

Enw'r Pwyllgor / Name of Committee	Strategic Development and Operational Delivery Committee (SDODC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Maynard Davies, Independent Member
Cyfnod Adrodd/ Reporting Period:	Meeting held on 28 <sup>th</sup> April 2022
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
• Strategic Development and Operational Delivery Committee Annual Report 2021/22 - the Committee received the Strategic Development and Operational Delivery Committee Annual Report 2021/22. Members commended the comprehensive report and expressed thanks to the Corporate Governance Team for collating and summarising the main achievements, since the Committee was established in July 2021. The Committee endorsed the Strategic Development and Operational Delivery Committee Annual Report 2021/22 for onward submission to Board.	
• <b>Risk Management Strategy and Risk Management Framework</b> - the Committee received the Risk Management Strategy and Risk Management Framework to ratify the Chair's Action in relation to this. Members were advised that the Risk Management Framework has been updated and will be presented to the Committee at a future meeting in order to provide a level of assurance on plans to engage with the Board during the summer, in terms of agreeing a risk appetite moving forward. The Committee ratified Chair's Action in relation to the Risk Management Strategy and Risk Management Framework.	
<ul> <li>Performance Update for Hywel Dda University Health Board (HDdUHB) – Month 12 2021/22 - the Committee received the Performance Update for Hywel Dda University Health Board (HDdUHB) – Month 12 2021/22. Members noted that the report only includes a high level overview, with further detail available via the Integrated Performance Assurance Report (IPAR) dashboard. Members discussed the viability of producing a whole-system report which includes the impact of delays on patient experience. The development of a Quality and Safety dashboard, due for completion by June 2022, may be helpful in evaluating this impact. Members noted that there may be a natural progression to a whole-system report, given that Welsh Government (WG) have now requested this data for the monthly integrated planning, quality and delivery meetings. Members discussed the interventions to improve performance in Mental Health Services and welcomed the confirmation of new staff being appointed to the Child &amp; Adolescent Mental Health Services (CAHMS). However, given the complexities around forecasting waiting times, Members requested evidence regarding the impact of these changes on performance and received assurance that the transfer to the Welsh Patient Administration System (WPAS), will assist in this regard. Members noted with concern the declining measures in a number of services, in particular declining performance in Unscheduled Care, which has continued during March 2022, Urgent Emergency Care challenges and delays for patients, and agreed to escalate this matter to Board.</li> </ul>	

- **Planned Care Recovery** the Committee received the Planned Care Recovery report, noting that due to the impact of COVID-19, patients waiting 36 weeks for treatment had increased by 5,000 since 31<sup>st</sup> March 2021. Whilst this is disappointing, Members were advised that since reaching around 30,000 overall there has been steady improvement during the past few months. Members were advised of the plans in place to increase capacity, internally and externally by outsourcing with the independent sector. In addition, it was noted that 30% of the Health Board's current outpatient activity is now delivered virtually, with scope to further increase this ratio. However, Members were advised that the Health Board does 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 the current workforce challenges and the need to increase capacity, Members acknowledged that in order to meet the milestones set by WG, a number of radical decisions on service changes make be required.
- Integrated Medium Term Plan (IMTP) for the Period 2022/23 –2024/25 the Committee received the Integrated Medium Term Plan (IMTP) for the period 2022/23 –2024/25, noting that work continues to develop models and saving opportunities to facilitate a financially balanced IMTP. Members were informed that challenging conversations have taken place with WG and that, following these discussions, the Executive Team is now evaluating and exploring options to respond. Members acknowledged the work required by the Board between now and the re-submission date in order to transact a number of key schemes on the road map to sustainability, in particular workforce sustainability.
- Implementing the Healthier Mid and West Wales Strategy Programme Business Case (PBC) Update – the Committee received the Implementing the Healthier Mid and West Wales Strategy Programme Business Case (PBC) update, noting that the Health Board has responded to scrutiny questions received from WG following submission of the PBC on 2<sup>nd</sup> February 2022. Members discussed the specifics of the Infrastructure Investment Board (IIB) meeting on 26<sup>th</sup> May 2022, understanding that WG support is the next critical stage, for both the PBC and the Health and Care Strategy.
- Cross Hands Health and Wellbeing Centre the Committee received the Cross Hands Health and Wellbeing Centre presentation, noting that the Outline Business Case (OBC) is due to be presented to Board on 26<sup>th</sup> May 222, prior to resubmission to WG. Members were reminded that the project has been in development for a number of years, with the original OBC submitted to WG in early 2020. However, following the initial feedback from WG and the subsequent pandemic, the project was paused. Members noted that the OBC now aligns to the Pentre Awel development and the PBC and that, whilst the financial costs have increased, the annual revenue costs associated with the scheme will be cost neutral.
- **Deep Dive on Planning Objectives 4.L & 4.N** the Committee received the Deep Dive on Planning Objectives (PO) 4.L & 4.N. Members noted that PO *4L: Social Model for Health and Wellbeing*, has been established to design a process going forward, given the importance of progressing the social model for health and

wellbeing in order to underpin the community model within the Health Board's strategy. In terms of PO *4N: Optimising the food system as a key determinant of well-being*, it was noted that this is a new area in terms of Health Board involvement. The PO relates to understanding the food system and, acknowledging that the Health Board is not an expert in this field, a feasibility study was commissioned with North Star Transition (NST). Members discussed the approach taken by the Health Board with both POs and whether, as a statutory body, the Health Board should only be providing support and not directing the outcome. However, it was noted that Board believed that the best approach initially was to understand the process and receive support from peers in order to progress. For assurance, this approach has resulted in a willingness of key stakeholders to support the plan prior to engagement with the public, which will be key once the Health Board progresses to participative budgeting.

- Transforming Access to Medicines (TrAMs) Introduction and Update the Committee received the Transforming Access to Medicines (TrAMs) Introduction and Update, noting that TrAMs is a long-standing programme to consolidate the Pharmacy Technical Services within NHS Wales. The PBC was approved by WG last year and the NHS Wales Shared Services Partnership (NWSSP) is leading the programme on behalf of all Health Boards in Wales. Members discussed the rationale for the development of three regional hubs, understanding that the specific locations are still to be confirmed. In terms of the south-west hub building work should commence in 2025, with the site active in 2028. Members fully supported the TrAMs programme and received assurance that the associated risks to the current aseptic units will be managed due to the investment from WG until TrAMs develops.
- **PSBs Wellbeing Assessments (WBFGA)** the Committee received the Assessment of Local Well-being for each PSB within the Hywel Dda area, noting that the assessments have been approved by each PSB and are due to be published no later than May 2022, in line with legislative requirements. Members welcomed the common themes, noting their usefulness as a key source of reference for future planning for teams working on service and transformation projects. Whilst noting that a number of POs include reference to the Well-being Assessments, Members suggested additional wording should be included referencing these documents as a key source of reference for our future planning.
- **Pentre Awel Update 2022 Quarter 2** the Committee received the Pentre Awel Update 2022 Quarter 2 which outlined the key milestones to date, with Members noting that the project is now progressing at pace.
- Discretionary Capital Programme (DCP) and Capital Governance Update Report – the Committee received the Discretionary Capital Programme (DCP) 2021/2022, 2022/23 & Capital Governance Update Report, receiving assurance that detailed discussions and scrutiny take place at the Capital Sub-Committee (CSC). Members acknowledged the significant work undertaken to deliver the majority of planned projects by year end, whilst noting that next year's programme is anticipated to be smaller than in previous years, given constraints on capital funding from WG. Members also received a presentation on the Prince Philip

Hospital (PPH) Day Surgery Unit, which will support Planned Care Recovery, and commended the team involved on delivering the project under budget.

- Continuing NHS Healthcare: The National Framework for Implementation in Wales Report the Committee received the Continuing NHS Healthcare: The National Framework for Implementation in Wales Report, noting that revised documentation is available on the Health Board website, with a rolling training program being undertaken to update staff. Members noted that the detail around a national performance tool for this is awaited; however, received assurance from the ongoing work with WG, and Health and Social Care colleagues to ensure social compliance with the requirements set out in the new Continuing Health Care (CHC) Framework.
- Capital Sub Committee (CSC) Update Report and Annual Report 2021/22 the Committee received the CSC Update Report and Annual Report 2021/22, noting that the focus of discussions at the CSC meeting on 29<sup>th</sup> March 2022 related to the impact of year end and also 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 adopted, suggesting that this demonstrates that the Health Board is a learning organisation, and that the approach should be acknowledged and commended. The Committee noted the Sub-Committee Update Report and approved the revised CSC Annual Report 2021/22.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

• To endorse (at the June 2022 meeting) the SDODC Annual Report 2021/22.

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

• Integrated Performance Assurance Report – concerns regarding the declining performance within Unscheduled Care, which has continued in March 2022, and Urgent Emergency Care challenges and delays for patients.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

## Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, the following items will be reported to the next Committee meeting:

- Recovery Planning Report (post Lightfoot)
- Stroke Services Re-design
- End of Season Influenza Report

## Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

27<sup>th</sup> June 2022