



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Development and Operational Delivery Committee (SDODC) Self-Assessment Outcome Report 2024/25
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Maynard Davies, SDODC Chair Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Director of Corporate Governance/Board Secretary Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the outcome of the Strategic Development and Operational Delivery Committee (SDODC) Self-Assessment 2024/25 process to the Committee.

Cefndir / Background

In line with Section 10.2.1 of Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. Section 10.2.2 also states that each Committee must also submit an annual report to the Board through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any Sub-Committees it has established.

A refreshed approach to the Committee self-assessment process was developed in 2023 which was intended to be proportionate, achievable and add value to the organisation's governance capability. For SDODC, this involved:

- Short digital form which requested feedback on the following areas:
 - Governance and administration
 - Committee's inputs
 - Conduct of Committee meetings
 - Interface with other Committees, including the Board
 - Committee's impact
 - Individual role on Committee

The feedback from this form was considered alongside other information, such as:

- Matters alerted to the Board
- Independent Members' (IMs) Reflective sessions
- Auditor/Regulator feedback

The SDODC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has highlighted, and the areas where it could have done better.

Asesiad / Assessment

The SDODC Chair and Lead Executive met to consider the Committee's effectiveness to date based on responses from the above digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates, where it has made an impact and what it has highlighted, and the areas where it could have done better.

Look back at Committee's effectiveness over previous 12 months...

The below analysis was based on responses from the digital form and feedback from auditors/regulators and other intelligence on how the Committee currently operates:

What we want to continue to do next year

- Good governance and administration of Committee
- Good support from Executive Directors (EDs)/Deputies, good understanding of risks, concise papers
- Good attendance by clinical colleagues
- Effective chairing, conducive to open, transparent and productive debate with constructive challenge from IMs
- Providing the Board with clear, concise information and gaps in assurance
- Private meetings used appropriately i.e. only for items that should not be discussed in the public domain
- Robust and disciplined focus around planning and delivery
- Scrutiny of performance and delivery against Health Board plans and objectives
- Robust arrangements for capital expenditure
- Extensive discussions relating to Targeted Intervention (TI)

What we want to change going forward

- Reducing the length of agendas to ensure adequate time for discussion – this will be addressed by the new Committee structure from 1 April 2025
- Variation in the quality, timeliness and presentation of paper, and papers sometimes do not hit the mark, and presentations can provide too much operational detail
- Discussions can delve into operational detail (to be addressed through IM development)
- Strengthening links with other Committees
- Improve the level of assurance on the delivery of Health Board plans developed with Local Authorities, Collaboratives, Alliances and other key partners – this is on the new Terms of Reference (ToR) for Strategy and Planning Committee
- Seeking assurance on areas that have deteriorated, delivery of A Healthier Mid and West Wales (AHMMW) strategy, performance in key areas (cancer, Attention Deficit Hyperactivity Disorder (ADHD), Urgent and Emergency Care (UEC), Care and Treatment Plan (CTP)

neurodevelopmental waits, Primary Care strategy, strategic shift towards prevention and population health

Suggested areas of focus for 2025/26

- Seeking assurance on robustness of performance delivery plans, e.g. Cancer
- Delivery of TI de-escalation criteria
- Maturity of operational planning
- Strategic refresh
- Reframing the organisation strategy
- Population health
- Clinical Services Plan (CSP) delivery
- Development of the Primary and Community strategy
- Monitoring performance of delivery plans developed with Local Authorities, Collaboratives, Alliances and other key partners
- Deep dives on areas where the Committee has been unable to provide assurance to the Board or has deteriorated whilst being monitored by the Committee

The following actions will be taken forward by the Director of Corporate Governance (DOCG)/Board Secretary:

Action	By whom	By when
To provide report writing and presenting guidance to corporate teams and operational teams as part of the implementation of the Operational Governance Structure (this will include reducing the level of operational detail in reports, the importance of including outcome data in reports and how to present papers to Committees)	DOCG	April 2025
Strengthening links with other committees through clear actions from meeting to capture in Table of Actions and reinforced through Committee Chair meetings	DOCG	April 2025
Refer areas of concern in relation to performance to Quality, Safety and Experience Committee (QSEC) to seek assurance on the impacts to the patient (performance will be part of the remit of the new Finance and Performance Committee)	Chair, Finance and Performance Committee	April 2025
Consider including suggested areas of focus for 2025/26 on Committee Workplan	DOCG/Committee Services officer (CSO)	April 2025

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the outputs from the Committee Self-Assessment process
- **AGREE** the actions to be taken to improve its effectiveness

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.5 The Director of Board Governance/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:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
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 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	SDODC Terms of Reference SDODC Self-Assessment digital form results Auditor and Regulator feedback through Structured Assessment, and Internal Audit
Rhestr Termau: Glossary of Terms:	Included within 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:	SDODC Chair Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
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Ansawdd / Gofal Claf: Quality / Patient Care:	An effective SDODC should seek out areas of system weakness and facilitate an organisational culture that drives strategic development and operational performance.
Gweithlu: Workforce:	Not applicable
Risg: Risk:	An effective SDODC should drive improvement through scrutiny and challenge on the effective and efficient management of risks relating to strategic development and operational performance.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable