

**COFNODION Y CYFARFOD PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI  
GWEITHREDOL**

**UNAPPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND OPERATIONAL  
DELIVERY COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	Thursday 24 <sup>th</sup> February 2022 0930 - 1230
<b>Venue:</b>	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

<b>Present:</b>	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Councillor Gareth John, Independent Member (Committee Vice-Chair) (VC) Ms Anna Lewis, Independent Member (VC) Mr Iwan Thomas, Independent Member (VC) Professor John Gammon, Independent Member (VC)
<b>In Attendance</b>	Mr Lee Davies, Director of Strategic Development & Operational Planning (SDODC Executive Lead) (VC) Mr Huw Thomas, Director of Finance (VC) Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care (part) Mr Paul Williams, Assistant Director of Strategic Planning (VC) (part) Ms Jan Batty, Senior Public Health Practitioner (VC) (part) Ms Rhian Dawson, Integrated System Director Carmarthenshire (VC) (part) Dr Senthil Kumar, Clinical Lead for Stroke (VC) (part) Ms Bethan Andrews, Service Delivery Manager (VC) (part) Ms Alison Gittins, Head of Corporate & Partnership Governance (VC) Mrs Mel Dicks, Committee Services Officer, Secretariat

<b>Agenda Item</b>		<b>Action</b>
<b>SDODC (22)01</b>	<p><b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b></p> <p>The Chair, Mr Maynard Davies opened the meeting, welcoming Members of the Strategic Development and Operational Delivery Committee (SDODC) and extended a welcome to Mrs Mel Dicks, servicing her first SDODC meeting.</p> <p>The following apologies for absence were noted:</p> <ul style="list-style-type: none"> <li>• Mr Andrew Carruthers, Director of Operations</li> <li>• Ms Joanne McCarthy, Deputy Director of Public Health</li> <li>• Mrs Joanne Wilson, Board Secretary</li> </ul>	

SDODC (22)02	<b>DECLARATIONS OF INTEREST</b>	
	Mr Iwan Thomas declared an interest in agenda item <b>SDODC (22)14 PSBs Well-Being Assessments</b> , as a Member of Pembrokeshire Public Services Board.	
SDODC (22)03	<b>MINUTES AND MATTERS ARISING FROM MEETING HELD ON 15<sup>TH</sup> DECEMBER 2021</b>	
	<b>RESOLVED</b> – that the minutes of the SDODC meeting held on 15 <sup>th</sup> December 2021 be <b>APPROVED</b> as an accurate record of proceedings.	
SDODC (22)04	<b>TABLE OF ACTIONS FROM MEETING HELD ON 15<sup>TH</sup> DECEMBER 2021</b>	
	An update was provided on the Table of Actions from the meeting held on 15 <sup>th</sup> December 2021. Confirmation was received that all actions have been progressed. It was noted that <b>SDODC (21)53 Planning Objectives Update</b> has been forward planned to the 28 <sup>th</sup> April SDODC meeting with Professor Philip Kloer invited to attend.	<b>MD</b>
SDODC (22)05	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b>	
	<p>Mr Huw Thomas presented the Integrated Performance Assurance Report (IPAR) and canvassed Members for their views on the changes proposed to the way the rapidly growing data will be presented going forward, advising that future reports will mainly focus on the challenges faced. Mr Thomas confirmed that Members will still have the ability to access the full data and measures via a Power BI dashboard, with links provided within the report.</p> <p>Members confirmed their satisfaction to receive a shorter report, to include the key risks impacting performance table, and to interrogate the Power BI dashboard for any further detail required.</p> <p>Mr Thomas drew Member’s attention to the 5 key risks impacting current performance, highlighting the new risk concerning ambulance delays previously reported to Board. Mr Thomas asked Members to note the increasing patient acuity and highlighted the cost implications and challenges faced at this stage due to the significant uplift required.</p> <p>Noting that some elements of this report are rigorously scrutinised at a range of Committees, particularly the People, Organisational Development &amp; Culture Committee (PODCC) for those relating to staff shortages, Professor Gammon enquired whether there is an opportunity to streamline reporting, where appropriate, to alleviate duplication. Mr Thomas agreed, advising that further refining of the reporting may be required at individual Committees. The Chair advised that although SDODC should not be scrutinising performance data aligned to other Committees, in the case of staff shortages it is helpful to present this to SDODC given its impact on a number of other measures.</p>	

Mr Thomas commented that Family Liaison Officers are now being used to measure Patient Reported Outcome Measures (PROMs) for those in the acute setting, and that consideration could be given to how this could supplement performance measures to create a better link with quality and performance.

Ms Anna Lewis suggested subject-specific performance tends to be considered at Quality, Safety & Experience Committee, with further work to undertake from a quality and safety perspective to ensure a standard set of measures are routinely scrutinised at these meetings and enquired whether there is a standardised internal escalation process to distinguish between normal and expected degrees of deterioration in performance. Ms Lewis added that whilst Committees may receive an explanation of what is impacting on performance, Members are not necessarily sighted on the actions to deliver improvement. Mr Thomas agreed that in the absence of a standardised escalation procedure given that the process is currently more nuanced than this, it would be useful to explore this point further welcoming a more detailed conversation with Ms Lewis outside of the Committee meeting.

HT/AL

Mr Thomas confirmed that further discussion would be held on this at the 11<sup>th</sup> March 2022 Board Seminar and the 31<sup>st</sup> March 2022 Public Board, and while the intention would be to retain the IPAR as an integrated report, use would also be made of the Board Assurance Framework (BAF), supplemented with the key metrics involved.

Councillor Gareth John expressed concern at the declining measures within Mental Health, the challenges faced in terms of increasing demand, and the lack of staffing due to recruitment issues coupled with Estates issues. The Chair confirmed that these concerns would be escalated through the Committee's update report to Board.

MD

The Chair requested further detail on the changes in COVID-19 figures, enquiring how much of the decrease is due to the absence of testing. Mr Lee Davies suggested the best proxy for this would be the Health Board's own staff absence position which has improved over recent weeks with notably fewer related absences.

Mr Thomas drew Members' attention to the accompanying Benchmarking Report undertaken by the HB's Performance Manager, charting the performance of other Health Boards across Wales to identify how HDdUHB's performance compares with its peers and to inform the scale of Hywel Dda's recovery challenge. Members commended the helpful document and the interesting insights brought with it.

*Ms Jill Paterson joined the Committee meeting.*

Mr Thomas reminded Members that this report links to previous Committee discussions and highlighted the waiting times relating to children and young people for a neurodevelopment assessment, and the waiting times relating to

	<p>adults for a psychological therapy, where the data shows other Health Boards are performing better in comparison.</p> <p>The Chair enquired whether discussions could be held with neighbouring Health Boards to establish what they may be doing differently to consistently hit the targets involved. Mr Thomas agreed that there is learning that could be taken from this.</p> <p>Prof. Gammon commended the helpful report and enquired how it could be used to focus the Health Board's recovery. Mr Thomas advised that the report would be discussed at the next Executive Team meeting and presented to the extra-ordinary Board Seminar meeting on 11<sup>th</sup> March 2022 for a wider response.</p> <p>Ms Jill Paterson informed Members of the newly established Senior Operational Business Meeting, chaired jointly by herself and Mr Andrew Carruthers, with representation from all senior leads for operational services across the Health Board including primary and community care. This group would be considering performance, risks and challenges, and will be the appropriate forum for this discussion to take place, with relevant leads developing action plans to ensure improvements in their areas and to feed this up to Executive Team and elsewhere.</p> <p>Mr Iwan Thomas also commended the report as a valuable tool and enquired whether discussions are needed with Digital Health and Care Wales (DHCW) to build on and support this work on a more regular basis for the benefit of all. Mr Thomas undertook to raise in discussion with DHCW the potential for their support to produce a similar report for Wales on a bi-annual basis.</p> <p>In summary, Members acknowledged the value and benefit of the report and noted it would be presented to Board Seminar on 11<sup>th</sup> March 2022 for a discussion on how the information could best be used going forward. Members requested an update at the Committee meeting in April 2022 on any actions emanating from this.</p> <p>The Chair conveyed the thanks of the Committee to Ms Tracy Price, Performance Manager, for the valuable and insightful report.</p>	<p>HT</p> <p>HT</p>
	<p>The Strategic Development &amp; Operational Delivery Committee <b>CONSIDERED</b> the Performance Update Report – Month 10 2021/22, and <b>RAISED</b> any issues arising, including issues that needed to be escalated to the January 2022 Public Board meeting.</p>	

<p><b>SDODC (22)06</b></p>	<p><b>PLANNED CARE RECOVERY</b></p> <p>The Committee received a presentation on Planned Care Recovery highlighting the potential unreferrred backlog and its impact on recovery planning within HDdUHB. Mr Davies advised that the slides demonstrate the analysis that has recently been completed and shared with Members the</p>	
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current challenges within waiting list management. Mr Davies provided a comprehensive update on the complex piece of work that has been undertaken in conjunction with Lightfoot to consider historical trends of activity, to more accurately assess the total back-log within planned care activity which had necessarily significantly reduced from the start of the COVID-19 pandemic in March 2020.

