

**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:	Wednesday 15 th December 2021 at 0930-1230
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 Huw Thomas, Director of Finance (VC) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part) Mrs Joanne Wilson, Board Secretary (VC) Mr Paul Williams, Assistant Director of Strategic Planning (VC) (part) Mrs Kirsty Walker, Committee Services Officer, Secretariat Ms Sharon Burford, Project Manager, Carmarthenshire County Council (part)

Agenda Item		Action
SDODC (21)45	INTRODUCTIONS AND APOLOGIES FOR ABSENCE Mr Maynard Davies, the Chair, opened the meeting, welcoming members of the Strategic Development and Operational Delivery Committee (SDODC) and noting the following apologies for absence: <ul style="list-style-type: none"> • Professor John Gammon, Independent Member • Mr Andrew Carruthers, Director of Operations • Mrs Mandy Rayani, Director of Nursing, Quality and Patient Experience • Ms Alison Shakeshaft, Director of Therapies and Health Science • Professor Philip Kloer, Medical Director & Deputy Chief Executive • Mrs Ros Jervis, Director of Public Health • Ms Jo McCarthy, Deputy Director of Public Health 	

SDODC (21)46	DECLARATIONS OF INTEREST There were no declarations of interests made.	
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SDODC (21)47	MINUTES AND MATTERS ARISING FROM MEETING HELD ON 26TH OCTOBER 2021	
	RESOLVED – that the minutes of the SDODC meeting held on 26 th October 2021 be APPROVED as an accurate record of proceedings.	

SDODC (21)48	TABLE OF ACTIONS FROM MEETING HELD ON 26TH OCTOBER 2021	
	An update was provided on the Table of Actions from the meeting held on 26 th October 2021, with confirmation received that all actions have now either been progressed or forward planned for a future Committee meeting, and an updated appendix to the Table of Actions would be circulated to Members.	KW

SDODC (21)49	SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS 2020/21: 6 MONTHLY REVIEW OF RECOMMENDATIONS ARISING FROM THE ANNUAL OUTCOME REPORT	
	The Committee received the Action Plan resulting from the requirement to conduct a 6 monthly review of recommendations arising from the annual Self-Assessment of Committee Effectiveness Outcome Report.	
	Mrs Joanne Wilson confirmed that all expectations and actions to improve the effectiveness of the SDODC had been achieved, and that going forward it has been suggested that the Committee self-assessments are staggered across a 12 month period and then reported annually at the end of that period.	
	The Chair advised that at the previous Audit and Risk Assurance Committee (ARAC) meeting it had been suggested that Committee meetings are conducted around the Hywel Dda University Health Board (HDdUHB) sites and enquired whether this would be appropriate for this Committee.	
	Mrs Wilson responded that whilst this would not be possible in the current climate, it could certainly be considered in the future. The Chair concurred that, when appropriate, it would be interesting to visit some of the Health Board sites, particularly those where capital schemes are in progress. Mr Iwan Thomas suggested that, if necessary, Committee Members could link in virtually to the site to maximise time and opportunity.	
	The Committee RECEIVED assurance that any actions from the SDODC Self-Assessment 2020/21 are being progressed within the agreed timescales.	

SDODC (21)50	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	The Committee received the Integrated Performance Assurance Report (IPAR) for HDdUHB for Month 8 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.	

Mr Huw Thomas reminded Members that the IPAR had been discussed at length at Board Seminar the previous week however highlighted improvements in areas such as diagnostics, hip fractures, mental health, biosimilar and the prescribing of biosimilars. Whilst the changes involved may not dramatic, they are worthy of note. However, there has been a decline in performance within Therapies, and in mental health assessments for under 18 year olds within 28 days. Mortality measures are now reported on a rolling average, more appropriately, and occupational therapy performance has been included for the first time. Mr Thomas reflected that whilst there is a huge amount of work going on across the Health Board, turning this into actions and delivery remains a challenge, particularly in terms of providing the Board with assurance.

