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 29 February 2024
Venue:	Ystwyth Boardroom and Microsoft Teams

Present:	Mr Winston Weir, Independent Member Mr Michael Imperato, Independent Member (Committee Vice-Chair) (Part) Ms Eleanor Marks, Vice Chair (Teams)
In Attendance	Mr Lee Davies, Director of Strategy and Planning (SDODC Executive Lead) Mr Huw Thomas, Director of Finance Mr Andrew Carruthers, Director of Operations (Part) Dr Ardiana Gjini, Director of Public Health Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk for Mrs Joanne Wilson, Director of Governance (Board Secretary) (Teams) Mrs Helen Mitchell, Committee Services Officer (Teams) (Minutes) **Item SDODC (24)05** Ms Victoria Coppack, Service Delivery Manager Ophthalmology (Teams) Ms Steph Hire, General Manager Scheduled Care (Teams) **Item SDODC (24)07** Ms Alison Bishop, Urgent & Emergency Care Lead (Teams) **Items SDODC (24)08 and SDODC (24)09** Mr Dan Warm, Head of Planning (Teams) **Item SDODC (24)10** Mr Will Oliver, Assistant Director of Therapies & Health Sciences **Item SDODC (24)11** Ms Liz Carroll, Director of Mental Health and Learning Disabilities Ms Aileen Flynn, Service Transformation & Partnerships Manager, Mental Health Central Services **Items SDODC (24)12 and SDODC (24)13** Dr Rob Green, Interim Deputy Director of Public Health Ms Bethan Lewis, Interim Assistant Director of Public Health (Teams) Ms Jo Dainton, Carmarthenshire Locality Office (Teams) Mr Nathan Davies, Senior Project Manager (Teams) **Item SDODC (24)15** Mr Siôn Charles, A Regional Collaboration for Health (ARCH) (Teams) **Items SDODC (24)17, SDODC (24)18 and SDODC (24)19** Mr Rob Elliott, Director of Estates, Facilities and Capital Management (Teams) Ms Eldeg Rosser, Head of Capital Planning (Teams) **Item SDODC (24)24**

	Ms Tracy Devantier, Performance and Improvement Manager (Teams)

Agenda Item	Item	Action
SDODC (24)01	**INTRODUCTIONS AND APOLOGIES FOR ABSENCE**	
	In Mr Michael Imperato's absence, Mr Winston Weir welcomed members to the Strategic Development and Operational Delivery Committee (SDODC) meeting, explaining that due to a road traffic accident which resulted in roads into Carmarthen being closed, the agenda would flex to allow attendees to present items when they arrived, and that Mr Imperato would take up his Chair duties on his arrival. The following apologies for absence were noted: • Mr Maynard Davies, Independent Member (Committee Chair) • Cllr. Rhodri Evans, Independent Member • Mrs Joanne Wilson, Director of Governance (Board Secretary)	
SDODC (24)02	**DECLARATIONS OF INTEREST**	
	Ms Eleanor Marks declared an interest in agenda item SDODC (24)13: Public Services Boards (PSBS) Well-Being Assessments (Well-Being of Future Generations (Wales) Act 2015 (WBFGA)), as Welsh Government's (WG) Director for Tackling Poverty seven to eight years ago.	
SDODC (24)03	**MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 21 DECEMBER 2023**	
	RESOLVED - the minutes of the SDODC meeting held on 21 December 2023 were **APPROVED** as an accurate record of proceedings.	
SDODC (24)04	**TABLE OF ACTIONS FROM MEETING HELD ON 21 DECEMBER 2023**	
	The Committee noted the update provided on the Table of Actions from the meeting held on 21 December 2023. There were seven actions to carry forward: ***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 national framework document has not yet been issued (Ms Jill Paterson will confirm when received). ***SDODC (23)35: Planned Care Update:*** *The Memorandum of Understanding (MoU) & supporting Project Definition Document (PDD) has been referred to the A Regional Collaboration for Health (ARCH) Regional Recovery Group.* Ms Sian-Marie James advised that on 21 February 2024 Legal & Risk expects that the first draft of the ARCH MoU will be provided by 1 March 2024. ***SDODC(23)84: Winter Respiratory Vaccination Programme – Delivery Plan:*** *To investigate the correlation of staff sickness rates with frontline worker*	

	vaccine uptake. Ms Bethan Lewis advised that to explore the possible link between staff sickness and vaccine uptake rates, especially for the flu vaccine, the review would need to define the scope, the date range, and the variables to use for the analysis. Some of the challenges include the reliability of the data on the reason for sickness, whether it is confirmed by testing or self-reported; the lack of evidence on the effect of the COVID-19 vaccination on transmission; and the consent and access issues for individual level data on immunisation status. There are international studies that support the link between vaccine uptake and staff sickness, which could be explored further. Any review would require consultation with the Workforce leads and the Independent Member (Mrs Chantal Patel) who raised the question. ***SDODC(23)106: Integrated Performance Assurance Report:*** *To liaise with Mr Andrew Carruthers regarding pathways within Primary Care and possible triage of Urology and/or Optometry outpatients.* Ms Jill Paterson advised that this will be part of a planned discussion regarding service reconfiguration. ***SDODC(23)106: Integrated Performance Assurance Report (IPAR):*** *To investigate whether the reduction in Gynaecology outpatients is due to the change in screening intervals.* Dr Ardiana Gjini advises that analysis of gynaecology data by Public Health Wales (PHW), our own IPAR data and conversations with clinicians, Health Board staff show the Gynaecology Outpatients referrals at 696 in September 2023 compared to 938 in September 2022. The number of referrals in September 2023 (696) is comparable to the 2019/20 average of 712. The activity in recovery post pandemic resulted in increased referrals for a period (2021/22) which has now (September 2023) returned to pre-pandemic levels. This is broadly in line with other Health Boards with exception of Cardiff and Vale University Health Board (CVUHB) which has a slightly different pattern. The changes to the cervical screening intervals have not impacted on this change, but the recovery of the programme due to pandemic slow down will have resulted in higher referrals during 2021-22. This closes this examination for now. ***SDODC (23)112: Deep Dive: Planning Objective 4c: Mental Health Recovery Plan:*** *To investigate the position regarding the availability of council accommodation for patients who could be stepped down, and whether the Local Authority has a statutory responsibility to accommodate them.* Ms Liz Carroll is awaiting a view from colleagues in Legal and Risk Services on this point. ***SDODC (23)114: Dementia Strategy:*** *To liaise with Mr Will Oliver and Public Health colleagues to consider the inclusion of Prevention and Inequities sections within the Dementia Strategy.* Dr Gjini advises that discussions have taken place and engagement will continue. One of the Public Health Principals is developing in their workplan to embed elements: risk factors (inc. inequalities and wider determinants); protective factors (inc. wider determinants); and wellbeing.	

SDODC (24)05	**OPHTHALMOLOGY PERFORMANCE: GETTING IT RIGHT FIRST TIME (GIRFT)**	
	Ms Steph Hire and Ms Vicky Coppack joined the meeting. Ms Vicky Coppack introduced the Ophthalmology Performance: Getting it Right First Time (GIRFT) report, indicating that Hywel Dda University Health	

Board (HDdUHB) had received two separate visits in respect of cataract delivery and glaucoma delivery from the GIRFT team in 2023, resulting in 59 recommendations to address the issues of capacity, staffing, and waiting times. HDdUHB is in the process of implementing the recommendations which aim to improve the quality and safety of care for patients.

Ms Coppack highlighted that the service has established regular Quality and Safety meetings, a weekly GIRFT Task and Finish group, and a new management structure to support the implementation of the recommendations, 12 of which are now complete. She also highlighted the streamlining of cataract documentation which will be introduced at the beginning of April 2024 alongside one-stop, tracked cataract pre-assessment clinics, which are expected to go live on 7 April 2024; which will bypass Outpatients visits; and facilitate the booking of theatre procedures six weeks later. Ms Coppack outlined the plans to expand capacity through Amman Valley Hospital theatres resulting in six additional theatre lists; and training four Speciality and Specialist (SAS) doctors for pathway implementation.

In addition, two Swansea Bay University Health Board (SBUHB) consultants are working collaboratively on the HDdUHB Glaucoma pathway. They have helped to deliver a larger number of face-to-face and virtual clinics. HDdUHB is currently working on Glaucoma pathways and documentation to ensure smooth, efficient flow of patients through the service.

The service is considering the introduction of further virtual pathways, so that face-to-face clinic appointments are given to high-risk patients and lower risk patients can be processed through a system capable of identifying issues and investigating on a face-to-face basis, when necessary. These changes will result in an additional four clinics and has facilitated consideration of the following:

- Training of Primary Care optometrists for higher-level care
- Development of pathways for collaboration between Secondary and Primary Care
- Goal to reduce Secondary Care referrals through enhanced Community Care

Mr Weir enquired about time scales for the completion of recommendations, and alignment with ongoing actions. Ms Coppack confirmed clear timescales for the 29 remaining recommendations, indicating that many of them will be actioned as part of the ongoing 18 recommendations. She also indicated that high-flow theatre lists were under development to enhance service delivery.

In response to Mr Weir's query regarding WG monitoring of the position, Ms Coppack explained the involvement of the WG GIRFT team in the monitoring progress, along with internal mechanisms for oversight. Mr Weir then enquired whether there were any key Ophthalmology risks scoring above 16 recorded on the Risk Register; and what support the Health Board had offered the service. Ms Steph Hire confirmed that a long-standing risk had been included on the Risk Register regarding Ophthalmology service recruitment challenges and locum usage. Ms Charlotte Wilmshurst indicated the following via the MS Teams Chat:
There is a corporate risk on CRR - Risk to ophthalmology service delivery due to a national shortage Consultant Ophthalmologists and the inability to recruit – current risk score 20 with a target risk score of 10. Ms Hire responded as

	follows in the MS Teams Chat: *This is under review due to locum we have in post, but national recruitment remains a risk, however the Regional programme may offer us support in that.* Ms Hire further indicated that the risk score would be reviewed at the next Directorate Quality and Safety meeting, which works with Ms Rachel Williams, Head of Assurance and Risk, and her team to review the risks on a regular basis. At Mr Weir's request, Ms Coppack provided updates on the Ophthalmology Diagnostic and Treatment Centre (ODTC) pathway development, highlighting the current involvement of two optometrists in the pathway; challenges with recruitment; county coverage (Ceredigion is not covered by the ODTC); and plans for contract reform and service expansion which are expected to improve recruitment. Ms Coppack agreed to provide the Committee with a further update in four months time. *Ms Hire and Ms Coppack left the meeting.*	**HM**
	The Strategic Development and Operational Delivery Committee **RECEIVED LIMITED ASSURANCE** from the recommendations closed to date; the recommendations being reviewed and progressed currently; and the future plans to address the outstanding recommendations.	

SDODC (25)06	**INTEGRATED PERFORMANCE ASSURANCE REPORT**	
	Mr Huw Thomas introduced the Performance Update for HDdUHB,– Month 10 2023/24, highlighting the following: • Improvements in Planned Care, although industrial action has had an impact • Improvements in breaches over 36 weeks and 52 weeks in Outpatients • Challenges in meeting the follow-up trajectory • Improvements in Treatments trajectory 52+ weeks and104+ weeks for the ninth consecutive month • Delays in Radiology services due to COVID-19 pandemic impact • Increased delays in Therapy services, particularly in Dietetics and Audiology • Urgent and Emergency Care (UEC) and ambulance handover times over one and over four hours deteriorated in January 2024 • 12 hour performance has deteriorated whereas four hour performance shows a slight improvement • Continued challenges with delayed discharges, with more than 200 patients consistently waiting since the autumn • Notable improvement in 62-day Cancer pathway measure for December (which is reported one month in arrears), with 56% achievement of the Single Cancer pathway, which is the highest delivered in year • Neurodevelopmental challenges and consistent issues with C-Difficile and E-Coli Mr Thomas indicated that the WG focus is on patients waiting 104+ weeks and confirmed that the Health Board is not expected to have any patients waiting over three years at the end of March 2024. Regarding the 52-week wait period, he acknowledged the challenges, with approximately 4,146 patients waiting	

over this timeframe across key specialties such as General Surgery, Urology, ENT, Ophthalmology, and Rheumatology.

Mr Carruthers advised that the upcoming four days of industrial action in the last week of March 2024 will impact 104+ week numbers and is expected to result in more than 60 Orthopaedic patients waiting over three years. Risks were also noted regarding 104+ weeks for Orthopaedics, Urology, Ear, Nose and Throat (ENT) and General Surgery (specifically Vascular services which are commissioned from SBUHB, and which may not accommodate HDdUHB patients before the end of March 2024).

In terms of regional Orthopaedics, Mr Carruthers described a strategic decision made as part of ongoing efforts in regional Orthopaedics and the overall Orthopaedic position within the health care system. The decision was to prioritise running Orthopaedic theatres as productively and effectively as possible during a designated ‘perfect month’ in March 2024. This decision was made with the understanding that it could potentially impact other specialties' performance metrics, particularly the four-week wait position.

The rationale behind this decision stemmed from the critical need to address patients waiting over three years for orthopaedic treatment. Despite the risk of affecting other specialties' wait times, the clinical priority was to reduce the overall number of patients waiting for orthopaedic care, thus prioritising those with the most urgent needs.

As a result of this strategic focus, the Health Board anticipates achieving between 98% to 99% of patients treated within 104 weeks by the end of 2023/24. While acknowledging the challenging nature of this target, Mr Carruthers expressed confidence that the organisation's efforts would significantly reduce wait times for Orthopaedic patients in need of treatment.

Mr Weir raised concerns about certain specialties experiencing significant challenges, particularly in managing patients with extremely long wait times exceeding two years. He questioned whether these difficulties were unique to HDdUHB or if they were widespread across Wales. Additionally, he expressed interest in exploring potential solutions, such as outsourcing work to other regions or even to England if necessary.

Mr Thomas indicated that the focus was primarily on Orthopaedics, which was identified as a major contributor to the high number of patients waiting for extended periods. Mr Weir suggested that if other Welsh Health Boards were facing similar challenges, there could be a collective effort to address the issue. This would involve collaboration and potentially sharing resources or exploring alternative solutions to alleviate the burden on Orthopaedic services.

Mr Thomas referenced various specialties within the health care system that are facing challenges in managing patient volumes, particularly in relation to long wait times. He identified Urology as one of the specialties with a high patient volume, presenting challenges that are widespread across different Health Boards. However, he noted that the issues faced in Vascular and General Surgery may not be as prevalent across Wales, suggesting that SBUHB may be in a better position in managing these particular specialties. He emphasised the importance of ensuring equity in waiting times across network services.

Regarding ENT services, the situation was described as mixed, with some challenges present but not necessarily as universally across Wales as in other specialties.

Orthopaedics, Neurology, and Ophthalmology were highlighted as other specialties contributing to the prolonged wait times, particularly within the 104-week timeframe. Mr Carruthers referenced ongoing regional collaboration with SBUHB to develop sustainable solutions for Orthopaedics and Ophthalmology. Additionally, Neurology was identified as an area where capacity optimisation discussions may be necessary due to existing challenges.

