



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

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 June 2023
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Strategic Development and Operational Delivery Committee (SDODC) Terms of Reference
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Maynard Davies, Chair SDODC
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Joanne Wilson, Director of Corporate Governance/Board Secretary

**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 paper is to ensure that the Strategic Development and Operational Delivery Committee has clear terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

**Cefndir / Background**

The Committee last reviewed its terms of reference and operating arrangements in June 2022, and these were subsequently approved by the Board, as part of Standing Orders, on 28 July 2022.

**Asesiad / Assessment**

The Strategic Development and Operational Delivery Committee terms of reference and operating arrangements (Appendix 1) have been reviewed and some minor changes and amendments to terms have been made. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
4.2	In Attendance	To reflect the change to the job title of the Director of Strategic Development and Operational Planning to Director of Strategy and Planning agreed by the Remuneration and Terms of Service Committee in January 2023.

4.2	In Attendance	To reflect the change of name from the Hywel Dda Community Health Council to Llais Cymru Voice Body.
6.5	Agenda and papers	This has been changed following review of the post meeting process which identified differences in practice for different Committees. Instead of the minutes and Table of Actions being circulated to members within ten days, a draft Table of Actions will be issued within <b>two</b> days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within <b>seven</b> days to check the accuracy, prior to sending to Members (including the Committee Chair).

### Argymhelliad / Recommendation

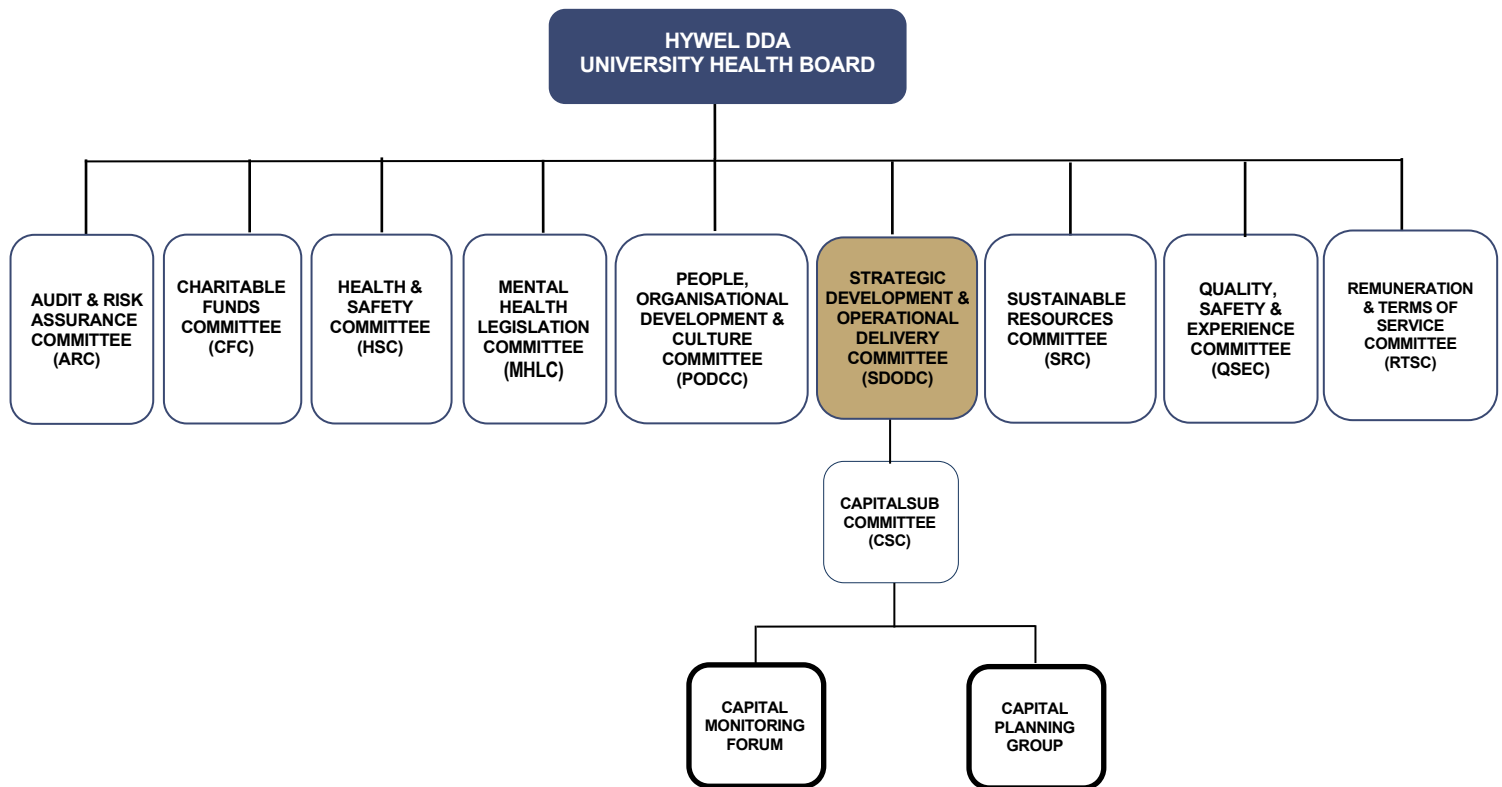
To **APPROVE** the Strategic Development and Operational Delivery Committee's Terms of Reference for onward ratification by the Board on 27 July 2023.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained 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:	Board Secretary.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The Strategic Development and Operational Delivery Committee shall: (3.11) Consider proposals from the Capital Sub Committee on the allocation of capital and agree these in line with HDdUHB's financial Scheme of Delegation (up to £0.5m, or up to £1m with the prior agreement of Executive Team), with any proposals over the £1m threshold to be recommended for approval to the Board.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	The Strategic Development and Operational Delivery Committee shall: (10.4.3) Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
<b>Gweithlu: Workforce:</b>	No direct impacts.
<b>Risg: Risk:</b>	No direct impacts, however the Strategic Development and Operational Delivery Committee shall: (2.6) Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
<b>Cyfreithiol: Legal:</b>	No direct impacts.

<b>Enw Da: Reputational:</b>	No direct impacts, however the Strategic Development and Operational Delivery Committee shall: (10.4.3) Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts.
<b>Cydraddoldeb: Equality:</b>	No direct impacts.



## STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

## TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Hywel Dda University Health Board	29.07.2021	Approved
V1	Strategic Development & Operational Delivery Committee	26.08.2021	Approved
V2	Strategic Development & Operational Delivery Committee	27.06.2022	Approved
V2	Hywel Dda University Health Board	28.07.2022	Approved
V3	Strategic Development & Operational Delivery Committee	26.06.2023	For Approval

## STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

### 1. Constitution

- 1.1 The Strategic Development & Operational Delivery Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1<sup>st</sup> August 2021.

### 2. Purpose

The purpose of the Strategic Development & Operational Delivery Committee is:

- 2.1 To receive an assurance on 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.
- 2.2 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- 2.3 Provide assurance to the Board that, 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).
- 2.4 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.
- 2.5 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
- 2.6 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.7 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.8 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

### 3. Key Responsibilities

The Strategic Development and Operational Delivery Committee shall:

- 3.1 Seek assurance on delivery against all Planning Objectives aligned to the Committee (see Appendix 1), considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.2 Review 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 Withybush General Hospital sites, underpinned by a robust process for continuous engagement to support delivery.
- 3.3 Seek assurance on delivery of the Health Board's Annual Recovery Plan through the scrutiny of quarterly monitoring reports.
- 3.4 Seek assurance on the development of the Health Board's Integrated Medium Term Plan (IMTP), based on robust business intelligence and modelling, and assure the development of delivery plans within the scope of the Committee, their alignment to the Health Board's Plan/IMTP and the Health Board's strategy and priorities.
- 3.5 Seek assurances on all outstanding plans in relation to the National Networks and Joint Committees including commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH); Mid Wales Joint Committee; Sexual Assault Referral Centre (SARC); National Collaborative.
- 3.6 Seek assurances on the development and implementation of a comprehensive approach to performance delivery and quality management, to incorporate all performance requirements set by the Board, WG, regulators and inspectors, that enables all staff with managerial responsibility to strive for excellence whilst effectively delivering the basics.
- 3.7 Scrutinise the performance reports (including those related to external providers) prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board
- 3.8 Consider the Health Board's approach to reducing health inequalities and the interventions aimed at addressing the causes.
- 3.9 Consider the new process that is established, involving all clinical service areas and individual clinical professionals, whereby the Health Board is assessed against local and national clinical effectiveness standards / NHS Delivery Framework requirements and fully contribute to all agreed national and local audits, including mortality audits.
- 3.10 Provide assurance to the Board that arrangements for Capital are robust.
- 3.11 Consider proposals from the Capital Sub Committee on the allocation of capital and agree these in line with HDdUHB's financial Scheme of Delegation (up to £0.5m, or up to £1m with the prior agreement of Executive Team), with any proposals over the £1m threshold to be recommended for approval to the Board.
- 3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies.

- 3.13 Refer planning and performance matters which impact on quality and safety to the Quality, Safety & Experience Committee (QSEC), and vice versa.
- 3.14 Refer matters which impact on data quality and data accuracy to the Sustainable Resources Committee (SRC), and vice versa.
- 3.15 Any matters that impact on workforce, education or training should be referred to People Organisational Development and Culture Committee (PODCC).
- 3.16 Approve relevant corporate policies and plans within the scope of the Committee.
- 3.17 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategic Development & Operational Delivery Committee and oversee delivery.
- 3.18 Agree issues to be escalated to the Board with recommendations for action.

#### 4. Membership

- 4.1 Formal membership of the Committee shall comprise of the following:

##### Member

Independent Member (Chair)

Independent Member (Vice Chair)

3 x Independent Members

- 4.2 The following should attend Committee meetings:

##### In Attendance

~~Director of Strategic Development and Operational Planning (Lead Executive)~~

~~Director of Strategy and Planning (Lead Executive)~~

Director of Finance

Director of Operations

Director of Primary, Community & Long-Term Care

Other Lead Executives to be invited to attend for their relevant Planning Objectives aligned to the Committee

Representative of the Department of Public Health

~~Hywel Dda Community Health Council representative (not counted for quoracy purposes) Llais Cymru/ Citizen Voice Body (not counted for quoracy purposes)~~

- 4.3 Membership of the Committee will be reviewed on an annual basis.

#### 5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with half of the identified In Attendance members.



- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.
- 5.3 Any senior officer of the UHB or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place, subject to the agreement of the Chair.
- 5.6 The Chair of the UHB reserves the right to attend any of the Committee's meetings as an ex officio member.
- 5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Strategic Development & Operational Delivery Committee.
- 5.8 The Committee can arrange to meet with Internal Audit and External Audit (and, as appropriate, nominated representatives of Healthcare Inspectorate Wales), without the presence of officers, as required.
- 5.9 The Chair of the Strategic Development & Operational Delivery Committee shall have reasonable access to Executive Directors and other relevant senior staff.
- 5.10 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## 6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Lead Director (Director of ~~Strategic Development & Operational Strategy and Planning~~), at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members. Following approval, the agenda and timetable for request of papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/relevant Director.
- 6.4 The agenda and papers will be distributed **seven** days in advance of the meeting.
- 6.5 **A draft Table of Actions will be issued within two days of the meeting. The minutes and ~~action log~~ Table of Actions will be circulated to the Lead Director members within ~~ten~~ seven days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next seven days.**
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

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## **7. In Committee**

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

## **8. Frequency of Meetings**

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

## **9. Accountability, Responsibility and Authority**

- 9.1 Although, as set out within these terms of reference, the Board has delegated authority to the Committee for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee.

## **10. Reporting**

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other Committees, including joint/sub committees and groups, to provide advice and assurance to the Board through the:
- 10.1.1 joint planning and co-ordination of Board and Committee business;
  - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees or working/task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update

following each sub-committee or working/task and finish group meeting detailing the business undertaken on its behalf. The Sub-Committee reporting to this Committee is:

10.3.1 Capital Sub-Committee.

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.

10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

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.

## **11. Secretarial Support**

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

## **12. Review Date**

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

## Appendix 1 Strategic Development and Operational Delivery Committee Planning Objectives 2023/24

Strategic Objective	Domain	Strategic Goal	Planning Objective	Executive Lead
5	<p>"Our Patients: Our patients receive the highest quality care"</p>	<p>3: Safe and high quality care</p> <p>Our services are safe and deliver good outcomes</p>	3a Transforming Urgent and Emergency Care (TUEC) Programme - TUEC / Implement the Six Goals To develop and implement a plan to by March 2024 to deliver Ministerial priorities by 2026.	Director of Operations
		<p>4: Support and Retain our Workforce Our people feel motivated and supported</p>	4a Planned Care and Cancer Recovery - Implement the planned care recovery programme in compliance with Ministerial priorities.	Director of Operations
			4b Develop and deliver a regional diagnostic plan with Swansea Bay University Health Board by Spring 2024.	Director of Operations
			4c Mental Health Recovery Plan - To develop a recovery plan for Mental Health, neurodevelopmental and CAMHS services to reduce waiting times by March 2024, and maintain a 111 press 2 service on a 24/7 basis for urgent mental health issues.	Director of Operations
5	<p>Our Future: Building a better health care system for future generations</p>	<p>5: World class infrastructure</p> <p>We are building the infrastructure needed to provide high quality care"</p>	<p>5a Estates Strategy - Develop and progress a suite of plans for our estate to address the significant risks associated with the current buildings and accommodation. To include:</p> <ul style="list-style-type: none"> <li>· Progressing A Healthier Mid and West Wales to Outline Business Case stage (Q4) following Programme Business Case (PBC) endorsement and Strategic Outline Case (SOC) approval.</li> <li>· A 10-year regional capital plan for IRCF and HCF agreed by the Regional Partnership Board and submitted to Welsh Government (Q2)</li> <li>· A Board approved property strategy (Q1) and associated programme of work to introduce agile working within the Health Board</li> </ul>	Director of Strategy and Planning

3			6a Clinical Services Plan - Clinical Services Plan - Establish an overarching programme of work to develop a set of plans for key services affected by the pandemic or facing critical sustainability risks. The plans will span the period up to the new hospital network, support the work on the OBCs as part of A Healthier Mid and West Wales and assist in the delivery of the ministerial priorities. The programme will also align to the ARCH / Mid Wales regional plans and link to the national programmes of work where relevant. The aim is to develop a set of proposals (or options as appropriate) by December 2023 for consideration at the January 2024 Board.	Director of Strategy and Planning
4	<p>Our Communities:</p> <p>Our population is healthy and we have a positive impact on the determinants of health</p>	<p>7: Healthier communities</p> <p>Our communities support good health</p>	<p>7a Population Health - Develop and Implement public health plans which</p> <ul style="list-style-type: none"> <li>• Empower and enable people to live healthy lives through the implementation of health improvement initiatives that address health and wellbeing through the life course</li> <li>• Provide robust health protection and vaccination services for the community</li> <li>• Maximise the population benefits of health and social care interventions through the implementation of Healthcare Public Health Approaches</li> </ul>	Director of Public Health
			<p>7b Integrated Localities, Accelerated Cluster Development and Primary Care sustainability</p> <ul style="list-style-type: none"> <li>• Integrated Localities &amp; ACD</li> <li>• Primary care sustainability plan</li> </ul>	Director of Primary Care, Community and Long-Term Care
			7c Social Model for Health and Wellbeing (SMfHW)	Medical Director