



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Development and Operational Delivery Committee Self-Assessment of Committee Effectiveness 2021/22 Process
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Maynard Davies, Chair Mr Lee Davies, Lee Davies Director of Strategic Development & Operational Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Ms Karen Richardson, Corporate & Partnership Governance Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to present to the Strategic Development and Operational Delivery Committee (SDODC), the Self Assessment template intended for use to assess the Committee's effectiveness, in order to consider any amendments or omissions to ensure it remains fit for purpose for the Committee's annual self-assessment exercise 2021/22.

Cefndir / Background

In line with all Board level Committees' Terms of Reference, Members and In Attendance Members of the SDODC are required to complete an annual questionnaire to consider the Committee's effectiveness in providing assurance to the Board throughout the preceding year, and also to consider their individual understanding, role and contribution to the Committee.

Asesiad / Assessment

For the 2021/22 SDODC self-assessment exercise, it is intended to use the self-assessment questionnaire template attached. The questionnaire has been constructed and focused to elicit narrative rather than tick-box rating, inviting ideas and examples to generate valuable learning, upon which the Committee can build and improve proactively over the coming year.

Argymhelliad / Recommendation

The Strategic Development and Operational Delivery Committee is requested to consider the proposed self-assessment questionnaire template and support its use for 2021/22.

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 Termiau: Glossary of Terms:	Included within the body of the report
Partion / 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:	Not Applicable

Financial / Service:	
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

Strategic Development & Operational Delivery Committee (SDODC) Self-Assessment 2021 /22

Draft Format for Consideration

The vision for this self assessment exercise is to generate valuable learning, upon which the Committee can build and improve proactively over the coming year. In order to achieve this, we want to elicit the collective wisdom of the Committee's participants. As such, the questions focus on gathering thoughts and ideas about how the Committee functions and how it might improve. They do not cover areas of enquiry which can be settled by a simple audit (e.g. meeting frequency, membership, attendance, existence of Terms of Reference, etc.).

Intentionally, we have constructed and focussed the questions to elicit narrative rather than tick-box rating. Each question begins with a statement which sets out 'what good looks like'. We could describe these domains as the building blocks of effective assurance. You are then asked to provide examples and ideas in relation to the relevant domain. It is intended to facilitate a more dynamic process of continuous improvement, rather than a traditional annual stock take.

Questions

1. The Committee seeks assurance in regard to:

- the delivery against all relevant Planning Objectives 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 for the repurposing of the Glangwili and Worthybush 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.

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

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.

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

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.

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

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.

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

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.

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

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.

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

7. 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.

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

8. 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.

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

Thank you for taking the time to respond. If you would like to have a conversation to share your views in more depth, please contact Mr Maynard

**Davies, SDODC Chair, via the following e-mail address:
Maynard.Davies@wales.nhs.uk**

Sources used to inform this format:

- SDODC Terms of Reference
- Published guidance from the Good Governance Institute