



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

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

Date and Time of Meeting:	Thursday, 10 November 2022 2.00 pm – 5.00 pm
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Mr Iwan Thomas, Independent Member (VC) Mr Winston Weir, Independent Member (VC)
In Attendance	Mr Lee Davies, Director of Strategic Development & Operational Planning (SDODC Executive Lead) (VC) Mr Huw Thomas, Director of Finance (VC) Mr Keith Jones, Director, Secondary Care (VC) Dr Jo McCarthy, Deputy Director of Public Health (VC) Mr Sam Dentten, Hywel Dda Community Health Council (CHC) (VC) Mrs Joanne Wilson, Board Secretary (VC) Ms Sally Hurman, Committee Services Officer (Secretariat)
	Items SDODC(22)101 Ms Catherine Evans, Head of Strategic Performance Improvement (VC) Ms Selina Marshall, Service Delivery Manager Psychological Therapies (VC) Ms Tracy Price, Performance Manager (VC)
	Item SDODC(22)105 Ms Elaine Lorton, Pembrokeshire County Director
	Item SDODC(22)106 Ms Joanne Dainton, Carmarthenshire Locality Office/Area Planning Board Lead (VC)
	Item SDODC(22)107 and 111 Mrs Eldeg Rosser, Head of Capital Planning (VC)
	Item SDODC(22)107 Mr Gareth Rees, Deputy Director of Operations (VC)
	Items SDODC(22)108 Mr Sion Charles, Head of Strategy and Service Planning, ARCH (VC)
	Items SDODC(22)109 Dr Daniel Warm, Head of Planning (VC)
	Items SDODC(22)110 Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC)

Agenda Item		Action
SDODC (22)94	<p>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</p> <p>The Chair, Mr Maynard Davies, opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC).</p> <p>The following apologies for absence were noted:</p> <ul style="list-style-type: none"> • Mrs Chantal Patel, Independent Member (Committee Vice Chair) • Mr Andrew Carruthers, Director of Operations • Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care <p>Mr M Davies stated that this is the first SDODC meeting since HDdUHB was put into Targeted Intervention (TI) for finance and planning and Enhanced Monitoring for performance and it therefore follows that the business discussed at the meeting will be considered in light of TI status.</p> <p>Mr L Davies added that since receiving the TI letter, an inception meeting had taken place, at which the framework and de-escalation criteria had been discussed. The Health Board has established a TI Working Group (TIWG) chaired by Mr Huw Thomas and an Enhanced Monitoring Working Group (EMWG) chaired by Mr Andrew Carruthers, both reporting into an Escalation Steering Group (ESC) chaired by Mr Steve Moore. Initial meetings for each are taking place and information will be shared at appropriate points through committees and the Board.</p> <p>Mr H Thomas added that additional clarity is required from Welsh Government (WG) in order that their expectations are met.</p> <p>Mrs Wilson confirmed that the Enhanced Monitoring action plan is required by WG tomorrow, 11th November 2022. This will be part of the Chief Executive's TI update to Board and will be placed in the public domain.</p>	
SDODC (22)95	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interest.</p>	
SDODC (22)96	<p>MINUTES OF THE MEETING HELD ON 25TH AUGUST 2022 AND MATTERS ARISING</p> <p>It was RESOLVED that the minutes of the SDODC meeting held on 25th August 2022 be APPROVED as an accurate record of proceedings.</p> <p>There were no matters arising.</p>	
SDODC (22)97	<p>TABLE OF ACTIONS FROM THE MEETING HELD ON 25TH AUGUST 2022</p> <p>The Table of Actions from the meeting held on 25th August 2022 was updated. Incomplete actions will be pursued and considered at the December 2022 meeting.</p>	<p>SH</p> <p>JW</p>

	Members were respectfully requested to provide updates to the secretariat in good time in advance of future meetings. Mrs Wilson undertook to pursue this issue with executive colleagues.	
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SDODC (22)98	SELF-ASSESSMENT	
	The Strategic Development and Operational Delivery Committee received the SDODC self-assessment which was taken as read. There were no queries. In terms of timescales, SDODC will revisit in April 2023.	SH
	The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE that actions arising from the SDODC Self-Assessment 2021/22 are being progressed.	