Mr Thomas discussed the modelling of Planned Care trajectories for the upcoming year, highlighting the complexities involved, particularly regarding the industrial action. He highlighted the challenge in predicting the impact of industrial action due to its unpredictable nature in terms of duration and intensity.

Despite this uncertainty, three scenarios are being considered for modelling the next year's Planned Care trajectory. The first scenario involves continuing with core capacity without utilising any additional funds allocated by WG for Planned Care recovery. This scenario is expected to result in no significant improvement. The second scenario, a middle road approach, aims to achieve targets of 104+ weeks and 52+ weeks for Stage 1 and Stage 4, respectively. This scenario requires additional funding, estimated to be around £3.2m, to enhance capacity and improve wait times. The third scenario involves additional investment to address specific challenges, such as Orthopaedics, which may require outsourcing and could cost over £5m. This scenario aims to meet Ministerial Priorities but demands a higher financial burden, estimated to be around £9m to £10m.

Mr Thomas advised that these scenarios will be further discussed by the Executive Team and presented to the Board Seminar for consideration on 13 March 2024, acknowledging the significant financial implications and the need for careful planning and decision-making.

Mr Carruthers highlighted improvements in reducing backlogs, particularly in cancer care. He emphasised sustainable changes in pathways to ensure quicker movement through diagnosis and treatment. He also indicated that the NHS Executive anticipated further performance improvements in the upcoming months, with forecasts suggesting a baseline of 62% achievement in April 2024, significantly better than the previous year. Mr Carruthers expressed a desire to exceed target performance ahead of schedule.

Regarding Urgent and Emergency Care, Mr Carruthers noted a decline in performance in February 2024 compared to the same month the previous year. He attributed this decline to increased attendances and admissions, leading to a strain on capacity, especially with an increase in patients staying over 21 days. Delays in joint Health and Social care assessments due to complexity further exacerbated the situation, impacting flow through the system.

Mr Carruthers highlighted challenges in managing increased demand during colder months with a higher proportion of patients over the age of 65 to 70 who generally are more likely to need admission; and the compounding effects of capacity constraints and discharge issues. Despite a general trend of

	improvement over the past year, recent months have seen an upturn in major attendances and delayed discharges (compared to the worst winter prior to the COVID-19 pandemic, the number of delayed discharges has doubled). He acknowledged the complexities involved in managing these issues, particularly during challenging periods such as February, and emphasised the need for ongoing efforts to improve flow and reduce delays in care pathways.	
	The Strategic Development and Operational Delivery Committee **NOTED** the report from the IPAR – Month 10 2023/24.	

SDODC (24)07	**DEEP DIVE: PO3A TRANSFORMING URGENT AND EMERGENCY CARE PROGRAMME**	
	Ms Alison Bishop joined the meeting. Ms Alison Bishop presented the Transforming Urgent and Emergency Care (TUEC) Update report January 2024, providing a comprehensive overview of several key areas related to improvement processes within the Health Board. She referenced efforts to address conveyances, specifically focusing on patients transported to hospitals via ambulances and their subsequent conversion into admissions. This discussion also touched upon the management of complex cases within Emergency Departments (EDs), aiming to improve pathways for patients' return home and reduced delays in care. Referencing bed efficiencies, Ms Bishop highlighted a reduction of 44 between November 2022 and December 2023. These efficiencies were divided into two categories: those related to patients remaining unplaced in EDs (front door) and those associated with beds within the system (back door). Challenges in tracking these numbers were acknowledged, particularly due to changes resulting from the COVID-19 pandemic. She also referenced Ministerial Priorities, which included implementing Same Day Emergency Care (SDEC); reducing handover waits; and addressing Pathway of Care delays. Ms Bishop presented data on SDEC activity, showing an increase in attendance over the year, albeit with recent plateauing. Efforts were underway to better understand demand for SDEC services and improve referral pathways. Ms Bishop indicated that ambulance handover waiting times and Pathway of Care delays had also been addressed, with a focus on reductions achieved since April 2023. However, challenges persisted, particularly in addressing assessment delays, which accounted for around 50% of the reasons for delays each month. Despite efforts to mitigate these challenges, issues with resource allocation, including sickness and lack of social work resources, were noted. Ms Eleanor Marks posed a question regarding the comparison of delays between the three counties, specifically focusing on Carmarthenshire and its apparent lack of social worker connections or availability. She enquired whether this shortage in Carmarthenshire could be attributed to its larger population base compared to the other counties, or if the shortage was proportional to population size. She suggested exploring the shortage of social workers in Carmarthenshire by analysing the data in relation to the population size. Ms Marks proposed comparing the number of social workers per 10,000 population across different counties to gain a better understanding of the situation. Ms Bishop agreed to take this suggestion as an action and to	**AB**

communicate with the national team responsible for reporting to both Health and Local Authorities (LAs).

Mr Carruthers referenced challenges discussed at the recent WG Integrated Quality and Performance Development – Enhanced Monitoring (IQPD) meeting regarding performance targets. It was noted that the three LAs within HDdUHB were identified as performing poorly in comparison to the remainder of Wales. This issue was highlighted by Welsh Government colleagues, indicating a clear message which needed to be addressed. Mr Carruthers confirmed that this would be discussed with partners via Integrated Executive Group arrangements. Mr Thomas highlighted that transfer delays from Carmarthenshire into Ceredigion are more problematic than discharge within the county.

Referencing slide 2, Mr Weir requested clarification on the Planning Objective to deliver 80 bed efficiencies across four acute hospital sites through reduced conveyance, reduced admissions and reduced length of stay. He enquired about the metrics used to measure progress and whether they accurately represented the goals set. Mr Weir acknowledged that the Health Board needs to address the front door issue of patients being in Accident and Emergency (A&E) overnight when awaiting admission, resulting in delays in the community and the Welsh Ambulance Service Trust (WAST). He also acknowledged that the improved handover performance in the ED was directly linked to the increased efficiency achieved through the reduction of beds. Referencing Slide 3, Ms Bishop indicated in the MS Teams Chat that:

The total bed efficiencies is the very right hand column. The last column under Combined at the right-hand side shows the baseline was 171 bed efficiencies and the target was 91 at the end of this financial year = 80 bed efficiencies; the actual position in December 23 was 127 which shows we have delivered 44 bed efficiencies

Mr Lee Davies responded in the MS Teams Chat as follows:

The analysis compares delivery to plan, which is logical, but I think it would be helpful for future iterations to also show the change versus baseline so we can easily see the 44 bed improvement rather than just the 36 variation from the 80 bed plan.

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It was noted that between 40 and 50 beds were equivalent to the efficiency improvements that led to the observed performance enhancements. However, there was recognition that while the improved performance was evident, it did not necessarily translate into a reduction in costs, which was also an intended outcome of the initiative.

Mr Weir acknowledged the need for consistent and effective communication between operational colleagues and the Informatics team to ensure accurate data collection and reporting. It was emphasised that data triangulation across different reporting systems was essential for understanding the complex dynamics of the health care system and tracking the impact of improvement projects. Ms Bishop highlighted the importance of collaboration with operational colleagues to ensure accurate data annotation. By annotating changes made by operational colleagues, the Health Board can effectively track and analyse the impact of these changes on various metrics. This

	process allows HDdUHB to align the data with the narrative surrounding the front door operations. Ms Bishop emphasised the need to capture the timelines of improvement projects initiated by operational colleagues. This involves documenting project timelines and predicting the impact and benefits they are expected to deliver across a wide range of areas. By doing so, colleagues can monitor progress to determine if the anticipated benefits are being realised. *Ms Bishop left the meeting.*	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from the Urgent and Emergency Care Update.	

SDODC (24)08	**INTEGRATED MEDIUM TERM PLAN (IMTP)**	
	Mr Dan Warm joined the meeting. Mr Dan Warm introduced the Development of the 2024/25 Plan report, highlighting the requirement for all Health Boards in Wales to submit plans to WG by the end of March 2024. Given HDdUHB's financial position and recently escalated Targeted Intervention (TI) status, the plan will be an annual one rather than the expectation of an Integrated Medium Term Plan(IMTP). The Chief Executive had sent an accountability letter in February 2024 to notify Ms Judith Padgett, Chief Executive of NHS Wales, of this decision. Mr Warm highlighted the extensive work and processes involved in developing the Plan, which is centred around three key pillars: Ministerial Priorities, planning objectives, and financial/savings position. The Committee noted that the situation changes almost daily, making it difficult to provide precise details on each pillar's status. Currently, the Annual Plan is being compiled and is expected to be finalised at an additional Board Seminar scheduled for 13 March 2024. The Annual Plan will then be presented to the Board on 28 March 2024 Board for review and sign-off before submission to WG.	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on the steps taken in the development of the Plan for 2024/25.	

SDODC (24)09	**QUARTERLY ANNUAL PLAN MONITORING RETURNS AND PLANNING OBJECTIVE UPDATE (Q3)**	
	Mr Warm introduced the Quarterly Annual Plan Monitoring Returns and Planning Objective Update (Q3), highlighting that all 23 planning objectives for the year align with one of four Board Committees. Updates on these objectives are provided through highlight reports included in the meeting pack, particularly for objectives not covered by other agenda items such as Deep Dives or other reports. Mr Warm indicated that these reports will also form part of the Board Assurance Framework (BAF), scheduled for presentation to the Board on 28 March 2024. Additionally, an overarching position against all 23 planning objectives will be reported in that Board meeting to ensure a comprehensive understanding of each objective.	

	For ongoing assurance, each of the four Board Committees will receive a Closure Report in April 2024, followed by an overarching Closure Report which will be presented at the 30 May 2024 Board meeting. Mr Warm emphasised the importance of understanding how this year's planning objectives relate to previous and future projects, noting that alignment work has been done in this regard. The current statuses of the objectives were included in the report. *Mr Warm left the meeting.*	
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** on the current progress with Planning Objectives.	

SDODC (24)10	**DEEP DIVE PO4B: REGIONAL DIAGNOSTICS PLAN**	
	Mr Will Oliver and Mr Michael Imperato joined the meeting. Mr Will Oliver presented the Regional Diagnostics Update Report, giving an overview of the A Regional Collaboration for Health (ARCH) and highlighting ongoing work relating to regional pathology developments, Endoscopy, Radiology, and Neurophysiology services. Regarding regional pathology developments, ARCH facilitated joint working between Health Boards to address demand and capacity issues, particularly in developing a workforce strategy. In Radiology, efforts were made to understand data sets and capacities, with a push for involvement in interventional radiology projects. However, some capacity was diverted from ARCH support due to other priorities. Mr Oliver indicated that in Neurophysiology services, the focus was on ensuring the engagement of smaller departments like the one in HDdUHB. There was anticipation regarding the upcoming commissioning of a national service, with a keen interest in ensuring smaller departments' involvement in discussions. Mr Oliver highlighted challenges in establishing regional priorities due to unclear individual Health Board diagnostic strategies. Additionally, there was uncertainty about ARCH's role in regional planning, leading to a hiatus in the programme's progress. The absence of subgroups and limited ARCH capacity contributed to the situation. Mr Oliver acknowledged that ARCH's strengths lay in Research and Development (R&D) and innovation rather than service transformation. He emphasised the need to clarify regional priorities and allocate resources accordingly. The meeting noted the evolving nature of the Regional Diagnostics Programme and the challenges in aligning it with broader regional planning initiatives. Mr Michael Imperato questioned the relevance and effectiveness of the ARCH model in addressing regional Health Service challenges. There was acknowledgment of the importance of regional collaboration due to the significant scale of Health Service problems in Wales, indicating a need for a regional approach. However, there were concerns raised about the agility and effectiveness of the ARCH framework in facilitating regional collaboration. The meeting considered whether the ARCH concept was the right model for addressing regional challenges or if other bespoke approaches to	

	collaboration might be more suitable. While ARCH had facilitated collaboration between Health Boards and Swansea University in areas such as R&D and innovation, there were doubts about its capacity to drive operational changes effectively. Mr Oliver suggested that a more agile and focused regional delivery team that could effectively implement operational changes and address diagnostic challenges may be more appropriate. The meeting considered the implications of delays in ARCH's progress, highlighting the risks associated with not having a coordinated regional approach. The lack of clarity on regional priorities and the diversion of resources towards individual Health Board approaches were identified as potential barriers to progress. Mr Lee Davies indicated that Welsh Government's formal view on HDdUHB'sTargeted Intervention status would provide clarity on priorities and expectations in this space. *Mr Oliver left the meeting.*	
	The Strategic Development and Operational Delivery Committee **NOTED** the Regional Diagnostics Plan.	

SDODC (24)11	**DEEP DIVE PO4C: MENTAL HEALTH RECOVERY PLAN**	
	Ms Liz Carroll and Ms Aileen Flynn joined the meeting. Ms Carroll presented the Plan Deep Planning Objective 4C: Mental Health Recovery Plan Deep Dive - February 2024, highlighting engagement with the Regional Partnership Board (RPB) regarding Mental Health measures. Ms Carroll referenced the Health Board's meeting of targets for Parts 1A and 1B of the Mental Health Measure, which were previously subject to Enhanced Monitoring measures. She also highlighted the positive status of the 111 Option 2 project. However, she expressed concern about the lack of input and highlighted a potential increase in volume due to the Police's implementation of the 'Right Care, Right Person' initiative. This initiative, discussed at the recent Operational Planning, Governance and Performance Group meeting, could impact various parts of the system, including instances where individuals are missing, require health care checks or leave health care premises. Despite the initial connection with the Police, Ms Carroll highlighted broader implications across the organisation and indicated that Dyfed Powys Police would be included in further discussions. Ms Carroll emphasised the need for change in Adult Services and highlighted opportunities for seven-day working. While some areas have implemented an Operational Care Pathway (OCP), consistency is lacking, particularly regarding hours of operation. Regarding Mental Health Services, two actions have been postponed until 2024/25 due to service pressures, including those in Learning Disabilities and District General Hospitals (DGHs). Challenges in developing actions have been attributed to pressures within the system, especially with Rapid Assessment and Community Treatment. Commissioning actions, some of which are collaborative efforts with local authorities (LAs), include extending frameworks to children and young people, such as the Co-occurring Framework for Substance Misuse.	

Ms Carroll noted that Autism Spectrum Disorder (ASD) performance has improved slightly, but challenges remain. She referenced feedback from a WG meeting, where comprehensive updates were appreciated, however challenges in development across Wales were acknowledged. Ms Carroll emphasised the need for targeted intervention escalation criteria and referenced an upcoming a meeting in mid-March 2024 to discuss expectations and deliverables. She highlighted the importance of understanding how participation in Enhanced Monitoring translates into criteria for future evaluations. The meeting noted that WG has taken a fair approach and expects further discussions in the coming months to focus on specific actions and timelines.

Mr Weir raised concerns regarding the Dementia pathway, particularly highlighting challenges in access to geriatricians for patients. He expressed worry about the lack of access to mental health assessments and consistent clinical pathways for these patients, particularly in Quarter 4. He also raised the question of whether support or intervention from Committees or larger groups might be necessary to address these issues.

Ms Carroll referenced developments related to accommodation for children and young people needing mental health services. She indicated that initially, there was a plan for individual accommodations within counties, which posed challenges. However, the plan has been restructured, moving towards a hub-and-spoke model, with key changes in LA involvement. Ms Carroll indicated that this work had been dormant but has now been reinstated, with increased involvement from relevant stakeholders.

Regarding the holistic pathway for mental health in older adults, Ms Carroll explained that its development has been delayed due to capacity and service pressures. However, she highlighted the presence of a liaison service in DGHs, which provides support to individuals. Despite the delay in the holistic pathway, efforts are being made to enhance the existing services provided by the liaison service in various hospitals, ensuring coverage and support as needed. Ms Carroll referenced the need for consistency of practice across Community Mental Health Teams (CMHTs). She referred to an Organisational Change Plan (OCP) previously implemented as part of a strategy for transforming Mental Health services. This OCP was carried out in Aberystwyth several years ago, before the COVID-19 pandemic. However, since then, there have been developments in service delivery that may render the existing CMHTs outdated and in need of updating. Therefore, Ms Carroll emphasised the importance of revisiting and potentially revising the OCP to ensure that it aligns with current service needs and practices in mental health care.

Referencing the implementation of a new model aimed at ensuring consistency across all Mental Health teams, Ms Aileen Flynn emphasised the importance of 111 Option 2 24/7, which has effectively become the front door for Mental Health services, handling both crisis situations and known patients. Additionally, crisis resolution and home treatment teams will continue to operate. The focus is now on finalising documents for executive approval, which will establish a consistent five-day working schedule across all areas.

Mr Imperato raised concerns about the delay in implementing a multi-referral panel, which aims to streamline the referral process for Mental Health services. This delay, attributed to challenges in agreeing on the right model

	with LAs, was highlighted as a critical issue, particularly in light of recent suicides among young people in the Carmarthen area. Efforts to prioritise these cases in the inquest process have faced obstacles due to a backlog and a lack of positive response from the Coroner's Office. Dr Gjini indicated Public Health colleagues had been working on a cluster of six suicides in the last 18 months in the Carmarthen area. Due to plausible causes having been discarded by Police, the cases will be recorded as Coroner's Suicide. The Coroner had therefore been requested to prioritise these cases but had been unable to do so. In response to Mr Imperato's enquiry regarding awareness of Mid and West Wales Regional Safeguarding Children Board (CYSUR) and/or Mid and West Wales Regional Safeguarding Adults Board (CWMPAS), who have an overreaching role to co-ordinate bodies re safeguarding, Ms Carroll confirmed that they had not been involved with the issue. Mr Imperato expressed the need for stronger collaboration and action to address the challenges faced in the Mental Health system, emphasising the importance of prioritising and expediting solutions to prevent further tragedies. Ms Flynn highlighted the range of new services available for children and young people, including the crisis hub, funded by the WG in Carmarthen, and two sanctuary services in Haverford West and Pembrokeshire. These services aim to provide support and prevent hospitalisation for children and young people facing mental health crises. The goal is to intervene in the community before individuals reach a point of needing medical intervention. Regarding Older Adult Mental Health, Ms Marks raised concerns regarding the number of red and amber risks identified in the documents. One red risk was highlighted, with the remainder primarily categorised as commissioning-related issues. Ms Carroll outlined the challenges faced in reshaping the market to provide better support for older adults with mental health needs. The reliance on residential-based services versus supporting individuals in their own accommodation was noted as a significant factor contributing to delays in progress. Ms Marks requested an update of progress and a clearer understanding of the barriers hindering the holistic clinical pathway for people with dementia. Ms Carroll agreed to arrange a discussion with the Head of Commissioning to provide clarity on the obstacles from their perspective. Factors such as local authorities recommissioning support services and delays due to the national Continuing Health Care (CHC) review were identified as contributing to the challenges. Ms Marks expressed a willingness to escalate the issue if necessary and agreed to further discussions offline to explore potential solutions. *Ms Carroll and Ms Flynn left the meeting.*	**LC**
	The Strategic Development and Operational Delivery Committee **NOTED** the following: • The MH&LD Directorates progress against its planning objective as presented, including the associated risks, issues and considerations for each service area as highlighted. • That assurances and mitigations against each service area's objectives are being managed/scrutinised through the Mental Health and Learning	

	Disabilities Business Planning, Performance and Assurance Group and Quality, Safety and Experience Assurance Group and that Quarterly monitoring and reporting arrangements have been developed.	

SDODC (24)12	**DEEP DIVE PO7A: POPULATION HEALTH**	
	Dr Rob Green, Ms Bethan Lewis, Ms Joanna Dainton and Mr Nathan Davies joined the meeting. Dr Gjini introduced the Population Health: Planning Objective 7a Deep Dive report, highlighting an update on the well-being assessment of Primary Care Networks (PCNs). It was emphasised that the objectives cover various strategic areas, including Early Years and Child Health, Health Protection, Health Improvement and Well-being, wider determinants partnerships, and health care. Dr Gjini indicated that progress is being made in line with the outlined objectives, although there are slight delays in some areas. These delays are primarily attributed to capacity issues, including several vacancies in Public Health and Workforce teams. Additionally, there is a delay in the screening agenda due to the ongoing recovery post-pandemic. Dr Rob Green provided further details on the work undertaken to support the delivery of Objective 7A, which includes addressing wider social determinants, health equity, health improvement, health protection of activation services, health care quality and health and care Public Health. Key achievements highlighted in the report include improvements in vaccination rates in GP practices; leading engagement in smoking cessation services, with HDdUHB being the only Health Board in Wales to achieve the WG Tier 1 target of 5% of smokers making a quit attempt via the smoking cessation service; and initiatives to promote emotional and mental well-being in secondary schools. Looking ahead, Dr Green outlined plans to include expanding and strengthening work on the WG's Healthy Weight Programme, launching a vaccine equity strategy, and reinforcing local health protection systems. Despite delays, efforts are being made to strategically develop work in the health equity space, with a focus on recruitment and ongoing improvements to support these initiatives. Mr Thomas reflected on the successes achieved in various areas such as healthy schools, smoking cessation, healthy weights, and vaccinations, indicating that the organisation is performing well in these areas. He then raised a question about how to align these successes with broader demands and services, particularly in the context of mental health. He emphasised the need to quantify the benefits of these preventative services on other aspects of health care delivery. In response to this question, Mr Thomas referenced efforts initiated to establish a process to demonstrate the direct benefits of preventative services on downstream health care services. This includes the challenge of showing the positive impact of ‘shifting left,’ or investing in preventative measures to address health issues before they escalate. He acknowledged the importance of being able to demonstrate these benefits amid increasing pressure and	

	emphasised the ongoing efforts to develop a framework for such quantification. Dr Gjini acknowledged that quantifying the impact of preventative measures, such as achieving high immunisation rates or reducing smoking prevalence, is inherently difficult, often resembling a complex research question. Despite these challenges, there was a commitment to developing a framework to demonstrate the benefits of preventative services, particularly in terms of population health outcomes. Ms Joanna Dainton referenced a specific achievement related to the distribution of Naloxone (a medication used to reverse opioid overdoses), to police officers. This initiative, which has already saved nine lives, was praised as a significant success in the area of harm reduction. In response to Mr Weir's enquiry regarding measuring and assessing the impacts of this programme on various departments over the next one to two years. Ms Dainton responded in the MS Teams Chat as follows: *There's a £4 social return on every £1 investment in drug treatment and £3 investment in alcohol treatment for instance,* *£14 saving on health costs for drugs and alcohol. We're working on it locally as Ardiana says as a priority.* Ms Dainton, who leads the programme, also highlighted the immediate impact of the Naloxone distribution in saving lives and explained that monitoring efforts include tracking the number of Naloxone administrations, training sessions, and the distribution of Naloxone kits. Ms Dainton agreed to share detailed reports after the meeting. While the programme is currently voluntary for police officers, ongoing training and promotion activities are planned to reinforce its value. The feedback from the Police has been positive, indicating the effectiveness of providing access to Naloxone in overdose situations. Dr Green indicated that the team are expanding their approach to understanding overdoses and near fatal overdoses which will support the understanding of the impact of this work and where Naloxone can be better placed to reduce such incidents. In relation to the suicide cluster referenced earlier in the meeting, and examining suicide data, Dr Gjini advised that a more rigorous needs assessment of the situation was underway. Mr Imperato emphasised the importance of quantifying the outcomes and benefits of Public Health initiatives, particularly in light of financial constraints. It was acknowledged that demonstrating the effectiveness of preventative services, such as distributing Naloxone to prevent fatal overdoses or implementing suicide prevention measures, is challenging due to various factors, including the time lag in seeing results and changes in population demographics. However, there was a consensus that investing in prevention yields significant long-term benefits for health care systems. Dr Gjini also emphasised the need to develop a framework to measure the impact of Public Health interventions on reducing demand for health care services. This framework would aim to quantify the prevention of demand and demonstrate the potential cost savings associated with initiatives like Smoking Cessation programmes. It was noted that while there may be challenges in	**JD**

	attributing specific budget allocations to Public Health initiatives, it is crucial to tailor the assessment to the local context and ensure that the data reflects the reality of the situation. Mr Thomas called for a more tailored approach to assessing the impact of Public Health interventions, taking into account the specific needs and challenges of the community. This approach would shift the focus from simply measuring activity and demand to understanding the underlying population needs and anticipating the long-term benefits of preventative measures. Both Mr Weir and Dr Gjini highlighted the importance of ongoing efforts to quantify the outcomes of Public Health interventions and align them with the strategic goals of the health care system.	
	The Strategic Development and Operational Delivery Committee **NOTED** the Population Health: Planning Objective 7a Deep Dive report.	

SDODC (24)13	**PUBLIC SERVICES BOARD (PSB) WELL-BEING ASSESSMENTS (WELL-BEING OF FUTURE GENERATIONS (WALES) ACT 2015 (WBFGA))**	
	Dr Green presented the Update on Well-being Plans: Carmarthenshire, Pembrokeshire and Ceredigion report, providing a mid-year update on the Well-Being Assessments conducted in 2022 and the subsequent development of Well-Being Plans for the following three years. It was clarified that the Assessments serve as a baseline for identifying needs, while the plans outline actions to address those needs, with flexibility for iterative and evolving approaches. From a regional perspective, there were discussions about the future of the RPB, including the potential transition to match funding from the WG and considerations for faster funding to build capacity and address regional impacts. The RPB Officers and Programme Managers were acknowledged for their assistance in providing updates. Dr Green indicated that each Public Service Board (PSB) provided updates on their respective activities. Lampeter and Cardigan PSBs emphasised place-based working structures, focusing on projects tailored to their communities. Efforts in Aberystwyth shifted towards a county-level focus, building on existing place-based initiatives. Meanwhile, Carmarthenshire PSB prioritised poverty reduction and sustainable economy objectives, establishing delivery groups to address these issues. In Pembrokeshire, PSB initiatives were organised into gold, silver, and bronze structures, with focus areas including climate, poverty, and community. Notably, a Poverty Summit launched a Poverty Strategy integrating health and well-being approaches, aligning with equity-focused work in the Public Health domain. Dr Green indicated that regular updates on partnership progress are provided to the Board, ensuring ongoing monitoring and evaluation of collaborative efforts in the region. Referencing the recommendation to ‘receive assurance that the Health Board is working effectively with Statutory Partners in order to meet the required obligations as laid out by the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing (Wales) Act 2014 and that the	

PSBs are implementing actions reflected in their Well-being Plans 2023-2028,' Mr Imperato enquired whether the Act was merely aspirational, as suggested by a judge who had commented that it grants no rights to individuals or communities. He sought clarity on whether the Board was affirming that they were indeed working effectively to meet these obligations or simply acknowledging the efforts being made without definitive confirmation of compliance.

Dr Green indicated that the purpose of updates was to provide the Committee and the Board with details regarding developments in partnership forums. He emphasised the importance of these forums in addressing broader determinants of health and highlighted the need for active participation to deliver on these agendas. He also acknowledged the role of various partners, including those involved in housing, education, and the voluntary sector, in these forums.

Assurance was sought regarding the commitment to these priorities and the level of engagement in partnership forums. It was noted that participation in the three PSBs and the completion of Well-Being Assessments every three years were part of the statutory obligations. Drs Gjini and Green affirmed that the Health Board was actively involved and leading in the delivery of these priorities.

However, there was a cautious approach to using the term 'assurance' due to its potential connotations of a mere tick-box exercise. Instead, the focus was on highlighting the active engagement and participation in these forums, thus meeting the statutory duty. Dr Green emphasised the importance of avoiding any perception of complacency and ensuring a genuine commitment to the priorities set forth in the well-being assessments.

Ms Marks raised concerns regarding the practical outcomes of working with organisations in alignment with the WBFGA. While acknowledging the importance of the act's principles, she expressed uncertainty about the tangible results achieved and how they contribute to delivering well-being across the three different counties within the Health Board's jurisdiction.

In response, Dr Gjini indicated that the key reason for HDdUHB's participation in the Public Services Boards Network (PSBN), was to emphasise the Board's leadership role in influencing various initiatives, particularly in addressing poverty and inequalities. Ms Marks sought clarity on whether there is an overarching group or mechanism that coordinates the collaborative efforts of the three counties, enabling HDdUHB to be actively involved in the process.

Dr Gjini highlighted efforts to influence the setting of priorities within the PSBs, emphasising the potential impact on overall well-being. While acknowledging their direct engagement in health and well-being matters, she referenced the RPB as a forum that brings together various organisations, including HDdUHB and the PSBs, albeit not legally bound entities.

Ms Marks expressed appreciation for the clarification provided and was reassured about the collaborative efforts within the PSBs and RPB. Dr Gjini further explained the intention to merge priorities from each PSB into a regional framework, emphasising a unified approach to address prevention agendas effectively.

	Dr Gjini indicated that each PSB would be publishing an annual report between May and September 2024, providing a more detailed overview of their work. She acknowledged that the PSBs are still in the early stages of development, describing them as immature, and emphasising that the agenda is evolving. Despite this, she expressed optimism about the future and the positive outcomes that may emerge over time. In terms of assurance, Dr Gjini suggested adopting slightly different wording or framing to convey confidence in the ongoing progress and potential future success of the PSBs. She indicated that while there may be room for improvement in the language used to express assurance, there is optimism about the positive developments expected in the future. Dr Green agreed to review and revise the Recommendation in the report. *Dr Green, Ms Lewis, Ms Dainton and Mr Davies left the meeting.*	**RG**
	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** that the Health Board is working with statutory partners as a member of the three Public Service Boards, and the Regional Partnership Board, and will continue to work towards the success of these forums and the delivery of the PSB Well-being Plans	

SDODC (24)14	**CLINICAL SERVICES PLAN**	
	Mr Lee Davies advised that the Clinical Services Plan Issues paper has been completed and would be presented to the Board on 28 March 2024 as initially intended. Additionally, he noted ongoing work on refining the methodology for Phase 2 of the Plan. This aspect is progressing well and remains on track, while a broader question related to the overall description and structure of future plans for services and how services will evolve and adapt over the coming years needs to be addressed. Mr Lee Davies expressed confidence in the progress of the Clinical Services Plan and indicated that future discussions would explore the long-term vision for service development.	
	The Strategic Development and Operational Delivery Committee NOTED the verbal update to the Clinical Services Plan.	

SDODC (24)15	**A REGIONAL COLLABORATION FOR HEALTH (ARCH) UPDATE**	
	Mr Lee Davies introduced the A Regional Collaboration for Health (ARCH) Portfolio Update Report, indicating that the report had been prepared by Mr Siôn Charles. As the matter had been discussed earlier in the meeting, and in view of time constraints, Mr Lee Davies requested questions by exception. No questions were raised.	
	The Strategic Development and Operational Delivery Committee **NOTED** the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.	

SDODC (24)16	**TARGETED INTERVENTION UPDATE**	
	Mr Lee Davies introduced the Targeted Intervention Update, indicating that there has been considerable discussion on the matter earlier in the meeting. He highlighted the shift in focus towards the planning aspect of Targeted	

Intervention, noting that significant progress has been made in terms of process. He indicated that this progress can be observed in the flow of information, particularly in relation to the Clinical Services Plan.

Mr Lee Davies referenced the development of a comprehensive action plan aimed at addressing specific points raised during the Peer Review and arising from the Maturity Matrix. This plan is being tracked through Escalation Steering Group (ESG) meetings, and aims to close all related actions within the coming weeks, with a conclusion expected by the end of March 2024.

He outlined the next steps, which include presenting the progress made in the Maturity Matrix to SDODC on 25 April 2024, followed by submission to the Welsh Government as part of the Clinical Governance Framework. Mr Lee Davies emphasised that this response to Targeted Intervention aligns with the initial framework but anticipates changes in focus as HDdUHB transitions into a new phase.

Looking ahead, Mr Lee Davies referenced an upcoming Targeted Intervention Inception meeting where he expects further details on WG expectations. He anticipates similarities with previous areas of focus but also expects differences. Mr Lee Davies indicated that an initial conversation earlier in the week with WG officials provided insights into the tripartite discussion and reasons for escalation. He emphasised the importance of building a relationship with WG, especially in light of the new Targeted Intervention status, which could streamline planning, finance, and monitoring processes.

Mr Lee Davies expressed optimism about the forthcoming process, estimating it to take around 18 months to two years, depending on the de-escalation approach. He highlighted a shift from process-oriented tracking to more focus on outcomes and delivery.

Referencing the fairness of setting deadlines for tasks, with an acknowledgment of the importance of timelines and the need for a detailed action plan, Mr Lee Davies reassured the meeting that all dates align with the development of the Annual Plan and are scheduled for review by the end of March 2024. He indicated that the process is continuous, ensuring ongoing progress towards objectives.

In terms of the Maturity Matrix, there was acknowledgment of the varying timelines for different items on the matrix, with some being achievable in a short period, while others, such as the development of the Clinical Services Plan, require longer and more intricate work. Additionally, there was reference to organisational cultural planning, which is ongoing and continuous by nature, as opposed to having specific staging posts.

Mr Lee Davies emphasised the importance of having staging posts to track progress effectively and highlighted the need for coordination with other Committees, recognising that certain tasks, such as organisation cultural planning and the development of the implementation savings and opportunities dashboard, require input and collaboration from multiple stakeholders. He expressed the need for a coordinated approach to avoid overwhelming any single Committee with the vast amount of work involved in these tasks.

	The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** from the ongoing response to Targeted Intervention (from a Planning perspective).	

SDODC (24)17	**CAPITAL SUB-COMMITTEE - DECEMBER 2023**	
	Ms Eldeg Roser and Mr Rob Elliott joined the meeting. Ms Eldeg Rosser presented the Capital Sub-Committee Update report, providing a brief overview of the update from the Capital Sub-Committee, stating that there were no specific points she wished to highlight to the Committee at this time. She indicated that updates on most of the items discussed in the Capital Sub-Committee would be provided in the next agenda item.	
	The Strategic Development and Operational Delivery Committee **NOTED** the Capital Sub-Committee Update report.	

SDODC (24)18	**REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2023/24**	
	Ms Rosser presented the Capital Programme 2023/24, Plan for 2024/25 and Capital Governance Update Report, highlighting the following key points: • HDdUHB received additional allocations from WG amounting to almost £4m, allowing investment in equipment and digital backlog. Any orders in excess of £0.5m will require endorsement by SDODC prior to ratification by Board. • Amendments to the list submitted to WG will be necessary due to deliverability issues by 31 March 2024. Additionally, late allocation of capital raised increased risk, potentially requiring some items to be vested or bonded off-site by 31 March 2024. • The development and allocation of the Discretionary Capital Programme (DCP) for 2024-2025 amounting to £1.4m, considered by Capital Sub-Committee and approved by the Executive team on 21 February 2024. Despite the £1.4m allocation not covering all capital risks, the rationale for investment priorities was provided in the report for 2024/25. Ms Rosser provided an update on the progress of the all Wales prioritisation process, indicating that draft rankings of ongoing schemes had been developed following internal workshops and Executive team discussions. The completion of pro formers requested by WG was underway for submission as part of the annual planning cycle by the end of March 2024. Ms Wilmshurst indicated the following via the MS Teams Chat: *Sub-committees are required to provide a formal report to parent groups, and we are revising the Committee Update Report so will share with Ms Rosser outside of the meeting which may help with combining the reports.* Mr Lee Davies emphasised the challenge of processing projects with different scales and time frames; and acknowledged the capital constraint across Wales and the need for a process to manage it. Ms Rosser highlighted two schemes, the Chemotherapy Day Unit in Bronglais Hospital (BGH) and the Septic Scheme, indicating that the former was flagged as red due to tender cost returns being significantly higher than estimated	

	budget costs. Work was underway to revisit the project scope to reduce costs. The Septic Scheme's completion date was delayed until Summer 2026. Additionally, ongoing costs for Reinforced Autoclaved Aerated Concrete (RAAC) schemes were noted by the Committee, with a need for annual inspections resulting in expected future expenditure. Mr Rob Elliott indicated that the initial investment from WG for RAAC was on plan and ongoing costs for inspections were anticipated. Structural engineers would provide more information and ongoing research may necessitate additional work on RAAC in the future, possibly in the sum of £150k to £300k per annum. Mr Imperato commended the report.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** the update on the Capital Programme for 2023/24. • **ENDORSED** the placing of orders for the additional WG funding received, should they be over the £0.500m threshold for onward ratification to Board. • **ENDORSED** the Capital programme for 2024/25 for onward ratification to Board. • **NOTED** the update on the All Wales Capital Prioritisation process and the draft ranking of projects. • **NOTED** the capital schemes governance update. • **NOTED** the RAAC update.	

SDODC (24)19	**BUSINESS JUSTIFICATION CASE FOR PHASE 2 OF FIRE ENFORCEMENT NOTICES AND LETTERS OF FIRE SAFETY MATTERS AT WITHYBUSH HOSPITAL**	
	Mr Elliott presented the Business Justification Case (BJC) for Phase 2 of Fire Enforcement Notices (FENs) and Letters of Fire Safety. Mr Elliott provided an update on the progress of the Decant Ward project at Withybush Hospital (WGH), indicating that the ward, funded by Welsh Government, was nearing completion, enabling progress with Phase 2 of the project. Approximately £27m had already been spent on advanced projects at WGH. The business case presented was the final stage at WGH to release all Enforcement Notices previously issued against the program agreed with the Mid and West Wales Fire and Rescue Service (MWWFRS). Initially, there were indications of significant costs amounting to £60m for Phase 2. However, a further review in partnership with WG, Fire Safety Advisors, and MWWFRS led to a reduced scope, estimated at approximately £20m. This reduced scope was formally approved to proceed approximately six weeks ago. The current Outline Business Case amounts to £23.743m, slightly higher than initially estimated due to adjustments made after document submission. The business case, would, under normal circumstances be reviewed by SDODC and ratified by Board prior to submission to WG Performance Scrutiny Committee. However, due to challenges faced during Phase 1, WG requested a formal review of alternative delivery methods for the scheme, which will be conducted during the scrutiny process. This review could take four to six months to complete.	

	Mr Elliott highlighted the significant overlap between the planning of this work and RAAC management, including inspection regimes for RAAC. Collaboration with clinical teams is ongoing in this regard. He referenced an additional 1000-page Estates Annex document which he would share on request. In response to Mr Imperato's enquiry, Mr Elliott clarified that discussions with WG about the best value for money for the project will continue after passing through the Health Board's governance systems. There is a joint commitment to finding a cost-effective and efficient way to deliver the project. He emphasised the importance of maintaining momentum to prevent prolonged delays in the review process. Ms Marks commended the well-written paper and appreciated its clarity. *Ms Roser and Mr Elliott left the meeting.*	
	The Strategic Development and Operational Delivery Committee: • **NOTED** that the full Business Justification Case will be provided in advance of the Committee Meeting • **ENDORSED** the submission of the BJC for Phase 2 FEN's and LoFSMs at WGH to Board for further approval in advance of submission to WG.	

SDODC (24)20	**STRATEGIC OUTLINE CASE: A HEALTHIER MID AND WEST WALES - TO INCLUDE PO5A – ESTATES STRATEGIES**	
	Mr Lee Davies presented the Strategic Outline Case: A Healthier Mid and West Wales - to include PO5a – Estates Strategy Update report, advising that regular updates were provided to the Committee, with a significant amount of information outlined in the paper. He indicated that there had been a delay in receiving certain updates from WG, despite ongoing dialogue. The expectation is to receive these updates soon, following which a management response will be prepared and presented to SDODC and Board. Efforts are being made to expedite the response process. Regarding the stock options, Mr Lee Davies advised that arrangements are being made to schedule a meeting for the in-person section referenced in the report. There is a growing realisation that these elements, including the Targeted Intervention measures and strategic planning, are interconnected. Therefore, there is an opportunity to foster closer alignment between the Health Board and WG to ensure better coordination and synergy. He indicated that the current status is described as a holding position, indicating a need for further clarity and progress.	
	The Strategic Development and Operational Delivery Committee: • **NOTED** the approach being adopted to address the next steps required by WG as set out in their correspondence of the 18 December 2023. • **NOTED** that liaison will be required on the communications relating to the Nuffield Trust review on receipt of the final report and the work that will be required to present to IIB the actions taken or required in relation to the report's recommendations. • **NOTED** the role of the programme SRO and the recommendation that this be considered as part of the consideration of wider governance arrangements currently under review by the Interim Chief Executive.	

	• **NOTED** that there may be implications for the Principal Risk 1196, which will be subject to further review. • **NOTED** the updated Planning Objective summary report attached as Appendix 1.	

SDODC (24)21	**MONITORING WELSH HEALTH CIRCULARS (WHCS)**	
	The Committee noted the Monitoring of Welsh Health Circulars (WHCs) report.	
	The Strategic Development and Operational Delivery Committee: • **RECEIVED ASSURANCE** from the lead Executive/Director or Supporting Officer on the management of WHCs within their area of responsibility, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively; and • **NOTED** the increased frequency of reporting on WHCs to three times a year to ensure appropriate oversight and monitoring of the progress of their implementation.	

SDODC (24)22	**MINISTERIAL DIRECTIONS**	
	There were no Ministerial Directions aligned to SDODC for reporting.	

SDODC (24)23	**OPERATIONAL RISKS RELATED TO SDODC**	
	The Operational Risks related to SDODC report was introduced to members. • **Risk 1789**: Risk of inability to maintain a system-wide multiagency Health Protection service due to uncertain funding (Public Health) • **Risk 1668:** Risk of loss of Nuclear Medicine service due to ageing and unrepairable calibrator in Withybush Hospital (WGH) (USC: Radiology) No specific comments or discussions were made on the reported risks.	
	The Strategic Development and Operational Delivery Committee: • **REVIEWED** and **SCRUTINISED** the risks included within this report to **RECEIVE 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. This in turn will enable the Committee to provide the necessary **ASSURANCE** to the Board that these risks are being managed effectively.	

SDODC (24)24	**COMMUNITY AND LONG TERM CARE QUARTERLY SERVICE REPORT**	
	Ms Tracy Devantier joined the meeting. Mrs Tracy Devantier presented the Community and Long Term Care Quarterly Service Report covering the period from October to December 2024, focusing on key issues and performance measures against the Community Health Council (CHC) Framework, and highlighting the following:	

	• HDdUHB currently commissions 556 residents in nursing homes, with funding from a range of sources including Continuing Health Care (CHC), Funded Nursing Care (FNC), and Section 117. • No providers were under the escalating concerns process during Quarter 3, although one nursing home in Ceredigion entered the Escalating Concerns Process on 12 January 2024 and a Formal Suspension of Placements is in place. The Home is being closely supported by the Local Authority and the Long Term Care Team. • Financial sustainability in the care home sector remains a risk, with providers expressing concerns about the impact of the current cost of living crisis on their operations. Recruitment and retention of staff are significant challenges affecting both domiciliary and residential care. • The Discharge to Assess (D2A) pathway launched in October 2023 has shown improvement, with a significant reduction in referral to assessment time. • In terms of care at home, the average hours provided per person remain at approximately 67 hours per week, with 70 individuals receiving care packages totalling 3,853 hours per week. • Two appeals were submitted in Quarter 3, with no disputes reported. The retrospective claim process for CHC funding has seen eight retrospective reviews submitted in Quarter 3, all of which were completed within the six-month timeframe. There have been no Ombudsman inquiries or complaints related to this quarter. • The Court of Protection team continues to support an increasing number of cases, with a focus on improving assessment rates. The total number of pending assessments is reducing, indicating progress in case management. Ms Devantier referenced recent developments including the construction of a purpose-built 84-bed dementia nursing residential home in Llanelli, scheduled to open in November 2024. Additionally, plans are underway to build a further 65-bed dementia nursing residential home in Cross Hands in late 2025. She also indicated that the RPB is exploring the possibility of establishing a public sector nursing home at Pentre Annywl Fan, Llanelli, with a feasibility study ongoing. *Ms Devantier left the meeting.*	
	The Strategic Development and Operational Delivery Committee: • **NOTED** and review 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.	

SDODC (24)25	**CORPORATE POLICIES**	
	There are no policies for approval.	

SDODC (24)26	**SDODC WORK PROGRAMME 2023/24**	
	The Strategic Development and Operational Delivery Committee **NOTED** the SDODC Annual Workplan.	

SDODC (24)27	**ANY OTHER BUSINESS**	
	There was no other business reported.	

SDODC (24)2	**MATTERS AND RISKS FOR ESCALATION TO BOARD**	
	The following Matters and Risks for Escalation to Board were identified: • Ophthalmology Performance: Getting it Right First Time (GIRFT) report: Whilst the Committee received some assurance on progress, a further update was requested at the 27 June 2024 meeting. • IPAR: No patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Industrial action may impact performance and delivery of planned RTT within 104 weeks by end of March. • Regional Diagnostic Plan: Challenges re lack of clarity on regional priorities and the diversion of resources towards individual Health Board approaches were identified as potential barriers to progress. • Mental Health Recovery Plan: Delay in implementing a multi-referral panel, which aims to streamline the referral process for Mental Health services. This delay, attributed to challenges in agreeing on the right model with LAs, was highlighted as a critical issue, particularly in light of recent suicides among young people in the Carmarthen area.	

SDODC (24)2	**DATE AND TIME OF NEXT MEETING**	
	Thursday 25 April 2024, 9.30 am - 12.30 pm	