Mrs Anna Lewis commented that ordinarily a target from Welsh Government (WG) sets out the expectation for Health Boards to achieve, and under normal circumstances it can expect that this is deliverable. However, as these are not normal circumstances, Mrs Lewis enquired as to the expectations in terms of the level of underperformance that may be considered reasonable. Mrs Lewis emphasised the importance of being explicit in this regard otherwise Independent Members could find themselves in a difficult position not knowing what is acceptable.

The Chair concurred and enquired how the Committee would monitor the plans put in place for improvements.

Mr Huw Thomas responded that it is challenging at the moment to comprehend where the Health Board stands particularly given concerns around the financial implications. However, a benchmarking exercise for a comparison between other Health Boards across Wales could be undertaken to offer a guide on whether Hywel Dda's metrics are reasonable and tenable. Mr Huw Thomas undertook to work on this for the next Committee meeting in order for the scale of the recovery challenge to be considered.

HT

Mr Lee Davies commented that most of the metrics set are against waiting times and, therefore, it is important at this stage to track the return to normal pre-COVID-19 activity levels as this reflects individuals' expectations. However, what is not evidenced here is the level of unmet demand over the past 18 months although there are numerous indicators that can gauge what the recovery process will look like.

The Chair reflected on a report on waiting times that Mr Andrew Carruthers had presented at the previous Committee meeting and the expectation of the position in March 2022 which, whilst trackable, would not have taken into account the past couple of months and the effect of the Omicron strain of the COVID-19 virus on services.

Acknowledging the current exceptional circumstances, Mr Iwan Thomas queried how the Health Board is expected to make any informed predictions on targets set prior to the pandemic. Whilst the data from 2020 is now

	<p>available, this time last year there had been a lockdown, making comparisons year on year very challenging in the current climate. Whilst a benchmarking exercise against other organisations across Wales could be undertaken, our performance, including seasonal fluctuations such as winter pressures, would be very difficult to compare both pre and during COVID-19.</p> <p>The Chair concurred adding that the full level of demand on services may not yet be apparent as patients are not entering the system, either due to a reluctance to put pressure on the NHS or not wanting to put themselves at risk, which could result in a sudden surge in demand in the new year.</p> <p>Mr Huw Thomas advised of a very interesting presentation received from Anita Charlesworth from the Health Foundation which predicted that, should the demand from the past 2 years suddenly become a surge, then in the worst case scenario the Health Board could be looking at a 10 year recovery phase. If this is the case, then the current level of performance could become the norm. Mr Huw Thomas added that he is working with digital services to consider whether there is a way of producing real time data rather than having to manually update performance objectives.</p> <p>Mr Lee Davies informed Members that similar work had been taking place internally with the Lightfoot team and scheduled care, looking at two specialities initially and then rolling it out across others in order to provide a more informed picture of the projected demand from the past two years. Mr Lee Davies suggested it may be useful to bring some of this data back to the next meeting to give the Committee a level of insight into the scale of the challenge facing the Health Board.</p> <p>The Chair agreed that it would be useful for the Committee to consider the information Mr Lee Davies has been working on.</p>	LD
	<p>The Committee CONSIDERED the Performance Update Report – Month 8 2021/22, and RAISED any issues arising, including issues that needed to be escalated to the January 2022 Public Board meeting.</p>	

SDODC (21)51	<p>DOMICILIARY CARE PROVISION</p> <p>The Committee received a report on the Domiciliary Care Provision for assurance, following previous discussion at the People, Organisational Development & Culture Committee (PODCC).</p> <p>Ms Jill Paterson advised that this report has been discussed at several forums, most latterly PODCC, where it was suggested it would be helpful to present an update to this Committee. The report looks at the longer term challenges and deficiencies in the domiciliary care service, and whilst waiting for some national work to be announced, the Health Board is working on this collaboratively with the 3 local authority social services departments and third sector agencies. Pembrokeshire County Council is currently leading on a</p>	
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piece of work looking at retention and recruitment. Ms Paterson also acknowledged that the current recruitment process is lengthy with successful candidates to the Bridging Service model only now taking up appointments and with the funding for this due to end 31st March 2022. Mrs Paterson informed the Chair that further updates could be presented to future Committee meetings and welcomed any questions.

