

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 16 th December 2022
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Corporate Risks: The Committee noted two risks and received assurance that identified controls are in place and working effectively; planned actions will be implemented within stated timescales and will reduce the risk further and/or mitigate the impact, if the risk materialises: <ul style="list-style-type: none"> • Risk 1407: Risk to delivery of Annual Recovery Plan and achievement of Welsh Government (WG) Ministerial Priorities for the reduction in elective waiting times. It was confirmed that this risk may be reduced in view of the fact that delivery against the trajectory set by the Board for this year is well on track or whether delivery is measured against the Ministerial target. • Risk 1350: Risk of not meeting the 75% waiting times target for 2022/26 due to diagnostics capacity and delays at tertiary centre. It was confirmed that the planned industrial action has increased the Urgent and Emergency Care risk to rate 25 to reflect the pressure in the system and challenges in mitigating that particular risk at the current time. It was noted that circa 1000 outpatient appointments and 72 theatre procedures have been rescheduled. One clinic and one theatre list had been cancelled on the day as a result of staff sickness. The Health Board has tried to maintain as much of the cancer activity as possible in terms of outpatient appointments and treatments. • Targeted Intervention Update: The Committee noted the planning element of Hywel Dda University Health Board's (HDdUHB) Targeted Intervention status and endorsed the maturity matrix that it will use to self-assess planning processes. The Committee also noted progress in relation to the key aspects the Health Board has been asked to take forward as part of the escalation status, including the clinical services plan, and further noted that the Betsi Cadwaladr model will be adapted for its own purposes. • Integrated Performance Assurance Report (IPAR): The Committee considered the measures indicated in the IPAR and noted in particular: <ul style="list-style-type: none"> • Planned Care Recovery: The 104-week wait is ahead of the improvement trajectory to March 2023. • Urgent and Emergency Care Ambulance Handovers: The challenge remains mainly due to workforce deficits and ready to leave patients. • Cancer: There is focus on the backlog; the underlying risk regarding the urology pathway remains. • Mental Health: CAMHS (Child and Adolescent Mental Health Service) 28 days assessment achieved its target for the first time since January 2021, however, challenges remain for psychological therapies and neurodevelopmental services and actions are in place to address those challenges. 	

- C.difficile (C.diff) and Escherichia coli (E.coli): Improvement plans are in place with focus on infection prevention and control.
- Workforce: The Health Board is above its improvement trajectory to achieve nursing and midwifery staff in post for the end of Q3 2022.

The Committee noted in particular the local pilot initiative taking place in Carmarthenshire, with Advanced Paramedic Practitioners (APPs) and General Practitioners (GPs) located within an intermediate care team, which has had a significant impact on the conveyance and avoidance rates; however this pilot initiative can only run between Monday and Friday due to workforce constraints. The Health Board is keen to scale-up the initiative across the Hywel Dda region, however, there is a challenge in terms of the number of available APPs. WAST will need to fully evaluate this pilot before a decision can be made to take this initiative forward. The Committee noted that it is hoped to be able to scale-up locally to cover the winter period.

The Committee also noted that Urgent and Emergency Care is operating under significant strain and pressure. WAST has introduced business continuity measures in view of the level of demand they are facing and the inability to meet demand of the unprecedented level of calls received due to available capacity. It was noted that discussions are taking place with WAST with regard to setting up an offload unit at Glangwili Hospital to help free-up ambulance resources and further discussions are taking place with social care colleagues in the Hywel Dda area in terms of what more can be done to be able to increase patient capacity and flow going into winter.

Progress is being made on reducing cancer care backlog; treatment activity has improved considerably. Although the November 2022 performance figures showed a reduction in activity due to workforce sickness absence, this position will be recovered during December 2022/January 2023.

- **Discretionary Capital Programme 2022/23 (DCP):** The Committee noted the update on the Health Board's DCP, in particular that:
 - The capital expenditure plan is on track to deliver against expenditure as per the Capital Resource Limit (CRL).
 - The contingency reserve remains under considerable pressure with £90k balance to 31 March 2023.
 - Estates Funding Advisory Board (EFAB) bids were submitted. WG has indicated likely support for the bids for £4.1m in 2023/24 and £4m in 2024/25 for which the Health Board will be required to commit to a discretionary capital contribution in each year.
 - DCP allocation for 2023/24 is £6.5m against which is a pre-commitment of £2.3m. Work has started on prioritising the capital programme; proposals will be submitted to the Capital Sub-Committee (CSC) in January 2023 and SDODC in February 2023.
- **Planning Objectives Updates:**
 - **PO 4K: Health Inequalities:** The Committee received assurance with regard to progress made and noted that this will be considered by the Board in March 2023. The Committee noted that health inequalities are widening, despite the work being done across Wales. Locally, a Health Equity Group has been convened, initially set up to address the inequalities of Covid-19 vaccinations however this has now evolved into a multi-agency group looking at health inequalities as a wider entity. The Committee further noted that the options paper being presented to Board for discussion will inevitably result in a hybrid approach which will address all aspects of health inequalities within the various sectors and communities in the Hywel Dda area.

- **PO 4L: Social Model for Health and Wellbeing and PO 4U: Community Proposals for Place-Based Action:** The Committee received assurance with regard to progress made to both planning objectives and noted that they were closely linked. It was noted that the action taken so far for PO 4L is being collated and triangulated with the feedback and will be developed into a plan to be incorporated into the IMTP process. The Committee noted the opportunities for partnership working with the Public Services Boards (PSBs), Regional Partnership Board (RPB), local authorities, voluntary and third sector organisations and local communities.
- **PO 4N: Food System Update:** The Committee received assurance with regard to progress made and noted that the Health Board has a key role as a neutral convenor for all interested parties. The Committee also noted that the Health Board supports the local economy by sourcing food locally thereby investing in local communities.

The Committee noted that these planning objectives closely align and suggested further discussion on all related topics at a future Board Seminar.

- **PO 5H: Integrated Locality Planning/Cluster IMTP Monitoring (Q2):** The Committee received assurance regarding progress noting in particular that eight centres are RAG rated red due to challenges in staff recruitment in physiotherapy and pharmacy in particular, with there being a limited number of available professionals, particularly in the Pembrokeshire and Ceredigion areas.
- **PO 4P: Recovery and Rehabilitation Service:** The Committee received an update report and noted that additional work has been undertaken to understand the requirements of the prehabilitation and rehabilitation models, particularly for more chronic conditions. HDdUHB is engaging with a number of Health Boards across Wales to develop a much more flexible, demand and capacity model, looking at levels of complexity of individuals as they present and is also engaging in an extensive mapping exercise of all levels of rehabilitation programmes and schemes provided across the organisation.
- **PO 5C: Business Case for A Healthier Mid and West Wales (AHMWW) Update:** The Committee received assurance on progress noting the development of a Strategic Outline Case (SOC) and resource schedule. The Committee also noted that there is some slippage from the original January 2023 date into February 2023 and that the role of Strategic Programme Director to lead the development is currently being advertised.
- **PO 3J: A Healthier Mid and West Wales Communications Plan Update:** The Committee received assurance on progress noting that the communications plan enables the AHMWW strategy continues to engage openly and transparently with the community to promote awareness and encourage communities to join with the Health Board on its journey. The various activities were noted as were next steps including the development of a tactical plan enabling communications around land consultation, the continued use of the intranet, internet and social media channels as methods of communication and work with the engagement team to arrange in person and online communication sessions.
- **Stroke Strategy Update:** The Committee noted the update provided regarding Stroke Service re-design, acknowledging that two elements are greatly interlinked and interdependent: (1) The local Hywel Dda pathway work for the short, medium and longer-term pathway development in line with the clinical strategy; and (2) The work with Swansea Bay University Health Board (SBUHB) regarding the development of a hyperacute stroke unit which is moving forward at pace. The ARCH (A Regional Collaboration for Health) programme will include project management support and early in the New Year discussion will focus on the Carmarthenshire element of the step-down

beds and the rehabilitation element of the stroke pathway, which links into patients being repatriated from the hyperacute stroke unit.

- **Dementia Care Strategy Update:** The Committee received assurance on the current status of the Regional Dementia Strategy and Programme and the governance and plans in place to assure its delivery in line with the All-Wales Dementia Care Pathway of Standards. The significant amount of work that is being undertaken around dementia care was acknowledged, noting that the strategy is wide ranging and covers the range of care and support for people living with dementia.
- **Palliative Care Strategy Update:** The Committee received assurance on progress of the Palliative and End of Life Care Strategy noting that the palliative care triumvirate has been significantly delayed, however, agreement has been reached on the way forward and it is anticipated that recruitment into the triumvirate will be completed by the end of March 2023. The future model of care will be clinically designed, and service provision will be locally delivered, Health Board wide. The Committee also noted that the partnership with SBUHB continues and is growing.
- **Aseptic Business Justification Case (BJC):** The Committee noted progress and endorsed presentation of the BJC to the Board in January 2023, following completion of internal scrutiny. The Committee noted that a BJC was submitted to WG in the sum of £12m for a complete standalone unit to be based at Withybush Hospital. The steering group, convened in June 2022, will update the BJC to align with the Transforming Access to Medicine Service (TRAMS), acknowledging that the Health Board's facility would need to provide aseptic services for the next five to eight years. The final BJC will be submitted to Board in January 2023 for approval.
- **Regional Integration Fund (RIF) Update:** The Committee noted that the overcommitment on funding is being address and has already reduced from £3.2m to £1.6m; plans are in hand to mitigate further and balance by the end of the financial year. It is understood that there is written agreement that any overspend will be absorbed by that particular partner organisation and noted that the Health Board is in the process of preparing a Memorandum of Understanding (MoU) to strengthen governance processes around the RIF.

It was further noted that the process of evaluation of current RIF projects and programmes has commenced with an initial self-assessment from project leads noting that this is the first year of RIF funding (previously the Integrated Care Fund (ICF)). A performance framework is being developed, along with rigorous and robust reporting processes around RIF funding which will be implemented at the end of this interim year.

- **Pentre Awel (Llanelli Wellness Centre):** The Committee noted progress of the development, acknowledging that the Health Board is in negotiation with Carmarthenshire County Council with regard to reducing ongoing costs associated with rates, etc; discussions have not yet concluded.
- **South West Cancer Centre:** The Committee received the South West Wales Cancer Centre Strategic update. The draft Strategic Programme Case (SPC) will be circulated to members for comment and will be submitted to the January 2023 Board meeting.
- **Health Improvement and Wellbeing Centre:** The Committee received the Health Improvement and Wellbeing Centre update noting that the application for change of use of the property in Llanelli is to be submitted for consideration by the local authority planning committee at the meeting on 2 February 2023. If successful, the property will be revalued and formal approval will be sought from the Board in January 2023 to proceed with the development. The Committee also noted challenges from the local community who are expressing concern, mainly because the services to be delivered are drug and alcohol related. A press statement will be issued promoting the health

improvement and wellbeing development, which will provide additional preventative and treatment and early intervention services and an engagement drop-in session will take place in January 2023 for members of the public. The Centre will provide a base for the smoking cessation service, the early intervention services and the Dyfed Drug and Alcohol Service (DDAS).

- **Capital Sub-Committee (CSC):** The Committee received the report of the meeting held on 22nd November 2022 and approved the CSC's updated Terms of Reference. The Committee noted that the infrastructure investment plan is being reviewed as part of the planning cycle for next year and the Health Board is working with the RPB to prepare a ten year capital plan that will enable access to the WG Housing with Care and the Integration and Rebalancing Capital Funds.

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

- Aseptic Business Justification Case (January 2023)
- South West Cancer Centre (January 2023)
- Health Improvement and Wellbeing Centre (January 2023)
- Health Inequalities (March 2023)

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

There are no risks, issues or matters of concern to draw to Board's attention.

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

Adrodd yn y Dyfodol / Future Reporting:

- PO 4s: Improvement in Population Health - deferred to the February 2023 meeting.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

Thursday, 23rd February 2023