

**APPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE**  
**COFNODION CYMERADWYO Y PWYLLGOR DATBLYGU STRATEGOL A CHYFLAWNI GWEITHREDOL**

<b>Date and Time of Meeting:</b>	9.30am – 12.30pm, Thursday, 23 February 2023
<b>Venue:</b>	Microsoft Teams

<b>Present:</b>	Mr Maynard Davies, Independent Member (Committee Chair) Mrs Chantal Patel, Independent Member (Committee Vice-Chair) Mr Rhodri Evans, Independent Member Ms Anna Lewis, Independent Member Mr Winston Weir, Independent Member
<b>In Attendance</b>	Mr Lee Davies, Director of Strategic Development and Operational Planning (SDODC Executive Lead) Mr Andrew Carruthers, Director of Operations (part) Mr Huw Thomas, Director of Finance Ms Annie Ashman, Specialty Registrar, Public Health (representing Dr Jo McCarthy, Deputy Director of Public Health) Mrs Joanne Wilson, Board Secretary Ms Sally Hurman, Committee Services Officer (Minutes)
	<b>Items SDODC(23)05 and SDODC(23)06</b> Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care
	<b>Items SDODC(23)09</b> Ms Deb Lewis, Deputy Chief Operating Officer, Swansea Bay University Health Board
	<b>Items SDODC(23)10</b> Mr Peter Skitt, County Director Ceredigion/Programme Director Mid Wales Joint Committee for Health and Care
	<b>Items SDODC(23)11</b> Mr Rob Elliott, Director of Estates, Facilities and Capital Management
	<b>Items SDODC(23)13/14/15</b> Mrs Eldeg Rosser, Head of Capital Planning (VC)
	<b>Items SDODC(23)16</b> Dr Daniel Warm, Head of Planning

Agenda Item	Item	Action
<b>SDODC (23)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	
	The Chair, Mr Maynard Davies, opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC).	

	<p>The following apologies for absence were noted:</p> <ul style="list-style-type: none"> <li>• Mr Iwan Thomas, Independent Member</li> <li>• Dr Jo McCarthy, Deputy Director of Public Health</li> </ul>	
<p><b>SDODC (23)02</b></p>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Declarations of interest were made by:</p> <ul style="list-style-type: none"> <li>• Mrs Chantal Patel: Item SDODC(23)09: Services Changes in Swansea Bay University Health Board, recognising her role at Swansea University.</li> <li>• Mr Rhodri Evans: Item (SDODC(23)20: PSB Well-being Plans, recognising his role as Councillor, Ceredigion County Council in relation to Ceredigion's Local Well-Being Plan 2023.</li> </ul>	
<p><b>SDODC (23)03</b></p>	<p><b>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 16 DECEMBER 2022</b></p> <p><b>RESOLVED</b> - the minutes of the SDODC meeting held on 16 December 2022 be <b>APPROVED</b> as an accurate record of proceedings.</p> <p>There were no matters arising.</p>	
<p><b>SDODC (23)04</b></p>	<p><b>TABLE OF ACTIONS FROM THE MEETING HELD ON 16 DECEMBER 2022</b></p> <p>The Table of Actions from the meeting held on 16 December 2022 had been updated, with the following actions to be carried forward:</p> <ul style="list-style-type: none"> <li>• <b>SDODC(22)42:</b> Continuing NHS Healthcare: The National Framework for Implementation in Wales: Documentation awaited.</li> <li>• <b>SDODC(22)57:</b> Cancer wait times: The action list will be updated to reflect that it is likely the ongoing high level of scrutiny applied to cancer waits in various forums, including the Quality, Safety and Experience Committee, QSEC, has superseded the need for additional or separate action since this was discussed last year. However, Mr Keith Jones and Ms Anna Lewis will meet in early March 2023 to confirm that no further action is required.</li> <li>• <b>SDODC(22)121:</b> Corporate Risks: Update awaited from Mr Andrew Carruthers.</li> </ul>	<p><b>SH</b></p> <p><b>SH</b></p>
<p><b>SDODC (23)05</b></p>	<p><b>PO 5H: INTEGRATED LOCALITIES</b></p> <p><i>Ms Jill Paterson joined the Committee meeting.</i></p> <p>The Committee received the report regarding Planning Objective 5H: Integrated Localities. Ms Paterson reminded members of Planning Objective 5H:</p>	

*By March 2023, develop and implement Integrated Locality Planning groups, bringing together Clusters, Health, Social and Third Sector partners with a team of aligned Business Partners. Establish an integrated locality plan that sets out a clear and agreed set of shared ambitions and outcomes for the population which is aligned with national and regional priorities across the whole health and care system. The Integrated Locality Planning Groups will agree a collective shared budget to support delivery of the Plans, including commissioning of services, and will demonstrate delivery of the following priorities:*

- *Connected kind communities including implementation of the social prescribing model*
- *Proactive and co-ordinated risk stratification, care planning and integrated community team delivery*
- *Single point of contact to co-ordinate and rapidly respond to urgent and intermediate care needs to increase time spent at home*
- *Enhanced use of technology to support self and proactive care*
- *Increased specialist and ambulatory care through community clinics*

*Note - the Integrated Locality Planning groups will operate within a revised framework of governance which will be developed in conjunction with the national Accelerated Cluster Programme*

Ms Paterson explained that the first year has seen the alignment of the national programme with regional and Health Board strategic aims and objectives, with the development of Integrated Locality Planning (ILP) groups bringing together Clusters, health, social and third sector partners across the health and care system.