Mr Davies further advised that on the assumption that population health need has not changed over the past two years, to achieve an assessment of the true backlog will mean adding those previously on waiting lists prior to the pandemic to those newly added to waiting lists over the past two years, and critically, the demand that had not been referred during the past two years for a variety of reasons. Mr Davies advised that work is being undertaken at specialty levels to understand the size of the current backlog and the plans that will be needed to address this over a period of time.

The recovery planning process will also need to take into account current capacity constraints in workforce, finance and infrastructure and Mr Davies informed Members of work ongoing with Lightfoot to consider how capacity could be increased together with considering options for service redesign.

Mr Davies shared a number of scenario examples to provide Members with a clearer understanding, particularly of the timeframes for recovery involved. If joint replacement activity was to be increased to 20% above pre-Covid levels, for example, the likelihood is that it may still be the end of the decade before recovery could be fully achieved. Mr Davies added that a 40% above pre-Covid levels may still take the Health Board 3 to 4 years to recover.

Mr Davies commented that the scale of the pandemic's impact is not unique to HDdUHB and this benchmarking information enables more informed discussions both internally and externally, particularly with Welsh Government (WG), on the plans that are needed to be put in place and the scale of the investment required. Mr Davies added that a further report could be presented to the Committee on the realistic level of activity reinstatement that could be achieved.

The key conclusions from this work are to increase capacity and activity and review old pathways and models of care to use as a catalyst for the Health Board's transformation agenda, whilst ensuring the public are engaged on this and patients supported as they face longer waits.

Ms Lewis suggested that the resilience of planned care must be closely linked to the unplanned care pathway and Mr Davies agreed it is impossible to separate the two and that both aspects need to be considered in parallel. The current pressures on emergency care are frustrating plans to increase capacity within planned care, therefore a system needs to be constructed that is better in balance, recognising that it is the teams that are supporting individuals on a daily basis i.e., primary and community care, that are seeing the biggest impact.

	Members thanked Mr Davies for the presentation and the detailed explanation of the slides.	
	The Strategic Development & Operational Delivery Committee discussed and <b>NOTED</b> the Planned Care Recovery presentation.	

<b>SDODC (22)07</b>	<b>DEVELOPING THE IMTP FOR THE PERIOD 2022/23 – 2024/25</b>	
	<p>The Committee received the IMTP report for the period 2022/23 – 2024/25 setting out the milestones and actions to be taken over the next 1 to 3 years in order to progress the Health Board’s strategy.</p> <p>Mr Davies provided a brief overview of the IMTP, reminding Members it had been discussed in detail at the most recent Board Seminar, with the next iteration to be presented at the extraordinary Board Seminar on 11<sup>th</sup> March 2022. Mr Davies explained that an Accountable Officer letter would be submitted to WG on 28<sup>th</sup> February 2022, to advise that while the Health Board cannot currently submit a balanced IMTP, a draft plan with an interim budget will be submitted with a view to submitting an approvable IMTP in the summer.</p> <p>Members requested clarity on whether the failure to submit an IMTP would breach the Health Board’s statutory duty under the Finance (Wales) Act 2014, and thereby influence HDdUHB’s escalation status. Mr Davies advised of his understanding that the Health Board’s current status is unlikely to be escalated further due to this. Ms Lewis confirmed that WG retains a level of confidence in the Health Board and that WG had been supportive of HDdUHB’s proposed approach at their recent review meeting.</p>	
	The Strategic Development & Operational Delivery Committee <b>NOTED</b> the steps being taken to develop an Integrated Medium-Term Plan for HDdUHB for the three year period 2022/25.	

<b>SDODC (22)08</b>	<b>A HEALTHIER MID AND WEST WALES PROGRAMME BUSINESS CASE</b>	
	<p>The Committee received the Healthier Mid and West Wales Programme Business Case (PBC) based on the version approved at the January 2022 Public Board meeting.</p> <p>Mr Davies reminded Members that following discussion at Public Board, the PBC had been referred back to SDODC for oversight. Mr Davies confirmed that the minor changes suggested at Board had been reflected in the final PBC submission to WG. Early indications from WG is that formal feedback may be received during the next few weeks, in which case an update will be provided to the next SDODC meeting.</p>	<b>LD</b>



