

**COFNODION HEB EU CYMERADWYO Y PWYLLGOR DATBLYGU STRATEGOL A
CHYFLAWNI GWEITHREDOL
UNAPPROVED MINUTES OF THE STRATEGIC DEVELOPMENT AND
OPERATIONAL DELIVERY COMMITTEE MEETING**

Date and Time of Meeting:	9.30am – 12.30pm, Monday 26 June 2023
Venue:	Ystwyth Boardroom and Microsoft Teams

Present:	<p>Mrs Chantal Patel, Independent Member (Committee Vice-Chair) Cllr. Rhodri Evans, Independent Member Mr Iwan Thomas, Independent Member Mrs Judith Hardisty, Independent Member (VC)</p>
In Attendance	<p>Mr Lee Davies, Director of Strategy and Planning (SDODC Executive Lead) Mr Huw Thomas, Director of Finance Ms Jill Paterson, Director of Primary Care, Community and Long-Term Care (part) Mr Sam Dentten, Llais/Citizens Voice Body (VC) Mrs Joanne Wilson, Director of Governance (Board Secretary) (VC) Ms Urvisha Perez, Audit Wales (VC) Dr. Michael Thomas, Public Health Mrs Helen Mitchell, Committee Services Officer (VC) (Minutes)</p> <p>Items SDODC(23)64 / SDODC(23)72 Ms Rhian Matthews, Integrated System Director (VC)</p> <p>Items SDODC(23)65 /SDODC(23)66 /SDODC(23)70 Ms Eldeg Rosser, Head of Capital Planning (VC)</p> <p>Item SDODC(23)68 Ms Alison Shakeshaft, Director of Therapies and Health Science (VC)</p> <p>Item SDODC(23)69 Mr Peter Skitt, County Director Ceredigion (VC)</p> <p>Item SDODC(23)70 Dr Daniel Warm, Strategic Planning Manager (VC)</p> <p>Item SDODC(23)73 Mr Sion Charles, ARCH Head of Strategy and Service Planning (VC)</p>

Agenda Item	Item	Action
SDODC (23)56	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	Mrs Chantal Patel welcomed members to the Strategic Development and Operational Delivery Committee (SDODC) meeting.	
	The following apologies for absence were noted:	

	<ul style="list-style-type: none"> Mr Maynard Davies, Independent Member (Committee Chair) Mr Andrew Carruthers, Director of Operations Mr Winston Weir, Independent Member 	
SDODC (23)57	DECLARATIONS OF INTEREST <ul style="list-style-type: none"> Mrs Patel declared an interest in agenda item SDODC(23)71: Arch Update, as Director of Health and Wellbeing Academy at Swansea University. Cllr. Rhodri Evans declared an interest in item SDODC(23)69: Sexual Assault Referral Centre (SARC) as a County Councillor. Mrs Judith Hardisty declared an interest in item SDODC(23)72 Urgent and Emergency Care (UEC) Update as Chair of the Localised Patient Voice (LPV) forum. 	
SDODC (23)58	MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 27 APRIL 2023 <p>RESOLVED - the minutes of the SDODC meeting held on 27 April 2023 were APPROVED as an accurate record of proceedings.</p> <p>There were no matters arising.</p>	
SDODC (23)59	TABLE OF ACTIONS FROM THE MEETING HELD ON 27 APRIL 2023 <p>It was noted that four actions had been carried forward:</p> <p>SDODC(22)42: <i>Continuing NHS Healthcare: The National Framework for Implementation in Wales: To present the detail of a national performance tool, to the Committee when available.</i> The Framework document is not yet available.</p> <p>SDODC(23)08 (two actions): <i>Targeted Intervention: To circulate the draft action plan to SDODC members.</i> The Peer Review has now been received and is included on Committee meeting agenda as an appendix to item 2.1. and <i>SDODC members will be asked to respond to Mr Lee Davies with comments /views at the Board Seminar in August 2023.</i></p> <p>SDODC(23)35: <i>Planned Care Update: To obtain formal HDdUHB Board approval of the Memorandum of Understanding between Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) with regard to agreed project definition, provision of a governance structure and framework to support a regional orthopaedic model.</i> Mrs Joanne Wilson agreed to follow up with Mr Keith Jones.</p> <p>SDODC (23)39: <i>Reinforced Autoclave Aerated Concrete (RAAC) Planks.</i> Mr Davies advised that the RAAC work is in progress in Ward 9, Withybush Hospital (WH). The recent survey indicates that 13% of planks surveyed were categorised red which prohibits occupation of those areas until remedial works are undertaken in the next three months. 72% of planks surveyed were categorised amber, requiring future monitoring. Surveys are presently being undertaken on Ward 12. Mr Davies expects to be able to present a more detailed update to SDODC on 31 August 2023.. Mr Davies indicated that the</p>	JW