Going forward, it will be 'business as usual' with Pan Cluster Groups (PCG) embedded into the Health Board's planning and delivery structure, aligning to the Annual Plan, 3-Year Plan and Integrated Medium-Term Plan (IMTP). ILP groups will operate with a level of devolved budgeting and accounting through the Regional Integrated Fund (RIF) and Cluster funding. Structure and governance will be provided by a national template and model Terms of Reference which are currently being considered by national groups and will be brought to SDODC for information, when available.

It is hoped that the community integrated programme will be brought forward to the same level of formality and structure as the Accelerated Cluster Development (ACD) recognising that this infrastructure needs to be in place prior to completion of the new hospital development in order that the hospital and community can align and work together effectively.

ACD incorporates professional collaboratives, GP practices, dental, optometry and pharmacy and it is hoped to onboard other professional groups, for example, e-therapies, nursing collaborations and health sciences, all of whom are, or will be, represented by elected representatives. With services working interactively, the need for hospital admissions will be reduced and/or avoided.

For the future, the strategy will reflect primary and community care with aims and objectives aligned to the national strategy. This is currently being considered by the Executive Team. Of course, this is dependent on services being delivered under contract, management/leadership structures aligned to

the Health Board, local authority and other partnerships and resource to support development and sustainability. The aim is to provide preventative and proactive care and the strategy will also closely align to the inequalities agenda and can support this work by providing interventions to address requirements as demonstrated by the population needs assessment. Those discussions are required as is the development of an action plan and resource to enable implementation.

Metrics are required to be able to demonstrate achievements and success against Ministerial priorities and provide data on access to the various community services

In summary Ms Paterson believed that cluster development has made real progress in developing and establishing a structure around a different way of working with local authority partners and through Regional Partnership Board (RPB) alignment.

In response to a comment from Mr Huw Thomas, Ms Paterson acknowledged that today's presentation has set out an intended approach and appreciated that future development is subject to Executive discussion and agreement on resource allocation.

In response to an enquiry from Mr Winston Weir, Ms Paterson confirmed, that in terms of staffing, links have been established with the Workforce Team and an academy has been established. Further discussion is required. If finance is delegated, cluster budgets would be required which would enable decisions to be made in the wider context of cluster operational matters. Within the online chat Mr Thomas explained that he has facilitated a process of creating a new budget in a new year, however, carry forward funding is not permitted and in view of a lack of capacity, this process is not available next year, ie, 2023/24. Mr Lee Davies added that Cluster development is an evolutionary piece of work which will develop and embed over the next few years.

Mrs Chantal Patel stated that this was an ambitious plan, acknowledging the need for monitoring and evaluation, and enquired as to how training for the primary sector workforce would be incorporated. Ms Paterson responded that sophisticated monitoring is in place, however, this will need to be more targeted for the future. In terms of training, it is hoped to bring the Primary Care Academy with other primary care training and development into one place, acknowledging that this would also fit with wider Health Board workforce training.

Mr Thomas believed that in order to support primary care to the fullest extent, measured data would be required, including an expenditure profile and detail around plans at Pan Cluster level to be able to review the challenges of providing primary care services currently provided. He added that this is an old challenge which not easily resolvable. Ms Paterson agreed that sharing data was essential adding that the IMPT would reflect local population needs. However, there may be a challenge at a national level with regard to data sharing and understood that discussions were required with the Local Medical Committee (LMC) and with the General Practitioners Committee (Wales). With regard to cluster planning, Ms Paterson added that it would be desirable to see seven mini IMTPs, however, this would not be efficient and would be an expensive model. It would, however, enable oversight in terms of

	<p>measuring performance against target aspirations and demonstrate alignment to Ministerial priorities and the A Healthier Mid and West Wales (AHMWW) Strategy. Mr M Davies agreed that community data as well as primary care data was fundamental to the delivery of care to the local population and acknowledged the challenge.</p> <p>Mr M Davies thanked Ms Paterson for her comprehensive and detailed presentation.</p>	
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> with regard to the actions being taken to ensure progress of Cluster IMTPs through the monitoring and development of their projects.</p>	

<p><b>SDODC (23)06</b></p>	<p><b>INTEGRATED EXECUTIVE GROUP ADVOCACY STRATEGY</b></p> <p>The Committee received the report regarding the Integrated Executive Group Advocacy Strategy.</p> <p>Ms Paterson explained that the Advocacy Strategy has been part of an extended period of engagement that relates to the population needs assessment and provides the opportunity to build on the work that has been undertaken to develop and shape advocacy services collectively across the health and social care systems. Endorsement is sought on the work undertaken to date in order that the three local authorities meet their statutory obligation on the provision of advocacy services. Ms Paterson added that it is important to ensure that all individuals have a voice or have someone to advocate on their behalf and is confident that systems are in place to enable those vulnerable groups to be heard in terms of their care and the services available to them.</p> <p>Ms Paterson clarified that endorsement will be reported to the Integrated Executive Group and then to the RPB and undertook to share the minutes of those meetings with SDODC.</p> <p><i>Ms Paterson left the Committee meeting.</i></p>	<p><b>JP</b></p>
	<p>The Strategic Development and Operational Delivery Committee <b>CONSIDERED</b> and <b>ENDORSED</b> the draft Regional Adult Advocacy Strategy for presentation to Public Board in March 2023 for approval.</p>	

<p><b>SDODC (23)07</b></p>	<p><b>OPERATIONAL RISKS</b></p> <p>The Committee received the Operational Risks report.</p> <p>Mr L Davies confirmed that the Women and Children Phase 2 project, which has previously been reported through SDODC, had again been raised as a Risk. It was noted that this Risk was also raised to the Audit, Risk and Assurance Committee (ARAC).</p>	
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> <li>Reviewed and scrutinised the risks included within the report and <b>RECEIVED ASSURANCE</b> that all relevant controls and mitigating actions are in place.</li> </ul>	



- **NOTED** the planned action to be implemented within stated timescales to reduce the risk further and/or mitigate the impact, should the risk materialise and **RECEIVED ASSURANCE** that risks are being managed effectively.

