



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Development and Operational Delivery Committee Annual Report 2021/22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Maynard Davies, Chair, Strategic Development and Operational Delivery Committee
SWYDDOG ADRODD: REPORTING OFFICER:	Lee Davies, Director of Strategic Development and Operational Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to present the Strategic Development and Operational Delivery Committee (SDODC) Annual Report 2021/22 to the Board.

The SDODC Annual Report provides assurances in respect of the work that has been undertaken by the Committee during 2021/22, and outlines the main achievements, which have contributed to robust integrated governance across Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

SDODC was established in July 2021 and held its first meeting in August 2021.

Hywel Dda University Health Board's Standing Orders and the Terms of Reference for 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 fundamental purpose of the Committee is the following:

- 2.1 Receive an assurance on delivery against all relevant Planning Objectives falling in the main under Strategic Objectives 4 (*The best health and wellbeing 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 HDdUHB's Annual Plan.
- 2.2 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.
- 2.3 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).
- 2.4 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.

- 2.5 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.
- 2.6 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.
- 2.7 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.8 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

Asesiad / Assessment

SDODC has been established under Board delegation with the Health Board approving Terms of Reference for the Committee at its Board meeting on 29th July 2021.

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 (PO) aligned to the Committee, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate (PO 1D, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4J, 4L, 4M, 4N, 4O, 5A, 5B, 5E, 5F, 5G, 5H, 5I, 5J, 5L, 5M, 5N, 5O, 5P, 5Q).
- 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 (PO 5C and 5D), underpinned by a robust process for continuous engagement to support delivery (PO 2C).
- 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 (PO 3E).
- Seek assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with Swansea Bay University Health Board (SBUHB)/ A Regional Collaboration for Health (ARCH); Mid Wales Joint Committee; Sexual Assault Referral Centre (SARC); National Collaborative (PO 5N).
- 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, Welsh Government (WG), regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics (PO 3A).
- 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 (PO 4K).
- 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 (PO 5K).
- Provide assurance to the Board that arrangements for Capital, Estates and Information Management and Technology (IM&T) are robust.
- Consider proposals from the Capital, Estates and IM&T Sub Committee on the allocation of capital and agree recommendations to the Board.
- Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).
- 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.
- 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 DCP programme 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.

The SDODC Annual Report 2021/22 is intended to outline how the Committee and its Sub-Committee have complied with the duties delegated by the Board and SDODC through the set Terms of Reference, and also to identify key actions that have been taken to address issues within the Committee's remit.

Constitution

From the Terms of Reference approved at Board on 29th July 2021, the membership of the Committee was agreed as the following:

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

The following Members are identified as “In Attendance” Members:

- Director of Strategic Development & Operational Planning (Lead Executive).
- Director of Finance.
- Director of Operations.
- Director of Primary, Community & Long Term Care.
- Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee i.e. Director of Therapies and Health Science for PO 4E, 5L; Medical Director/Deputy Chief Executive Officer for PO 4L, 4N, 5K; Director of Public Health for PO 4A, 4B, 4D, 4G, 4J, 4K, 4M, 4O.
- Hywel Dda Community Health Council Representative (not counted for quoracy purposes).

Meetings

The Committee meets on a bi-monthly basis. Since its establishment in July 2021, the Committee met on 4 occasions during 2021/22 and was quorate at all meetings, as follows:

- 26th August 2021.
- 26th October 2021.
- 15th December 2021.
- 24th February 2022.

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

Areas of Responsibility

In discharging its duties, SDODC has undertaken work during 2021/22 against the following areas of responsibility in relation to its planning and performance assurance agenda:

Governance

Committee Terms of Reference – the Committee received its Terms of Reference for information following their approval at the Board meeting held on 27th July 2021.

Sub-Committee Terms of Reference – revisions to the Terms of Reference for the Capital Sub-Committee were presented to SDODC in February 2022 and approved.

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 to consider whether it met with the Committee’s expectations. The Action Plan was comprised the relevant actions from the annual Self-Assessment undertaken by the People, Planning and Performance Assurance Committee (PPPAC) – the predecessor of SDODC. Members received assurance that all expectations and actions to improve the effectiveness of SDODC had been achieved, and that going forward the individual

Committee self-assessments would be staggered across a 12 month period and then reported annually at the end of that period.

Policies – during 2021/22, the Committee approved the following policies:

- Standing Operating Procedure for the Management of Board and Committees (Policy 175).
- Patient Access Policy (Policy 534).

Performance

Integrated Performance Assurance Report (IPAR) - The Integrated Performance Assurance Reports presented to the Committee during 2021/22 outlined achievements against targets and actions in place to improve performance.

At its meeting in August 2021, the Committee received the Month 4 (2021/22) IPAR, noting areas of concern aligned to the 4 'Quadrants of (COVID-19) Harm' relating to Accident & Emergency (A&E) waits over 12 hours, hospital-acquired pressure sores, treatment waits over 36 weeks from point of referral and waits of over 8 weeks for a specific diagnostic. Members noted further areas of concern in terms of performance related to diagnostic service capacity pressures as a result of COVID-19 staff sickness/shortage. Members also noted that some areas of performance related to POs aligned to different Committees and proposed that the various components of the IPAR be separated and assigned to the Committees under whose remit they would best sit, with recovery actions being undertaken to provide a more holistic and contextualised view of performance in future reports. The Committee requested that any significant changes, e.g., the movement of measures between areas or availability of additional measures be highlighted within the summary sections of the IPAR.

In October 2021, the Committee received the IPAR for Month 6 (2021/22), noting that the measures from October 2021 had been assigned to Strategic Objectives and reported to the relevant lead Committee. Concerns were raised regarding the increasing number of mental health issues amongst young people across HDdUHB, with 74.8% of children and young adults waiting over the target of 26 weeks for an assessment. The unplanned care position was also highlighted and in response to queries raised on how the current figures relating to ambulance response times, handovers and waiting outside hospitals are impacting on patient care, the Committee received assurance on the positive ongoing work to address these issues including the Delta Service, the Contact First 111 and new urgent patient care model, and the Front Door Turnaround model.

In December 2021, the Committee received the IPAR for Month 8 (2021/22), noting the improvement in areas such as diagnostics, hip fractures mental health, biosimilar and the prescribing of biosimilars. However, Members noted a decline in occupational therapy performance in mental health assessments for under 18 year olds within 28 days. WG targets and whether these are achievable were also raised as a concern. Members proposed a benchmarking exercise be undertaken for a comparison between Health Boards across Wales to offer a guide as to whether HDdUHB metrics are reasonable and tenable. It was also agreed that a report be presented to the next SDODC meeting to provide the Committee with a level of insight into the scale of the recovery challenge facing the Health Board.

At the meeting in February 2022, the Committee received the IPAR for Month 10 (2021/22), accepting the changes to the way in which data would be presented going forward resulting in a shorter report to Committee with the ability to interrogate the Power BI dashboard for any further detail required. Members noted the intention to retain the IPAR as an integrated

report making use of the Board Assurance Framework which would be supplemented with the key metrics involved. Members raised concerns at the declining performance within Mental Health services and the challenges faced in terms of increasing demand and agreed for this concern to be escalated to Board. The Committee also received a benchmarking report comparing performance of HDdUHB and other Health Boards across Wales to identify how HDdUHB's performance compares with its peers and to inform the scale of HDdUHB's recovery challenge. It was agreed that it would be beneficial to present this information to a future Board Seminar session.