Mr Huw Thomas shared his understanding of the challenges faced and informed Members of discussions held with the Directors of Social Services in all three counties to consider whether the concept of a regional business intelligence warehouse to assist in establishing the pinch points in the current system would be helpful.

Whilst sympathising with the challenges, Cllr. John queried the extent of the success of the Bridging Service and requested further information around the block purchase of independent sector care home beds referenced in the report.

Ms Paterson responded that 30 WTE have been recruited to the Bridging Service to date; whilst a larger number of individuals were made offers, several have withdrawn. Regarding the block purchase of beds, this has not yet been agreed across the three counties, and Ms Paterson expressed concern at doing so as some vacant beds at care homes cannot be accessed due to staffing reasons or because the care home is protecting those beds. This means that the Health Board might be contractually bound to pay for beds that it cannot access and would be loath to allow this. Ms Paterson confirmed that in conjunction with Mr Carruthers, other available options are being assessed.

Cllr. John enquired about the journey to patient centred care and any innovations through the transformation fund that could impact on initiatives such as telecare and investing in support services which are needed for individuals to self-manage any symptoms or illnesses they may have in the community, which would lead to less demand at acute sites.

Ms Paterson responded that such initiatives are in place and that Mr Huw Thomas is keen to maximise digital support for individuals at home, considering several avenues, such as digital wellbeing, telehealth and telecare.

Mr Huw Thomas added that this has been taken beyond the transformation fund and that the Health Board has the biggest programme of remote monitoring telehealth in the UK through Delta; however, the only way this can continue to be funded is through a reduction of activity through acute sites.

The Committee **RECEIVED** an **ASSURANCE** on the collective action taken by statutory and other partners to address the current pressures across the health and social care system in the Hywel Dda area.

SDODC (21)52	TRANSFORMATION FUND/PLAN (LEVELLING UP)	
	<p>The Committee received an update report on the Transformation Fund (TF)/Plan (Levelling Up), setting out the context in terms of the three funding streams the Health Board is working with:</p> <ul style="list-style-type: none"> • Connect - the Delta lobbying work. • Fast Tracked Consistent Integration - around direct support to communities, with a slightly different programme within each of the three counties. • Creating Connections for All – which is lead largely by a third sector very heavily involved in that particular programme around building resilient communities. <p>The report focuses on the work that now needs to be undertaken to progress through the transitional phase and into the new funding streams, together with the evaluation work needed now to ensure the programmes emanating from these areas are appropriate. It is hoped that WG will soon provide clarity regarding the new funding streams given that the Health Board has several staff that are funded through some of these programmes.</p>	
	The Committee RECEIVED the update on the Transformation Fund/Plan (Levelling Up).	

SDODC (21)53	PLANNING OBJECTIVES UPDATE	
	<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 POs and the six Gold Command instructions aligned to SDODC.</p> <p>Mr Lee Davies reported that updating on the delivery of our POs has become routine and advised that the format has been amended to demonstrate what is reported between Committees. It was noted that the Health Board is mainly on track with delivery against its POs aligned with SDODC with only a few slightly behind; these are supported by narrative against each.</p> <p>Ms Paterson advised that in regard to PO 3I, work is currently underway in conjunction with WG on the Optometric contract reform which represents the biggest change that has been seen for some time for this group of independent contractors. Community pharmacies will also be moving away from funding that is based on dispensing items to a much more health based and wellbeing approach. Similarly, reform is being undertaken within Dental Services to the same health based approach.</p>	

	<p>Mr Lee Davies apprised Members of two issues with PO 4E. The first is that Public Health Wales is unable to deliver the training required themselves, therefore this will require external capacity which will be costly. The second issue is having the capacity to release staff to undertake the required training. This PO may therefore require some further consideration.</p> <p>Queries were raised on a PO under the Executive leadership of the Medical Director who was unfortunately unable to attend today's meeting; it was agreed to request Professor Kloer's attendance to provide an update at the next Committee meeting.</p> <p>Mr Lee Davies referred to a conversation held with the Chair in regard to the Committee's Work Plan and the need to reflect a more detailed consideration of individual POs on this.</p> <p><i>Ms. Jill Paterson left the Committee meeting</i></p>	KW
	<p>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 raised any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.</p>	

SDODC (21)54	<p>DEVELOPING THE INTEGRATED MEDIUM TERM PLAN (IMTP) FOR THE PERIOD 2022/23 – 2024/25</p> <p>The Committee received the Developing the Integrated Medium Term Plan (IMTP) for the Period 2022 to 2023 and 2024 to 2025 report, noting that the 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 Lee Davies advised of only one piece of additional information added to the plan since the Board Seminar the previous week where the IMTP had been scrutinised in depth. Further detail has been added to the structure at the end of the plan, however continued development of the IMTP would be made over the coming months.</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>	
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**SDODC
(21)55**

**DISCRETIONARY CAPITAL PROGRAMME 2021/22 & CAPITAL
GOVERNANCE UPDATE REPORT**

The Committee received the Discretionary Capital Programme (DCP) 2021/2022 & 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.

Mr Paul Williams, Assistant Director of Strategic Planning, joined the Committee meeting

Mr Paul Williams provided a brief update on changes since the previous meeting:

- £4.8m COVID-19 funding has been received and £1m has been repatriated back into the DCP.
- Year end bid monies of £3.2m have been awarded which may prove challenging due to supply chain issues and the need to complete within the financial year.
- Diagnostics funding of £12m, of which £2m is likely to be spent within year, with the remainder running into the following financial year as a precommitment.
- An award of just under £20m for the Modular Theatre at Prince Philip Hospital which has to be complete by year end and is currently on target.
- Risks noted around the Cross Hands Health Care Centre which is being repurposed to include WG decarbonisation requirements.
- Tilbury Douglas has issued new completion dates for Women and Children's Phase II, with the risk noted accordingly.

In terms of the Cross Hand Health Centre, Mr Iwan Thomas referred to an email received from the Communications Department regarding a delay in a press release on this scheme until 4th January 2022. Mr Williams responded that there may be two aspects to this delay; the first is that it was considered more appropriate to leave the announcement until after the festive period as the media report may get lost within the media hype around Christmas and COVID-19 issues; it was considered that such a positive programme deserves better publicity. The second aspect concerns a re-submission of the Outline Business Case to incorporate all the information required to meet WG's decarbonisation standards.

Cllr. John requested an update on Mental Health and Learning Disabilities (MH&LD) buildings and the capital implications to meet their requirements in the future. Mr Williams responded that in the longer term, this is included within the A Healthier Mid and West Wales Programme Business Case (PBC). In the interim, the service is reassessing its needs and the infrastructure required to support this.

	<p>The Chair enquired about the historical coal seams at the PPH site and the possibility of unearthing a mineshaft. Mr Williams assured Members that despite several unknowns, contingencies are in place for the project.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> • 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 	

<p>SDODC (21)56</p>	<p>A HEALTHIER MID AND WEST WALES PROGRAMME BUSINESS CASE POSITION UPDATE</p> <p>The Committee received A Healthier Mid and West Wales Programme Business Case Position Update, noting that work is progressing on the PBC in support of HDdUHB’s Health and Care Strategy “A Healthier Mid and West Wales” (AHMWW), in parallel with the work to identify a suitable site for the proposed new Urgent and Planned Care Hospital.</p> <p>Mr Williams updated Members on the level of activity underway to complete the PBC, with the biggest risks being the affordability analysis, workforce being key and the capital costing work. Whilst it is hoped to issue the PBC prior to Christmas for review over the festive period, there will undoubtedly be some shaping and tactical approaches to complete very early in the New Year, with the January Public Board meeting representing the final target date.</p> <p>Mr Williams added that five possible land sites have now been shortlisted, two of which still have outstanding queries as to whether they remain on the list. The expectation is to finalise a site by June/July 2022 at which point the Health Board may need to take out an “Option to Purchase” on one or two sites at that time.</p> <p><i>Mr Paul Williams left the Committee meeting</i></p>	
	<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. 	