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**TARGETED INTERVENTION AND ANNUAL PLAN UPDATE**

The Committee received the Targeted Intervention and Annual Plan update. Mr L Davies highlighted the following:

**Annual Plan**

A significant amount of work has been undertaken on the development of the Annual Plan which would be discussed in detail at the Board Seminar on 1 March 2023 and again at the Board meeting on 30 March 2023.

**Targeted Intervention**

- The Targeted Intervention updates on the three key areas within the maturity matrix provide a draft assessment against that matrix following a cross-teams workshop.
- A draft action plan has been developed in response to the assessment. Mr L Davies undertook to circulate the draft action plan; views and comments from members are welcome.
- The Peer Review referred to in the report is underway, with interviews being conducted by Ms Sally Attwood. It is hoped to have a report in early March 2023 with a report to Board on 30 March 2023.
- The report will incorporate the Clinical Services Plan, a requirement of Targeted Intervention, including the scope of the plan.
- The Clinical Services Plan will be produced by the of end December 2023 and will incorporate the Clinical Services Review which has been commissioned by Welsh Government (WG) and is likely to be undertaken in May 2023.

In response to a query from Mrs Patel, recognising the Health Board’s deficit financial position, Mr L Davies clarified that in terms of cost, WG is funding the Peer Review and the Clinical Services Review. Work undertaken on the action plan and other internal work is absorbed within the planning team. It is expected that the outcome of the action plans will positively impact the workforce and sustainability of services and financial stability. Mr Thomas concurred confirming that this had been reiterated in ARAC in relation to the general Targeted Intervention process; there is a cost associated with the administration of the process which is seen as a management cost. Further adding that the maturity matrix is a logical step to support actions going forward. In terms of the Clinical Services Plan, the actions and outcomes will align with the Health Board’s financial trajectory which will be addressed within the Annual Plan and 3-Year Plan, recognising any investments made and the need to shift resources to provide better services as an outcome.

Mr Weir believed it would be helpful for gaps in the overall planning process to be identified and addressed and acknowledged the challenge this would present to the Executive Team, adding that it would further identify where additional resource and capacity were required.

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	<p>Mr L Davies confirmed that the Executive Team recognised the two parallel processes that were taking place: Targeted Intervention and the Health Board’s operational planning process; both relate to each other and both acknowledged the Health Board’s deficit financial position. In addition, advising that the Board Seminar on 1 March 2023 would allow for discussion on operational matters and alignment with Ministerial priorities and would incorporate discussions regarding the strategic direction of services, for example, Integrated Localities referred to earlier in the meeting.</p> <p>Mr L Davies undertook to continue to update SDODC on progress.</p>	<b>LD SH</b>
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> regarding:</p> <ul style="list-style-type: none"> <li>• The ongoing process in the development of a 3-Year Plan for 2023/26.</li> <li>• The ongoing response to Targeted Intervention including the development of the maturity matrix baseline assessment; evidence for the assessment and the draft action plan.</li> </ul>	

<b>SDODC (23)09</b>	<p style="text-align: center;"><b>SERVICE CHANGES IN SWANSEA BAY UNIVERSITY HEALTH BOARD</b></p> <p><i>Ms Deb Lewis joined the Committee meeting.</i></p> <p>Mr L Davies referred to discussions at a previous Board meeting in respect of the range of services provided jointly with Swansea Bay University Health Board (SBUHB) and the changes taking place at Singleton and Morriston Hospitals and the tertiary services they provide in, for example cardiology and vascular.</p> <p>Ms Deb Lewis referred to the Acute Medical Services re-design, Phase 1 of which went live in December 2022 with Morriston Hospital taking the 999 emergency service and Singleton Hospital providing the GP emergency intake. On 1 February 2023, the whole service was merged to operate from one location at Morriston Hospital. The numbers anticipated have not materialised and therefore, the associated pressure has been manageable. A formal review of the service will be undertaken at some point in the future.</p> <p>Scheduled care remains a challenge. It is intended that a fit for purpose ward structure is re-introduced at Morriston Hospital, with specialty-based wards for surgery which will better manage the emergency patient intake. In addition to current capacity at Morriston Hospital, an Acute Medical Assessment Unit has been created with 43 bed, trolley and chair spaces to enable flow from the emergency department and the GP intake. The opening hours of some elements of the service are constrained currently due to workforce, but a recruitment campaign is underway to be able to provide a fully staffed and therefore, fully functional model. The speciality-based wards will reduce patients’ length of stay and increase flow through the hospital.</p> <p>In addition to the Acute Medical Assessment Unit, a separate Surgical Same Day Emergency Care (SDEC) Unit will be created, also at the front end of the hospital, which will free-up capacity in the main body of the hospital and again, will increase patient flow. Capacity to the virtual ward has been increased and is now available until 8.00 pm. Initial findings suggest that the</p>	
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availability of the virtual ward has reduced the number of patients presenting to the Acute Medical Unit.

A fracture discharge service will be established for non-surgical patients and patients on orthopaedic wards will be discharged as early as possible into the virtual ward, again, reducing the length of stay and allowing flow.

Work is also being undertaken with Local Authority colleagues to ensure domiciliary services are available with as much virtual consultation as possible.

Maintaining tertiary services has been a challenge since the COVID-19 pandemic, however recent months have seen success in respect of the cardiology pathway. SBUHB work with A Regional Collaboration for Health (ARCH) on the Acute Coronary Syndrome (ACS) and cardiology pathways in particular. A specific cardiology ward has been created which will accommodate lab patients and it is intended that this will become a seven day service; SBUHB is committed to ring fencing this capacity. It is acknowledged that patients outside of the Morriston Hospital area, will be repatriated into a 'local' hospital as soon as they are able to step down from the tertiary level service.

Ms Lewis stated that the centralised plan has gone well however acknowledged that more work is required on prevention to reduce admissions, and to enable better patient flow and discharge and to ensure tertiary pathways work well for the patient's clinical need.

In response to a query from Mr Weir, Ms Lewis advised that currently there are approximately 300 patients in Morriston Hospital who are either medically fit for discharge or should be transferred or repatriated elsewhere. Ms Lewis undertook to find out how many Hywel Dda University Health Board (HDdUHB) residents are fit for discharge and forward the information to Mr L Davies for circulation.

Mr Weir also referred to the work being undertaken on pathology services and enquired how this would impact Prince Philip Hospital. Mr Carruthers responded that currently there is no impact as it is still very early days in terms of the project which is subject to a formal business case process and capital development on the Morriston Hospital site.

Mr L Davies thanked Ms Lewis for attending SDODC.

*Ms Lewis left the Committee meeting.*

The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to the provision of services provided in partnership with Swansea Bay University Health Board.

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(23)10

**DEEP DIVE PO 5F: BRONGLAIS HOSPITAL STRATEGY**

*Mr Peter Skitt joined the Committee meeting.*

The Committee received the report regarding the Deep Dive into Planning Objective 5F: Bronglais Hospital Strategy.



Mr Andrew Carruthers commented that the COVID-19 strategy had significantly impacted the Bronglais Hospital Strategy to the point it had stalled. However, circumstances were now better placed to review the Planning Objective and the strategy with some urgency.

Mr Peter Skitt stated that the commissioning arrangements in place for Bronglais Hospital align closely with the AHMWW Strategy and are subject to agreement from Betsi Cadwaladr University Health Board (BCUHB), Powys Teaching Health Board (PTHB) and HDdUHB, together with local authorities across the catchment area. Bronglais Hospital is strategically important from and Accident and Emergency (A&E) viewpoint, however, for this to be successful, an infrastructure of support services are required to maintain patients whilst further, ongoing treatment is delivered elsewhere in specialist centres or on the Bronglais Hospital site. A commissioning group, the Mid-Wales Joint Committee, Chaired by Mr L Davies, has already commenced joint discussions regarding services in the area. The Bronglais Hospital Strategy fits the overall Programme Business Case (PBC) and the Health Board's strategic direction.

The Strategy is multifaceted incorporating many Health Board-wide services including laboratory and therapy services, community rehabilitation services, urology, pre-habilitation services. A consistent, standardised delivery model is necessary to provide benefit to the local population. Mr Skitt highlighted the following:

- Workforce challenges around Acute Medical Services; specifically the need for a respiratory consultant, clinical nurse specialist and expert practitioners, there is also a need for a consultant rheumatologist.
- A review will be undertaken to update the recruitment campaign so as to proceed jointly to cover roles across all areas and specialties.
- Pharmacy services are operational and the new robot is complete which has, in turn, supported the strategic direction for prescribing.
- Radiology services provide opportunities for student placements across the area.
- There has been considerable advancement in digital and technical applications for use in the community and the hospital; the hospital has volunteered for a number of pilot initiatives to improve patient flow.
- The paediatric services strategy has been reviewed and agreed as fit for purpose and is now part of an initiative to pilot new ways of working.
- The Scheduled Care Services Strategy was agreed in 2019 and has been subject to much thought and discussion, post-COVID-19, through the recovery models for elective capacity; one crucial factor being theatre staffing and recruitment of theatre staff in order to fully utilise all theatre complexes in the hospital. The phased model is slightly delayed but discussions are taking place with fellow commissions regarding theatre demand and capacity, particularly current workforce availability and recruitment.
- In respect of nursing, discussions are taking place regarding new ways of working to create capacity and shared posts within the area as well as staff retention.

- Aberystwyth University will provide the first cohort of nurses in 2023 and it is hoped many will remain to work within the area. Discussions are underway with Aberystwyth University and the Health Education and Improvement Wales (HEIW) with a view to increasing the number of student places on the nurse education course.
- A Frailty Forum is considering the alignment of the acute frailty and community frailty services across the area.

In terms of risks:

- Project management to monitor progress and maintain momentum is currently a challenge, particularly to ensure the alignment of recovery programmes across the three Health Boards and the catchment areas they cover.
- Recruitment of permanent key staff is also a challenge as is the need to recruit nursing staff rather than use agency nurses.
- The estates review is a key piece of work to:
  - Ensure essential building maintenance is undertaken
  - Review on site clinical services and relocate non-clinical services
  - Review buildings and utilisation to ensure they are fit for purpose and to repurpose some.
  - Align estates matters with the overall strategic direction.
 All this to be covered within budgeted costs and be financially sustainable.

In terms of next steps:

- Secure project manager time.
- Recruitment review.
- Estates review and space utilisation.
- Development of the chemotherapy unit, which does have funding and is about to enter the tender stage.
- Ensure the continuation of in-Wales commissioning discussions and commitments to ensure the mid-Wales population has access to quality services as close to home as possible.
- To continue discussions with neighbouring health boards with regard to increasing the provision of community services.
- To continue regular financial reviews.

Mr Weir agreed that it was time to review, refresh and update the Bronglais Hospital strategy and referred to partnerships with universities in terms of their support for research and innovation. Mr Skitt confirmed that links, particularly with Aberystwyth University, are embedded in the Bronglais Hospital Strategy and advised that it has moved forward considerably over the last 12 months, working closely across health, particularly therapies, medicine and also veterinary. In response to Mr Weir's query regarding the dedicated project manager time, Mr Skitt stated that a dedicated resource is needed to ensure the more fundamental elements of the strategy are on track and maintaining direction and that progress is measured, particularly on an individual speciality basis.

Mr Skitt confirmed, in response to enquiries from Mr Rhodri Evans, that the recruitment of consultants is undertaken with a view to sharing that capacity

	<p>within the catchment area and discussions have taken place with a view to recruiting and sharing across the border into England. Further adding that utilisation of Bronglais Hospital theatre is around 55% mainly due to lack of specialist staff. In terms of bed space, beds are currently being used for surge patients and there is more work required with regard to health and social care to allow discharge and ensure patient flow, however, challenges regarding placement care packages were acknowledged.</p> <p>Mr Skitt confirmed that approximately 30% of the strategy has been achieved; and would have anticipated being at circa 80% had the pandemic not intervened. Recovery plans are in place including hybrid and agile working. Mr Thomas added that Bronglais Hospital is currently predicted a £3m deficit in 2022/23 which is not projected to improve in 2023/24 and although the strategy is important, it is not sufficient to address the deficit it is facing. There is, therefore, risk around sustainability which the strategy should address in terms of assurance and sustainability. Mr Skitt added that mitigations include:</p> <ul style="list-style-type: none"> <li>• Attracting work from other health boards, at the right cost, and to have theatre teams in place</li> <li>• To reduce reliance on agency staff</li> <li>• To increase the number of student placements</li> <li>• Seek efficiency measures for elective cases</li> </ul> <p>It was acknowledged that the greatest spend is on agency and medical staffing.</p> <p>Mr M Davies thanked Mr Skitt for his presentation.</p> <p><i>Mr Skitt left the Committee meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> on the progress to date on implementing the Bronglais Hospital Strategy.</p>	

<p><b>SDODC (23)11</b></p>	<p><b>BRONGLAIS HOSPITAL PROGRAMME BUSINESS CASE</b></p> <p><i>Mr Rob Elliott joined the Committee meeting.</i></p> <p>The Committee received the Programme Business Case (PBC) for Fire Improvements at Bronglais Hospital which represents the next stage of investment within the overall Fire Investment Programme, as agreed with Mid and West Wales Fire and Rescue Service (MWWFRS).</p> <p>Mr Rob Elliott stated that this is a significant element of the Health Board’s wider fire safety strategy which is fully supported by the MWWFRS and is fully briefed to WG. The PBC is the initial document giving detail of the work to be undertaken and associated capital costs which will be explored further, following WG endorsement, within a Business Justification Case (BJC) which would be provided circa April/May 2024.</p> <p>Members accepted that this is an essential piece of work in terms of ensuring adequate fire safety requirements and acknowledged the major capital spend required to achieve that. Mr Elliott confirm that costs will be explored in detail at the survey stage with a view identifying savings wherever possible, including aligning with other investments at the time of the build.</p>	
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	Further information will be presented to SDODC as the pathway progresses.	
	The Strategic Development and Operational Delivery Committee <b>RECEIVED</b> the Programme Business Case for Fire Improvements at Bronglais Hospital which is within the overall HDdUHB Fire Investment Programme and <b>SUPPORTED</b> its submission to the HDdUHB Board for approval and onward transmission to Welsh Government for endorsement.	