SDODC (22) 99	OPERATIONAL RISKS ALLOCATED TO SDODC	
	The Committee received the Operational Risks report, which was taken as read. Mr Keith Jones stated that there is one risk with no change and one risk which has been removed; the closed risk relates the Women and Children Phase 2 project but some concerns had been raised and conversations continue with regard to its status. Mr Jones added that the concern is related to the potential financial risk to the organisation as a result of the financial situation re contractor payments. However, delivery of the scheme is on track according to the current programme, with expected completion in July 2023. This matter has been highlighted through the Audit and Risk Assurance Committee. Mr Jones further added that the third and final phase is the redevelopment of the theatre facility suite at Glangwili General Hospital (GGH). The development of obstetrics, neonatal and maternity facilities is complete and being utilised.	
	The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE that: <ul style="list-style-type: none"> • Relevant controls and mitigating actions are in place; • Planned action will be implemented within stated timescales to further reduce the risk and/or mitigate the impact, should the risk materialise; • Risks are being managed effectively. 	

SDODC (22)100	INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)	
	<i>Ms Catherine Evans, Ms Selina Marshall and Ms Tracy Price joined the meeting.</i>	
	The Committee received the Integrated Performance Assurance Report (IPAR), which was taken as read. Mr Huw Thomas stated that discussions had taken place and assurance given to the earlier Sustainable Resources Committee (SRC) meeting regarding the work undertaken within urgent and emergency care. Despite work taking place within transforming urgent and emergency and integrated localities, which is addressing performance within urgent care, there had been	

significant losses in capacity within the residential care sector, greatly impacting the flow through the system. As a result, there is growth in the number of bed days consumed by patients who have been in hospital for more than 21 days. Mr M Davies acknowledged the deteriorating position, adding that the threatened industrial action would, no doubt, negatively impact targets.

Mr Thomas referred to the discussion at the Executive Team meeting the previous day regarding material risks:

- Threat of industrial action;
- Heating the HDdUHB estate and the risk of energy shortages;
- Risk of significant cold spells resulting in increased demand on services.

He added that these risks are being addressed and actions put in place to mitigate and build resilience into current plans, through continuity planning and support across the organisation.

It was agreed that this concern would be escalated to Board through the SDODC update report.

MD/SH

The Strategic Development and Operational Delivery Committee **CONSIDERED** the measures indicated in the Integrated Performance Assurance Report (Month 6 2022/23).

**SDODC
(22)101**

MENTAL HEALTH AND LEARNING DISABILITY INDICATORS

Mr M Davies welcomed Ms Evans, Ms Marshall and Ms Price to the meeting to update on a previous discussion regarding improvements in Mental Health and Learning Disability (MHL) targets and trajectories.

Ms Evans shared the performance dashboard on HDdUHB’s website, demonstrating, in particular, the mental health measures in the IPAR. Ms Price demonstrated the mental health dashboard and Ms Marshall illustrated how the dashboard is supporting key governance requirements within the Directorate to better manage and improve delivery of their services. The following were highlighted:

- The Performance team worked jointly with the MHL team to successfully scope and develop relevant and meaningful reporting measures and metrics.
- The resulting prototype reporting measures will be rolled out to 18 other directorates within HDdUHB.
- Mental Health (MH) assessment within 28 days was used as an example and is on target trajectory.
- The examples of staff sickness and complaints were used; reports can be viewed on a month-by-month basis within wards, services, departments and overall, with summary information also available.
- A risk heat map is provided, demonstrating extreme risks (red) and low risk with additional detail and associated actions.
- A Standard Operating Procedure has been developed for the MH dashboard showing responsibilities within MH and performance. Data is checked to ensure it is robust and accurate.

- Data also measures against other Health Boards.
- Work will continue with service leads to provide as much information as possible.
- Metrics and trajectories can be added to all charts; for example, to show planning forecast assumptions for areas such as workforce and referrals.

Mr Thomas thanked the Performance team for their work on the MHLDD dashboard and acknowledged the input of the MHLDD team. The critical information provided by the dashboard was of significant value to the MHLDD directorate. In response to a query, it was stated that consideration was being given to rolling out the Dashboard across 18 directorates. Mr M Davies echoed Mr Thomas's thanks, acknowledging that the IPAR continues to be a rich source of information internally, which is also available to the public. Mr Sam Dentten reiterated the value of the information provided, together with ease of access.

Ms Evans, Ms Marshall and Ms Price left the meeting.

The Strategic Development and Operational Delivery Committee **NOTED** the presentation of the Mental Health and Learning Disabilities performance dashboard.

**SDODC
(22)102**

PLANNED CARE WAITING LIST OVERVIEW

The Committee received the Planned Care Waiting List presentation.

Mr Jones referred to the Ministerial measures for the 52 and 104 weeks waits for total planned care pathway patients which were required to be met by March 2023 and also referred to the previous 36 weeks target position, explaining where the Health Board currently stands against those measures, taking the circumstances of the last two years into consideration.

With regard to progress against the 52 weeks target, the Health Board has committed to between 5,000 and 7,500 patients within this cohort by 31st December 2022. Current predictions indicate that number is likely to be circa 6,500. With regard to the predicted position against the 104 weeks measure across all pathways, at the start of this week, the 12,000 predicted figure is approaching the low 10,000 mark, with the Health Board on course to be somewhere within the range of between 1,900 to 3,300 patients waiting above 104 weeks by the end of March 2023. Mr Jones referred to the vascular and dermatology specialty patient pathways where clinical expertise is below capacity, despite efforts to seek specialist support within Wales, which negatively impacts the ability to reduce these patient waits.

It was noted that steady reductions are being made in the total pathway above 52 weeks and 104 weeks and the 36 weeks position is also beginning to reduce.

With regard to pre-COVID-19 inpatient activity, this is currently around the 60% range, with plans to significantly increase activity by the end of January 2023. Factors influencing the slower pace include reduced theatre and anaesthetic staffing capacity; reduced inpatient activity has been delivered through Withybush Hospital due to the ongoing fire safety works,

with the surgical day unit relocating to the inpatient theatre unit. The lack of workforce capacity in medical records is also a contributory factor, and is currently being addressed.

Mr Jones added that in terms of Ministerial measures, there has been some successful transformation work, particularly around the adoption of innovative approaches, which are resulting in steady reductions in the delayed follow-up position. This is a long-standing challenge; however, Mr Jones highlighted that HDDUHB has a lower proportion of its population on the follow-up pathway than any other Health Board with acute hospital provision, which is a reflection of the technical decision making of clinical teams in making definitive discharge decisions after the first outpatient part of the pathway.

Mr Dentten welcomed the positive information on planned care waiting lists and referred to the patient Waiting List Support Service (WLSS), which the Community Health Council (CHC) fully supports. He commented that national survey responses from the public suggest that some people feel isolated on their care journey, articulating the worry and frustration and the sense of feeling lost in the system which may be amplified by those who feel that GP support is 'distant'. Mr Dentten enquired whether there could be any escalation or increase in the breadth and depth of support that could be extended to those waiting. Mr Jones responded that so far, around 11,000 patients had been contacted through the WLSS, acknowledging that there are double that number on waiting lists and communications have not yet reached all of that patient population. All stage 4 patients waiting 36+ weeks for treatment intervention will have been contacted by early December 2022. The project is appreciated at national level; however, the scope of the service presents challenges around scale and capacity to expand.

Mr M Davies thanked Mr Jones for his update welcoming evidence of improvements. He wished the team well for the additional challenges that will present during the winter months.

The Strategic Development and Operational Delivery Committee **NOTED** the presentation of the planned care waiting list update.

**SDDC
(22)103**

QUARTERLY ANNUAL PLAN MONITORING RETURNS: Q2 2022/23 AND PLANNING OBJECTIVES UPDATE

Mr Lee Davies presented the Quarterly Annual Plan 2022/23 Monitoring Return (Q2), which was taken as read. He added that reporting on Planning Objectives (PO) is becoming embedded, providing detail and narrative across each of the key areas.

Mr M Davies stated that enhanced information had been provided in the report specifically for:

- PO 3I: Primary Care Contract Reform
- PO 3J: A Healthier Mid and West Wales (AHMWW)
- PO 5J: 24/7 Emergency Care Model for Community and Primary Care
- PO 5Q: Asthma Pathway
- PO 5V: IMTP and Operational Planning

	<p>Mr L Davies confirmed that PO 4R: Green Health and Sustainability and PO 6G: Decarbonisation and Green Initiatives Plan, were linked but would not merge and would continue to be monitored in tandem.</p>	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE on:</p> <ul style="list-style-type: none"> • The current position with regard to the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to assure the Board that Planning Objectives are progressing and are on target and to raise concerns where Planning Objectives are identified as behind in status and/or not achieving against key deliverables. • The overarching progress and the mitigations/actions in place to recover those actions noted as 'behind' which support Q2 of HDdUHB's 2022/23 Annual Plan. 	

SDODC (22)104	<p>DEFERRED MATTERS</p> <p>It was noted that the following matters were deferred to the December 2022 meeting:</p> <ul style="list-style-type: none"> • Deep Dive: PO 4L: Social Model for Health and Wellbeing • PO 4P: Recovery and Rehabilitation Service • PO 5U: Community and Non-Clinical Estates Strategy • Stroke Strategy • Palliative Care Strategy • Dementia Strategy • CE&IM&T – Isolation Facilities Review Update 	SH
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SDODC (22)105	<p>DEEP DIVE: PO 4Q: COMMUNITY CARE SUPPORT TO REDUCE NON-ELECTIVE ACUTE BED CAPACITY</p> <p><i>Ms Elaine Lorton joined the meeting.</i></p> <p>The Strategic and Operational Delivery Committee received the deep dive presentation regarding PO 4Q: Community Care Support to Reduce Non-Elective Acute Bed Capacity</p> <p>Ms Lorton shared an updated slide presentation which would be circulated following the meeting.</p> <p>Ms Lorton explained that this is a partnership planning objective around community care capacity, acknowledging local authority statutory responsibility for social care. The All-Wales program, Building Community Care Capacity, is looking to grow 1,000 beds across Wales; HDdUHB's submission at this point in time represents 79 beds against a target of 117 beds.</p> <p>A pilot study undertaken in 2021 evidenced the challenge of workforce capacity; it is incredibly difficult to employ people into the independent sector and local authorities struggled to employ staff into in-house teams. This challenge remains and since the Pandemic, has worsened considerably.</p>	SH
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Information is available regarding the number of people in each of the three counties waiting for care packages, which is increasing, and which undoubtedly impacts on hospital discharges when these care packages are not readily available; these people are temporarily housed in care homes and interim care beds. The figure does not include people waiting for assessment or those waiting to be allocated to a social worker. Information is also available regarding the number of workforce vacancies that exist across the long-term domiciliary care sector, which evidences the significant challenges of recruitment into the community care sector.

Information was available regarding the number of people in each of the three counties waiting for care packages but these reports from Local Authorities to WWCP have been temporarily suspended. These last figures show increasing waits which undoubtedly impacts on hospital discharges when these care packages are not readily available; these people are temporarily housed in care homes and interim care beds. The figure does not include people waiting for assessment or those waiting to be allocated to a social worker. Information is also available regarding the number of workforce vacancies that exist across the long-term domiciliary care sector, which evidences the significant challenges of recruitment into the community care sector.

In terms of up-to-date figures at the time of the meeting:

- Within Withybush General Hospital, there are 29 people waiting to be allocated to a social worker for assessment;
- Of these, between 30 to 40 have an assessment that is ongoing;
- In Pembrokeshire there are 700 people awaiting allocation to a social worker for assessment of their care needs;
- As of 9th November 2022, there are 141 people ready to leave hospital (a little below the September 2022 figure but well above the June figure) across the whole HB;
- It is taking an average of 45 days from the initial ready to leave date before people actually do leave hospital.

The deteriorating position was acknowledged to be due to the lack of workforce capacity in community care to support people to return home.

In terms of governance, Ms Lorton stated that each of the three counties has an operational group which steers their specific pieces of work and which feeds into the Integrated Executive Group. A fortnightly report is submitted which states the number of people ready to leave, with a ready to leave date and the number of days delay since that ready to leave date. There are ongoing communications with the Integrated Executive Group.

In terms of recruitment:

- Carmarthenshire was hoping to recruit into 32 Whole Time Equivalent (WTE) healthcare support workers, associated and support staff, administrative and clinical supervisor positions. To date, they have been able to appoint three who are due to start shortly. There were 38 applications, of which 28 were from overseas and of the remaining ten, who were invited to interview, seven withdrew. Three people were interviewed, all of whom were appointed. A second recruitment exercise is underway, with eight internal candidates to interview on

15th November 2022 (Band 3 with slightly enhanced reablement or therapy intervention focus).