	<p>Health Board is in discussion with the Welsh Government (WG) regarding funding for this work and advised that the survey programme is set for six to nine months, and that in response, remedial workplans will be developed.</p> <p>Mrs Judith Hardisty indicated that this matter had been discussed at Health and Safety Committee and expressed concern that, should WG capital funding be unavailable for RAAC works, large areas of the hospital would be unusable. In response, Mr Davies indicated that, should funding not be forthcoming, the timeline for the works may be extended. Further anticipating that five wards will be impacted by the survey and that remedial work will be undertaken which limits the number of unavailable wards. Contingency planning is necessary to consider the Health Board's response should more than two wards be out of use.</p> <p>Mrs Wilson proposed that this matter should be escalated to the Board, via the SDODC update report.</p>	HM
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SDODC (23)60	ANNUAL REVIEW OF SDODC TERMS OF REFERENCE	
	The Committee received the SDODC Annual review of SDODC Terms of Reference and approved the recommended changes.	
	The Strategic Development and Operational Delivery Committee APPROVED the Strategic Development and Operational Delivery Committee's Terms of Reference for onward ratification by the Board on 27 July 2023.	

SDODC (23)61	SDODC SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS: PROCESS	
	The Chair introduced the SDODC Self-Assessment of Committee Effectiveness report to Members.	
	<p>Mrs Wilson indicated that the updated self-assessment process will be trialled initially by the Quality, Safety and Experience Committee in an effort to improve effectiveness and governance. Should the trial be successful, the process will be adopted by the remaining committees.</p> <p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE from the refreshed approach to the Annual Report and Self-Assessment process for 2023/24.</p>	

SDODC (23)62	TARGETED INTERVENTION UPDATE	
	<p>Mr Davies presented the Targeted Intervention Update, highlighting the Peer Review of Planning Arrangements in Hywel Dda University Health Board (HDdUHB); and indicating that the Health Board and WG will jointly develop an action plan for presentation at the next SDODC on 31 August 2023.</p> <p>Mrs Hardisty queried the Health Board's dependence on the revised operational services structure. Mr Davies indicated that change in the organisational structure whilst not essential to deliver the key concerns below, should facilitate alignment and organisation around the operational groups:</p> <ul style="list-style-type: none"> • Able to plan and deliver change effectively ensuring connectivity between the short, medium and long term with the commitment of operational services; • Pay attention to detail when planning, with a focus on benefits and outcomes; 	

- Consider the feasibility of delivering plans before submitting bids for capital schemes, especially in terms of timescales, revenue implications, workforce and overall fit within the Health Board's future clinical model; and also
- Consider the extent to which the Health Board's planning triangulated information between operational, workforce, finance and capital plans.

Mr Davies also indicated that the work regarding culture and relationships could proceed irrespective of the organisational structure. The Committee noted that Mr Andrew Carruthers's timeline for the organisational structure work is near the end of this year, and that Mr Davies' current focus is the planning cycle methodology and the cultural background reports.

Mrs Hardisty remarked on WG's use of the phrase 'mismatched understanding' and Mr Davies indicated that he intended to explore this further in the absence of significant formal feedback from WG. HDdUHB had received some specific positive feedback when requested. The Committee noted that the report recommendation is that the Health Board considers their response to the feedback, although Mr Davies stressed that little formal feedback had been received.

Mr Davies indicated that reflecting on the report, HDdUHB expects to learn from the report by mirroring the pockets of good practice elsewhere if possible and trying to improve practice in other areas.

Mrs Wilson referenced the governance aspect of the report, highlighting that timescales would be presented at SDODC on 31 August 2023 and that the report will be included in the Audit Tracker, which is monitored by Audit and Risk Assurance Committee (ARAC).

Within the online Chat, Mr Huw Thomas commented that there is a read across through to the Director of Corporate Governance's review of programmes of change; and the Internal Audit review on the same subject. Further it is difficult for WG to be positive about elements of the plan when the totality is so far from being in balance and recognising that this is a challenge for every Health Board, the alignment is helpful, it would be worrying if they had opposing recommendations to similar issues.

Mrs Wilson confirmed that an Audit Review had been undertaken by the Health Board alongside an Internal Audit review of areas of governance.

Ms Wilson agreed to investigate the inclusion of the Peer Review of Planning Arrangements in HDdUHB at Board Seminar with the Chair.

Ms Wilson, Mr Davies and Mr Huw Thomas agreed to develop a detailed action plan comprising the HDdUHB Internal Governance Review, the Internal Audit Governance Review and the Peer Review to align the recommendations and eliminate duplication.

The Strategic Development and Operational Delivery Committee **NOTED** the ongoing response to Targeted Intervention (from a Planning perspective) and the Peer Review report.

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Mr Huw Thomas introduced the Integrated Performance Assurance Report, (IPAR), highlighting the new format and advising that relevant areas of the IPAR on the Power B1 Dashboard have been included. Definitions of 'Hit & Miss' have also been included to provide robustness of definition with nuances providing more detail. Mr Huw Thomas indicated that Appendix 1 includes the elements necessary to achieve the Annual Plan; and that trajectories are included to illustrate the direction of travel. He advised that unscheduled care is challenged; and that the planned care trajectory is deteriorating due to non-inclusion of additional funding. Delivery of the developmental neurodevelopmental pathway in mental health is challenging, and the therapies position is concerning due to the number of patients waiting more than 14 weeks. Although the situation is improving, achieving the trajectory presents a significant challenge.

Cllr. Rhodri Evans thanked Mr Huw Thomas for the redesigned report, noting that he found it easy to understand and that the data was well presented. Mr Huw Thomas confirmed that while a large section of the IPAR is presented to SDODC, it is divided by Ministerial Priorities, and some parts are presented to other committees such as Sustainable Resources Committee (SRC). The full report is presented to Board, on alternate months, resulting in monthly reviews overall.

Mrs Hardisty noted that patient flow numbers are high and queried when the number was likely to improve. Ms Rhian Matthews advised that the number of frail patient admissions are high and that the Health Board is attempting address the situation by focussing on transforming the UEC programme. High numbers of care home patients are also admitted and can occupy beds for long periods of time, in addition high numbers of patients awaiting allocation and assessment by social care is also a contributory factor and is presently the focus of a considerable piece of work. The Health Board has formally integrated the Older People programme and is committed to working alongside the three local authorities (LAs) to implement the Trusted Assessor model, where a trusted assessor can be delegated by the LAs. This will be jointly monitored by HDdUHB and WG on a monthly basis. Mr Huw Thomas indicated that the position is differential across the Health Board and noted that there have been improvements across all sites except the GH main hub, where the situation is deteriorating, and appears to be influenced by each county's activities.

Mr Lance Reed highlighted the overall therapy position and indicated that the breach data for children waiting over 8 weeks and adults waiting over 14 weeks is concerning. Members were advised that these cohorts of patients are risk assessed as described at Appendix 1, which also illustrates the breakdown of urgent referrals versus routine activity. The Health Board has noted a significant increase in complex patients. As a result of the number and complexity of patients, planned care capacity is flexed to support UEC and inpatient activity areas. Historically, the service has utilised readily available agency staff but can no longer compete with neighbouring Health Boards in accommodation and/or competitive rates of pay. Additionally, a decrease in the availability of fixed term appointments and a reduction in the willingness of HDdUHB teams to undertake additional hours compounds the position.

The following measures are now in place to mitigate the situation:

	<ul style="list-style-type: none"> • Focus on validation and waiting list management to increase the numbers of patients currently receiving treatment moving on to See on Symptom (SOS) and Patient Initiated Follow Up (PIFU). • Deep dives have been undertaken to consider the job planning process and maximise clinical capacity. • Rates of recruitment have increased within the funded establishment and overseas recruitment has also increased, although there is a longer lead time for these members of staff. • Occupational health and physiotherapy have benefitted in the last two years from student streamlining, though this arrangement has come to an end. <p>Mr Reed confirmed that paediatric dietetics is linked with the mental health team regarding WG funding for eating disorders.</p> <p>Mrs Hardisty referenced the loss of physiotherapy accommodation at Bronglais Hospital (BH) and Mr Reed indicated that accommodation was removed during the COVID-19 pandemic to meet the need for acute service capacity. Accommodation has now been secured in the Freedom building and has been fully operational since the beginning of June 2023. All vacancies have been filled and staff are in post. Mr Reed confirmed that a cooperative approach had been adopted across the pathway in an effort to minimise disruption.</p>	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE from the IPAR – Month 2 2023/2024 and RECOGNISED that Committee Members have limited time to engage with the dashboard, the team would like to explore whether there are further opportunities to work with members to allow more effective use of the IPAR dashboard.</p>	

SDODC (23)64	<p>EVALUATION OF WINTER PLAN 2022/23</p> <p>Ms Matthews introduced the Evaluation of Winter Plan 2022/23 report, highlighting the continued roll-out of the six goals for the UEC Programme including 24/7 Urgent Care Model & Same Day Emergency Care (SDEC) referencing the following:</p> <ul style="list-style-type: none"> • Reducing conveyance to hospital for the frail and elderly population • Reducing conversion rates proportionately where appropriate to do so for the frail and elderly population • Enhancing inpatient management of complexity (frailty) • A greater focus on patients aged 75 and over. Increasing the current discharge rate by 10% and reducing the average length of stay by one day would provide an 80 bed equivalent efficiency by October 2022 and 100 by March 2023. <p>Ms Matthews indicated that HDdUHB is building community care capacity and investigating the development of a Step Closer to Home Unit where ready to leave patients waiting for care availability are accommodated in a designated ward area within acute and / or community hospital areas. Vaccination programmes were also implemented to protect planned care beds and the paediatric respiratory pathway. The measures adopted resulted in reduced conveyances and a reduction in the conversion rate to admission. Discharges increased by 6.5% overall.</p>	
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	The 2023/24 plan will scale up and continue to grow the conveyance avoidance pathways within the community, with a focus on care home admissions and providing alternative pathways. Further integration with the local authorities to develop a health and care system for older people and frailty assessment units / frailty streaming pathways at each acute hospital site will target discharge planning and coordination of frail, complex admissions.	
	The Strategic Development and Operational Delivery Committee NOTED the Winter Plan Evaluation 2022/23 Presentation	

SDODC (23)65	<p>CAPITAL SUB-COMMITTEE - 25 MAY 2023</p> <p>Ms Eldeg Rosser presented the Capital Sub-Committee (CSC)- 25 May 2023 update alongside the Discretionary Capital Programme (DCP) 2023/24 Report, highlighting the pressure on the current year's contingency allocation, arising from the requirement to underwrite the cost of the WH phase one Fire Precaution Works until July 2023. It is unclear whether WG will contribute to the funding of these works or the RAAC works. The Health Board expects to spend approximately £600,000 on these projects to create the decant ward facility and works required in the in the pot wash area.</p> <p>Ms Rosser advised that following last week's Executive Team (ET) meeting, no orders for works associated with the Estates Funding Advisory Board (EFAB) scheme will be placed until the availability of WG capital funding is clear; and that some items are delayed until later in the year or possibly next year. Cllr. Evans questioned the process for delaying funding of equipment and Ms Rosser indicated that the Capital Planning Group (CPG) will review the position. The CPG will present their findings to the ET for consideration prior to submission to the CSC; followed by submission to SDODC for endorsement; and Board for approval.</p> <p>Following the ETs discussion, the report has been submitted to WG requesting a decision by 14 July 2023 on the availability of capital funding for the Fire schemes. Ms Rosser indicated that in a worst case scenario, the Fire Precaution Works could cost £6.4m and that WG releases the funding over a period of time and not as a lump sum. Mr Davies indicated the HDdUHB expects WG to fund the Fire Precaution Works, although no assurance has been received from WG regarding the RAAC scheme.</p> <p>Mrs Hardisty referenced the most recent Fire Report presented to Health and Safety Committee (HSC) and requested assurance that the Mid and West Wales Fire Service is informed of all developments, in particular any delays or extensions. Ms Rosser confirmed that there are no delays resulting from the underwriting position. Mrs Wilson noted a gap in governance and agreed to meet with Ms Rosser and the Director of Estates, Facilities and Capital Management to discuss the position. Further emphasising that, should the Health Board be required to fund the RAAC scheme, risks will increase in other areas which the Board should be made aware of. Mr Davies and Mr Huw Thomas agreed to liaise with the Chief Executive regarding submitting a further Accountable Officer Letter to the Director General of NHS Wales explaining the risks of delaying Fire Precaution Works in order to fund the RAAC work; and the impact on the DCP programme.</p> <p>Ms Rosser advised that WG has agreed to fund the cost of developing the Integration and Rebalancing Capital Fund (IRCF) business case; and the</p>	<p>JW</p> <p>LD/HT</p>
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	<p>timeline is expected to be impacted by this. The Health Board is currently working with the LA to consider the position should funding not be available. Estimated costs of running the hub have been received, and finance and service teams are working collaboratively regarding the revenue position.</p> <p>The Strategic Development and Operational Delivery Committee NOTED the Capital Sub-Committee update report.</p>	
SDODC (23)66	REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2023/24	
	<p>The Committee received the report on the Discretionary Capital Programme 2023/24.</p> <p>Discussion took place during item SDODC(23)65.</p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED in respect of:</p> <ul style="list-style-type: none"> • The unaudited position on the CRL for 2022/23 • The update on the Capital Programme for 2023/24 • The submission of the Executive Team paper to WG • The updates on the Health Board Capital schemes 	
SDODC (23)67	LONG TERM CARE PERFORMANCE REPORT	
	<p>Ms Jill Paterson introduced the Long Term Care Performance Report, indicating that the report is intended to address a lack of reporting certain performance measures for Continuing Health Care (CHC) and Funded Nursing Care (FNC)</p> <p>Following the CHC framework reviewed by WG in 2017/18 and launched in 2021, measures have yet to be developed to report CHC and FMC. This report, therefore, references the statutory framework and the measures the Health Board has adopted to meet its requirements. Ms Paterson indicated that, in line with statutory requirements, LAs and Health Boards are required to support individuals with long term care needs.</p> <p>Referencing retrospective reviews, Ms Paterson advised that numbers are reduced due to recent changes. Also reported are:</p> <ul style="list-style-type: none"> • The number of reviews • The number of individuals funded at home • Community reviews • The number of individuals being cared for in care homes • Care home reviews • Deprivation of liberty safeguards • Legal challenges and the Health Boards response <p>Reviews are revisited after three months and then annually thereafter, unless the needs of the individual change or the individual requests an updated review.</p> <p>Mrs Hardisty referenced page 3: individuals needing care at home and questioned whether, there was a link between people needing more care at home and the current admission rates. Ms Paterson indicated that the number of hours allocated to individuals noted in the report relates solely to support</p>	

	<p>provided by HDdUHB and may be supplemented by the LA or the third sector. Should needs change a review will result.</p> <p>In response to Mrs Patel's query regarding outstanding deprivation of liberty safeguards referrals, Ms Paterson advised that there are usually 80 referrals at any one time and emphasised that this does not constitute a failure in the Health Board's statutory duty to provide those referrals. The numbers include some individuals who were incorrectly referred; and others who leave the referral process quickly. A process is in place that allows the team to monitor the situation daily, so that in the event of an escalation or change with any particular case, it would be reviewed. This evidences the ability to monitor and respond to changing situations in a timely way. Ms Paterson indicated that training to reduce the number of inappropriate referrals has been offered and the number of best interest assessors has increased. The Health Board is presently in the process of procuring medical assessment capacity.</p> <p>Mrs Patel commended the report.</p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED and REVIEWED the performance reviews undertaken by the Long Term Care service outlined within the Long Term Care Performance Report, in order to provide assurance that processes are being followed in line with the Welsh Government Frameworks and to CONSIDERED the implications in the absence of any national performance monitoring system.</p>	
<p>SDODC (23)68</p>	<p>STROKE BUSINESS CASE AND ASSESSMENT OF THE STROKE PATHWAY</p> <p>Ms Alison Shakeshaft presented the Stroke Business Case and Assessment of the Stroke Pathway, highlighting the collaboration between HDdUHB and Swansea Bay UHB (SBUHB). Through the regional collaboration for health (ARCH) programme, a business case for the Comprehensive Regional Scope Centre (CRSC) formerly known as the Hyper Acute Stroke Unit (HASU) is under development. The CRSC business case has been completed and will be presented to the Boards at both HDdUHB and SBUHB in due course. On submission to the ET, questions were raised regarding the impact on the Carmarthenshire pathway. It was concluded that in the absence of investment in Carmarthenshire, it would not be possible to repatriate patients into the area. Ms Shakeshaft indicated that a similar process is ongoing for Pembrokeshire and Ceredigion. Members were advised that in view of the challenges faced by the Health Board, while the business case is supported in principle, the funding element (approx. £2.1m) is not a priority. The ET has recommended a phased approach to achieve incremental improvements in quality of stroke care when finances allow investment. Mr Huw Thomas indicated that while some improvements may be cost beneficial, closing beds is challenging and while bed closures may demonstrate better performance, the impact on the stroke pathway and net costs should be considered. Members noted that where an investment in community services may provide better value across the service, costing would be challenging.</p> <p>Ms Shakeshaft suggested consideration of the current work regarding inpatient facilities and location of stroke beds.</p>	<p>AS</p>

	<p>Cllr. Evans referenced Ms Katie Chappell (Stroke Association) and queried whether the Health Board has updated her regarding the current position. Ms Shakeshaft agreed to contact Ms Chappell after the meeting.</p> <p>Ms Shakeshaft confirmed that no decision had yet been taken regarding a single stroke site in Carmarthenshire. Ms Hardisty noted that on her recent visit to the stroke unit, the outside of the building was unattractive and advised that Mrs Lisa Gostling had agreed to investigate the availability of charitable funds to improve the appearance.</p> <p>Mr Sam Denton noted that judicial reviews sometimes arise out of stroke service change. Mr Davies commended Ms Shakeshaft and her team on the work undertaken to date and noted that a thorough options appraisal was necessary to define the scope.</p> <p>Ms Shakeshaft agreed to liaise with Mr Davies regarding the inclusion of the CRSC business case in the Board papers, as SBUHB are not ready to present the business case to their Board, and to amend the wording of the recommendation as discussed.</p> <p>Ms Paterson requested assurance that WG early supported funding for community and primary care based allied healthcare professionals supports individuals. Ms Shakeshaft indicated that guidance accompanying the funding was open to interpretation and covered most scenarios. Further indicating that ad hoc support was being offered within the teams, and this funding would be used to grow existing teams. Mr Reed confirmed that resources have been placed in Home First teams and will expand the accessibility of neurology rehabilitation. Realignment of the community neurology rehabilitation service is in process thanks to historical WG funding for rehabilitation support workers.</p>	AS
	<p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • CONSIDERED the Comprehensive Regional Stroke Centre (CRSC) Business Case • CONSIDERED the impact on the Carmarthenshire Stroke Pathway and the requirements for redesign and investment set out in the Assessment of the Stroke Pathway in Carmarthenshire paper • RECOMMENDED that the report is presented to the Public Board meeting on 27 July 2023 for consideration, with a recommendation that the CRSC Business Case is not supported at this time, and for further work around the inpatient options to be taken forward through the Clinical Services Plan. <p>NB: See action above re SBUHB's inclusion of business case in their submission to Board.</p> <ul style="list-style-type: none"> • CONSIDERED incremental improvement to the stroke pathway as finances allow. 	

SDODC(23)69	<p>SEXUAL ASSAULT REFERRAL CENTRE</p> <p>Mr Peter Skitt introduced the Sexual Assault Referral Centre (SARC) Project Update, advising that a WG review in 2012/13 into sexual assault referral services across Wales had highlighted the inadequacy of sufficiently robust evidence gathering for criminal cases. The service was aligned with a UK wide accreditation of evidence gathering services and evidence presentation in court.</p>	
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	<p>The project will form part of the Mid and West Wales Hub and Spoke model of care under the national SARC programme of work, which is being delivered by three regional Service Delivery Groups (South-west, South-east and North Wales) and governed by the Welsh Sexual Assault Services (WSAS) Programme Board. A £2.1m capital business case will be submitted to WG. Mr Skitt outlined the preferred option, as agreed by all partners, of refurbishment of a section of the Ceredigion County Council office building in Aberystwyth by 2025. The NHS collaborative has agreed to include £11k in the Health Boards funding to enable HDdUHB to operate the service on the region's behalf. Mr Skitt indicated that there may be a public interest element due to the closure of the present facility in Newtown in Powys, which is not fit for purpose and cannot be accredited; as well as the Carmarthen acute evidence gathering centre.</p> <p>Mr Skitt confirmed that Powys agreement to the project was agreed earlier in the process; and that the centre to which individuals are taken is a police decision. All children will attend the Swansea centre.</p> <p>The Committee noted that the report will be presented to Board, and that there is no financial impact on HDdUHB.</p>	
	<p>The Strategic Development and Operational Delivery Committee NOTED the progress on the SARC Business Justification Case (BJC) and support presentation to Board on 27 July 2023 once the internal scrutiny of the BJC is complete.</p>	

<p>SDODC (23)70</p>	<p>A HEALTHIER MID AND WEST WALES (LAND): UPDATE</p> <p>Ms Rosser presented Healthier Mid and West Wales (Land): Update advising that the Health Board met the Nuffield Review Team on 23 June 2023 to discuss the following:</p> <ul style="list-style-type: none"> • Information already submitted • Documentation • Site visits • A virtual workshop • Interviews with members of the clinical teams <p>A final report is expected mid-August in advance of presentation of the Strategic Outline Case to Board on 14 September 2023.</p> <p>Ms Rosser indicated that the land consultation has come to an end and ORS are in the process of collating feedback. As part of the feedback review, there is a requirement that HDdUHB evidence conscientious consideration of the issues raised. The Transformation Team are developing a process for this.</p> <p>The timeline will be updated to reflect the delays in the commissioning of the review of the strategy, with any associated risks be presented to Board..</p> <p>Mr Davies advised that the ORS land consultation report will be shared on a factual basis and included as an agenda item at Board Seminar in August, in preparation for Public Board on 14 September 2023. Mr Davies noted risks arising from the land process, and that the Chief Executive has written to the Director General and to the Minister outlining the risks and suggesting that a discussion on managing the situation would be beneficial.</p>	
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	<p>Mrs Hardisty referenced a comment in the report by WG on reducing the number of sites and questioned the length of WG decision making process. Mr Davies advised that at least two of the sites are privately owned and outlined the process as follows:</p> <ol style="list-style-type: none"> Clinical Review Reports (expected August 2023) WG advice to the Minister regarding endorsement of the programme business case WG decision on programme business case WG consideration of the strategic outline (September 2023) WG decision on that strategic outline case HDdUHB commences the outline business case process (beginning of 2024) and determines the preferred site Purchase of land at full business case stage <p>Mr Davies indicated that the current position should be held until the autumn but is not confident that the position could be held thereafter.</p> <p>Mr Davies outlined the Gateway Review as a tool to support the Health Board through the planning stages.</p> <p>The Strategic Development and Operational Delivery Committee: -</p> <ul style="list-style-type: none"> NOTED the update on the Clinical Strategy Review NOTED the progress being made on the Strategic Outline Case (SOC) NOTED the public consultation has closed and the continuing technical work and commercial discussions in support of the land selection process. NOTED the update provided to the CHC on the 18 recommendations in Appendix 1 NOTED that there is to be a discussion around risk recording associated with PBC endorsement 	
SDODC (23)71	PLANNING OBJECTIVES: PLANS ON A PAGE	
	<p>Dr Dan Warm introduced the Planning Objectives: Plans on a Page Report, highlighting the ten Planning Objectives (POs) which have been aligned to SDODC and which were agreed by the Board. Dr Warm indicated that in future, highlight reports would be presented alongside deep dives into the planning objectives to ensure detailed reviews and facilitate a higher level of scrutiny.</p> <p>Mr Davies indicated that some POs are not yet at a consistent level of detail, adding that POs have been written with a clear set of priorities in respect of the 12-month period. A Closure Report may not necessarily close the PO but may evidence what was achieved during the period.</p>	
	The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE on the current position for the Planning Objectives aligned to the Strategic Development and Operational Delivery Committee.	
SDODC (23)72	URGENT AND EMERGENCY CARE UPDATE	
	<p>The Committee received the Urgent and Emergency Care Update provided by Ms Matthews who highlighted the following:</p> <ul style="list-style-type: none"> Scenario modelling indicates that if admission rates across all four sites equalled the best site (Bronglais Hospital) and the length of stay was 	

reduced to an average of 13 days over a five year period, bed efficiencies would be enhanced by 135

- Conveyance and admission rates have increased
- Regarding management of complexity, lengths of stay continue to increase in the older adult population
- Frail adults with complex needs tend to compromise UEC performance
- The more frail the individual, the more detrimental hospital admission is and the more likely they are to be admitted
- The Health Board needs to scale up community care at home to identify decline and decompensation of the frail cohort to avoid conveyance
- A stay of 72 hours or less for the severely frail will prevent a much longer stay of over 21 days
- Conveyance rates are dependent on decision making by Wales Ambulance Service Trust (WAST) colleagues
- Understanding conveyance is a work in progress
- Fewer individuals are being admitted
- Frailty assessment units/pathways would ease the pressure and result in better patient outcomes
- Implementing optimal hospital discharge planning and coordination processes and integrating primary care and the community is expected to alleviate the pressures by supporting complex care at home; and hospital to home pathways.
- Social Care and Primary Care remain significantly constrained and challenged
- Care home demand is extremely high

Ms Matthews highlighted the need for culture change in the clinical mindset and moving community beds to step-up and not step-down, while secondary care should lead on discharge planning.

Mrs Patel enquired how HDdUHB lengths of stay compare with neighbouring Health Boards. Ms Matthews indicated the HDdUHB has a 2% greater old and frail cohort, and that other Health Boards data was similar. Data evidencing length of stay between admission and the patient becoming clinically optimised is not currently collected, but the Delivery Unit are being encouraged to provide it.

Mrs Hardisty noted that reference had not been made to the Borth Integrated Care Initiative, which is impacting bed days. Ms Matthews agreed to check that it is included in the detailed operational plans. Mrs Hardisty observed that secondary care staff appeared to be prepared to be involved in discharge, and Ms Matthews advised that targeted improvement work, led by the Quality Improvement Team is being rolled out across the wards.

Mrs Hardisty noted that the Board had been omitted from the Governance slide 25.

Ms Paterson referenced the expected WG quality statement and noted that clinical engagement may prove challenging as there is a degree of resistance to work through. There is a need for easily accessible alternative pathways for primary care; and for ward staff to engage in ready to leave and Pathways of Care Delays (POCD) (formerly delayed transfer of care (DTC)) work.

RM

	<p>Within the online Chat Mr Huw Thomas commented that there is a significant link between the success of this programme and the utilisation of resources. Resources consumed by our delayed transfers are the biggest single contributor to our financial challenge and these areas have received investment. In particular Cellulitis, Lymphoedema and WAST and enquired whether there has been any difference. In response, Ms Matthews advised that data indicates that WAST colleagues' uptake of alternative pathways is insufficient. As a result, since the beginning of Quarter 2, the Health Board has worked with WAST to better enable paramedics to choose wisely. Improvement metrics are jointly tracked with WAST colleagues. Numbers for lymphedema and cellulitis are small, as are patients on the falls pathway.</p>	
	<p>The Strategic Development and Operational Delivery Committee RECEIVED ASSURANCE from the Urgent and Emergency Care Update.</p>	

SDODC (23)73	ARCH UPDATE	
	<p>Mr Siôn Charles presented the Regional Collaboration for Health (ARCH) Portfolio Update Report, highlighting the following:</p> <ul style="list-style-type: none"> • The agreement to work on a single neurosciences plan for a single neurosciences service by March 2024 • Establishment of a regional Diagnostic Board • Work undertaken with the cardiac programme to improve access to the cardiac centre, which has reduced lengths of stay at HDdUHB by one day • Consideration of the ARCH research enterprise and innovation strategy to investigate possible synergies between HDdUHB, SBUHB and Swansea University strategies, with a view to developing broader regional opportunities • Submission to WG of the Regional Cancer Strategic Programme Case in June 2023 • Allocation of ARCH resources are under discussion with the Health Board. <p>The Strategic Development and Operational Delivery Committee NOTED the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.</p>	

SDODC (23)74	OPERATIONAL RISKS RELATED TO SDODC	
	<p>The Committee received the Operational Risks related to SDODC Report presented by Mr Davies who highlighted the following:</p> <ul style="list-style-type: none"> • The capital constraints discussed earlier in the meeting • The amount of work being requested from the Information and Analytics team • Accommodation for the Nursing team • An increase in the risk score in relation to planning, resource and capacity reflecting the earlier discussion regarding the Peer Review. <p>The Strategic Development and Operational Delivery Committee:</p> <ul style="list-style-type: none"> • REVIEWED and SCRUTINISED the risks included within Operational Risks related to SDODC Report to seek assurance that all relevant controls and mitigating actions are in place. • DISCUSSED whether the planned action will be implemented within stated timescales and will reduce the risk further and/ or mitigate the impact, should the risk materialise. 	

	<ul style="list-style-type: none"> • APPROVED the risk treatment as “tolerated” for risk 1247 - Accommodation for the Director of Nursing Quality, and Patient Experience Teams. 	
SDODC (23)75	CORPORATE POLICIES There were no corporate policies requiring SDODC approval.	
SDODC (23)76	WORK PROGRAMME 2023/24 The Strategic Development and Operational Delivery Committee work programme 2023/24 was received for information.	
SDODC (23)77	ANY OTHER BUSINESS Mrs Patel advised that due to the next SDODC being scheduled in August 2023 Bank Holiday week, the deadline for papers will be brought forward by 2 weeks to 9 August 2023.	
SDODC (23)78	MATTERS FOR ESCALATION TO BOARD <ul style="list-style-type: none"> • Capital constraints linked to the RAAC position 	
SDODC (23)79	DATE AND TIME OF NEXT MEETING <ul style="list-style-type: none"> • 9.30am – 12.30pm, Thursday 31 August 2023 Hybrid: Ystwyth Board Room and Teams 	