<p>SDODC (21)57</p>	<p>A REGIONAL COLLABORATION FOR HEALTH (ARCH) WORK PROGRAMME</p>	
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	<p>The Committee received the <i>A Regional Collaboration for Health (ARCH)</i> report, providing an update on activities relating to the ARCH portfolio for the period October to December 2021, and the regional discussions that have taken place between HDdUHB, Swansea University and Swansea Bay University Health Board (SBUHB).</p> <p>Mr Lee Davies added that the self- explanatory report provides details of the individual schemes currently being developed and emphasised that the Health Board is very much involved in the ARCH agenda and driving it to more of an extent than had previously been the case.</p>	
	<p>The Committee NOTED the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.</p>	

<p>SDODC (21)58</p>	<p>PENTRE AWEL UPDATE REPORT</p>	
	<p>The Committee received a report on the progress for delivery of services within the Pentre Awel development, providing assurance that services at Pentre Awel will be aligned with the Health Board’s Strategy and that all opportunities would be sought to ensure that HDdUHB can maximise benefits for the delivery of care on site.</p> <p><i>Ms Sharon Burford joined the Committee meeting</i></p> <p>Ms Sharon Burford provided a comprehensive update on the Pentre Awel project, assuring Members that following a workshop in the Summer there has been significant engagement with the clinical teams involved which has resulted in a revised layout for clinical services. These changes have been passed to the contractors who have been working closely with the Health Board’s Capital Project and Property teams. Members noted that Mr Paul Williams, Head of Property, has been in discussions with the local authority and the cost per square foot is being maintained at the 2019 price. Ms Burford reported that following a presentation to the Executive Team, an Open Space workstream has been established to consider the best options for the 15 acres of green space at Pentre Awel; this is being worked on collaboratively with the local authority, the community and schools in the area. Work has also been undertaken with Cardiff University around the environment and farmer bees; this is linked into the role of bees in ecology and operated by the School of Pharmacy to introduce the science around that with young children. Linkages have also been made with University of Wales Trinity St David and Swansea University who will both have areas within Pentre Awel to deliver education, skills and training.</p> <p>Mr Lee Davies emphasised that this represents an exciting opportunity for Llanelli and the Health Board, particularly as it is set in a deprived area.</p>	

Ms Burford added that a tender has recently been awarded for the Assisted Living area within Pentre Awel, which will develop initiatives from the technical departments of Swansea University to maintain as much independence as possible using telehealth and telecare.

Cllr. John suggested this represents a pioneer project and links into earlier discussions around the challenges within the workforce and “growing our own”. It should also facilitate and address some of the Health Board’s “front door” issues with its focus on putting more care back into the community.

Mr Iwan Thomas enquired whether the numbers of jobs this project is going to create have been mapped, and if so, the numbers involved and over how many years. Mr Thomas also enquired whether linkages have been made with both further and higher education to plan the development of the skills that will be required for these jobs in the coming years.

Ms Burford responded that a full breakdown of job projection figures is available which she could share with the Committee, adding that work is currently being undertaken with the University of Wales Trinity St David, Coleg Sir Gar and regional skills and learning partnerships to map out a curriculum which can support these vacancies once they are established.

SB

Mr Iwan Thomas added that whilst the focus is on the younger generation, the Health Board also has a duty of care to the current working age population and needs to offer encouragement and opportunity for this cohort to retrain for some of these potential employment opportunities.

Ms Burford advised that an initiative being considered in conjunction with the Carer’s Forum is “Return to Practice” training, where carers whose responsibility has come to an end will have access to a pathway to bring them back into the workforce.

The Chair enquired whether this had been shared with the Health Board’s Workforce and Development teams and Ms Burford confirmed that this is the case.