- Pembrokeshire held a recruitment day jointly with the local authority in the hope of recruiting 20 WTE staff (Band 2, with no or little experience in order to grow careers). Expressions of Interest (Eol) were required as opposed to formal applications; 51 Eols were received; 19 attended and offers of employment were made to 17, five were recruited to the Bank. Feedback following this recruitment exercise suggested people prefer the recruitment day approach as opposed to completing an on-line application.
- Ceredigion is carefully watching recruitment approaches.

Data criteria, definition, principles and standards are consistent across the Health Board. Outcome and delivery measures and Key Performance Indicators (KPIs) have been set which will evidence and track trends as the workforce increases and trends and associated risks become apparent.

Ms Lorton emphasised the importance of partnership working which will focus on intermediate care needs, to either prevent admission to hospital or facilitate release from hospital. The team does not currently have Care Inspectorate Wales (CIW) registration, which is a requirement in order to provide long-term care.

Mr M Davies thanked Ms Lorton for a very comprehensive presentation on the current situation.

Ms Lorton left the meeting.

The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to the progress on PO 4Q.

**SDODC
(22)106**

DEEP DIVE: PO 4S: IMPROVEMENT IN POPULATION HEALTH

Ms Joanne Dainton joined the meeting.

The Strategic and Operational Delivery Committee received the deep dive presentation regarding PO4S: Improvement in Population Health.

Dr Jo McCarthy stated that the timescales for this PO had been brought forward significantly from March 2024, as there is greater understanding, post-COVID, of the biggest, preventable risk factors for ill health and preventable death. A clear strategy, objectives and plans are developing at pace.

Dr McCarthy added that around 40% of premature mortality in the UK, which is preventable, can be attributed mainly to: cardiovascular disease, diabetes, Chronic Obstructive Pulmonary Disease (COPD), smoking, obesity, alcohol use, housing, suicide, bloodborne viruses and the impact of deprivation; all health behaviours can be positively impacted by wider health improvements. The health improvement strategy will provide a whole systems approach with pathways and partnership working and an overarching plan will incorporate cost of living crisis and health inequalities work.

Dr McCarthy gave examples of key aims around initiatives and partnership working which will be covered within the strategy:

- Vaping in schools which has become a significant issue with many children seeing this as a safe alternative to smoking, it is less harmful but the impact on the lungs is very damaging;
- Alcohol treatment and recovery service, HDdUHB is one of the leading Health Boards in this area.
- Crime reduction
- Children, families and communities
- Complex needs for some issues mental health issues
- Tobacco and smoking
- Substance misuse
- Harm reduction
- Housing
- Cost of living crisis
- Deprivation

In response to an enquiry from Mr Winston Weir, Dr McCarthy stated that the team continues to work with the voluntary sector (a well-established partnership), particularly around deprivation, the cost of living crisis and inequalities work. Dr McCarthy and Ms Dainton undertook to provide further information to Mr Weir regarding voluntary and third sector partnership working and engagement on the various projects.

JMcC/
JD

Mr Dentten enquired as to the ease of access to services across the areas. Ms Dainton responded that the COVID pandemic had provided the opportunity for greater service provision remotely via MS Team, by 'phone and engagement had increased. This blended approach for access is continuing, now including face-to-face and home visits. The Blue Light Project outreach targets access to where it is needed most.

SH

In terms of next steps, Dr McCarthy confirmed that the overarching strategy will be finalised and presented to SDODC in December 2022 for Board approval in January 2023. She credited her team and thanked them for the work they had done pulling the strategy and plan together.

Mr M Davies thanked Dr McCarthy and her team, emphasising that prevention is an important issue in health care.

Ms Dainton left the meeting.

The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to the progress on PO 4S.

SDODC
(22)107

DISCRETIONARY CAPITAL PROGRAMME

Ms Eldeg Rosser and Mr Gareth Rees joined the meeting.

The Committee received the Discretionary Capital Programme (DCP) 2022/23 and Governance Update Report.

Capital Programme

Ms Rosser confirmed that WG is prepared to fund the next priority on the diagnostic imaging list, which is the replacement of the diagnostic mammography equipment in Prince Philip Hospital in the sum of £750k. WG will also fund six ultrasound scanner replacements. A schedule of end of year prioritised bids in the sum of circa £5.6m has also been submitted, along with a bid in the sum of just under £0.5m for Emergency Department (ED) improvements in waiting areas, including seating, toilet facilities, dispensing facilities and CCTV improvements.

A bid was submitted to the Estates Funding Advisor Board (EFAB) for funding in the sum of £12m, phased over two years, with the caveat of a maximum of 30% from the Health Board's discretionary programme amounting to £1.2m - £1.4m. However, there is an element of duplication in that some have been submitted as part of the year-end bid and some included for 2022/23.

It was noted that the Prince Philip Day Unit will be handed over tomorrow, 11th November 2022 and will go live on 5th December 2022. The Women and Children project is progressing well and is expected to complete on 7th July 2023, however, this may be brought forward.

With regard to the Cross Hands Outline Business Case (OBC), WG has requested a presentation of the scheme to the Integrated Regional Capital Fund Board at the end of November 2022.

Medical Devices

In terms of medical devices, there had been a modest increase in the inventory total since 2021 (£14m mainly through slippage) and notably, an increase of 50% on items on the inventory. The Committee was concerned to note the replacement cost of £31.7m for approximately 4,500 in-use, potentially due, overdue or requiring replacement devices, recognising a potential risk to patient safety if the equipment is not fit for purpose due to age.

Mr Gareth Rees stated that there had been a modest increase of 500 in the inventory total since 2021; however, since 2018, the increase is closer to 50%. In 2021/22, there was investment of over £14m, mainly through slippage and revenue slippage which allowed inroads into items valued below £5,000 resulting in an improved position in terms of age profile of devices in service.

Mr Rees added that the inventory of almost 32,000 items with a replacement value of almost £97m requires sustained annual investment of almost £10m per annum in order to remain at present backlog levels. He further added that investment, before slippage, is typically between £0.5m and £1m. If this trajectory is maintained, the backlog will reach almost £90m by 2032.

Mr Gareth Rees left the meeting.

The Strategic Development and Operational Delivery Committee **NOTED:**

- The update on the Capital Programme for 2022/23;
- The current 2023/24 pre-commitments against the DCP;
- The updates on the Health Board Capital schemes;
- The medical devices update.

<p>SDODC (22)108</p>	<p>ARCH UPDATE (INCLUDING PO 5N: IMPLEMENT NATIONAL NETWORK AND JOINT COMMITTEE PLANS)</p> <p><i>Mr Sion Charles joined the meeting.</i></p> <p>The Committee received the A Regional Collaboration for Health (ARCH) Portfolio Update Report, which was taken as read. Mr Sion Charles stated that the ARCH update provides assurance in terms of reports provided. There are six programme of work:</p> <ul style="list-style-type: none"> • Cardiology • Neurosciences • Dermatology • Eyecare • Pathology • Cancer <p>Plus, there is also now the South West Wales Stroke Programme, for which a working group has been established with resources and funding secured from the National Programme Board. The working group is in the process of finalising the program of work to implement changes to the way stroke services are delivered across the region.</p> <p>It was noted that the regional pathology services program is developing and establishing a new management model for the delivery of pathology services, which will change the way services are provided by the introduction of a Regional Pathology Centre of Excellence, to be sited in Morriston Hospital.</p> <p>Mr M Davies thanked Mr Charles for his update, noting that it is good to see the achievements of the regional programmes.</p> <p><i>Mr Charles left the meeting.</i></p> <p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE regarding the ARCH NHS Service Transformation Programme and NOTED achievements and next steps.</p>	
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<p>SDODC (22)109</p>	<p>SOUTH WEST CANCER CENTRE</p> <p><i>Dr Daniel Warm joined the meeting.</i></p> <p>SDODC received the paper regarding the development of the South West Wales Cancer Centre Strategic Programme Case, which was taken as read. Dr Daniel Warm informed the Committee that the South West Cancer Centre is one of the ARCH programmes for which HDdUHB is working closely with Swansea Bay University Health Board (SBUHB) to develop a ten year programme to grow and support regional non-surgical oncology services and align with the cancer services framework in South West Wales.</p> <p>A series of business cases will be forthcoming once priorities have been identified and the strategic programme case has been developed. It is important to keep pace with advancements in the delivery of interventions, for example, hyperfractionation, and also prepare for increasing demand on cancer services with early diagnosis for the increasing number of cancers being identified.</p>	
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A strategic programme case, incorporating outline financial and workforce implications, will be submitted to SDODC in December 2022 and to Board in January 2023.

Mr M Davies thanked Dr Warm for his update.

Dr Warm left the meeting.

SDODC **NOTED** the development of the South West Wales Cancer Centre Strategic Programme Case, focusing on non-surgical oncology.

SDODC
(22)110

MAJOR INFRASTRUCTURE PROGRAMME BUSINESS CASE

Mr Rob Elliott joined the meeting.

SDODC received the Major Infrastructure Programme Business Case report which was taken as read.

Mr Rob Elliott stated that HDdUHB had some of the oldest estate in Wales with an estimated backlog maintenance of circa £100m. He added that it is important to invest at scale quickly and strategically to avoid business continuity interruptions and disruption to the Health Board's critical work. The major infrastructure business case focuses on investing in those parts of the estate and infrastructure which will provide for business continuity and enable the Health Board to continue to work safely with strong levels of assurance until the repurposing of some hospitals and the new hospital developments come online, in circa seven years.

Current infrastructure planning incorporates large scale roof repairs, external facades, windows and doors, together with critical engineering systems for air conditioning and filtration systems for theatres and Intensive Care Unit (ICU), ie, those systems which, if they fail, would have a significant impact on the provision and delivery of services.

WG has endorsed the programme case in the sum of circa £87m, however, given the timeline and inflation, this has increased to circa £100m at current price levels. An additional £150k has been agreed by WG to enable a deep dive into the programme case to identify priority remedial works to reduce risk and enable cash flow forecasts over the next five to six years of the development scheme which will be submitted to WG in January 2023.

In response to a query from Mr Weir as to priorities for remedial work, Mr Elliott responded that the scoping work will identify the areas of the building and engineering estate most in need. Members were assured that consideration will be given to maintaining services whilst remedial construction work is carried out; to the environment and the environmental impact; and also to costs and cash flow.

This is a significant, large scale, programme of work which aligns to AHMWW developments and to this end, any refurbishment or aesthetic type improvements have been removed from the major infrastructure program.

Mr M Davies thanked Mr Elliott for his presentation and for the hard work he and his team continue to undertake.

	<i>Mr Elliott left the meeting.</i>	
	The Strategic Development and Operational Delivery Committee NOTED : <ul style="list-style-type: none"> • The work undertaken to date to bring the PBC to its current position. • The support from WG of £150k to deliver the further scoping work required. • That further formal reports will be developed as this programme progresses. 	

SDODC (22)111	CAPITAL SUB-COMMITTEE	
	The Committee received the Capital Sub-Committee Update Report which was taken as read. Ms Rosser stated that the Sub-Committee had received a paper from the MHLD team regarding priority areas for development including Tudor House and the Preseli Centre, both in excess of £1m, for which business cases will be produced; and the relocation of the Specialist Child and Adolescent Mental Health Services (S-CAMHS) crisis assessment treatment team to Morlais Ward in GGH, in the sum of £750k for which confirmation is awaited from WG. The Sub-Committee received an update on radiology diagnostic imaging priorities going forward, which were dealt with in the earlier Discretionary Capital Programme update. Mr M Davies thanked Ms Rosser for her update report. <i>Ms Rosser left the meeting.</i>	
	The Strategic Development and Operational Delivery Committee NOTED the Capital Sub-Committee Update Report.	

SDODC (22)112	CORPORATE POLICIES	
	There were no corporate policies requiring SDODC approval.	

SDODC (22)113	WORK PROGRAMME 2021/22	
	The Strategic Development and Operational Delivery Committee work programme 2021/22 was received for information.	

SDODC (22)114	ANY OTHER BUSINESS	
	There was no other business reported.	

SDODC (22)115	MATTERS FOR ESCALATION TO BOARD	
	The following matter was noted for escalation to the November 2022 Public Board meeting: <ul style="list-style-type: none"> • The three significant risks identified as likely to present and affect service delivery over the winter months: <ul style="list-style-type: none"> • Threat of industrial action; 	

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| | <ul style="list-style-type: none">• Heating the HDdUHB estate and the risk of energy shortages;• Risk of significant cold spells resulting in increased demand on services. | |
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SDODC (22)116	DATE AND TIME OF NEXT MEETING	
	Thursday, 16 th December 2022 9.30 am – 12.30 pm	