

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

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

Date and Time of Meeting:	Tuesday, 26 th October 2021 at 9.30 am
Venue:	Board Room, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams

Present:	Mr Maynard Davies, Independent Member (Committee Chair) (VC) Councillor Gareth John, Independent Member (Committee Vice-Chair) (VC) Ms Anna Lewis, Independent Member (VC) Mr Iwan Thomas, Independent Member (VC)
In Attendance	Mr Lee Davies, Director of Strategic Development & Operational Planning (SDODC Executive Lead) (VC) Mr Andrew Carruthers, Director of Operations (VC) Mrs Jill Paterson, Director of Primary Care, Community and Long Term Care Mr Paul Williams, Assistant Director of Strategic Planning (VC) Ms Stephanie Hire, General Manager Scheduled Care (VC) (part) Ms Tracy Price, Performance Manager (VC) (part) Ms Anne Beegan, Performance Audit Manager (VC) Ms Alison Gittins, Head of Corporate and Partnership Governance (VC) Mrs Kirsty Walker, Committee Services Officer, Secretariat

Agenda Item		Action
SDODC (21)24	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	<p>Mr Maynard Davies opened the meeting, welcoming members of the Strategic Development and Operational Delivery Committee (SDODC), and also welcoming:</p> <ul style="list-style-type: none"> • Ms Tracy Price, representing Mr Huw Thomas and presenting item SDODC (21)28 Integrated Performance Assurance Report; • Ms Stephanie Hire, representing Mr Keith Jones and presenting item SDODC (21)29 Planned Care Recovery. <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Professor John Gammon, Independent Member • Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience • Mr Huw Thomas, Director of Finance • Mrs Ros Jervis, Director of Public Health 	

SDODC (21)25	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations of interests made.</p>	
SDODC (21)26	<p>MINUTES AND MATTERS ARISING FROM MEETING HELD ON 26TH AUGUST 2021</p> <p>RESOLVED – that the minutes of the SDODC meeting held on 26th August 2021 be APPROVED as an accurate record of proceedings.</p>	
SDODC (21)27	<p>TABLE OF ACTIONS FROM MEETING HELD ON 26TH AUGUST 2021</p> <p>An update was provided on the Table of Actions from the meeting held on 26th August 2021, with confirmation received that all outstanding actions have either been progressed or forward planned for a future Committee meeting.</p> <p>Regarding SDODC (21)13 Integrated Performance Assurance Report (IPAR): Ms Tracy Price informed Members that the IPAR measures are currently under review following the release of the 2021/22 Delivery Framework by Welsh Government (WG) at the start of October. The reviewed set of performance measures will be assigned to Planning Objectives (POs) and incorporated in the performance assurance report dashboard for presentation to the next SDODC meeting in December 2021</p>	HT/TP
SDODC (21)28	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT</p> <p>The Committee received the Integrated Performance Assurance Report for Hywel Dda University Health Board (HDdUHB) for Month 6 2021/22, noting that from October 2021, the measures within the performance assurance report have been assigned to strategic objectives and are being reported to the relevant lead committee.</p> <p>Ms Tracy Price highlighted the following key points:</p> <ul style="list-style-type: none"> • Outpatient targets have changed in WG’s new Delivery Framework and instead of a 20% reduction as required previously, the target against the 2019/20 baseline is now 55%. • Planned care waiting lists, whilst still very high, have plateaued recently. • A number of Mental Health (MH) Measures are showing declines in performance and concerning variation including First CAMHS outpatient appointment and MH assessment within 28 days for both children and adults. • September 2021 data has shown a special cause of concern for E. coli cases with urosepsis being the most common variant. 	

- Capacity constraints continue to impact on Therapies with a 14 week referral to treatment waiting list across most areas with 4 Therapy areas driving this i.e., Dietetics, Occupational Therapy, Physiotherapy and Podiatry.

Mr Iwan Thomas thanked Ms Price for the report, however expressed concern regarding the increasing number of MH issues amongst young people across HDdUHB, particularly given his involvement with the Governing Board of Pembrokeshire College. Mr Thomas asked how the Health Board (HB) is supporting the needs of these young people and whether there is any data capture on referrals to MH services for this age group. Mr Andrew Carruthers undertook to source this information from Ms Liz Carroll and report back to the Committee, adding that the current high demand is putting pressure on the team involved, with the necessity to outsource certain services.

