

PWYLLGOR DATBLYGU STRATEGOL A CHYFLAWNI GWEITHREDOL STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Development and Operation Delivery Committee Annual Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Maynard Davies, Chair, Strategic Development and Operational Delivery Committee
SWYDDOG ADRODD: REPORTING OFFICER:	Lee Davies, Director of Strategy and Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to present the Strategic Development and Operation Delivery Committee (SDODC) Annual Report 2022/23.

The SDODC Annual Report provides assurance in respect of the work that has been undertaken by the Committee during 2022/23, and that the terms of reference as set by the Board are being appropriately discharged.

Cefndir / Background

Hywel Dda University Health Board's Standing Orders and the Terms of Reference for the SDODC require the submission of an Annual Report to the Board to summarise the work of the Committee and to identify how it has fulfilled the duties required of it.

The purpose of SDODC as expressed in its Terms of Reference is:

- To receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and well-being for our individuals, families and our communities*) and 5 (*Safe, sustainable, accessible and kind care*), in accordance with the Board approved timescales, as set out in Hywel Dda University Health Board's (HDdUHB) Annual Plan.
- Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
- Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of

key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

- Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
- Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

Asesiad / Assessment

SDODC has been established under Board delegation with the Health Board approving current Terms of Reference for the Committee at its Board meeting on 28 July 2022.

This Annual Report outlines how SDODC has complied with the duties set through its Terms of Reference, and also identifies key actions to address developments.

In discharging its role, the Committee is required to oversee and monitor the planning and performance assurance agenda for the Health Board and in respect of its provision of advice to the Board, ensure the implementation of the planning and performance assurance agenda against the following areas of responsibility:

- Seek assurance on delivery against all Planning Objectives aligned to the Committee, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- Review business cases, prior to Board approval, including the development of the Programme Business Case for the new hospital and the Programme Business Case for the repurposing of the Glangwili and Withybush General Hospital sites, underpinned by a robust process for continuous engagement to support delivery.
- Seek assurance on delivery of the Health Board's Annual Recovery Plan through the scrutiny of quarterly monitoring reports.
- Seek assurance on the development of the Health Board's Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Plan/IMTP and the Health Board's strategy and priorities.
- Seek assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH); Mid Wales Joint Committee; Sexual Assault Referral Centre (SARC); National Collaborative.
- Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.

- Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board
- Consider the Health Board's approach to reducing health inequalities and the interventions aimed at addressing the causes.
- Consider the new process that is established, involving all clinical service areas and individual clinical professionals, whereby the Health Board is assessed against local and national clinical effectiveness standards / NHS Delivery Framework requirements and fully contribute to all agreed national and local audits, including mortality audits.
- Provide assurance to the Board that arrangements for Capital are robust.
- Consider proposals from the Capital Sub Committee on the allocation of capital and agree these in line with HDdUHB's financial Scheme of Delegation (up to £0.5m, or up to £1m with the prior agreement of Executive Team), with any proposals over the £1m threshold to be recommended for approval to the Board.
- Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies.
- Refer planning and performance matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- Refer matters which impact on data quality and data accuracy to the Sustainable Resources Committee (SRC), and vice versa.
- Any matters that impact on workforce, education or training should be referred to People Organisational Development and Culture Committee (PODCC).
- Approve relevant corporate policies and plans within the scope of the Committee.
- Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategic Development & Operational Delivery Committee and oversee delivery.
- Agree issues to be escalated to the Board with recommendations for action.

Sub-Committees

The Sub-Committee reporting to SDODC during 2021/22 was as follows:

Capital Sub-Committee (previously the Capital, Estates and IM&T Sub-Committee) – established to:

- Oversee the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).
- Recommend to the Board, via the Strategic Development and Operational Delivery Committee (SDODC), the use of the Health Board's Capital Resource Limit (CRL), in line with the HB's financial scheme of delegation
- Review, on an annual basis, the Discretionary Capital Programme (DCP) for the following financial year.
- Oversee the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy for consideration by SDODC, prior to Board approval.
- Oversee the development and delivery of implementation plans for the Estates Strategy agreeing corrective actions where necessary and monitoring its effectiveness.

Please see Appendix 1 for the Capital Sub-Committee Annual Report.

Constitution

There is a core membership of the Committee which is comprised of:

- Independent Member (Chair).
- Independent Member (Vice Chair).
- 3 Independent Members.

The following In Attendance Members have also been identified to serve on the Committee:

- Director of Strategic Development & Operational Planning (Lead Executive).
- Director of Finance.
- Director of Operations.
- Director of Primary, Community and Long-Term Care.
- Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee
- Hywel Dda Community Health Council Representative (not counted for quoracy purposes).
- Representative of the Department of Public Health.

Meetings

During 2022/23 SDODC met on a bi-monthly basis.

As SDODC is directly accountable to the Board for its performance, it provides an assurance to the Board through a formal written update report following each SDODC meeting which is received at the subsequent Board meeting. A full set of the papers for each Committee meeting is routinely made available on-line from the Health Board's website.

During 2022/23, the Committee met on the following occasions and was quorate at each:

- 28 April 2022
- 27 June 2022
- 25 August 2022
- 10 November 2022
- 16 December 2022
- 23 February 2023

Areas of Responsibility

In discharging its duties, SDODC has undertaken work during 2022/23 against the following areas of responsibility in relation to its Terms of Reference:

Governance

- **Committee Terms of Reference:** The Committee reviewed and updated its Terms of Reference at the June 2022 meeting to include representation from the Department of Public Health to be in attendance and to ensure any matters that impact on workforce, education or training are referred to People Organisational Development and Culture Committee (PODCC). The updated Terms of Reference were approved by the Board at the meeting held on 28 July 2022.
- **Policies:** During 2022/23, the Committee did not approve any policies.