<b>SDODC (23)12</b>	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b></p> <p>The Committee received the Integrated Performance Assurance Report (IPAR). Mr Thomas is reviewing the level of support required from the Performance Team in view of the focus required on IPAR reporting for Targeted Intervention, Enhanced Monitoring, Ministerial measures and the new Improving Together sessions, all of which are resource intensive and impact on the Team’s availability and capacity. Further adding that the report, as circulated, was self-explanatory.</p> <p>Mr Carruthers explained, in response to Ms Lewis’ query regarding conversion rates, that towards the end of January 2023 there was a higher percentage of patients on the testing and diagnosing pathway who were diagnosed with cancer and required ongoing treatment, more than anticipated at the original forecasting position. This does not necessarily mean the trend will continue, but it will be taken as something to be aware of and monitor. He added that the move to the single cancer pathway will provide data that will be closely observed; it may be that the metrics and modelling assumptions will require adjustment to accommodate new reporting measures which become evidence in order to demand and need.</p> <p>Ms Lewis referred to the 28 day Mental Health Act assessment target which has steadily declined enquiring how the Health Board plans to recover the position. Mr Carruthers stated that access to mental health services and performance is a key part of the Enhanced Monitoring conversations with WG. The trajectory and recovery plans are currently being reviewed and the conversation is very much live; this topic will be discussed at a forthcoming Board Seminar.</p> <p>Mr Weir referred to key areas in the report where targets are not achieved, for example, Urgent and Emergency Care Ambulance Handovers where the Health Board is not achieving a four hour target, referring to one particular case where a patient waited 151 hours for treatment and asked what the Health Board is doing to prevent recurrences. Mr Carruthers expressed disappointment that this had occurred and stated that there is a significant improvement and change programme focusing on reducing conveyance and convergence, reducing complexity and length of stay to improve flow. In addition advising that November and December 2022 had been the worst months with simultaneous COVID-19 and flu infections, causing significant operational pressures on staffing and capacity resulting in patients being held in various areas within the emergency department. For assurance, the position has improved considerably since the end of December 2022 and is reported through the Quality, Safety and Experience Committee (QSEC). Mr Carruthers added that the Health Board’s Annual Plan will better align the actions being taken to address short, medium and long term issues around</p>	
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	<p>service configuration. Capacity is required to be able to deliver improvements and accelerate progression against trajectories. Specific challenges remain around Bronglais Hospital in terms of ward and bed closures which significantly impact patient flow.</p> <p>In terms of therapies, it was noted, with disappointment, that HDdUHB is sixth out of seven health boards in Wales for waiting times. Mr Thomas stated that therapy services and HEIW are working closely in terms of streamlining therapists who are nearing the end of training and also looking to recruit additional staff. This capacity issue is significantly challenging. Mr Carruthers added that the recent industrial action by the College of Therapists and other industrial action has impacted, in the short-term, on service delivery with staff being relocated to other services and sites. Mr Thomas undertook to investigate further with Ms Alison Shakeshaft and update Mr Wier outside of the meeting. He also undertook to ensure Ms Shakeshaft's response was shared with the People, Organisational Development and Culture Committee (PODCC).</p> <p>Mr M Davies commented on planned care recovery activity levels and the progress on the reduction of the 52 and 104-week waiting lists. Mr Carruthers stated that this was due to some detailed waiting list management and considerable effort by the Scheduled Care Team to balance the length of time waited and clinical priority. The intention is to increase resources in order to return to pre-COVID-19 levels of service, by the end of March 2023.</p> <p>Mr M Davies reiterated the SDODC's full support and expressed thanks to the teams for their efforts and for the progress made to date.</p> <p><i>Mr Carruthers left the Committee meeting.</i></p>	HT
	<p>The Strategic Development and Operational Delivery Committee <b>CONSIDERED</b> the measures indicated in the Integrated Performance Assurance Report, including the proposal outlined in the Situation section to reduce the number of measures for which narrative is included for future reports.</p>	
SDODC (23)13	<p><b>CAPITAL GOVERNANCE REVIEW – ASSURANCE AGAINST ACTION PLAN</b></p> <p><i>Ms Eldeg Rosser joined the Committee meeting.</i></p> <p>The Committee received the Capital Governance Review – Assurance Against Action Plan report. Ms Eldeg Rosser stated that progress against the recommendations made in the management response in February 2022 has been reported regularly to the Capital Sub-Committee. Members noted that all actions have now been completed and the report can therefore be closed. This will be highlighted to the Board and in turn to the Audit, Risk and Assurance Committee.</p> <p>The process will be refined for the 2023/26 period and has been informed by the work undertaken previously and by work currently being undertaken with Local Authority colleagues on the development of a 10-year regional capital investment plan with funding from the Integration and Rebalancing Capital Fund (IRCF) and the Housing with Care Fund (HCF).</p>	JW



	<p>Ms Rosser assured Members that lessons learned have been captured and logged and are shared across various teams. In addition, provided assurance that the teams involved in capital projects are working together and are in a strong place to resolve any issues that arise.</p> <p>Ms Rosser confirmed that IRCF and HCF funding is administered through the RPB and a 10-year plan is in development which will be shared through internal governance processes for each partner organisation. A draft will be presented to WG in April 2023.</p>	
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> that all actions against the Capital Governance Review are complete.</p>	

<p><b>SDODC (23)14</b></p>	<p><b>REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2022/23</b></p>	
	<p>The Committee received the report on the Discretionary Capital Programme which was split into three parts: 2022/23, 2023/24 and the Capital Governance update. Ms Rosser highlighted key points:</p> <ul style="list-style-type: none"> <li>• There is circa £13m expenditure to progress before the end of March 2023. Processes are in place in estates and finance to ensure delivery and also to manage underspends.</li> <li>• The Health Board has received an allocation to progress the Children and Young People Mental Health services which will be delivered in 2022/23 and 2023/24.</li> <li>• The capital programme for 2023/24 has been developed by the Capital Planning Group and was approved by the Capital Sub-Committee at its January 2023 meeting and the Executive Team at its meeting on 15 February 2023.</li> <li>• Circa £6.9m is allocated to priority areas, however, there remains a long list of equipment that cannot be funded unless additional resource becomes available. Within the online chat Mrs Joanne Wilson stated that the Chief Executive has requested that work is undertaken to assess risks in those areas where capital funding is not prioritised. This will be raised through the Executive Risk Group and Risks will be incorporated into the Risk Register.</li> <li>• The Women and Children Scheme Theatre 2 has been handed over, albeit with a slight delay. The overall completion date is July 2023.</li> <li>• A major review is being undertaken on the fire enforcement work at Withybush Hospital which is due to complete in March/April 2023. A targeted financial outcome report will be submitted to the Capital Sub-Committee.</li> </ul> <p>In response to a query from Mr M Davies, Ms Rosser confirmed that the overall timescale of the Cross Hands project suggests completion early in 2026. Work is being undertaken with the supply chain partner to develop a detailed timeline.</p>	<p><b>JW</b></p>
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• The update on the Capital Programme for 2022/23.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The additional allocations over £0.500m in 2022/23 and 2023/24 for onward ratification to the Board.</li> <li>• The Bro Myrddin development will be received over 2022/23 and 2023/24 financial years.</li> <li>• The updates on the Health Board Capital schemes.</li> </ul> <p>The Strategic Development and Operational Delivery Committee <b>ENDORSED</b> the Capital Programme for 2023/24 for submission to Board for ratification.</p>	
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<b>SDODC (23)15</b>	<b>SUB-COMMITTEE UPDATE REPORTS</b>	
	<p>The Committee received the Capital Sub-Committee Report noting the key items referred to in Minute SDODC(23)14 above.</p> <p><i>Mrs Rosser left the Committee meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the Capital Sub Committee report.</p>	

<b>SDODC (23)16</b>	<b>QUARTERLY ANNUAL PLAN MONITORING RETURNS AND PLANNING OBJECTIVES UPDATE Q3 2022/23 (TO FEBRUARY 2023)</b>	
	<p><i>Dr Daniel Warm joined the Committee meeting.</i></p> <p>The Committee received the Quarterly Annual Plan Monitoring Returns and Planning Objectives Update for quarter 3 (to February 2023). Dr Daniel Warm highlighted the following key points:</p> <p><b>Planning Objectives</b></p> <ul style="list-style-type: none"> <li>• The following planning objectives are noted as being behind: <ul style="list-style-type: none"> <li>• 3H: Planning objective delivery learning</li> <li>• 3M: UHB communications plan</li> <li>• 4Q: Community care support to reduce non-elective acute bed capacity</li> <li>• 5C: Business case for A Healthier Mid and West Wales</li> <li>• 5F: Bronglais strategy</li> <li>• 5O: Fragile services (stroke element)</li> <li>• 5S: Palliative care and end of life care strategy</li> </ul> </li> <li>• Planning Objective 5P: Market Stability Statement although noted as behind has now been completed.</li> </ul> <p>Planning Objectives are currently being revised and re-aligned to the Health Board's Annual Plan for 2023/24 and those requiring oversight by SDODC will continue to be brought to SDODC meetings.</p> <p><b>Annual Plan Actions</b></p> <p>The following actions from the 2022/23 Annual Plan are noted as being behind, but with mitigations in place to ensure completion in quarter 4:</p> <ul style="list-style-type: none"> <li>• 1H: "Making a Difference" Customer Service programme</li> <li>• 2E: Evidencing impact of charitable funds</li> </ul> <p>In response to a query from Ms Lewis, Dr Warm assured Members that planning objectives are closely tracked to give assurance on progress.</p>	

	<p>Different methodologies have been tried to overcome some of the issues that have presented, some predictable, some unpredictable, so as to ensure consistency in monitoring and reporting across all planning objectives and committees. Timelines and milestones are realistic at the time of writing to ensure they are as attainable as possible; however, it is acknowledged that circumstances change and impact status which is recorded by the person(s) responsible. Narrative is comprehensive and reasons for delay and/or pause are included. Mr L Davies added that the sheer number of planning objectives has meant that, although there is detail around each one and narrative with regard to progress, monitoring has been somewhat superficial in order to manage the breadth of business that planning objectives cover. Going forward, it is intended to realign planning objectives in line with the Health Board's priorities; requirements and detail that lie beneath each so as to better understand any Risks associated with delay and/or pause.</p> <p><i>Dr Warm left the Committee meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee:</p> <p>With regard to the Planning Objectives aligned to the Committee, <b>RECEIVED ASSURANCE</b> regarding the current position and progress of the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to onwardly assure the Board that Planning Objectives are progressing and are on target.</p> <p>With regard to the remaining Planning Objectives in the Plan, <b>RECEIVED ASSURANCE</b> that overarching progress and mitigations/actions are in place to recover those actions noted as 'behind' which support Q3 of HDdUHB's 2022/23 Annual Plan.</p>	

<p><b>SDODC (23)17</b></p>	<p><b>PO 3A: IMPROVING TOGETHER FRAMEWORK</b></p> <p>The Committee received the Improving Together Framework report which was taken as read. Mr Thomas stated that this is the framework adopted for the Directorate Improving Together sessions. In response to a query from Mr M Davies, Mr Thomas undertook to amend the report to reflect that the Sustainable Resources Committee (SRC) provides assurance with regard to data. It was noted that the SDODC Terms of Reference may need to be amended to reflect this point also.</p> <p>Mr M Davies referred to the section under 'Executive Team' on page 5 of the Improving Together Framework document referring in particular to the expression ". . . turn the dials". Mr Thomas clarified that the expression referred to the Board Assurance Framework and the intention to continually pursue, progress and monitor the Executive Team's outcome measures.</p>	<p><b>HT</b></p> <p><b>SH</b></p>
	<p>The Strategic Development and Operational Delivery Committee <b>APPROVED</b> the Improving Together Framework, for onward submission to Board for ratification.</p>	

<p><b>SDODC (23)18</b></p>	<p><b>PO 4K: HEALTH INEQUALITIES</b></p>	
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	<p><i>Ms Annie Ashman joined the Committee meeting.</i></p> <p>The Committee received the report regarding PO4K: Health Inequalities, which provided an update to the previous meeting (SDODC(23)127). The report details the development of the strategy to tackle health inequalities in the Hywel Dda area and incorporates the suggestions made at the previous SDODC meeting regarding the Census and digital inclusion. Ms Ashman stated that the timescale has slipped slightly in order to facilitate further discussions and would be discussed in detail at the Board Seminar in April 2023.</p>	
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> with regard to the progress and ongoing work in relation to addressing health inequalities in HDdUHB.</p>	
SDODC (23)19	<p><b>PO 5C: BUSINESS CASE - A HEALTHIER MID AND WEST WALES</b></p>	
	<p>The Committee received the report regarding PO5C: Business Case for a Healthier Mid and West Wales which was taken as read. Mr L Davies stated that the report provided an update and it was noted that the land consultation commenced today, 23 February 2023.</p>	
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• The progress made with the Clinical Strategy Review</li> <li>• The progress made on the Strategic Outline Case (SOC)</li> <li>• The progress made in land selection process and consultation planning</li> <li>• The delay in consultation launch date</li> </ul> <p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> from the Consultation Institute's Quality Assurance Process.</p>	
SDODC (23)19	<p><b>PO 5N: ARCH UPDATE</b></p>	
	<p>The Committee received the A Regional Collaboration for Health (ARCH) report which updated on previous reports to SDODC in November 2022 and December 2022, providing details of activities through the ARCH programme.</p> <p>Discussions continue with ARCH and SBUHB around service areas and regional coverage recognising that the resource available will need to support services in key areas that align to Ministerial priorities. Related workforce planning discussions will be aligned with PODCC.</p> <p>Mr L Davies clarified that ARCH works closely with SBUHB, work is project based and does overlap with partner organisations including Aberystwyth University and the University of Wales Trinity St David, however, this does not form part of ARCH's formal governance arrangements.</p> <p>Mr L Davies will provide a further update to SDODC at a future meeting.</p>	LD SH
	<p>The Strategic Development and Operational Delivery Committee <b>RECEIVED ASSURANCE</b> with regard to HDdUHB and SBUHB regional discussions and <b>NOTED</b> the ARCH Portfolio Summary Update.</p>	

SDODC (23)20	<b>PUBLIC SERVICE BOARD WELLBEING PLANS</b>	
	<p>The Committee received the report with regard to Public Service Board (PSB) Wellbeing Plans together with the draft plans from Ceredigion, Pembrokeshire and Carmarthenshire.</p> <p>Well-being assessments were undertaken by each PSB in 2022, leading to development of Well-being Plans. HDdUHB has been part of developing these plans, which will require approval through each Local Authority Board and will be submitted to HDdUHB Board on 30 March 2023 meeting. Plans have recently been, or are currently out for public consultation. It was noted that the Ceredigion and Pembrokeshire plans were in draft format with consultations ending in February 2023 and March 2023 respectively.</p> <p>Mrs Wilson confirmed that approval of the draft plans by SDODC and by the HDdUHB, prior to final approval by the PSB itself, was acceptable and undertook to follow-up on any governance issues with Dr Jo McCarthy. Any substantial changes to the plans will be reported back to SDODC.</p>	<b>JW JMcC</b>
	The Strategic Development and Operational Delivery Committee <b>NOTED</b> the contribution of the Hywel Dda University Health Board and local Public Health Team to the Wellbeing Plans ahead of submission to Board in March 2023 for approval.	

SDODC (23)22	<b>CORPORATE POLICIES</b>	
	There were no corporate policies requiring SDODC approval.	

SDODC (23)23	<b>WELSH HEALTH CIRCULARS</b>	
	There were no Welsh Health Circulars for consideration.	

SDODC (23)24	<b>WORK PROGRAMME 2023/24</b>	
	The Strategic Development and Operational Delivery Committee work programme 2023/24 was received for information.	

SDODC (23)25	<b>ANY OTHER BUSINESS</b>	
	<p><b>Minutes of the SDODC In-Committee Meeting 16 December 2023</b></p> <p>Mr M Davies confirmed that the SDODC In-Committee minutes of the meeting held on 16 December 2023 would be presented to the next SDODC In-Committee meeting for approval.</p>	

SDODC (23)26	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>The following matters were noted for escalation to the March 2023 Public Board meeting:</p> <ul style="list-style-type: none"> <li>• Integrated Executive Group Advocacy Strategy.</li> <li>• Programme Business Case for fire improvements at Bronglais Hospital.</li> <li>• Allocations over £0.500m in 2022/23 and 2023/24.</li> <li>• Capital Programme 2023/24, capital position and associated risks.</li> </ul>	



	<ul style="list-style-type: none"> <li>• Improving Together Framework.</li> <li>• Public Service Board Wellbeing Plans</li> <li>• To note that the Chief Executive has requested work to be undertaken to assess risks in areas where capital funding will not be prioritised in order that these can be incorporated into the Risk Register.</li> <li>• The Committee noted that all actions are complete with regard to the Capital Governance Review and received assurance that the report can now be closed. This matter also to be highlighted to ARAC.</li> <li>• To note that the Chief Executive has requested work to be undertaken to assess risks in areas where capital funding will not be prioritised in order that these can be incorporated into the Risk Register, if they are not already.</li> <li>• The Committee noted that all actions are complete with regard to the Capital Governance Review and received assurance that the report can now be closed. This review was originally commissioned by the Board following concerns raised by the Audit and Risk Assurance Committee and is therefore pleasing to report to the Board that all recommendations have been implemented.</li> <li>• The Integrated Localities programme is at the stage that the Cluster development can now become 'business as usual'.</li> </ul>	<b>JW</b>
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<b>SDODC (23)27</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	<p>9.30am – 12.30pm, Thursday, 27 April 2023  Hybrid: Ystwyth Board Room and Teams</p>	