

**COFNODION HEB EU CYMERADWYO Y PWYLLGOR DATBLYGU STRATEGOL A
CHYFLAWNI GWEITHREDOL
UNAPPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND
OPERATIONAL DELIVERY COMMITTEE MEETING**

Date and Time of Meeting:	9.30am – 12.30pm, Thursday, 27 April 2023
Venue:	Ystwyth Boardroom and Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) Mrs Chantal Patel, Independent Member (Committee Vice-Chair) (part) Mr Rhodri Evans, Independent Member Ms Anna Lewis, Independent Member (VC)
In Attendance	Mr Lee Davies, Director of Strategy and Planning (SDODC Executive Lead) Mr Huw Thomas, Director of Finance (VC) Mr Andrew Carruthers, Director of Operations (VC) (part) Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care (part) Dr Jo McCarthy, Deputy Director of Public Health Mrs Joanne Wilson, Director of Governance (Board Secretary) (VC) Ms Sally Hurman, Committee Services Officer (Minutes) Items SDODC(23)35 Mr Keith Jones, Director of Secondary Care/General Manager (VC) Items SDODC(23)37/SDODC(23)38 Dr Daniel Warm, Head of Planning (VC) Items SDODC(23)39 Mr Rob Elliott, Director of Estates, Facilities and Capital Management (VC) Items SDODC(23)40 Ms Megan Harris. Consultant, Local Public Health Team (VC) Items SDODC(23)41 Ms Caroline Nichols, Public Health Practitioner Items SDODC(23)42 Ms Joanne Dainton, Carmarthenshire Locality Office/Area Planning Board Lead (VC) Items SDODC(23)43/SDODC(23)44/SDODC(23)45 Mrs Eldeg Rosser, Head of Capital Planning (VC) Items SDODC(23)46 Ms Alwena Hughes-Moakes, (VC), Director of Communications and Engagement

Agenda Item	Item	Action
SDODC (23)28	<p>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</p> <p>The Chair, Mr Maynard Davies, opened the meeting, welcoming members of the Strategic Development and Operational Delivery Committee (SDODC) to their first hybrid meeting.</p> <p>The Chair thanked Dr Jo McCarthy for her hard work on behalf of SDODC, wishing her every success in her secondment to Powys Teaching Health Board for six months which commences on 5 June 2023.</p> <p>The following apologies for absence were noted:</p> <ul style="list-style-type: none"> • Mr Iwan Thomas, Independent Member • Ms Alison Shakeshaft, Director of Therapies and Health Science • Mr Sam Dentten, Llais/Citizens Voice Body 	
SDODC (23)29	<p>DECLARATIONS OF INTEREST</p> <p>A declaration of interest was made by Mrs Chantal Patel in respect of regional work and in particular the Pentre Awel (Llanelli Wellness Centre) development, recognising her role at Swansea University.</p>	
SDODC (23)30	<p>MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 23 FEBRUARY 2023</p> <p>RESOLVED - the minutes of the SDODC meeting held on 23 February 2023 be APPROVED as an accurate record of proceedings.</p> <p>There were no matters arising.</p>	
SDODC (23)31	<p>TABLE OF ACTIONS FROM THE MEETING HELD ON 23 FEBRUARY 2023</p> <p>It was noted that four actions had been carried forward:</p> <p>SDODC(22)42: <i>Continuing NHS Healthcare: The National Framework for Implementation in Wales: To present the detail of a national performance tool, to the Committee when available.</i> The Framework document is not yet available. Ms Jill Paterson added that internal metrics are being developed in the meantime.</p> <p>SDODC(23) 08 (two actions): <i>Targeted Intervention: The draft action plan will be circulated to SDODC members after the Peer Review report has been received AND SDODC members will be asked to respond to Mr L Davies with comments/views.</i> It was noted that the Peer Review report is an agenda item for the June 2023 SDODC meeting.</p> <p>SDODC(23)17: <i>PO 3A: Improving Together Framework: To incorporate into SDODC Terms of Reference that the Sustainable Resources Committee (SRC) also provides assurance with regard to data.</i> It was noted that Terms of Reference is an agenda item for the June 2023 meeting and this action will be addressed at that time.</p>	

	In response to a query raised by Mr Rhodri Evans regarding action SDOCD(22)57: Cancer Wait Times , Ms Anna Lewis confirmed that this was a longstanding action which had been superseded by subsequent actions. This matter is also reported regularly to the Quality, Safety and Experience Committee (QSEC).	
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SDODC (23)32	SDODC ANNUAL ASSURANCE REPORT TO AUDIT, RISK AND ASSURANCE COMMITTEE/BOARD	
	The Committee received the SDODC Annual Assurance Report to Audit, Risk and Assurance Committee (ARAC)/Board. Mrs Joanne Wilson stated that all Board Committees provide an end of year annual report giving narrative around the breadth of work the Committee has undertaken during the year, adding that there will be a different approach for next year which will be discussed in the Committee Chairs' meeting.	
	The Strategic Development and Operational Delivery Committee APPROVED the Committee's Annual Report 2022/23 for onward transmission to Board for ENDORSEMENT at the meeting scheduled to be held on 27 July 2023.	

SDODC (23)33	TARGETED INTERVENTION UPDATE (PLANNING)	
	<p>The Committee received the Targeted Intervention (Planning) update.</p> <p>Mr L Davies stated that the report summarises the current position against key areas of work under the planning elements of Targeted Intervention (TI). The draft action plan will be updated following receipt of the final Peer Review report, to incorporate several actions which overlap with the maturity matrix which was submitted to SDODC at the previous meeting. Mr Davies added that the planning process and action plan have been paused pending receipt of the Peer Review report.</p> <p>The first draft of the Peer Review report has been received and a discussion with WG has taken place with initial comments submitted yesterday. The revised version of the report is expected within the next month. The final version will be shared with SDODC members.</p> <p>Mr L Davies also confirmed that the Clinical Services Plan had been submitted to Public Board in March 2023 and is now at the formative stage with groups being established across each of the seven service areas to agree the key actions in the action plans. A Steering Group will be established to oversee the programmes of work in all areas; there are likely to be common problems and areas of work which will be subject to engagement and consultation. Further updates will be submitted to SDODC as work progresses.</p> <p>In relation to the areas:</p> <ul style="list-style-type: none"> • Urgent and Emergency Paediatric Care: This is already quite advanced and will shortly be subject to public consultation. • Primary Care: A more fundamental piece of work is required acknowledging the strategy across Wales which gives broad information but not the level of detail required. Ms Paterson added that this is likely to 	

	<p>be a lengthy, complex piece of work for which a detailed plan will be provided.</p> <p>Ms Lewis commented on the significant value of the Clinical Services Plan and enquired about the clinical interface between the new steering group and the workstreams, particularly acknowledging the level of scrutiny, risk and governance that will be required. Mr L Davies confirmed that there are executive leads and strong clinical representation within each area project group which will meet on a quarterly basis. It was noted that around 150 people, the majority of whom are clinical leaders, have been invited to attend the meetings and two-part workshops: the first part dealing with the Clinical Services Plan and the second with strategic themes. Feedback regarding sessions to date has been positive. It was noted that Improving Together sessions will take place in addition to these meetings to address specific issues.</p> <p>Mr L Davies commented further that the Clinical Services Plan is a bridge to the longer-term strategic plan which will enable success to be measured in bringing together all aspects of service delivery into wider discussions in the context of delivery over the next five to ten years to ensure service design is fit for purpose now and for the future and will also enable further, more detailed, discussions around opportunities for change to the way services are delivered. It is hoped to set the groundwork within the next six to eight months with the Clinical Services Plan being focused on the shorter-term and initial phases with the transition into longer-term planning.</p> <p>In response to a query from Mr Rhodri Evans, Mr L Davies confirmed that updates would be provided to each SDODC meeting adding in the meeting chat that the Clinical Services Plan is an agenda item for Board in May 2023 with the paper including proposed governance arrangements. Mr L Davies undertook to provide a report for the next SDODC meeting detailing formal governance arrangements in respect of delivery of the strategy and indicative timescales, noting primary care as an exception.</p>	LD
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE regarding the ongoing response to Targeted Intervention from a Planning perspective.</p>	
SDODC (23)34	<p>PHARMACEUTICAL NEEDS ASSESSMENT: ANNUAL REVIEW</p> <p>The Committee received the Pharmaceutical Needs Assessment: Annual Review report.</p> <p>Ms Paterson referred to full report provided to SDODC, when the Pharmaceutical Needs Assessment (PNA) was launched, in line with statutory requirements. A review would normally be expected every five years unless there were changes within the system that required review. The report highlights enhanced services, including an element being launched under Clinical Community Pharmacy Services (CCPS). As of 1 April 2023, all 97 Pharmacies in the Hywel Dda area are expected to provide CCPS. Enhanced services are provided by pharmacies should they choose to do so and for which they are remunerated.</p>	

	<p>There have been some minor changes, i.e., change of ownership and changes to opening hours, particularly Sunday opening. The two reviews undertaken during the first five-year period determined that services current at that time were sufficient to meet the needs of the local population. A further review will take place to assess the impact of the changes to the closure of the dispensing services at Solva surgery. The team work positively with Llais (formerly, the Community Health Council) and patients at point of change to provide support to adjust and access other enhanced services through other practices. Ms Paterson highlighted that five community pharmacies responded to provide a prescription collection and delivery service.</p> <p>Ms Paterson provided assurance that pharmaceutical services currently provided are sufficient to meet the needs of the local population and are accessible and will be further reviewed in six months' time to ensure there is no longer-term detrimental impact that is currently not evident.</p> <p>In response to a query from Mr M Davies regarding trends of weekend opening, Ms Paterson stated that pharmacies must apply to change core hours, however, changes to supplementary hours require no formal agreement. The team will continue to review the out of hours services available for urgent prescriptions and access to services during bank holidays.</p> <p>It was agreed that Pharmaceutical Needs Assessment: Six Months Review of Services would be included as an agenda item for the SDODC meeting on 21 December 2023.</p> <p><i>Ms Paterson left the Committee meeting.</i></p>	SH
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • NOTED the annual review of the Pharmaceutical Needs Assessment; • AGREED the issuing of a Supplementary Statement as an amendment to the Pharmaceutical Needs Assessment around service provision in Solva; • AGREED a six months' review of patient access to pharmaceutical services to enable further consideration to the onward provision of dispensing services. 	
SDODC (23)35	<p>PLANNED CARE UPDATE</p> <p><i>Mr Keith Jones joined the Committee meeting.</i></p> <p>The Committee received the Planned Care presentation.</p> <p>Mr Andrew Carruthers stated that the update on Planned Care detailed the current position and plan in terms of progress, adding that the plan submitted as part of the Health Board's Annual Plan was a reasonable assessment of what could be achieved within the available Financial Plan, however, should additional funding become available, opportunities would present to improve the position. Discussions with Welsh Government (WG) are taking place regarding the Health Board's Annual Plan and Planned Care will be part of those discussions; the current position may well change as a result of those discussions.</p>	

Mr Jones stated that the presentation provides the information that underpins the basis of the Annual Plan 2023/24 which was approved by Board in March 2023 and submitted to WG. He highlighted the Ministerial priorities in respect of delivery against trajectories which are specific until June 2023 with continued improvement expected to March 2025, stating that there was a particular focus around addressing waiting list growth, the transformational work around pathway redesign and adopting a regional approach to addressing some of the recovery priorities.

The data to March 2023 demonstrates current progress and performance which is positive in terms of achieving the benchmarks. In terms of the waiting list position, there has been steady growth over the last 2½ years which is now levelling as a result of the work that has been done, and a downturn is now anticipated, although the challenge is the pace at which the downturn will continue. Mr Jones highlighted that the Health Board follows-up on a lower proportion of its population, circa 16%/17% compared to circa 30% in other Health Boards, which is important in terms of the volume of patients discharged following their outpatient appointments and the success of the SOS (See on Symptom) and PIFU (Patient Initiated Follow-Up) approaches.

In terms of outpatient activity and clinical utilisation, the Health Board is now above pre-pandemic levels which is reflected in plans for the year ahead. Treatment plans are yet to be included but reflect the realities of the workforce deficit. In terms of the delayed follow-up position, progress is being made and metrics demonstrate a better than pre-pandemic position which will continue to improve. Forecasts for the year ahead are incorporated in the Plan and are reflective of the resource framework i.e., finance, workforce availability and physical/estate infrastructure.

