GIG CYMRU NHS WALES | 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, 27th June 2022 9.30am – 12.30pm
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Ms Anna Lewis, Independent Member (VC) Professor John Gammon, 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) Ms Alison Shakeshaft, Director of Therapies and Health Science (VC) Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care (VC) Dr Jo McCarthy, Deputy Director of Public Health (VC) Mr Keith Jones, Director of Scheduled Care (VC) Mr Philip Jones, Audit Wales (VC) Ms Sally Hurman, Committee Services Officer **Items SDODC(22)59 and SDODC(22)60**: Ms Bethan Lewis, Interim Assistant Director of Public Health (VC) Ms Bethan Andrews, Service Delivery Manager (VC) **Items SDODC (22)63 and SDODC(22)65**: Mr Paul Williams, Assistant Director of Strategic Planning (VC)

Agenda Item		**Action**
SDODC (22) 49	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	
	The Chair, Mr Maynard Davies opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC). The following apologies for absence were noted: Mrs Joanne Wilson, Board Secretary Mr Andrew Carruthers, Director of Operations (represented by Mr Keith Jones) Mr M Davies confirmed the meeting as quorate. It was noted Cllr Gareth John's resignation had left a vacancy on SDODC for Vice-Chair. Mrs Joanne Wilson, Board Secretary, has matters in hand to appoint a Vice-Chair.	**JW/ MD**

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	Mr M Davies expressed the sadness of SDODC at the loss of Ros Jervis, Director of Public Health, who died recently. It was noted that this was Professor John Gammon's last meeting after eight years of service to Hywel Dda University Health Board (HDdUHB) (and eight years prior to that with Carmarthenshire NHS Trust). Mr M Davies thanked Professor Gammon warmly for his valued contributions to business over a long period of time stating that he will be missed very much.	
SDODC (22) 50	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
SDODC (22) 51	**MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 28TH APRIL 2022**	
	It was **RESOLVED** that the minutes of the SDODC meeting held on 28th April 2022 be **APPROVED** as an accurate record of proceedings. There were no matters arising.	
SDODC (22) 52	**TABLE OF ACTIONS FROM THE MEETING HELD ON 28 APRIL 2022**	
	An update was provided on the Table of Actions from the meeting held on 28th April 2022, with confirmation that the outstanding action (SDODC(22)37) will be progressed when the evaluation report of the existing family centres is received.	**RD**
SDODC (22) 53	**ANNUAL REVIEW OF THE SDODC TERMS OF REFERENCE**	
	The Strategic Development and Operational Delivery Committee RECEIVED the SDODC Terms of Reference for annual review. Professor Gammon stated that paragraph 3.13 refers to quality and safety matters being referred to the Quality, Safety and Experience Committee (QSEC) and vice versa and paragraph 3.14 refers to matters which impact on data quality and data accuracy being referred to the Sustainable Resources Committee (SRC) and vice versa; he suggested, and it was **APPROVED,** that an additional paragraph be incorporated at 3.15 stating "any matters that impact on workforce, education or training should be referred to People Organisational Development and Culture Committee". Paragraphs thereafter to be renumbered. Professor Gammon undertook to forward wording to the Committee Services Officer (CSO) who will action as appropriate. Mr M Davies referred to paragraph 2.5 "Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed"; Mr M Davies has not seen a report on data accuracy and suggested this is built into the annual workplan. Mr Huw Thomas and Mr M Davies undertook to follow-up on discussion outside of the meeting and Mr Thomas will raise with SRC and the Audit and Risk Assurance Committee (ARAC) which should provide assurance to SDODC and he will report back to SDODC.	**JG/SH** **SH** **MD/HT**

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	With regard to Appendix 1 of the Terms of Reference, Mr Lee Davies drew attention to the considerable number of Planning Objectives aligned to SDODC. It was noted that the workplan reflects this and updates are received on an ongoing basis. Mrs Anna Lewis suggested and it was **APPROVED** that a representative of the Department of Public Health be formally included in the 'In Attendance' section of the Terms of Reference. Sally Hurman undertook to take appropriate action.	**SH**
	The Strategic Development and Operational Delivery Committee **APROVED** the SDODC Terms of Reference subject to the agreed amendments and Board approval at the meeting on 28 July 2022.	
SDODC (22) 54	**SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS: PROCESS**	
	The Committee received the Self-Assessment of Committee Effectiveness: Process. Mr M Davies welcomed queries, suggestions and amendments to the process template. Professor Gammon appraised the meeting of the conversation at the People, Organisational Development and Culture Committee (PODCC) regarding the questionnaire and low completion rate. It had been suggested that this should be discussed further at the Committee Chairs' meeting in order to more fully understand the self-assessment process and perhaps revise the questionnaire to become more user-friendly. However, it was noted that the questionnaire, as circulated, will be used to reflect on previous 12 months. Mr M Davies undertook to inform the Committee Chairs' meeting regarding the comments in that the questionnaire, as is, is not straightforward and therefore not easy to complete.	**MD**
	The Strategic Development and Operational Delivery Committee **CONSIDERED** the proposed Self-assessment Questionnaire Template and **SUPPORTED** its use.	
SDODC (22) 55	**CORPORATE RISKS ALLOCATED TO SDODC**	
	The Strategic and Operational Delivery Committee received the Corporate Risks Allocated to SDODC report. Mr Keith Jones referred to the two risks highlighted in the report and confirmed both had been brought up-to-date to reflect the position this year, ie risk 1315 regarding the cancer pathway and pressure on diagnostic capacity and risk 1407 regarding delivery of planned care services as set out in the Annual Recovery Plan.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** that: • All identified controls are in place and working effectively.	

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	• All planned actions will be implemented within stated timescales which will reduce the risk further and/or mitigate the impact, if the risk materialises.	

SDODC (22) 56	**OPERATIONAL RISKS ALLOCATED TO SDODC**	
	The Strategic Development and Operational Delivery Committee received the operational risks allocated to the Committee. Mr L Davies referred to the two highlighted risks: risk 1126 (Women & Children Phase II Project Risk) which the relevant committee is very aware of and risk 1301 (Strategic Planning Resource and Capacity) which had been taken to ARAC, confirming that both had been refreshed and brought up to date. He referred to the programme business case and added that internal organisation was under review, specifically in relation to commissioning and will update SDODC at the next meeting.	**LD**
	The Strategic Development and Operational Delivery Committee reviewed and scrutinised the operational risks allocated and **RECEIVED ASSURANCE** that: • All relevant controls and mitigating actions are in place. • Planned action will be implemented within stated timescales which will reduce the risk further and/ or mitigate the impact, should the risk materialise.	

SDODC (22) 57	**INTEGRATED PERFORMANCE ASSURANCE REPORT**	
	Mr Thomas presented the Integrated Performance Assurance Report (IPAR) highlighting key improvement and reporting measures which show the key issues and drivers that are impacting performance, ie, staff shortages, ambulance conveyance rates and the challenge on patient flow. Demand is clearly increasing particularly in mental health services and patient acuity. Mr Thomas added that there are number of initiatives that have been taken in response, some of which have had an impact on performance and some of which are masked by other issues. Ms A Lewis raised a query regarding the metric around the percentage of patients starting their first definitive cancer treatment within 62 days; noting that what is not evident is the data showing first treatments on day 63 and thereafter and where, therefore, by how much the performance targets are not being met. Ms A Lewis also expressed concern that with sites being used flexibly to maximise capacity, whether this impacted patients' access to services that are not necessarily 'local' and therefore patients declining appointments and, in this regard, whether it would be possible to consider transport arrangements for patients who are struggling to access these services. Ms A Lewis also requested reassurance that, whilst acknowledging limited capacity, patients are being treated according to clinical priority and whether the data can demonstrate this. In response, Mr Thomas responded that the IPAR team is grappling with data to measure impact and better describe the counterfactual trends. In terms of the 62 days target, the data does not show the actual day of first treatment but	

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	does show achievements on target. Mr Thomas undertook to discuss this further with Mr K Jones and report back.	**HT/KJ**
	Mr K Jones stated that there is a wealth of data available at operational level, including data from other dashboards, which enable a much deeper level of scrutiny of individual pathways ie, the diagnostic phase, treatment phase, etc. He added that in terms of the single cancer pathway, it does not take account of exclusions and exceptions due to patient availability or the patient's wish to take up either a diagnostic or a treatment solution in a particular location, therefore, under current reporting metrics, all data is included which may show some very lengthy wait times. Mr K Jones offered to meet with Ms A Lewis outside of the meeting to go through the data for cancer wait times in detail.	**AL/KJ**
	In terms of flexible access to care services in respective locations, Mr K Jones stated that there is no overarching approach to providing patient transport to every delivery location. Ms A Lewis expressed her concern that access to services needs to be fair throughout the population, recognising that HDdUHB is rural, she did not want to see clinical capacity compromised if it depends on a patient's ability to travel to service delivery locations. Mr Thomas undertook to pursue transport options and the possibility of using the volunteer driver framework with Mr Gareth Skye, Transport and Sustainable Travel Manager, and report back.	**HT**
	Professor Gammon noted the positive improvement in respect of staff sickness (5.8%) which is significantly better than many other Health Boards and acknowledged that whatever action is being taken to support and engage staff is clearly having a positive impact. He requested further information on the extent of the impact patient acuity is having on the quality of performance, noting that it has increased significantly and referred specifically to endoscopy. He also enquired about the waiting times for therapies which are continuously failing to meet targets (with the exception of dietetics and audiology). Mr Thomas suggested deferring this matter to Ms Alison Shakeshaft as the executive lead on therapies in view of the work being undertaken on the review of emergency care. This issue also needs to be considered by the Quality, Safety and Experience Committee (QSEC) in order to better understand and assess the multifactorial drivers of acuity. Mr Thomas undertook to pursue with Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience.	**HT**
	Mr K Jones referred to endoscopy and therapies, noting that pre-pandemic, the Health Board was meeting national targets (eights week for endoscopy and 14 weeks for therapies), albeit with supplementary capacity in those services. A significant backlog has, of course, been created over the last two years and the service needs to deliver circa 6000 diagnostic endoscopy investigations over the next 18 months to bring the service back to a sustainable level, whilst acknowledging the need to supplement and increase existing capacity to be able to meet the eight weeks target by March 2024. This matter is also deferred to await Ms Shakeshaft's attendance.	
	It was noted that three new Referral to Treatment (RTT) measures had been included in the IPAR.	
	Mr M Davies confirmed that an action had been taken at the Board Seminar on 16th June 2022 for SDODC to look at three of the indicators from mental health	

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	and learning disability and he undertook to incorporate into the workplan for the October 2022 meeting and discuss with Mr L Davies who will ensure provision of the report. In summary, Mr M Davies stated that the figures as presented do not look encouraging and it is difficult to see how they can be improved given the difficulty with capacity and limited workforce resources unless new ways of working are investigated for the workforce, technology and service design.	**MD/LC /SH**
	The Strategic Development and Operational Delivery Committee **CONSIDERED** the measures from the Integrated Performance Assurance Report. There were no issues to escalate to the July 2022 Public Board meeting.	
SDODC (22) 58	**RECOVERY PLANNING REPORT (POST-LIGHTFOOT)**	
	The Strategic Development and Operational Delivery Committee received the Recovery Planning (Post-Lightfoot) slide presentation. Mr L Davies advised that an update to the Board Seminar on 16 June 2022. Mr L Davies reminded the meeting that pre-COVID-19 there was a gradual increase in admissions which increased activity for planned care, this changed considerably during and as a result of the pandemic, and the backlog demand for services is being closely monitored. Referrals have recovered more quickly than HDdUHB services activity which creates pressure on the system through an increase in demand. However, work has been undertaken on pathways managing the interface between primary and secondary care to better manage the situation but waiting lists for services are impacted and there is a lot of work to do to achieve the 104 weeks target to deal with those patients on the waiting list pre-COVID-19. A number of Ministerial Measures and targets for planned care have been issued recently which were covered in detail at Board Seminar. The two priorities for HDdUHB are: 1: No one waiting longer than a year for their first outpatient appointment by the end of 2022. 2: Eliminate the number of people waiting longer than two years in most specialities by March 2023. *Mr L Davies left the meeting* Mr K Jones continued that potentially, there could be tension between these dual objectives of length of wait and the clinical prioritisation which needs to be very effectively managed to increase activity and capacity levels to the maximum possible extent and to achieve transformational change and new approaches to care delivery. Trajectories have been submitted to Welsh Government (WG). There will now be detailed discussions between HDdUHB and WG individually and also collectively with Health Boards to assess the data and the position across Wales. HDdUHB needs to increase its activity in order to reduce the volume of	

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patients from waiting lists. There are plans to increase capacity by end of June 2022 and also further supplement and expand capacity by a transformational approach to the new SoS/PIFU (See on Symptom/Patient Initiated Follow-Up) approaches with alternative ways of following up demand. It is anticipated that theatre capacity will not recover to pre-COVID-19 levels as a result of workforce issues particularly theatre and anaesthetic staffing resources.

With regard to the outpatient 52 weeks target to be achieved by December 2022, the plan shows a degree of confidence in achieving this target. It is envisaged that there will be a circa 5,000 patient gap which reflects a 5% improvement. In terms of the 104 weeks target which should be achieved in March 2023, the current delivery plan demonstrates a gap of circa 4,000 patients. External markets are being scoped for additional, independent sector capacity.

Achieving these targets is dependent upon continued provision for inpatient orthopaedic services through Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH) and the opening of the new model unit in PPH.

Ms Shakeshaft joined the meeting.

In terms of risk, workforce capacity is a key risk and efforts are continuously being made to recruit as well as using supplementary additional capacity from the independent sector.

Mr L Davies re-joined the meeting.

Professor Gammon enquired as to what the requirements are for all elements to be able to achieve targets and what the current situation is. He also enquired of the understanding of the modelling required to meet those targets and whether the model can easily be adjusted if only a certain percentage of the target is met. In addition, what increase is required in terms of therapists and how this workforce will be redesigned to meet the increased demand.

In response to the capacity question, Mr L Davies stated that modelling has been done based on assumptions. This will be refreshed to take account of wider issues for example variations in referral patterns, size of backlog, urgent demand. Mr L Davies undertook to share this refreshed model in the next Board meeting. **LD**

Mr K Jones agreed that the model is not straightforward to assess. The current plan will achieve 85% of target with the remaining 15% to be met possibly from an external source.

Ms Shakeshaft stated that there have been numerous conversations regarding therapy waiting lists and added that demand and capacity are tracked, recognising and mitigating the effects of pressures on service delivery (ie, diverting staff to other therapies where necessary). Ms Shakeshaft advised that some services have not been provided in Aberystwyth as a result of there being no accommodation for which a solution is being investigated.

To clarify his concern, Professor Gammon enquired of the additional capacity required in order to be able to achieve the target waiting times and what is being

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done within therapies to redesign the workforce (practitioners, associate practitioners, consultant practitioners, graduate practitioners) to deliver the services required.

Ms Shakeshaft undertook to speak with Mr Lance Reed, Clinical Director of Therapies, regarding the therapy waiting lists and the additional circumstances that have impacted over the last six months or so and the action being taken to mitigate and achieve pre-COVID-19 wait times. Ms Shakeshaft will report back. **AS**

Ms A Lewis acknowledged the continuously moving elements and the considerable number of interacting variables in a very complex system that make predictions very difficult and challenging. She added that perhaps the system traditionally used for assurance may not be quite fit for purpose in view of the degree of complexity that now presents.

Mr L Davies agreed that the level of variables makes predictability incredibly challenging and suggested that SDODC look at ultimate activity levels and waiting list outcomes in both planned and emergency care, which overlap. If both are going in the right direction, waiting times will improve under existing measures and there will be good progress.

Mr K Jones stated that at operational level every specialty has an established monitoring mechanism to track activity delivery and the impact of that against the total waiting list size, with outcomes on a monthly basis, providing deep dive data, if needed. Triggers will be very explicit if tensions begin to emerge which will be the key indicators for response in terms of mitigating solutions.

Ms A Lewis thanked Mr L Davies and Mr K Jones for their reassurance and asked that operational colleagues keep Board Members well informed along the journey to manage expectations, and to understand fully the complex interactions with the continued reporting against the measurement system and the narrative that reflects the degree of complexity.

Mr M Davies enquired as to the reason that referrals, although they have increased, have not yet reached the level of referrals pre-COVID-19. Mr L Davies responded that the reasons were not known, however, work is being undertaken on the pathways and the interface between primary and secondary care which means that referrals and demand will be managed in a different way.

Dr Jo McCarthy observed that it is impossible to take any aspect of healthcare at the moment on its own because the impact of the pandemic has changed health seeking behaviours and has widened inequalities. Dr McCarthy added that impacts in each element of the overall service cannot be seen in isolation.

Ms Jill Paterson stated that there has been a 25% increase in primary care activity and since the start of the pandemic there was concern regarding the late presentation of cancers. There was circa 48% reduction in referrals made from primary care into the cancer pathway. This was a real concern and had prompted work between the team and general practice. Meetings are currently taking place with political parties to raise issues around primary care access and the system. Challenges remain getting referrals through to all pathways,

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	however there are others which will be managed through different routes but still within a primary community setting. Mr M Davies referred to the statement made earlier to achieve 85% of the targets now and the intention to use external capacity to achieve the balance and asked if this has been costed. Mr Thomas responded that the team has been working on costing the variance. He added that HDdUHB has been allocated £21.7m to deal with planned care recovery. Work is being undertaken on producing a baseline budget which will be brought to Board when the Planned Care Recovery Plan is approved. There are decisions to be made in terms of outsourcing which will affect the deficit position however these will made cognisant of the risks and within the recovery pathway. These risks will be assessed globally and also pathway by pathway in order to understand the impact of the decisions made.	
	The Strategic Development and Operational Delivery Committee **NOTED** the Planned Care Improvement and Recovery update presentation.	
SDODC (22) 59	**STROKE SERVICE RE-DESIGN**	
	Ms Bethan Lewis and Ms Bethan Andrews joined the meeting. The Strategic Development and Operational Delivery Committee received the Stroke Service Re-Design update report. Ms Shakeshaft confirmed that the conversation about stroke redesign has restarted, specifically focusing on the Carmarthenshire area. It was noted that the Swansea Bay University Health Board (SBUHB) have reviewed their original decision and since confirmed that HDdUHB patients will be included in their Morriston hyper-acute stroke unit provision. The impact of this on the catchment area covered by the Morriston unit and the timeline will be raised at the first ARCH meeting on 28th June 2022 after which, work on the Carmarthenshire plan can recommence with an understanding of patient numbers and flows within the system re-design. Ms Shakeshaft confirmed that the entire pathway approach will be considered.	
	The Strategic Development and Operational Delivery Committee **NOTED** the Stroke Service Re-Design update.	
SDODC (22) 60	**COVID-19 MASS VACCINATION PROGRAMME: DELIVERY PLAN AUTUMN BOOSTER 2022/23**	
	The Strategic Development and Operational Delivery Committee received the COVID-19 Mass Vaccination Programme: Delivery Plan Autumn Booster 2022/23 update. Ms B Lewis confirmed that planning was underway for the COVID-19 autumn booster programme with interim guidance from the Joint Committee on Vaccination and Immunisation (JCVI) which could be delayed until early July pending trials with some of the variant vaccines. However, planning sits in line with the influenza vaccine. This is a transition year to align the COVID-19 and flu programmes going forward.	

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	Ms B Lewis confirmed that there were no issues regarding vaccine supply for influenza or COVID-19. The Moderna or Pfizer vaccines will be delivered between September and December 2022. Mr M Davies raised the issue of the risk as stated in the report . . .there is "likely to be significant (if not legal challenge) around flu provision from a General Medical Services (GMS) perspective if surge brought into Mass Vaccination Centres (MVC) delivery". Ms Paterson did not think a legal challenge was at all likely. Discussions had taken place last year regarding delivering the vaccine in a different way, partly due to general practitioners (GPs) having already ordered their stock with the possibility they may suffer financially. WG is offering two separate payments this year but in future, two vaccines will be delivered with only one payment. It was noted that 38 of the 48 GP practices have signed up to or express their interest in delivering COVID-19 vaccine. *Ms B Lewis and Ms Andrews left the meeting.*	
	The Strategic Development and Operational Delivery Committee **NOTED**: • The proposed delivery plan and the opportunity to transition the delivery of the COVID-19 vaccination programme with our existing flu programme. • The work underway to mitigate the risk to programme delivery of proposed approach and receive assurance from the control measures in place through recognition of the key enablers. • The proposed plan to respond to a request to surge vaccinate over the autumn/winter period considering the potential impact on existing acute and community services.	
SDODC (22) 61	**INTEGRATED PLAN FOR THE PERIOD 2022/23 – 2024/25**	
	The Strategic Development and Operational Delivery Committee received the Three-Year Plan for the period 2022/25 update report for submission to WG in the second quarter of 2022/23. Mr L Davies updated SDODC in that the update paper had been produced ahead of the refreshed plan being put to the July 2022 Board meeting. A draft three-year plan was presented to Board in March 2022 and was submitted to WG. The plan is now being finalised as an Integrated Medium-Term Plan within which will be an annual financial forecast. The report also provides an update on the communication from the Chief Executive NHS Wales regarding the deterioration of HDdUHB's financial position. The Three-Year plan had been discussed in detail at Board Seminar on 16th June 2022 covering three key areas: Planned Care Recovery Plan; Bed Plan and Emergency Care Plan; and the Financial Forecast.	
	The Strategic Development and Operational Delivery Committee **NOTED** the steps being taken to develop a Three-Year Plan for the period 2022/25 for submission to Welsh Government in the second quarter of 2022/23.	

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SDODC (22) 62	**PLANNING OBJECTIVES**	

	The Strategic Development and Operational Delivery Committee received the Planning Objectives Update and Quarterly Annual Plan 2021/22 Monitoring Return (Q4).
	
	Mr L Davies explained that the paper is part of the assurance process, bringing together all of the planning objectives aligned to SDODC with a Q4 update summary on delivery which enables SDODC to monitor tracked progress against planning objectives.
	
	It was noted that two planning objectives are behind target:
	• 4K regarding the approach to health inequalities; and
	• 5F regarding implementation of the Bronglais Hospital strategy over the coming three years.
	
	Mr L Davies stated that a mid-Wales Commissioning Group had been convened to support the Bronglais Hospital strategy.
	
	It was noted that five objectives are behind target in the Q4 Plan:
	• G1: Organisational development relationship plan roll out to mangers.
	• 2D: Clinical Education plan:
	  ◦ Establish an Integrated Education Governance Group (IEGG) to maintain a strategic overview of the Health Board's workforce, education and development opportunities.
	  ◦ Develop clinical governance around the development of the new roles, creating a toolkit for managers.
	• 3I: To implement contract reform in line with national guidance and timescales.
	• 4G: To Develop a local plan to deliver Healthy Weight: Healthy Wales and implement by March 2022.
	
	Mr M Davies requested that thanks be extended to Dr Daniel Warm for the quality of his paper.
		LD

	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE**: • On the current position regarding the progress of Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target and undertook to raise concerns where Planning Objectives are identified as behind in status and/or not achieving against key deliverables. • From the overarching progress and the mitigations/actions in place in the 2021/22 Annual Plan, to recover those actions noted as 'behind' which support Q4 of HDdUHB's 2021/22 Annual Recovery Plan.	

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SDODC (22) 63	**DISCRETIONARY CAPITAL PROGRAMME 2022/23**	
	Mr Paul Williams joined the meeting. The Strategic Development and Operational Delivery Committee received the Discretionary Capital Programme (DCP) 2022/23 and Capital Governance Update Report. Mr Williams stated that the report sets out baseline position for the year. He highlighted the following: • The discretionary capital programme for this year is set at £5.290m, a decrease on previous years. • A change around the major infrastructure programme business case following a message from WG that no money is allocated this year. • Significant imaging programme to run this year as part of a £12m development which is important given the backlog situation with some X-ray rooms, CTS (Computerised Tomography Scanner), MRIs **(**Magnetic Resonance Imaging Scanner)**.** • A contingency sum for the year of £400k. Operational decisions are awaited to identify priorities for this year's programme. In terms of governance, the key schemes are: • Cross Hands, the outline business case for which has been submitted to WG and feedback is awaited. • Fire Enforcement: Phase 2 Funding has been received from WG in the sum of £935k. Ms A Lewis referred to the PPH modular build enquiring as to the impact of delays on access and waiting times in terms of lost capacity (ie what does five weeks delay mean in terms of lost procedures). Mr Williams responded that they were still going through commissioning detail taking the delay into account and awaiting notification of the operational go live date. Mr K Jones confirmed that this had been factored into the recovery plan with operational level options being explored to mitigate any loss of activity by moving some staffing resource that would have been in the modular unit into some of the vacant PPH theatre sessions. The activity deficit is very much a live conversation and a plan emerging to mitigate the worst effect of the delay. Mr M Davies thanked Mr Williams for his report and the way he and his team manage the programme and asked that thanks are extended to his team.	**PW**
	The Strategic Development and Operational Delivery Committee **NOTED**: • The update on the Capital Programme for 2022/23 and the significant reduction in capital availability in 2022/23 both in DCP and All Wales Capital. • The Capital Governance update and the restating of the Cross Hands Scheme to a green rating.	

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SDODC (22) 64	**ARCH UPDATE**	
	The Strategic Development and Operational Delivery Committee received the Regional Collaboration for Health (ARCH) Portfolio Update Report which was taken as read. Mr L Davies stated that the report provides an overarching update on the significant programme of work with SBUHB and Swansea University capturing the overall position and the breadth of work.	
	The Strategic Development and Operational Delivery Committee **NOTED** the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.	
SDODC (22) 65	**CAPITAL SUB-COMMITTEE UPDATE REPORT**	
	The Strategic Development and Operational Delivery Committee received Capital Sub-Committee Update Report. Mr Williams highlighted the following: • The year-end position for the capital resource limit was delivered within £62k of the limit. • There are no outstanding recommendations for action on the capital audit tracker; all are on target. • With regard to the capital governance review the four items are being tracked to ensure they meet expectations in terms of timescales. • The Sub-Committee received a presentation from the Arts in Health Team on the positive work they do. There are opportunities for the team to get involved in capital schemes/projects for the benefit of patients and staff. *Mr Williams left the meeting.* Mr Thomas advised it prudent to note the significant increase in vesting arrangements at the end of 2021/22 due to supply issues. This will have to be a consideration in future when accepting WG allocations late in the year. Audit was content with the approach taken. Mr Thomas receives a weekly report showing the trajectory of what is outstanding; one area of concern being supply chain challenges which are causing delays. Mr Thomas undertook to include this in future in the Discretionary Capital Programme reports submitted to SDODC and SRC in order to be able to monitor the trail.	**HT**
	The Strategic Development and Operational Delivery Committee received the **NOTED** the Capital Sub-Committee Update Report.	
SDODC (22) 66	**CORPORATE POLICIES**	
	There are no policies to receive.	
SDODC (22) 67	**SDODC WORKPLAN 2022/23**	
	The Strategic Development and Operational Delivery Committee workplan 2022/23 was received for information.	

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	Mr M Davies undertook to review the Workplan to ensure that all Planning Objectives aligned to SDODC are recorded in the Workplan for scrutiny and reporting. He asked that the Review of Mental Health and Learning Disability targets was added to the Workplan for the October 2022 meeting. A Data Accuracy report to be incorporated into the Workplan (see SDODC (22) 53 above).	**MD/LD /SH**
SDODC (22) 68	**ANY OTHER BUSINESS**	
	Mr M Davies undertook to make a decision at the agenda setting meeting on Tuesday, 5th July 2022 as to whether the August SDODC meeting should take place remotely or in person or a mix of both, taking into consideration the extent of COVID-19 at that time.	**MD**
SDODC (22) 69	**MATTERS FOR ESCALATION TO BOARD**	
	The following matters were noted for escalation to the July 2022 Board: • Resignation of Councillor Gareth John and the need to appoint to the role of SDODC Vice-Chair. • Board to note the formal inclusion of a representative of the Department of Public Health in SDODC Terms of Reference (SDODC (22) 53 above). • Inter-Board/Committee reporting/referencing and consistency across committees (for example, quality and safety matters for SDODC also being reported to QSEC and matters impacting workforce, education or training also being referred to PODCC). An additional paragraph be incorporated in SDODC Terms of Reference at 1.15 stating "any matters that impact on workforce, education or training should be referred to People Organisational Development and Culture Committee". Paragraphs thereafter to be renumbered (SDODC (22) 53 above). • Automatic reporting to QSEC and Board of red/25 risks.	**MD**
SDODC (22) 70	**DATE AND TIME OF NEXT MEETING**	
	Thursday, 25 August 2022 09:30 to 12:30	

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