AC

Mr Thomas suggested a partnership approach be undertaken including further and higher educational institutions across the HB to utilise community resources to address the backlog of referrals.

Councillor Gareth John acknowledged the current challenging situation in terms of accommodation issues, delays to the IT infrastructure, etc, and questioned whether these form part of the Mental Health transformation programme. Mr Carruthers confirmed that this is the case. Referring to page 14 of the report, Cllr. John raised concern that only 25.2% of children and young adults are waiting less than 26 weeks for assessment meaning 74.8% are waiting over 26 weeks, recognising that Mental Health stands out as a significant issue for the Health Board.

Ms Anna Lewis referred to the current unplanned care position, recognising that given all the recent media exposure, challenges in accessing emergency care is becoming 'normalised'. Within the figures on ambulance response times, handovers or time spent waiting in ambulances outside Emergency Departments (EDs), there is a need to consider how the HB turns this data into what this means in terms of impact on patients care, and whether this is something the Committee needs to refer to the Quality, Safety and Experience Committee.

Mr Carruthers agreed that the HB needs to capture this data and also consider some patient and staff experience reports. Mr Carruthers informed the Committee of the positive work on-going to address these issues, such as the Delta service, the Contact First 111, new urgent patient care model and the Front Door Turnaround model. Mr Carruthers added that the teams involved are constantly looking at opportunities to improve patient impact and to give our population the best treatment and experience we are able to provide.

Ms Lewis thanked Mr Carruthers for his response, adding that whilst the media is highlighting the impact on patients, the impact on our staff should also be highlighted in the public domain. Ms Lewis suggested to Mr M Davies that this issue be considered at the Committee Chairs meeting due to be held imminently as an example of how Committees can work smarter together.

MD/AL

	<p>Mr Carruthers supported this as, at present, media reporting is very one dimensional in terms of the delays in ambulances and the delay of handovers at EDs, and it would be helpful to address the whole range of issues that impact on all concerned.</p> <p>Cllr John added that amongst the wealth of information included within the report, the key performance measure is staff vacancy as a key measure across all sectors.</p> <p>Mr M Davies referred to the COVID-19 vaccine figures and rate of uptake for 12-15 year olds, and also the booster vaccine rates within the report. Ms Price advised of an issue with the Welsh Immunisation System that did not differentiate between the booster and the 2nd vaccine, however, it is anticipated that this will be resolved in order to provide a more accurate update at the next Committee meeting.</p> <p>Mr M Davies queried the 62% A&E admission rate within HDdUHB and how this compares to other HBs across Wales. Whilst not having the figures to hand, Mr Carruthers advised of an increase in admissions recently since the reduced rates seen during the peak of COVID-19, however the work being undertaken on the Same Day Emergency Care (SDEC) model is showing positive results in both Withybush General Hospital (WGH) and Glangwili General Hospital (GGH) where the 0-1 day stay has increased and should improve going forward for these acute sites. Given the slightly different model in use at Prince Philip Hospital (PPH) and Bronglais General Hospital (BGH), there is no space to facilitate this scheme at present. Mr Carruthers added that whilst he could work with his team to benchmark against other HBs for comparison purposes, focusing on admission avoidance appears to be paying dividends.</p>	TP
	<p>The Committee CONSIDERED the Performance Update Report – Month 6 2021/22, and RAISED any issues arising, including issues that needed to be escalated to the November 2021 Public Board meeting.</p>	

SDODC (21)29	<p>PLANNED CARE RECOVERY</p> <p>The Committee received the Planned Care Recovery report, following a request at the July 2021 Public Board meeting for a paper to be presented to SDODC, outlining modelling data/information relating to Planned Care (including patients waiting >36 weeks for treatments) and the impact of outsourcing certain services.</p> <p>Ms Stephanie Hire, on behalf of Mr Keith Jones, presented the report, advising of the complexities of the current planned care position due to the pressure on elective capacity in the hospital environment as COVID-19 cases rise, bringing with it daily changes and challenges. Ms Hire drew the Committee’s attention to the HB’s Annual Recovery Plan, identifying the recovery priorities for the remainder of this year and next, given the continuing</p>	
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challenges in managing COVID-19 and non-COVID-19 related emergency demands for the year ahead whilst endeavouring to provide 'green' planned care pathways on each site, all against the backdrop of significant and sustained staffing challenge. However, staff are continuing to prioritise urgent and cancer cases, and to maximise capacity, including theatre capacity, across the sites, as well as utilisation of the independent sector with monies recently received from WG recognising the need to deliver care in as timely a manner as possible.

Other areas highlighted in the report to the Committee included the demountable facility at Prince Philip Hospital (PPH), the regional Ophthalmology work undertaken in conjunction with Swansea Bay University Health Board (SBUHB), work to maximise Endoscopy and Therapy capacity and the maintenance and further improvement of essential cancer pathways.

In terms of the tranche of WG funding received, HDdUHB is currently working through the planned outsource activity to be delivered by the independent sector through Phase 1 Recovery funding and to continue this for Phase 2, however some of this work has necessarily been delayed whilst the independent sector mobilises its services.

The Committee noted that in terms of waiting lists, 56.2% of patients were waiting less than 26 weeks for treatment, with a total of 31,039 patients waiting more than 36 weeks as at September 2021. Ms Hire emphasised the need to consider the entire waiting list, as WG look at this from a risk stratification basis and informed the Committee that outsourced activity often cannot be used for the more complex patients, particularly complex orthopaedic cases, resulting in longer waits for these patients.

Mr M Davies thanked Ms Hire for her presentation and opened the floor to questions.

Ms Lewis queried whether the inability to outsource more complex work to the independent sector meant a compromise to the HB's ability to prioritise care on the basis of clinical need, with longer waits for in-house services. If this is the case, then Ms Lewis suggested that this is vital to log and potentially refer to QSEC for further consideration.

Ms Hire confirmed that whilst this is the case, from a risk perspective these patients would be prioritised internally. However, currently there is very little internal Orthopaedic activity that can be undertaken, only in Bronglais General Hospital (BGH) in the main, due to the suspension of WGH and PPH inpatient capacity given current unscheduled care pressures. Ms Hire confirmed that she and her team have identified the patients involved and are working hard to reinstate services, particularly in PPH where the biggest throughput could be achieved, however current unscheduled care pressures are mitigating against this.

Ms Lewis thanked Ms Hire for her candour and directness and suggested the need for the organisation to take this on board and to consider whether there is anything further we can do where we cannot offer care on the basis of clinical need. Mr Carruthers confirmed that it had always been the case that lower complexity work is outsourced, however the scale of the challenge given the significant numbers now on waiting lists has increased due to the pandemic.

Mr Lee Davies commented that whilst treating patients will take much longer than anyone would wish, with the paper predicting a waiting list rise of 10,000, this is only part of the challenge ahead. A significant reduction in referrals has been acknowledged during the pandemic, and these have not yet been reflected into our systems, potentially adding another 8-10 months of activity to our current position which the Committee needs to be aware of. This is a similar position to the rest of Wales and across the UK meaning a long period of recovery ahead.

Cllr. John thanked Ms Hire for her frankness and, mindful that patients would be waiting long periods of time for treatment or referral, queried whether there is anything in place to mitigate the impact this is going to have on the community teams and services in support of these patients

Ms Hire advised of recent success in relation to some of the outpatient improvement work in terms of obtaining funding, particularly regarding urology and orthopaedic patients to keep them safely supported in the community. There is also a very specific piece of work in train around waiting list support work, looking at how the HB can look after patients on the waiting list, and around the impact on primary care, with dialogue already commenced in conjunction Clinical Directors working with Clinical Leads on how best to care for patients as track through the system.

Ms Jill Paterson thanked Ms Hire for the report, adding that there are many enquiries from those currently on the waiting list, seeking clarification on when they will be referred or seen. Whilst the Chronic Conditions Management Team was maintained during the pandemic as part of the essential services which had been expected to continue albeit remotely, many patients did not come forward for a variety of reasons. However significant numbers are now coming forward leading to an increased demand in General Practice which is causing a level of frustration against a backdrop of capacity issues due to staff sickness, lack of recruitment etc, the impact of which will be challenging.

Mr L Davies acknowledged the multiple faceted issues involved and informed the Committee of on-going work to develop a tool to support appropriately designed pathways between primary and secondary care facilitated by funding from WG, and to provide primary care with some additional support. Whilst it will take some time to work through the multitude of pathways, particularly those that do not have a natural end point, this will pay dividend if and when the HB faces the anticipated further waves of demand.

	<p>Mr M Davies thanked all for their input, reminding Members that this item had been specifically referred to the Committee from the Board, and the importance that a clear update goes back to the Board on the issues raised including the fact that the HB is not necessarily treating patients on the waiting list in their clinical order, and about the unknown demand and unmet need. Mr M Davies wished to acknowledge and commend the work undertaken by Ms Hire and her team in the support provided to patients on the waiting list and in keeping them informed.</p> <p><i>Ms Stephanie Hire left the meeting</i></p>	
	<p>The Committee CONSIDERED the modelling data/information relating to Planned Care (including patients waiting >36 weeks for treatments) and the impact of outsourcing certain services.</p>	

<p>SDODC (21)30</p>	<p>DISCRETIONARY CAPITAL PROGRAMME 2021/22</p> <p>The Committee received the Discretionary Capital Programme (DCP) 2020/2021 & Capital Governance Update report, providing detail relating to the 2021/22 Capital Programme and planned investments, the Capital Schemes Governance update and an update on the funding of COVID-19 costs.</p> <p>Mr Paul Williams highlighted the following:</p> <ul style="list-style-type: none"> • Of the £8.8m bid to WG for COVID-19 related funds, £4.8m has been received, of which £600k has been put back into the Discretionary Capital Programme, meaning approximately £1m to reprioritise in year. • WG have capital funding of £10m across Wales which the HB is bidding against. • The HB has recently received notification that it will be getting £12m over 2 years for imaging funding. • Any slippage this year could be challenging to spend on equipment due to supply chain issues, leading to the need to be realistic in our predictions of what can be physically spent in year. • In terms of capital governance, there are two projects identified as red status i.e., Crosshands Health Centre and Women and Children's Phase 2. • Work on the Ward 9/10 at WGH has been well received and has set a bar for future schemes. <p>Ms Paterson queried the urgent bids for funding GP managed practices that have been submitted although not mentioned in the report. Mr Williams confirmed that these had been raised at the most recent Capital, Estates and Information Management & Technology Sub Committee (CEIM&TSC) meeting, and understood Mr Rob Elliott, Director of Estates, Facilities and Capital Management to be working with Ms Paterson on these. Ms Paterson raised a concern around the potential lack of parity for GP managed practices and requested any slippage be prioritised for these given the urgent work involved.</p>	
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Mr Thomas queried whether there is any further potential to draw down funds from WG and Mr Williams responded that this could be significant however the Health Board would have to consider the opportunity to deliver the spend within year. Mr Williams confirmed the existence of prioritised plans and activities should additional funding become available and advised that a meeting would take place later in the week to discuss their deliverability.

In terms of the Crosshands Health Centre, Mr Williams updated Members on the work to refresh the Outline Business Case to incorporate updated capital costs which reflect the Decarbonisation Strategy issued by WG, with the team involved working hard to deliver the business case in Quarter 4, 2021/22. Cllr. John noted that this raised another risk regarding Adult Mental Health. Mr Williams reflected that the business case now being worked on has changed significantly due to the pandemic in terms of the order and scale of works involved and that conversations would be held with WG to determine whether the business case can be changed or whether a new business case is required.

Cllr. John requested assurance that the Health Board is linked in to the various partnership arrangements in place regarding the requirement for capital, citing specialist children’s services as an example, and offered to share further information for Mr Williams to consider. Ms Paterson suggested that if assurance is being requested on planning representation on the ICF Committee through which a bid had been approved for children with complex needs with work now being undertaken to establish the most appropriate site for this which needs to be within reach of all three counties, then it is agreed that there should be a planning team representative presence. Ms Paterson and Mr L Davies undertook to link up outside of the Committee meeting to ensure appropriate representation and onwardly advise Mr Williams.