Mr Huw Thomas commented on the innovative nature of this initiative and the opportunity it represents for all concerned; the opportunity to digitise some new services and some virtual care was also recognised. Mr Huw Thomas suggested that given the uniqueness of this opportunity and the work the Health Board is currently undertaking on mapping deprivation and the barriers that exist for those in these areas, as well as the location of this development, Ms Yvonne Burson, Assistant Director of Communications, links in with Ms Catherine Evans, Head of Strategic Performance Improvement, who is working on this. Mr Thomas suggested discussing this further outside of this Committee meeting to ensure that maximum exposure and digital opportunity is afforded to this project, the communities and the population in terms of both health and social care.

HT/SB

	<p>Cllr. John added that there would be many resources that the Health Board could link into, not only local but also national and multinational companies that may want to invest in this innovation.</p> <p>Ms Burford reported that there had already been interest from a number of major companies including Siemens and Pfizer, as well as companies such as those that produce mattresses to manage pressure sores. Ms Burford assured Members that the governance arrangements in terms of dealing with external companies is being adhered to in the strictest manner as well as adherence to the Health Boards own governance arrangements. Ms Burford agreed to share the governance structure in place for added assurance on how arrangements are regulated.</p> <p>The Chair suggested approaching some of the larger IT companies such as Microsoft to establish 5G in the area, as up until now coverage has been very poor in West Wales.</p> <p><i>Ms Sharon Burford left the Committee meeting</i></p>	SB
	<p>The Strategic Development and Operational Delivery Committee NOTED:</p> <ul style="list-style-type: none"> • the progress in the development of the Pentre Awel project. • the actions to confirm Hywel Dda University Health Board's involvement in the project and the overall timeline. 	

SDODC (21)59	CARMARTHEN HWB PLAN	
	<p>The Committee received a high level overview and update regarding the development of a Wellbeing 'Hwb' in Carmarthen town.</p> <p>Mr Lee Davies emphasised that this represented another exciting development and opportunity for the Health Board and informed the Committee that funding of just under £20m had now been secured to develop this town centre project. Work has continued in earnest since the Summer and although there is still work to do, good progress is being made.</p> <p>The Chair noted that within the report, mention is made of an information pack being available from 10th December 2021 which Mr Lee Davies undertook to follow up.</p> <p>Mr Iwan Thomas queried the timeline for completion of July 2024 given that this is a relatively new building with only the internal remodelling required. Mr Lee Davies acknowledged this as a robust challenge and offered to seek clarification with Ms Rhian Dawson, County Director, Carmarthenshire, and report back.</p>	LD LD/RD

	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the current position of the Carmarthen Town ‘Hwb’ development. • ACKNOWLEDGED the assessed risks associated with the current position. • ACKNOWLEDGED the next steps and the governance structure in place to support decision making/approval to progress to the next stage. 	
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SDODC (21)60	CAPITAL, ESTATES & INFORMATION MANAGEMENT & TECHNOLOGY SUB COMMITTEE UPDATE REPORT	
	The Committee received the Capital, Estates and IM&T Sub-Committee (CEIM&TSC) update report for the period October to November 2021.	
	The Committee NOTED the Capital, Estates & Information Management & Technology Sub Committee update report.	

SDODC (21)61	SDODC WORKPLAN 2021/22	
	The SDODC workplan for 2021/22 was presented to Members for information.	
	The Chair explained that this plan is currently work in progress and would be amended and updated as required.	
	The Committee NOTED the SDODC work programme for 2021/22.	

SDODC (21)62	ANY OTHER BUSINESS	
	There was no other business raised.	

SDODC (21)63	MATTERS FOR ESCALATION TO BOARD	
	<p>The following matters were noted for escalation to the January 2022 Board through the Committee Update Report:</p> <ul style="list-style-type: none"> • Looking at ways to better manage performance • Increased risk on our DCP at year end • Ongoing work on Domiciliary Care 	

SDODC	DATE AND TIME OF NEXT MEETING	
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(21)64

24th February 2022 at 0930 – 1230, Boardroom, Ystwyth Building, St David's Park, Carmarthen and via Microsoft Teams