Self-Assessment of Committee Effectiveness

In June 2022, the Committee supported the **Self-Assessment of Committee Effectiveness** process with the Self-Assessment submitted in November 2022. Members of SDODC completed a questionnaire regarding the Committee's effectiveness during the previous 12

months and suggested improvements to assist the Committee in drawing up its own plan for improvement.

Discussion Items

The Committee received an **Integrated Performance Assurance Report (IPAR)** at each meeting. The matters noted included:

April 2022:

- The viability of producing a whole-system IPAR report to include the impact of delays on patient experience and the development of a Quality and Safety dashboard.
- Members were concerned to note the declining or concerning performance in a number of services, in particular Referral to Treatment Times, Cancer, Unscheduled Care, Urgent Emergency Care challenges and delays for patients.
- Members also noted improvements in delayed follow-ups and a number of patient experience measures

June 2022

- The Committee discussed how best to manage and present data and metrics around patients starting their first definitive cancer treatment within and after 62 days and describe counterfactual trends.
- Patient transport to appointments at flexible service delivery locations may not be easily accessible and may impact patients' access to services, resulting in declined appointments which in turn will impact waiting lists.
- Action being taken to support and engage staff was having a positive impact in respect of staff sickness (5.8%; which is significantly better than other Health Boards).
- Some services have not been provided in Aberystwyth as a result of there being no suitable accommodation.
- Each specialty has an established monitoring mechanism to track activity, delivery and the impact against the total waiting list size, with outcomes reported on a monthly basis.

August 2022

- Several measures had been stood down from various reporting areas as a result of the review of the NHS Wales Performance Framework, however, new sources of evidence were incorporated in IPAR reporting. Eight key improvement and priority areas were identified by the Executive Team for 2022/23, aligned to key planning objectives and in line with the 3-year plan and the NHS Performance Framework for 2022/23.
- The committee noted HDdUHB had an opportunity to review workforce survey content and questions, methods of communication and delivery, target audiences and in particular, audience engagement together with survey analysis and evaluation of metrics used, responses and response rates in order to achieve representative and increased responses from a specific cross-section audience and widen the flow of engagement for a broader range of responses with partner organisations.
- The Committee commended the Mental Health and Learning Disabilities department for the progress, for children and young people (under 18) receiving a mental health assessment within 28 days, which shows actual performance of 46% against an improvement trajectory of 20% recognising that there is more work to do to return to target performance.

November 2022

- Three significant risks were deemed likely to present and affect service delivery over the winter months for which assurance was given that these matters were being addressed:
 - The threat of industrial action;
 - Heating the HDdUHB estate and the risk of energy shortages;
 - Risk of significant cold spells resulting in increased demand on services.

December 2022

- The 104-week wait for Planned Care Recovery was ahead of the improvement trajectory to March 2023.
- Urgent and Emergency Care ambulance handover challenges remained, mainly due to workforce deficits and the backlog of ready to leave patients.
- There was focus on the Cancer backlog; the underlying risk regarding the urology pathway remained.
- Child and Adolescent Mental Health Service (CAMHS) 28 days assessment achieved its target for the first time since January 2021, however, challenges remained for psychological therapies and neurodevelopmental services and assurance was received that actions were in place to address those challenges.
- C.difficile (C.diff) and Escherichia coli (E.coli): The Committee received assurance that improvement plans were put in place with focus on infection prevention and control.
- The Health Board was above its improvement trajectory to achieve nursing and midwifery staff in post for the end of Q3 2022.
- A local pilot initiative took place in Carmarthenshire, with Advanced Paramedic Practitioners (APPs) and General Practitioners (GPs) located within an intermediate care team, which had a significant impact on the conveyance and avoidance rates. The Health Board was keen to scale-up the initiative across the Hywel Dda area, however, the Welsh Ambulance Service Trust (WAST) would fully evaluate this pilot before a decision could be made to take this initiative forward more widely. The pilot would be scaled-up locally to cover the winter period.
- Urgent and Emergency Care was operating under significant strain and pressure. Discussions were taking place with WAST with regard to setting up an offload unit at Glangwili Hospital in order to free-up ambulance resources. Further discussions were taking place with social care colleagues in terms of what more could be done to increase patient capacity and flow going into winter.
- Progress was made on reducing the Cancer care backlog. Although the November 2022 performance figures showed a reduction in activity due to workforce sickness absence, this position was recovered during December 2022/January 2023.

February 2023

- The move to the single cancer pathway would provide data that would be closely observed; metrics and modelling assumptions may require adjustment to accommodate new reporting measures.
- The 28-day Mental Health Act assessment target had steadily declined and acknowledged that the trajectory and recovery plans were being reviewed and conversations with Welsh Government (WG) were ongoing as part of the Enhanced Monitoring process.
- Recent improvement in the Urgent and Emergency Care ambulance handover times was noted.
- Capacity issues impacted therapy services, particularly the recent industrial action with staff being relocated to other services and sites.

- There has been a reduction of the 52 and 104-week waiting lists as a result of detailed waiting list management and considerable effort by the Scheduled Care Team to balance the length of time waited and clinical priority.

In April 2022, the Committee received the **Planned Care Recovery** report, noting that due to the impact of COVID-19, the number of patients waiting 36 weeks for treatment had increased by 5,000 since 31 March 2021. Members were assured that there had been steady improvement and were advised of the plans in place to increase capacity, internally and externally, by outsourcing. It was noted that 30% of the Health Board's current outpatient activity was delivered virtually, with scope to further increase this activity. Members were also advised that the Health Board did not have the core capacity to deliver the volumes required by the staging points set out in the Minister's Planned Care Recovery Plan, due to workforce challenges.