With regard to the progress around orthopaedic regional work, Mr Jones highlighted the work undertaken between Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) confirming that a Memorandum of Understanding had been signed in respect of an agreed project definition, provision of a governance structure and framework to support a regional orthopaedic model. The detail and a definitive plan will be forthcoming. The Memorandum of Understanding went through the ARCH Regional Recovery Group and is a statement of principles which recognises the overarching independence of both Health Boards and endorses their commitment to work together. In terms of correct governance process, Mr Jones undertook to obtain formal HDdUHB Board approval of the Memorandum of Understanding.

Priority areas have been highlighted in the presentation, including ophthalmology, endoscopy and orthopaedics. Discussions will take place with WG regarding additional recovery funding, for which £50m will be made available for all Health Boards across Wales.

Ms Lewis observed the more modern approach to managing outpatients, new ways of working and the quality improvement work which is impacting numbers and pathways of caring in a wider sense and queried whether this impact was evident. Mr Jones confirmed that outpatient activity volumes are now above pre-pandemic level and follow-up activity is circa 30% lower than pre-pandemic level as a result of those modern, transformational approaches, including SOS and PIFU which have reduced the need for face-to-face follow-

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	<p>up activity. Therefore, the resultant available capacity has been used for new patient activity which is making good progress and demonstrates the success of the secondary care model. A lot of transformational work has been developed around the shift to ongoing monitoring in a community setting, particularly in some specialties, together with increasing the level of patient initiated self-review. It is intended to undertake quarterly deeper dive reviews, in addition to the available metrics, into this transformational work and report outcomes to SDODC at the October 2023 meeting.</p> <p>In response to a query from Mrs Chantal Patel regarding the amount of additional recovery funding the Health Board will bid for, Mr Jones responded that the bid has not yet been finalised. The letter from WG has not been explicit in terms of allocation and discussions will take place with WG in the weeks ahead. Mr Huw Thomas stated that the financial position for NHS Wales and across all Health Boards in Wales is extremely challenging adding that difficult decisions and choices will need to be made by WG and Health Boards in terms of funding allocation priorities. With regard to Orthopaedics in particular, Mr Carruthers thought it likely that schemes with a regional element may be more likely to receive additional funding, however, HDdUHB Board will need to consider the possible consequences of regional working giving the example of a single waiting list with the SBUHB element being larger than HDdUHB and therefore HDdUHB's capacity being used to treat SBUHB's greater need which does not meet equity requirements in terms of a regional service. Detailed discussions to provide clarity are required regarding regional working as such initiatives progress. Mrs Wilson suggested matters such as this may be considered by the Ethics Panel before being escalated to HDdUHB Board.</p> <p>Mr M Davies highlighted that HDdUHB's planned care recovery is amongst the best in Wales. Mr Jones confirmed that HDdUHB had the best comparative numbers at milestone stage at 31 December 2022. The final comparative figures to the end of March 2023 are not yet available but are expected to be towards the top in terms of performance. The Ministerial priorities refer to the number of patients waiting 52 weeks for outpatients and 104 weeks for the total pathway. Mr M Davies requested that Mr Jones convey the Committee's thanks for the work that has been undertaken to achieve this success.</p> <p><i>Mr Jones left the Committee meeting.</i></p>	<p>KJ SH</p> <p>KJ</p>
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • RECEIVED ASSURANCE regarding the progress achieved during 2022/23 • NOTED the delivery plans developed for 2023/24 within the available resource as reflected in the Annual Plan 2023/24 • NOTED the further regional opportunities identified • ENDORSED the additional recovery opportunities to be submitted against the WG Recovery Fund 	

The Committee received the Integrated Performance Assurance Report (IPAR).

In context of the previous discussion regarding Planned Care, Mr H Thomas confirmed that the Health Board had met three key ambitions at the end of March 2023 and progress was noted in reducing the volume of patients waiting 52 weeks for stage 1 below 4000 at 3,715, the volume of patients waiting 104 weeks for stage 1 had reduced to 130 and the total pathway had reduced to 3,495.

Ongoing challenges remain with regard to Urgent and Emergency Care with a decline in performance during March 2023 compared with January and February 2023; the Emergency department has consistently escalated, and infection control issues remain, mainly as a result of lack of capacity which has restricted patient flow. Staffing deficits remain a concern, however nurse stabilisation work has improved fill rates. There is a significant number of patients ready to leave (300) who cannot, due to a lack of provision of community and social care needs.

Regarding cancer performance, there has been an improvement in the single cancer pathway performance from 38% in January 2023 to 58% in February 2023. The overall backlog in March reduced by 64 from the previous month, ahead of the internal prediction, however this will be difficult to maintain.

The main areas of concern in Therapies include Physiotherapy, Occupational Therapy, Podiatry and Dietetics, particularly around those waiting more than 14 weeks for a specific therapy; it was noted that metrics take outpatients into account but not inpatients. Industrial action has had a considerable impact, and this is being discussed with the Director of Therapies and Health Science.

In Mental Health, Psychological Therapy performance has declined for the fourth consecutive month as demand continues to outweigh capacity, which was the subject of discussion at a recent Improving Together session.

Clostridioides difficile (C.diff) infections are also above the monthly target and show continued concerning variation.

Mr H Thomas was pleased to advise members that the Health Board has exceeded its trajectory of having 2,870 nurses in place by the end of quarter four, having 2,955 in post, significantly ahead of target, as this was anticipated to be achieved in April 2024. Discussions will take place with the Director of Workforce and Organisational Development regarding reprofiling the trajectory, recognising the acceleration of recruitment work. The Executive team has discussed the implications of the increased workforce in terms of the expected reduction in agency spend, which has not yet become apparent.

