

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	People, Planning & Performance Assurance Committee Report: Discharge of Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance, Lisa Gostling of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Director of Finance, Lisa Gostling of Workforce & OD

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide assurance to the Audit & Risk Assurance Committee that during 2020/2021, the People, Planning & Performance Assurance Committee's (PPPAC) terms of reference, as agreed by the Board, were appropriately discharged, and that risks within its remit to monitor and review were effectively managed.

The Committee is asked to note the content of this report and comment on any issues in respect of the operation of PPPAC going forward.

Cefndir / Background

The External Governance Review undertaken during 2015 recommended that the Executive Lead of each Board level Committee attend the Audit & Risk Assurance Committee (ARAC) on an annual basis to allow the Committee the opportunity to scrutinise the controls and assurances on which it relies, agreeing actions where appropriate.

The establishment and effective operation of Board committees within individual NHS bodies form a key component of their governance and assurance framework. They enable the Board to fulfil its responsibilities by:

- Providing advice on strategic developments and specific aspects of business;
- Gaining assurance on key aspects of activity and organisational performance supporting achievement of the organisations strategic goals; and
- Carrying out specific responsibilities on the Board's behalf.

PPPAC has been established under Board delegation, with the Health Board initially approving Terms of Reference for the Committee at its Board meeting on 26th March 2020 and subsequently approving a revised version on 25th March 2021.

Asesiad / Assessment

1. Governance

1.1 Reporting Arrangements

PPPAC is directly accountable to the Board for its performance. A formal written report is prepared for the Board following each PPPAC meeting to provide assurance and to advise on the business undertaken on its behalf. The report includes actions taken by the PPPAC on behalf of the Board.

A full set of the papers for each Committee meeting is routinely made publicly available from the Health Board's website, whilst also providing an annual report to the Board; the latest PPPAC annual report to Board can be accessed via [this weblink](#).

1.2 PPPAC Meetings

The Committee meets on a bi-monthly basis. During 2020/21, the Committee met on 6 occasions and was quorate at all meetings, as follows:

- 30th June 2020
- 27th August 2020
- 29th October 2020
- 17th December 2020
- 10th February 2021 (extra-ordinary meeting)
- 25th February 2021.

As PPPAC is directly accountable to the Board for its performance, it provides an assurance to the Board through a formal written update report, which is received at the subsequent Board meeting. A full set of the papers for each Committee meeting is routinely made publicly available from the Health Board's website.

1.3 Support for Committee Members

Committee members are supported in the effective performance of their function through a Committee handbook. The aim of the handbook is provide information and guidance regarding the Committee's business, management and supporting structure.

1.4 Terms of Reference

A review of the corporate governance structure/arrangements was undertaken following the appointment of a new Health Board Chair in August 2019. The [terms of reference \(v08\)](#) were presented to the Board on 26th March 2020.

1.5 Purpose of PPPAC

The purpose of PPPAC is to provide assurance against the following areas of responsibility:

The fundamental purpose of the Committee is to assure the Board on the following:

- Provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda.
- Provide assurance to the Board on the implementation of the UHB's Workforce & OD Strategy and Enabling Plan, ensuring it is consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government (WG) requirements, guidance and timescales.

- Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- Provide assurance to the Board that the UHB's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.
- 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).
- 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.
- 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.
- 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.
- Recommend acceptance of risks that cannot be brought within the UHB's risk appetite/tolerance to the Board through the Committee Update Report.
- 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).

1.6 Sub-Committees of PPPAC

The Sub-Committees reporting to PPPAC during 2020/21 were as follows:

Capital, Estates and IM&T Sub-Committee – established to:

- Oversee delivery of the Health Board's capital programmes and projects included in the planning cycle (in year and longer term).
- Recommend to the Board, via the People, Planning and Performance Assurance Committee (PPPAC), the use of the Health Board's Capital Resource Limit (CRL).
- Oversee the development of the Estates Strategy and Infrastructure Enabling Plan aligned to the A Healthier Mid and West Wales Strategy for consideration by PPPAC, prior to Board approval.
- Oversee the development of an innovative IM&T and Digital Health Strategy for IM&T (to cover all functions of the UHB's services i.e. primary, community, acute, etc.) aligned to the A Healthier Mid and West Wales Strategy for consideration by PPPAC, prior to Board approval.
- Oversee the development and delivery of implementation plans for the Estates, IM&T and Digital Health Strategies agreeing corrective actions where necessary and monitoring its effectiveness.

Information Governance Sub-Committee – established to:

- Provide evidence based and timely advice to assist the University Health Board (UHB) in discharging its functions and meeting its responsibilities with regard to the quality and integrity; safety and security; and appropriate access and use of information (including patient and personal information) to support its provision of high quality healthcare.
- Provide assurance in relation to the Board’s arrangements for creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information in accordance with its stated objectives; legislative responsibilities, e.g. the Data Protection Act 2018, General Data Protection Regulations (May 2018) and Freedom of Information Act 2000; and any relevant requirements, standards and codes of practice.
- Provide assurance that risks relating to information governance are being effectively managed across the whole of the UHB’s activities (including for hosted and contracted services, through shared services, partnerships, independent contractors and Joint Committees as appropriate).

2. Purpose

The Committee can demonstrate that it has met its purpose through the agenda, papers and minutes of meetings held during 2020/2021. A summary of how the Committee has met its purpose is as follows:

Purpose	Assessment
Provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda including the provision of assurance to the Board on the implementation of the UHB’s Workforce & OD Strategy and Enabling Plan, ensuring it is consistent with the Boards overall strategic direction and with any requirements and standards set for NHS bodies in Wales.	<p>Workforce & Organisational Development Update – The Committee received regular Workforce & Organisational Development update reports highlighting key activities including staff psychological and wellbeing services, recruitment, the Workforce Plan, workforce information, volunteering, learning & development, trade union engagement and staff health. The Committee commended the work undertaken in regard to the apprenticeship academy and welcomed the approval of a £242,000 bid to support staff wellbeing. In addition, a number of detailed specific reports were presented to the Committee which included:</p> <ul style="list-style-type: none">- Strategic Equality Plan Annual Report & Workforce Equality Annual Report - At its meeting in August 2020, the Committee received the Strategic Equality Plan (SEP) Annual Report for the period April 2019 – March 2020, reporting progress on the final year of the 4 year life span of HDdUHB’s Strategic Equality Plan and Objectives 2016-20, together with the Workforce Equality Annual Report for the period April 2019 – 31 March 2020. Members endorsed the informative reports and were assured on the work which has been undertaken to meet the Public Sector Equality Duty and HDdUHB’s equality objectives.- Welsh Language Standards: Impact on Workforce Arrangements - The Committee

received the Update on Compliance with the Welsh Language Standards (No. 7) 2018 Regulations report in August 2020, demonstrating the work undertaken in terms of the 93 standards which are applicable to Workforce & OD. The Committee acknowledged the amber RAG-rated compliance relating to the HDdUHB website and assurance was provided that this is in hand with a substantial amount of work already being undertaken. The Committee noted the assurance provided within the report in relation to the Workforce & OD Directorate's compliance with the Welsh Language Standards. At the December 2020 meeting, a further update was received and the Committee noted that following implementation of the standards, HDdUHB had been subject to the first investigation by the Welsh Language Commissioner as a consequence of a complaint received from a member of the public having received an English only version of an appointment letter and questionnaire. A thorough review of all letters and forms was subsequently undertaken. Due to the lack of detail in relation to timelines for actions plans and whether compliance would be reached, only limited assurance could be gained from the report and it was agreed that further updates would be presented during 2021/22.

- **Internal Audit Reports (PADR) 2019 & 2020 – Implementation Plan** – At its meeting in August 2020, the Committee received the PADR Implementation Plan report following reviews undertaken by Internal Audit in May 2019 and May 2020, and were assured that progress to support PADR quality and training is being made. The interventions in place to address both internal audit reports were acknowledged by the Committee.
- **Psychological Wellbeing Report** – The Committee received the Psychological Wellbeing Service report at the October 2020 meeting, providing an update on an evaluation of the service between 01/04/14 and 03/02/20. Noting that the report related to the pre-COVID-19 period, it was agreed that the service should be sustained and forward planned to take into account the likely demand over the next few years. Members were assured that since publication of the report, the number of counsellors within the Psychological

	<p>Wellbeing Service had been increased and a care line introduced.</p> <ul style="list-style-type: none"> - Staff Attendance/Absence During COVID-19 – At its October 2020 meeting, the Committee received the Staff Attendance/Absence during COVID-19 report, focusing upon staff absence during the COVID-19 pandemic and highlighting how the pandemic has impacted upon attendance and wellbeing between the period March to September 2020. Given the concerns raised in relation to the low number of BAME risk assessments completed, it was agreed for the Director of Workforce & OD to raise this matter at the BAME Advisory Group. - Outcome of Advisory Appointments Committee – The Committee received Advisory Appointments Committee (AAC) reports, providing updates on the outcome of the AACs held between 10/08/20 and 02/02/21, and approved the appointments on behalf of the Board.
<p>Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government (WG) requirements, guidance and timescales.</p>	<p>Winter Planning 2020/21– In August 2020, the Committee received the Winter Preparedness 2020/21 report, providing a progress update on HDdUHB’s winter planning process, with the expectation that the HDdUHB plan would form part of a wider whole system plan co-ordinated by the Regional Partnership Board.</p> <p>Welsh Government Guidance – NHS Wales COVID-19 Operating Framework – The Committee received the NHS Wales COVID-19 Operating Framework report, providing an update in respect of Quarters 1 and 2 (2020/21) at the June 2020 meeting, and in October and December 2020, received a further update with regard to Quarters 3 and 4 (2020/21). The complexities and challenges associated with the planning and the re-establishment of services were recognised and the Committee was reassured that the implementation of the plan would be tracked to provide assurance in terms of timelines to Committees and the Board. Concerns were expressed regarding the impact upon community services, the significant number of staff self-isolating and the increased levels of infection, all of which have an impact on the ability to deliver services. The Committee noted that a planned change had been agreed to release staff, where additional harm would not be involved, to provide cover in the most effective way within</p>

critical care areas with a review to be undertaken mid-January 2021 to determine whether to extend the timescale. The challenging position was acknowledged by the Committee.

Monitoring of Welsh Health Circulars (WHCs)

– At the August 2020 and February 2021 meetings, the Committee received updates on progress in relation to the implementation of WHCs. Members noted the number of WHCs that had closed, with appropriate actions in place.

General Medical Services Access Forum and Access Questionnaire from Quality Assurance and Improvements Framework (QAIF)

Outcome – Members were presented with an update report regarding the GMS contract changes which came into force in September 2019, setting new frameworks on GP Practices under the QAIF as well as placing additional responsibilities on health boards for the monitoring and reporting on accessibility to GP Practices. Members commended the informative report.

Demountables Business Case – At the February 2021 meeting, the Committee received the Proposal for Demountable Solutions Unit at Prince Philip Hospital for two Laminar Day Surgery Unit Flow Theatres, a Dual Endoscopy Suite and Modular Ward Facility report, for scrutiny prior to submission to WG. The Committee supported the proposal recognising that the Executive Team agreed to approve the commencement of the procurement process and discussions with WG and that it would be included in the recovery plan for 2021/22. It was noted that the final delivery would be subject to further work on finances and existing budgets, recognising that this represents additionality in terms of service provision and that a full business case would be developed at a later date.

Contact First/Urgent Primary Care – At the February 2021 meeting, the Committee received the Hywel Dda University Health Board 'Contact First / Urgent Primary Care' Model report, outlining the national context associated with prioritising urgent primary care provision by Health Boards in Wales and the roll out of the national 'Contact First' programme. It was noted that the prioritisation of urgent primary care provision and the roll out of the Contact First programme is linked to the annual planning framework and is an

	<p>alternative way of directing patients who require care. It was further noted that there would be a requirement for an Outline Business Case to be submitted for funding to enhance the urgent Primary Care response, given there is no HDdUHB funding to invest in this and therefore resources would be required to be realigned. It was anticipated that the model would begin to develop from Summer 2021.</p>
<p>Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.</p>	<p>At the October 2020 meeting, the Committee was presented with the Business Continuity/Major Infrastructure PBC, highlighting both current and future pressures, providing assurance of enabling continuity of services over the coming years. The Committee supported the submission of the PBC to WG to seek endorsement, noting that it would be presented to Public Board in November 2020.</p> <p>The Committee received an update report in regard to the development of the 3 Year Plan for the period 2021/22-2023/24, providing assurance relating to the process of dealing with the 500 pre-existing Board commitments and how these have been mapped into new planning objectives for Board ratification. The Committee supported the process whereby the Planning Objectives had been agreed, and noted the intention to develop an Annual Plan for 2021/22 for onward submission to WG.</p>
<p>Provide assurance to the Board that the UHB's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.</p>	<p>The Major Incident Plan is routinely reviewed on an annual basis and presented to Board for ratification following a review and consultation process. At the November 2020 Public Board, in light of the response to COVID-19, the Board agreed to extend approval of the current plan, with a view to receiving an updated version in 2021 that will include lessons identified as part of the ongoing pandemic response. At the May 2021 Public Board, it was reported that the UHB's Major Incident Plan has been reviewed through a COVID-19 lens and amended to reflect the last 15 months by summary appendices that highlight acute site COVID-19 arrangements. A paper will be presented to PPPAC in June 2021, with a view to considering it at the next Board meeting in July 2021.</p>
<p>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</p>	<p>NHS Wales Shared Services Partnership (NWSSP) Summary Performance Report – At its meeting in August 2020, the Committee received the NWSSP Performance Report for Quarter 4 (2019/20) and Quarter 1 (2020/21) performance indicators, providing a summary of</p>

<p>partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).</p>	<p>performance data in respect of the services provided by NWSSP. It was agreed at the meeting held on 27th August 2021, for NWSSP performance to be transferred to the domain of the Finance Committee.</p> <p>A Regional Collaborative for Health (ARCH) – The Committee received regular updates on the activities of the ARCH programme throughout the year. Concern was expressed regarding the limited HDdUHB representation at meetings and it was agreed for the matter to be pursued by the Executive Team to ensure that HDdUHB is appropriately represented in the future. Concern was expressed regarding the lack of consultation concerning the deployment of the ARCH team into COVID-19 operational services within Swansea Bay University Health Board (SBUHB). Recognising that ARCH is a tripartite partnership between HDdUHB, SBUHB and Swansea University, the importance for any decisions made to be undertaken on a tripartite basis were reiterated.</p> <p>Llanelli Wellness and Life Science Village Update – Regular updates relating to the Llanelli Wellness and Life Science Village were received, providing assurance that the project remains a priority for delivery both for Carmarthenshire County Council and as part of the City Deal programme. At the October 2020 meeting, the Committee agreed to a reduced frequency of reporting.</p>
<p>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.</p> <p>Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that</p>	<p>Integrated Performance Assurance Report (IPAR) - The Integrated Performance Assurance Reports presented to the Committee during 2020/21 outlined achievements against targets and actions in place to improve performance.</p> <p>At its meeting in June 2020, the Committee received the Month 2 (2020/21) IPAR, noting the change in format to incorporate COVID-19's impact on performance and reflecting the more relaxed performance monitoring arrangements in place. Members noted that the report set out the impact of COVID-19 on HDdUHB's plans, together with an indication of how HDdUHB intends to re-set and move forward within the on-going restrictions brought about by COVID-19. The Committee acknowledged the clear and ambitious reset plans in place, however requested</p>

any issues relating to data accuracy are addressed.

that timescales be put in place for monitoring the plans.

In August 2020, the Committee discussed the IPAR for Month 4 (2020/21), noting the revised format incorporating COVID-19's impact on performance and reflecting the changed performance monitoring arrangements. In order to fully understand the IPAR and to be able to channel questions appropriately in light of its revised methodology, Independent Members in particular welcomed the opportunity offered for a separate meeting to be arranged to discuss this further, with a view to guiding and influencing the information expected to be included within future reports to ensure that it is meaningful.

In October 2020, the Committee received the IPAR for Month 6 (2020/21), noting both the improving and deteriorating trends in performance. In terms of the deteriorating position relating to referral to treatment times (RTT) for planned care, Members were assured that focus has been placed upon patients with the most urgent need and cancer related pathways, with conversations commenced on how services might be managed in the short to medium term. The Committee acknowledged the pressures staff are under and reiterated the importance of supporting staff in order for performance to improve.

At the meeting in December 2020, the Committee received the IPAR for Month 8 (2020/21), noting both the improving and the deteriorating trends in performance. The Committee was reassured that clinical teams are regularly reviewing cancer pathways and waiting lists, and categorising these patients in accordance with national guidance. The Health Board is also working with WG to develop risk stratification to use intelligence to identify patients and any change to their condition whilst on the waiting list. In addition, the exploration of alternative methods of providing clinics, etc. continues to be pursued, with regular updates provided to all cancer pathway patients and those on orthopaedic waiting lists. Concerns were expressed as to the progress being made in regard to contacting all patients on waiting lists, with the suggestion that this be raised with the Chair of the Quality, Safety & Experience Assurance Committee (QSEAC) to ensure appropriate procedures are in place to communicate with these patients. The Committee

	<p>acknowledged the challenging workforce position which is impacting upon performance, whilst recognising that recruitment plans are in place for additional staff.</p> <p>In February 2021, the Committee received the IPAR for Month 10 (2020/21), noting both the improving and the deteriorating trends in performance. The Chair acknowledged the work undertaken by the Performance Team including the addition of further information requested following the Board Seminar in December 2020. The positive stroke performance was commended, however some concern was expressed in regard to the in-month increase for patients waiting over 8 weeks for a diagnostic test. The Committee noted the actions that are in place with the anticipation that these will have an impact by the next reporting period.</p>
<p>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.</p> <p>Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.</p>	<p>The Committee received regular Corporate Risks reports throughout 2020/21, highlighting the corporate risks assigned to PPPAC for consideration. Members were satisfied that appropriate controls were in place to manage the risks and recognised the significant amount of work undertaken. Regular Operational Risks reports were also received throughout 2020/21, identifying the risks assigned to PPPAC.</p> <p>During 2020/21, the following key risks and issues/matters of concern were raised by PPPAC to the Board:</p> <ul style="list-style-type: none"> - August 2020 – Workforce & Organisational Development Update – challenges relating to planning, delivery and performance as part of current social distancing requirements to create safe environments for staff and patients, however the report presented to PPPAC provided assurance of how this is being managed in terms of the robust measures and responses put in place by the Workforce & OD function to ensure an appropriate mobilisation of the existing and new workforce, including the delivery of workforce plans and workforce supply to resume ‘business as usual’ where appropriate, with staff psychological wellbeing support provision being delivered during each stage of the COVID-19 pandemic. - October 2020 – Capital Estates & IM&T Sub Committee Update Report – risks regarding the funding of four computerised tomography

	<p>(CT) scanners, with discussions to be undertaken with WG regarding the next possible allocation of funding.</p> <ul style="list-style-type: none"> - Staff Attendance/Absence During COVID-19 – concerns raised in relation to the low number of BAME risk assessments completed with it agreed for the Director of Workforce & OD to raise these concerns at the next BAME Advisory Group meeting. - Report on the Discretionary Capital Programme 2020/21 & Capital Governance Update – concerns raised in regard to the greater backlog of the DCP and the continuing escalation of risks, with it agreed for a discussion to take place between the PPPAC and QSEAC Chairs to consider whether the shortfalls in the estate should be more closely linked to the QSEAC agenda.
<p>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).</p>	<p>Information Governance Sub-Committee (IGSC) – regular written update reports were received during 2020/21, highlighting the following matters:</p> <ul style="list-style-type: none"> - Additional Clinical Coders have been appointed to manage the backlog. - Assurance was received in regard to the water damage of records at Tregaron Hospital that actions in response to the findings of the audit are being progressed. - An Information Governance consultant had been appointed to support the work to complete the Information Asset Registers, with the anticipation that all registers would be completed by the end of January 2021. - The General Data Protection Regulation compliance Risk 343 is in progress. <p>Capital, Estates and IM&T Sub-Committee (CEIMTSC) - regular written update reports were received during 2020/21, highlighting the following matters:</p> <ul style="list-style-type: none"> - The significant challenges associated with capital funding placing considerable demand on addressing key risks such as fire safety and social distancing compliance were acknowledged, with the availability of capital funding being raised as a corporate risk and substantial work to be undertaken in relation to re-prioritisation. - The Committee was assured of CE&IM&TSC’s focus on managing the key risks identified to support the discretionary capital programme prioritisation for

2021/22 and their management, noting the improved position relating to the reduced estimated costs associated with the backlog of replacement medical devices, with £400k allocated for the replacement of defibrillators, subject to continued investment over the next two years.

- Additional All Wales Capital programme allocations of funding for advance fire compliance at Withybush General Hospital and for COVID-19 digital devices were received.
- Risks remain regarding the four computerised tomography (CT) scanners.
- The IM&T Programme Business Case is on hold due to funding being utilised elsewhere.
- A review is being undertaken concerning the negative pressure (airborne) isolation room requirements.

Discretionary Capital Programme (DCP) 2020/21 and Capital Governance Update –

Updates were received throughout the year, outlining the capital funding position and priority areas identified. At the June 2020 meeting, the Committee was advised that there had been no indication in relation to whether discretionary capital allocations for 2020/21 would be impacted by COVID-19 related capital commitments, and therefore the risk that some discretionary capital may be drawn back due to COVID-19 pressures. It was noted that estates capital schemes had been delayed by three months due to constraints from COVID-19 relating to in-house capacity and construction work, however these are planned for completion in 2020/21 or the first quarter of 2021/22. The Women & Children's project was escalated to red RAG status and concerns were expressed concerning the consequential time delay to the overall scheme. At the August 2020 meeting, the Committee acknowledged the achievement of both Estates and Operational colleagues in regard to the upgrading of the x-ray rooms at Glangwili General Hospital, Withybush General Hospital and Prince Phillip Hospital, recognising the positive impact this will have on the quality of services. In October 2020, concerns by the Committee were expressed at the greater backlog of the DCP and the continuing escalation of risks, with the agreement that the matter be discussed with the QSEAC Chair. At the December 2020 meeting, the

Committee noted that permission had been received to retain the sale proceeds from Cardigan Hospital and Cardigan Health Centre, estimated to be approximately £300k. The Regional Cellular Pathology Strategic Outline Business Case had been approved by WG. The Minaeron Integrated Care Centre scheme won the Ystadau Cymru award in the Integrated Services category. The Cylch Caron scheme had been suspended due to the Barcud Housing Group withdrawing from the scheme. Resolution had been achieved on the time delay at the end of Phase 1 of the Women & Children's project, providing assurance on the extent of HDdUHB's financial liability. Funding approval was received from WG for the Emergency Department Streaming Units. However, significant backlog pressures remain which will need to be prioritised for any balance of funding received from WG. At the February 2021 meeting, the Committee noted that a number of schemes totalling £1.048 million would be progressed; further underspends and slippage had been identified on a number of schemes, additional year-end allocations received from WG enabled progress on a number of priority purchases. The Committee raised concern with regard to the Pond Street/Penlan project.

Annual Plan – Update reports were received throughout the year. At the August 2020 meeting, the Committee received the Quarterly Annual Plan Monitoring Return report for Q4 2019/20 and Q1 2020/21, providing an update on the current situation in relation to the planning cycle and monitoring of plans. It was noted that given the COVID-19 pandemic, processes routinely in place with respect to the planning cycle, including the monitoring of plans, have been suspended by WG, and that guidance relating to Q3 and Q4 reporting is awaited. Members were assured that within the Q3 and Q4 response, there would be a section mapping back to planned action for Q2 to check progress in order to enable PPPAC to monitor the plans and actions. An extra-ordinary meeting was held in March 2021 to scrutinise the draft Annual Plan 2021/22 prior to presentation to the Public Board.

3. Changes in 2020/21 and any other potential future changes

3.1 Committee and Sub-Committee Structure

Following the appointment of the Chair in August 2019, a review of the current corporate governance arrangements, in consultation with all Board Members and senior staff, was undertaken, and the outcomes from this review were presented to the Board on 30th January 2020 for approval.

The Board considered the PPPAC terms of reference in March 2020. The current sub-committees of PPPAC are:

- Capital, Estates & IM&T Sub-Committee
- Information Governance Sub-Committee

3.2 Maintaining Good Governance During the Pandemic

The People, Planning & Performance Assurance Committee has continued to meet bi-monthly during the pandemic.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to note the content of this report and take assurance that the People, Planning and Performance Assurance Committee has been operating effectively during 2020/2021.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	3.8 Invite Lead Directors of Board level Committees to attend the Audit and Risk Assurance Committee at least annually to receive assurance that they are effectively discharging their Terms of Reference and ensuring that principal risks are being managed effectively.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Terms of Reference: <ul style="list-style-type: none"> • People, Planning & Performance Assurance Committee
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Implicit within the report
Gweithlu: Workforce:	Implicit within the report
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable