**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 25th August 2022

**Y Penderfyniadau a’r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:**

- **Corporate Risks:** Two risks were highlighted: Risk 1407: Annual Recovery Plan and Risk 1350 Waiting Times Target 2022/26. The Committee was assured that all controls are in place and working effectively and planned actions will be implemented within stated timescales to ensure these risks are addressed.

- **Integrated Performance Assurance Report:** It was noted that several measures have been stood down from various reporting areas as a result of the review of the NHS Wales Performance Framework and new sources of evidence have been incorporated in IPAR reporting, in particular, staff and patient experience measures. Eight key improvement areas have been identified by the Executive Team to prioritise in 2022/23, aligned to key planning objectives and in line with the 3-year plan and the NHS Performance Framework for 2022/23.

Surveys and survey responses were discussed in detail noting that the University Health Board (UHB) has an opportunity to review survey content and questions, methods of communication and delivery, target audiences and in particular, audience engagement together with survey analysis and evaluation of metrics used, responses and response rates in order to achieve representative and increased responses from a specific cross-section audience. As a result of the discussion, action is being taken to widen the flow of engagement for a broader range of responses with partner organisations.

The Committee wishes to draw Board’s attention to the performance success in Mental Health and Learning Disabilities for children and young people (under 18) receiving a mental health assessment within 28 days which shows actual performance of 46% against an improvement trajectory of 20%. The Committee commended the Mental Health and Learning Disabilities department for the progress, recognising that there is more work to do to return to target performance.

- **Monitoring Welsh Health Circulars:** The Committee noted that HDdUHB has concluded that WHC 031-21 ‘NHS Wales Planning Framework 2022 to 2025’ is completed, however, the Committee also acknowledged that Welsh Government has not accepted HDdUHB’s Business Plan which was submitted in July 2022.

- **Quarterly Annual Plan Monitoring Returns - Q1 2922.23 (August 2022):** Two areas of delay, which support Q1 of HDdUHB’s 2022/23 Annual Plan, were highlighted: 1F: HR Offer (induction, policies, employee relations, access to training) and 5C: Business Cases for a Healthier Mid and West Wales. The Committee was assured that the overarching progress and mitigations/actions are in place to recover these actions. It was noted with regard to 5C that the delay will inevitably impact on programme timelines, although a three months’ decision-making contingency was built into the programme.
• **Planning Objective 3A: Quality Management System:** It was noted that key improvement measures prioritised for this year include Women and Children’s Mental Health, Urgent and Emergency Care and Mental Health. The improvement huddles that have been trialled can be embedded in the Urgent and Emergency care system. An Improving Together framework will be launched through SharePoint and will align with other areas of work including workforce development, IT and the QMS delivery mechanism. It was further noted that an evaluation will be undertaken on the Improving Together programme, together with staff feedback, to understand the data, the challenges and ascertain how the concept and mechanisms of delivery made a difference. The Committee looks forward to the UHB-wide launch of this programme.

• **Planning Objective 5C: Business Case Update:** It was noted that a detailed discussion had taken place at the extraordinary Public Board meeting on 4 August 2022 regarding the land process. It was further noted that following a meeting with the Community Health Council on 9 August 2022, the CHC had supported the Health Board’s decision to take three sites forward to the next stage and include a consultation process. Members understood that feedback is awaited from WG in relation to the Programme Business Case (PBC) on next steps of Programme development and expressed concerns that this will result in a programme delay and impact on the planning objective timeline.

• **Planning Objective 4K: Health Inequalities:** The Community Development Outreach team is leading on this matter. A report around the cost of living has been presented to the Chief Executive and the Director of Workforce and Organisation Development. The Committee was assured that the planning objective to bring agencies, partners, third sector and private organisations together for a more ‘joined-up’ approach is on track. The unprecedented challenges presented by the COVID-19 pandemic, and the breadth and depth of undiagnosed and untreated health conditions, which have resulted in a widening in health inequalities; exacerbated by the approaching fuel poverty and the likelihood of a deep recession, will further impact and worsen health inequality. The Community Development Outreach team and partner agencies are discussing health inequalities in terms of next steps to find good practice, methods of implementation and promote this as widely as possible. The opportunity to interface the work being undertaken with pathways in primary and secondary care and to align this with the work in relation to the Programme Business Case (PBC) is being pursued to ensure its prominence now rather than seeing it as separate, to be introduced at a later date.

The Committee noted that 25% of the local population is over 75 years of age and do not have access to digital communication means, or have limited digital ability, an area that further impacts health inequalities.

Information will be provided to enable a detailed discussion by Board in March 2023, with a full options appraisal and proposed local actions to start to reduce health inequalities.

• **Planning Objective 5H: Cluster Integrated Medium-Term Plan Monitoring Report – Quarter 1:** It was noted that progress is monitored at monthly cluster meetings and locality leads meetings where both positive and negative experience is shared, along with quality improvement methodology to underpin each project. The challenges to upscale and roll out cluster projects were noted as was the need to involve local communities in the formulation of plans process. The Committee was assured with regard to the steps being taken to ensure progress of cluster IMTPs.

• **Discretionary Capital Programme 2022/23:** It was noted that the capital resource limit for the fire enforcement works has been reduced by £0.976m at Glangwili General Hospital (GGH) and increased by £2.674m at Withybush General Hospital (WGH). The imaging works in the sum of £12m, funded by WG, are progressing well. It was
highlighted that pressures are emerging as a result of a reduced discretionary capital programme for this year and action has been taken through the Capital Sub-Committee to meet additional costs of £0.107m to enable works associated with the pharmacy robotic replacement programme and to distribute a pre-committed contribution to Women and Children’s Phase II between 2022/23 and 2023/24. The Committee was advised that the negative spend of £10,000 under the national decarbonisation programme is not related to income and with regard to vesting arrangements, an outstanding amount of £250k was noted resulting from a digital supply issue.

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

- **Influenza Season: End of Season 2021/22 and 2022/23: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season:** It was noted that, in 2021/22 season:
  - In the HDdUHB clinical risk 6 months to 74 years category, there was an uptake of 47.5%; previous years have seen between 38% and 42% uptake;
  - In the 65+ years population there was a 75.9% uptake compared to 62.9% and 65% uptake in the previous two years.
  - HDdUHB vaccinated more staff than other HBs in Wales; 6880, an increase of 220+ on the previous year. This does not include bank staff, locums, students, those employed on external contracts, agency or shared services.

- **Winter Respiratory Vaccination Programme Delivery Plan 2022/23:** Definitive guidance had been received from the Joint Committee on Vaccination and Immunisation (JCVI) in July 2022, which was supported by WG’s strategy for the delivery of winter respiratory vaccinations for autumn and winter 2022/23 to ensure protection is offered to those most vulnerable from COVID-19 and influenza which will be co-administered. The priority groups for each, in essence, are in alignment and the programme to deliver both flu and COVID-19 vaccines jointly is moving into the delivery phase. The COVID-19 vaccine offered is bivalent, ie, for the original virus and the variant. A co-ordinated programme across the three HDdUHB counties will be delivered through GP surgeries, Mass Vaccination Centres (MVCs) and community pharmacies, by GPs, the Occupational Health team, immunisation and vaccination teams and school nursing teams. The risk of running out of vaccine supply with no national central stock availability was noted. It is hoped to achieve a 100% uptake, but realistically, 80% is more likely.

The Committee discussed campaign messaging, noting there was no definitive opinion regarding a focus on protecting the community rather than yourself, a ‘vaccine saves lives and maintains community wellness’ approach as opposed to a personal fear, ‘vaccine prevents (personal) illness’ approach and it was noted that there is an apparent ‘COVID-19 is over’ attitude throughout the population. However, public opinion is likely dependent on how the virus behaves and whether another variant emerges which will impact upon and add complexity to the vaccination programme.

- **Winter Plan: Evaluation of Winter Plan 2021/22 and 2022/23 Plan:** It was noted that future winter plans will be incorporated into the UHB’s IMTP at the request of WG. The Plan recognises that the transition from the COVID-19 pandemic is taking place and is an opportunity to correlate and share information from 2021/22, particularly for vaccination and Urgent and Emergency Care, which will inform the UHB’s existing six goals for Urgent and Emergency Care going forward. The Plan will also incorporate the UHB’s winter plan programme and structure, which should align to the WG framework.
It was noted that there will be a review of the inpatient ward model. It was further noted that a clear message had been received from the Minister for Health and Social Services that there is an expectation to ringfence orthopaedic capacity. With regard to the potential increase in demand for beds in January/February 2023 it was noted that the UHB is already at saturation point, requiring more nurses and more surgical staff and that additional challenges will present if recruitment is unsuccessful as circa 100 beds cannot be found within the community sector.

- **Pharmaceutical Needs Assessment**: The report was the first review of the Pharmaceutical Needs Assessment since October 2021, the outcome of which was presented to the Primary Care Contract Review Group in April 2022, which determined that there have been no significant changes. The team will review again in six months.

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<th>Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:</th>
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<th>Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:</th>
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<td><strong>Planning Objective 5C: Business Case Update</strong>: Concerns regarding a lack of response from Welsh Government on HDdUHB’s Programme Business Case in the knowledge that there is very little action that can be taken to expedite a response.</td>
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<th>Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:</th>
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<th>Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:</th>
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