Also in April 2022, the Committee received the **Assessment of Local Well-being for each Public Services Board (PSB)** within the Hywel Dda area, noting that the assessments had been approved by each PSB and were due to be published by May 2022, in line with legislative requirements. Whilst noting that a number of Planning Objectives included reference to the Well-being Assessments, Members suggested additional wording be included referencing these documents as a key source of reference for future planning. At the February 2023 meeting, the Committee received the **PSB Well-being Plans** which had been undertaken by each PSB in 2022, leading to development of draft Well-being Plans in Ceredigion, Pembrokeshire and Carmarthenshire. HDdUHB had been part of developing these plans, which were subject to public consultation. Members noted that the plans would be submitted to Board on 30 March 2023 for approval and also to each PSB.

Welsh Health Circulars: In August 2022, the Committee noted that HDdUHB had concluded that WHC 031-21 'NHS Wales Planning Framework 2022 to 2025' was completed. However, the Committee acknowledged that Welsh Government has not accepted HDdUHB's Business Plan which had been submitted in July 2022.

At the November 2022 meeting, the Committee received a presentation regarding the **Mental Health and Learning Disability Indicators**, demonstrating the performance dashboard and metrics behind the reporting measures and highlighting the successful efforts put into this work programme jointly by the Mental Health and Learning Disability Department and the Performance team. The dashboard was helping the directorate better manage and improve delivery of their services. It was noted that this programme of monitoring is to be rolled out to 18 directorates within HDdUHB.

Also at the November 2022 meeting, **Planned Care Waiting List Overview** reporting metrics and information were shared regarding waiting lists together with the Health Board's actions across all pathways to meet and wherever possible, exceed, target trajectories.

The Committee received the **Stroke Service Re-Design** update report in June 2022, noting that Swansea Bay University Health Board (SBUHB) confirmed that HDdUHB patients would be included in their Morriston hyper-acute stroke unit provision. A further update was received at the December 2022 meeting, acknowledging two interlinked and interdependent elements: (1) The local Hywel Dda pathway work for the short, medium and longer-term pathway development in line with the clinical strategy; and (2) The work with SBUHB regarding the development of a hyperacute stroke unit. The ARCH programme would include project management support and early in 2023, discussion would focus on the Carmarthenshire element of the step-down beds and the rehabilitation element of the stroke pathway, which links to patients being repatriated from the hyperacute stroke unit.

The Committee also received the **Health Improvement and Well-being Centre** update in December 2022 noting that an application for change of use of the property in Llanelli would be submitted to the local authority planning committee. If successful, the property would be revalued and formal approval sought from the Board to proceed with the development. The Committee noted potential challenges from the local community who are expressing concern, mainly because the services to be delivered are drug and alcohol related.

Decision Items

In April 2022, the Committee received the comprehensive **SDODC Annual Assurance Report 2021/22** summarising its main achievements since its establishment in July 2021 which the Committee endorsed for onward submission to Board.

Also in April 2022, the Committee received the **Risk Management Strategy and Risk Management Framework** ratifying Chair's Action to update the framework.

Discretionary Capital Programme (DCP) 2022/23 and **Capital Governance Updates** were received by the Committee at each meeting, providing detail relating to the 2022/23 Capital Programme and planned investments and Capital Schemes governance:

- In April 2022 the Committee received assurance that detailed discussions and scrutiny regarding the DCP take place at the Capital Sub-Committee (CSC). Members anticipated that the 2022/23 programme would be smaller than previous years. Members also received a presentation on the Prince Philip Hospital Day Surgery Unit, which supported Planned Care Recovery.
- In June 2022 the Committee noted the £5.29m DCP for 2022/23. A significant imaging programme would run as part of a £12m development and a contingency sum for the year of £400k had been set aside. It was noted further that the Cross Hands Scheme had been restated at a green rating. The Fire Enforcement Phase 2 funding had been received from WG in the sum of £935k and the Prince Philip Hospital modular build commissioning detail would take into account the delay for which notification of the operational go live date was awaited.
- In August 2022, the Committee noted that the capital resource limit for the fire enforcement works has been reduced by £0.976m at Glangwili Hospital and increased by £2.674m at Withybush Hospital. Imaging works in the sum of £12m, funded by WG were progressing well. Pressures had emerged as a result of a reduced discretionary capital programme and action was taken through the Capital Sub-Committee to meet additional costs of £0.107m to enable works associated with the pharmacy robotic replacement programme and to distribute a pre-committed contribution to Women and Children's Phase II between 2022/23 and 2023/24. The Committee was advised that the negative spend of -£10,000 under the national decarbonisation programme was not related to income and with regard to vesting arrangements, an outstanding amount of £250k was noted resulting from a digital supply issue.
- In November 2022, the Committee noted that WG had undertaken to fund diagnostic imaging equipment in Prince Philip Hospital and six ultrasound replacements at the sum of £750k. It was noted that the Prince Philip Day Unit would be handed over on 11 November 2022 and would go live on 5 December 2022. A response was submitted to WG with regard to the Cross Hands development, a presentation of the scheme was made

to the Integrated Regional Capital Fund Board at the end of November 2022. The Health Board was successful in its bid for improving the environment in the Emergency Department. The Committee noted that changes had been made in the Estates Funding Advisory Board (EFAB) programme which allowed the Health Board to bid against a centrally held allocation over the following two years. There had been a modest increase in the inventory total for medical devices since 2021 (£14m, mainly through slippage) and an increase of 50% on inventory items. The Committee was concerned to note the replacement cost of £31.7m for approximately 4,500 in-use, potentially due, overdue or requiring replacement, devices, recognising a potential risk to patient safety if the equipment is not fit for purpose due to age.

- In December 2022, the Committee noted that the capital expenditure plan was on track to deliver against expenditure as per the Capital Resource Limit (CRL) and the contingency reserve remained under considerable pressure with £90k balance to 31 March 2023. EFAB bids were submitted and WG indicated likely support for the bids for £4.1m in 2023/24 and £4m in 2024/25 for which the Health Board would be required to commit to a discretionary capital contribution in each year. The DCP allocation for 2023/24 was £6.5m against which was a pre-commitment of £2.3m. Work had started on prioritising the capital programme; proposals would be submitted to the CSC in January 2023 and SDODC in February 2023.
- In February 2023, The Committee noted that there was circa £13m expenditure to progress before the end of March 2023; processes were in place in estates and finance to ensure delivery and manage underspends. The Health Board had received an allocation to progress the Children and Young People Mental Health services which will be delivered in 2022/23 and 2023/24. The capital programme for 2023/24 had been developed by the Capital Planning Group and was approved by the Capital Sub-Committee at its January 2023 meeting and the Executive Team at its meeting on 15 February 2023. The Committee noted that circa £6.9m was allocated to priority areas, however, there remains a long list of equipment that cannot be funded unless additional resource becomes available. Identified risks, as a result of equipment not being replaced, were escalated to the Executive Risk Group and would be incorporated into the Risk Register. The Women and Children Scheme Theatre 2 has been handed over, albeit with a slight delay, with an overall completion date of July 2023. A major review would be undertaken on the fire enforcement work at Withybush Hospital which was due to complete in March/April 2023. The Committee noted additional allocations over £0.500m in 2022/23 and endorsed the capital programme for 2023/24 both for onward submission to Board. The Committee also noted the Bro Myrddin development over 2022/23 and 2023/24.

The Committee received the **Programme Business Case (PBC) for Fire Improvements at Bronglais Hospital** at the meeting in February 2023, noting that it represents the next stage of investment within the overall Fire Investment Programme, as agreed with Mid and West Wales Fire and Rescue Service (MWWFRS) and is a significant element of the Health Board's wider fire safety strategy. The PBC highlighted the detail of the work to be undertaken and associated capital costs. A Business Justification Case (BJC) will be provided circa April/May 2024.

Also in February 2023, the Committee noted that the **Improving Together Framework** had been adopted for the Directorate Improving Together sessions.

Assurance Items

The Committee received **Corporate Risks** reports at the June, August, November and December 2022 meetings and was assured that identified controls were in place and working effectively and that planned actions to mitigate risks would be implemented within stated timescales.

In August 2022, two corporate risks were highlighted: Risk 1407: Annual Recovery Plan and Risk 1350 Waiting Times Target 2022/26. These risks were raised again at the November 2022 meeting and Members were assured that Risk 1407 could be reduced in view of the fact that delivery against the trajectory set by the Board was well on track and Risk 1350 acknowledged the planned industrial action which had increased the Urgent and Emergency Care risk rate to reflect the pressure in the system and the challenges in mitigating that particular risk.

The Committee received **Operational Risks** reports at the meetings in June and November 2022 and February 2023. The Committee was assured that relevant controls and mitigating actions were in place and that planned actions would be implemented within stated timescales. Risks of concern were raised to the Audit, Risk and Assurance Committee (ARAC).

The Committee received the **A Regional Collaboration for Health (ARCH)** update reports at the meetings in June and November 2022 and February 2023, noting the significant programme of work with SBUHB, with reports capturing both the overall position and the breadth of work. In November 2022, the **ARCH NHS Service Transformation Programme** assured the Committee of progress in the six regional programmes of work: cardiology, neurosciences, dermatology, eyecare, pathology and cancer programmes, plus the additional south west Wales regional stroke programme. In February 2023, the Committee noted that discussions continued with ARCH and SBUHB around service areas and regional coverage recognising the resource available will need to support services in key areas that align to Ministerial priorities.

The Committee received **Quarterly Annual Plan Monitoring Returns** update reports at meetings in June (Q4), August (Q1) and November (Q2) 2022 and February 2023 (Q3) receiving assurance on the position current at the time and progress on Planning Objectives (PO); the considerable number of Planning Objectives aligned to SDODC were reviewed and incorporated into the Annual Workplan, with 'deep dives' undertaken as necessary. The Committee was assured that the overarching progress and mitigations/actions were in place to recover actions highlighted as behind target and/or delayed.

In June 2022, two planning objectives were behind target: PO4K: Health Inequalities and PO5F: Bronglais Strategy. In August 2022 two areas of delay were highlighted: PO1F: HR Offer (induction, policies, employee relations, access to training), although this now sits with PODCC, and 5C: Business Cases for a Healthier Mid and West Wales; the delay inevitably impacting on programme timelines, although a three months' contingency had been incorporated in the programme. In November 2022 Members received assurance that PO reporting is becoming embedded with detail and narrative provided and enhanced information across key areas. In February 2023, the Committee noted that seven POs were behind schedule: PO3H: Planning objective delivery learning; PO3M: UHB communications plan; PO4Q: Community care support to reduce non-elective acute bed capacity; PO5C: Business case for A Healthier Mid and West Wales; PO5F: Bronglais Strategy; PO5O: Fragile Services (stroke element); PO5S: Palliative care and end of life care strategy. It was noted that PO5P: Market Stability Statement is complete.

In addition to the overarching PO report deep dives on individual PO's aligned to SDODC have been presented throughout the year:

- **Planning Objective 3A: Quality Management System:** In August 2022, the Committee noted prioritised, key improvement measures including Women and Children's Mental Health, Urgent and Emergency Care and Mental Health. The Improving Together framework, launched through SharePoint and which aligned with other areas of work, including workforce development, IT and the QMS delivery mechanism, would be evaluated, incorporating staff feedback, to understand the data, the challenges and to ascertain how the concept and mechanisms of delivery had made a difference. As noted above the Improving Together Framework was then considered in February 2023 and approved for consideration at the March 2023 Public Board meeting.
- **Planning Objective 4K: Health Inequalities:** In August 2022, the Committee was assured that the planning objective to bring agencies, partners, third sector and private organisations together for a more 'joined-up' approach is on track. Members noted the unprecedented challenges presented by the COVID-19 pandemic and the breadth and depth of undiagnosed and untreated health conditions, which have resulted in a widening in health inequalities; exacerbated by the approaching fuel poverty and the likelihood of a deep recession which will further impact and worsen health inequality. The Community Development Outreach team and partner agencies pursued good practice, methods of implementation and ways to promote good practice in terms of reducing health inequalities as widely as possible. The opportunity to interface the work being undertaken with pathways in primary and secondary care and align with the work in relation to the PBC were also pursued to ensure prominence. Access to digital communication was highlighted as an areas of concern for the older population. Health Inequalities was also pursued at the December 2022 and February 2023 meetings. In December 2022, the Committee received assurance with regard to progress made and was concerned to note that health inequalities were widening, despite the work being done across Wales. Locally, a Health Equity Group had been convened which evolved into a multi-agency group. At the February 2023 meeting, the Committee noted that the Health Inequalities report had been updated to incorporate suggestions made at the previous SDODC meeting regarding the Census and digital inclusion and that this would be discussed in detail at the Board Seminar in April 2023.
- In August 2022, the Committee received an update report on **Planning Objective 5H: Cluster IMTP Monitoring Report – Quarter 1**. It was noted that progress was monitored at monthly cluster meetings and locality leads meetings where both positive and negative experience was shared, along with quality improvement methodology to underpin each project. The Committee was assured with regard to the steps being taken to ensure progress of cluster IMTPs. An update was provided for quarter 2 at the December 2022 meeting where the Committee received assurance regarding progress, noting that eight centres were RAG rated red due to challenges in staff recruitment in physiotherapy and pharmacy in particular, with there being a limited number of available professionals, particularly in the Pembrokeshire and Ceredigion areas. In February 2023, the Committee noted that the first year of the scheme has seen the alignment of the national programme with regional and Health Board strategic aims and objectives, with the development of Integrated Locality Planning (ILP) groups bringing together Clusters, working collaboratively: health, social, third sector, professional groups and partners, across the health and care system. Pan Cluster Planning Groups (PCPG) would be embedded into the Health Board's planning and delivery structure, aligning to the Annual Plan, 3-Year Plan and IMTP. ILP groups will operate with a level of devolved budgeting and accounting

through the Regional Integrated Fund (RIF) and Cluster funding. Structure and governance will be provided by a national template and model Terms of Reference. For the future, the aim of the strategy is to provide preventative and proactive care which will be reflected in primary and community care with aims and objectives aligned to the national strategy, which is dependent on services being delivered under contract, management/leadership structures aligned to the Health Board, local authority and other partnerships and resource to support development and sustainability. It will also closely align to the inequalities agenda. The Committee received an update on Integrated Localities at the February 2023 meeting and noted that the programme is at the stage that the Cluster development can now become 'business as usual'.

- In November 2022 the Committee received a comprehensive presentation on **PO4Q: Community Care Support to Reduce Non-Elective Acute Bed Capacity** and acknowledged partnership working with local authorities to increase community care capacity with the Hywel Dda area, in order to achieve the target of 117 additional beds. The Committee recognised the significant scale of the challenges within the community care sector despite the actions being undertaken by HDdUHB and local authorities, which considerably impacted patient flow through the hospital system.
- **PO4S: Improvement in Population Health:** The Committee noted that this planning objective had been brought forward from March 2024. A report incorporating the overarching strategy was due to be presented to SDODC in December 2022, however this was deferred to the April 2023 meeting in order to accept a report on the Cost of Living crisis.
- **PO4L: Social Model for Health and Well-being and PO4U: Community Proposals for Place-Based Action:** The Committee received assurance at the December 2022 meeting with regard to progress made to both planning objectives and noted that they were closely linked. Action taken for PO4L was being collated and triangulated and developed into a plan to be incorporated into the IMTP process. The Committee noted the opportunities for partnership working with PSBs, Regional Partnership Board (RPB), local authorities, voluntary and third sector organisations and local communities.
- The Committee received the deep dive on **PO4L: Social Model for Health and Well-being and PO4N: Optimising the Food System as a Key Determinant of Well-being**, at the April 2022 meeting. PO4L had been established to design a process for the social model for health and well-being to underpin the community model within the Health Board's strategy and PO4N was new in terms of Health Board involvement, relating to understanding the food system. Members noted the Health Board's initial approach to both POs was to understand the process which had resulted in the willingness of key stakeholders to support the plan prior to engagement with the public.
- The Committee received assurance regarding **PO4N: Food System Update** at the December 2022 meeting in terms of progress made, noting that the Health Board has a key role as a neutral convenor for all interested parties.
- The Committee received an update report on **PO4P: Recovery and Rehabilitation Service** at the December 2022 meeting and noted the additional work undertaken to understand the requirements of the prehabilitation and rehabilitation models, particularly for more chronic conditions. HDdUHB is engaging with a number of Health Boards across Wales to develop a much more flexible, demand and capacity model, looking at levels of complexity of individuals as they present and is also engaging in an extensive mapping

exercise of all levels of rehabilitation programmes and schemes provided across the organisation.

- An update regarding **Planning Objective 5C: Business Case for a Healthier Mid and West Wales (AHMWW)** was received in August 2022. The Committee noted that detailed discussion had taken place at the extraordinary Public Board meeting on 4 August 2022 regarding the land process. It was further noted that following a meeting with the Community Health Council on 9 August 2022, the Community Health Council had supported the Health Board's decision to take three sites forward to the next stage and include a consultation process. Members understood that feedback is awaited from WG in relation to the PBC on next steps of Programme development. At the December 2022 meeting, the Committee received assurance in terms of progress, noting the development of a Strategic Outline Case (SOC) and resource schedule. The Committee also noted the slippage from the original January 2023 date into February 2023. At the meeting in February 2023, the Committee received an update report noting that the land consultation had commenced.
- With regard to **PO3J: A Healthier Mid and West Wales Communications Plan Update**, the Committee received enhanced information at the November 2022 meeting in terms of progress and in December 2022 received further assurance on progress noting that the communications plan enables the AHMWW strategy and continues to engage openly and transparently with the community to promote awareness and encourage communities to join with the Health Board on its journey. Various activities enabling communications were noted, including the continued use of the intranet, internet and social media channels as methods of communication and work with the engagement team to arrange in person and online communication sessions.
- The Committee undertook a deep dive into **PO5F: Bronglais Hospital Strategy** at the February 2023 meeting: The strategy had been impacted by the COVID-19 pandemic estimating that only 30% of the strategy has been achieved rather than circa 80% had the pandemic not intervened. Recovery plans are in place and circumstances are now better placed to review the PO and the strategy with some urgency. The Committee received a detailed briefing regarding current activities, partnership working, infrastructure and future strategy aspirations noting constraints in terms of demand, capacity, workforce and resource. The Committee noted the risk around project management which is required to align:
 - Monitoring and progress and maintain momentum to ensure the alignment of recovery programmes across three Health Boards and the catchment areas they cover;
 - Recruitment of permanent nursing and expert staff;
 - The estates review, to ensure essential building maintenance is undertaken and review buildings utilisation.

Members also noted that Bronglais Hospital is currently predicting a £3m deficit in 2022/23 which is not projected to improve in 2023/24; a risk has been identified in terms of sustainability. The strategy will be updated to address financial matters in terms of assurance and sustainability.

At the June 2022 meeting, the Committee received, for information, the **COVID-19 Mass Vaccination Programme: Delivery Plan Autumn Booster 2022/23** report noting the opportunity to transition the delivery of the COVID-19 vaccination programme with the existing flu programme and the proposed plan to respond to a request to surge vaccinate over the

autumn/winter period. In August 2022, alongside the Influenza Season and Vaccination Programme presentations, the **Evaluation of the Winter Plan 2021/22 and 2022/23 Plan** were discussed. The Committee noted that future winter plans will be incorporated into the Health Board's Integrated Medium-Term Plan (IMTP). The Plan 2022/23 plan recognised the transition from the COVID-19 and the opportunity to correlate and share information from 2021/22, particularly for vaccination and Urgent and Emergency Care and incorporated the programme and structure, which aligned to the WG's framework and WG's expectation to ringfence orthopaedic capacity.

In August 2022, the Committee received the report regarding the **Influenza Season: End of Season 2021/22 and 2022/23: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season**, noting increases in uptake in the HDdUHB clinical risk six months to 74 years category, and the 65+ years population category, also noting that HDdUHB had vaccinated more staff than other HBs in Wales; 6880, an increase of 220+ on the previous year. The **Winter Respiratory Vaccination Programme Delivery Plan 2022/23** was also presented and the Committee noted that definitive guidance had been received from the Joint Committee on Vaccination and Immunisation (JCVI) in July 2022, which was supported by WG's strategy for the co-administration of COVID-19 and influenza. A co-ordinated programme across the three HDdUHB counties was delivered through various teams including GP surgeries, Mass Vaccination Centres (MVCs) and community pharmacies. The Committee discussed campaign messaging, noting there was no definitive opinion regarding a focus on protecting the community rather than yourself.

The **Pharmaceutical Needs Assessment (PNA)** was considered at the August 2022 meeting. The report was the first review of the PNA since October 2021, the outcome of which was presented to the Primary Care Contract Review Group in April 2022, which determined that there have been no significant changes.

Targeted Intervention: The Committee received updates at the November and December 2022 and February 2023 meetings, receiving assurance in November 2022 that the Chief Executive and the Executive Team had taken necessary action to address HDdUHB's Targeted Intervention (finance and planning) and Enhanced Monitoring (performance) status, through the establishment of Working Groups to report to an Escalation Steering Group. The maturity matrix was endorsed at the December 2022 meeting and the Committee noted progress in relation to the key aspects that the Health Board had been requested to take forward as part of the escalation status, including the Clinical Services Plan. In February 2023 the Committee noted the significant amount of work undertaken on the development of the Annual Plan 2023/24 and an Action Plan which had been developed in alignment with the maturity matrix to provide assessment of improvement. Members received clarification that the Peer Review of planning had commenced and noted that the Clinical Services Review is expected to be undertaken in May 2023, both funded by WG. Members also noted that actions and outcomes from the Clinical Services Plan will align with the Health Board's financial trajectory which will be addressed within the Annual Plan and 3-Year Plan.

The Committee received the **Continuing NHS Healthcare: The National Framework for Implementation in Wales Report** at the December 2022 meeting, receiving assurance from the ongoing work with WG and Health and Social Care colleagues to ensure social compliance.

The **Dementia Care Strategy** update was received at the December 2022 meeting where the Committee received assurance on the status, as at the time, of the Regional Dementia Strategy noting that governance and plans were in place to assure its delivery in line with the All-Wales Dementia Care Pathway of Standards. The significant amount of work undertaken around dementia care was acknowledged.

In December 2022 the Committee received assurance regarding the **Palliative Care Strategy** in terms of progress, noting that the palliative care triumvirate was significantly delayed, however, agreement has been reached on the way forward with recruitment into the triumvirate completed by the end of March 2023. The future model of care will be clinically designed and service provision will be locally delivered, Health Board wide.

