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

Date and Time of Meeting:	9.30am – 1.00pm, Thursday 26 October 2023
Venue:	Ystwyth Boardroom and Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) Mr Michael Imperato, Independent Member (Committee Vice Chair) (VC) Cllr. Rhodri Evans, Independent Member (VC) Mr Winston Weir, Independent Member (VC) Mrs Judith Hardisty, Independent Member
In Attendance	Mr Lee Davies, Director of Strategy and Planning (SDODC Executive Lead) Ms Catherine Evans, Head of Strategic Performance Improvement deputising for Mr Huw Thomas, Director of Finance Mr Andrew Carruthers, Director of Operations Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care Mrs Joanne Wilson, Director of Governance (Board Secretary) Dr Ardiana Gjini, Public Health (part) Mrs Helen Mitchell, Committee Services Officer (VC) (Minutes) **Item SDODC (23)107** Ms Julia McCarthy, Head of Long Term Care **Items SDODC (23)108 /SDODC (23)109** Ms Eldeg Rosser, Head of Capital Planning (VC **Item SDODC (23)112** Mr Keith Jones, Director of Secondary Care Ms Alison Bishop, Service Delivery Manager **Item SDODC (23)113** Ms Liz Carroll, Director of Mental Health and Learning Disabilities & Ms Aileen Flynn, Service Transformation & Partnerships Manager, MH&LD Services **Item SDODC (23)114** Mr William Oliver, Assistant Director of Therapies and Health Science **Item SDODC (23)115** Mr Peter Skitt, County Director and Commissioner Ceredigion, Mid Wales Joint Committee for Health and Care **Item SDODC (23)116** Ms Megan Harris, Consultant, Public Health **Items SDODC (23)117/ SDODC (23)118** Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC)

Agenda Item	Item	Action
SDODC (23)101	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE** Mr Maynard Davies, welcomed members to the Strategic Development and Operational Delivery Committee (SDODC) meeting. The following apologies for absence were noted: • Mr Huw Thomas, Director of Finance	
SDODC (23)102	**DECLARATIONS OF INTEREST** • Mrs Judith Hardisty declared an interest in agenda items SDODC (23)112: Mental Health Recovery Plan Update; SDODC (23)114: Dementia Strategy Update; and SDODC(23)116: Wellbeing of Future Generations Act Annual Report, as Chair of the West Wales Regional Partnership Board • Cllr. Rhodri Evans declared an interest in items SDODC(23)107: Community and Long Term Care Quarterly Service Report; SDODC (23)109: Report on the Discretionary Capital Programme 2023/24: and SDODC(23)119: A Regional Collaboration for Health (ARCH) Portfolio Update Report, as a Ceredigion County Councillor.	
SDODC (23)103	**MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 31 AUGUST 2023** **RESOLVED** - the minutes of the SDODC meeting held on 31 August 2023 were **APPROVED** as an accurate record of proceedings. There were no matters arising.	
SDODC (23)104	**TABLE OF ACTIONS FROM THE MEETING HELD ON 31 AUGUST 2023** An update was provided on the Table of Actions from the meeting held on 31 August 2023. **SDODC(22)42: Continuing NHS Healthcare:** *The National Framework for Implementation in Wales: To present the detail of a national performance tool, to the Committee when available.* The Framework document is not yet available. **SDODC(23)35: Planned Care Update:** *To obtain formal HDdUHB Board approval of the Memorandum of Understanding (MoU) between Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) with regard to agreed project definition, provision of a governance structure and framework to support a regional orthopaedic model.* Following internal discussions and meetings with A Regional Collaboration for Health (ARCH) colleagues, the Health Board is considering entering into an overarching Memorandum of Understanding with Swansea Bay UHB (and possibly Swansea University) in relation to ARCH programmes of work. Internal discussions are continuing. If agreed, the MoU would include all programmes, including Orthopaedics.	

	The Project Definition Document (PDD) for regional Orthopaedic services between Hywel Dda University Health Board (HDdUHB) and Swansea Bay UHB (SBUHB) is a separate document. Mrs Jo Wilson reported that she was working with Mr Lee Davies and Mr Andrew Carruthers to develop a wider MOU that could accommodate smaller agreements for different areas of work. Mrs Judith Hardisty informed the meeting that the Minister and Mr Steve Moore had indicated that the Orthopaedics collaboration would move quickly to assist SBUHB with their long waits and to use Neath Port Talbot Hospital for their patients. Mrs Wilson also emphasised the need for robust governance arrangements to ensure the roles of the sovereign bodies were clear and respected; and advised that Mr Moore had communicated this point to the Minister and Welsh Government officials. **SDODC(23)84: Winter Respiratory Vaccination Programme – Delivery Plan:** *To investigate the correlation of staff sickness rates with frontline worker vaccine uptake.* As discussed at the meeting – it is complex and difficult to make a meaningful correlation, but Ms Bethan Lewis is exploring the request with the HR team.	

SDODC (23)105	**TARGETED INTERVENTION UPDATE**	
	Mr L Davies presented the Targeted Intervention (TI) Update outlining that the Peer Review report had been consolidated with wider/previous reports including Audit Wales Structured Assessments; Annual Planning Cycle (NHS Wales Planning Framework); the KPMG report in relation to financial planning; the Maturity Matrix; and the internal planning Master Actions emanating from the original TI expectations. As a result, multiple, overlapping plans have been eliminated, and the resulting consolidated, comprehensive action plan provides clarification on the plan's purpose in sharing the current status with the Committee; to receive comments; and to finalise the document format. It was noted that the Action Plan will track progress through future Committees and the Escalation Steering Group (ESG), chaired by Mr Steve Moore. Members considered coordination across different areas, including operations, finance, and workforce. In response to Cllr Rhodri Evans question regarding the Nuffield Review, Mr L Davies indicated that Welsh Government (WG) have received the final draft report and are in the process of scheduling a presentation, possibly in the upcoming two to three weeks, with the Nuffield team. He confirmed that progressing the programme business case (PBC) was dependent on finalising the Nuffield Review. Mr L Davies also indicated that feedback from the Infrastructure Investment Board (IIB) has been slightly delayed and is expected during the week commencing 6 November 2023. He agreed to share the feedback when available. Mr Winston Weir, referencing Page 3 of Annex 1: Operational Planning and Change Management, Triangulation of Finance, Workforce, Elective and Communication emphasised the need for financial input and actions by the Director of Finance. Mr L Davies indicated that, where actions spanned several areas, to avoid confusion items had been allocated to him to progress via the Core Delivery Group (CDG), and that he would consider expansion of the document to provide more detail.	**LD** **LD**

	Mr Michael Imperato requested a simplified tracking system with an emphasis on colour-coding for visual clarity and consistency. Mrs Jo Wilson agreed to arrange for a Risk and Assurance colleague to liaise with Mr L Davies with a view to linking existing tracking mechanisms which align with the process used for the Audit Tracker, and implementing a traffic light system. Referencing amendments in the delivery of theme 6 under Master Action D (Annex 1, page 6), Mr L Davies confirmed that a revised Plan on a Page was attached as Annex 2 and included more detail. In terms of resources, Mr L Davies confirmed that the individual tasked with undertaking this project is working collaboratively with the CDG to deliver timely results. In response to a query regarding the timing of actions, Mr L Davies confirmed that the Action Plan covered the period up to 30 September; and that any actions marked On Track for October 2023 but not started were an accurate reflection of the overall picture at that time. Mr L Davies acknowledged the need to update the Action Plan on a monthly basis, with consideration given to indicating changes effectively. The Committee acknowledged the progress and effectiveness of the presented draft action plan; and emphasised the need for ongoing reflection on ensuring collective efforts align across different areas, such as workforce, operations, and finance.	**JW** **LD**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from the ongoing response to Targeted Intervention (from a Planning perspective).	