In relation to workforce, Mrs Patel enquired as to the totality of the number of nurses the Health Board would like to employ, the programme of work to achieve full capacity and the financial impact this will have as a result of the reduction in agency spend. Mr H Thomas undertook to provide the figures and trajectories. Mr L Davies added that currently the Health Board has 400 nursing vacancies. In Glangwili Hospital, which has been a specific area of work, there were in excess of 100 vacancies which have now reduced to 50/60 with a further 30 overseas nurses expected to start shortly, leaving circa

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30 vacancies to fill. However, as a Health Board, there remains a significant challenge to reduce the overall number of vacancies; whilst understaffing is being addressed at Glangwili Hospital, there remain workforce challenges at Bronglais and Withybush Hospitals. It will take a number of years to achieve a full workforce target. Mr Rhodri Evans stated that savings should become evident in the next quarter as reliance on agency nurses decreases. Mr H Thomas responded that the Executive team had debated this matter at their meeting yesterday, acknowledging it was multi-dimensional and multi-faceted in that there are a number of sites in the equation, together with consequences to actions, adding that agency nurses will be required until the Health Board has achieved 100% vacancy fill rate, at which point, it will be fully staffed, however, there will be exceptions when further additional staffing will be required. Mr H Thomas added further that people will be displaced and move, giving the example of the increased fill rate at Withybush Hospital resulting in reduced agency staff who have moved from private agency to framework agency providers or into substantive posts, now it is becoming evident that the Health Board is gaining traction on delivery and has increased capacity.

There has been no shift in capacity as yet at Bronglais Hospital, however, a medium-term solution references the School of Nursing at Aberystwyth University. In addition to the financial gains, there are also secondary benefits that substantive workforce will have on flow across the system, knowledge of patients and understanding of the culture. Mr Evans acknowledged that it would take time for the Health Board to evidence savings as a whole, however, the impact on individual sites should become clear more quickly. Mr H Thomas stated that it would probably take a period of six months to assess the financial impact and it is hoped to provide evidence of financial savings against agency costs at the end of quarter one. This would normally be reported to the Sustainable Resources Committee (SRC).

Ms Lewis referred to the concern regarding Therapies, which had also been raised at the QSEC meeting on 14 February 2023, in terms of the need for trajectories and narrative in order to be able to measure and understand the difficulties, the mitigations and the actions required to address the sense of trajectory for what may be a blip or a seriously deteriorating position. Mr H Thomas undertook to follow-up with the Director of Therapies and Health Science and prepare a paper for the next meeting, to be incorporated in the IPAR, setting out the current position and detail requested. Mr Carruthers added that the trajectories submitted to WG showed Therapies waiting times reducing to 250 by the end of March 2024; there is a clear improvement plan within the work programme that the Directorate has set for this year.

Mr M Davies commented that there were very positive outcomes evidenced in the IPAR which demonstrate improvements in many areas.

The Strategic Development and Operational Delivery Committee **RECEIVED ASSURANCE** with regard to improvements evidenced in the IPAR (month 12, 2022/23) and **NOTED** concern with regard to Therapies and Mental Health.

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The Committee received the Planning Objectives Closure Report Q4 2022/23.

Dr Warm stated that the closure report builds upon previous reports presented for assurance on Planning Objectives (PO) aligned to SDODC, adding that at the end of this financial year, three POs have been completed, two are ahead of plan, six are behind plan and 27 are on track. A further report on the status of all POs will be presented to the May 2023 Board meeting, including how these will continue into 2023/24 with clear alignment in order that actions continue to be taken forward. POs for 2023/24 were endorsed as part of the Annual Plan 2023/24 that was submitted to WG at the end of March 2023.

Dr Warm referred to Annex 2 of the paper which itemised alignment of all 23 POs highlighting an amendment to PO 6c which will now report to the People, Organisational Development and Culture Committee (PODCC). Work had been undertaken with the Director of Strategy and Planning and the Assistant Director of Governance and Risk to ensure all elements are updated and aligned for 2023/24. Progress on SDODC POs will continue to be reported to the Committee and will feed-up into the Board Assurance Framework (BAF) which is reported to Board at alternate meetings.

Ms Lewis observed that four POs around high-quality patient care are aligned to planning challenges and wondered whether these would be better aligned to QSEC in terms of measuring and being quality driven, rather than planning. Mr L Davies stated that the reason these POs are aligned to SDODC is that QSEC is expected to have an overarching view of the organisation through a quality and safety lens, however, these POs will also feature strongly on the QSEC agenda. Mrs Wilson concurred adding that it was intended to keep QSEC and ARAC clear of the detail of the POs, however, there is an expectation that any assurance issues would be raised to ARAC and any quality, safety or experience issues would be raised to QSEC. The link across committee collaboration is important in terms of seeking assurance on quality on the delivery of the plan. Ms Lewis highlighted further that a key domain is around quality of care rather than planning for quality of care and requested that these POs have additional narrative outlining SDODC's responsibilities for the PO and QSEC's and ARAC's role within that PO, which Mrs Wilson undertook to provide.

Mr L Davies confirmed that closure of the Annual Plan 2022/23 would be reported to the May 2023 Board meeting, with an Executive review of progress on POs together with reflections as to how the process worked during the year.

The Strategic Development and Operational Delivery Committee:

- **RECEIVED ASSURANCE** on progress of the 2022/23 Planning Objectives;
- **NOTED** this Closure Report; and
- **NOTED** the draft 2023/24 Planning Objectives, including those that are likely to be aligned to the Committee.

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SDODC (23)38	ANNUAL PLAN 2023/24	
	<p>The Committee received the Annual Plan 2023/4.</p> <p>Dr Warm confirmed that the Annual Plan 2023/24 was approved by Board at the March 2023 meeting and submitted to WG on 31 March 2023 with the Health Board's Accountability Letter stating the reasons why it was not able to submit an Intermediate Medium-Term Plan (IMTP) and outlining the projected financial position. Initial feedback, received from the Chair of NHS Wales, indicated that the Plan, as it currently stands, is unacceptable and the Health Board is required to review elements of it. Clarification on what is required will be sought during detailed discussions between the Executive team and WG. It is understood that all Health Boards in Wales have received a similar letter and, as stated earlier in the meeting, the financial position for Health Boards across Wales presents significant challenges.</p> <p>In terms of the POs, incorporated into the Annual Plan and which align to Ministerial priorities, these will continue to be the main areas of work and will be developed and progressed; they are key to how the Health Board delivers its strategies across mid and west Wales.</p> <p>Mr L Davies stated that the meeting with WG on Wednesday, 3 May 2023 will provide clarity around what is required of the Health Board, after which, no doubt a further submission will be made. A verbal update will be given to Board at the 25 May 2023 meeting with further update to SDODC at the next meeting on 26 June 2023.</p> <p><i>Dr Daniel Warm left the Committee meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE with regard to the Annual Plan for 2023/24, including the revised Planning Objectives acknowledging that clarification is required from WG with regard to the revision(s) required.</p>	

SDODC (23)39	REINFORCED AUTOCLAVE AERATED CONCRETE (RAAC) PLANKS	
	<p><i>Mr Rob Elliott joined the meeting</i></p> <p>The Committee received the Reinforced Autoclave Aerated Concrete (RAAC) Planks report.</p> <p>Mr Elliott explained that RAAC Planks were used in construction between 1960s and 1995. Their presence has been confirmed in Worthybush Hospital on the upper floor and ward areas and a small area on the ground floor and a very small area in the plant rooms at Bronglais Hospital.</p> <p>The Health Board has been aware of this since late 2019 with surveys carried out in 2020/21 by specialist structural engineers who provided a list of recommendations with which the Health Board has complied fully, all actions having been taken in line with specialist advice.</p> <p>Since late 2021 there has been growing concern with regard to RAAC planks, following some high-profile incidents which led to WG appointing their own</p>	

structural engineers in late 2022. The resulting report, received early in 2023, requested information from the Health Board, key questions being:

- 1: What work needs to happen and over what timeline
- 2: How long the RAAC planks will last
- 3: When will they be removed

The Health Board's structural engineers have advised that in order to answer these questions, inspection is required, on a sampling basis of between 10%-15% of the number of planks; each of the weight bearing planks where they are set on the structural wall at either end of their span, will need to be drilled to confirm the location and extent of reinforcement bars within. The survey for Withybush Hospital is currently being commissioned and is due to commence mid-May 2023 in Ward 9 and will take up to nine months for all areas to be surveyed, after which, critical work will be identified. It was noted that WG has requested that Health Boards undertake a survey for RAAC planks within the wider portfolio of their estate, including community and primary care and wider community sites. This work is currently out to tender.

In response to a query from Mr Evans, Mr Elliott confirmed that there may be a key risk to highlight following the sampling survey depending on whether the reinforcement bar is loadbearing or not and this will not become evident until the plank is drilled. The survey will cost circa £450k, including consultant surveys, additional ward cleaning, decanting, portering and asbestos removal where necessary. There may be further costs for urgent remedial work. WG have indicated that the Health Board must meet these costs, however, discussions continue. Mr Elliott confirmed that safe practice considerations have been covered in the survey contract.

In terms of the pace of progress in relation to the relative risk posed, Mr Elliott felt that the surveys and resultant actions and work have been taken in a very timely way. He added that the industry risk relating to RAAC planks has been escalated considerably as industry standards have changed relatively quickly and continue to change. He added further that the Health Board has opted for a single specialist contractor, Curtains, to save time on a procurement/tender process and has rapidly secured resources i.e. cleaners, porters to ensure the ward decant, if necessary, is kept to a minimum. Contractors and specialists are on standby to undertake any remedial work with the shortest delay possible.

In response to an enquiry from Mr M Davies, Mr Elliott confirmed that VAT will be recoverable on the Consultant fee.

Mr Elliott confirmed that assurance has been received through six monthly specialist inspections over the last two years that there has been no deterioration in the RAAC planks. It is not possible to estimate the work required or the cost of that work until the surveys have been completed.

Mr L Davies confirmed that the team is addressing how to mitigate against disruption to services, particularly in the case of ward closures at Withybush Hospital if this become necessary; this potential risk is being highlighted. It was noted that RAAC planks is included on the risk register and is closely monitored in line with survey feedback. Mr L Davies undertook to provide a

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	<p>detailed update to the SDODC meeting on 31 August 2023 and if necessary, a verbal update to the SDODC meeting on 26 June 2023.</p> <p><i>Mr Elliott left the Committee meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED:</p> <ul style="list-style-type: none"> • The proactive action taken by the HDdUHB from later 2019 • The additional request from WG requiring specific information on RAAC Plank life span • The HDdUHB process to appoint, under direct award, a suitably qualified structural engineer • Further updates will be provided as survey work progresses and any remedial work identified 	

SDODC (23)40	PO 4M: HEALTH PROTECTION	
	<p><i>Ms Megan Harris joined the Committee meeting.</i></p> <p>The Committee received the report on PO 4M: Health Protection.</p> <p>Ms Harris explained that the report provided an update on the objectives of PO 4M and background around the need to establish a robust health protection system including Tuberculosis (TB). The COVID-19 pandemic response, Test, Trace Protect (TTP) developed a robust regional partnership system between local authorities, the Health Board and Public Health Wales (PHW) and the Health Protection team is building on this for funding beyond March 2024 to develop the health protection system in line with the WG review of the health protection system for Wales. The Team received £1.9m of non-recurrent funding for 2023/24 to support the new version of TTP and for TB. The TB Operational Group was re-established following the response to the Llwynhendy TB outbreak and work undertaken on the TB screening and treatment programme with the Ukrainian refugee settlement. Draft terms of reference will be taken to the Group to establish a robust governance reporting system to QSEC and SDODC and to ensure proper process for an HDdUHB TB service for paediatric and adult case finding and screening, and testing and treatment and to provide for the ability to test protocols and ensure progress on the action plan resulting from the external review of the Llwynhendy TB outbreak.</p> <p>Dr McCarthy confirmed that the Llwynhendy TB outbreak has previously been reported through QSEC and also, as part of the health protection work, through SDODC. She suggested that future TB and health protection reporting overall could be streamlined through QSEC to align with quality and also infections and infection control reporting.</p> <p>Mrs Wilson clarified that Board had requested at the Public Board meeting on 26 January 2023 that progress on the action plan and actions arising from the Llwynhendy TB review were monitored by and reported to QSEC, likewise, assurance was requested from PHW colleagues that actions from both organisations were taken forward. Mrs Wilson suggested that these actions need to be closed by QSEC before any change to future reporting is considered, adding that that TB and health protection reporting does need to be discussed in terms aligning with the new POs.</p>	

	<p>The issue as to where health protection and TB should be reported will be discussed at the Committee Chair's meeting.</p> <p>Ms Harris confirmed flexibility within the draft Terms of Reference (ToR) and undertook to forward the draft ToR for the re-established TB Operational Group to Mrs Wilson who will provide advice with regard to governance process and arrangements and provide a report on the outcome to the next SDODC meeting in June 2023.</p> <p>Dr McCarthy commented that assurance is given with regard to actions taken by the Public Health team in respect of the health protection agenda, the TB Operational Group, work undertaken with local authority colleagues around the allocation of funding this year and maintaining good relationships and also in respect of actions required by WG. However, there is no assurance with regard to future funding, whilst interim funding has been allocated for 2023/24, there is no long-term funding commitment, although Public Health is still being requested to plan for the future. Dr McCarthy expressed concern regarding the lack of assurance in terms of funding which obviously impacts on future health protection planning. Discussions continue to take place with WG who indicate that health protection is being evaluated alongside Hepatitis B and C elimination work. Mr H Thomas and Dr McCarthy undertook to discuss future funding for health protection outside of the meeting.</p> <p>Ms Harris confirmed that a workshop will take place on 15 April 2023 to agree health protection priorities aligning with current £1.9m funding. Indications are that there will be some funding post-2024, however, there will be no further COVID-19 linked funding.</p> <p>Mr M Davies thanked Ms Harris for the work being undertaken on health protection.</p> <p><i>Ms Harris left the Committee meeting.</i></p>	<p>JW</p> <p>MH JW</p> <p>HT/ JMcC</p>
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • Post-COVID-19 health protection plans are in motion • A system to review TB pathways is being established to ensure the service can respond to asks going forward. <p>The Strategic Development and Operational Delivery Committee NOTED that:</p> <ul style="list-style-type: none"> • Partnerships developed and nurtured during COVID-19 and our Ukraine response, are key to a strong multiagency system going forward. • Future funding is an area of concern. 	
<p>SDODC (23)41</p>	<p>PO 4D: PUBLIC HEALTH SCREENING</p> <p><i>Ms Caroline Nichols joined the Committee meeting.</i></p> <p>The Committee received the report on PO 4D: Public Health Screening</p> <p>Ms Nichols stated that there are three main areas of focus:</p> <ul style="list-style-type: none"> • Young people 	

- Carers
- Working with our Ukrainian population

Ms Nichols updated members on the Moondance Cancer (Bowel Cancer) Learning Programme for Schools initiative which was initially piloted in Cwm Taf with good outcomes and increased awareness of bowel cancer and bowel screening amongst pupils and their wider households.

Of the 24 schools involved in the Wales-wide programme, there are two secondary schools in the Hywel Dda area in Pembrokeshire, Haverfordwest High and Milford Haven Comprehensive. The programme includes a survey for year 7 pupils and their households to measure knowledge and awareness pre and post-participation. There are 169 pupils and 145 households participating in Haverfordwest, data for Milford Haven Comprehensive is awaited.

As part of the initiative a Vfair will be launched on 5 June 2023 with information available via a virtual platform (vfair) providing access to information, videos and activities, with additional learning opportunities within the school environment and access to much more information from a multidisciplinary team of key health professionals within the bowel cancer and screening arenas who provide information from a learning experience perspective and also a career perspective.

Mr Evans enquired as to whether there was a strategic reason for the choice of schools in the programme. Ms Nichols responded that Pembrokeshire was keen to be involved adding that it is the second highest performing county in Hywel Dda in terms of bowel screening uptake, and it is hoped that the initiative will encourage even greater screening uptake.

Ms Lewis commented on the health inequalities agenda in terms of the Public Health team accessing groups that are often marginalised or don't easily engage with services, community leaders and grass roots groups, who can assist the team in mediating access to people who would otherwise sit outside of the mainstream of services, and whether building networks in communities and with marginalised groups can assist in work to do around health inequalities. Ms Nichols responded that this is part of the Public Health plan going forward which aligns with the Public Health Wales national screening and inequalities strategy, to work with trusted community voices and key people who will be able to identify barriers and enablers and support people to take up screening appointments.

Dr McCarthy stated that the Health Equity Group was looking at number of topics and had taken screening as particular topic of focus and was working with the Community Development Outreach team and specific groups, i.e., gypsy travellers and the homeless. Further work is being undertaken with the Ukrainian refugees, again with the Community Development Outreach team, to ensure awareness of the screening services. Some strategic work is being undertaken with the PHW screening team who have a very inequalities/health equity focus.

Ms Nichols left the Committee meeting.

	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE with regard to the progress made around PO 4D: <i>Ensuring equitable opportunity for screening, including cancer screening, across Hywel Dda University Health Board</i> and NOTED that as part of the planning objective review and annual plan PO4D has become a deliverable as part of a new overall Population Health PO 7a: <i>Population Health - Develop and Implement Public Health Plans</i>.</p>	
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SDODC (23)42	PO 4S: IMPROVEMENT IN POPULATION HEALTH	
	<p><i>Ms Joanne Dainton joined the meeting.</i></p> <p>The Committee received the report on PO 4S: <i>Improvement in Population Health</i>.</p> <p>Ms Dainton explained that the document is an early draft of the Population Health Improvement and Wellbeing Plan, setting out the vision for the next three years with focus on behaviours and lifestyles. An action plan is incorporated into the strategy connecting all priority areas. Key lifestyle factors are the leading causes of preventable ill health and early death: in the 15-49 age group, drugs, alcohol, BMI and smoking are the top four risk factors; in the 50-69 age group, smoking, BMI, blood pressure and alcohol are top. These statistics highlight the rationale behind the strategy to tackle lifestyle approaches.</p> <p>The scope of the project is broad with a focus on prevention, recognising the national strategy and acknowledging the wider health and wellbeing agenda with a requirement to demonstrate the impact on the population in terms of the value-based healthcare approach. There is a range of actions around how to target those in the most socially economic deprived areas, in low-income professions, from urban communities and some very specific actions around engagement. With regard to prevention, there is focus on smoke-free environments, cessation of in-house smoking. There is a discrete alcohol harm reduction and drug misuse section and a section on emotional wellbeing, suicide and self-harm, physical activity, health and housing and gambling.</p> <p>In terms of the delivery structure, progress will be reported to the HDdUHB Board and also the Board for Drug and Alcohol Misuse with a range of sub-groups which sit underneath. There are also a number of scrutiny committees to which the team is accountable and also Welsh Government.</p> <p>In terms of timescales, this early draft is subject to amendment and will go out for wider consultation to partnership organisations with the intention that a final draft version will be available by September/October 2023.</p> <p>Mrs Patel enquired how is the team engaging with the communities to ensure they are engaging with the programme and are active and also how success will be measured at the end of strategy. Ms Dainton responded that in terms of lifestyle behaviours, the team is engaging with the community in many different ways including involvement in developing solutions and establishing a community resilience hub in Llanelli, where there are specific issues about which the community are concerned. Regular meetings will take place to address and resolve priority issues. If this is successful, the programme will</p>	

be rolled out to other key areas. There is also a separate workstream involving service users within the drug and alcohol field where ex-users in the substance misuse field are involved in distributing Naloxone (overdose prevention medication); there are varying degrees of community engagement within these programmes.

Mr M Davies referred to the discussion at the Board Seminar on 20 April 2023 regarding health inequalities, in particular to the scattergun approach of doing everything for everybody and the targeted approach of providing support where it is most needed enquiring whether this will be addressed in future drafts of the Plan. Dr McCarthy confirmed that the documents for PO 4S: *Improvement in Population Health* and PO 4K: *Health Inequalities* are closely aligned. Ms Dainton's team have evaluated the highest risk areas and are focusing efforts to address issues in those areas and there appears to be general agreement that the targeted approach is more appropriate.

Mr M Davies commented further that there is no mention of digital within the plan, particularly in terms of engagement. Ms Dainton apologised and undertook to incorporate in the next draft. She added that a health improvement and wellbeing app is currently being developed which will provide access to healthy lifestyle advice, various health-related services with the ability to make referrals, supporting resources for self-help and healthy life-style advice. The same company is also designing animations around key aspects of the strategy which will help engage with certain target groups.

Mr M Davies thanked Ms Dainton for her report and the presentation.

Ms Dainton left the Committee meeting.

The Strategic Development and Operational Delivery Committee **CONSIDERED** the scope, implications and content of the early draft Health Improvement and Wellbeing Plan which will inform the final version for Board and consultation with wider stakeholders and **RECEIVED ASSURANCE** in respect of ongoing progress with regard to planning objective PO 4S: *Improvement in Population Health* which has become a deliverable as part of a new overall Population Health PO 7a: *Population Health - Develop and Implement Public Health Plans*.

**SDODC
(23)43**

REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2023/24

Ms Eldeg Rosser joined the meeting.

The Committee received the report on the Discretionary Capital Programme 2023/24.

Ms Rosser highlighted the following for the year 2022/23:

- There was an unaudited underspend of £68K against the Capital Resource Limit.
- Teams have delivered an investment programme of £34m, including expenditure of almost £16m on fire schemes, £6.2m on diagnostic imaging facilities and replacement equipment.
- The deposit for the land for the Cross-Hands community scheme has been paid.

	<p>With regard to 2023/24, the following were highlighted:</p> <ul style="list-style-type: none"> • At the meeting on 30 March 2023, the Board ratified the programme of expenditure • The contingency of £1m for RAAC planks is coming under significant pressure with over half of that amount for consultancy • The Women's and Children's scheme is expected to complete in July 2023. • There remains significant pressure on outturn costs for the fire enforcement work at Withybush Hospital; work is being undertaken with the contractor to confirm the amount of additional cost. • The Regional Partnership Board approved the submission of two bids to WG's Integration and Rebalancing Capital Fund (IRCF): <ul style="list-style-type: none"> • To progress the Business Case for additional funding for the Carmarthen Hwb • To develop a Strategic Outline Case and Outline Business Case for the Fishguard Health and Wellbeing Centre 	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE in respect of:</p> <ul style="list-style-type: none"> • The unaudited position on the CRL for 2022/23 • The update on the Capital Programme for 2023/24 • The updates on the Health Board Capital schemes 	
<p>SDODC (23)44</p>	<p>CAPITAL SUB-COMMITTEE HELD ON 24 MARCH 2023</p> <p>The Committee received the report of the Capital Sub-Committee meeting held on 24 March 2023. The following were highlighted:</p> <ul style="list-style-type: none"> • The Sub-Committee proposed amendment to its ToR in respect of the way risk is reported in that operational leads on the Sub-Committee will provide updates on how risks are being managed and schemes that are unable to be funded within the Capital programme. The amendment to paragraph 5.1.1 was highlighted within the ToR. • The Committee received, for information, a copy of the infrastructure enabling plan which is reviewed on an annual basis as part of the planning process. The document is useful in that it identifies Capital risks, issues and aspirations. <p>With regard to the Sub-Committee ToR, Mr M Davies observed that post-project evaluation is not included and given that it was a requirement following a governance review earlier in the year, it should be incorporated. Mrs Rosser undertook to follow-up and incorporate timely post-project evaluation into the ToR.</p> <p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • NOTED the contents of the Infrastructure Enabling Plan 2023/26 (Appendix B) • APPROVED the Capital Sub-Committee Annual Report/Self-Assessment of Capital Sub-Committee Effectiveness 2022/23 	<p>ER</p>

	<ul style="list-style-type: none"> • APPROVED the revised Terms of Reference for the proposed Capital Sub-Committee (Appendix A) subject to amendment to incorporate timely post-project evaluation. 	
SDODC (23)45	CAPITAL SUB-COMMITTEE ANNUAL REPORT 2022/23 <p>The Committee received the Capital Sub-Committee Annual Report 2022/23. The following were highlighted:</p> <ul style="list-style-type: none"> • The work done on post-project evaluation and lessons learned has provided a rich source of learning for future projects. • The work undertaken in the Regional Capital space has progressed and the team has worked closely with the Regional Partnership Board on the development of Capital plans. It was noted that Mr L Davies is Co-Chair of the Strategic Capital Board and Ms Rosser Chairs the Operational Capital Board. <p><i>Ms Rosser left the Committee meeting.</i></p>	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE in respect of matters considered by the Capital Sub-Committee as outlined in the Capital Sub-Committee Annual Report 2022/23.</p>	
SDODC (23)46	PO 4T: CONTINUOUS ENGAGEMENT IMPLEMENTATION <p><i>Ms Alwena Hughes-Moakes joined the meeting</i></p> <p>The Committee received the report regarding PO 45: <i>Continuous Engagement Implementation</i>.</p> <p>Ms Hughes-Moakes apologised that the document outlining engagement activity had not been shared in advance of the meeting. She stated that the approach to Continuous Engagement had been outlined in the Continuous Engagement Plan that was approved by Board in May 2022; essentially the Health Board is continuing to engage in some of the larger, ongoing consultation events and activities around the land consultation. A Paediatrics consultation event will be launched at the end of May 2023. Both consultations are interspaced with more local and dedicated engagement events, for example, on decisions to change, close or adapt local services, referring specifically to GP surgeries.</p> <p>The Engagement team is moving towards a more continuous engagement approach and will have a presence at the forthcoming Eisteddfod at the end of May and will look for opportunities to engage with communities in ways that do not necessarily connect with a particular service change or particular need to consult, in order that conversations with communities are ongoing prior to consultation rather than starting anew.</p> <p>It was noted that Ms Hughes-Moakes had forwarded the activity document to members, this would be formally circulated by the Committee Services Officer.</p> <p>Ms Hughes-Moakes welcomed Mr Evans' support at the forthcoming Eisteddfod, stating that rotas were being developed to ensure the presence of</p>	
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	colleagues' from as many areas as possible across the Health Board, in particular, the Paediatrics consultation. She added that the Google bike would be available to those attending.	
	<i>Ms Hughes-Moakes left the meeting.</i>	
	The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE with regard to the continuing progress in respect of PO 4T: <i>Continuous Engagement Implementation</i> .	

SDODC (23)47	A HEALTHIER MID AND WEST WALES (PROGRAMME BUSINESS CASE) UPDATE	
	<p>The Committee received the A Healthier Mid and West Wales (AHMWW) Programme Business Case (PBC) Update.</p> <p>Mr L Davies confirmed that the Committee has been provided with regular updates on the land consultation which is ongoing.</p> <p>With regard to the Clinical Services Review, which was discussed at the Board meeting on 30 March 2023, it was noted that WG, disappointingly, did not receive any bids for the tender for the appointment of a review team, which will impact on timelines. It was agreed that Board would write to WG expressing concern in this regard. A meeting will take place on 5 May 2023 with WG colleagues at which an indication of the plans from this point forward will be obtained. The work on the Strategic Outline Case and links to the Clinical Services Review and next steps will become clear after this meeting.</p> <p>The technical and commercial work in support of the land selection process continues.</p> <p>The key work at the moment is in relation to the public consultation on the land which is ongoing.</p> <p><i>Mrs Patel left the Committee meeting.</i></p> <p>It was noted that the Committee was now inquorate.</p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED:</p> <ul style="list-style-type: none"> • The update on the Clinical Services Review • The progress with regard to the Strategic Outline Case (SOC) • The progress with regard to completing the public consultation and the continuing technical work and commercial discussions in support of the land selection process. 	

SDODC (23)48	AHMWW FORWARD LOOK GOVERNANCE REVIEW (ADVISORY REVIEW)	
	An action arose at the ARAC meeting held on 21 February 2023: AC(23)22: <i>To share the 'A Healthier Mid & West Wales Programme Forward Look Governance Review (Advisory Review)' report with SDODC.</i> It was noted that the report had been circulated to SDODC members with the meeting papers.	

SDODC (23)49	PENTRE AWEL (LLANELLI WELLNESS CENTRE)	
	<p>Mr L Davies had been part of an event to mark the start of the development and he confirmed that the general scheme of work is progressing. The Health Board is in close dialogue with Carmarthenshire County Council regarding the space the Health Board wishes to utilise for research and development and the Tritex space and has advised of the requirement for only one floor of the building. A similar review will be undertaken for clinical space requirements and SDODC will be updated when agreement is reached. Broader discussions will take place around opportunities that might exist with other services in the local area. Mr L Davies confirmed there would be a 50% reduction on that cost.</p> <p>Before she left the Committee meeting, Mrs Patel stated that it would be beneficial to see how Swansea University and HDdUHB could work together and complement each other and ensure alignment between the two organisations. Mr L Davies and Mrs Patel undertook to pursue discussions outside of the meeting.</p>	LD/CP
	The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE with regard to the progress in the development of the Pentre Awel project, the actions to confirm the Health Board involvement in the project and the overall timeline.	

SDODC (23)50	CORPORATE RISKS	
	<p>The Committee received the Corporate Risks report for information, noting that there were no changes, other than two risks which had reduced:</p> <ul style="list-style-type: none"> • Risk 1350: <i>Risk of not meeting the 75% waiting times target for 2022/23 due to diagnostics capacity and delays at tertiary centre.</i> This Risk has reduced, and the query was raised as to whether this was now an issue rather than a risk in relation to the timing. It was noted that the narrative around Risk 1350 requires amendment in that the paper states 2022/26 and should read 2022/23. The same risk will apply in 2023/24. Mrs Wilson confirmed that this was raised in the Directorate and the Improving Together session this week and undertook to pursue the review of this Risk with the Head of Assurance and Risk. • Risk 1407: <i>Risk to delivery of Annual Recovery Plan and achievement of Welsh Government (WG) Ministerial Priorities for the reduction in elective waiting times.</i> 	JW
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively • All planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises. • Challenge where assurances are inadequate • This in turn will enable SDODC to provide the necessary assurance (or otherwise) to the Board through its Update Report, that HDdUHB is managing these risks effectively. 	

SDODC (23)51	CORPORATE POLICIES	
	There were no corporate policies requiring SDODC approval.	

SDODC (23)52	WORK PROGRAMME 2023/24	
	The Strategic Development and Operational Delivery Committee work programme 2023/24 was received for information.	

SDODC (23)53	ANY OTHER BUSINESS	
	There was no other business.	

SDODC (23)54	MATTERS FOR ESCALATION TO BOARD	
	<ul style="list-style-type: none"> • RAAC Planks • Delay to the Clinical Services Review • The risk that WG may not be able to support Annual Plan and the need for WG guidance 	

SDODC (23)55	DATE AND TIME OF NEXT MEETING	
	9.30am – 12.30pm, Monday, 26 June 2023 Hybrid: Ystwyth Board Room and Teams	