![GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

PWYLLGOR DATBLYGU STRATEGOL A CHYFLENWI GWEITHREDOL
STRATEGIC DEVELOPMENT AND OPERATIONAL DELIVERY COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	10 November 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Strategic Development and Operational Delivery Committee Self-Assessment of Committee Outcome Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mr Maynard Davies, Chair Mr Lee Davies, Lee Davies Director of Strategic Development & Operational Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mrs Joanne Wilson, Board Secretary Ms Karen Richardson, Corporate & Partnership Governance Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The purpose of this report is to present to the Strategic Development and Operational Delivery Committee (SDODC) the outcome of the SDODC Self-Assessment 2021/22 process, and to consider whether this meets the expectations of the Committee.
Cefndir / Background From 2020/21, a new approach to self-assessment was introduced to elicit greater feedback in order to shape and influence the agenda of SDODC going forward. Members of SDODC completed a questionnaire to consider the Committee's effectiveness during the previous 12 months and, in addition to specific domain questions, comments were invited on any improvements for consideration to assist the Committee in drawing up its own plan for improvement. The recognition of what has worked well has been a helpful platform to move forward, and the greater focus on organisational risks to inform the agenda and work of the Committee will enable a further move towards providing a strategic outlook.

Asesiad / Assessment

Each question started with a statement, which set out 'what good looks like'. In response, Members described at least one example from the previous 12 months in which the Committee had been effective in this domain and shared at least one idea for improving the Committee's effectiveness in this domain over the coming year. The responses included a number of useful suggestions regarding ways in which the governance and operation of SDODC might be improved.

Following meetings with the SDODC Chair, the Board Secretary and the Director of Strategic Development & Operational Planning, responses to any suggested improvements were agreed, with progress on any identified actions provided below.

Question 1
The Committee seeks assurance in regard to:
- the delivery against all relevant Planning Objectives (PO) 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.
- that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- the delivery of the Health Board's Annual Recovery Plan through the scrutiny of quarterly monitoring reports.
- 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).
- business cases, prior to Board approval, including the development of the Programme Business Case for the new hospital and the Programme Business Case (PBC) 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).

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Discussion outside of the main Board on some of the further details and insights relating to the above within the Committee have been useful and welcome.**
- **The Committee has been effective in gaining assurance in all the above areas. A particular example is the quarterly reports received on progress of the Annual Recovery Plan. The reports received have shown progress against the POs which are on track and highlighted those areas where progress is less than expected which have also then been subject to appropriate scrutiny providing assurance.**
- **In terms of SO4, the Public Health Directorate feel well supported by the Committee and believes the Committee is the correct place to receive planning objectives for this SO for assurance regarding progress. The advice we receive is always excellent and extremely practical.**
- **The Committee has received regular updates on all of the above key planning objectives and projects. The challenge and scrutiny from the Committee has helped shape the development of each. As an example, I would say the**

Committee's concern about the Health Board's involvement in ARCH has contributed to us taking on more of a leadership role in regional planning.

- **The planning cycle in the UHB is well-managed and this is reflected in the Committee's business – we receive regular reports on, for example, planning objectives, performance plans, the Annual Plan, the business case work associated with the new hospitals, the capital programme etc.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
Possibly have a more focused agenda on a smaller series of topics to allow greater in-depth discussion and analysis?	The agenda reflects items which are required as per the Committee's Terms of Reference (ToRs). For assurance, the Committee has now forward planned deep dive reports on the delivery of PO's aligned to the Committee.	No further response required.
All Committee meetings outside of the main Board should last no longer than 2 hours due to time demands on all external and internal attendees.	Reducing the timing of the meeting will not be viable due to the number of PO's and the breadth of the Committee. Whilst the Committee is still evolving the balance of reports and discussions appear appropriate.	No further response required.
A weakness in our assurance process is a lack of information from partners on the progress they are making, difficulties facing them financially, difficulties facing them in recruitment etc.	This is an executive function, and the development of a committee handbook will enhance Members understanding of the role of the Committee. Further, the Executive Lead will alert the Committee to any concerns of this nature. Regular updates from partners form part of the committee's forward work programme.	No further response required.
Whilst the Executive Team meets with its counterparts is there any way we can meet with ours.	This is outside the scope of the Committee, however this could be raised at the IMs meeting with the Chair.	No further response required.

Whilst the Committee is highly effective, one area for potential increased effectiveness would be to have a programme manager or the programme management team responsible for collating the updates in attendance to hear the feedback directly?	Deputies are welcome to attend the Committee to observe as part of their professional development.	The Committee CSO will ensure invites are shared as required.
The monitoring of POs needs to include more on the quantifiable impacts of the POs.	This matter is being considered by the Executive Director of Strategic Development and Operational Planning and team	
We might be able to strengthen the links between the various plans we receive, so that we are clear about interdependencies and opportunities for working tactically across all planning efforts – e.g. if we take this action on, say, our cancer targets, it will have that impact on, say, our radiology waits. The POs do this to some extent, but perhaps reports could more explicitly draw out these connections and consequences.	This matter is being considered by the Executive Director of Strategic Development and Operational Planning to consider if this can be undertaken.	

Question 2

The Committee works **strategically.** This means it aligns its work with the Health Board's overarching strategic priorities and delivery plans. It commissions work in support of those priorities, providing the Board with the assurance necessary to have confidence in its ability to deliver.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Its discussions regarding the development of the PBC have been effective working with senior managers.**
- **The PBC for the new hospital is key part of the delivery A Heathier Mid and West Wales (AHMWW) Strategy. The Committee has been very active in ensuring scrutiny of the PBC and its development on behalf of the Board.**
- **I have not been part of the committee for long but the conversations I have been part of are largely strategic and with the overall priorities at the heart of them.**
- **The development of a work programme for 21/22 incorporating all of the POs designated to the Committee has ensured the Committee provides proper scrutiny for each of the POs and at the right time.**
- **The Committee's involvement in the PBC. Also oversight of the POs allocated to it, which bring to life the strategic objectives of the UHB.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
Timing and focus suggesting that all committee meetings outside of the main Board should last no longer than 2 hours due to time demands on all external and internal attendees.	Reducing the timing of the meeting will not be viable due to the number of PO's and the breadth of the Committee. Whilst the Committee is still evolving the balance of reports and discussions appear appropriate.	No further response required.
Would it be appropriate to get direct feedback to the Committee from our strategic partners eg Welsh Government (WG) on the PBC, Swansea University and UHB on ARCH projects to allow us to triangulate priorities.	In terms of external feedback, there is a governance process in place for the Health Board to receive formal feedback through the relevant Committee or the Board itself. Updates from ARCH and other key partners are scheduled into the committee work plan.	No further response required.
Something to keep the Strategic Objectives (SO's) at the centre of everything, possibly for the purpose of the group regarding SO's to be outlined at the start of every meeting? Or every couple? So we do not lose overall focus.	SDODC has responsibility for SO 4 and 5 only. The Board Assurance Framework is presented to the Board every other meeting to provide the Board with assurance on the achievement of the SOs. The POs have been aligned to a committee in order that the Committee can receive assurance on the delivery of those objectives prior to the BAF being presented to Board.	No further response required.
I think we need to explore opportunities to look at how related POs (sometimes with a degree of overlap) can be considered together, to ensure they complement and do not duplicate and provide a clear strategic direction.	The Head of Planning and Assistant Director of Assurance and Risk will review the schedule of PO deep dives and look at the feasibility of grouping those that complement each other for presentation at the same	

	meeting and update the Committee Workplan.	
It will be important to consider if and in what ways the assurance of a £1b+ business case process differs from the more routine business of the Committee, so that the Committee can add value to the process rather than simply pass it through to the Board.	There will be ongoing review of the governance structure to support the development of the new hospital and repurposing of existing estate, etc.	

Question 3

The Committee works **systemically**. This means it works effectively with the Board, other Board Committees, its sub-committees and other relevant parts of the organisation's governance and assurance system, in order to ensure that we spot connections and themes which have an impact on strategic development, operational planning and performance. It guards against silo working. It gives balanced and meaningful 'air time' to the full range of the Health Board's service portfolio.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Having the chairs of other committees attend this one has been useful in this instance to identify areas of cross-opportunity and interest, to make sure we are joined up in our focus, and avoids duplication.**
- **The committee in its discussions has identified several items that needed to the discussed by other committees and has referred these to the committee chairs eg subject specific concerns being passed to the Quality, Safety and Experience Committee (QSEC) around the effect of declining performance on patient experience.**
- **As a newcomer to SDODC, I do think the system is very good in terms of feedback to Board and ensuring everything aligns.**
- **The development of a work programme for 21/22 incorporating all of the POs designated to the Committee has ensured the Committee provides proper scrutiny for each of the POs and at the right time.**
- **The Committee has made several connections into other committees, particularly QSEC, since its formation. It has also taken several issues of broader interest to the Committee Chairs meeting for consideration.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
To continue to have other committee members present to share intelligence, ideas, and opportunities to support the wider organisation etc.	Deputies are welcome to attend the Committee to observe as part of their professional development.	The Committee CSO will ensure invites are shared as required.
Should the Committee Chairs group validate the allocation of	The alignment of the PO's on Committee's is	No further response required.

POs to committees and identify any that have a major overlap to ensure duplication is kept to an appropriate level and responsibilities.	regularly reviewed, with a number being transferred, where appropriate to other Board Level Committee's.	
I think we need to explore opportunities to look at how related POs (sometimes with a degree of overlap) can be considered together, to ensure they complement and do not duplicate and provide a clear strategic direction.	The Head of Planning and Assistant Director of Assurance and Risk will review the schedule of PO deep dives and look at the feasibility of grouping those that complement each other for presentation at the same meeting and update the Committee Workplan.	
The Committee has the opportunity to consider how the new quality and safety dashboard can complement the Integrated Performance Assurance Report (IPAR), which are both effective tools for maximising an intelligence-driven assurance approach through both SDODC and QSEC.	No further response required.	No further response required.

Question 4

The Committee works **proactively**. This means it is organised in its workplan, sensitive to the dynamic environment in which the Health Board operates, and searching in its enquiries. It is curious, and willing to pursue demanding issues in the interests of excellent patient care. It uses the organisation's risk management processes effectively to scrutinise risks and ensure that longstanding risks and issues do not become normalised or tolerated beyond the Board's risk appetite.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Seeing some of the reports and documents presented evolve in their style of presentation and types of data both quantitative and qualitative, has been welcomed based on feedback and discussion.**
- **The Committee has been proactive in managing it's workplan. As it has the largest number of POs of all the committees it has reviewed it's work programme to ensure all POs have a deep dive at the appropriate time. It also looks at timescales for submission of relevant documents to WG and ensures that there is scrutiny before approval at Board.**
- **Proactivity is a strength of the UHB overall.**
- **I have only just become part of the committee so am still understanding how we decide which POs to proactively review/deep dive into etc and how the committee operated proactively.**

- **The development of a work programme for 21/22 incorporating all of the POs designated to the Committee has ensured the Committee provides proper scrutiny for each of the POs and at the right time.**
- **Committee members are thorough in scrutinising corporate risks assigned to it.**
- **The Committee works to a regular cycle of business that is well-planned across the year.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
To continue to provide feedback on the information shared to further assist and inform scrutiny that is effective, constructive, and welcomed.	No further response required.	No further response required.
The Committee needs to be aware of changes in political priorities and the consequential changes to UHB priorities. Is it worth a brief presentation to the Committee when policy documents are released to ensure that the committee work programme is adjusted in a timely fashion.	Any changes would be presented to a Board Seminar, with any changes to role or remit of the committee requiring approval by board	No further response required.
I think we need to explore opportunities to look at how related POs (sometimes with a degree of overlap) can be considered together, to ensure they complement and do not duplicate and provide a clear strategic direction.	The Head of Planning and Assistant Director of Assurance and Risk will review the schedule of PO deep dives and look at the feasibility of grouping those that complement each other for presentation at the same meeting and update the Committee Workplan.	
The Committee should continue to mature its approach to assurance in the context of unprecedented system pressures and risks, where the risks of normalising under-performance are higher than ever. Our traditional approaches to assurance are much harder to maintain when performance across the board is so compromised and consistently well below target.	No further action required.	No further response required.

Question 5

The Committee works **intelligently**. This means it draws on a diverse range of reliable data (both quantitative and qualitative) to triangulate information and reveal themes or patterns in regard to strategic development, operational planning and performance. It uses a dashboard of key quality indicators to inform improvement. This relies on accurate interpretation of the data, which requires skill from both the providers and readers of the data.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Seeing some of the reports and documents presented evolve in their style of presentation and types of data both quantitative and qualitative, has been welcomed based on feedback and discussion.**
- **The committee regularly uses a BI tool for its IPAR this is supplemented by further papers using data to project or analyse trends e.g. Lightfoot analysis of wider data e.g. planned care recovery times. Additionally, the Committee uses benchmark information to help assess performance.**
- **The dashboard has been and continues to be used effectively in my view- however any dashboard is only as good as the data inputted.**
- **The development of the Board Assurance Framework (BAF) and the progression of the IPAR.**
- **The IPAR has developed beyond all recognition, it is a fantastic resource for the Committee and we are embedding a more nuanced approach to using information more intelligently.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
To continue to provide feedback on the information shared to further assist and inform scrutiny that is effective, constructive, and welcomed.	No further response required.	No further response required.
Where benchmarking indicates poor performance in relation to specific areas should the Committee invite presentations on best practice from other Health Board's. Investigate and share what best practice looks like.	This could be available in future as the Director of Finance is exploring ways to include local government metrics within the IPAR.

Support will be requested from our auditors in order to ensure this is managed appropriately from a governance perspective. | |
| The Committee should continue to champion effective, high quality and up to date use of data. Maybe we could be working more closely with partners in Public | This could be available in future as the Director of Finance is exploring ways to include local | |

Health Wales (PHW) Health Intelligence Department (though developing these closer links is underway with the Director of Finance (DOF) & Deputy Director of Public Health (DDPH). In addition, a meeting with the PHW Executive Lead is planned).	government metrics within the IPAR.	
The monitoring of POs needs to include more on the quantifiable impacts of the POs.	This matter is being considered by the Executive Director of Strategic Development and Operational Planning and team .	
The new IPAR brings into stark relief some powerful messages about the lack of sustainability in our services, evidenced by the Statistic Process Charts (SPC) analysis which shows that redesign is necessary to meet targets. The Committee should reflect on its tolerance for this situation and consider if its current level of challenge is sufficient in light of this much clearer intelligence.	Services should be identifying risks to meeting expected performance levels in both patient outcomes and experience. Many of these risks are above the Health Board's current tolerance level, and reflects the Health Board's current capacity to manage risk. The Board needs to review its tolerance levels for the amount of risk it is willing to bear alongside its current capacity to manage the level of risk it is carrying.	

Question 6

The Committee champions **continuous improvement**. This means it uses an improvement mindset, as well as methodologies, which enable it to lead and oversee a clear journey of improvement in respect of the HB's Annual Plan and Performance Management Framework.

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Seeing some of the reports and documents presented evolve in their style of presentation and types of data both quantitative and qualitative, has been welcomed based on feedback and discussion.**
- **The Committee has already commenced a series of deep dives on the PO assigned to it which enables the committee to better see where and how progress is being made and allowing improvement in the level of assurance that the committee is able to provide to the Board.**

- **Additionally, discussion on the IPAR at each meeting results in suggestions for improvements and additions to the IPAR and suggestions for further additional investigations**
- **The Committee has also overseen the implementation of the Capital Governance Review commissioned by ARAC.**
- **The Committee is very effective at appropriate challenge for Executive Leads, and that approach drives continuous improvement.**
- **The Committee has embraced and championed the new analytical methodology in the IPAR.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
To continue to provide feedback on the information shared to further assist and inform scrutiny that is effective, constructive, and welcomed.	No further response required.	No further response required.
The Committee receives reports from various sources, often written by individuals below board level. Should we ask the writers about their experience of presenting to committee? This could be a sample of presenters rather than all but the intention would be that the committee is made aware of whether presenting is a positive experience and whether it has benefitted the development/plan.	A feedback form could be developed to collate officer experience of writing reports and presenting to Committee. This feedback could form part of the Committee's annual review process. Due to current capacity constraints, this will be taken forward in 2023/24.	
Has the Committee engaged with the quality improvement team regarding measuring change and improvement, and would it be worth considering this if not? Does the Committee champion PO leads undertaking silver level QI training (potentially through the quality improvement programmes, aware this is not just about quality but this may be worth considering.	Whilst this is outside of the remit of the Committee's ToRs, the Bronze QI course developed by Improvement Cymru, would be more appropriate. However, this has now been replaced by broader aspects of Improvement training known as Fundamentals of Safer Care. Board Members have previously received development sessions around QI and further sessions could be arrange if required.	

The Committee could consider how it encourages the embedding of the new quality management system in its work, given this is an integrated and holistic approach to improving performance in all areas of the UHB's business.	The Director of Finance is exploring ways to include local government metrics within the IPAR, which will assist with planning.	

Question 7

Are there any domains of effective assurance which you think are not covered above? What are they?

For that missing domain/s:

Please describe at least one example from 2021/22 in which the Committee has been effective in this domain.

Responses:
- **Performance of the Chair – it is sometimes difficult to feedback whether a meeting was well chaired, did each topic receive sufficient scrutiny, did we miss a key point. The informal post meeting session provides some of this from the IMs perspective but Executive Directors do not often get the chance to give this feedback.**

Please share at least one idea for improving the Committee's effectiveness in this domain over the coming year.

Suggestions Made for Improvement	Response	Progress
Establish a mechanism where the Executive Team/presenter's concerns can be fed back to IMs if there are ever concerns about the level of debate/time allocated etc. This could be via the Board Secretary and some sort of form.	As above. A feedback form could be developed to collate officer experience of writing reports and presenting to Committee. This feedback could form part of the Committee's annual review process. Due to current capacity constraints, this will be taken forward in 2023/24.	

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to receive assurance that any actions from the SDODC Self-Assessment 2021/22 are being progressed within the agreed timescales.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the

	Committee's performance and operation, including that of any sub committees established.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	SDODC Terms of Reference Published guidance from the Good Governance Institute
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategic Development and Operational Delivery Committee:	Chair of SDODC Director of Director of Strategic Development & Operational Planning Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not Applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not Applicable

Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Not Applicable
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Not Applicable
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	Not Applicable