meeting.</i></p>	
	<p>The Committee <b>REVIEWED</b> the Performance Planning Objectives report.</p>	
<p><b>SDODC (21)16</b></p>	<p><b>CAPITAL ESTATES &amp; IM&amp;T SUB-COMMITTEE UPDATE REPORT</b></p> <p><i>Mr Paul Williams re-joined the Committee meeting.</i></p> <p>The Committee received the Capital, Estates and IM&amp;T Sub-Committee (CEIMTSC) update report following the meeting held on 2<sup>nd</sup> August 2021.</p> <p>Mr Williams highlighted the following points:</p> <ul style="list-style-type: none"> <li>• A presentation was received by the Sub-Committee on the Women and Children Phase 2 Project Lessons Learnt Report. This report will be included as a separate agenda item at the SDODC meeting on 26<sup>th</sup> October 2021.</li> <li>• A public engagement process has been undertaken for public nominations of sites for land identification for the new hospital. Work is currently being undertaken on the assessment of the nominated sites and a short-list of sites will be made by September-October 2021 with the final decision being reached by summer 2022. Consideration may be required as to whether to report the land selection process separately in future SDODC meetings.</li> <li>• Increased pressure upon services resulting from ageing medical devices has been shared with WG. Work is ongoing to manage associated risks via the DCP.</li> <li>• Risks relating to diagnostic imaging remain in the system; while there is funding to replace CT scanners in Withybush and Glangwili General Hospitals, all the HB's CT scanners need to be replaced, and funding to cover this will be sought from WG.</li> </ul> <p>Members were advised that Mr Iwan Thomas has taken over from Mr Maynard Davies as Independent Member serving on the CEIMTSC.</p> <p><i>Mr Paul Williams left the Committee meeting.</i></p> <p><i>Mr Lee Davies left the Committee meeting.</i></p>	

	The Committee <b>NOTED</b> the Capital, Estates and IM&T Sub-Committee update report.	
--	---	--

SDODC (21)17	<b>CORPORATE POLICIES</b>	
	<p>The Committee received the following policies for approval:</p> <p><b>Policy 175: Standard Operating Procedure for the Management of Board and Committees</b></p> <p>Members were asked to approve the revised Standard Operating Procedure (SOP) for the Management of Board &amp; Committees, and received assurance that the HB's Written Control Documentation Policy had been adhered to.</p> <p>Members were informed that the revisions made to the SOP included an update regarding the new Committee arrangements (as approved at the Board meeting on 29<sup>th</sup> July 2021), etiquette guides for virtual and Board webcast meetings, and reference to the governance response to an emergency situation in terms of the assessment that would need to be undertaken to determine which Committee meetings should continue, and their frequency, based upon learning from the recent pandemic.</p> <p>Ms Lewis requested that further detail relating to committee chairing arrangements be added to Chapter 3 of the SOP.</p> <p>Subject to the amendment requested, Members approved the policy, noting that it would be uploaded to the HB's Corporate Internet Policy page for implementation across the HB.</p> <p><b>Policy 534: Patient Access Policy</b></p> <p>Being assured that new COVID-19 guidelines have been appended to the documentation, Members approved the Patient Access Policy.</p>	AG
	<p>The Committee <b>APPROVED</b> the following policies:</p> <ul style="list-style-type: none"> <li>• Policy 175: Standard Operating Procedure for the Management of Board and Committees</li> <li>• Policy 534: Patient Access Policy</li> </ul>	

SDODC (21)18	<b>MINUTES OF THE PPPAC MEETING HELD ON 24<sup>TH</sup> JUNE 2021</b>	
	The Committee <b>NOTED</b> the approval via PPPAC Chair's Action of the minutes from the PPPAC meeting held on 24 <sup>th</sup> June 2021 as an accurate record of proceedings.	



SDODC (21)19	<b>TABLE OF ACTIONS AND MATTERS ARISING FROM PPPAC MEETING HELD ON 24<sup>TH</sup> JUNE 2021</b>	
	The Committee <b>NOTED</b> the completion of all actions arising from the PPPAC meeting held on 24 <sup>th</sup> June 2021.	
SDODC (21)20	<b>SDODC WORK PROGRAMME 2021/22</b>	
	The SDODC work programme for 2021/22 was received for information. Members noted that the annual work programme would be reviewed in order to ensure that agenda items are linked to the Planning Objectives which sit within the Committee's remit, and to enable Members to monitor how the Committee is discharging its Terms of Reference.	LD/ JW
	The Committee <b>NOTED</b> the SDODC work programme for 2021/22.	
SDODC (21)21	<b>ANY OTHER BUSINESS</b>	
	No other business was raised.	
SDODC (21)22	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>The following matters were noted for escalation to the Board:</p> <ul style="list-style-type: none"> <li>Members' concerns relating to continuing performance challenges highlighted in discussion of the Integrated Performance Assurance Report, and proposals to link performance against individual metrics to associated mitigations in order to provide Members with greater assurance.</li> </ul>	
SDODC (21)23	<b>DATE AND TIME OF NEXT MEETING</b>	
	Tuesday, 26 <sup>th</sup> October 2021 at 9.30 am – 12.30 pm - Boardroom, Ystwyth Building, St David's Park, Carmarthen	