SDODC (23)106	**INTEGRATED PERFORMANCE ASSURANCE REPORT**	
	Ms Cath Evans introduced the Integrated Performance Assurance Report, (IPAR), referencing the Integrated Performance Assurance Report (IPAR) Overview: as at 30 September 2023, which summarised performance against HDdUHB's key improvement measures for 2023/24. She highlighted the following: • The Health Minister's directive from the Heads of Performance meeting emphasising the need to focus on reducing the number of patients waiting over four years. As of 17 October 2023, the count stood at 203, indicating an increase in theatre efficiency. • Improvements in Urgent and Emergency Care (UEC), with reduced ambulance handover times. • Challenges in discharge processes, with 222 patients in hospitals with delayed pathways or discharge as of 20 September 2023. • Impact of Reinforced Autoclaved Aerated Concrete (RAAC) issues at Withybush Hospital on Urgent and Emergency Care (UEC) performance. • Progress and challenges in Cancer pathway performance. • Positive trends in Single Cancer pathway performance over the last three months. • Additional backlog breaches in September attributed to challenges in the Skin pathway during the transition between companies, and are now resolved.	

- Targets met for Part 1a and 1b in Mental Health performance measures, with Neurodevelopmental waits indicating a decline in performance to 17% against a target of 80%.
- Diagnostics faced challenges with breaches exceeding trajectory by over 2000 in September 2023, particularly in Radiology, Endoscopy, and Cardiology.
- Therapy breaches in September were the highest reported, with 3205 breaches, mainly in Physiotherapy, Audiology and Dietetics.
- Improvement in 2023, but a rise in C-difficile (C-diff) cases for the third consecutive month, with 21 cases in September against a target of eight.

Cllr R Evans raised concerns about the increasing C-diff cases and sought information on measures being taken to address the issue. Ms C Evans and Mr Carruthers provided details regarding the robust improvement programme and action plan in place, aiming for a 20% reduction month on month; and noted challenges in reporting. Ms C Evans agreed to follow-up on actions related to reducing C-diff cases and obtaining detailed updates from Mrs Mandy Rayani with a view to providing assurance regarding the robust improvement program and action plan for C-diff reduction; and to share via email. **CE**

Challenges regarding demand were discussed, especially in Lower Gastrointestinal (GI) and Urology pathways, affecting Diagnostics and Cancer pathway performance. Mr Carruthers indicated that feedback from Welsh Government (WG) was positive and that the Health Board has a good understanding of the issues, and a positive plan to address them. Unfortunately, sickness and absence issues have unexpectedly impacted the capacity of high-volume areas.

Referencing Ty Bryn, which had been identified and allocated for use by Neurodevelopmental Services, and requires refurbishment, Mr Carruthers agreed to provide an update to Mrs Hardisty after the meeting. **AC**

In response to Mrs Hardisty's enquiry regarding a recruitment and retention plan for Therapies, Mr Carruthers indicated that it is currently under discussion in the Improving Together meetings.

Mr Weir enquired about the progress in reducing three-year-long waits in Orthopaedics. Mr Carruthers explained the challenges and operational issues affecting delivery, including regional plans impacting waiting times and the likelihood of addressing the issue by summer 2024. He also indicated that significant numbers are expected to persist until at least the end of March 2024.

Mr M Davies posed a question regarding the removal of the mobile Magnetic Resonance Imaging (MRI) scanner from Prince Philip Hospital (PPH). Mr Carruthers clarified that it was a financial decision due to budget constraints at the end of the contract, and options for reinstatement would be explored, based on available funds.

Mr M Davies commended positive achievements in planned care activity but was aware of challenges in specific areas. He raised concerns regarding the significant reduction in outpatient activity, particularly in Urology and

	Gynaecology, and day cases in Colorectal surgery. Mr Carruthers attributed this to various factors, including the impact of RAAC on outpatients' space and capacity, affecting physical provision at Withybush Hospital; and the availability of theatre anaesthetic staff. He indicated that the Task and Finish Group is considering alternative plans. Mr Carruthers also indicated that he has concerns regarding the outpatients waiting more than 52 weeks. Ms Jill Paterson proposed exploring recommissioning pathways, such as triaging new referrals in Urology and utilising and maximising Optometric pathways in Ophthalmology with Mr Carruthers and Mr L Davies. Dr Ardiana Gjini suggested exploring the impact of changes in the screening interval for cervical screening on Gynaecology outpatient numbers, considering the shift from screening every three years to every five years.	**JP** **AG**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from the IPAR – Month 6 2023/2024.	

SDODC (23)107	**COMMUNITY AND LONG TERM CARE QUARTERLY SERVICE REPORT**	
	Ms Paterson introduced the Community and Long Term Care Quarterly Service Report covering the period from July to September, focusing on key issues and performance measures against the Community Health Council (CHC) Framework, and highlighting the following: • Four appeals were noted during the period, with one at Stage 1. • Zero disputes with local authorities were reported. • Eight retrospective claims were initiated. • Challenges were faced in timely reviews by Community nursing teams. • 74 individuals received care at home, averaging 50 hours per week. • One out of 12 scheduled reviews were completed within the quarter. • 547 residents were funded across 26 nursing homes with 1,174 beds available. Ms Paterson outlined challenges faced by the Health Board in placing individuals with higher or complex needs, referencing possible threshold changes; and Mr Imperato raised concerns about legal responsibilities and potential issues, suggesting a need to clarify and emphasise legal obligations on partner organisations. He also enquired about the success rate of challenges from the public. Ms Paterson indicated that while there were robust conversations with partners regarding statutory duties, there are no penalties in Wales for partners who fail to meet their statutory responsibilities. Ms Julia McCarthy indicated that following the introduction of the 12 month deadline on appeals, retrospective claims have reduced significantly, with success rates reducing due to improved first-time assessments and an emphasis on improvement; and in conducting thorough assessments initially. Mr Imperato emphasised the patient welfare/well-being aspect of long hospital stays and Ms Paterson indicated that regular national meetings with Welsh Government, the NHS Executive and the Local Authority (LA) include challenging discussions with policy leads regarding these issues. Mr Weir referenced page 4 of the report, expressing concerns about winter preparedness and the need to increase care home capacity. Ms Paterson indicated that short-term care home capacity is discussed regularly with Local	

	Authorities; and that consideration is being given to an NHS-run care home. Ms McCarthy referenced the recent Quality Improvement Annual Conference with care home providers and HDdUHB staff, which focussed on constructive discussions and improving communication. She acknowledged frustrations on both sides and the need for improved communication; and indicated that plans are in motion for setting up working groups to address challenges. Ms Paterson Highlighted plans for a medium-term partnership with Carmarthenshire County Council and acknowledged the need for a longer-term strategy and consideration of the threshold of need. She also stressed the importance of ongoing collaboration with Local Authorities and acknowledged mixed success in translating discussions into action. Cllr R Evans offered his assistance should it be required.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** and **REVIEWED** the performance reviews undertaken by the Long Term Care service within this report. • **RECEIVED ASSURANCE** that processes are being followed in line with the Welsh Government Frameworks. • **CONSIDERED** the implications in the absence of any national performance monitoring system.	

SDODC (23)108	**CAPITAL SUB-COMMITTEE – SEPTEMBER 2023**	
	Ms Eldeg Rosser presented the Capital Sub-Committee report including the project closure and lessons learned exercise related to the Prince Philip Hospital Day Surgery Unit; and the submission of a £1.8m bid to Welsh Government for diagnostic equipment replacement. Ms Rosser indicated that a facilitated workshop session involving Welsh Government and various stakeholders was conducted to review the PPH Day Surgery Unit project's success and areas for improvement. Lessons learned from this project will be shared with Welsh Government for broader dissemination. Mrs Hardisty enquired about the existence of a central repository for lessons learned from projects to ensure relevant individuals are provided with reading materials before initiating new projects. Ms Rosser confirmed the presence of such a repository accessible to the team to avoid repeating mistakes and improve processes; and Mr L Davies mentioned the need for a similar repository at a national level for unique schemes, which could benefit all Health Boards in Wales. Cllr R Evans expressed his satisfaction with the reports, particularly noting the management in adhering to the original budget despite challenges and delays. He conveyed his appreciation for the team's efforts and contributions.	
	The Strategic Development and Operational Delivery Committee **NOTED** the Capital Sub-Committee update report.	

SDODC (23)109	**REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2023/24**	
	Ms Rosser presented the report on the Discretionary Capital Programme 2023/24, highlighting the following:	

	• The receipt of funding for the Withybush Hospital fire schemes and associated remedial works, allowing the reinstatement of previously deferred projects. • An almost £2m commitment against next year's capital allocation. • The need to carefully manage the small contingency reserve balance for the period up to 31 March 2024. • The Corporate Risk 1707 which was developed to capture the risk that the Health Board may breach its Capital Resource Limit (CRL) in 2023/24 due to the pressure on the DCP has been updated; and the current associated risk score is now at the target score of 8. This will be de-escalated to a Directorate risk. • Updates on various schemes, including the completion of the Women and Children Phase II • Challenges with the Cross Hands project, both due to GP practice issues and a market testing exercise affecting the timeline. • Discussion on opportunities and risks presented by the developments in the Cross Hands project and different systems that two independent practises may use. Referencing the Aseptic service, Mr M Davies enquired whether timescales had been produced for the Transforming Access to Medicines (TrAMS) Programme. Ms Paterson indicated that TrAMS is well behind schedule and poses a risk to local pharmacies; and Mr L Davies indicated that next steps were unclear. Mr M Davies raised concerns regarding the increased costs to the Carmarthen Hwb. Mr L Davies indicated that The Health Board is seeking to minimise the cost of communications and redesign fees; and that a bid is being prepared for submission to WG in respect of the Carmarthen Hwb and Pentre Awel. Ms Rosser indicated that the costs had not yet been fixed and that she would be able to complete the business case in March 2024. Cllr R Evans sought clarification on the redesigning of the Carmarthen Hwb area and whether it aimed to reduce capital costs; and Ms Rosser provided details regarding the need for compliance with health building regulations and technical notes in the Hwb's development, due to the inclusion of a dental practise.	
	The Strategic Development and Operational Delivery Committee • **NOTED** the allocation and spend of the Discretionary Capital Programme for 2023/24. • **NOTED** the reinstatement of schemes detailed in the assessment section of the report and the use of the contingency reserve. • **NOTED** the amendment to the current risk score associated with risk 1707 and that this will now be de-escalated to a Directorate risk. • **NOTED** the capital schemes governance update.	

SDODC (23)110	**STRATEGIC OUTLINE CASE: A HEALTHIER MID AND WEST WALES**	
	Mr L Davies presented the A Healthier Mid and West Wales (AHMWW) Programme Business Case (PBC) Update. The Committee noted that formal feedback is awaited on the Clinical Model Review from Welsh Government and the Infrastructure Investment Board, which is anticipated will lead to Programme Business Case (PBC) endorsement. The Committee also noted	

	the progress being made on the Strategic Outline Case (SOC) and the risk to timelines associated with the need to address any additional requirements emerging from the clinical model review and formal IIB feedback. Ms Rosser confirmed the receipt of the Nuffield report by Welsh Government and their plans to present it to the Executive Director team. She also indicated that a response from the IIB meeting is expected in the week commencing 29 October 2023. The successful gateway review conducted in early October was discussed, highlighting areas for strengthening the draft Strategic Outline Case (SOC) before submission to Welsh Government. Mr L Davies acknowledged the ongoing discussions and meetings surrounding the AHMWW Programme; and emphasised the need for clarity and decisions from Welsh Government, with a realisation that the process had reached a point where decisions were crucial. The Committee noted the limitation of information available and the proactive efforts to communicate through formal and informal channels.	
	The Strategic Development and Operational Delivery Committee **NOTED** the following: • The update provided and the formal feedback awaited on the Clinical Model Review and IIB which is anticipated will lead to PBC endorsement. • The progress being made on the Strategic Outline Case (SOC) and the risk to timelines associated with the need to address any additional requirements emerging from the clinical model review and formal IIB feedback. • The decision of the Board on the 14 September 2023 to reduce the number of shortlisted sites for the new urgent and planned care hospital from three sites to two following public consultation and further technical and commercial work.	

SDODC (23)111	**DEEP DIVE: PLANNING OBJECTIVE 3A: TRANSFORMING URGENT AND EMERGENCY CARE PROGRAMME**	
	Ms Alison Bishop provided an update on the Transforming Urgent and Emergency Care (TUEC) Programme, highlighting the Board's request for the programme to deliver 80 bed efficiencies within the current financial year. She explained that the Health Board's aim was to work collaboratively with the acute sites to deliver the efficiencies before winter. To date, 51 bed efficiencies had been achieved via Reinforced Autoclaved Aerated Concrete (RAAC) works at Withybush Hospital (WH) (39 beds); six beds at Prince Philip Hospital's front door; and six surge beds at Bronglais Hospital (BH). Ms Bishop advised that admission numbers were static and presently in line with expectations. Lengths of stay are increasing and may be impacted by the way data is collated. Ms Bishop has met with data analyst colleagues to refine the process with a view to more accurately reflecting the position. In terms of key Ministerial priorities, the Committee noted improvement in ambulance handover wait times of one or four hours; and progress on Same Day Emergency Care (SDEC) flows and package of care delays. Ms Bishop referenced the All Wales audit currently ongoing, which is reviewing lengths of stay for patients who are clinically optimised. Ms Bishop is investigating local themes versus national themes, and whether they can be influenced by the national six goals programme to confirm whether HDdUHB is an outlier or is	**AB**

	consistent with other Health Boards across Wales. She agreed to share a breakdown of the increase in SDEC activity by site. Mr Keith Jones voiced his concern regarding rising admission rates, and the need to investigate whether the rise is due to an actual increase in demand or statistical anomalies. He also voiced concerns regarding admissions translating into longer stay patients; and numbers of patients self-presenting at the Emergency Department. In response to a question from Mrs Hardisty, Mr Jones confirmed that all SDECs follow a common model, with the variance in expertise being addressed by engagement events and staff visits to the Withybush Hospital SDEC to achieve consistency across different sites. Ms Bishop advised that Dr Karen Brown, Clinical Lead for Acute Medicine is considering the Frailty pathway alongside Dr Sioned Richards, GP Lead, Carmarthenshire Intermediate Care. They are working together to develop consistent models which make the best use of resources; and recently met with Dr Sean James and Dr Mark Henwood to consider clinical engagement. Care homes are under consideration nationally to understand how many care home residents occupy inpatient beds across Health Boards, their length of stay and their package of care delays. The Committee noted that Withybush Hospital appears to have a higher conveyance rate than other counties, and that Ms Bishop is investigating this. In repose to Cllr R Evans question, Mr Jones confirmed that staff operating in all SDECs are fully engaged and that different individuals involved in the different sites are developing their insight and expertise at different rates and stages. Mrs Wilson advised that she has messaged Ms Rachel Williams to ensure that risks are noted on Datix and the Corporate Risk Register when she meets with Mr Jones and Ms Bishop shortly. Mr Andrew Carruthers highlighted the funding challenge and the need to demonstrate programme benefits and ensure integration into the core service and delivery model without adversely affecting the financial forecast.	**KJ**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from the Urgent and Emergency Care Update.	

SDODC (23)112	**DEEP DIVE: PLANNING OBJECTIVE 4C: MENTAL HEALTH RECOVERY PLAN**	
	Ms Liz Carroll presented the Mental Health Recovery Plan update, highlighting the following: • CAMHS performance updates and improvement in Parts 1a and 1b of the measure. • The de-escalation of CAMHS Enhanced Monitoring measures was discussed in the last Welsh government meeting, and a final decision is expected in March. • Recognition of the need to promote the 111 Press 2 service within the Hywel Dda footprint with 13,816 calls recorded during the period June 2022 to October 2023 as follows: • 5% escalated to 999 services	

- 3.5% to A&E
- 8% to 111 services
- 10% to HDdUHB services
- 13% to the third sector
- 60% are self-directed care

- The possibility of additional funds for winter pressure.
- The reconfiguration of Adult Metal Health services, including a move to a sector model where Community consultants will cover inpatient beds, which has resulted in sessional input from consultants.
- A focus on improving the pathways and addressing an imbalance in caseloads between different teams, such as Community Mental Health Teams (CMHTs).
- Integrated Psychological Therapy Services (IPTS) have recovered following a recent dip in Part 1a.
- The Older Adults pathway is experiencing occupancy of 90%, with a greater proportion exhibiting functional presentation as opposed to a more organic presentation, which poses challenges in terms of the environments and the balance between dementia friendly and point of ligature.
- Delayed Transfers of Care are high due to availability of provision within the private sector.
- The Autism Spectrum Disorder (ASD) service continues to face significant challenge with demand outstripping capacity; and increasing numbers of referrals being discussed at the recent WG Integrated Quality, Planning and Delivery – Enhanced Monitoring (IQPD) meeting.
- The Delivery Unit report into the Children and Young People's Neurodevelopmental Services was received yesterday and will inform a joint plan between Mental Health and Learning Disabilities, and Women and Children's services to respond to the points raised through that report. Mrs Wilson confirmed that once completed, the response will be presented to the relevant Committee and when timescales have been agreed will be included on the Audit Tracker. Subsequently, a missed deadline will be reported to Audit and Risk Assurance Committee (ARAC).
- Increased numbers on the IPTS waiting list have prompted, where reasonable from a clinical perspective, an offer of group access to support.
- An access procedure in relation to waiting times and referral to treatment for Mental Health services developed by Ms Selena Marshall, Service Delivery Manager, has been shared on a national basis; and is under consideration by the Delivery Unit.
- Learning Disability Psychology waiting times have reduced due to improved recruitment, although Adult Psychology performance is deteriorating.

Mrs Hardisty referenced commissioning on page 16 and the availability of council accommodation for patients who could be stepped down. She questioned whether the Local Authority has a statutory responsibility to accommodate them. Ms Carroll indicated that the LA receives the same financial benefit from step down as the Health Board. Ms Carroll agreed to investigate the position. **LC**

Mr Imperato referenced page 15 and the meaning of ‘Work is ongoing with RPB colleagues to further develop regional integrated plans to meet the code of practise and implement new service initiatives.’ Ms Carroll indicated that WG have advised that funding will be released in the medium term to develop autism services. HDdUHB will provide the assessment part of the diagnostic

	function and there is also a requirement to have a pre-diagnostic and post-diagnostic service alongside. She confirmed that the Health Board is currently working with regional colleagues to develop the framework and service model. Mr M Davies noted that the Autism service features regularly on the IPAR. Mr L Davies indicated the need for clarity on service objectives and potential outcomes. Mr M Davies recognised the challenge of limited resources, highlighting the importance of discussion regarding actions dependent on short-term funding; and the importance of securing long-term funding. Ms Carroll emphasised the development of the Specialist Child and Adolescence Mental Health Services (SCAMHS) hub and the need to maintain its sustainability. Similarly, Ms Aileen Flynn emphasised funding and initiatives related to the Kooth online counselling platform, with a focus on potential sustainable funding from the RPB. Until recently the platform was used for children and young people on the waiting list but is now offered universally with WG agreeing to funding from the Service Improvement underspend due to high numbers of positive outcomes.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** the Mental Health and Learning Disability Directorate's progress against its planning objective as presented, including the associated risks, issues and considerations for each service area as highlighted. • **RECEIVED ASSURANCE** that each service area's objectives are being managed/scrutinised through the Strategic Development and Operational Delivery Committee and the Quality, Safety and Experience Group; and that quarterly monitoring and reporting arrangements have been developed.	

SDODC (23)113	**QUARTERLY ANNUAL PLAN MONITORING RETURNS AND PLANNING OBJECTIVE UPDATE (Q1 & 2)**	
	Mr L Davies introduced the Quarterly Annual Plan Monitoring Returns and Planning Objective Update (Q1 & 2). Ms Paterson questioned the use of the word 'pause' for the integrated localities work and proposed that it was not paused but incorporated into the new work. Mrs Wilson concurred that the terminology of 'pause', 'slow' and 'keep going' was vague and required to be specified for the Board to seek assurance on the progress of the work. Mr Dan Warm agreed to elucidate the meanings for the integrated localities work to ensure that the terminology is consistent and clear. Mrs Wilson reminded the members that there was an action from the Board to undertake that piece of work and that it was on the Table of Actions for the next Board meeting on 30 November. Mr Warm provided an update on the pause load prioritisation, which was being discussed at Executive level. He indicated that the term 'pause' might not be appropriate and that alternative ways of describing the situation would be considered. He also reported that a piece of work to evaluate the impact and time frames of the decisions on the planning objectives for the remainder of the year and the following year had been initiated. Mrs Wilson agreed with Mr Warm and added that the risks and dependencies of the planning objectives were being examined with a view to addressing them. Mr L Davies concurred that it was difficult to summarise complex programmes of work in one word and that the relevant question was how to achieve the key	

	milestones and objectives within each planning objective. He stated that Mr Warm was collaborating with the Executives to finalise that piece of work and provide clarity for the Committees and Board. Mr Warm agreed to inform the group on the progress of the piece of work and the revised delivery dates for the planning objectives. He also reported that they had initiated a piece of work to evaluate the impact and time frames of the decisions on the planning objectives for the remainder of the current year and the following year. Cllr R Evans enquired about the colour coding of the report and whether it would reflect the current status and the potential impact of the pause on some projects. He also recommended that some dates or indications of when the projects could be resumed should be included. Mr Warm clarified that the colour coding was removed in response to the feedback from the peer review, but it could be reinstated if required. He also stated that he would provide more information on the impact of the pause and the expected timelines for the projects. Mr M Davies expressed his gratitude to Mr Warm, indicating that he appreciated the summaries of the planning objectives at the end.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** the review of Planning Objectives aligned to SDODC. • **RECEIVED ASSURANCE** on the current progress with Planning Objectives.	

SDODC (23)114	**DEMENTIA STRATEGY**	
	Mr Will Oliver presented the update to the Dementia Strategy, reminding the Committee that the Dementia Strategy was originally presented at the 23 February 2023 SDODC meeting prior to presentation to the Board on 30 March 2023; to Regional Partnership Board in May 2023; and subsequently being approved by the Local Authority. Mr Oliver indicated that the Strategy is being implemented by a Dementia Strategy Group, chaired by Mr Neil Mason and supported by Project Manager, Ms Monica Bason-Flaquer. The report presented the progress made on the key priorities, such as communication, performance monitoring, and memory assessment services. Mr Oliver provided an overview of the Communication and Engagement Plan for the Strategy, which involved a wide range of stakeholders, including carers and individuals living with dementia. The Committee noted that the progression of the Strategy had been slower than expected, due to the COVID-19 pandemic and other factors, and that more work was needed to raise awareness and involvement. The Committee welcomed the participation of carers voices in the Dementia Strategy Group and acknowledged their valuable contribution. Mr Oliver reported on the performance monitoring of the strategy, focusing on the Memory Assessment service, which had received additional funding and resources. The Committee was pleased to hear that the waiting times for memory assessment had been significantly reduced, and that the service was approaching a business as usual position. The Committee also recognised the need to develop a time spent at home metric, as a measure of the quality of life and outcomes for people living with dementia and their carers. Mr Oliver agreed	

to collaborate with the Dementia Strategy Group and the Information and Performance Team to develop a time spent at home metric, and to include it in the Performance Dashboard. Mr Oliver also agreed to request that the Dementia Strategy Group develop a Communication And Engagement Plan for the Strategy, and to report back to the Committee on the progress and impact in his next update.

WO

WO

Mr Oliver highlighted the remaining challenges and gaps in the delivery of the strategy, such as the availability and accessibility of post-diagnostic support, the integration and coordination of services across sectors, and the evaluation and impact assessment of the Strategy. The Committee agreed that these issues should be prioritised and addressed in the next phase of the implementation.

Mr Oliver advised that carers support had been enhanced by establishing a Carers Development Group, and that the slippage money from the Connector role had been redirected to projects directly supporting individuals living with dementia and their carers.

Approval has been received for the procurement process for the Dementia Well-Being Connector service, which will run for six months and conclude at the end of the financial year. The service will provide personalised support and advice to people with dementia and their carers, and link them to community resources and networks. Mr Oliver indicated that the funding for the Connector service had resulted from refunding existing contracts, and that the funding commitment is in the sum of £408,000 for three years, with a further two year option at that level. This amounts to 20% of anticipated demand and includes £114,000 from the Mental Health and Learning Disability Service. Mr Oliver indicated that the Dementia Programme is on track to deliver the allocated budget for this year.

Mr Oliver acknowledged the work of five work streams aiming to improve the quality of life and care for people living with dementia and their carers.as follows:

1: Community Engagement
This work stream involves raising awareness and understanding of dementia in the community, as well as providing information and support to people affected by the condition, such as dementia cafes, memory walks, and peer support groups.

2: People and Carers Programme
This work stream focuses on enhancing the assessment and diagnosis of dementia, as well as providing personalised care and support plans for people living with dementia and their carers. Mr Oliver highlighted the role of memory assessments, which are undertaken by multidisciplinary teams offering comprehensive and holistic assessments for individuals with suspected or confirmed dementia.

3: Dementia for Work
This work stream aims to improve the employment prospects and well-being of people living with dementia and their carers, by offering advice, guidance, and training on how to manage the condition in the workplace. Mr Oliver referenced Well-Being Coordinators, who are professionals offering help and support to people with dementia and their carers to access the services and resources they need to maintain their well-being and independence.

4: Dementia Friendly Hospital Charter
This work stream seeks to ensure that individuals living with dementia and their carers receive high-quality and compassionate care when they are

	admitted to hospital, by implementing the Dementia Friendly Hospital Charter, which is a set of standards and recommendations for improving the hospital environment and the staff's skills and attitudes towards dementia, such as introducing dementia champions, dementia buddies, and dementia signage. 5A; Workforce Development This work stream aims to enhance the knowledge and skills of the health and social care workforce supporting people living with dementia and their carers, by outlining a workforce development plan and delivering the model and foundations for dementia training, which are evidence-based and person-centred training programmes for different levels of staff. 5B: Measurement of the Delivery and Impact of the Dementia Programme The workstream uses quantitative and qualitative data and involving carers as co-researchers to measure delivery and record impacts. The Committee discussed the challenges and opportunities of the Hospital Charter, which aims to improve the quality of care and experience for individuals with dementia and their carers in acute settings. Mr Oliver advised that Bronglais Hospital had made progress in implementing the Charter, but that the other hospitals had been slower to adopt it. He indicated that the senior Nursing and Midwifery team should take the lead in driving the Charter forward, and that SDODC should monitor the outcomes and feedback. Dr Ardiana Gjini suggested that the Dementia Strategy should include a section on prevention, as there is evidence that some interventions can reduce the risk of dementia, such as physical activity and healthy eating. She also recommended that the Strategy should address the inequities in dementia care and the opportunities to make every contact count for early diagnosis and intervention. Mr Oliver agreed to feed back these suggestions to the Strategy team and to consider them for the action plan for next year. Dr Gjini agreed to link Mr Oliver with a Public Health colleague to progress this work.	**AG**
	The Strategic Development and Operational Delivery Committee: • **RECEIVED ASSURANCE** from this report on the status of the Regional Dementia Strategy and Programme, and the governance and plans in place to assure its delivery in line with the All-Wales Dementia Care Pathway of Standards	

SDODC (23)115	**PALLIATIVE CARE STRATEGY**	
	Ms Paterson introduced the Palliative Care Strategy. Mr Peter Skitt presented an update on the progress of the strategy work for Palliative Care, which aims to create a single team across the Hywel Dda region. He acknowledged that progress had been slow due to resource availability and the complexity of the service provision. He also advised that a review of procurement is underway, which involves a large number of contracts with third sector organisations. He reported that a cross county meeting has been established with Health Board teams and third sector representatives to facilitate the service development. Mr Skitt noted that the procurement process and the tendering of contracts will require some assistance and support for the third sector organisations, as some may not have the capacity to respond. Mr Skitt emphasised that the Strategy had highlighted the need for a dedicated leadership for the regional team and that the main challenge is the lack of a dedicated leader for the Palliative Care service, which affects the pace and	

resources of the work. The recruitment of this role has been delayed due to financial and resource constraints. Mr Carruthers and Ms Paterson had previously agreed to liaise on recruitment of this role and to report on the progress and constraints.

Mr Skitt indicated that the main opportunity is to examine the operational structures and align them with the Palliative Care Strategy, which has been developed and approved by the organisation. The Strategy has gained more acceptance from clinical teams, who are showing more interest and involvement in the palliative care work. Another opportunity is to develop a central team that can improve cross-communication between specialties and areas, which is a key factor in addressing complaints and issues related to Palliative Care. The central team will have a clear and consistent approach to palliative care across the organisation. A third opportunity is to share the learning and best practices from the National Palliative Care Conference, where the team has presented papers and learned from other areas that are pursuing similar goals. The conference has provided valuable insights and feedback for the palliative care work.

Mr Skitt indicated that the National Strategy for Palliative Care is under development and the Health Board is aiming to ensure alignment with it. He explained that the Strategy is expected to be published in the upcoming months and that the service is working closely with the national team to provide feedback and input. He also indicated that the strategy will have implications for the service delivery model, workforce development, and the funding allocation.

Ms Paterson stressed the importance of the clinical trial and pilot of the Three Counties model, which is crucial to address the challenges of sickness and staffing within individual teams. She indicated that the project aims to create a more integrated and flexible service across the three counties. The project is currently in the recruitment phase and will start in January 2024. Ms Paterson also highlighted the potential benefits of the model, such as improved access, continuity, and quality of care for patients and families. She advised that Consultants offer advice to secondary care beds, despite not having their own beds. She also indicated that Consultants play a vital role in providing specialist palliative care advice to patients who are admitted to secondary care beds, such as hospitals or nursing homes. She said that this role is often unrecognised and unsupported by the service and that there is a need to clarify the Consultants' responsibilities and expectations. Ms Paterson also suggested that the service should explore the possibility of having dedicated Palliative Care beds in the future.

Mr Skitt indicated that there is a dependency on finance for the creation of the triumvirate future operational structures (which will comprise a Lead Nurse, a Clinical Lead and a Service Delivery Manager) and timelines; and that this could impact the current ability to develop a regional service including where this service will be hosted in the future.

The Committee noted that the third sector component of the service is funded through Three Counties and Community and is subject to a tender for approximately £650k. Mr Skitt informed the meeting that the service relies on a number of third sector organisations, such as hospices and charities, to provide complementary palliative care services, such as bereavement support, respite care, and community outreach. Ms Paterson indicated that the funding for these

	services is going out to tender in the next few weeks. She also acknowledged that the providers vary in size and readiness and that they require support to respond to the tender effectively. She also indicated that the service will provide guidance and assistance to the providers as far as possible. Cllr R Evans enquired about the timeline for the publication and implementation of the National Strategy and the Health Board Strategy. He also asked how the service will ensure that the strategies are consistent and coherent. Mr Skitt advised that he will provide a more detailed update on the timeline and the alignment process at the next meeting. Cllr R Evans queried the cost implications and budget considerations for the Three Counties model and the third sector component. He asked how the service will manage the financial resources and risks associated with these projects. Mr Skitt agreed to prepare a comprehensive financial report and risk assessment for the next meeting. A question was raised about how the service can recognise and support the consultants' role and input, especially in relation to the secondary care beds. Ms Paterson agreed to draft a proposal for the consultants' role clarification and support and present it at the next meeting. A further question was raised about the criteria and expectations for the tender process and the providers. Mr Skitt and Ms Paterson will share the tender documents and the evaluation framework with providers as soon as possible and will also invite feedback on the tendering process. A question was raised about how the service can evaluate and monitor the quality and outcomes of palliative care across the three counties. Mr Skitt advised that a quality assurance and improvement plan and a performance measurement and reporting system for the service would be developed. In response to Cllr R Evans enquiry regarding timelines, Mr Skitt advised that issues regarding the internal workforce structure could be resolved during the structural realignment, while the tendering process was external and involved contracts with the third sector. He gave an overview of the procurement process and the rules and regulations that had to be followed. He also mentioned the meetings that were taking place with each provider to align the expectations and requirements. Mr Skitt confirmed that the £650k budget had already been allocated for existing contracts with the third sector. When asked about the challenges and restrictions of moving people between counties and the different situations that each county had with the third sector, Mr Skitt explained that the counties had developed their own relationships and arrangements with the third sector over the years, and that some of them were more flexible and collaborative than others. Cllr R Evans asked about the time scales for the Strategy and the tendering process and Mr Skitt conceded that the Strategy was slipping considerably due to his limited time and the need to meet with clinicians and other stakeholders. Dr Gjini noted that, as with the Dementia Strategy, neither she nor her Public Health colleagues had been involved in the Palliative Care Strategy; and stressed the importance of equity in Palliative Care and the needs of minority populations and homeless individuals.	**PS** **PS**
	The Strategic Development and Operational Delivery Committee: • **NOTED** the update on progress to date regarding the implementation of the PEOLC strategy.	

SDODC (23)116	**WELLBEING OF FUTURE GENERATIONS ACT ANNUAL REPORT**	
	Dr Ardiana Gjini presented the Wellbeing of Future Generations Act Annual Report, reviewing the eight objectives that were established in 2019 and remained consistent for 2020. She noted that some of the objectives, such as the contribution to low carbon emissions and green solutions, might have slower progress due to the prioritisation of work. Dr Gjini highlighted some of the achievements and challenges of each of the four overarching themes: • Workforce Planning Recruitment of international nurses and supporting their integration by Workforce colleagues, in particular Doctor Ali, a Ukrainian refugee, who was offered an opportunity to take a clinical attachment and contribute to the well-being of the community. • Collaborative Working and Integration Dr Gjini celebrated the successful partnership with the Moondance Foundation, which worked with secondary schools to raise awareness of cancer and encourage early detection. She also praised the integration of the professionals within the Ukrainian refugee population, who provided valuable services and support to the community. • Quality Improvement and Innovation Dr Gjini reported on progress in the Healthy Weight Healthy Wales programme, which aims to prevent and reduce obesity and promote physical activity and healthy eating. She gave examples of the work done by the programme such as early intervention, mapping workshops on food and physical activity, which will inform detailed action plans. She also referenced the Waiting List Initiative, a waiting list support service • Research and Development Dr Gjini updated the Committee on the research and development activities, such as clinical trials, publications, and grants. She also recognised the achievements and contributions of the researchers and the research assistants, who produced high-quality and impactful research. The Committee noted the collaboration with the three Public Service Boards (PSBs) and Dr Gjini encouraged further collaborative work to align the well-being objectives of the Health Board and the PSBs. Dr Gjini concluded by thanking Ms Megan Harris and Ms Anna Bird for their contributions to the Annual Report. Mrs Hardisty commended Dr Gjini and her colleagues on the Annual Report, noting that it is a comprehensive document that reflects the shared goals and priorities of the Public Service Boards in the region. She noted that there is an opportunity of establishing a regional PSB to enhance the efficiency and coordination of the work and avoid duplication, but not all Local Authorities are supportive of this idea. Mrs Hardisty also noted that the Well-Being of Future Generations agenda does not appear to have the same prominence at the national level as it used to, and the new Commissioner has not expressed interest in visiting the region. Dr Gjini expressed a desire to address these issues.	
	The Strategic Development and Operational Delivery Committee: • **APPROVED** for publication HDdUHB's Well-being Objectives Annual Report for the period 1 April 2022 – 31 March 2023.	

	• **APPROVED** the existing eight well-being objectives as continuing to be relevant to the Health Board for the next five-year period, aligning with the PSB Well-being Plan cycle.	

SDODC (23)117	**REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) PLANKS: UPDATE**	
	Mr Rob Elliott presented the Reinforced Autoclaved Aerated Concrete (RAAC) Planks: Update, reporting that the HDdUHB response is robust, corrective actions are underway, access controls are in place, and local operational management is strong. He confirmed that the allocation of £12.8m from Welsh Government across two years is proceeding to plan, with a minor correction on the table for 2024-25. Mr Elliott indicated that the progress of Ward 11 has been accelerated and will be completed before Christmas, leaving only Wards 8 and 10 for the next financial year. He also indicated that he is working with the General Managers and the Service Managers at Withybush Hospital to align the survey and remediation timelines with the priorities for the remaining programme. Mr Elliott emphasised that the programme is not removing any planks, but only repairing the red and amber ones that pose high vertical or horizontal risk. He indicated that the green planks will remain for future monitoring on a 12-month basis, and that the structural engineers have advised that further deterioration is expected. There is a separate piece of work on RAAC in Community premises, which is expected to be completed by the end of December, and that WG may extend it to optometrist and pharmacy premises. Cllr R Evans enquired about the funding arrangements for the RAAC programme, and whether WG is paying promptly. Mr. Elliott confirmed that the allocation for this year is available, and that it can be drawn down as needed via the Health Board's financial transaction. He indicated that WG receive regular feedback on the programme and that there is a slight reduction in the figures, but that this is manageable. In response to Cllr R Evans question, Mr Elliott confirmed that the temporary kitchen project is on track and will be completed by early December. This will allow the hospital to resume the traditional cooking of food and the utilisation of the dining room, which will improve the quality of service and the satisfaction of the staff and patients. He confirmed that the main kitchen is one of the most challenging areas to work on RAAC, due to the complexity of the plant and extraction units in the ceiling void. The main kitchen will undergo a thorough survey and remediation in the next financial year, following the best practices and the safety standards. The green planks in the kitchen are considered safe and stable but will remain under close monitoring and inspection on an annual basis. The loading restrictions on the planks will be reinforced and communicated to the relevant staff. Mr Elliott confirmed that the hospital has received adequate funding for the RAAC work and the Committee noted that the RAAC work is essential for the maintenance and the improvement of the hospital infrastructure and the delivery of the health care services. Cllr R Evans asked if the allocated money was sufficient to cover the costs of the programme and if it could be carried forward to the next year in case of	

	underspending. Mr Elliott confirmed that WG had been very supportive and had offered more money if needed to accelerate the programme in the current year. He stated that the programme was on track and he expected it to be delivered within the budget. However, he noted that the surveys of the areas to be refurbished from 1 April 2024 onwards had not yet been undertaken and that the level of remediation required could vary depending on the findings.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** the above report. • **NOTED** temporary propping of areas, where possible, to allow clinical services to continue. • **NOTED** the support funding from Welsh Government for the 2023/24 and 2024/25 Financial Year. • **NOTED** the ongoing surveys of Reinforced Autoclaved Aerated Concrete Planks areas in the future and the expectation of further deterioration and further investment being necessary. • **NOTED** that further updates will be presented at future Strategic Development and Operational Delivery Committee meetings.	

SDODC (23)118	**ESTATES PROPERTY STRATEGY**	
	Mr Elliott introduced the Estates Property Strategy, which is an update on the Major Infrastructure Business Continuity Plan. He confirmed that the report has been in production in various forms since 2019, and that it is important to consider the background of the plan; and highlighted two elements to note: the current age and condition of the estate, and the timeline that HDdUHB will be required to use the estate. Mr Elliott indicated that Glangwili Hospital is 70 years old, and that the core blocks, which contain most of the heavy infrastructure, such as the main theatre plant and facilities, are also 70 years old. He said that the wards are slightly younger, but still old. Mr Elliott indicated that the backlog of maintenance and repairs across the estate amounts to £137m, and that the best way to measure the condition of the estate is by walking the estate and visiting the departments. He said that he observes more regularly the increasingly frequent disruptions that the Health Board faces due to roof leaks, breakdowns, infrastructure failures, and that he fears that this will only worsen in the future. Mr Elliott's second point was that the timeline for the repurposing of the estate is very long and uncertain, with the most optimistic scenario being 2031 in relation to the plans of the A Healthier Mid and West Wales Programme, which is subject to significant risks and delays. He indicated that the estate is not fit for purpose for the current and future needs of the population, and that the Health Board needs to plan for the transition to a new estate. Due to the deteriorating estate (which requires immediate investment to ensure compliance and safety), the quality of care and the staff and patient experience is compromised. Mr Elliott indicated that the original submission for the capital funding was approximately £500m, but had been reduced to £30m by Welsh Government. This is due to the constraints on the capital budget and the competing demands from other sectors and regions. He also indicated that the £30m programme will cover only the most critical projects and will provide a short-term solution. It will not address the underlying issues of the estate or the future needs of the service. An agreed list of projects has been developed with NHS Wales Shared Services Partnership (NWSSP) Estates colleagues and has been accepted by	

WG. These projects have been prioritised based on the urgency and the impact of the investment.

In response to Mrs Hardisty's enquiry regarding how much structural work can be undertaken on an old building, Mr Elliott indicated that the Health Board has identified a number of urgent priorities for improving the building condition which require a total investment of approximately £30m, including fire safety, water hygiene, asbestos management, electrical safety, and structural integrity. These issues pose a significant risk to the health and safety of staff, patients and visitors, as well as to the continuity of services.

Business cases have been submitted to WG for funding these urgent priorities, but no clear commitment or confirmation has been forthcoming. A meeting has been scheduled on 1 December 2023 with WG to discuss the next steps and the funding availability. Mr Elliott hopes to receive a positive response from them, as the Health Board has the endorsement of NWSSP technical colleagues, who are also attending the meeting. However, even if the funding for the urgent priorities is secured, this will only provide a two- or three-year time horizon of compliance. It will not address all the issues, and a substantial amount will still need to be invested in the future to allow HDdUHB to remain on their sites. Some of the buildings are very old and outdated, and they may not be feasible to repair or maintain in the long term.

The Committee noted that uncertainty and delay in the funding availability from WG hinders planning and implementation; the complexity and diversity of the sites require different solutions and approaches; and the impact of the building works on the service delivery and the patient experience may cause disruption and inconvenience; while the environmental and sustainability implications of the building works may increase HDdUHB's carbon footprint and energy consumption.

However, the Committee also noted the support and collaboration of NWSSP technical colleagues, who have expertise and experience in the field; the potential to align the building works with the strategic vision and the service transformation agenda, which may offer opportunities for innovation and improvement; and the possibility to engage with the staff, patients, and stakeholders, who may have valuable insights and feedback on the building condition and the service delivery.

Mr Elliott indicated that he was pessimistic about the situation at the hospital sites. He advised that the roof structures at Withybush Hospital were insecure and that a storm could cause significant damage and disrupt the theatre capacity for several weeks. He also mentioned that there were single points of failure in the electrical infrastructure at Prince Philip Hospital and that the brick work of the main stairway at Bronglais Hospital was cracked and required extensive scaffolding. He advised that the funding from WG would only cover the most critical interventions, such as securing the roof structures, the electrical system and the brick work, but not the comprehensive improvement of the facilities.

Mrs Hardisty enquired if there was a point when patching up the sites would become impossible or uneconomic, and if the Board should consider investing in a new building, as part of the AHWWW plan. She indicated that she would like to see the feedback from WG and decide on the best response.

	Mr Elliott advised that anything could be repaired, but the question was whether it was worth spending money on sites that were outdated and inefficient. He indicated that the Board should compare the costs and benefits of patching up the sites versus investing in a new building, and that he believed that the latter option would be more favourable. He said that the Board should consider making the case to WG that the AHMWW plan was while costly, was necessary and value for money, and that it would provide better services and outcomes for the population. Mr Carruthers indicated that neither option was adequate to address the emerging service and estate fragility and that a third option should be considered. The third option would involve undertaking interim work on the buildings and the service model to improve the agility and quality of the service, while waiting for WG's decision on the capital funding. He expressed his concern that the service and estate fragility might deteriorate over time and create a crisis situation if not addressed proactively. He acknowledged that he had not discussed this idea with Mr L Davies yet and invited his input. Mr Carruthers and Mr L Davies agreed to discuss the feasibility and implications of the third option. Mr L Davies concurred with Mr Carruthers's response that the configuration options were problematic because all facilities were old and required substantial investment. He proposed that the team should present the options to Welsh Government and demonstrate what they had considered. Mr Elliott verified that there had been a significant reduction in the expenditure for the next two to three years, but more investment would be needed beyond that. He stressed the need to communicate the risks to the Board in clear terms and what they could entail in different scenarios. Mr Elliott indicated the impact of these issues on his maintenance team, who have to prioritise urgent repairs and delay other planned maintenance tasks. He advised that these risks are part of the £130m infrastructure plan and are included on the risk register with multiples combined into a coordinated risk item to address the challenges. He advised that he would provide more information at the next Improvement Together session with the Executive team.	**AC/ LD**
	The Strategic Development and Operational Delivery Committee: • **NOTED** the work undertaken by the Health Board in providing regular submissions to Welsh Government to obtain urgent funding to manage key Estate risks • **NOTED** the current status of these submissions to Welsh Government • **NOTED** the significant Estate risk currently being managed • **NOTED** that further, formal reports will be developed as this programme progresses.	

SDODC (23)119	**A REGIONAL COLLABORATION FOR HEALTH (ARCH) PORTFOLIO UPDATE REPORT**	
	Mr L Davies introduced the A Regional Collaboration for Health (ARCH) Portfolio Update Report, indicating that the report provides an update on progress against the different areas of work, some of which had already been covered in the meeting. He invited the Committee to pose their questions via email.	

	The Strategic Development and Operational Delivery Committee: • **NOTED** the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.	

SDODC (23)120	**OPERATIONAL RISKS RELATED TO SDODC**	
	The Operational Risks related to SDODC report was introduced to members. • **Risk 1610:** Risk of being unable to meet the increasing demand for data and analytics within the Health Board due to limited capacity. • **Risk 1247:** Risk to service delivery due to lack of suitable office and storage space for the Nursing Quality and Patient Experience (NQPE) teams • **Risk 340:** Risk of business cases not being funded within required timescales due to pressure on Discretionary Capital • **Risk 1301:** Risk to delivery of Health Board objectives due to insufficient capacity and capability within the Planning Team Mr M Davies raised a question regarding the placement of Risk 1610, which pertains to the risk of not meeting the increasing demand for data and analytics in the Health Board. It was suggested that Risk 1610 might be more appropriately placed within the Strategic Risk Committee (SRC) due to its direct relevance to digital operations. Mrs Wilson indicated that the rationale behind its placement in the current committee was discussed, noting that it might have been linked to the IPAR, but it is more closely related to digital aspects. She agreed to reevaluate the placement of Risk 1610. The importance of scrutinising and reviewing the risks presented in the report was emphasised and no specific comments or discussions were made on the reported risks.	**JW**
	The Strategic Development and Operational Delivery Committee: • **REVIEWED** and **SCRUTINISED** the risks included within this report to **SEEK ASSURANCE** that all relevant controls and mitigating actions are in place. • **DISCUSSED** whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise.	

SDODC (23)121	**CORPORATE POLICIES**	
	There are no policies for approval.	

SDODC (23)122	**SDODC WORK PROGRAMME 2023/24**	
	The Strategic Development and Operational Delivery Committee work programme 2023/24 was received for information.	

SDODC (23)123	**MATTERS AND RISKS FOR ESCALATION TO BOARD**	
	The following Matters and Risks for Escalation to Board were identified:	

	Approval of the following: • Publication of HDdUHB's Well-being Objectives Annual Report for the period 1 April 2022 – 31 March 2023 • The existing eight well-being objectives as continuing to be relevant to the Health Board for the next five-year period, aligning with the Public Services Boards (PSB) Well-being Plan cycle Matters of Concern: • Orthopaedic waiting times and implications from regional waiting lists • Costs of delays awaiting a social worker • Risk to funding of SDEC from April 2024 and some Mental Health / Learning Disability services • Estate risks	

SDODC (23)124	**DATE AND TIME OF NEXT MEETING**	
	• 9.30am – 12.30pm, Thursday 21 December 2023 Hybrid: Ystwyth Board Room and Teams	