JP/LD

One required amendment was identified in the report on page 5 – to amend ‘Following approval of the Business Continuity (Major Infrastructure) Programme Business Case (PBC) with an estimated capital value of circa £87 ‘Following approval of the Business Continuity (Major Infrastructure) Programme Business Case (PBC) with an estimated capital value of circa **£87m**

KW

The Committee:

- **NOTED** the interim over-commitment against the CRL
- **NOTED** the additional capital bids submitted and approved by WG
- **NOTED** the further issues that may require capital solutions in-year
- **NOTED** the work being undertaken on the capital prioritisation matrix
- **NOTED** the PPE reports completed in line with timetable

SDODC
(21)31

A REGIONAL COLLABORATION FOR HEALTH (ARCH) WORK PROGRAMME

	<p>The Committee received the A Regional Collaboration for Health (ARCH) Portfolio Update report, providing an update on activities relating to the ARCH portfolio for the period August to October 2021, and the regional discussions that have taken place between Hywel Dda University Health Board (HDdUHB), Swansea Bay University Health Board (SBUHB) and Swansea University.</p> <p>Mr L Davies highlighted the following key points:</p> <ul style="list-style-type: none"> • Specific pieces of work are on-going through the ARCH programme in areas such as Dermatology, Urology, Cardiology, Cancer and the regional pathology service. • A review and a refresh of governance structures is also on-going, mainly to reflect the scale of the work programmes involved and the necessary changes made due to the COVID-19 pandemic. Such a scale will look to ensure there is appropriate senior focus on the recovery agenda in general, to ensure alignment across the two Health Boards and to maximise the opportunities available. <p>Mr M Davies welcomed the clarity provided on how ARCH is supporting HDdUHB to deliver against its objectives, recognising that ARCH itself does not have ability to sign off capital or revenue without recourse back to each respective Health Board through business case processes.</p>	
	<p>The Committee NOTED the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.</p>	

<p>SDODC (21)32</p>	<p>PLANNING OBJECTIVES UPDATE QUARTERLY ANNUAL PLAN MONITORING RETURN (Q2)</p> <p>The Committee received the Planning Objectives (PO) Update report, noting that as part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation, as well as a set of specific, measurable POs, which move the organisation towards that horizon over the next three years. The report provided an update on the progress made in the development (delivery) of the twenty seven PO's and the six Gold Command instructions aligned to SDODC.</p> <p>It was agreed to take this report and the Quarterly Annual Plan 2021/22 Monitoring Return (Q2), providing an update from the monitoring of actions contained within the 2020/21 Annual Plan, presenting progress using completed; ahead; behind or on-track for Quarter (Q) 2 (July – September 2021), with seven actions currently behind schedule – together as one agenda item, due to their significant overlap. Going forward the two reports would be combined.</p> <p>Mr L Davies informed Members that the Planning Objectives Update Report is an update on the progress against planning objectives (PO) aligned to the Committee, and the Quarterly Annual Plan Monitoring Return is a summary of progress against all planning objectives contained within the HB's Annual Recovery Plan which is presented to SDODC quarterly.</p>	
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Mr M Davies opened the floor to questions.

Ms Paterson highlighted an error within the Planning Objectives Update SBAR within the narrative on page 4 under Gold Command: Gold Command Instruction No. 6 is under the Executive leadership of the Director of Operations rather than the Director of Primary Care, Community & Long Term Care. However, this is correct on the table on page 7.

Cllr John thanked Mr L Davies for the report, commending the format and work involved in its production, whilst pointing out that some of the wording could be open to interpretation, particularly where it indicates that items are on track due to the set timelines, however there may be clear warning signs involved, Mental Health being an example.

Mr Thomas referred to PO 1E: *“establish a process to maintain personalised contact with all patients currently waiting for elective care”* advising that on a recent visit to WGH, it had been apparent that recruitment of staff remains an issue, as evidenced by the significant variation in staffing levels within the Patient Experience Teams at each site, resulting in a huge variation in terms of support for patients.

Mr M Davies thanked Mr Thomas for raising this point, adding that as Mrs Mandy Rayani had been unable to attend this meeting, as an action he would request an update from her on staffing levels for this particular item to the next Committee meeting.

Referring to PO 2G: Mr M Davies acknowledged the pressure the Health Board' workforce is under and queried if there is anything the Committee could do to enhance patient experience. Mr L Davies responded that when this system is running smoothly, POs such as this would be directed to the People, Organisational Development and Culture Committee for a deep dive as this would fall within their remit.

In terms of the Planning Objectives Update - the Committee received an **ASSURANCE** on the current position regarding the progress of the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

In terms of the Quarterly Annual Plan Monitoring Return (Q2) - the Committee gained **ASSURANCE** from the overarching progress and the mitigations/actions in place to recover those actions noted as “behind” which support Q2 of HDdUHB's 2021/22 Annual Recovery Plan.

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**MD/
MR**

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SDODC (21)33	DEVELOPING THE IMTP FOR THE PERIOD 2022/23 – 2024/25	
	<p>The Committee received the Developing the Integrated Medium Term Plan for the Period 2022 to 2023 and 2024 to 2025 report, noting that the Integrated Medium Term Plan (IMTP) is the key planning document for HDdUHB, setting out the milestones and actions being undertaken in the next one to three years in order to progress the HDdUHB strategy.</p> <p>Mr L Davies informed the Committee that virtually all the draft plans from operational and corporate teams have now been received and are in the process of being collated for presentation to Executive Team on 10.11.2021 to understand the progress made. An update on this will be provided to the Public Board in November 2021. In terms of the timeline for submission of the IMTP to WG, this has been extended until February 2022 to accommodate receipt of WG’s financial allocation to the Health Board, routinely anticipated around Christmas.</p> <p>Mr L Davies confirmed that WG have guided that the documentation should involve relatively short, manageable plans with the intended audience the public rather than WG or the Board. However, links to further detailed information will be included as appropriate.</p> <p>Mr M Davies queried whether the end of February 2022 submission date to WG would require the need for an extraordinary Board meeting. Mr L Davies responded that advice would be taken, however the intention would be to present the draft IMTP to the Committee in December 2021 for review and comment. The final version would then be reviewed at the Committee in February 2022 prior to submission to an Extraordinary meeting of the Board, if required, during the last week of February 2022 before subsequent submission to WG by 28th February 2022.</p>	
	<p>The Committee NOTED the steps being taken to develop an Integrated Medium Term Plan for the three year period 2022 to 2025.</p>	

SDODC (21)34	WOMEN & CHILDREN’S PHASE II PROJECT UPDATE	
	<p>The Committee received the Women and Children Phase II Project Update report, noting that since the previous report presented in June 2021, there have been other issues which have led to further delays on the handover of Section 2 and the prolongation of the scheme completion. Members noted that the original contract completion date of November 2020 has now been extended to 15th September 2022, which has been impacted upon by several issues since the commencement of construction.</p> <p>Mr Williams provided a brief overview of the report and the continuing risks that need to be managed. Mr Williams explained that the works to complete</p>	

	<p>Phase 2 are now subject to an additional risk around the building structure, which demonstrates the continuing management focus in place, and the need to complete some remedial work to reinforce certain areas. This may involve some supply chain issues in terms of the sourcing of the necessary steel. Advice is now awaited from the Programme Manager to establish whether there will be a need to use a small amount of contingency (£0.2m) from the DCP next year which the Committee supported.</p> <p>Mr M Davies queried the timescale involved and whether the supply chain issues could add significant time to completion of the project. Mr Williams responded that the exact programme implications are unknown at presented however should be available for inclusion as part of the DCP Update Report to the next Committee meeting.</p>	PW
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the content of the Women & Children’s Phase II Project Update. • NOTED the project completion timescale. • NOTED the ongoing risks to project delivery given at least 12 months of construction and commissioning still to be managed. • ENDORSED the potential additional commitment of an additional £0.200m that may be required from the Discretionary Capital Programme in 2022/23. • NOTED the progress made against the audit recommendations. 	

<p>SDODC (21)35</p>	<p>CONTACT FIRST/URGENT PRIMARY CARE UPDATE</p> <p>The Committee received the Contact First/Urgent Primary Care Update report, providing an update on HDdUHB’s implementation of Care First and Urgent Primary Care pathfinder, noting that the implementation of Contact First and Urgent Primary Care pathfinder are key deliverables of Welsh Government (WG) Urgent and Emergency Care Policy Goals.</p> <p>Ms Paterson presented the report as an update to previously submitted papers to SDODC and to Board Seminar, highlighting the current delay on the Think 111/ 111 First element given its dependence on WAST support which has been extended until the end of Quarter 4, 2021/22, and the soft launch of the associated ‘Streaming Hub’, with work continuing with GPs to support the primary care work that will be provided from each practice.</p> <p>Cllr. John acknowledged the challenges involved in terms of staff recruitment and queried the mitigating actions in place. Ms Paterson responded that the Health Board has been able to recruit physicians for the streaming hub who will be enabled to work remotely, although during their training phase they will sit alongside WAST personnel in the Contact Centre in Llangunnor. Ms Paterson confirmed that there has been an allocation of resource from WG in terms of the additional support that can be offered to practices, such as nurse practitioners, acknowledging that the type of resource required will vary between practices. Consideration is also being given to extending the working</p>	
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	<p>hours of current staff in order that this is not entirely based on the recruitment of new staff members. Staff levels continue to be monitored very closely in order to achieve the appropriate level of resource. The need to win the 'hearts and minds' from both the public and the clinician/workforce perspective has also been acknowledged.</p> <p>Cllr. John queried the interface with Delta Connect and Ms Paterson responded that this is embedded within the pathway, and where there are extraordinary pressures on the ambulance service, Delta Connect calls are made to waiting patients to monitor the situation. Should escalation be considered necessary, appropriate action may be taken to safeguard that patient which may mean sending someone to physically sit with them to monitor basic vital signs or escalating the emergency call.</p> <p>Mr M Davies queried the impact or benefits reflected to date since the roll out of SDEC. Ms Paterson responded with her understanding that circa 25% of cases are being turned around using SDEC, adding that once the physician streaming process is established with access to diagnostic services, this should show further benefit going forward.</p> <p>Members commended the clear report presented to the Committee demonstrating the difference being made to the patients served by the Health Board.</p>	
	<p>The Committee ACKNOWLEDGED the current position related to the implementation of Welsh Government urgent and emergency key deliverables "111 First" and "Urgent Primary Care Centre".</p>	

<p>SDODC (21)36</p>	<p>PROGRAMME BUSINESS CASE POSITION UPDATE</p>	
	<p>The Committee received the Programme Business Case (PBC) Position Update – New Urgent and Planned Care Hospital report, noting that work is progressing on the PBC in support of HDdUHB's Health and Care Strategy "A Healthier Mid and West Wales", in parallel with the work to identify a suitable site for the proposed new Urgent and Planned Care Hospital.</p> <p>Mr Williams provided an update for the Committee highlighting that a successful workshop had been held the previous week on the land solution and this has narrowed down a long list of options to a short list, with outstanding work still to complete on two of the sites to either rule them in or out. Progress on this will be reported through the Programme Group, this Committee and the Board.</p> <p>Mr L Davies added how well the work had been received and commended the team involved on the leadership of the programme and the organisation of the workshop with positive and significant progress made, with an update to be provided to the Board and Board Seminar. Mr Williams advised that it had been encouraging to ascertain potential sites East, West and Central to the zone of choice as this will enable the Health Board to address access, workforce, logistical and decarbonisation implications.</p>	

	<p>Mr Thomas queried the potential of receiving an early briefing on the outcome of the workshop and Mr L Davies undertook to discuss this with Mr Steve Moore once the briefing is prepared.</p> <p>Cllr. John enquired how the final decision would be made on the land solution and Mr Williams confirmed that the Health Board has utilised the advice and guidance of the Consultation Institute and is working closely with them to ensure the appropriate inclusion of the public, local authorities and other emergency services representation to avoid any potential future challenges.</p>	LD
	<p>The Committee received ASSURANCE from:</p> <ul style="list-style-type: none"> • The feedback from the Performance Assessment Review. • Progress associated with the completion of the Programme Business Case. • Progress and planned activities associated with the land identification process for the proposed new Planned & Urgent Care Hospital. 	

SDODC (21)37	CAPITAL, ESTATES & INFORMATION MANAGEMENT & TECHNOLOGY SUB COMMITTEE UPDATE REPORT	
	<p>The Committee received the Capital, Estates and IM&T Sub-Committee (CEIM&TSC) update report for the period August to September 2021.</p> <p>Mr Williams highlighted that the post project evaluation for Ward 9/10, WGH, had been a key feature of the meeting and set a high bar for future reports.</p> <p>Mr Thomas advised that having attended the Sub-Committee meeting for the first time in an Independent Member scrutiny capacity, he had found the discussion enlightening, and agreed that the update report clearly captured the debate.</p>	
	<p>The Committee NOTED the Capital, Estates & Information Management & Technology Sub Committee update report.</p>	

SDODC (21)38	CORPORATE RISKS ALLOCATED TO SDODC	
	<p>The Committee received the Corporate Risks Assigned to SDODC report, noting this represents the inaugural Corporate Risk report presented to SDODC following the introduction of the new Committee structure introduced on 1st August 2021. There are three risks currently aligned to SDODC, with no changes in the risk scores since they were previously reported to the People, Planning and Performance Assurance Committee in June 2021.</p> <p>The Executive Team has reviewed Risks 1027 (<i>Delivery of the Quarter 3/4 Operating Plan - Delivery of integrated community and acute unscheduled care services</i>) and 1048 (<i>Risk to the delivery of planned care services set out in the Annual Recovery Plan 2021/22</i>) at its recent Executive Team risk</p>	

	<p>session and agreed that these would be updated prior to the Board in November 2021.</p> <p>Mr Carruthers referred to the risk on the single cancer pathway, reporting that everything possible that can be done is being done to direct available resources to urgent cancers and urgent cases, in conjunction with outsourcing some services through Swansea Bay UHB for example. Mr Carruthers assured the Committee that the HB is also doing everything it can to avoid cancelling or suspending any cancer work due to the current rise in COVID-19 cases.</p>	
	<p>The Committee gained 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. 	

<p>SDODC (21)39</p>	<p>OPERATIONAL RISKS ALLOCATED TO SDODC</p>	
	<p>The Committee received the Operational Risk Register report, containing a summary of the two risks, Risk 245 (<i>Inadequate facilities to store patient records and investment in electronic solution for sustainable solution</i>) and Risk 1126 (<i>Women & Children Phase II Project Risk-Directorate, mitigating actions will be done by Capital and Estates Team</i>), which meet the criteria for submission to SDODC as at 26th October 2021.</p> <p>In terms of the risk around the storage of patient records, given the significant challenges around the storage of physical patient records both on and off site, work has commenced on the digitisation of records however space still needs to be freed up for the physical records. Mr Carruthers alluded to the fire and health and safety risks associated with storing historical records, as well as the financial cost of storage rental.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • REVIEWED and SCRUTINISED the risks included within the report to seek assurance that all relevant controls and mitigating actions are in place. • DISCUSSED whether the planned action would be implemented within stated timescales and would reduce the risk further and/ or mitigate the impact, should the risk materialise. 	

<p>SDODC (21)40</p>	<p>CAPITAL GOVERNANCE REVIEW</p>	
	<p>The Committee received the Capital Governance Review report, produced at the request of the Audit and Risk Assurance Committee, for information given the remit of SDODC relating to capital schemes and governance. Going forward, the Committee would receive an assurance on the implementation of the recommendations contained within the Action Plan.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the Capital Governance Review report for information. 	

	<ul style="list-style-type: none"> Going forward, for SDODC to receive an ASSURANCE on the implementation of the recommendations contained within the action plan (scheduled for February 2022). 	
SDODC (21)41	SDODC WORKPLAN 2021/22	
	The SDODC workplan for 2021/22 was presented to Members for information.	
	The Committee NOTED the SDODC work programme for 2021/22.	
SDODC (21)42	ANY OTHER BUSINESS	
	There was no other business raised.	
SDODC (21)43	MATTERS FOR ESCALATION TO BOARD	
	<p>The following matters were noted for escalation to the November 2021 Board through the Committee Update Report:</p> <ul style="list-style-type: none"> An update on the Women and Children’s Phase II Project given the potential delay and costs. Reflections from the Planned Care Recovery discussion as requested by the Board. 	
SDODC (21)44	DATE AND TIME OF NEXT MEETING	
	Wednesday, 15 th December 2021 at 9.30 a.m. – 12.30 p.m. - Boardroom, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams	