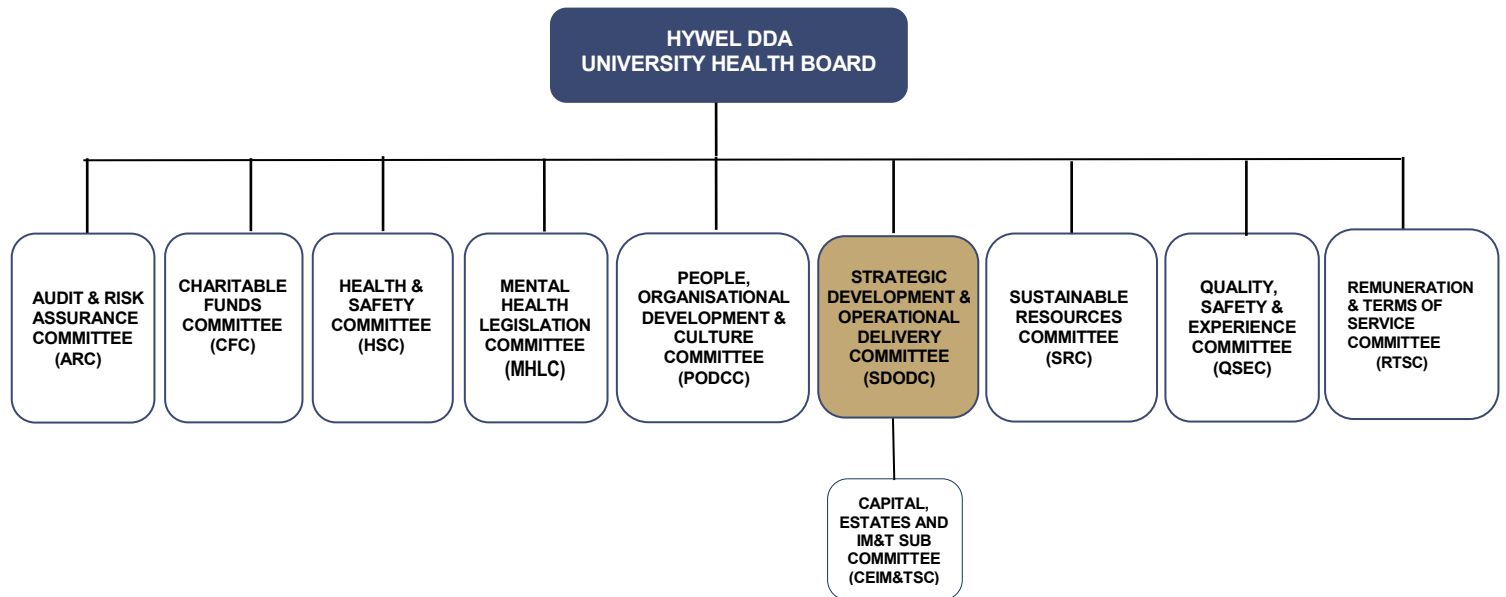




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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



STRATEGIC DEVELOPMENT & OPERATIONAL DELIVERY COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Hywel Dda University Health Board	29.07.2021	Approved

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 1st 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, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate (PO 1D, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4J, 4L, 4M, 4N, 4O, 5A, 5B, 5E, 5F, 5G, 5H, 5I, 5J, 5L, 5M, 5N, 5O, 5P, 5Q).
- 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 (PO 5C and 5D), underpinned by a robust process for continuous engagement to support delivery (PO 2C).
- 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 (PO 3E).
- 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 (PO 5N).
- 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 (PO 3A).
- 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. (PO 4K).
- 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 (PO 5K).

- 3.10 Provide assurance to the Board that arrangements for Capital, Estates and IM&T are robust.
- 3.11 Consider proposals from the Capital, Estates and IM&T Sub Committee on the allocation of capital and agree recommendations to the Board.
- 3.12 Seek assurances on the delivery of the requirements arising from HDdUHB's regulators, WG and professional bodies (PO 3B).
- 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 Approve relevant corporate policies and plans within the scope of the Committee.
- 3.16 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.
- 3.17 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 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 i.e. Director of Therapies and Health Science for PO 4E, 5L; Medical Director/Deputy CEO for PO 4L, 4N, 5K; Director of Public Health for PO 4A, 4B, 4D, 4G, 4J, 4K, 4M, 4O
Hywel Dda Community Health Council representative (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 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 The minutes and action log will be circulated to members within **ten** days to check the accuracy.
- 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.

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, Estates & IM&T 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 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 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.

Planning Objectives Aligned to Strategic Development & Operational Delivery Committee

P.O. Ref	Recovery Plan Section	Planning Objective	Executive Lead
1D	2	By September 2021 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.	Jill Paterson
2C	4	Review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year	Lee Davies
3A	4	To develop and implement a comprehensive approach to performance delivery and quality management that enables staff at all levels to strive for excellence whilst effectively delivering the basics. This approach will incorporate all performance requirements set by the Board, WG, regulators and inspectors and will be fully rolled out to all staff with managerial responsibilities by 31 st March 2022.	Huw Thomas
3B	5	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies	Jo Wilson (AW and IA) Lee Davies (CHC) Mandy Rayani (CIW/HIW, Coroner, HSE, PSOB) Andrew Carruthers (DU & MWWF&R) Lisa Gostling/Phil Kloer (HEIW) Phil Kloer (peer reviews, RCs, GMC) Jill Paterson (GMC, LMC, other Independent contractors) Alison Shakeshaft (HCPC)

3E	4	Business intelligence and modelling – to establish real-time, integrated, easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024	Huw Thomas
4C	2	For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022	Jill Paterson
4E	2	Implement a plan to train all Health Board Therapists in “Making Every Contact Count”, and offer to their clients by March 2022	Alison Shakeshaft
4G		Develop a local plan to deliver "Healthy Weight: Healthy Wales" and implement by March 2022.	Ros Jervis
4L	3	Design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	Phil Kloer
4N	3	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	Phil Kloer

4O	2	Based on the learning from the cluster pilot, develop and implement a comprehensive, systematic and coordinated social prescribing service across Hywel Dda	Ros Jervis
5C	3	Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay.	Lee Davies
5D	3	Produce and agree the final business case by March 2024 for the repurposing of the Glangwili and Withybush General Hospital sites in line with the strategy published in November 2018	Lee Davies
5E	3	With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic	Lee Davies
5F	3	Fully implement the Bronglais Hospital strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic	Andrew Carruthers
5G	2	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD.	Andrew Carruthers
5H	2	<p>Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners.</p> <p>These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional / skilled workforce that enables new ways of working in order that the following principles are achieved -</p> <ol style="list-style-type: none"> 1. Increased time spent at home 2. Support for self care 	Jill Paterson

		3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life	
5I	2	Undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB	Andrew Carruthers
5J	2	Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model	Jill Paterson
5K	4	Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process	Phil Kloer
5L	2	Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	Alison Shakeshaft
5M	4	Implement the existing national requirements in relation to clinical and other all-Wales IT systems within expected national timescales. Develop a plan and implement the full roll out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated	Huw Thomas
5N	2	Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative	Andrew Carruthers Mandy Rayani (SARC) Alison Shakeshaft (HASU) Lisa Gostling (Aber Uni and cross border workforce issue) Phil Kloer (ARCH)
5P	2	During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda area.	Jill Paterson

5Q	2	To develop and implement a plan to roll out an interface asthma services across the Health Board from April 2021, working across primary and secondary care. The aim of this is to enhance pathway value by reduce asthma related morbidity and mortality whilst improving access to expert opinion and reducing secondary care demand.	Jill Paterson
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Future Planning Objectives Aligned to Strategic Development & Operational Delivery Committee

P.O. Ref	Planning Objective	Executive Lead
4F	Develop a plan by September 2021 to improve the life chances of children and young people working with the “Children’s Task Force” and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived	Andrew Carruthers
4J	Publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024	Ros Jervis
4K	By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Ros Jervis
4A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years	Ros Jervis
4B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years	Ros Jervis
4D	Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years	Ros Jervis
4M	In relation to the Llwynhendy TB outbreak complete all outstanding screening and establish sufficient service capacity to provide appropriate treatment to all patients identified as requiring it by March 2021	Ros Jervis
5O	Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established	Andrew Carruthers
5A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Mandy Rayani (Q&S) / Jill Paterson (Primary Care) / Andrew Carruthers (Secondary care & MH)

5B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	Mandy Rayani (Q&S) / Jill Paterson (Primary Care) / Andrew Carruthers (Secondary care & MH)
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