Monitoring of Welsh Health Circulars (WHCs) – at the August 2021 meeting, the Committee received the first of its scheduled bi-annual updates on progress in relation to the implementation of WHCs within SDODC's Lead Director and Supporting Officer areas of responsibility. Members noted two WHCs that have been assigned 'Amber' status in terms of progress relating to the implementation of the Emergency Department Clinical Information Management System and Value-Based Health Care (VBHC) Programme data requirements. Members received assurance that plans to implement the system are being progressed, with the Health Board developing an in-house data visualisation platform to capture and review Patient Recorded Outcome Measures, supported by data gathered from the DrDoctor patient engagement system.

At the February 2022 meeting, the Committee received the second of its scheduled bi-annual updates on progress in relation to the implementation of WHCs within SDODC's Lead Director and Supporting Officer areas of responsibility. Members received assurance on the impacts of non/late delivery, and assurance that the risks associated with these are being managed effectively.

Planned Care Recovery – at the October 2021 meeting, the Committee received the Planned Care Recovery report following a request made at the July 2021 Public Board meeting. Members noted the information presented in terms of waiting lists as at September 2021, suggesting this could potentially be referred to QSEC for further consideration from a quality and safety perspective. Members also noted the significant reduction in referrals made during the COVID-19 pandemic with potential unknown demand and unmet need amongst the HDdUHB population.

At the February 2022 meeting, the Committee received a presentation highlighting the potential un-referred backlog and its impact on recovery planning within HDdUHB, produced in conjunction with Lightfoot. The Committee noted that the key conclusions from this work are to increase capacity and activity and review old pathways and models of care to use as a catalyst for the Health Board's transformation agenda whilst ensuring that the public are engaged on this and patients supported as waiting times increase.

Planning

Influenza Season 2021/22 – at the August 2021 meeting, the Committee received the Influenza Vaccine Implementation Plan 2021/22 which had been developed in alignment with the COVID-19 Mass Vaccination Delivery Plan and the West Wales Regional COVID-19 Prevention and Response Plan, and based upon a delivery model in which GP Surgeries, Community Pharmacies, Hospital In-reach, School Nurse Services and Mass Vaccination Centres would immunise at least between 60% and 80% of the HDdUHB population. Where the timetable permits, the COVID-19 Booster programme would also be delivered alongside the Influenza programme in collaboration with partners. The Committee welcomed the assurance provided by the quality of the planning and the proactive approach taken.

Winter Plan 2021/22 – in August 2021, the Committee received a progress update on the

Health Board's Winter planning processes for 2021/22. Members noted the £25m Urgent Emergency Care Transformation Fund made available by WG against which all organisations could submit bids and plans to support this work. Members noted the significant issues relating to Winter planning which are unique to 2021/22 in terms of increased hospital admissions as a result of COVID-19 that could result in a Winter demand increase of 20%. Members received assurance that the Health Board's Urgent and Emergency Care planning is aligned with the Winter Plan and Annual Recovery Plan and noted progress in supporting Urgent Care provision and in developing potential solutions to address the capacity shortfall in domiciliary care.

Business Justification Case - Phase 1 of Fire Enforcement works at Glangwili General Hospital (GGH) – in August 2021, the Committee received a report setting out the next stage in delivering the capital investment necessary to comply with the Fire Enforcement Notices and Letters of Fire Safety Matters in place on the GGH site. Members noted the Business Justification Case (BJC) detailing capital investment requirements for Phase 1 of the works, seeking formal endorsement from WG for approval to proceed and for the release of the associated capital funding. Members were assured that, in recognition of the level of risks, the procurement process is based upon a cost-reimbursable contract which is the approach agreed with WG and NHS Wales Shared Services Partnership Specialist Estates Services, and offers additional support to the Health Board in the event of escalating capital costs as the works progress. Members were further assured in relation to the governance and reporting arrangements in place and the post-project evaluation which would be undertaken in accordance with WG requirements. The Committee supported the submission of the BJC to WG.

Developing the IMTP for the Period 2022/23 to 2024/25 – at its meeting on 26th October 2021, the Committee received the Developing the Integrated Medium Term Plan (IMTP) 2022/2023 and 2024/2025 report, a 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. Assurance was provided that virtually all draft plans from operational and corporate teams had been received and would be presented to Executive Team, with an update provided to the Public Board in November 2021.

At its meeting in December 2021, the Committee noted that following in depth scrutiny of the IMTP in Board Seminar in early December, the IMTP had been updated with additional information, and with further detail added to the structure at the end of the plan. It was further noted that continued development of the IMTP would be made over the coming months.

At its meeting in February 2022, the Committee noted that a draft plan with an interim budget would be submitted to WG by the end of March 2022, with a view to submitting an approvable IMTP in Summer 2022.

Programme Business Case (PBC) Update – New Urgent & Planned Care Hospital – in October 2021, the Committee received the PBC Update - New Urgent and Planned Care Hospital report, noting the progression of work 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. The Committee also received an update highlighting the recently held successful land solution workshop, narrowing down the proposed sites to a shortlist suitable for development, taking into consideration access, workforce, logistics and decarbonisation implications.

At the December 2021 meeting, the Committee received an update on the level of activity underway to complete the PBC, noting the biggest risks being the affordability analysis, workforce being key and the capital costing work. The Committee also noted the expectation 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.

At the February 2022 meeting, the Committee noted the minor changes reflected in the final submission to WG, with the anticipation that formal feedback should be received in time to present to the next SDODC meeting.

Discretionary Capital Programme (DCP) 2021/22 and Capital Governance Update –

updates were received by the Committee throughout the year, providing detail relating to the 2021/22 Capital Programme and planned investments and the Capital Schemes governance updates.

At the August 2021 meeting, the Committee was advised that following agreed commitments against the DCP for 2021/22, a balance of £1.04m remained to be allocated, with a prioritisation matrix developed to inform the allocation of this balance across equipment, IT and estates infrastructure. The Committee noted a cost of £0.422m to progress the procurement and installation of isolation pods on acute sites to help control infection outbreaks and manage patients who are known or suspected to be infectious. Residual risks relating to the Pond Street and Penlan sites were noted, as was the continuing red RAG status relating to the Women & Children Phase II scheme due to a significant delay in its completion, which if the risk materialises, could result in a requirement for an additional contribution from the DCP for the scheme. The Committee also noted the partial approval of the Major Infrastructure PBC in the sum of £87m which would allow the Health Board to commence the work needed to improve existing buildings and infrastructure.

At the October 2021 meeting, the Committee noted that £4.8m of the total £8.8m of WG COVID-19 related funds had been received, of which £600k had been put back into the DCP, leaving approximately £1m to reprioritise in year. The Committee was informed that £12m imaging funding from WG would be received over a 2 year period. In terms of capital governance, Members were advised of two projects identified as red RAG status – the Crosshands Health Centre and the Women and Children Phase II Scheme.

At the December 2021 meeting, the Committee noted that the Health Board had been awarded year end bid monies of £3.2m from WG, and acknowledged that there may be challenges to complete these within the financial year due to supply chain issues. The Committee also noted that £20m had been received for the Modular Theatres at Prince Philip Hospital which had to be spent by the end of March 2022. Members were also informed of the identified risks for both the Cross Hands Health Care Centre and the Women and Children Phase II Development.

At the February 2022 meeting, the Committee was pleased to note the improving position in the Women & Children Phase II Development timeline, as well as the significant progress made on capital delivery for 2021/22 with the detail on slippage at a national level, resulting in £350k secured for IT replacement and £643k for mobile x-ray equipment. However, Members were advised of the challenging position for 2022/23 given the unexpected 24% decrease (circa £2m) in DCP allocation announced by WG in January 2022. Notwithstanding this, the Committee endorsed the proposed DCP for 2022/23 for onward ratification by the Board and agreed to escalate the concerns around the reduction in available capital for 2022/23 through the Update Report to Board.

Risk

Corporate Risks Report

In October 2021, the Committee received the Corporate Risks Allocated to SDODC report, noting the three risks currently aligned to SDODC, with no changes in the risk scores since these had previously been reported to the People, Planning and Performance Assurance Committee in June 2021. It was further noted that the Executive Team had reviewed Risks 1027 (*Delivery of the Quarter 3/4 Operating Plan - Delivery of integrated community and acute unscheduled care services*) and 1048 (*Risk to the delivery of planned care services set out in the Annual Recovery Plan 2021/22*), and agreed that these would be updated prior to the November 2021 Public Board. The Committee received assurance that everything possible is being undertaken to direct available resources to urgent cancers, urgent cases and to avoid cancellation or suspension of any cancer work due to the current rise in COVID-19 cases.

In February 2022, the Committee received a further Corporate Risks Allocated to SDODC report, receiving assurance that all identified controls are working effectively, with all planned actions to be implemented within stated timescales to reduce risk and/or mitigate the impact if the risk materialises.

Operational Risks Report

In October 2021, the Committee received the Operational Risks Report, containing a summary of the two risks, Risk 245 (*Inadequate facilities to store patient records and investment in electronic solution for sustainable solution*) and Risk 1126 (*Women & Children Phase II Project Risk-Directorate, mitigating actions will be done by Capital and Estates Team*), which met the criteria for submission to SDODC. The Committee noted the significant challenges relating to the storage of physical patient records with solutions both on and off site being sought.

In February 2022, the Committee received a further Operational Risks Report for scrutiny and assurance purposes.

Feedback from Sub-Committee

Capital Sub-Committee - regular written update reports from the Capital Sub-Committee meetings were received during 2021/22. In addition, at the February 2022 meeting, the Committee received and approved the revised Terms of Reference for the Sub-Committee.

Quarterly Annual Plan Monitoring Returns – at the August 2021 meeting, the Committee received the Quarterly Annual Plan Monitoring Return report, providing assurance on delivery of the actions from the 2021/22 Quarter 1 (Q1) plan. Members were advised that the return represents the first version of a report which tracks progress against deliverables included within the Health Board's Annual Recovery Plan. Assurance was received that the majority of objectives for Q1 had either been delivered or are on track to meet the target delivery date.

At the October 2021 meeting, the Committee received the Quarterly Annual Plan Monitoring Return report for Q2, noting that seven actions in the annual plan are currently behind schedule.

At the February 2022 meeting, however, the Committee received assurance from the overarching progress made and the mitigations in place to recover those actions noted as behind which support Q3 of the Health Board's 2021/22 Annual Recovery Plan.

Planning Objectives Aligned to SDODC - updates were received throughout the year on

progress made in the delivery of the POs aligned to SDODC. At the August 2021 meeting, the Committee noted that as the scope of outcomes measurement broadens to reflect the increasing alignment of Strategic Objectives at Board level with operational planning, there has been some consequential slippage in timescales for roll-out across the organisation. Members noted that the Health Board is working with *Improvement Cymru* to source additional support for scrutiny processes which will initially be used to monitor delivery of the Women and Children Phase II scheme.

At the October 2021 meeting, the Committee noted 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 Planning Objectives, which move the organisation towards that horizon over the next three years. The Committee received an update on the delivery of the twenty-seven Planning Objectives and six Gold Command instructions aligned to SDODC. In terms of PO 1E: *Establish a process to maintain personalised contact with all patients currently waiting for elective care*, the Committee noted significant variations in staffing levels within Patient Experience Teams at each hospital site and requested an update to the next Committee meeting.

At the December 2021 meeting, the Committee noted that the Health Board is largely on track in terms of delivery against the POs aligned to SDODC, with only a few identified as slightly behind. In terms of the POs not on track, Members received further details as to the rationale for any delays, which provided a level of assurance to the Committee.

At the February 2022 meeting, the Committee received a further update on delivery against the POs aligned to SDODC, and in terms of PO 3I, the Committee received assurance on the progress made with regard to the dental contract reform and that further detail would be provided to consider hybrid models going forward. The Committee noted that Optometry represents a significant piece of work requiring primary legislation and subsequent negotiation, with currently no existing Optometry contract in place. Members received assurance that although this will take significant resource requirements in terms of implementation, the Health Board is working within existing frameworks and guidance, with weekly meetings in place with WG. The Committee received assurance on progress against each PO and noted that an update on the transition to a new set of planning objectives would be provided to the April 2022 Committee meeting.

Planning and Partnership Update Reports

A Regional Collaborative for Health (ARCH) – the Committee received regular updates highlighting the activities of the ARCH programme throughout the year and the regional discussions that have taken place between HDdUHB and SBUHB. Members received feedback on the ARCH Delivery and Leadership Group meeting held on 15th June 2021 to finalise discussions on the re-organisation of the ARCH governance structure, and noted Executives' view that HDdUHB should become more involved in this collaboration, recognising the strengths inherent in the partnership in terms of accessing resources and developing proposals for submission to WG. Members were advised that SBUHB is currently in the process of engagement regarding the commissioning of a number of services, with HDdUHB actively involved in discussions, while recognising concerns relating to certain elements of this work on the part of Hywel Dda Community Health Council. Members noted that these discussions, and further engagement with SBUHB in regard to service provision may result in important decisions for HDdUHB in terms of the configuration of services which it would wish to see across the region. Members reflected upon a possible need to review ARCH governance arrangements, given the increase in the ARCH portfolio, and were assured that any agreement reached by ARCH represents a non-binding endorsement and would need to be ratified by each sovereign Board. Members noted the

specific pieces of on-going work through the ARCH programme in areas such as dermatology, urology, cardiology and cancer, together with the review and refresh of governance structures to reflect the scale of the work programmes involved and the necessary changes made due to the COVID-19 pandemic, to ensure appropriate senior focus on the recovery agenda and to ensure alignment across the two Health Boards to maximise the opportunities available. Members also noted the details of the individual schemes being developed and received assurance that HDdUHB remains very much involved in the ARCH agenda, driving it to more of an extent than had previously been the case. Members were assured by the clear service plans in place with the focus on those that are in the early stages of development. Members were also assured that this information would be referenced within the Health Board's IMTP.

Pentre Awel Development – in August 2021, the Committee received a report and presentation providing an update on the progress of the project to deliver services within the Pentre Awel development. Members received assurance that all services would be aligned with the Health Board's strategy and all opportunities would be sought to maximise benefits arising from the delivery of care services on site. Members noted that this project has made significant progress towards achieving financial sustainability, specifically in terms of the approval of the City Deal Business Case which enables the project to access £40m of funding to contribute to the Zone 1 construction, with plans in place to appoint a contractor for Zone 1 during September 2021.

At the December 2021 meeting, the Committee received a further update on the progress of the project to deliver services within the Pentre Awel development. Members noted that engagement with the clinical teams involved had resulted in a revised layout for clinical services which had been relayed back to the contractors, and that further discussions are taking place between the Health Board and the Local Authority to confirm that the cost per square foot is being maintained at the 2019 price. In addition, best options for the 15 acres of green space at Pentre Awel, are being considered. The Committee welcomed the innovative nature of this initiative and the opportunity it represents for all concerned.

Regional Partnership Board (RPB) Population Assessment (SSWBA) – in February 2022, the Committee received the RPB population assessment, representing a legal requirement in each local Government electoral cycle for publication on both the Health Board and RPB websites following its approval in due course.

Public Services Boards (PSBs) Wellbeing Assessments (WBFGA) – also in February 2022, the Committee received an overview of the Health Board's involvement in the process of developing PSBs Wellbeing Assessments and noted the proposed timelines for their approval by each PSB and their subsequent presentation to SDODC and Board.

RPB Market Stability Report – also in February 2022, the Committee received the RPB Market Stability Report, representing a WG requirement for the RPB to assess the sufficiency of care and support services in the regional market within the HDdUHB area. Members noted that a second element of the report considers stability of the services regulated by Care Inspectorate Wales (CIW). It was confirmed that further reports and an action plan would be presented to SDODC in due course.

During 2021/22, SDODC also received and considered the following:

- **Pharmaceutical Needs Assessment** – in August 2021, the Committee received the Health Board's Pharmaceutical Needs Assessment (PNA), noting this had been subject to public consultation and included data and feedback from patient and contractor surveys, together with information relating to existing commissioned

services from Community Pharmacy. Members received assurance that currently no 'gaps' had been identified in Pharmacy provision across HDdUHB and that work is underway to improve the uptake of enhanced services in order to reduce pressure on GP services and to improve patient access to care. The Committee supported the PNA for submission to the Board at its meeting on 30th September 2021.

- **Contact First/Urgent Primary Care Update** – in October 2021, the Committee received the Contact First/Urgent Primary Care Update report, providing an update on HDdUHB's implementation of Care First and the Urgent Primary Care pathfinder, key deliverables of WG Urgent and Emergency Care Policy Goals. The Committee acknowledged the impact of the roll out of the Same Day Emergency Care model, estimated to have avoided 25% of admissions to date.
- **Capital Governance Review – Management Response and Action Plan** – also in October 2021, the Committee received the Internal Audit Capital Governance Review report for information, produced at the request of the Audit & Risk Assurance Committee given the remit of SDODC relating to capital schemes and governance. It was noted that, going forward, the Committee would receive an assurance on the implementation of the recommendations contained within the Action Plan. In February 2022, the Committee received an update on the 12 recommendations made following the Capital Governance Review and received assurance that progress is being made to deliver against the actions identified.
- **Women & Children Phase II Project Update** – also in October 2021, the Committee received an update on the Women & Children Phase II Project, noting the issues that had led to further delays on the handover of Section 2 and the prolongation of the schemes completion. Members received an overview of the continuing risks that need to be managed, including a new risk around the building structure that could lead to further delays due to supply chain issues and may require a small amount of contingency (£0.2m) from the following year's Discretionary Capital Programme which the Committee endorsed.
- **Domiciliary Care Provision** – in December 2021, the Committee received the Domiciliary Care Provision report, noting the collaborative work involved between HDdUHB, the 3 Local Authority social services departments and third sector agencies. Whilst acknowledging the current challenges and deficiencies in the domiciliary care service, the Committee welcomed the initiatives in place to maximise digital support for individuals at home to enhance patient care and reduce the demands being made on acute services.
- **Transformation Fund (TF)/Plan (Levelling Up)** – also in December 2021, the Committee received the Transformation Fund (TF)/Plan (Levelling Up) report, highlighting Connect; Fast Tracked Consistent Integration; and Creating Connections for All as the funding streams which HDdUHB is working with. Members noted that the next stages of work would include progression through the transitional phase and into the new funding streams together with the evaluation work to ensure the programmes emanating from these areas are appropriate.
- **Carmarthen HWB Plan** – also in December 2021, the Committee received a high-level overview and update regarding the development of a Wellbeing 'Hwb' in Carmarthen town. The Committee noted that funding of approximately £20m had been secured to develop this project with good progress made since Summer 2021.

- **Stroke Service Re-design** – in February 2022, the Committee received a report regarding proposals for stroke service re-design following a regional review of stroke services prior to COVID-19. The Committee noted that further discussions are required with SBUHB in relation to their ability to support HDdUHB patients in their Hyper Acute Stroke Unit (HASU) at Morriston Hospital, and acknowledged the concerning position, particularly coupled with the challenge of performance disparity across HDdUHB sites. It was agreed for the Committee to escalate these concerns to Board.
- **Palliative Care Strategy** – also in February 2022, the Committee received the Palliative Care Strategy, noting the aim of developing a regional approach with a view to providing equitable levels of care for patients across all localities. The Committee supported the presentation of the Palliative Care Strategy for approval to the March 2022 Public Board.
- **Dementia Strategy** – also in February 2022, the Committee received the final draft of the Dementia Strategy, noting the allocation of £1.239m to the West Wales Regional Partnership Board (WWRPB), made available via the Integrated Care Fund (ICF), for local implementation and development. The Committee supported the presentation of the Dementia Strategy for approval to the March 2022 Public Board.

Key Risks and Issues/Matters of Concern

During 2021/22, the following key risks and issues/matters of concern were raised by SDODC to the Board:

- Report on the Discretionary Capital Programme (DCP) 2021/22 reported to the Board in August 2021 – significant risks relating to the delivery of the Women and Children's Phase II scheme, given the significant delay in timescales for the scheme's completion, and recognising that if all risks materialise, there is likely to be a requirement for an additional contribution from the Discretionary Capital Programme.
- Integrated Winter Plan 2021/22 – significant issues relating to Winter planning which are unique to 2021/22 in terms of increased hospital admissions as a result of COVID-19 which could translate into a winter demand increase of 20%.
- Integrated Performance Assurance Report – concerns relating to continuing performance challenges with the request that performance against individual metrics be linked with associated mitigations in future reports.
- Integrated Performance Assurance Report – concerns raised regarding the rationale for WG targets and whether these are achievable given the current challenges.
- Integrated Performance Assurance Report – concerns regarding the declining performance within Mental Health, the challenges faced in terms of increasing demand and the lack of staffing due to recruitment issues coupled with Estates issues.
- Planned Care Recovery – concerns around HDdUHB's inability to outsource more complex work to the independent sector meaning a compromise to the Health Board's ability to prioritise care on the basis of clinical need with longer waits for in-house services.
- Women & Children Phase II project – concerns raised regarding the new risk relating to the building structure which could lead to further delays on timescale due to supply chain issues and may require a small amount of contingency monies (£0.2m) from the following year's Discretionary Capital Programme.
- Planning Objectives – concerns raised regarding PO 1E in terms of the significant variations in staffing levels within Patient Experience Teams at each hospital site with an update requested to be provided to the 15th December 2021 meeting of SDODC.

- Domiciliary Care Provision – concerns raised regarding the longer term challenges and deficiencies in the domiciliary care service, with the Health Board working collaboratively with the 3 Local Authority social services departments and third sector agencies.
- Discretionary Capital Programme 2021/22 & Capital Governance – concerns raised in terms of the challenges of spending 2021/22 capital, in particular, the year end bid monies of £3.2m due to supply chain issues and £20m for the Modular Theatres at Prince Phillip Hospital, due to the need to complete within the financial year.
- Stroke Services Re-design – concerns around the lack of clarity on the regional Hyper Acute Stroke Unit plans with it noted that high level Executive to Executive discussions are to continue through ARCH in order to resolve this.
- Discretionary Capital Programme 2021/22 – concerns relating to the available capital for 2022/23 given the 24% decrease in DCP allocation for 2022/23.

Matters Requiring Board Level Consideration or Approval

During 2021/22, the following matters required Board level consideration or approval:

- West Wales Care Partnership (WWCP) Dementia Strategy.
- Palliative Care Strategy.
- Ratification of the Discretionary Capital Programme for 2022/23.

Argymhelliad / Recommendation

The Board is requested to endorse the Strategic Development and Operational Delivery Committee Annual Report 2021/22.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB 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 SDODC meetings 2021/22
Rhestr Termiau: Glossary of Terms:	Included within the body of the report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	SDODC Chair, Lead Directors and Committee Members Strategic Development and Operational Delivery Committee
---	---

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:	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. 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.
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	SBAR template in use for all relevant papers and reports.