Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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, 25th August 2022 0930 - 1230
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Mrs Chantal Patel, Independent Member (Committee Vice Chair) Ms Anna Lewis, Independent Member (VC) Mr Iwan Thomas, 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 Andrew Carruthers, Director of Operations (VC) Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Dr Jo McCarthy, Deputy Director of Public Health (VC) Ms Rhian Bond, Assistant Director of Primary Care Mr Phil Jones, Audit Wales (VC) Mr Sam Dentten, Deputy Chief Officer, Hywel Dda Community Health Council (CHC) (VC) Ms Sally Hurman, Committee Services Officer (Minutes) **Items SDODC(22)83 and SDODC(22)84** Mr Paul Williams, Assistant Director of Strategic Planning (VC) **Item SDODC(22)85** Ms Bethan Lewis, Interim Assistant Director of Public Health (VC)

Agenda Item		Action
SDODC (22) 71	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	
	The Chair, Mr Maynard Davies, opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC), particularly Mrs Chantal Patel, newly-appointed Independent Member and SDODC Vice Chair. The following apologies for absence were noted: • Mr Winston Weir, Independent Member • Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care • Mrs Joanne Wilson, Board Secretary	

SDODC (22) 72	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
SDODC (22) 73	**MINUTES OF THE MEETING HELD ON 27TH JUNE 2022 AND MATTERS ARISING**	
	It was **RESOLVED** that the minutes of the SDODC meeting held on 27th June 2022 be **APPROVED** as an accurate record of proceedings. There were no matters arising.	
SDODC (22) 74	**TABLE OF ACTIONS FROM THE MEETING HELD ON 27TH JUNE 2022**	
	An update was provided on the Table of Actions from the meeting held on 27th June 2022, with the following noted: **SDODC(22)37: Cross Hands Health and Wellbeing Centre**: Mr Lee Davies stated that an update was included in the Discretionary Capital Programme report (agenda item 4.3). Hywel Dda University Health Board (HDdUHB) is responding to scrutiny comments from Welsh Government (WG). Mr L Davies undertook to follow-up with Ms Rhian Dawson and disseminate the outcome to SDODC members via email. **SDODC(22)57: Integrated Performance Assurance Report (IPAR)**: Mr Huw Thomas confirmed that the matter of 62-day reporting would be covered under the IPAR (agenda item 3.1). **SDODC(22)65: Vesting Arrangements**: Mr H Thomas stated that vesting arrangements had not been included in the Discretionary Capital Programme report for this meeting but would be included in future reports where vesting arrangements are put in place. (See SDODC(22)83).	**LD**
SDODC (22) 75	**CORPORATE RISKS ALLOCATED TO SDODC**	
	Risk 1407: Annual Recovery Plan Mr L Davies stated that an elective care recovery plan has been developed to increase outpatient and treatment capacity beyond levels delivered prior to the pandemic. Outsourcing programmes continue, supported by WG recovery funding; however, the additional capacity required during 2022/23 exceeds that currently available. Mr Andrew Carruthers stated that trajectories are not currently on track but he is confident these will be successfully addressed. **Risk 1350: Waiting Times Target 2022/26** The risk of not meeting the 75% waiting times target for 2022/26 due to diagnostics capacity and delays at tertiary centres, and the actions to address these risks were noted. Mr Carruthers drew attention to cancer waiting times which have been impacted. Welsh Government (WG) is keen to significantly reduce the backlog which may result in decreased performance; however, once the backlog has been addressed, higher levels of performance should be achieved. A particular challenge is around the urology backlog, due mainly to a high volume of cases and staff sickness.	

	Mr M Davies enquired as to why and how the 75% Waiting Times target risk is scored at 12, which appeared low. Mr Carruthers undertook to follow-up at the meeting with the Senior Operational Business Team in the afternoon and report back on the outcome. He confirmed that a deep dive would be undertaken for planned recovery to examine risks, mitigations and actions.	**AC**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** that: • All identified controls are in place and working effectively. • All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact if the risk materialises. • SDODC can challenge where assurances are inadequate.	
SDODC (22) 76	**INTEGRATED PERFORMANCE ASSURANCE REPORT**	
	The Committee received the Integrated Performance Assurance Report (IPAR) and associated appendices, which were taken as read. Mr H Thomas stated that several measures have been stood down from various reporting areas as a result of the review of the NHS Wales Performance Framework; however, data continues to be collected, should it be required at any point in the future. New data and sources of evidence have been incorporated in IPAR reporting, in particular staff and patient experience measures. The Executive Team has identified eight key improvement measures to prioritise in 2022/23, aligned to key planning objectives, in line with the 3-year plan and the NHS Performance Framework for 2022/23, which was published in July 2022. With regard to the IPAR itself, work continues on improving the inclusion of trajectories, which currently present crude information, focussing on ambition for improvement rather than actual improvement. However, demand and capacity trajectories and interventions will be included with percentage compliance or improvement figures. The report for the September 2022 Public Board meeting will include the impact of a number of changes, in particular, Urgent and Emergency Care work, Home-based Care work and recovery trajectories on Planned Care. With regard to workforce engagement, the survey response rate for which is currently shown at under 4%, and the increasing pressures on the UHB workforce, Mr Iwan Thomas emphasised the importance of being able to accurately gauge the views and feelings of staff across the whole of the organisation to inform performance measures, whilst ensuring that staff also feel the benefit. There is an opportunity to review survey content and questions and potentially adopt a different approach, promoting workforce communication and engagement, targeting specific cross-sections to achieve representative and increased responses. Mr H Thomas advised that 'pulse' surveys were undertaken each month, targeting circa 1000 staff, which achieve a 20% response rate; over a one year period, all UHB staff should have been surveyed. He acknowledged the non-response rate of the remaining 800 people and confirmed that the Director of Workforce and Organisational Development was looking into broader general and societal measures to ascertain who is not responding and why.	**HT**

	Mr Sam Dentten confirmed that the Community Health Council (CHC) would welcome involvement in discussion of this issue, and is keen to work with the UHB to widen the flow of engagement for a broader level of responses. He added that the methodology is crucial, as is targeting the correct audience. Dr Jo McCarthy stated that the Public Health team is working on plans – around Strategic Objective 4 in particular – appreciating that, for some of the measures (for example, reducing differences in life expectancy between the most and least deprived communities) it will take between 20-30 years to see the impact of current actions. However, although this is a measure, it cannot objectively indicate how well communities are, whether they are happy and feel safe and whether they have the opportunities they feel they should have. This is work currently being undertaken throughout the population and the Public Health team will engage with an external organisation to pilot different communication and engagement methods. Dr McCarthy acknowledged that survey respondents tend to be those who respond regularly and have strong opinions. The Public Health team are looking to use the Wigan model of conversations on a sofa; 10,000 conversations with the local population will ensure a broad overview. Dr McCarthy undertook to pursue with the Director of Workforce and Organisational Development how Public Health might potentially feed into some of the work the Workforce team are doing.	**JMcC**
	Mr H Thomas undertook to arrange a meeting between Mr Dentten, Dr McCarthy, himself, colleagues from the Finance and Workforce teams and others, in order to understand the metrics used to analyse survey responses and align the CHC and HDdUHB in terms of surveys, methodology and engagement.	**HT**
	Ms Anna Lewis referenced the word ‘ambition’ in connection with trajectories contained in the IPAR, enquiring whether, fundamentally, there was a gap between the metrics, the aspirational trajectory and the predicted outcome and, importantly, accountability and how to manage public and staff expectations if the outcome is not achieved. Mr L Davies stated in the online chat that the challenge is to set trajectories for activity/capacity (albeit with uncertainties and risks). Translating these into acceptable measures, whilst less scientific, is relevant for patients and the public and, therefore, is necessary even if imperfect. Ms B Lewis responded that the data shapes the narrative with the public and with staff, and should be treated with a level of significance rather than a mathematical calculation which hinders accountability and value functions. She added that the goal is not perfection; rather making explicit the assumptions and limitations of the 'ambition'. This, being stated specifically, potentially (misleadingly) suggests to the lay person that it is also sophisticated. Mr H Thomas undertook to prepare a report for the Executive Team in September, incorporating all SDODC discussion points on ambition, trajectories, predicted outcomes, variables, performance, performance management, digital inclusion, and capacity and demand metrics.	**HT**
	Mr M Davies referred to an improvement for 2022/23 for Mental Health and Learning Disabilities, which shows an ambition of 20% and actual performance of 46% for an increased proportion of children and young people (under 18) receiving a mental health assessment within 28 days. He welcomed this indication that HDdUHB is ahead of target and offered thanks	

	to all involved. He requested that this improvement measure is highlighted to Board.	**SH**
	The Strategic Development and Operational Delivery Committee **CONSIDERED** the measures indicated in the Integrated Performance Assurance Report.	

SDODC (22) 77	**MONITORING WELSH HEALTH CIRCULARS**	
	The Committee received the Welsh Health Circulars (WHC) report. Mr L Davies confirmed, with regard to WHC 031-21 'NHS Wales Planning Framework 2022 to 2025' issued on 9th November 2021, that HDdUHB has concluded this is completed. However, it is acknowledged that WG has not accepted HDdUHB's Business Plan, which was submitted in July 2022 and which will be further discussed by the Board.	
	The Strategic Development and Operational Delivery Committee **GAINED ASSURANCE** on the management of WHCs by the Lead Executive, Director or Supporting Officer, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non-late delivery and assurance that the risks associated with these are being managed effectively.	
SDODC (22) 78	**QUARTERLY ANNUAL PLAN MONITORING RETURNS: Q1 2022/23 (AUGUST 2023)**	
	Mr Lee Davies presented the Quarterly Annual Plan 2022/23 Monitoring Return (Q1), reporting two areas of delay: **1F – HR Offer (induction, policies, employee relations, access to training)**: Where there have been slight delays to one of the actions around job descriptions and policies; and **5C – Business Cases for A Healthier Mid and West Wales**: The draft business case was submitted in March 2022 with a further iteration submitted in July 2022 and a paper taken to the WG Cabinet meeting in July 2022; it is hoped that a formal response will be received shortly. The delay will inevitably impact on programme timelines, although a three months' decision-making contingency was built into the programme. Timelines are now being reviewed on planning directives, strategic objectives and planning objectives, which will be reported to the September 2022 Public Board meeting. Mr M Davies requested that WG's lack of response to the business case submission be highlighted to Board, in the knowledge that there is very little action that can be taken to expedite a response. However, the public should be kept informed.	**SH**
	The Strategic Development and Operational Delivery Committee **GAINED ASSURANCE** from the overarching progress and the mitigations/actions in place to recover those actions noted as 'behind' which support Q1 of HDdUHB's 2022/23 Annual Plan.	

SDODC (22) 79	**PO 3A: QUALITY MANAGEMENT SYSTEM**	
	The Committee received the deep dive presentation regarding PO3A: Quality Management System (QMS) and Improving Together. Mr H Thomas advised that Improving Together is the delivery mechanism which underpins the QMS and aligns to HDdUHB's strategic objectives to drive quality and performance throughout the organisation. Improving Together brings together HDdUHB's visions, key improvement measures, data information and improvement huddles, which support implementation and embedding of improvements and good practice across the UHB. Key executive improvement measures prioritised for this year include Women and Children's Mental Health, Urgent and Emergency Care and Mental Health. Improvement huddles have been trialled and can now be embedded in the Urgent and Emergency Care system. An Improving Together framework will be launched through SharePoint and will provide an overview of the theory and tools to support implementation and will align with other areas of work including workforce development, IT and the QMS delivery mechanism. Work is being undertaken on understanding how and whether Improving Together has made a difference, including staff feedback. Working with the Mental Health directorate has demonstrated what can be achieved when teams work alongside each other to understand the data, the challenges and use the coaching-style support to implement improvements. In terms of next steps, it is hoped to launch this approach more strategically, to ensure a UHB-wide awareness of the Improving Together concept and mechanisms, and to share and upscale the work already implemented. Ms A Lewis congratulated the team on their excellent work and acknowledged the scale of work across all parts of the organisation, adding that it is a great example of collaboration across different functions led by the Executive Team. She enquired as to how the questions being asked were being received by individuals and teams and whether a 'question list' will iterate and develop, in a way to align with the learning and coaching style and the spirit of general improvement. Ms A Lewis also enquired whether there are opportunities for more formal evaluation or research regarding the impact of the programme. Mr H Thomas responded that the manner in which questions are asked is important, as is the way in which the UHB's strategic objectives and vision are communicated organisation-wide, which is currently being addressed by the Communications Director. With regard to evaluation of responses, Mr H Thomas undertook to follow-up this matter with Ms Catherine Evans, Head of Strategic Performance Improvement. Mrs Chantal Patel stated that Swansea University would be able to assist in formal evaluation and/or research into outcomes. Mr Carruthers stated that the template for feedback provides for a deep dive approach to challenge and develop trajectories and actions, which helped the Mental Health team to work through their waiting times. The Planned Care recovery plan will be presented to the Senior Operational Business Team in a similar way, in order to work through their key priorities and integrated localities. Business meetings will take place at least three times a year; by using this methodology, teams will fully understand the issues which will be aligned to corporate risks and in turn will align scores and mitigating actions	**HT**

	being taken. The position will, therefore, be assessed through the deep dive process. Feedback on the process so far from the Scheduled Care team has been positive. Mr H Thomas added that the Improving Together process needs advocates; people who have been part of the process, who can promote its values to the wider organisation, in order that the programme can grow organically. Mr M Davies thanked Mr H Thomas for his presentation, adding that it was pleasing to see the process working practically, as demonstrated by the Mental Health Team. It was noted that the Mental Health Team has chosen to take this forward and not at the behest of management. The benefits to the Mental Health directorate are evident, and outcomes continue to improve. Mr M Davies asked Mr H Thomas to thank his team and in particular, Ms Catherine Evans. *Ms Alison Shakeshaft joined the meeting.*	**HT**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to the progress on PO 3A.	
SDODC (22) 80	**PO 5C: BUSINESS CASE UPDATE**	
	The Committee received the deep dive report regarding progress on PO5C: Business Case Update. Mr L Davies stated that much of the update was covered at SDODC (22) 78. A detailed discussion had taken place at the extraordinary Public Board meeting on 4th August 2022 regarding the land process, which will be further discussed by the Board on 8th September 2022. Mr L Davies added that the Executive Team had met with the CHC Executive on 9th August 2022, at which the CHC supported the Health Board's decision to reduce the five proposed locations to three and include a consultation process, the plan for which will be discussed at the September 2022 Board meeting. A formal letter has since been received from the CHC confirming the decisions made.	
	The Strategic Development and Operational Delivery Committee **NOTED** that: • Feedback is awaited from WG in relation to the Programme Business Case (PBC) on next steps of Programme development; • There is a programme delay and the impact on the planning objective timeline can only be assessed when feedback from WG is received; • The programme will continue to progress where possible and be managed through the A Healthier Mid and West Wales (AHMWW) Programme Group; • The timeline for this planning objective will be revised once confirmation of next steps is received from WG.	
SDODC (22) 81	**PO 4K: HEALTH INEQUALITIES**	
	The Committee received the deep dive presentation regarding PO4K: Health Inequalities. Dr McCarthy stated that, by March 2023, it will be necessary for there to have been a Public Board discussion on reducing health inequalities, including an analysis on causes and trends and options to address them	

which will lead to further planning objectives to incorporate the implementation of actions.

The Community Development Outreach team is leading on this matter; however, the crisis around Ukraine has seen the team largely redeployed to support Ukrainian people settle in Wales, which has led to delays in progress of the planning objective.

During the course of their work, the Community Development Outreach Team discovered that work is being undertaken nationally by Dr Kieran Humphries, Public Health Consultant, who is leading a national drive around health inequalities. A meeting has taken place with Dr Humphries and his team, which has led to visits to Public Services Boards (PSB) to share the work he and his team are doing.

A report around the cost of living has been presented to the Chief Executive and the Director of Workforce and Organisational Development which has seen a number of immediate outcomes, one of which is collaborative work with the Healthy Pre-Schools and Healthy Schools Teams to ensure that no child misses a free school meal; any child with a hospital appointment which means missing a school meal will be given either a hospital meal or a take-out meal from school.

Dr McCarthy expressed confidence that the aim of the planning objective to bring agencies, partners, third sector and private organisations together for a more 'joined-up' approach to health inequalities, is on track. There is a great deal of engagement between the Community Development Outreach Lead and PSBs; information will be provided to enable a detailed discussion by the Board in March 2023, with a full options appraisal and proposed local actions to start to reduce health inequalities.

Mr Dentten welcomed the prominence this work is being given. He enquired as to the approach the team was taking to address the unprecedented challenges presented by the COVID-19 pandemic, and the breadth and depth of undiagnosed and untreated health conditions, which have resulted in a widening in health inequalities; exacerbated by the approaching fuel poverty and the likelihood of a deep recession, which will no doubt further impact and worsen health inequality. Dr McCarthy responded that the Health Equity Group, an emergence from the local vaccine equity work undertaken during the pandemic, is a discussion group comprising representatives from varied backgrounds, including the gypsy traveller community, people working with homeless communities and those in more affluent areas. Representatives meet and provide 'on the ground' information regarding the issues being faced by local people and communities. A degree of formal structure is being put in place for the group, and Dr McCarthy undertook to discuss tertiary care issues with the group and feedback outcomes to SDODC. **JMcC**

Dr McCarthy added that her team is also looking at the additional challenges that presented during the pandemic from a public health perspective, including those that affected more affluent individuals. Although a generalisation, the data across Wales suggests that if a person had a job that he/she was able to keep, and he/she was able to work from home, there is evidence that certain health behaviours improved, for example people ate better, more people quit smoking, more people had a home gym type situation

	and people walked at lunchtime. However, part of the widening health inequality is among those people who could not work at home, who were furloughed and then lost their jobs and those who lost their jobs completely, those who lived in one bedroom flats with no option for interaction and exercise. For this group, quality of life deteriorated considerably. Unique and very difficult challenges, around both physical and mental health, present as a result of the pandemic. Dr McCarthy acknowledged that health data is always delayed and will take a few years to be fully understood. She added that the engagement and partnership working will provide a good deal of information, both local and national, which will inform the health inequalities plan. Ms A Lewis stated that it is important to talk about health inequalities with agencies and partners and certainly across the UHB in terms of next steps, to find good practice and methods of implementation and to promote it as widely as possible. Mr L Davies stated that there are opportunities to interface the health inequalities work being undertaken with pathways in primary and secondary care and to align this with the work in relation to the PBC, to ensure its prominence now rather than seeing it as separate, to be introduced at a later date. Dr McCarthy and Mr L Davies undertook to pursue this matter. Mr M Davies drew attention to digital inclusion as an area of concern, with 25% of the over 75's in the local population without access to digital means or having limited digital ability, an area that overlaps with concern expressed by the Sustainable Resources Committee. Mr H Thomas responded in the online chat that there is an individual within the digital team whose remit is wholly around digital inclusion. He added that language is also an issue; most public facing digital interventions are English which leads to some challenging discussions with suppliers on translation, not just to Welsh, but to other languages also.	**LD/ JMcC**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to the progress on PO 4K.	
SDODC (22) 82	**PO 5H: CLUSTER INTEGRATED MEDIUM-TERM PLAN (IMTP) MONITORING REPORT – QUARTER 1**	
	The Committee received the report regarding PO 5H: Cluster Integrated Medium Term Plan (IMTP) Monitoring Report – Quarter 1. Ms Rhian Bond indicated that the report outlines the process around monitoring individual cluster IMTPs to ensure that all of the priorities are captured and are fed into the overarching HDdUHB IMTP. The report identifies the work undertaken to date and areas of concern shown as an amber rating (moderate area of concern) or red rating (significant area of concern). Progress is monitored at monthly cluster meetings and locality leads meetings where both positive and negative experience is shared, along with quality improvement methodology to underpin each project. Mr M Davies referred to an area of concern 'Dissatisfaction or resistance from stakeholders', enquiring around the steps which can be taken to address this issue. Ms Bond responded that resistance is currently being experienced through the accelerated cluster development implementation process, following the realisation that the approach has a much more population-health focus rather than a GP-driven program. It was noted that Ms Bond's team	

	actively engages with Dr McCarthy's Public Health team. It is hoped that the Interim Programme Manager, who is due to start next week, can understand and overcome those barriers. Ms A Lewis referred to AG0008: Mental Health Practitioners, enquiring as to the funding discussion with Carmarthenshire Pan Cluster Planning Group (PCPG) which took place on 21st July 2022. Ms Bond advised that a programme has been developed by the Amman Gwendraeth Mental Health practitioners, similar to the programmes set up in clusters. The lead GP has undertaken discussions with the Carmarthenshire group, which will form the PAN cluster planning group, and further conversations with the Mental Health directorate regarding the potential for upscaling. However, it is a challenge to upscale and roll out a cluster project if an existing project is already benefiting GPs and their practices. Conversations continue with the lead GP as to how the cluster team can provide support to him and his practice. There are some managed practices within the Amman Gwendraeth and Ms Bond will follow-up on workforce planning around those managed practices to ensure that Mental Health practitioners form part of the core team. Mr Dentten indicated that he is keen to involve local communities in the formulation of plans process, so as to address their needs and expectations. Ms Bond will take this into account and added that patients' feedback is also important to build into the wider process.	**RB**
	The Strategic and Operational Delivery Committee received the report regarding PO 5H: Cluster Integrated Medium Term Plan Monitoring Report – Quarter 1 and **RECEIVED ASSURANCE** of the steps being taken to ensure progress of cluster IMTPs.	
SDODC (22) 83	**REPORT ON DISCRETIONARY CAPITAL PROGRAMME 2022/23**	
	Mr Paul Williams joined the meeting. Mr Paul Williams introduced the Discretionary Capital Programme (DCP) 2022/23 and Capital Governance Update Report, advising that there had been little change to the previous report. He highlighted the capital resource limit for the fire enforcement works at Glangwili General Hospital (GGH) which has been reduced by £0.976m and at Withybush General Hospital (WGH) which has been increased by £2.674m. Mr Williams also highlighted the imaging works in the sum of £12m, funded by WG, which are progressing well. Mr L Davies stated in the online chat that imaging was high on the risk register. Mr Williams added that pressures are emerging as a result of a reduced discretionary capital programme for this year. Action has been taken through the Capital Sub-Committee to meet additional costs of £0.107m to enable works associated with the pharmacy robotic replacement programme and to distribute a pre-committed contribution to Women and Children's Phase II between 2022/23 and 2023/24. Mr Williams undertook to confirm the completion date for the Women and Children's Phase II programme. He stated that it will be a challenging contract to complete and confirmed that the programme is being managed as tightly as possible. In terms of key priorities, Mr Williams drew attention to the governance of schemes at their various stages on site or through processes, highlighting that the Transforming Mental Health (TMH) capital project in its present form has	**PW**

	closed. It will realign with the service development and will be re-established at an appropriate time. Mr Williams responded to a query raised by Mr M Davies, advising that the negative spend of -£10,000 under the national decarbonisation programme is not related to income. With regard to vesting arrangements, Mr H Thomas stated that it is not ideal to have vesting arrangements with suppliers; however, he confirmed an outstanding amount of £250k resulting from a digital supply issue which is being actively monitored on a weekly basis; the risk remains small.	
	The Strategic Development and Operational Delivery Committee received and **NOTED**: • The update on the Capital Programme for 2022/23; • The release of £0.107m from the contingency for the pharmacy robotic scheme; • The reduction to the Women and Children pre-commitment in 2022/23 of £0.250m to support DCP pressures in 2022/23, noting that this will increase the 2023/24 pre-commitment; • The Capital Governance update and the closure of the current Transforming Mental Health programme.	
SDODC (22) 84	**CAPITAL SUB-COMMITTEE**	
	Presenting the Capital Sub-Committee Update Report, Mr Williams highlighted the following: • The clash with the Public Board meeting necessitated Mr Iwan Thomas and Mr L Davies sending apologies for the Capital Sub-Committee meeting. • The Sub-Committee had undertaken the usual capital stocktake, including the lessons learned feedback report on the Estates Advisory Board Funding (EFAB) projects 2021/22. • The Sub-Committee was presented with a post-project evaluation and lessons learned update report on the Aberaeron Integrated Care Centre scheme, which had been positive. • The Sub-Committee was presented with an update report on medical device replacement progress in the past year, for which overall control is always challenging. Mr Williams undertook to incorporate a detailed report on medical devices in the Discretionary Capital Programme 2022/23 report for the next SDODC meeting. Mr M Davies thanked Mr Williams for his report. *Mr Paul Williams left the meeting.*	**PW**
	The Strategic Development and Operational Delivery Committee received and **NOTED** the Capital Sub-Committee Update Report.	

SDODC (22) 85	**INFLUENZA SEASON: END OF SEASON 2021/22 AND 2022/23: IMPACT, VACCINE UPTAKE AND EMERGING PRIORITIES FOR THE FORTHCOMING SEASON**	
	The Committee received the 2021/22 Influenza Vaccine Programme Year-End Position report, which is a standing annual agenda item and which was taken as read. Dr McCarthy highlighted the following: • The 2021/22 targets set by WG were ambitious; new targets have been set around flu vaccine uptake with the aim to have the same level of uptake for the COVID-19 vaccine. • COVID-19 has changed the landscape around Wales, with significant uptake of the vaccine in HDdUHB. • In the HDdUHB clinical risk 6 months to 74 years category, there was an uptake of 47.5%; previous years have seen between 38% and 42% uptake. • In the 65+ years population there was a 75.9% uptake compared to 62.9% and 65% uptake in the previous two years. • The campaign focus was to have the flu vaccine to protect the community rather than protect yourself, which did produce a small increase in uptake but nothing like the increase in 2020/21. • HDdUHB vaccinated more staff than other HBs in Wales; 6880, an increase of 220+ on the previous year. This does not include bank staff, locums, students, those employed on external contracts, agency or shared services.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on the delivery of the 2021/22 influenza vaccine programme delivery programme.	
SDODC (22) 86	**WINTER RESPIRATORY VACCINATION PROGRAMME DELIVERY PLAN 2022/23**	
	Ms Bethan Lewis joined the meeting. Introducing the Winter Respiratory Vaccination Delivery Plan 2022/23 report, Ms Bethan Lewis stated that definitive guidance had been received from the Joint Committee on Vaccination and Immunisation (JCVI) in July 2022, which was supported by WG's strategy for the delivery of winter respiratory vaccinations for autumn and winter 2022/23 to ensure protection is offered to those most vulnerable from COVID-19 and influenza. The priority groups for each, in essence, are in alignment. The programme to deliver both flu and COVID-19 vaccines jointly is now moving from the transition phase into the delivery phase. The COVID-19 vaccine offered is bivalent, ie, for the original virus and the variant. The Moderna vaccine has received approval, the Pfizer vaccine is awaiting approval. The delivery date for the Moderna COVID-19 vaccine is 31st August 2022 and flu vaccine is circa 19th September 2022. The Pfizer vaccine will be ordered when available. A co-ordinated delivery programme across the three HDdUHB counties is essential, and vaccines will be delivered at GP surgeries, Mass Vaccination	

	Centres (MVCs) and community pharmacies by GPs, the Occupational Health team, immunisation and vaccination teams and school nursing teams. It was noted that 23 GP practices will deliver the COVID-19 vaccine alongside the flu vaccine; however, eight will not. It is intended that people will be invited to receive vaccines at a location as close as possible to home, communication will be clear that the COVID-19 and flu vaccines will be delivered jointly and that it will be specified if this cannot happen. It is hoped there will be a 100% uptake, but realistically 80% is more likely. One risk highlighted is the possibility of running out of vaccine supply, with no national central stock available. Ms A Lewis enquired whether communication regarding the co-administration of the COVID-19 and flu vaccines will allay any public anxiety. Members heard in response that during the pandemic, COVID-19 vaccinators were inundated with requests to receive the flu vaccine at the same time so in this regard, it was felt the UHB was meeting public expectation and demand. Ms Alison Shakeshaft stated that that there is no definitive opinion regarding the messaging that 'vaccine saves lives and maintains community wellness' as opposed to 'vaccine prevents (personal) illness' and the UHB will be following national guidance. Dr McCarthy agreed, stating that messaging about keeping each other well was much stronger than the personal fear but still only resulted in a 60% uptake. She added that when the public were aware of a shortage of supply, demand increased significantly; the same pattern of behaviour will, no doubt, follow this year. Mr M Davies enquired whether a 'COVID-19 is over' attitude was apparent throughout the population. Ms Shakeshaft acknowledged that a significant proportion of the population felt this way, with Ms B Lewis adding that public opinion is likely dependent on how the virus behaves and whether another variant emerges which will certainly impact upon and add complexity to the vaccination programme. Mr M Davies thanked Ms Shakeshaft and Ms B Lewis for their report. *Ms Bethan Lewis left the meeting.*	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** regarding: • The proposed delivery plan and the transition to delivering the COVID-19 vaccination programme with the flu vaccination programme for this autumn/winter; • The proposed plan to maintain a hybrid approach to delivery across primary care and MCVs; • The work underway to mitigate the risks to programme delivery and that control measures are in place.	
SDODC (22) 87	**WINTER PLAN: EVALUATION OF WINTER PLAN 2021/22 AND 2022/23 PLAN**	
	Mr Carruthers introduced the Winter Plan: Evaluation of Winter Plan 2021/22 and 2022/23 plan presentation. Mr Carruthers advised that future winter	

	plans will be incorporated into the UHB's IMTP at the request of WG. The Plan recognises that the transition from the COVID-19 pandemic is taking place, which continues to present challenges to the health and care system. The Plan is an opportunity to correlate and share information from 2021/22, particularly for vaccination and Urgent and Emergency Care, which will inform the UHB's existing six goals for Urgent and Emergency Care going forward. The Plan will also incorporate the UHB's winter plan programme and structure, which should align to the WG framework, together with an Executive Summary, key messages and intended outcomes. The Winter Plan for 2022/23 will be presented for approval to the September 2022 Public Board meeting and will be submitted by the end of September for WG scrutiny, with a response to the UHB in October 2022 to indicate approval, at which point, the Winter Plan can be published. *Dr McCarthy left the meeting.* Mr Carruthers added that there will be a review of the inpatient ward model, for which a task and finish group has been established, led by the Director of Nursing, Quality and Patient Experience, focusing on the front end of the pathway. Key constraints include the underlying challenge presented by the workforce position and the number of beds in the system, driven by discharge delays. Mr Carruthers further added that to deal with increased activity in winter, the normal approach would be to decrease elective appointments in favour of medical and emergency department surgery demand. However, there is a clear message from the Minister for Health & Social Services that there is an expectation to ringfence orthopaedic capacity, including improving waiting times in this area. Mr Carruthers confirmed that this will be maintained in Prince Philip Hospital. Ms A Lewis queried whether this was a reporting requirement rather than an operational change, to which Mr Carruthers responded that actions are being considered to update the Plan and to strengthen the UHB's position. Mr L Davies undertook to obtain a copy of the WG Chief Scientific Officer's paper in this regard. Ms A Lewis also enquired as to the potential increased beds position in January/February 2023 and at what point the UHB would consider it impossible to provide safe care, to which Mr Carruthers responded that – with the exception of the ringfenced surgical capacity – the UHB is already at saturation point, requiring more nurses and more surgical staff. January and February 2023 will present additional challenges if recruitment is unsuccessful and circa 100 beds cannot be found within the community sector. Actions are being taken to continue to drive work with partnership organisations in this regard; however, this potential risk will be highlighted to to Board at the September meeting. Mr L Davies undertook to update the Board with regard to the timeline for the day surgery unit.	**LD** **AC** **LD**
	The Strategic and Operational Delivery Committee **RECEIVED ASSURANCE** that the programme for delivery of the Winter Plan 2022/23 is in hand.	

SDODC (22) 88	**PHARMACEUTICAL NEEDS ASSESSMENT**	
	Presenting the Pharmaceutical Needs Assessment (PNA) report, which was taken as read, Ms Rhian Bond highlighted the following: • The HDdUHB PNA was published on 1st October 2021. • This report is the first review of the PNA since October 2021. The outcome of the review was presented to the Primary Care Contract Review (PCCR) group in April 2022, which determined that there have been no significant changes. • The team will continue its role and review again in six months. Mr M Davies thanked Ms Bond for her report.	
	The Strategic and Operational Delivery Committee received the Pharmaceutical Needs Assessment report and **NOTED** that it will continue to be reviewed on a six monthly basis.	
SDODC (22) 89	**CORPORATE POLICIES**	
	There were no corporate policies requiring SDODC approval.	
SDODC (22) 90	**WORK PROGRAMME**	
	It was noted that Mrs Joanne Wilson, Board Secretary, is working on the Planning Objectives due to be delivered this year.	
SDODC (22) 91	**ANY OTHER BUSINESS**	
	There was no other business reported.	
SDODC (22) 92	**MATTERS FOR ESCALATION TO BOARD**	
	The following matters were noted for escalation to the September 2022 Public Board meeting: • The lack of response from WG on HDdUHB's PBC. • The improvement in mental health waiting times. • The potential risk in relation to existing/anticipated demand during January/February 2023 • Escalating performance challenges in unscheduled care. • Updated timeline for the day surgery unit.	**SH** **SH** **AC** **HT** **LD**
SDODC (22) 93	**DATE AND TIME OF NEXT MEETING**	
	Thursday, 27th October 2022 9.30 am – 12.30 pm	