Service Changes in Swansea Bay University Health Board (SBUHB): At the meeting in February 2023, the Committee was joined by a representative from SBUHB who appraised Members of changes in services provided jointly by HDdUHB and with SBUHB, particularly changes taking place at Singleton and Morriston Hospitals and to tertiary services provided. Members noted provision for Acute Medical Services, Scheduled Care, the Acute Medical Assessment Unit, the Surgical Assessment Unit, fracture discharge service and the cardiology ward. SBUHB work with ARCH on the Acute Coronary Syndrome (ACS) and cardiology pathways was highlighted.

The Committee endorsed the **Integrated Executive Group Advocacy Strategy** at the February 2023 meeting noting that this had been part of an extended period of engagement relating to the population needs assessment and provided the opportunity to build on the work undertaken to develop and shape advocacy services collectively across the health and social care systems in order that the three local authorities met their statutory obligation on the provision of advocacy services.

Also at the February 2023 meeting, the Committee received assurance that all actions had been completed regarding the **Capital Governance Review** and the report could be closed. The process will be refined for the 2023/26 period; lessons learned have been captured and shared across the various teams involved in capital projects.

Information Items

The Committee received the Health Board's **Integrated Medium-Term Plan (IMTP) for the Period 2022/23 –2024/25** at the June 2022 meeting noting the steps being taken to further develop the Plan to incorporate a one-year financial forecast for submission to Welsh Government. In December 2022 the Committee received the updated IMTP, noting the requirement for further development models and saving opportunities to facilitate a financially balanced IMTP. Members were informed of challenging conversations with WG and that, following these discussions, the Executive Team would evaluate and explore options to respond.

The Committee received **Capital Sub-Committee Update Reports** at each meeting:

April 2022: The Committee noted the focus of discussions at the CSC meeting on 29 March 2022 relating to the impact of year end and the risk to the 2022/23 programme. In terms of the CSC Annual Report 2021/22, Members commended the team regarding the openness in terms of governance procedures which demonstrate the Health Board is a learning organisation; the approach was acknowledged and commended.

June 2022: Members noted that the year-end position for the capital resource limit was delivered within £62k of the limit. There were no outstanding recommendations for action on the capital audit tracker. Four items were being tracked on the capital governance review to ensure they met timescales. The Sub-Committee had received a presentation from the Arts in Health Team noting opportunities for involvement in capital schemes/projects for the benefit of

patients and staff. It was also noted that there was a significant increase in vesting arrangements at the end of 2021/22 due to supply issues.

August 2022: A positive post-project evaluation and lessons learned update report on the Aberaeron Integrated Care Centre scheme had been received and the Sub-Committee also received an update on medical device replacement progress in the past year.

November 2022: The Committee noted priority capital developments in Mental Health and Learning Disabilities: Tudor House, Preseli Centre, both in excess of £1m for which business cases will be produced. The relocation of the crisis assessment treatment team to Morlais Ward was noted.

December 2022: The Committee received the report of the meeting held on 22 November 2022 and approved the CSC's updated Terms of Reference. Members noted that the infrastructure investment plan was being reviewed as part of the planning cycle for the following year and the Health Board is working with the RPB to prepare a ten year capital plan that will enable access to the WG Housing with Care and the Integration and Rebalancing Capital Funds.

February 2023: The Committee noted that the key items were referred to in the Discretionary Capital Programme 2022/23 report specifically: Additional allocations over £0.500m in 2022/23 for onward submission to Board and 2023/24, the Bro Myrddin development over 2022/23 and 2023/24. SDODC also endorsed the capital programme for 2023/24 for onward submission to Board.

An update was received by the Committee at the April 2022 meeting regarding **Implementing the Healthier Mid and West Wales Strategy PBC**, noting that the Health Board had responded to scrutiny questions received from WG.

In April 2022, the Committee received a presentation regarding the **Cross Hands Health and Well-being Centre**, noting that the Outline Business Case (OBC) would be presented to Board on 26 May 2022, prior to re-submission to WG. Members noted that the OBC aligns to the Pentre Awel development and that, whilst the financial costs have increased, annual revenue costs associated with the scheme will be cost neutral.

The **Pentre Awel Update 2022 – Quarter 2** update was received by the Committee at the April 2022 meeting outlining the key milestones and noting that the project was progressing at pace. A further update was received at the December 2022 meeting where Members noted progress of the development, acknowledging that the Health Board is in negotiation with Carmarthenshire County Council with regard to reducing ongoing costs associated with rates, etc.

The Committee received a **Transforming Access to Medicines (TrAMs) Introduction and Update** at the April 2022 meeting, noting that TrAMs is a long-standing programme to consolidate the Pharmacy Technical Services within NHS Wales led by the NHS Wales Shared Services Partnership (NWSSP). Members discussed the rationale for the development of three regional hubs, understanding that specific locations had not been confirmed. Members fully supported the TrAMs programme and received assurance that risks associated with the aseptic units will be managed until TrAMs develops with investment from WG.

In December 2022, the Committee noted progress with regard to the **Aseptic BJC** endorsing onward presentation to the Board, following completion of internal scrutiny. The BJC was submitted to WG in the sum of £12m for a complete standalone unit to be based at Withybush

Hospital. The Committee acknowledged that the Health Board would need to provide aseptic services for the next five to eight years.

The Committee received the **Recovery Planning (Post-Lightfoot)** presentation at the June 2022 meeting, noting that pre-COVID-19 had seen a gradual increase in admissions and activity for planned care which increased considerably during and as a result of the pandemic. Referrals had recovered more quickly than service activity, creating pressure on the system through increased demand. Work was undertaken to manage the interface between primary and secondary care. Waiting lists for services were significantly impacted and a great deal of work was required to achieve the 104 weeks waiting list target. Two Ministerial Measures were noted as a priority (1): No one waiting longer than a year for their first outpatient appointment by the end of 2022; and (2): Eliminate the number of people waiting longer than two years in most specialities by March 2023. In June 2022 a circa 5,000 patient gap was envisaged in the outpatient 52 weeks target by December 2022. Workforce capacity was noted as a key risk and efforts were continuously being made to recruit. There had been an estimated 25% increase in primary care activity with concern regarding the late presentation of cancers as a result of the pandemic. Recovery targets have been monitored and reported to the Committee at each meeting through the IPAR.

In November 2022, the Committee received an SPC for the **South West Cancer Centre**, an ARCH programme for which HDdUHB is working in partnership with SBUHB on the development of a non-surgical oncology programme to align with the cancer services framework in south west Wales to be able to deal with the increasing number of patients requirement treatment, enabling early diagnosis for the increasing number of cancers. A draft Strategic Programme Case (SPC) was presented to the December 2022 meeting for Members to comment.

In November 2022, the Committee noted with concern the current estimated backlog maintenance cost of £100m in relation to the **Major Infrastructure PBC**, acknowledging that HDdUHB has some of the oldest estate in Wales. The PBC, in the sum of £87m was endorsed by WG and aligns with the AHMWW programme. An additional £150k has been funded by WG for additional scoping work. Discussions were ongoing at that stage with WG in respect of the delivery programme over the following five to six years.

Also at the December 2022 meeting, the Committee received the **Regional Integration Fund (RIF)** update, noting the overcommitment on funding was being address and had already reduced from £3.2m to £1.6m; plans to mitigate further and balance by the end of the financial year were in hand. It was understood that written agreement was in place that any overspend will be absorbed by that particular partner organisation and it was noted that the Health Board is in the process of preparing a Memorandum of Understanding (MoU) to strengthen governance processes around the RIF. An evaluation of RIF projects and programmes had commenced with an initial self-assessment from project leads. A performance framework is being developed, along with rigorous and robust reporting processes around RIF funding which will be implemented at the end of this interim year.

Key Risks and Issues/Matters of Concern raised by the Committee to the Board during 2022/23 included:

April 2022: Integrated Performance Assurance Report: Concerns regarding declining performance within Unscheduled Care and Urgent Emergency Care challenges and delays for patients.

June 2022: Integrated Performance Assurance Report:

- **Cancer Treatments:** The metric around the percentage of patients starting their first definitive cancer treatment within 62 days did not evidence the data showing first treatments on day 63 and thereafter and where, therefore, performance targets were not being met.
- **Clinical Priority:** Whilst acknowledging limited capacity, whether data can demonstrate that patients are being treated according to clinical priority. Data was available at operational level, including other dashboards, which enable a much deeper level of scrutiny of individual pathways ie, the diagnostic phase, treatment phase, etc.
- **Waiting Times for Therapies:** Waiting times for therapies continually failed to meet targets (with the exception of dietary and audiology). This issue was also referred to the Quality, Safety and Experience Committee (QSEC) for consideration.

August 2022: PO 5C: Business Case Update: Concerns regarding a lack of response from WG on HDdUHB's PBC in the knowledge that there is very little action that can be taken to expedite a response.

November 2022

Integrated Performance Assurance Report: Three significant risks presented that affect service delivery over the winter months:

- The threat of industrial action;
- Heating the HDdUHB estate and the risk of energy shortages;
- Risk of significant cold spells resulting in increased demand on services.

February 2023

- Capital position and associated risks.
- The Chief Executive requested work to be undertaken to assess risks in areas where capital funding will not be prioritised in order that these can be incorporated into the Risk Register, if they are not already.

Matters Requiring Board Level Consideration or Approval

During 2022/2023 the following matters required Board level consideration or approval:

April 2022: To endorse the SDODC Annual Report 2021/22.

August 2022: Performance success in Mental Health and Learning Disabilities for children and young people (under 18) receiving a mental health assessment within 28 days which showed actual performance of 46% against an improvement trajectory of 20%.

December 2022:

- Aseptic Business Justification Case
- South West Cancer Centre
- Health Improvement and Well-being Centre
- Health Inequalities

February 2023:

- Integrated Executive Group Advocacy Strategy
- Programme Business Case for fire improvements at Bronglais Hospital
- Allocations over £0.500m in 2022/23 and 2023/24
- Capital Programme 2023/24
- Improving Together Framework
- Public Service Board Well-being Plans

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to APPROVE the Strategic Development and Operational Delivery Committee's Annual Report 2022/23 for onward transmission to Board for ENDORSEMENT at the meeting scheduled to be held on 25 May 2023.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Agendas, papers and minutes of the Committee meetings 2022/23
Rhestr Termiau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to SDODC Committee:	Not Applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	A sound system of internal control, as evidenced in the Committee's Annual Report, will assist with ensuring financial control, and the safeguard of public funds
Ansawdd / Gofal Claf: Quality / Patient Care:	SBAR template in use for all relevant papers and reports.

Gweithlu: Workforce:	SBAR template in use for all relevant papers and reports.
Risg: Risk:	SBAR template in use for all relevant papers and reports.
Cyfreithiol: Legal:	<p>A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.</p> <p>Compliance with the Health Board's Standing Orders, and the Committee's Terms of Reference, requires the submission of an Annual Report to the Board.</p>
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	<p>A sound system of internal control, as evidenced in the Committee's Annual Report, ensures that any risks to the achievement of the Health Board's objectives are identified, assessed and managed.</p> <p>Compliance with the Health Board's Standing Orders, and the Committee's Terms of Reference, requires the submission of an Annual Report to the Board.</p>
Cydraddoldeb: Equality:	SBAR template in use for all relevant papers and reports.