

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

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| <b>Date and Time of Meeting:</b> | Thursday 28 <sup>th</sup> April 2022 0930 - 1230                                  |
| <b>Venue:</b>                    | Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams |

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| <b>Present:</b>      | Mr Maynard Davies, Independent Member (Committee Chair) (VC)<br>Ms Anna Lewis, Independent Member (VC)<br>Professor John Gammon, Independent Member (VC)   |
| <b>In Attendance</b> | Mr Lee Davies, Director of Strategic Development & Operational Planning (SDODC Executive Lead) (VC) (part)<br>Professor Philip Kloer, Deputy CEO / Medical Director (VC)<br>Mr Andrew Carruthers, Director of Operations (VC) (part)<br>Mr Huw Thomas, Director of Finance (VC) (part)<br>Mrs Joanne Wilson, Board Secretary (VC)<br>Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care (VC) (part)<br>Dr Jo McCarthy, Deputy Director of Public Health (VC) (part)<br>Mr Paul Williams, Assistant Director of Strategic Planning (VC) (part)<br>Mr Keith Jones, Director of Scheduled Care (VC) (part)<br>Ms Rhian Dawson, Integrated System Director Carmarthenshire (VC) (part)<br>Ms Anna Bird, Assistant Director Strategic Partnerships, Diversity & Inclusion (VC) (part)<br>Ms Jenny Pugh-Jones, Clinical Director of Pharmacy and Medicines Management (VC) (part)<br>Mr Phil Jones, Audit Wales (VC)<br>Mr Peter Elliott, NWSSP Finance (VC) (part)<br>Mr Thomas Sherman, NWSSP Finance (VC) (part)<br>Mr Andrew Hopkins, Capital Programme Manager (VC) (part)<br>Ms Karen Richardson Corporate & Partnership Governance Officer, Secretariat |

| <b>Agenda Item</b>  |   | <b>Action</b> |
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| <b>SDODC (22)27</b> | <b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>  |               |
|                     | The Chair, Mr Maynard Davies opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC).                           |               |
|                     | The following apologies for absence were noted: <ul style="list-style-type: none"> <li>• Councillor Gareth John, Independent Member (Committee Vice-Chair)</li> </ul> |               |

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| SDODC<br>(22)28 | <b>DECLARATIONS OF INTEREST</b>   |                                   |
|                 | Professor John Gammon declared an interest in item SDODC (22)40: Pentre Awel, given his involvement in leading the Pentre Awel project on behalf of Swansea University.   |                                   |
| SDODC<br>(22)29 | <b>MINUTES AND MATTERS ARISING FROM MEETING HELD ON 24<sup>TH</sup> FEBRUARY 2022</b>   |                                   |
|                 | <b>RESOLVED</b> – that the minutes of the SDODC meeting held on 24 <sup>th</sup> February 2022 be <b>APPROVED</b> as an accurate record of proceedings.   |                                   |
| SDODC<br>(22)30 | <b>TABLE OF ACTIONS FROM MEETING HELD ON 24<sup>TH</sup> FEBRUARY 2022</b>  |                                   |
|                 | <p>An update was provided on the Table of Actions from the meeting held on 24<sup>th</sup> February 2022, with the following noted:</p> <ul style="list-style-type: none"> <li>• <b>SDODC22(09) Stroke Services Re-design:</b> Prof. Gammon requested an update with regard to subsequent concerns raised during discussions at the previous SDODC meeting regarding stroke services redesign. In response, Mrs Joanne Wilson agreed to request an update from the Director of Therapies and Health Science. Mr Maynard Davies requested that a report on Stroke Services Re-design be presented to the next SDODC in June 2022.</li> </ul> | <p><b>JW</b><br/><b>KR/AS</b></p> |
| SDODC<br>(22)31 | <b>STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE ANNUAL ASSURANCE REPORT 2021/22</b>   |                                   |
|                 | Members received the Strategic Development and Operational Delivery Committee Annual Assurance Report 2021/22 for endorsement, prior to submission to Board.  |                                   |
|                 | Mr Davies commended the comprehensive report and expressed thanks to the Corporate Governance Team for collating and summarising the main achievements, since the Committee was established in July 2021.   |                                   |
|                 | The Strategic Development and Operational Delivery Committee <b>ENDORSED</b> the Strategic Development and Operational Delivery Committee Annual Report 2021/22 for onward submission to Board.   |                                   |
| SDODC<br>(22)32 | <b>MATTER OF APPROVAL VIA CHAIRS ACTION - RISK MANAGEMENT STRATEGY &amp; RISK MANAGEMENT FRAMEWORK</b>  |                                   |
|                 | The Committee received the Risk Management Strategy and Risk Management Framework to ratify the Chairs Action.  |                                   |
|                 | Mrs Wilson advised Members that the Risk Management Framework has been updated and will be presented to the Committee at a future meeting in  |                                   |

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|  | order to provide a level of assurance on the plans to engage with the Board during the summer in terms of agreeing a risk appetite moving forward. |  |
|  | The Strategic Development and Operational Delivery Committee <b>RATIFIED</b> the Chairs Action.  |  |

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| <b>SDODC (22)33</b> | <b>PERFORMANCE UPDATE FOR HYWEL DDA UNIVERSITY HEALTH BOARD (HDDUHB) – MONTH 12 2021/22</b>  |  |
|                     | <p>The Committee received the Performance Update for Hywel Dda University Health Board (HDdUHB) – Month 12 2021/22.</p> <p>Mr Huw Thomas advised that the report only includes a high level overview, reminding Members that further detail is available via the Integrated Performance Assurance Report (IPAR) dashboard. Mr Thomas outlined the key initiatives and the impact of outsourcing certain services, stating that challenges remain in terms of patient flow and staffing deficits. Mr Thomas emphasised the correlation between an increase in patient acuity since March 2020, and patient flow challenges.</p> <p><i>Mr Andrew Carruthers joined the Committee meeting.</i></p> <p>Mr Thomas highlighted the following improvements:</p> <ul style="list-style-type: none"> <li>• Crude hospital mortality rates, which is at the lowest reported rate since 2019,</li> <li>• Delayed follow ups are showing continued improvement, with performance below the lower control limit,</li> <li>• Patient experience measures have improved significantly across a number of specialities, with the exception of Unscheduled Care (USC), where the patient experience measure has recorded the lowest performance in 5 years.</li> </ul> <p>In terms of declining and concerning measures:</p> <ul style="list-style-type: none"> <li>• Referral to treatment (RTT), with increasing numbers of patients waiting over 36 weeks;</li> <li>• Cancer, with the percentage of patients commencing their treatment below the lower control limit;</li> <li>• Declining performance in Unscheduled Care, which has continued in March 2022;<br/>Urgent and Emergency Care challenges and delays for patients.</li> </ul> <p>Whilst accepting the complexities within the system, Ms Lewis commented that stability can be improvement, especially when further challenges are being mitigated. In acknowledging the connection between performance and patient experience, Ms Lewis emphasised the need for a whole system report, although accepted that this approach may be challenging to progress. In the interim, Ms Lewis enquired whether the Quality, Safety and Experience Committee should receive a similar report to review the impact of any delays</p> |  |

in treatment from a patient experience perspective. In response, Mr Andrew Carruthers reflected that this aligns to discussions with colleagues who recognise that any delays ultimately have an impact on patient experience. Mr Carruthers advised Members that there may be a natural progression to a whole system report given that Welsh Government (WG) has now requested this data for the monthly integrated planning, quality and delivery meetings. Whilst accepting this may be a challenge, this is one of the actions being taken forward by the operational teams following an urgent risk meeting this week.

*Mr Lee Davies joined the Committee meeting.*

Mr Thomas reminded Members of the development of a Quality and Safety dashboard, which should be completed by June 2022 and may be helpful in evaluating the impact on patient experience. In addition, patient reported outcome measures (PROMs) are being used in acute settings, which is another metric to monitor these. Members proposed that further discussions are held at the Committee Chairs meetings to agree the next steps.

**JW**

Prof. Gammon welcomed the improvements in mechanical thrombectomy (a technique to remove blood clots following a stroke), which has historically experienced challenges and commended the team for the improved trajectory.

Prof. Gammon understood that Mental Health Services have agreed interventions to improve performance and requested a timescale for these initiatives to be realised. Mr Carruthers advised that challenges in Mental Health Services are being experienced on a national basis and that a number of dynamics impact on the data. The transfer to the Patient Administration System for Wales (WPAS) is imminent, which will be a key improvement for forecasting demand and capacity. Mr Carruthers explained the complexities around forecasting waiting times in this area given that no two patients have the same interventions, however an indicative forecast should be available to share with WG within the next three to four weeks. Whilst on a positive note, new staff have been appointed to the Child & Adolescent Mental Health Services (CAMHS), recognising there may be a delay before staff are working at optimum capacity. The team has been very proactive in benchmarking against other health boards in Wales to explore alternative models of working to improve outcomes for patients. Prof. Gammon welcomed the clarification and believed the Committee should acknowledge the work of the teams involved.

In response to a further query from Prof. Gammon in relation to the target for total antibacterial items per 1,000 STAR-Pus, Dr Jo McCarthy advised that there has been a general improvement across Wales, and in terms of Hywel Dda, part of this work has been supported by GPs. Professor Philip Kloer assured Members that data on prescribing in Primary Care and Acute settings is monitored and agreed to confirm the reporting process with the Clinical Director of Pharmacy and Medicines Management. Prof. Kloer advised that the results of the national Point Prevalence Study was published in April 2022

**PK**

and, whilst the report may be more pertinent for QSEC, agreed to share with Members.

**PK**

Dr McCarthy provided some background regarding the deteriorating performance for measles, mumps and rubella (MMR) vaccinations commenting that this is primarily due to a reduction in face-to-face appointments during the COVID-19 pandemic. For assurance, targeted interventions have been undertaken in areas with lower uptake, including educating cluster leads. In recognition that MMR uptake is a national concern, Dr McCarthy advised that an overarching body has been established in order to standardise delivery across Wales, with the specific aim of supporting areas where lower uptake occurs.

Dr McCarthy further advised that Ms Anna Ashman (Public Health Wales Registrar) will undertake a deep dive on all childhood vaccination, with a particular focus on MMR this summer. The intention is to present an action plan to the Medicines Management Operational Group (MMOG) in either August or September 2022, and subsequently report to QSEC. However, recognising that the data relates to performance, it may be more appropriate to present to SDODC. Dr McCarthy agreed to discuss the governance process with the Board Secretary.

**JM**

Mr Maynard Davies referred to recent press coverage regarding the health visiting service and concerns that mental health issues are being missed due to these appointments being undertaken virtually. Given that WG recovery plans are requesting an increase in virtual appointments, Mr Maynard Davies enquired whether an evaluation of the effectiveness of virtual appointments has been undertaken. Mr Thomas understood that an evaluation has been undertaken, in terms of the effectiveness and the patient and clinician experience of rolling out virtual appointments, however this is from an IT perspective. Mr Thomas acknowledged that this is a valid question and suggested that triangulation through PROMS measures may provide rich data in order to understand whether anything has been missed and agreed to discuss with colleagues and report back any findings to the Committee.

**HT**

Prof. Kloer advised that the effectiveness of virtual appointments has been raised in a number of clinical fora, although clinicians recognise that undertaking a virtual appointment with children is different to adults. Therefore, Prof. Kloer suggested that each speciality monitor the effectiveness of virtual appointments and determine whether they are viable. Mr Thomas commented this could challenge the Health Board's digital strategy going forward. Within the online chat, Mr Thomas added that safeguarding is another concern, and believed this is what Prof. Kloer was alluding to in terms of virtual appointments for children.

Within the online chat, Mr Keith Jones commented that the virtual approach is a key aspect of the national recovery strategy, advising that for the majority of specialities these approaches relate to follow up reviews, as opposed to initial appointments.

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|  | <p>In summary, Mr Maynard Davies requested the following be included within the SDODC update report to Board:</p> <ul style="list-style-type: none"> <li>• Welcomed the small improvement due to recruiting new staff within Mental Health Services, however noted the ongoing concerns regarding the current waiting lists,</li> <li>• Unscheduled Care challenges,</li> <li>• Urgent and Emergency Care challenges and delays for patients.</li> </ul> | <b>KR</b> |
|  | <p>The Strategic Development and Operational Delivery Committee <b>CONSIDERED</b> the Performance Update report – Month 12 2021/22 and advised of any issues arising, including issues that need to be escalated to the May 2022 Public Board meeting.</p>   |           |

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| <b>SDODC<br/>(22)34</b> | <b>PLANNED CARE RECOVERY</b>   |  |
|                         | <p>Mr Carruthers presented the Planned Care Recovery report, drawing Members’ attention to the impact of COVID-19, noting the deterioration for patients waiting 36 weeks for treatment had increased by 5,000 since 31<sup>st</sup> March 2021. Whilst this is disappointing, since HDdUHB reached around 30,000 overall, Mr Carruthers assured Members that there has been steady improvement during the past few months and highlighted plans in place to increase capacity, in particular at Amman Valley Hospital and the Demountable Unit in Prince Philip Hospital (PPH). Mr Carruthers referred to the recent announcement by Eluned Morgan, Minister for Health and Social Services on the planned care recovery plan and welcomed the extended press coverage on the construction of the Demountable Unit in PPH to support this recovery. As a result of outsourcing a number of specialties with the independent sector to alleviate pressure within HDdUHB hospital sites, activity has increased. The next stage will be to reduce the number of patients waiting over 104 weeks to zero by March 2023, which is phase one of the ministerial measures to provide access to timely planned care. In terms of the journey back to pre-COVID-19 activities, elective surgery re-started across all sites during March 2022, resulting in activity at approximately 70 -80%. Mr Carruthers added that further discussions took place regarding initiatives to improve performance for ringfenced activity during the risk summit with operational colleagues, alluded to earlier in the meeting.</p> <p>Mr Jones emphasised that the report provides some positivity for this year in terms of the Health Board’s ability to deliver more than in 2021. However, it should be recognised that currently the Health Board does not have the core capacity to deliver the volumes required by the staging points set out in the Ministers Planned Care Recovery Plan. A further challenge is a mismatch due to available theatre capacity on one site, which is not supported by adequate bed space on others. The planned care and acute teams are currently reviewing options to find a resolution. Further to this, a local recovery programme is due to be launched, which will be led by the Clinical Director for Planned Care, who is also the national lead for Planned Care in Wales. Mr Jones advised that a particular focus of the programme will be to establish innovative approaches in outpatient care.</p> |  |

Mr Lee Davies re-iterated the significant challenge by the Health Board to meet the Minister's staging points given that during the pandemic patients have been treated based on their clinical urgency. However, backlogs exist in other specialties and therefore, the Health Board could be presented with both ethical and clinical dilemmas on where to direct limited capacity during the next few months.

Whilst recognising the positive work undertaken to address the challenges, Prof. Gammon enquired whether the Health Board has been undertaking any modelling to evaluate the extent of the impact of a 20% improvement compared to a 50% increase. This would assist the Board when determining where to focus resources and finances. In response, Mr Carruthers advised that this has been a particular focus with an external agency (Lightfoot) who has been working closely with key specialties on recovery plans. In addition, individual directorates have expanded this work to identify any gaps. The initial outcome suggests that in order to achieve the staging point targets additional sessions will be required week on week until March 2023, which will be a significant challenge to deliver. Mr Lee Davies expanded on Mr Carruthers response advising that the previous report presented to SDODC provided examples of this. Given that work has now been completed with 8 of the 10 specialities, a more detailed report and plan should be ready for the next SDODC meeting in June 2022.

LD

Ms Lewis noted that pre pandemic approaches to outpatient appointments were flawed and suggested restraint in using the term "return to" given that there is no return from the past and suggesting it may be more appropriate to use a different language. In agreement, Mr Carruthers commented that from a follow up perspective virtual appointments are a welcomed improvement. Depending on the speciality, only initial appointments where diagnostics are required will need to be face-to-face, with the majority undertaken virtually. In response, Mr Jones advised that 30% of current outpatient activity is now delivered virtually, commenting that there is scope to further increase this ratio.

In response to the current workforce challenges and the need to increase capacity, Prof. Kloer suggested that in order to meet the milestones set by WG, some radical decisions on service changes may be required.

In summary, Mr Maynard Davies welcomed the frank and honest discussions in terms of the challenges to achieve the WG milestones and requested that the SDODC report to Board include the increase in the waiting lists since March 2021.

KR

*Mr Andrew Carruthers and Mr Keith Jones left the Committee meeting.*

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|  | The Strategic Development and Operational Delivery Committee <b>CONSIDERED</b> the update relating to Planned Care and the impact of outsourcing certain services on the new and follow up OPD data End of Year 21/22. |  |
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| <b>SDODC (22)35</b> | <b>INTEGRATED MEDIUM TERM PLAN (IMTP) FOR THE PERIOD 2022/23 – 2024/25</b>   |  |
|                     | <p>The Committee received the Integrated Medium Term Plan (IMTP) for the Period 2022/23 –2024/25 noting that work continues to develop models and saving opportunities to facilitate a financially balanced IMTP.</p> <p>Mr Lee Davies advised that as plans develop SDODC will receive additional detail. Members were advised that challenging conversations have taken place with WG and that following these discussions, the Executive Team is now evaluating and exploring options to respond to these challenges.</p> <p>Mr Thomas acknowledged the work required by the Board between now and re-submission in order to transact a number of key schemes on the road map to sustainability, in particular workforce sustainability. This will be a significant challenge given the current demands at the front door; however, the Board accepts that developing some target operating models will be a crucial part of the step change required. Whilst the focus has been primarily from a financial perspective, this will also require a risk mitigation strategy to be developed.</p> |  |
|                     | The Strategic Development and Operational Delivery Committee <b>NOTED</b> the steps being taken to develop an Integrated Medium Term Plan for the three year period 2022/25 for submission to Welsh Government in the second quarter of 2022/23.   |  |

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| <b>SDODC (22)36</b> | <b>IMPLEMENTING THE HEALTHIER MID AND WEST WALES STRATEGY - PROGRAMME BUSINESS CASE UPDATE</b>   |  |
|                     | <p>The Committee received the Implementing the Healthier Mid and West Wales Strategy Programme Business Case (PBC) update.</p> <p>Mr Lee Davies advised that the Health Board has responded to scrutiny questions received from WG following submission of the PBC on 2<sup>nd</sup> February 2022. It was noted that the Board is now preparing for a Target Infrastructure Investment Board (IIB) meeting on 26<sup>th</sup> May 202, including undertaking appraisals in terms of site specifics. Mr Lee Davies provided an update on the first two of the four appraisal workstreams:</p> <ol style="list-style-type: none"> <li>1. <b>Technical:</b> workshops planned in May and June 2022, which will include 52% public representation, the remaining 48% of participants from staff and stakeholders.</li> <li>2. <b>Clinical:</b> preliminary meetings have taken place and the terms of reference have been agreed, the first workshop took place on 28<sup>th</sup> April 2022 with further ones planned. On track with further updates to be</li> </ol> |  |

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|  | <p>presented to Board Seminar and SDODC until the final version is submitted to WG.</p> <p>In response to a query from Mr Maynard Davies relating to the specifics of the IIB, Mr Lee Davies advised that the IIB should be chaired by the Deputy Chief Executive of NHS Wales and that the process will involve open and frank discussions, in order that the IIB make a recommendation to the Minister to endorse the PBC. Following this, discussions will take place on drawing down funding to support the project. It should be emphasised that WG support is the next critical stage with both the PBC and the Health and Care Strategy.</p> <p>In response to a query from Prof. Gammon in terms of the IMTP submission, Mr Lee Davies advised that only informal discussions have taken place to date with WG.</p> |  |
|  | <p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the update in relation to the Implementing the Healthier Mid &amp; West Wales Strategy - Programme Business Case and the site appraisal process for the new urgent and planned care hospital.</p>  |  |

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| <p><b>SDODC</b><br/><b>(22)37</b></p> | <p><b>CROSS HANDS HEALTH AND WELLBEING CENTRE</b></p> <p><i>Mrs Rhian Dawson joined the Committee meeting.</i></p> <p>Mr Lee Davies introduced the Cross Hands Health and Wellbeing Centre presentation, advising that the Outline Business Case (OBC) is due to be presented to Board on 26<sup>th</sup> May 222, prior to re-submission to WG.</p> <p>Ms Rhian Dawson explained that the project has been in development for a number of years, with the original OBC submitted to WG in early 2020. However, following the initial feedback from WG and the subsequent pandemic, the project was paused. The project resumed in 2021, with multi-agency workshops held to review the OBC in light of learning from the pandemic and to ensure its alignment to the Pentre Awel development and the PBC. Ms Dawson outlined strategic amendments from the original OBC, resulting in the removal of ophthalmology and the addition of an early learning centre also in addition to a change in design to incorporate the Wales NHS Decarbonisation Strategy 2021. Members were informed of the key drivers in increasing the financial costs, noting that the annual revenue costs associated with the scheme will be cost neutral.</p> <p>Whilst supporting the Cross Hands Health and Wellbeing Centre, Prof. Gammon cited the omission of identified space for research and innovation and community education and well-being. In response, Ms Dawson understood that part of the ground floor has been designed for flexible multi-use and agreed to confirm that this is still the case.</p> <p>In terms of space for research and innovation, Prof. Kloer suggested that Ms Dawson liaise with the Director for Research, Innovation and University</p> | <p><b>RD</b></p> <p><b>RD</b></p> |
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|  | <p>Partnerships for any support in this area. The inclusion of early learning provides a strong measure to the public, however Prof. Kloer enquired whether community engagement could be utilised in the design, stating that this approach is being considered by the Executive Team for the PBC. In response, Ms Dawson agreed to share with Members the outcome of work on the family centre ethos, undertaken with the Family Support Service Manager at Carmarthenshire County Council. Members were advised that similar centres in Llanelli are owned by the community, and from these centres further development transpires. Feedback from these centres has been invaluable during the planning for both the Cross Hands Health and Wellbeing Centre and the proposed Carmarthen Hub.</p> <p>Whilst welcoming the plans, Ms Lewis noted that the current infrastructure is unsustainable and enquired whether an alternative plan has been developed in case WG do not to approve the OBC. In response, Ms Dawson advised that four options have been identified as part of the options appraisal. In terms of capital funding, Mr Lee Davies advised that whilst the majority of the cost would be supported by Wales Capital Group, there is alternative funding through the Regional Partnership Boards (RPBs).</p> <p>Mr Thomas noted the significant challenge on capital availability, which will not change in the interim, suggesting that the focus by WG on capital expenditure will be for core secondary care health purposes. Therefore, as a Board, creative thinking needs to be applied to determine how to fund community developments given the ongoing challenge on revenue.</p> <p>Mr Maynard Davies noted an error on slide 8, advising that the increase in capital costs should read £36,950m not £39,950m and requested that a revised version be uploaded onto the website.</p> | <p><b>RD</b></p> <p><b>KR</b></p> |
|  | <p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the update on the Cross Hands Health and Wellbeing Centre.</p>   |                                   |

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| <p><b>SDODC (22)38</b></p> | <p><b>DEEP DIVE - PLANNING OBJECTIVES 4.L &amp; 4.N</b></p> <p>Prof. Kloer presented the Deep Dive on Planning Objectives 4.L and 4.N, providing the following update:</p> <p><b>4L: Social Model for Health and Wellbeing</b> - the PO has been established to design a process going forward, given the importance of progressing the social model for health and wellbeing in order to underpin the community model within our strategy. Academic support was required to assist clinicians and partners in making strategic and operational changes, resulting in a full literature review with Aberystwyth University. The interim report has now been published, with the final version due for publication in June 2022. A number of discussions have taken place with key stakeholders including faith leaders,</p> |  |
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to understand their perspectives and Public Health Wales has undertaken the first stage of a thematic review.

**4N: Optimising the food system as a key determinant of well-being** – this is a new area for the Health Board to be involved with, although as a Board, the importance of locally sourced produce is recognised. The PO relates to understanding the food system and acknowledging that the Health Board is not an expert in this field, a feasibility study was commissioned with North Star Transition (NST). The aim of the study was to understand inconsistencies in the current food system for wellbeing and to identify any improvements. The draft report was received in March 2022 and is in the process of being scrutinised by colleagues, prior to formal feedback being shared with NST. Following this, the findings will be shared with the RPB and each Public Services Board (PSB) to help inform the work and the development of the PSB Well-being plans.

Referring to both POs, Prof. Kloer commented that the Health Board is currently exploring its direct role and the timeframe for allowing partners to continue without the Health Board's support. Members noted that the social model for health links to the earlier discussions on the Cross Hands PBC and is starting to underpin decisions.

Acknowledging that the Health Board is a statutory body, Ms Lewis commented that it should only be providing support and not directing the outcome and suggested that increasing local engagement should be expedited given that the aim is to create community resilience. In response, Prof. Kloer advised that this concern has been raised and the Board accepts that an alternative approach could have been adopted. The Board has been conscious that this is new territory for NHS bodies, however part of the thinking was that the Board would need to understand the process prior to validation. Consequently, the Board believed that the best approach was to receive support from peers in order to progress. This has resulted in a willingness of key stakeholders to support the plan prior to engagement with the public, which will be key once the Health Board progresses to participative budgeting. Whilst welcoming the clarification, Ms Lewis suggested that a parallel line of enquiry may be required in tandem to this in order to identify other changes in statutory services and also reducing control. Whilst accepting this is a challenging concept, Ms Lewis suggested that expediting these discussions should improve the outcome. Prof. Kloer believed that the new PO should assist in this regard by identifying invisible leaders and key stakeholders to support the process.

In terms of participative budgeting, Mr Thomas commented that the governance implications are significant.

Dr McCarthy suggested that some of the data within the PSB Well-Being Assessments may be helpful for PO 4L: Social Model for Health and Wellbeing. In agreement, Prof. Kloer confirmed that the timelines were agreed to align with the publication of the assessments.

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|  | <i>Ms Anna Bird joined the Committee meeting.</i>   |  |
|  | The Strategic Development & Operational Delivery Committee <b>NOTED</b> the progress on Planning Objectives 4.L and 4.N |  |

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| <b>SDODC (22)39</b> | <b>TRANSFORMING ACCESS TO MEDICINES (TRAMS) – SOUTH-WEST UPDATE</b>   |  |
|                     | <p><i>Jenny Pugh-Jones, Peter Elliott (NWSSP) Project Manager / Tom Sherman (NWSSP) Project Manager joined the Committee meeting.</i></p> <p>Mrs Jenny Pugh-Jones introduced the Transforming Access to Medicines (TrAMs) Introduction and Update explaining that TrAMs is a long-standing programme to consolidate the Pharmacy Technical Services within NHS Wales. The NHS Wales Shared Services Partnership (NWSSP) are leading the programme on behalf of all health boards in Wales.</p> <p>Mr Tom Sherman outlined the background and rationale for the development of three regional hubs, advising that the specific locations are still to be confirmed. In term of the plans for the south-west, the PBC was approved by WG last year. NWSSP has now identified where existing staff live to ensure that the proposed locations of the south-west hub are accessible to the current workforce. In terms of future workforce planning and sustainability, further work has been undertaken to identify where STEM graduates are based. The high level details and characteristics of the hub have also been agreed with clinical teams, and these will be refined during the next stage of the development. An indicative list of sites, as well as a shortlist of localities, has been identified with a Locality Scoring Workshop scheduled to take place on 29<sup>th</sup> April 2022.</p> <p>In terms of timescales, Mr Peter Elliott advised that communication is expected imminently from WG, advising that the building of the south-west hub should commence in 2025, with the site active in 2028.</p> <p>Mrs Pugh-Jones believed it was important to present at SDODC in order that Members understood the process involved and the clear objective approach, and more importantly to recognise that there are no perceptions regarding the location of the south-west hub. It should be recognised that this programme will be transformational and is an opportunity to address ongoing challenges with the current aseptic units across Wales and will ensure resilient robust services for staff and patients in future. Further work is being undertaken to improve and transform the staffing model, which will draw on a wider pool of talents to future proof the service.</p> <p>Mr Thomas referred to previous concerns regarding the proposed location of the south-west hub and, were it to be based outside of the community, this will have a detrimental effect on communities and limit opportunities for current staff. Mr Elliot reminded Members that the locality of the south-west</p> |  |

hub has not been selected and will form part of the discussion at the upcoming workshop.. The selection at the workshop is provisional and will be reviewed again at the OBC stage and then again at the FBC stage. Whichever locality is chosen, there are certain criteria which it will have to meet in terms of staffing and access. Further to this, the development of TrAMs will also result in a reconfiguration of hospital pharmacies, therefore resulting in existing staff having increased opportunities for personal development. In response, Mr Thomas emphasised the need to broaden the economic appraisal of the location and benefit to the health service and incorporate the economic impact on the local communities that could be served and could be supported by any decisions.

For assurance, Mrs Pugh-Jones advised that NWSSP's scoring is based on equal numbers of staff from both Hywel Dda and Swansea Bay University Health Boards. For clarity, Mrs Pugh-Jones advised that current facilities have been included on the risk register for a number of years. However, following discussions with WG, the Health Board was asked to submit a scoping document to support the refurbishment of facilities in Wityhush General Hospital (WGH) in order to maintain services whilst TrAMs develops. This is in the region of £2m. This is positive news for the Health Board, which should ensure that an interim solution is in place to support the regional plan for the next 5 years.

Prof. Gammon fully supported the TrAMs programme and received assurance that the associated risks to the current aseptic units will be managed due to the investment from WG until TrAMs develops.

*Jenny Pugh-Jones, Peter Elliott and Tom Sherman left the Committee meeting.*

*Ms Jill Paterson joined the Committee meeting.*

The Strategic Development and Operational Delivery Committee **NOTED** the Transforming Access to Medicines (TrAMs) – South West Update.

**SDODC  
(22)39**

**PSBs ASSESSMENT OF LOCAL WELL-BEING**

Dr McCarthy presented the Assessment of Local Well-being for each PSB within the HDdUHB area, advising that the assessments have been approved by each PSB and are due to be published no later than May 2022 in line with legislative requirements.

Dr McCarthy highlighted the following key themes:

- Childhood poverty, with Pembrokeshire the highest in Wales;
- The impact on individuals' Mental Health following the COVID-19 pandemic;
- The expected increase in dementia rates during the next 5 years.

Dr McCarthy suggested that the documents provide a good baseline for health boards in terms of future service delivery. Ms Anna Bird added that they are very comprehensive documents and cover the responsibilities of the Well-being of Future Generations (Wales) Act 2015 and focus on social, economic, environmental and cultural well being. The document may be useful to cluster teams or other teams that are working on service and transformation projects.

Members welcomed the common themes, noting their usefulness for future planning and the correlation to discussions earlier in the meeting and mechanisms of sharing the findings within the Health Board. Dr McCarthy advised that a review of three direct health related questions had been undertaken and agreed to share the document with Members. In addition, Dr McCarthy highlighted the matrices for each county, suggested these would be a useful start point.

**JM**

Whilst acknowledging the findings and the link to future ways of working, Prof. Kloer recognising that a shift in focus will need to be undertaken to reach this trajectory. Mr Thomas added that going forward the Health Board should aim to be an organisation that creates value in local communities and acts as an influencer.

Mr Maynard Davies enquired whether there is a PO that refers to the Well-being Assessments as a key source of reference for our future planning. Mr Lee Davies confirmed that a number of POs note them and agreed to discuss amending the wording in the POs with Dr McCarthy.

**LD**

In summary, Mr Maynard Davies suggested highlighting the Well-being Assessments in the SDODC report to Board, which will bring them to the Board's attention and recognise the impact on the services that HDdUHB provides.

**KR**

The Committee **NOTED:**

- the Local Assessments of Well-being for Carmarthenshire, Ceredigion and Pembrokeshire, which have been approved by each PSB and will be published by May 2022 in line with legislative requirements.
- Carmarthenshire and Ceredigion PSBs have produced community area profiles, which may be useful when considering developments of primary and community services at a locality level.

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| <b>SDODC<br/>(22)40</b> | <b>PENTRE AWEL UPDATE 2022 – QUARTER 2</b>   |  |
|                         | <p>The Committee received the Pentre Awel Update 2022 – Quarter 2 providing an update on the progress for delivery of services within the Pentre Awel development.</p> <p>Mr Lee Davies advised that the report includes details on the key milestones to date and added that the project is now progressing at pace, suggesting that the next update to SDODC should provide a good opportunity for a detailed discussion on the project.</p> <p><i>Mr Huw Thomas left the Committee meeting.</i></p> |  |
|                         | <p>The Strategic Development and Operational Delivery Committee <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• the progress in the development of the Pentre Awel project.</li> <li>• the actions to confirm the Hywel Dda University Health Board’s involvement in the project and the overall timeline.</li> </ul>   |  |

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| <b>SDODC<br/>(22)41</b> | <b>DISCRETIONARY CAPITAL PROGRAMME 2021/22, 2022/2023 AND CAPITAL GOVERNANCE UPDATE REPORT</b>  |                   |
|                         | <p><i>Mr Paul Williams and Mr Andrew Hopkins joined the Committee meeting.</i></p> <p>The Committee received the Discretionary Capital Programme (DCP) 2021/2022, 2022/23 and Capital Governance Update Report, receiving assurance that detailed discussions and scrutiny take place at the Capital Sub-Committee (CSC).</p> <p>Mr Paul Williams advised Members of challenges in delivery at the end of 2021/22 and expressed thanks to the team who has been involved in the capital process for the significant work undertaken to deliver the majority of planned projects by year end. It should be noted that next year’s programme is anticipated to be smaller than in previous years given the constraints on capital funding from WG. Mr Williams drew Members’ attention to a number of schemes that are not currently funded, however emphasised that they remain a priority for HDdUHB.</p> <p>Mr Williams introduced Mr Andrew Hopkins who has co-ordinated the significant implementation project associated with the PPH Day Surgery Unit. Mr Williams expressed thanks to Mr Hopkins and the work of the estates and operational teams to deliver the project, proposing that a post project evaluation lesson learned report be presented to a future SDODC meeting.</p> <p>On behalf of the Committee, Mr Maynard Davies congratulated the team on delivering the project under budget.</p> <p>Mr Hopkins advised of a slight delay due to the technical commissioning programme; however, confirmed that the PPH Day Surgery Unit will be operational in May 2022, as planned.</p> | <b>KR<br/>/PW</b> |

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|  | <p>Mr Lee Davies commented that he visited the PPH Day Surgery Unit with Mr Steve Moore, HDdUHB CEO last week and commended the flow of the facility.</p> <p>Given that the Cross hands OBC is due to be revised, Mr Maynard Davies enquired whether the RAG (Red, Amber, Green) status is correct and suggested that it should be reviewed in light of the new timescales. Mr Williams confirmed that the RAG status will be rebased following the next CSC meeting.</p>   |  |
|  | <p>The Strategic Development and Operational Delivery Committee <b>NOTED:</b></p> <ul style="list-style-type: none"> <li>• the position against the 2021/22 CRL</li> <li>• the update on the Capital Programme for 2022/23</li> <li>• the update on the implementation of IFRS16</li> <li>• the Capital Governance update</li> <li>• the report on the evaluation of locations for the regional cellular pathology and immunology services</li> <li>• the report on the progress of the PPH modular theatres development</li> <li>• the plan for PPE reports</li> <li>• the Gateway 5 Review update on Cardigan Integrated Care Centre</li> </ul> |  |

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| <p><b>SDODC (22)42</b></p> | <p><b>CONTINUING NHS HEALTHCARE: THE NATIONAL FRAMEWORK FOR IMPLEMENTATION IN WALES, JULY 2021 (AMENDED FEBRUARY 2022 FOR IMPLEMENTATION IN APRIL 2022)</b></p>  |                  |
|                            | <p>Ms Jill Paterson presented the Continuing NHS Healthcare: The National Framework for Implementation in Wales report outlining the process, advising that revised documentation is available on the Health Board website and that a rolling training program is being undertaken to update staff. In terms of the changes, the Health Board is still awaiting the detail of a national performance tool, which will be presented to the Committee when available. Ms Paterson further advised that, although Independent User Trusts (IUTs) and direct payments are referenced within the report, this requires further work given that guidance has not been provided in order to operate within Wales. The challenge with this process is acknowledged, however it is important that the Health Board manages governance and safety whilst taking into account an individual's right to a level of independence.</p> <p>In response to a query from Mr Maynard Davies, Ms Paterson commented that the Royal College of Nursing (RCN) has raised particular concerns relating to delegating responsibilities, as a result of previous legal challenges. Whilst a resolution will be challenging, there will be a requirement to work differently to support individuals within communities.</p> <p><i>Ms Jill Paterson and Dr Jo McCarthy left the Committee meeting.</i></p> | <p><b>JP</b></p> |
|                            | <p>The Strategic Development and Operational Delivery Committee:</p>   |                  |

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|  | <ul style="list-style-type: none"> <li>• <b>RECEIVED ASSURANCE</b> from the ongoing work with WG, and Health and Social Care colleagues to ensure social compliance with the requirements set out in the new CHC Framework.</li> <li>• <b>NOTED</b> that further assurance will follow post-implementation of the Framework, with specific reference being made to the use of Independent User Trusts (IUTs), performance reporting, and training.</li> </ul> |  |
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| SDODC<br>(22)43 | <b>CAPITAL SUB COMMITTEE UPDATE REPORT AND ANNUAL REPORT 2021/22</b>  |  |
|                 | <p>Mr Williams presented the CSC Update Report and Annual Report 2021/22, advising that the focus of discussions of the CSC meeting on 29<sup>th</sup> March 2022 related to the impact of year end and also the risk to the 2022/23 programme. Mr Williams drew Members' attention to the development of the project management framework to improve and strengthen the governance processes, suggesting that the CSC Annual Report 2021/22, should provide assurance for SDODC.</p> <p>Whilst previously being a critical friend in terms of challenging timescales relating to delays in capital projects, Prof. Gammon commended the team's transparency in terms of the governance procedures adopted, which demonstrates that the Board is a learning organisation and should be acknowledged and commended.</p> <p>Mr Maynard Davies echoed Prof. Gammon's comments, stating that this has been evidenced by the work to deliver the PPH Day Surgery Unit in such a short timeframe.</p> |  |
|                 | The Strategic Development and Operational Delivery Committee <b>NOTED</b> the Sub-Committee Update Report <b>APPROVED</b> the revised Capital Sub Committee Annual Report.  |  |

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| SDODC<br>(22)44 | <b>WELSH GOVERNMENT SUBMISSION - HYWEL DDA UNIVERSITY HEALTH BOARD THREE YEAR PLAN 2022/25</b>   |  |
|                 | The Hywel Dda University Health Board Three Year Plan 2022/25 submitted to Welsh Government on 31 <sup>st</sup> March 2022 was received for information. |  |

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| SDODC<br>(22)45 | <b>SDODC WORKPLAN 2022/23</b>   |  |
|                 | The Strategic Development & Operational Delivery Committee workplan 2022/23 was received for information. |  |

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| SDODC | <b>ANY OTHER BUSINESS</b> |  |
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| <b>(22)46</b> | There was no other business raised. |  |
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| <b>SDODC<br/>(22)47</b> | <b>MATTERS FOR ESCALATION TO BOARD</b>   | <b>KR</b> |
|                         | <p>The following matters were noted for escalation to the May 2022 Board through the Committee Update Report:</p> <ol style="list-style-type: none"> <li>1. In terms of Mental Health, whilst noting the interventions in particular staff recruitment, the Committee requires evidence of the impact of these changes on performance.</li> <li>2. Concerning performance in unscheduled care, which has continued in March 2022.</li> <li>3. Planned Care Recovery, acknowledging the scale of the challenge.</li> <li>4. Cross Hands Health and Wellbeing Centre OBC progress</li> <li>5. Well-being assessments, noting the importance of future planning.</li> </ol> |           |

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| <b>SDODC<br/>(22)48</b> | <b>DATE AND TIME OF NEXT MEETING</b>  |  |
|                         | 27 <sup>th</sup> June 2022, 0930am to 1230pm, Boardroom, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams. |  |