

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 29 February 2024
Y Penderfyniadau a'r Materion a Ystyriodd y Prif Bwyllgor / Key Decisions and Matters Considered by the Main Committee:	
<ul style="list-style-type: none"> • Ophthalmology Performance: Getting it Right First Time (GIRFT): The Committee received assurance from the progress and plans of the Ophthalmology service in implementing the GIRFT recommendations, which include streamlining cataract documentation and pre-assessment; expanding capacity through Amman Valley Hospital theatres; training Speciality and Specialist (SAS) doctors; working collaboratively with Swansea Bay University Health Board (SBUHB) consultants on the Glaucoma pathway; and introducing virtual pathways and enhanced community care. The Committee noted that Hywel Dda University Health Board (HDdUHB) has established regular Quality and Safety meetings, a weekly GIRFT Task and Finish group, and a new management structure to support the implementation of the recommendations. It also noted that the Welsh Government (WG) GIRFT team and the internal mechanisms are involved in monitoring progress and that there is a Corporate risk on the Risk Register regarding Ophthalmology service delivery. The Committee acknowledged the challenges with recruitment, county coverage, and contract reform for the Ophthalmology service, and the plans to address them through the Regional programme and Ophthalmology Diagnostic and Treatment Centre (ODTC) pathway development. A further update to the Committee will be provided in four months time with it noted that the update was only against a number of the recommendations and not the full report. • Integrated Performance Assurance Report (IPAR): The Committee noted the IPAR – Month 10 2023/24, which summarises performance against HDdUHB's key improvement measures for 2023/24. The IPAR highlighted the following: <ul style="list-style-type: none"> • Improvements in Planned Care, although industrial action has had an impact • Improvements in breaches over 36 weeks and 52 weeks in Outpatients • Challenges in meeting the Follow-up trajectory • Improvements in Treatments trajectory 52+ weeks and 104+ weeks for the ninth consecutive month • Delays in Radiology services due to COVID-19 pandemic impact • Increased delays in Therapy services, particularly in Dietetics and Audiology • Urgent and Emergency Care (UEC) and ambulance handover times over one and over four hours deteriorated in January 2024 • 12 hour performance has deteriorated whereas four hour performance shows a slight improvement • Continued challenges with delayed discharges, with more than 200 patients consistently waiting since the autumn • Notable improvement in 62-day Cancer pathway measure for December (which is reported one month in arrears), with 56% achievement of the Single Cancer pathway, which is the highest delivered in year 	

- Neurodevelopmental challenges and consistent issues with C-Difficile and E-Coli

The Committee noted that WG expects HDdUHB to have no patients waiting over three years for treatment by the end of March 2024, and that the main challenge is to reduce the number of patients waiting over 104 weeks across key specialties; and ongoing efforts to work with SBUHB, to develop sustainable solutions for specialties such as Orthopaedics, Ophthalmology, and Neurology, and to ensure equity in waiting times across network services, such as Vascular and General Surgery.

- **Deep Dive: PO3A Transforming Urgent and Emergency Care Programme:** The Committee received assurance from the Urgent and Emergency Care Update, including efforts to address ambulance conveyances and their subsequent conversion into admissions. The Committee noted that assessment delays accounted for approximately 50% of the reasons for Pathways of Care delays each month. Despite efforts to mitigate these challenges, issues with resource allocation, including sickness and lack of social work resources, were noted. It was also noted that 44 bed efficiencies had been delivered at 31 December 2023 against a target of 91 at the end of 2023/24.
- **Integrated Medium Term Plan (IMTP):** The Committee received assurance from the steps taken in the development of the Plan for 2024/25 based on three key pillars: meeting the Ministerial Priorities for reducing long waits and improving access to services; aligning with the planning objectives set by the WG; and achieving a balanced financial position. The Committee noted that the Plan will become an Annual Plan, rather than an Integrated Medium-Term Plan, due to the Health Board's financial position and escalated Targeted Intervention status.
- **Quarterly Annual Plan Monitoring Returns and Planning Objective Update (Q3):** The Committee received assurance on the current progress with Planning Objectives which are aligned with one of four Board Committees. The Committee noted that a Closure Report will be presented to each Committee in April 2024, followed by an overarching Closure Report at the 30 May 2024 Board meeting.
- **Deep Dive PO4B: Regional Diagnostics Plan:** The Committee noted the Regional Diagnostics Plan which provided an overview of the A Regional Collaboration for Health (ARCH) and highlighted ongoing work relating to regional pathology developments, Endoscopy, Radiology, and Neurophysiology services. The Committee noted the following:
 - ARCH facilitates joint working between Health Boards to address demand and capacity issues in pathology, especially in developing a workforce strategy.
 - ARCH focuses on ensuring the engagement of smaller departments such as the one in HDdUHB Neurophysiology services and anticipates the commissioning of a national service.
 - ARCH faces challenges in aligning its programme with individual Health Board diagnostic strategies, and in clarifying its role in regional planning. The absence of subgroups and limited ARCH capacity contributed to a hiatus in the programme's progress.

The Committee suggested that a more agile and focused regional delivery team may be more appropriate; noted the risks of not having a coordinated regional approach; the potential barriers to progress due to the lack of clarity on regional priorities; and the diversion of resources towards individual Health Board approaches.

- **Deep Dive PO4C: Mental Health Recovery Plan:** The Committee noted the following:
 - The positive performance of the Health Board in meeting the targets for Parts 1A and 1B of the Mental Health Measure, and the success of the 111 Option 2 project, which provides a 24/7 helpline for mental health support.
 - The need for change in Adult Services, especially in achieving consistency and seven-day working across the Operational Care Pathway.
 - The commissioning actions undertaken or planned, some of which involve collaboration with Local Authorities (LAs). These include extending frameworks to children and young people, such as the Co-occurring Framework for Substance Misuse.
 - A slight improvement in Autism Spectrum Disorder performance, alongside challenges and delays in development. Also, the need for Targeted Intervention escalation criteria and clarity on future evaluations.
 - Concerns regarding the Dementia pathway, particularly the lack of access to geriatricians and mental health assessments for patients.
 - The challenges in developing a holistic clinical pathway for people with dementia, and the efforts to enhance the existing liaison service in District General Hospitals (DGHs).
 - The Mental Health and Learning Disabilities (MH&LD) Directorates progress against its planning objective.
 - That assurances and mitigations against each service area's objectives are being managed/scrutinised through the Mental Health and Learning Disabilities Business Planning, Performance and Assurance Group and Quality, Safety and Experience Assurance Group and that quarterly monitoring and reporting arrangements have been developed.
- **Deep Dive PO7A: Population Health:** The Committee noted the Population Health: Planning Objective 7a Deep Dive report which provides an update on the well-being assessment of Primary Care Networks (PCNs) and the progress made in various strategic areas of population health. The Committee noted successes achieved in areas such as vaccination, smoking cessation, healthy weights, and emotional well-being, as well as the challenges faced in terms of capacity, screening, and health equity. The Committee commended the initiative to distribute Naloxone, a medication that reverses opioid overdoses, to police officers, which has already saved nine lives, noting that Public Health colleagues are expanding their approach to understanding overdoses and near fatal overdoses which will support the understanding of the impact of this work and where Naloxone can be better placed to reduce such incidents. Concerns were raised regarding a series of suicides in the Carmarthen area in the past 18 months and the Committee noted that a more rigorous needs assessment of the situation was underway; and that investing in prevention yields significant long-term benefits for health care systems.

The Committee identified a need to develop a framework that can quantify the prevention of demand and demonstrate the potential cost savings associated with Public Health initiatives, such as Smoking Cessation programmes; and the importance of a tailored approach to assessing the impact of Public Health interventions, taking into account the specific needs and challenges of the community and the long-term benefits of preventative measures.

- **Public Services Board (PSB) Well-Being Assessments (Well-Being of Future Generations (Wales) Act 2015 (WBFGA)):** The Committee noted the Update on Well-being Plans: Carmarthenshire, Pembrokeshire and Ceredigion report which aim to address the needs and priorities of the communities in the region. The Committee considered the future of the Regional Partnership Board (RPB), which may face funding challenges while needing to build capacity and address regional impacts; acknowledged the challenges of measuring the practical outcomes of the PSBs; and the need for a regional framework to align the priorities and prevention agendas of the three counties.
- **Clinical Services Plan:** The Committee noted the verbal update to the Clinical Services Plan, and that ongoing work on refining the methodology for Phase 2 of the Plan is progressing well and remains on track.
- **A Regional Collaboration for Health (ARCH) Update:** The Committee noted HDdUHB and Swansea Bay University Health Board (SBUHB) regional discussions and the ARCH Portfolio Summary Update.
- **Targeted Intervention Update:** The Committee received assurance from the ongoing response to Targeted Intervention (from a Planning perspective), noting that a comprehensive action plan has been developed to address the issues raised during the Peer Review and the Maturity Matrix, and is being monitored by the Escalation Steering group (ESG). The plan aims to close all actions by 31 March 2024. The Committee also noted the shift in focus from process to outcomes and delivery, and the importance of building a relationship with the Welsh Government, especially in view of the new Targeted Intervention status.
- **Capital Sub-Committee – November 2023 update report and Discretionary Capital Programme 2023/24 report:** The Committee noted both reports, including:
 - Receipt of additional allocations from WG amounting to almost £4m, allowing investment in equipment and digital backlog. Any orders in excess of £0.5m will require endorsement by SDODC prior to ratification by Board.
 - Amendments to the list submitted to WG will be necessary due to deliverability issues by 31 March 2024. Additionally, late allocation of capital raised increased risk, potentially requiring some items to be vested or bonded off-site by 31 March 2024.
 - The development and allocation of the Discretionary Capital Programme (DCP) for 2024-2025 amounting to £1.4m, considered by Capital Sub-Committee and approved by the Executive team on 21 February 2024.
 - The Chemotherapy Day Unit in Bronglais Hospital (BGH) is over budget and the scope is being revised to reduce costs.
 - The Septic Scheme is delayed until Summer 2026.

- The initial investment from WG for Reinforced Autoclaved Aerated Concrete (RAAC) is on plan and ongoing costs for inspections are expected. Structural engineers will provide more information which may indicate that future work on RAAC will be necessary.

The Committee endorsed the following:

- The placing of orders for the additional WG funding received, should they be over the £0.500m threshold for onward ratification to Board.
- The Capital programme for 2024/25 for onward ratification to Board.
- **Business Justification Case for Phase 2 of Fire Enforcement Notices and Letters of Fire Safety Matters At Withybush Hospital (WGH):** The Committee noted the Business Justification Case (BJC) for Phase 2 of Fire Enforcement Notices (FENs) and Letters of Fire Safety; and that the Decant Ward project, funded by WG, is nearing completion and would enable the progress of Phase 2, which had a reduced scope of £23.743m after a joint review with WG, Fire Safety Advisors and Mid and West Wales Fire and Rescue Service (MWWFRS). The Committee also noted the following;
 - WG Performance Scrutiny Committee would conduct a formal review of alternative delivery methods that could take four to six months.
 - A significant overlap between the planning of Phase 2 and RAAC management.
 - Collaboration with clinical teams is ongoing to ensure fire safety and inspection regimes for RAAC.

The Committee endorsed the submission of the BJC for Phase 2 FEN's and LoFSMs at WGH to Board for further approval in advance of submission to WG.

- **Strategic Outline Case: A Healthier Mid and West Wales - To Include PO5A – Estates Strategies:** The Committee noted the following:
 - The approach being adopted to address the next steps required by WG as set out in their correspondence of the 18 December 2023.
 - Liaison will be required on communications relating to the Nuffield Trust review on receipt of the final report.
 - The work required to present to Infrastructure Investment Board (IIB) the actions taken or required in relation to the report's recommendations.
- **Community and Long Term Care Quarterly Service Report:** The Committee received assurance that processes are being followed in line with the Welsh Government Frameworks, noting performance reviews undertaken by the Long Term Care service. The Committee also noted the following:
 - HDdUHB currently commissions 556 residents in nursing homes, with funding from a range of sources including Continuing Health Care (CHC), Funded Nursing Care (FNC), and Section 117.
 - No providers were under the escalating concerns process during Quarter 3, although one nursing home in Ceredigion entered the Escalating Concerns Process on 12 January 2024 and a Formal Suspension of Placements is in place. The Home is being closely supported by the Local Authority and the Long Term Care Team.

- Financial sustainability in the care home sector remains a risk, with providers expressing concerns about the impact of the current cost of living crisis on their operations. Recruitment and retention of staff are significant challenges affecting both domiciliary and residential care.
- The Discharge to Assess (D2A) pathway launched in October 2023 has shown improvement, with a significant reduction in referral to assessment time.
- In terms of care at home, the average hours provided per person remain at approximately 67 hours per week, with 70 individuals receiving care packages totalling 3,853 hours per week.
- Two appeals were submitted in Quarter 3, with no disputes reported. The retrospective claim process for CHC funding has seen eight retrospective reviews submitted in Quarter 3, all of which were completed within the six-month timeframe. There have been no Ombudsman inquiries or complaints related to this quarter.
- The Court of Protection team continues to support an increasing number of cases, with a focus on improving assessment rates. The total number of pending assessments is reducing, indicating progress in case management.
- A new 84-bed dementia nursing residential home in Llanelli is under construction, scheduled to open in November 2024; and another 65-bed home in Cross Hands is planned for late 2025. The RPB is also exploring the possibility of a public sector nursing home in Llanelli.
- **Monitoring Welsh Health Circulars (WHCS):** The Committee received assurance on the management of WHCs, particularly in respect of understanding when the WHC will be delivered, any barriers to delivery, impacts of non/late delivery and assurance that the risks associated with these are being managed effectively; and noted the increased frequency of reporting on WHCs to three times a year to ensure appropriate oversight and monitoring of the progress of their implementation.
- **Ministerial Directions:** There were no Ministerial Directions aligned to SDODC for reporting.
- **Operational Risks:**
 - **Risk 1789:** Risk of inability to maintain a system-wide multiagency Health Protection service due to uncertain funding (Public Health)
 - **Risk 1668:** Risk of loss of Nuclear Medicine service due to ageing and unrepairable calibrator in Wityhush Hospital (WGH) (USC: Radiology)

**Materion Allweddol a Ystyriwyd gan y Pwyllgor Mewnol:
Key Matters Considered by the In-Committee:**

No SDODC In-Committee meeting was held.

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

- **DCP - ENDORSED** the placing of orders for the additional WG funding received, should they be over the £0.500m threshold for onward ratification to Board.

- **DCP - ENDORSED** the Capital programme for 2024/25 for onward ratification to Board.
- **BUSINESS JUSTIFICATION CASE FOR PHASE 2 OF FIRE ENFORCEMENT NOTICES AND LETTERS OF FIRE SAFETY MATTERS AT WITHYBUSH HOSPITAL - ENDORSED** the submission of the BJC for Phase 2 FEN's and LoFSMs at WGH to Board for further approval in advance of submission to WG.

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

- Ophthalmology Performance: Getting it Right First Time (GIRFT) report: Whilst the Committee received some assurance on progress, a further update was requested at the 27 June 2024 meeting.
- IPAR:
- No patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Industrial action may impact performance and delivery of planned RTT within 104 weeks by end of March.
- Regional Diagnostic Plan: Challenges re lack of clarity on regional priorities and the diversion of resources towards individual Health Board approaches were identified as potential barriers to progress.
- **Mental Health Recovery Plan: Delay in implementing a multi-referral panel, which aims to streamline the referral process for Mental Health services.** This delay, attributed to challenges in agreeing on the right model with LAs, was highlighted as a critical issue, particularly in light of recent suicides among young people in the Carmarthen area.

**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, progress on identified actions will be followed up.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25 April 2024