	<p>Members suggested engagement with local representatives including town and community Councillors may prove useful as they play a critical part within communities and have an understanding of what the proposal means in reality for their constituents.</p> <p>Mr Davies confirmed that no further letters of support from partners have been received since writing the report, although every opportunity is being taken to explain the rationale behind the Health Board's proposals.</p> <p>Mr Davies agreed to share the final PBC with Members following the Committee meeting.</p>	<p><b>LD</b></p> <p><b>LD</b></p>
	<p>The Strategic Development &amp; Operational Delivery Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> Board approval of the Programme Business Case (PBC) in support of the implementation of the UHB's Health &amp; Care Strategy, 'A Healthier Mid and West Wales: Our future generations living well' on 27th January 2022.</li> <li>• <b>NOTED</b> the Programme Business Case submission to Welsh Government on 1st February 2022 including the minor strengthening of amendments following discussion at Board.</li> <li>• <b>NOTED</b> the on-going work in relation to the programme and that contact is awaited from WG in relation to the scrutiny process for the PBC.</li> </ul> <p><i>Ms Jan Batty, Ms Bethan Andrews and Dr Senthil Kumar joined the Committee meeting.</i></p>	

<p><b>SDODC (22)09</b></p>	<p><b>STROKE SERVICE RE-DESIGN</b></p> <p>The Chair welcomed Ms Jan Batty and Ms Bethan Andrews and also Dr Senthil Kumar, Clinical Lead for Stroke, to the Committee meeting.</p> <p>Ms Bethan Andrews presented the Stroke Service Re-design report to Members advising that a regional review of stroke services had commenced prior to the COVID-19 pandemic to consider the short, medium and long-term pathways and flows for stroke care as the current service model spanning four acute sites is not considered sustainable. However, work streams were paused due to the pandemic to allow staff to focus on the challenges of service delivery.</p> <p>Ms Andrews advised that over recent months, discussions with Swansea Bay University Health Board (SBUHB) have re-commenced in relation to the Stroke re-design programme, however SBUHB has now advised that they are no longer able to support HDdUHB patients in their initial Hyper Acute Stroke Unit (HASU) plans at Morriston Hospital due to their own challenges and pressures. In view of this change in direction, workforce sustainability concerns, geography and the inability to make major changes to Withybush General Hospital (WGH) and Bronglais General Hospital (BGH) until the new Planned and Urgent Care hospital has been developed, HDdUHB's Executive</p>	
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Team has approved that the initial focus for the reinstatement of the Stroke Services Re-design Programme will be on Carmarthenshire stroke services.

Whilst acknowledging that HDdUHB's current service model, spanning four acute sites is not sustainable nor able to meet required clinical standards, especially from a staffing perspective, Dr Senthil Kumar confirmed that the dedicated multidisciplinary team in place strives to provide the best care it can despite these constraints.

Dr Kumar advised that the short to medium term medical staffing sustainability concerns for Glangwili General Hospital (GGH), which relies on a single-handed clinician, underpins the rationale for the focus for Carmarthenshire.

Members acknowledged the concerning position, particularly coupled with the challenge of performance disparity across the Health Board's acute sites, with some units performing well in certain areas of stroke care compared to others. It was suggested that a need now to re-design HDdUHB's stroke services due to SBUHB's lack of ability to support Hywel Dda patients is an unacceptable position for the Health Board to find itself in and that the situation should be discussed further as partnership working with SBUHB will be key to both the long-term and short-term strategy.

Members suggested high level Executive to Executive discussions continue as part of 'A Regional Collaboration for Health' (ARCH) and for this matter to be escalated to Board through the Committee Update Report.

Ms Andrews confirmed that negotiations remain ongoing with SBUHB and Mr Davies suggested further discussions with Professor Philip Kloer and Ms Alison Shakeshaft to agree medium and long-term outcomes prior to further negotiations with SBUHB.

The Chair thanked Dr Kumar and asked that these thanks be passed on to the clinical staff involved on behalf of the Committee.

*Ms Andrews and Dr Kumar left the Committee meeting.*

*Ms Rhian Dawson joined the Committee meeting.*

The Strategic Development & Operational Delivery Committee **NOTED** the content of the Stroke Service Re-design report.

MD

**SDODC (22)10 PLANNING OBJECTIVES UPDATE INCLUDING DELIVERY OF THE Q3 ACTIONS FROM THE 2021/22 ANNUAL PLAN**

Mr Davies advised Members that the routine Planning Objectives (PO) Update Report demonstrating progress on Planning Objectives aligned to SDODC also includes an update on delivery of the Q3 actions from the



Annual Recovery Plan for 2021/22.

Ms Paterson provided an update on PO 3I and advised that the various contractor professions contract reforms are currently at different timescales for completion. Ms Paterson informed Members that the revised General Medical Services (GMS) contract had been received in December 2021 with the detail of this currently being worked through and with full implementation expected in April 2022.

Ms Paterson provided detail on the dental contract reform where elements of Units of Dental Activity (UDAs) are being removed, and advised that further detail would be provided to consider hybrid models going forward. Ms Paterson further advised that Optometry represents a significant piece of work requiring primary legislation and subsequent negotiation as there is currently no existing Optometry contract in place. This will take significant resource requirements for the Health Board in terms of implementing the recommendations and while this may take some months to complete, Members were assured that the Health Board is working within existing frameworks and guidance, with weekly meetings in place with WG.

The Chair requested further information on PO 4E, making every contact count training for therapists. Mr Davies advised that meetings are taking place with Executive Directors to work through their current planning objectives with a view to presenting a revised list and recommendations to the Board in March 2022.

Ms Paterson asked Members to note that making every contact count remains very much a live concept, reiterating that practitioners take such opportunities on a daily basis in terms of taking steps to improve patient well-being. Consideration will need to be given to how the principle of this continues to be demonstrated in future.

Mr Davies confirmed that updated progress against each planning objective, together with an update on the transition to a new set of planning objectives, would be provided to the next Committee meeting in April 2022.

LD

In terms of the Planning Objectives Update, the Strategic Development & Operational Delivery Committee received an **ASSURANCE** on the current position regarding the progress of the Planning Objectives aligned to SDODC.

In terms of the Quarterly Annual Plan Monitoring Return, the Strategic Development & Operational Delivery Committee gained **ASSURANCE** from the overarching progress and the mitigations/actions in place to recover those actions noted as 'behind' which support Q3 of HDdUHB's 2021/22 Annual Recovery Plan.

SDODC (22)11	<b>PALLIATIVE CARE STRATEGY</b>	
	<p>Ms Paterson presented the Palliative Care Strategy reminding Members that a report had previously been presented to the Committee, setting out the principles for palliative and end of life care. Members noted that Attain Healthcare Consultancy had been commissioned to develop the strategy to a position where it could be formally presented to SCODC to recommend the strategy to the Board.</p> <p>Ms Paterson advised that this strategy now forms the basis for the way in which Hywel Dda wishes to deliver and develop palliative care and end of life service across the Health Board. However, one of the challenges remains the fact that there is no single Directorate for palliative care and no single identified budget, with the resource involved spread across the Health Board's 3 counties making it difficult to consolidate services. Ms Paterson confirmed that the aim is to develop a regional approach in order that patients and their families can receive an equitable level of care in whichever locality this is delivered. Ms Paterson advised of increased interest from external stakeholders in terms of developing the strategy with work currently being undertaken to consider its implementation. Whilst as a Health Board there is an acknowledgement of an insufficient level of medical and also nursing cover, there needs to be a focus on what 'good' looks like in terms of models of care elsewhere to facilitate delivery of a better service going forward.</p> <p>Whilst recognising that implementing this strategy may raise challenges in terms of workforce and financial resources, this would need to be considered in line with other service challenges and may represent more of a re-allocation of resources as opposed to an additional cost.</p>	
	The Strategic Development & Operational Delivery Committee <b>NOTED</b> the Palliative Care Strategy supporting its presentation to the March 2022 Board for approval.	

SDODC (22)12	<b>DEMENTIA STRATEGY</b>	
	<p>Ms Rhian Dawson provided an introduction to the West Wales Care Dementia Strategy commissioned by Attain Healthcare Consultancy, confirming its final draft status prior to presentation to the Board. Ms Dawson informed Members that dementia presents a significant challenge to both Hywel Dda's population and the health and care organisations in the region given the demographic and epidemiological projections over the next 10 years.</p> <p>Ms Dawson provided Members with detail on the WG funding received with a £9 million allocation made available via the Integrated Care Fund (ICF) across Wales, £1.249 million of which has been allocated to the West Wales</p>	

	<p>Regional Partnership Board (WWRPB) for local development and implementation.</p> <p>Ms Dawson confirmed the positive stakeholder engagement in place across health, social and third sector provision and also confirmed that the voice of those living with dementia and their families had been well articulated throughout the strategy.</p> <p>Ms Dawson advised that the recommendations within the strategy are firmly aligned to the Health Board's objectives in terms of improving patient outcomes and the prevention agenda, with the Dementia Steering Group established having proved particularly useful in engaging with external organisations.</p> <p>Ms Dawson confirmed that WG has endorsed the strategy which is clearly aligned to the All Wales Dementia Action plan and its priority areas.</p> <p>Members requested further information on carer involvement given the absence of detail on this within the strategy. Ms Dawson confirmed that carers had been very much a part of stakeholder engagement contributing widely via a number of different forums and undertook to consider strengthening this within the strategy if required. Members agreed this could be added to the covering report seeking approval from the Board.</p> <p>Ms Dawson updated Members on a further piece of work being undertaken in conjunction with the Regional Workforce Development Group that will facilitate training and education for those living with dementia, their families and carers, and looked forward to presenting this to the Committee in due course.</p> <p><i>Ms Dawson left the Committee meeting.</i></p>	<p>RD</p> <p>RD</p>
	<p>The Strategic Development &amp; Operational Delivery Committee <b>CONSIDERED</b> and <b>ENDORSED</b> the West Wales Care Partnership Dementia Strategy for presentation to Public Board in March 2022 for approval.</p>	

<p><b>SDODC (22) 13</b></p>	<p><b>RPB POPULATION ASSESSMENT (SSWBA)</b></p> <p>Ms Paterson presented the RPB population assessment, which represents a legal requirement to complete in each local Government electoral cycle and is co-ordinated by the Regional Programme Management team.</p> <p>Ms Paterson advised that this represents the second such population needs assessment that has been undertaken in the region, with the first being completed in 2017.</p> <p>This latest assessment will be published on both the Health Board's and the Regional Partnership Board's website, together with its supplementary documents in order to make publicly available the data that sits behind the</p>	
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	<p>report, with the expectation also of taking these through the Board and Council for approval. This will then be brought together with the Market Stability Report to produce an Area Plan for the region and to ensure linkages with the Health Board's Strategy over the next 7 years.</p>	
	<p>The Strategic Development &amp; Operational Delivery Committee <b>NOTED</b> the RPB Population Assessment (SSWBA) which has been developed by the Regional Partnership Board, in line with legislative requirements and <b>NOTED</b> that the final version will be presented to the Public Board for approval in due course.</p>	

<p><b>SDODC (22)14</b></p>	<p><b>PSBs WELL-BEING ASSESSMENTS (WBFGA)</b></p>	
	<p>Mr Davies provided a brief introduction on the Public Services Board (PSB) Well-being Assessments that provide a legislative framework aimed at improving the social, economic, environmental and cultural well-being of Wales of which HDdUHB has both individual and collective responsibilities. Mr Davies advised that due to timing issues, the plans themselves are unavailable for this SDODC meeting, hence sharing an interim report for information.</p> <p>Ms Jan Batty advised that this item links to the previous agenda item and focuses on the environment, cultural, social and economic well-being of the population covering the wider determinants of health. Ms Batty confirmed that Local Authorities (LA) take the lead on this piece of work with engagement and contribution from the Health Board.</p> <p>Mr Iwan Thomas declared an interest in this item as a Member of Pembrokeshire PSB Pembrokeshire, and explained that the three PSBs in the Hywel Dda area and the RPB have worked in partnership to align the development of the Local Assessment of Well-being Assessment and Population Assessment to provide a standardised approach. It was noted that only 1,333 responses (out of a potential 4,500 population) had been received to the online survey which is lower than the number responding to the 2017 survey. The Committee acknowledged the limitations of this, as set out in the interim report, in terms of a true reflection of the wider population.</p> <p>The Chair requested that this item be placed on the Committee Forward Work Programme with future reports to be scheduled in the summer.</p>	<p><b>MD</b></p>
	<p>The Strategic Development &amp; Operational Delivery Committee <b>NOTED</b>:</p> <ul style="list-style-type: none"> <li>• the overview of the Health Board's involvement in the process of developing the PSB Assessments of Local Well-being;</li> <li>• the well-being survey report prepared by HDdUHB to summarise the responses to the health and well-being questions within the regional Well-being Survey; and</li> </ul>	

	<ul style="list-style-type: none"> <li>the proposed timelines for approval of the Local Assessments of Well-being by each PSB, and subsequent presentation to SDODC and Board.</li> </ul>	
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<b>SDODC (22)15</b>	<b>RPB MARKET STABILITY REPORT</b>	
	<p>Ms Paterson advised that the RPB Market Stability report links to previous agenda items and represents a WG requirement for the Health Board, working together with its LA partners through the Regional Partnership Board, to assess the sufficiency of care and support services within the Hywel Dda area.</p> <p>Ms Paterson further advised that a second element of the report considers the stability of those services regulated by Care Inspectorate Wales (CIW) which has become paramount as a consequence of the pandemic.</p> <p>Ms Paterson informed Members that during the past two years, particular challenges have been seen around the stability of services especially for older people in terms of the care market and also around services for dementia and fostering support.</p> <p>The Chair requested confirmation that plans would be developed following the local government elections. Ms Paterson confirmed that further reports and an action plan would be brought back to SDODC in due course.</p> <p><i>Ms Paterson left the Committee meeting.</i></p>	<b>JP</b>
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the Market Stability Report produced on a regional basis to enhance understanding of the regional market for care and support, in line with legislative requirements.</p>	

<b>SDODC (22)16</b>	<b>A REGIONAL COLLABORATION FOR HEALTH (ARCH) UPDATE</b>	
	<p>Mr Davies provided Members with an update on the activities of the ARCH portfolio and regional discussions between HDdUHB, Swansea Bay University Health Board (SBUHB) and Swansea University for the period December 2021 to February 2022.</p> <p>Mr Davies confirmed the clear set of plans in place in a number of areas, with this report focusing on service plans that are in the early stages of development.</p> <p>Members suggested it would be useful to present this information to Board in the future and Mr Davies confirmed that this information would be referenced within the Health Board's 3 Year Plan.</p>	
	<p>The Strategic Development and Operational Delivery Committee <b>NOTED</b> the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.</p>	

SDODC (22)17	<b>MONITORING WELSH HEALTH CIRCULARS (WHCs)</b>	
	Mr Lee Davies advised Members that the Monitoring Welsh Health Circulars (WHCs) report is presented to the Committee to provide assurance to Members on the management of WHCs within the Executive Director/ Supporting Officer areas of responsibility.  No questions or comments were received from Members.	
	The Strategic Development and Operational Development Committee <b>RECEIVED</b> assurance on the management of WHCs within the Lead Executive Director and Supporting Officer areas 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.	

SDODC (22)18	<b>DISCRETIONARY CAPITAL PROGRAMME 2021/22 AND CAPITAL GOVERNANCE UPDATE REPORT</b>	
	<i>Mr Paul Williams joined the Committee meeting.</i>	
	Mr Paul Williams provided Members with a progress update on the 2021/22 Discretionary Capital Programme (DCP), Capital Schemes Governance, and also sought the Committee's endorsement for the proposed Capital Plan for 2022/23, prior to onward submission to the Board.	
	Mr Williams advised of the significant progress made on delivery for 2021/22, and that since the most recent report to the Committee, slippage at national level has meant that £350k has been secured for IT replacement and £643k for mobile x-ray equipment.	
	Mr Williams informed Members of the challenging position for 2022/23 given the unexpected 24% decrease (circa £2m) in DCP allocation announced by WG in January 2022. Given that IT and equipment had received more of a share from previous year's allocations, the balance of available resources (over £5m) would now be going into Estates infrastructure and statutory. Mr Williams confirmed that the proposed allocation of DCP had been discussed at the most recent Executive Team meeting and included in the report to SDODC is a summary of what the Health Board can and cannot spend the funding on, recognising the balancing act to address for the forthcoming financial year.	
	The Chair suggested that the reduction in available capital for 2022/23 be escalated to Board as a matter of concern.	<b>MD</b>
Mr Thomas provided an update on the Cross Hands Health Centre advising that the Outline Business Case (OBC) is currently being progressed to incorporate the increased capital costs and to reflect WG's Decarbonisation		



	<p>Strategy. It is anticipated that the revised OBC will now be available by the end of March 2022.</p> <p>Members were informed that the Women &amp; Children Phase II timeline remains a challenging although improving position, with the staff involved now having moved into the new Special Care Baby Unit (SCBU) and due to move into the new Delivery Suite by the end of March 2022.</p> <p>Members were also informed that the Cardigan Integrated Care Centre will be subject to a full Gateway 5 review by the WG Assurance Hub in March 2022 to consider any lessons that could be learned for future schemes.</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 additional capital bids submitted and approved by WG</li> <li>• the Capital Governance update</li> <li>• the plan for PPE reports</li> </ul> <p>The Strategic Development and Operational Delivery Committee <b>ENDORSED</b> the Capital Programme for 2022/23 for onward ratification by the Board</p>	

<p><b>SDODC (22)19</b></p>	<p><b>CAPITAL GOVERNANCE REVIEW – MANAGEMENT RESPONSE AND ACTION PLAN</b></p> <p>Mr Williams presented the Capital Governance Review to Members together with an update on the management response and action plan following the recent Internal Audit undertaken. Members noted that following presentation of the report and discussion at ARAC in December 2021, the action plan is now considered appropriate for ongoing monitoring by SDODC.</p> <p>Mr Williams confirmed that actions against the 12 recommendations are on track, however highlighted the following two:</p> <ul style="list-style-type: none"> <li>• Consideration to be given to Sub-Committee and Group delegated approval limits – further consideration to be given here.</li> <li>• To establish an internal scrutiny process for Business Cases prior to presentation to Executive Team – this will require resourcing and will need to be built into the timelines for approval; additional time may therefore be required for implementation.</li> </ul> <p>Prof. Gammon, on behalf of the Committee, commended Mr Williams and the Capital Planning team on their approach to this Internal Audit review, demonstrating the learning ethos of the organisation in terms of how capital programmes are managed. Mr Williams undertook to pass the Committees thanks to the team involved.</p> <p><i>Mr Williams left the Committee meeting.</i></p> <p>The Strategic Development &amp; Operational Delivery Committee <b>TOOK ASSURANCE</b> from the Capital Governance Review report that progress is being made to deliver against the actions identified in the Management Response to the Capital Governance Review.</p>	
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SDODC (22)20	<b>CAPITAL, ESTATES &amp; INFORMATION MANAGEMENT &amp; TECHNOLOGY SUB COMMITTEE UPDATE REPORT AND REVIEW OF TERMS OF REFERENCE</b>	
	Mr Davies presented the Capital, Estates and IM&T Sub Committee Update Report and revised Terms of Reference to Members following its annual review.  Mr Iwan Thomas confirmed as a Member of the Sub-Committee that he had been content with the changes including the change of title.	
	The Strategic Development & Operational Delivery Committee <b>NOTED</b> the Sub-Committee Update Report <b>APPROVED</b> the revised Capital, Estates and IM&T Sub Committee Terms of Reference.	

SDODC (22)21	<b>CORPORATE RISKS ALLOCATED TO SDODC</b>	
	Members discussed the corporate risks presented to the Committee and the controls in place noting the planned actions in train for implementation within the stated timescales.  The Chair noted that the increasing risk score of Risk 1027 – Delivery of the Quarter 3 Operating Plan - is reflective of the current situation in terms of activity around the Omicron COVID-19 variant.	
	The Strategic Development & Operational Delivery Committee <b>RECEIVED ASSURANCE</b> that: <ul style="list-style-type: none"> <li>• All identified controls are in place and working effectively.</li> <li>• All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises.</li> </ul>	

SDODC (22)22	<b>OPERATIONAL RISKS ALLOCATED TO SDODC</b>	
	Members discussed the operational risks allocated to the Committee. Members agreed that a number of these risks had been discussed during earlier items on the agenda and had no further observations or comments to make.  It was noted that Risk 1126, Women & Children Phase II Project Risk, had not been updated since the previous report and an update was requested to be included in the next iteration of the Operational Risks Allocated to SDODC report.	<b>AC/LD</b>
	The Strategic Development & Operational Delivery Committee <b>REVIEWED</b> and <b>SCRUTINISED</b> the risks included within the Operational Risk report.	

<b>SDODC (22)23</b>	<b>SDODC WORKPLAN 2021/22 AND 2022/23</b>	
	<p>Mr Davies presented Members with the SDODC workplan for 2021/2022 which was noted.</p> <p>In terms of the SDODC workplan for 2022/23, Mr Davies acknowledged the work undertaken by Ms Alison Gittins in conjunction with Executive Leads, in terms of the timely forward planning of the Planning Objectives aligned to SDODC on the Committee's Work Plan for 2022/23.</p>	

<b>SDODC (22)24</b>	<b>ANY OTHER BUSINESS</b>	
	There was no other business raised.	

<b>SDODC (22)25</b>	<b>MATTERS FOR ESCALATION TO BOARD</b>	
	<p>The following matters were noted for escalation to the March 2022 Board through the Committee Update Report:</p> <ul style="list-style-type: none"> <li>• Concern at the declining measures within Mental Health, the challenges faced in terms of increasing demand, and the lack of staffing due to recruitment issues coupled with Estates issues be escalated through the Committee Update Report to Board.</li> <li>• Concerns around the potential inability of SBUHB to support HDdUHB patients in their initial Hyper Acute Stroke Unit (HASU) plans at Morriston Hospital due to their own challenges and pressures, with it noted that high level Executive to Executive discussions are continuing through ARCH in order to resolve this.</li> <li>• Concerns around available capital for 2022/23 given the 24% decrease in DCP allocation for 2022/23, and the balancing act that will need to be struck for the following year.</li> </ul>	<b>MD</b>

<b>SDODC (22)26</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	28 <sup>th</sup> April 2022 at 0930 – 1230, Boardroom, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams	