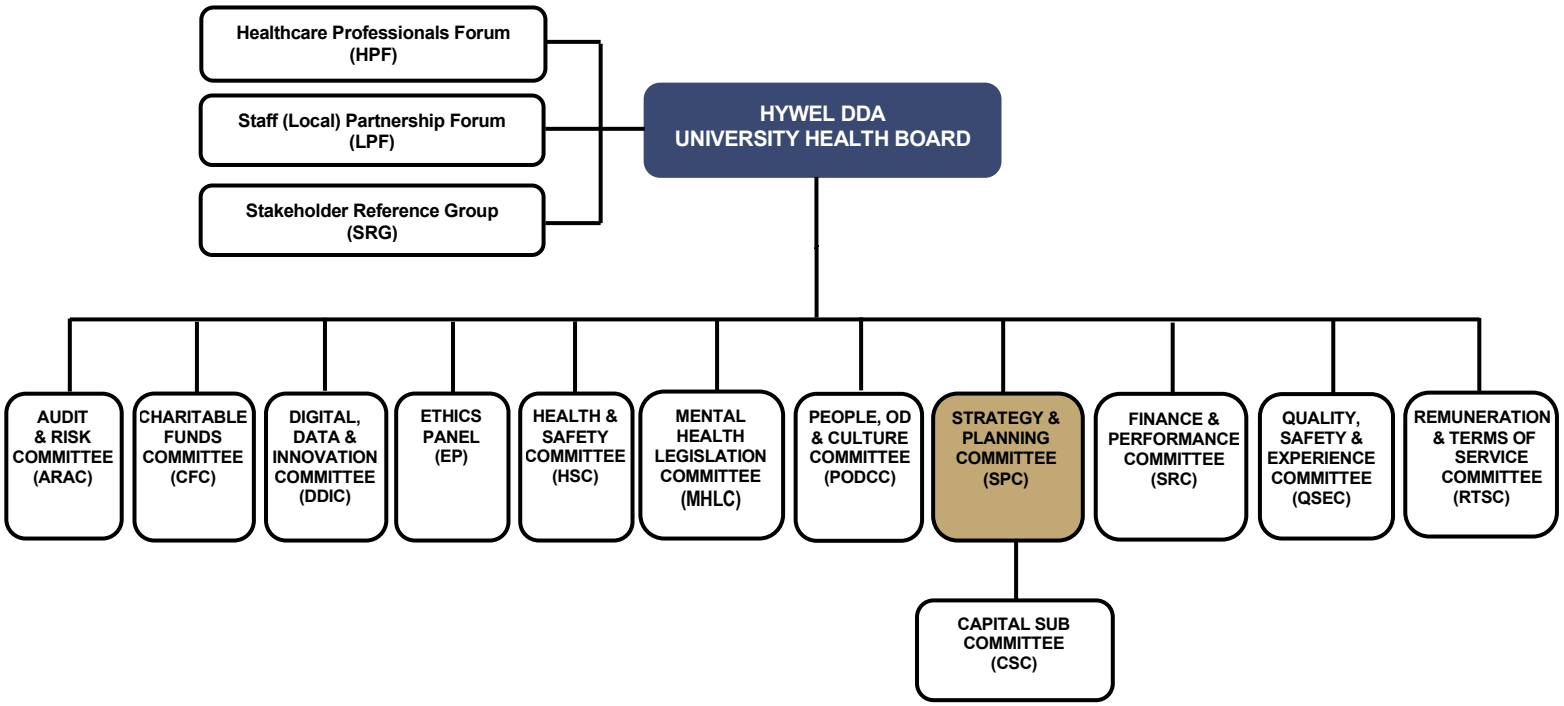


TERMS OF REFERENCE

STRATEGY AND PLANNING COMMITTEE

Version	Issued to:	Date	Comments
V1	**Hywel Dda University Health Board**	30/01/2025	APPROVED
V1	**Strategy and Planning Committee**	01/04/2025	ADOPTED
V2	**Strategy and Planning Committee**	18/12/2025	APPROVED
V2	**Hywel Dda University Health Board**	29/01/2026	APPROVED

STRATEGY AND PLANNING COMMITTEE

1. Constitution

1.1 The Strategy and Planning Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 01 April 2025.

2. Principal Duties

2.1 The purpose of the Strategy and Planning Committee is to:

2.1.1 Provide *evidence based (where possible) and timely advice* to the Board on the development of the following matters consistent with the Health Board's overall strategic direction:

2.1.1.1 Strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the Board's overall strategic direction;

2.1.1.2 Business cases and service planning proposals;

2.1.1.3 The alignment of supporting and enabling strategies, including workforce, capital, estates and digital;

2.1.1.4 The implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board;

2.1.1.5 The Health Board's priorities and plans to improve population health, prevention and wellbeing; and

2.1.1.6 The Health Board's plans to address climate migration and adaption.

2.1.2 Provide *assurance* in respect of the achievement of the Health Board's strategic aims, objectives and priorities, on:

2.1.2.1 The robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;

2.1.2.2 Plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:

(i) Joint committee and partnership planning;

(ii) Engagement and communication; and

(ii) Environmental sustainability.

2.1.2.3 The delivery of the Health Board's Annual Plan/ Integrated Medium Term Plan.

2.1.2.4 That partnership governance and partnership working is effective and successful; and

2.1.2.5 That those arrangements in place to improve population health, prevention and wellbeing are robust and effective and delivering intended outcomes.

3. Operational Responsibilities

3.1. The Committee will, in respect of its provision of advice and assurance to the Board:

Strategy, Planning and Partnerships

3.1.1. Receive assurance that the planning cycle is being taken forward and implemented in accordance with Health Board and Welsh Government requirements, guidance and timescales.

3.1.2. Receive assurance on the development of the Health Board's Annual Plan/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 Annual Plan/IMTP and the Health Board's strategy and priorities.

3.1.3. That, wherever possible, Health Board plans are aligned with partnership plans developed with Joint Committees, Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).

3.1.4. Receive assurance on delivery of the Health Board's Annual Plan through the scrutiny of regular monitoring reports.

3.1.5. Seek assurance on the review and informed decision-making on pathway changes, service planning, and strategic focuses for commissioning.

3.1.6. Consider the development of strategies and plans developed in partnership with key strategic partners and monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need.

3.1.7. Seek assurance that partnership governance and partnership working is effective and successful.

3.1.8. Seek assurance on delivery of plans in relation to the National Networks and Joint Committees.

3.1.9. Seek assurance on the delivery of Value Based Healthcare (VBHC) strategic plans and programmes.

3.1.10. Seek assurance on the delivery of the Health Board's climate mitigation and adaptation activity.

3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and

West Wales Strategy, and review documents prior to Board approval.

3.1.12. Seek assurance on the development and delivery of implementation plans for the Estates Strategy, including environmental sustainability, agreeing corrective actions where necessary and monitoring its effectiveness.

Population health, primary and community

3.1.13. Consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans.

3.1.14. Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.

3.1.15. Seek assurances on the development and delivery of the Primary Care and Community Strategic Plan.

Capital and Estates

3.1.16. Review the Health Board's annual capital allocation and plan, and capital (excluding digital) business cases, prior to Board approval.

3.1.17. Review revenue expenditure implications relating to capital and provide assurance to the Board that arrangements for capital expenditure and management are robust.

3.1.18. Recommend to the Board, following consideration of proposals from the Capital Sub Committee, the use of the Health Board's Capital Resource Limit (CRL), which includes the Discretionary Capital Programme (DCP), in line with the HB's financial scheme of delegation, and a schedule of projects/schemes within the Health Board's Capital Plan where there may be associated works contracts that require sealing.

3.1.19. Receive assurance on the delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).

Other

3.1.20. Seek assurance on delivery against all areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee.

3.1.21. Seek assurance on delivery against all Planning Goals aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.

3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's auditors, inspectorates, regulators, WG and professional bodies.

3.1.23. Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.

3.1.24. Receive assurance through Sub-Committee Update Reports and other management/task & finish group 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).

3.1.25. Approve relevant corporate policies and plans within the scope of the Committee.

3.1.26. Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Strategy and Planning Committee and oversee delivery.

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
3 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Strategy and Planning (Lead Executive)
Chief Operating Officer
Executive Director of Public Health
Executive Director of Finance
Communications and Engagement Director
Other Lead Executives to be invited to attend for their relevant Planning Goals aligned to the Committee
Llais Cymru/ Citizen Voice Body (not counted for quoracy purposes)

4.3 The 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, together with half of the In attendance Members.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board 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 Health Board or from a 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 Health Board 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 Committee.

5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.9 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 the Lead Director (Executive Director of Planning and Strategy) 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 Committee Members.

6.3 All papers must be approved by the relevant Lead Director.

6.4 The agenda and papers for meetings 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 Table of Actions action log will be circulated to the Lead Director within **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** calendar 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. 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 the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility 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 Health Board'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 Health Board'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 and 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, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on 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 financial year.
10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board 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 Health Board.

10.5 The Director of Corporate 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. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

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.