

**COFNODION Y CYFARFOD PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD  
CYMERADWYO / APPROVED MINUTES OF THE PEOPLE PLANNING &  
PERFORMANCE ASSURANCE COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	25 <sup>th</sup> February 2021 at 1 p.m.
<b>Venue:</b>	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	Professor John Gammon, Independent Member (PPPAC Chair) Mr Owen Burt, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Ms Ann Murphy, Independent Member (VC) (part) Ms Anna Lewis, Independent Member (VC) Mr Maynard Davies, Independent Member (VC)
<b>In Attendance</b>	Mrs Lisa Gostling, Director of Workforce & OD (Joint PPPAC Executive Lead) Mr Huw Thomas, Director of Finance (Joint PPPAC Executive Lead) Mr Andrew Carruthers, Director of Operations (VC) (part) Mrs Joanne Wilson, Board Secretary (VC) (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care (part) Mr Keith Jones, Director of Secondary Care (VC) (part) Mr Anthony Tracey, Assistant Director of Digital Services (VC) (part) Mr Paul Williams, Assistant Director of Strategic Planning (VC) (part) Ms Alison Gittins, Head of Corporate & Partnership Governance (on behalf of Mrs Joanne Wilson, Board Secretary) (VC) Ms Rhian Dawson, Integrated System Director, Carmarthenshire (VC) (part) Dr Meinir Jones, AMD Transformation and VBHC and Clinical Lead MIU (part) Mrs Libby Ryan-Davies, Strategic Programme Director (VC) (part) Mr Sam Dentten, Hywel Dda Community Health Council (VC) (part) Mr Phil Jones, Audit Wales (VC) (Observer) (part) Mrs Claire Williams, Committee Services Officer (Secretariat)

<b>Agenda Item</b>		<b>Action</b>
<b>PPPAC (21)06</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b>	
	Apologies for absence were received from Mrs Ros Jervis, Director of Public Health.	
<b>PPPAC (21)07</b>	<b>DECLARATIONS OF INTEREST</b>	
	Cllr. Simon Hancock declared an interest in the Bluestone Resort, advising that should discussion be undertaken in relation to field hospitals, he would withdraw from the meeting.	
<b>PPPAC (21)08</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 17<sup>TH</sup> DECEMBER 2020 AND THE EXTRA-ORDINARY MEETING HELD ON 10<sup>TH</sup> FEBRUARY 2021</b>	
	<b>RESOLVED</b> – that the minutes of the PPPAC meeting held on 17 <sup>th</sup> December 2020 and the extra-ordinary meeting held on 10 <sup>th</sup> February 2021 be <b>APPROVED</b> as an accurate record of proceedings.	

<p>PPPAC (21)09</p>	<p><b>TABLE OF ACTIONS AND MATTERS ARISING FROM MEETING HELD ON 17<sup>TH</sup> DECEMBER 2020 AND THE EXTRA-ORDINARY MEETING HELD ON 10<sup>TH</sup> FEBRUARY 2021</b></p> <p>An update was provided on the Table of Actions from the meetings held on 17<sup>th</sup> December 2020 and 10<sup>th</sup> February 2021 and confirmation received that all outstanding actions have been progressed with the exception of the following:</p> <p><b>PPPAC(20)75 - Table of Actions and Matters Arising from Meeting Held on 29<sup>th</sup> October 2020 - Psychological Wellbeing Report</b>  <i>To discuss at the next BAME meeting what, if anything, is holding back the “all other ethnic groups” cohort of staff from utilising the Psychological Wellbeing Service, and to provide an update at the PPPAC meeting on 25/02/21 – Mrs Lisa Gostling apologised for the delay, explaining that the matter had been deferred from the February 2021 BAME meeting and would be discussed at the March 2021 BAME meeting. An update would therefore be provided to the April 2021 PPPAC meeting.</i></p> <p><b>PPPAC(20)78 - Integrated Performance Assurance Report</b>  <i>To provide a more detailed explanation at future PPPAC meetings with regard to the measures put in place to manage patients on waiting lists and how prioritisation and risk is being managed – Prof. John Gammon explained that this action, to a certain extent, had been addressed at the extra-ordinary PPPAC meeting held on 10<sup>th</sup> February 2021, with a system in place for on-going monitoring, prioritisation and the reviewing of risks. On this basis, it was agreed by Members to close the action and should further information be required in the future, it can be requested.</i></p> <p><i>Ms Ann Murphy joined the PPPAC meeting</i></p>	<p>LG</p>
<p>PPPAC (21)10</p>	<p><b>ANNUAL REVIEW OF PPPAC TERMS OF REFERENCE</b></p> <p>Members were presented with the PPPAC Terms of Reference (ToRs) and attention was drawn to wording relating to the addition of a key responsibility of PPPAC <i>“Recognise the work of staff through the regular presentation of staff stories, both positive and negative, to assure the Board where value has been added”</i> and additional wording in section 10.3 referencing <i>“working groups”</i> in readiness for any future groups that may feed into PPPAC. Members agreed to this additional wording.</p> <p>Mr Maynard Davies referred to recent discussion held with Mrs Joanne Wilson, Board Secretary, in regard to the potential duplication of “digital” matters between the Finance Committee and PPPAC. It was agreed that further discussion would be held and Members agreed for Chair’s Action to be undertaken to approve the final version of the Committee’s ToRs.</p> <p>Mrs Gostling raised an issue regarding the lack of sub-committee relating to workforce matters, highlighting that under non COVID-19 circumstances, a link would be made to the Operational Business Meeting, however meetings</p>	

	<p>of this group are not currently being held. Prof. Gammon acknowledged the lack of sub-committees for the “People” function within PPPAC, enquiring whether there should be a “People” sub-committee feeding into PPPAC which would necessarily alter the nature of the current report received in relation to workforce. Mrs Wilson undertook to consider this matter as part of the further discussions to be held on the Committee’s ToRs prior to their approval by Chair’s Action.</p> <p>Mr Huw Thomas reminded Members that he is not required to attend PPPAC in his substantive role as Director of Finance, however this may need to be revisited given that performance and digital now form part of his Executive portfolio.</p> <p><i>Mr Phil Jones joined the PPPAC meeting</i></p> <p>Members were content for the Terms of Reference to be reviewed by Mrs Wilson in discussion with Prof. Gammon, Mrs Gostling and Mr Thomas in line with the discussions held, prior to submission to the Board for ratification.</p>	<p><b>JW</b></p>
	<p>The Committee <b>NOTED</b> and <b>AGREED</b> the additional wording contained within the Terms of Reference and agreed for further revisions to be made via Chair’s Action prior to onward submission to the Board for ratification.</p>	

<p><b>PPPAC (21)11</b></p>	<p><b>SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS – CONSIDERATION OF QUESTIONNAIRE</b></p> <p>Members were presented with the PPPAC Self-Assessment of Performance Questionnaire template relating to the Committee’s annual self-assessment exercise 2020/21, noting that the questionnaire had been refreshed in line with that utilised by the Quality, Safety &amp; Experience Assurance Committee (QSEAC) in 2019/20 and which would be utilised by other assurance Committees going forward. Prof. Gammon expressed gratitude to QSEAC for sharing their example and welcomed the opportunity for consistency across Committees.</p> <p>Ms Anna Lewis, in her role as QSEAC Chair, informed Members that an additional question relating to thoughts and reflections on how the Committee had responded to COVID-19 would be added to the QSEAC questionnaire and enquired whether a similar approach should be undertaken by PPPAC. Members agreed that due to the impact upon waiting times, etc. a narrative question relating to COVID-19, in line with the Committee’s roles and responsibilities, be added to the questionnaire.</p> <p>Mr Owen Burt advised that the self-assessment questionnaire template had been discussed at the Audit and Risk Assurance Committee (ARAC) and enquired whether a question relating to COVID-19 should similarly be added to the ARAC questionnaire. In response, Mrs Wilson confirmed that there would be a consistent approach across all Committees.</p> <p>Members agreed the suggested template, agreeing for an additional COVID-19 related question to be added and noted that the questionnaire would be</p>	<p><b>AG/ CW</b></p>
----------------------------	---	----------------------

	<p>forwarded to Members in due course. Prof. Gammon reiterated the requirement for all Members of the Committee to complete the questionnaire.</p> <p><i>Mrs Joanne Wilson left the PPPAC meeting</i></p>	
	<p>The Committee <b>NOTED</b> the update on the PPPAC Self-Assessment of Effectiveness Questionnaire and <b>AGREED</b> the suggested template, pending the addition of a COVID-19 related question.</p>	

<p><b>PPPAC (21)12</b></p>	<p><b>WORKFORCE &amp; ORGANISATIONAL DEVELOPMENT UPDATE</b></p> <p>The Committee received an update report relating to the work undertaken by the Workforce &amp; Organisational Development teams in response to the COVID-19 pandemic in addition to providing business as usual, together with the wellbeing dashboard (December 2020). Mrs Gostling highlighted the following matters:</p> <ul style="list-style-type: none"> <li>• The number of registered nurses has increased by 81 WTE.</li> <li>• Work is being undertaken in regard to identifying workforce deficits and how the temporary workforce can be utilised to fill the identified gaps.</li> <li>• There are a number of actions in place during 2021 including the recruitment of 40 newly qualified nurses in March 2021, the recruitment of apprenticeship roles in 2021 and the piloting of a Care Home Education Facilitator with Health Education Improvement Wales (HEIW) to enable students to undertake placements within care homes.</li> <li>• Sickness absence has reduced to 8.8% (post report).</li> <li>• COVID-19 related absence has decreased.</li> <li>• Absences relating to anxiety, stress and musculoskeletal have increased.</li> <li>• Research is being undertaken in regard to musculoskeletal absences due to staff necessarily working from home and on screens for longer periods of time.</li> <li>• To date, 359 people have been trained to become vaccinators.</li> <li>• Information events to support the apprenticeship academy are taking place on 23<sup>rd</sup>, 24<sup>th</sup> and 25<sup>th</sup> February 2021, and are fully subscribed. Apprenticeships for 2021 will include healthcare, patient experience, corporate governance, digital services and engineering, with many more under development.</li> <li>• Confirmation was received on 25/02/21 that a bid for £242,000 to support staff wellbeing had been approved.</li> </ul> <p>Cllr. Hancock complimented Mrs Gostling on the comprehensive report, and with reference to the 197 COVID-19 offers withdrawn/rejected highlighted within page 2 of the report, enquired as to the reasoning for this. In response, Mrs Gostling confirmed that all reasons for withdrawn/rejection are tracked and were due to a number of reasons, including childcare issues as a result of schools closing, people who had previously been on furlough returned to their substantive roles, personal commitments, and a number of individuals having applied for a number of vacancies at the same time. In addition, a small number of applicants had not progressed due to being unappointable.</p>	
--------------------------------	--	--

In response to a query regarding the wellbeing of the Occupational Health (OH) and the Staff Psychological Wellbeing (SPW) teams, Mrs Gostling advised that the SPW team had recently been enhanced, and an advert placed for a Clinical Psychologist to support the service. Whilst capacity within the OH team has been challenging due to staff absences, nurses have been deployed from Workforce & OD to support the service. A backlog of work, in particular sickness reviews, remains within the OH team, and is actively being progressed. In addition, a new Head of OH has recently been appointed following the retirement of the current post holder.

Referring to the Institute of Learning & Management (ILM) Level 5 Coaching contained within page 8 of the report, and noting that the offer of coaching had increased to 168 leaders, Ms Lewis enquired why only 73 coaching sessions have been provided, and how are outcomes measured for those who have attended. In response, Mrs Gostling explained that the reduced uptake had been due to staff not having sufficient time to engage with coaching and also due to personal reasons. Members noted that the Head of Organisational Development is undertaking personal contact with individuals to offer informal coaching.

Recognising that the Workforce & OD reports can be overwhelming due to the breadth of activities undertaken by the Department, Ms Lewis enquired whether there is any prospect of assisting PPPAC to understand the impact of the actions undertaken by the teams involved. Mrs Gostling agreed to take these comments on board for future reporting. Prof. Gammon welcomed this suggestion, reiterating that the dashboard could be utilised for various matrixes of the workforce.

Concern was expressed in regard to the length of time (69 days) to recruit a registered nurse, as referenced in page 1 of the report, and in response Mrs Gostling explained that the 69 days includes the period from when the advert goes live to the individual commencing in post, which routinely includes a notice period. Members noted that the Disclosure and Barring Service (DBS) process remains particularly challenging due to the requirement for paper-based documentation to be presented, resulting in a delay, however discussions are being held in an attempt to update the process.

Prof. Gammon commended the work undertaken in regard to the apprenticeship academy recognising its significance and also welcomed the £242,000 bid to support staff wellbeing.

*Mr Andrew Carruthers joined the PPPAC meeting*

The Committee **NOTED** the Workforce & OD update, which supports organisational performance.

PPPAC (21)13	<b>INTEGRATED PERFORMANCE ASSURANCE REPORT</b>	
	Members were presented with the Integrated Performance Assurance Report (IPAR) for Month 10 (2020/21), incorporating COVID-19 elements	

and focusing primarily on HDdUHB's key deliverable areas. Prof. Gammon acknowledged the work undertaken by the Performance Team including the addition of further information requested following the Board Seminar in December 2020.

*Mr Paul Williams joined the PPPAC meeting*

Mr Thomas highlighted the following:

- The number of COVID-19 vaccinations undertaken is continually being updated, with over 115,000 vaccinations having been undertaken to date.
- The vaccination of high-risk adults in priority group 4 is continuing and over 50% of those in priority group 5 have been vaccinated.
- Approximately 5,000 second doses of the vaccination have been undertaken.
- Statistical process control (SPC) charts have been trialled in the unscheduled care section of the IPAR.
- The number of patients waiting for a neurodevelopment assessment is increasing.
- Therapy wait breaches continue to reduce each month.

Ms Lewis commended the inclusion of SPC charts, acknowledging the importance of being able to better understand the narrative. Recognising that within unscheduled care, the system is not designed to deliver target performance, Ms Lewis enquired what is being undertaken to monitor and ensure improvements in unscheduled care. In response, Mr Thomas emphasised that he wanted Members to understand how information could be presented in this way to use data for improvement purposes. A reflection would be undertaken as to how to incorporate this throughout the whole IPAR, which he acknowledged would present a challenge: it is anticipated that the new arrangements would be fully in place next year.

Cllr. Hancock enquired as to why the single cancer pathway reporting arrangements and parameters had changed in the past month, and in response, Mr Carruthers confirmed that this is due to a change in the technical reporting required.

Referring to delayed transfers of care (DTC), Cllr. Hancock enquired the difference this is making to mental health DTC figures. In response, Mr Carruthers informed Members that there had been challenges associated with staffing and therefore the availability to deliver services, including community and domiciliary care, etc. and that substantial work would be required to address fundamental issues involved.

Mr Davies enquired why data relating to the number of children who had received 3 doses of the "6 in 1" vaccine by their first birthday, is only included up until September 2020. Mr Thomas understood that the delay is associated with data being received from Public Health Wales and undertook to establish the reason for this delay.

HT



Referring to the deteriorating diagnostic position highlighted within the IPAR, and recognising the actions being taken, Prof. Gammon enquired whether it is predicted that the current position would remain. Mr Carruthers anticipated there would be an improving position, recognising that diagnostic activity is currently operating at 60% due to infection prevention and control (IPC) advice and guidelines. Prof. Gammon expressed concern that the in-month increase for patients waiting over 8 weeks for a diagnostic had increased by 628 in January 2021 compared to the previous month and sought assurance that actions would have an impact to reduce these figures. In response, Mr Carruthers reminded Members that January 2021 had been a peak month due to the second wave of the pandemic, with the service under pressure due to staff redeployment. However, actions are in place and it is anticipated that these will have an impact by the next reporting period.

*Ms Jill Paterson joined the PPPAC meeting*

Prof. Gammon enquired why the number of priority group 1 (residents in a care home for older adults and their carers) who had received the COVID-19 vaccination stood at only 89.6% and whether this is due to individuals electing not to receive the vaccine. Ms Paterson confirmed that 98% of this cohort have now been vaccinated, with meetings held with the three Local Authorities to establish how many have refused the vaccine. Members noted that those who have refused are able to change their minds, however supplies will not be reserved for them on the pretext that they may opt to receive the vaccine at a later date. Mr Burt enquired whether the 2% who had not received the vaccination included those who may have been unwell at the time the vaccine was offered and that should this be the case, whether there is a process in place to manage this. In response, Ms Paterson confirmed that there is a plan in place to complete the vaccination process for the four current “red” categorised care homes. Ms Paterson advised that she was unaware of any care home residents who had declined the vaccine.

Members were pleased to note that administration of the second dose of the vaccine had been brought forward from week 8 to week 5/6. GP Practices would be vaccinating those in priority groups 5 and 6 and would commence administering the second dose from the end of March 2021.

Prof. Gammon commended the positive stroke performance highlighted within the IPAR, together with the fact that HDdUHB performance is in the upper quartile for admission to a stroke unit within 4 hours and assessed by a stroke consultant within 24 hours, when compared to other Health Boards.

In summary, Prof. Gammon noted the issues in terms of certain aspects of performance and reiterated the points made concerning the nature of the data and how this is presented; however, overall the construction of the report is helpful and explicit. Members were reminded that beyond these figures, there remains people waiting for treatment whose needs are not being met.

The Committee **RECEIVED** the IPAR for Month 10 (2020/21) and **DISCUSSED** the revised report format in light of the current COVID-19 pandemic requirements.

**PPPAC  
(21)14**

**REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2020/21**

Members were presented with the Report on the Discretionary Capital Programme (DCP) 2020/21 & Capital Governance Update, setting out the position with regard to the approved division of the available discretionary capital funding for the financial year 2020/21, changes to the capital programme since 17<sup>th</sup> December 2020 and additional allocations received from WG, the context within which the DCP for 2021/22 is being developed, and the capital schemes governance update.

*Mrs Libby Ryan Davies and Mr Keith Jones joined the PPPAC meeting*

Mr Paul Williams highlighted the following:

- Further underspends and slippage have been identified on a number of schemes (contained within table 1 on page 3 of the report), totalling £1.149 million.
- At the Capital Planning Group meeting held in December 2020, it had been agreed to progress a number of schemes totalling £1.048 million (contained within table 2 on page 3 of the report) with the slippage, which had been approved by Mr Thomas, Director of Finance.
- Additional year end allocations received from WG, totalling £1.98 million, have enabled progress on a number of priority purchases.
- Further underspends identified on existing schemes within the capital programme have enabled the procurement of additional items, totalling £314k.
- The Magnetic Resonance Imaging (MRI) scheme in Withybush General Hospital (WGH) has transpired to be more expensive than anticipated and the timescale for the works has increased.
- Further additional allocations for areas, e.g. digital eye care and community nurse devices have been received or are pending approval from WG.
- Confirmation has been received that the demountable CT scanner currently deployed as extra capacity at Glangwili General Hospital (GGH) can be retained by HDdUHB.
- The most significant imaging pressure for 2021/22 will be CT schemes, and bids have been submitted to WG.

Cllr. Hancock referred to the final sentence on page 2 of the report “*There is no further funding available from WG for investing in COVID-19 associated issues*”, and enquired as to the type of expenditure that could be incurred. In response, Mr Williams explained that this would be additional pressures and the operational teams have an aspiration list relating to COVID-19 and operational expenditure, e.g. shower units which are no longer classified as high priority. There is a work list totalling £8 million in place.



Referring to the additional allocations for the WGH Fire Enforcement Notice (£350k), Mr Davies enquired as to their significance and whether there is a contingency plan in place. Mr Williams confirmed that the Director of Estates, Facilities and Capital Management and his team have been working closely with WG and NHS Wales Shared Services Partnership, who are supportive of the schemes and approval is awaited. Mr Davies acknowledged the work undertaken by the team for managing the fluid position at year-end.

Ms Lewis enquired whether links can be made between the quality consequences of those schemes that cannot be progressed and the patient implications associated with this. Prof. Gammon suggested that he and Ms Lewis discuss the matter further outside of the meeting to ensure that PPPAC and QSEAC are in concurrence with regard to the quality schemes which cannot be progressed in the DCP. Mr Williams assured Members that pressures raised in other meetings, including quality related issues, are discussed as part of the CEIM&TSC agenda. Mr Thomas confirmed that items which fall below the capitalisation threshold would be actively monitored.

Referring to the Estates Funding Advisory Board section on pages 4 and 5 of the report, Prof. Gammon enquired whether HDdUHB had submitted a bid. Mr Williams confirmed that a bid had been submitted for additionalities for 2021/22. WG has recognised that the upkeep and development of infrastructure works across healthcare sites are too substantial for the DCP and are therefore attempting to put additional funds into this.

Prof. Gammon raised a concern with regard to the lack of investment for the Pond Street/Penlan project with the result that the current facility in Pond Street is to be maintained for longer than originally intended. In response, Mr Williams advised that due to the impact of COVID-19 and the subsequent delays to schemes, a review is being undertaken as to whether the Pond Street/Penlan transfer remains the most appropriate solution and that if services were to remain in Pond Street, then the infrastructure would be enhanced.

Mr Williams provided an update relating to capital governance, highlighting the following:

- The Regional Cellular Pathology Strategic Outline Business Case was endorsed prior to Christmas 2020, and a Regional Project Group has been established.
- Feedback is awaited from WG in regard to the Aseptic Services Strategic Outline Case.
- The Cylch Caron project remains in a suspended position and discussions are underway between partner organisation Chief Executives to agree feasible solutions.
- A meeting is scheduled for w/c 01/03/21 in regard to the Cross Hands Health Centre project.
- The Women & Children's Phase II project remains "red" due to the significant delay in the scheme completion, which is anticipated to be

**JG/AL**

	<p>completed in March 2022. Notwithstanding that much of this delay relates to the impact of COVID-19, this represents a major issue for the project and confidence in Interserve (the contractor) and is the subject of further escalation measures.</p> <p>Prof. Gammon expressed concern in regard to the Women &amp; Children’s Phase II project’s increasingly deteriorating position in terms of the risks posed to HDdUHB associated with Interserve’s inability to provide a level of confidence in terms of timelines, and enquired whether there are increasing risks and therefore additional control measures in place. In response, Mr Williams confirmed that regular reviews are undertaken with formal timelines presented, however confidence is low in regard to whether these would be achieved. The matter has been escalated to a national level and meetings are undertaken every two weeks to impress the need for tighter on-site management. Members were assured that all that can be done is being undertaken and that updates would continue to be provided to PPPAC.</p> <p>Referring to the Cylch Caron project, Mr Burt enquired whether there is a timescale in place for this to be concluded. Mr Williams confirmed that a meeting of the Project Board had been held on 24<sup>th</sup> February 2021 although no timescales have been set to date. If the Barcud Housing Group concludes that they cannot commit to the project in any form, this would result in a different scheme proposed for Cylch Caron.</p> <p>In summary, Prof. Gammon noted the changes to the capital programme as a consequence of the slippage, the significant backlog pressures, the 2021/22 capital programme position and the concerns of Members in regard to the continued red rated schemes. Further detailed project updates, in particular the Women &amp; Children’s Phase II project, were requested to be presented at the next PPPAC meeting in order to gain further assurance. Whilst acknowledging that the position is deteriorating, Members were assured that HDdUHB is undertaking all it can to progress the projects involved.</p> <p><i>Mr Anthony Tracey joined the PPPAC meeting</i></p>	<b>PW</b>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the changes to the Capital programme as a consequence of the slippage and additional allocations that have become available.</li> <li>• <b>NOTED</b> the position with regards to the 2021/22 capital programme.</li> <li>• <b>NOTED</b> that very significant backlog pressures remain which will need to be prioritised for any balance of funding received from WG.</li> <li>• <b>NOTED</b> the continued red rating schemes for which the underlying reasons for their status remains unchanged and will be the subject of further reporting to PPPAC.</li> </ul>	
<b>PPPAC (21)15</b>	<p><b>DRAFT ANNUAL PLAN 2021/22</b></p> <p>Members were presented with the Draft Annual Plan 2021/22 report, providing an update on its development. Mr Thomas informed Members that the process of developing the Plan is in progress, incorporating the discussions held at Board Seminar on 17<sup>th</sup> December 2020. There has</p>	

	<p>been substantial engagement with operational teams to understand how to operationalise and build upon some of the recovery actions.</p> <p>Mrs Libby Ryan-Davies expressed her gratitude to Members for providing comments, advising that the Plan has been restructured on the basis of the guidance that had been received at the Board Seminar and also advising that a meeting had been held with Welsh Government (WG) w/c 15<sup>th</sup> February 2021. One significant element recently incorporated into the Plan is building upon rest and recuperation for staff.</p> <p>Prof. Gammon commended the work undertaken to date, and given that the Plan is required to be submitted to WG by the end of March 2021, enquired as to the governance arrangements in advance of the Plan being presented to Public Board on 25<sup>th</sup> March 2021. Discussion ensued and it was agreed to arrange an extra-ordinary PPPAC meeting in March 2021 to scrutinise the Plan prior to its presentation to the March 2021 Public Board.</p> <p><i>Mrs Libby Ryan-Davies left the PPPAC meeting</i></p> <p><i>Mr Keith Jones, Ms Rhian Dawson and Dr Meinir Jones joined the PPPAC meeting</i></p> <p>The Committee <b>NOTED</b> the current position in the development of the HDdUHB Annual Recovery Plan for 2021/22.</p>	<p><b>HT/ LRD/ CW</b></p>
--	---	-----------------------------------

<p><b>PPPAC (21)16</b></p>	<p><b>DEMOUNTABLES BUSINESS CASE</b></p> <p>Members were presented with 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. Prof. Gammon informed Members that the detailed report had been discussed at Formal Executive Team (COVID-19) on 23<sup>rd</sup> February 2021, where the recommendation within the report had been amended as follows:</p> <p><i>PPPAC is asked to support the proposal recognising that the Executive Team agreed to approve the beginning of the procurement process and discussions with Welsh Government and will include it in the recovery plan for 2021/22. The final delivery will be subject to further work on finances, existing budgets and recognising that a full business case will be developed at a later date.</i></p> <p><i>It is further recommended that a survey of patients is undertaken to ascertain the willingness to travel to use the facility and finally recognising this was additionally in terms of service provision.</i></p> <p>Mr Andrew Carruthers apologised for the late distribution of the report. Due to the impact of COVID-19, Hywel Dda University Health Board (HDdUHB) is endeavouring to meet the demands of scheduled care services in 2020/21 which is creating significant internal pressure across HDdUHB, with services having been severely restricted and only able to treat cancer and urgent care during the pandemic. A number of options have been considered and in order to undertake recovery work, additional space and facilities are</p>	
--------------------------------	--	--

required. The HDdUHB proposed model, involving Demountable Solutions Units, will build more resilience into the scheduled care services by increasing day surgery and ambulatory service capacity in Prince Phillip Hospital (PPH). Mr Carruthers explained that as the Demountable Solutions Unit is a separate unit, HDdUHB could maximise provision across a 5-day working period, with the scope to increase to 6 days, based on being operational for 42 weeks of the year. Mr Jones added that in the absence of the ability to progress to a dedicated “green” site facility in the short to medium term, in the context of maximising delivery through the existing site infrastructure, this is deemed the most appropriate way forward. Referring to the ambition to increase endoscopy services, the proposed unit will increase access to day surgery and endoscopy capacity in Carmarthenshire to better reflect both pre and post COVID-19 levels of demand.

Mr Thomas emphasised the importance that the report be presented to PPPAC for scrutiny, prior to submission to WG, to avoid delays with the next steps in the process to include a market testing exercise, due to the imminent election period.

Referring to “Risk 1: Staffing Levels” within the report, Mrs Lisa Gostling reinforced that the requirement for more registered staff would be a risk considering the current deficit of registrants. In response to Prof. Gammon’s enquiry whether the staffing levels include the redeployment of existing staff, Mrs Gostling confirmed that there would be an element of new staff needed, and if capacity remained as current, then there would be concerns. Mr Jones confirmed that the endoscopy service proposed would effectively be “like for like”, with no significant increase.

Referring to the capacity assumptions within the report and on the premise that for 42 weeks of the year 100% capacity would allow for 100 patients to be seen per week, Ms Lewis enquired as to the percentage of patients that would realistically be seen. In response, Mr Jones confirmed that the 42 week planning assumption is based on allowances for annual leave, etc., however this may extend beyond 42 weeks.

Referring to the estimated throughput based on a 5 and 6 day working week, Prof. Gammon enquired as to the aspiration for a 6 day service, and in response Mr Jones advised that the reality would be driven by the available workforce capacity, and mindful of the additional costs associated with the extra day’s work.

In response to a query raised on the timelines for the proposal, it was noted that this would be dictated by WG’s response in terms of support and the market testing exercise. If there are no delays, it is anticipated that the Demountable Unit would be in place during Autumn/Winter 2021.

In response to Prof. Gammon’s enquiry as to the accuracy of the costings within the report, Mr Jones confirmed that these currently represent estimated costs, however, the market testing process would determine the

	<p>actual costs involved; the workforce costings had been undertaken by the HDdUHB Finance Team</p> <p>Prof. Gammon commended the work undertaken to date and welcomed the opportunity to address the challenges involved. Recognising that the report had been previously discussed at Formal Executive Team (COVID-19), Members supported the proposal to progress to the next stage and looked forward to further reports to be presented in the future.</p>	
	<p>The Committee <b>SUPPORTED</b> the proposal recognising that the Executive Team agreed to approve the beginning of the procurement process and discussions with Welsh Government and will include it in the recovery plan for 2021/22. It was noted that the final delivery will 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. It is further recommended that a survey of patients is undertaken to ascertain the willingness to travel to use the facility.</p>	

<p><b>PPPAC (21)17</b></p>	<p><b>CONTACT FIRST/URGENT PRIMARY CARE</b></p> <p>Members were presented with 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.</p> <p>Ms Paterson informed Members 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 alternative way of directing patients who require care. Members noted that there would be risks associated with the transferring of responsibility from Welsh Ambulance Services NHS Trust (WAST) to HDdUHB, requiring a need to ensure each element of the pathway is clear, to avoid repeating the triage of patients and to build upon the service already in place.</p> <p>Ms Rhian Dawson explained that the report summarises a review of local data which informed the development of the HDdUHB 'Contact First / Urgent Primary Care' model which provides an infrastructure on which to build capacity at Cluster/Pan Cluster level to meet the urgent care needs of HDdUHB's population. Further integration of the relationship between "111"/NHS direct services and Emergency Departments (EDs) has been agreed as a way to manage social distancing within EDs, whilst also providing patient centred care, referred to as the "Contact First" model. One of the features of the model will be the development of local flow hubs, whereby patients will be directed to appropriate hospital, primary or community services based on a local telephone triage. Regional funding has been received to support the growth of community services and this is being developed with Local Authority colleagues to enable a one system framework for delivering urgent care. Indications from WG that HDdUHB is considering integrating funding and care development is viewed as positive. Discussions have been held with Local Authority Directors of Social Services, who have endorsed this as an effective way of working.</p>	
--------------------------------	---	--



A review of data has been undertaken to contribute to the development of the model in order to understand how inappropriate conveyance rates and the avoidance of unnecessary admission to EDs could be improved. The model could therefore impact positively on emergency care for acute hospitals and will provide the population with scheduled ED appointments rather than the current situation where patients present at an ED unannounced. The flow hub will provide a multi-disciplinary assessment to determine where the patient can be supported and should a visit to ED be deemed necessary, an appointment will be generated. The impact will also enable EDs to deal with the real emergency situations. WAST would continue to triage and stream "999" emergency calls, with it anticipated that the local flow hub could support WAST. A review of patients waiting for an ambulance in the community and how to determine the most appropriate pathway for individuals is being developed.

Members noted that an Outline Business Case (OBC) would be required to be submitted for funding to enhance the urgent Primary Care response.

Dr Meinir Jones emphasised the ambitious nature of the model, and that in regard to the recovery of scheduled care, this would play a significant role.

Prof. Gammon commended the report, expressing his delight at reading how colleagues are bringing together a complex system with transformatory elements, and recognising the challenges involved.

Mr Thomas emphasised that there is no HDdUHB funding to invest in this and therefore resources would be required to be realigned. Ms Paterson confirmed that it is anticipated that the OBC for submission to WG would assist with the funding involved.

Mr Sam Dentten confirmed that engagement with partners, such as the Community Health Council, would be welcomed and on the basis that Contact First demonstrates a different way of the population accessing urgent care, enquired whether individuals would be required to wait longer for treatment if they self-presented at EDs. In response, Dr Jones reiterated the importance of defining what urgent care is and that the scheduling of patient care would be undertaken on a patient-by-patient basis, which will release capacity for urgent cases to be seen in a more timely manner.

Ms Dawson highlighted that phase 2 of the roll out of Contact First is anticipated to take place at the end of May 2021 and that further discussions would be held w/c 1<sup>st</sup> March 2021 with 111 and WAST colleagues. Members were pleased to note that expressions of interest have been received from local General Practitioners (GPs) and neighbouring Health Boards.

Prof. Gammon enquired as to the next steps and timelines, and in response, Ms Paterson confirmed that further clarity would be received following the meeting scheduled for w/c 1<sup>st</sup> March 2021, with anticipation that the model would begin to develop from Summer 2021. The model would be presented



	<p>to the Unscheduled Care Board and Ms Paterson enquired whether PPPAC required further updates. It was agreed for an update to be provided in six months' time and for Ms Paterson to liaise with Mrs Gostling should there be any urgent matters in the meantime.</p> <p>In response to a query on whether there would be an engagement plan with the public, Ms Paterson confirmed that this would be the case and that there is currently a Call Centre within each of the three counties with work being undertaken with the public concerning how they access care.</p> <p>The Committee acknowledged and supported the work being undertaken in regard to the Health Board's Contact First/Urgent Primary Care model, emphasising the importance of merging existing systems, and welcomed a further update in six months time to include an engagement plan.</p> <p><i>Ms Paterson, Ms Dawson and Dr Jones left the PPPAC meeting</i></p>	JP
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>ACKNOWLEDGED</b> and <b>SUPPORTED</b> the Health Board's 'Contact First/Urgent Primary Care' model as the framework for planning and delivering our primary care and community unscheduled care response (Strategic Planning Priority 5J).</li> <li>• <b>ACKNOWLEDGED</b> the reporting arrangements for the new model to the Unscheduled Care Steering Group to which monthly highlight reports outlining progress, issues and risks will be presented monthly.</li> <li>• <b>ACKNOWLEDGED</b> that implementing the model is dependent on the successful integration of the components of the system across Primary Care, Community and Acute Services. Similarly, budgets and funding investments need to align to the model to ensure maximum impact and hence return on investment.</li> </ul>	
PPPAC (21)18	<p><b>CAPITAL ESTATES &amp; IM&amp;T SUB-COMMITTEE</b></p> <p>Members were presented with the Capital, Estates and IM&amp;T Sub-Committee (CEIM&amp;TSC) Update Report following the meeting held on 26<sup>th</sup> January 2021.</p> <p>Referring to page 4 of the report, Prof. Gammon enquired whether the isolation facilities review concerning the negative pressure (airborne) isolation room requirements is ongoing. In response, Mr Williams confirmed that the review is continuing with a working group established although not yet having met, to explore the scope of the work and whether an all-Wales or regional approach is appropriate. Members noted that HDdUHB is in a similar position to other Health Boards in terms of its non-compliance with requirements. Mr Williams was requested to provide an update to PPPAC in June 2021 in regard to the extent of the non-compliance of the requirements.</p> <p>The Committee <b>RECEIVED</b> and <b>NOTED</b> the Capital, Estates and IM&amp;T Sub Committee update report.</p>	PW
PPPAC	<b>INFORMATION GOVERNANCE SUB-COMMITTEE</b>	

<b>(21)19</b>	Members were presented with the Information Governance Sub-Committee (IGSC) Update Report. Mr Anthony Tracey expressed gratitude on behalf of the IGSC to Cllr. Simon Hancock for attending the meetings as Independent Member representative during his term of office. Cllr. Hancock informed Members that an extra-ordinary meeting of the IGSC would be undertaken prior to the end of March 2021 to approve the Information Governance Toolkit	
	The Committee <b>RECEIVED</b> and <b>NOTED</b> the Information Governance Sub-Committee (IGSC) update report.	

<b>PPPAC (21)20</b>	<b>CORPORATE &amp; EMPLOYMENT POLICIES</b>	
	<p>Members were presented with the Approval of Revised All Wales Written Control Documents report, seeking ratification of:</p> <ul style="list-style-type: none"> <li>• 122 – All Wales Special Leave Policy, setting out the special leave arrangements for all staff across NHS Wales, with Members noting that this had been reviewed on an All Wales basis and approved through the NHS Wales Business Partnership Forum.</li> <li>• 572 – All Wales Recruitment and Retention Payment Protocol report. Members noted that the Protocol had been reviewed and approved by the All Wales Business Partnership Forum.</li> </ul> <p>An Extension to Review Dates of Corporate Written Control Documentation report, together with an attached schedule detailing the written control documentation for which lead authors are requesting an extension to review dates, was also presented to Members who were assured that the documents included within the schedule remain fit for purpose during the extension period.</p> <p>Members approved the All Wales Special Leave Policy, All Wales Recruitment and Retention Payment Protocol, and Extension of the Expiry Dates to the Written Control Documentation.</p> <p><i>Mr Sam Dentten left the PPPAC meeting</i></p>	
	<p>The Committee <b>APPROVED</b> the:</p> <ul style="list-style-type: none"> <li>• All Wales Special Leave Policy.</li> <li>• All Wales Recruitment and Retention Payment Protocol.</li> <li>• Extension of the Expiry Dates to the Written Control Documentation, on the understanding that the review will be completed within the stipulated date.</li> </ul>	

<b>PPPAC (21)21</b>	<b>OUTCOME OF ADVISORY APPOINTMENTS COMMITTEE</b>	
	The Committee received the Advisory Appointments Committee (AAC) report, providing an update on the outcome of the AACs held between 30 <sup>th</sup> November 2020 and 2 <sup>nd</sup> February 2021 and approved the appointments on behalf of the Board.	
	The Committee <b>APPROVED</b> the outcome of the AAC appointments held between 30 <sup>th</sup> November 2020 and 2 <sup>nd</sup> February 2021 on behalf of the Board.	

PPPAC (21)22	<b>ARCH</b>	
	<p>Members were presented with the A Regional Collaboration for Health (ARCH) Portfolio Update Report, providing an update on the activities of the ARCH Portfolio for the period December 2020 to January 2021, together with an update on the regional discussions that have taken place between HDdUHB and Swansea Bay University Health Board (SBUHB).</p> <p>Referring to the Regional Pathology Service referenced within page 2 of the report, Prof. Gammon enquired whether the report should have been updated in line with the submission of the strategic Project Business Case submission to WG. Mr Thomas agreed that certain elements should have been updated and undertook to discuss the matter with the ARCH team.</p> <p>Prof. Gammon expressed concern in regard to the ARCH team being redeployed into COVID-19 operational services within Swansea Bay University Health Board (SBUHB), and considering that ARCH is a tripartite partnership between HDdUHB, SBUHB and Swansea University, enquired whether HDdUHB had been consulted and were aware of the redeployment. In response, Mr Thomas confirmed that HDdUHB had not been consulted and had expressed his disappointment to his counterpart in SBUHB. Prof. Gammon reiterated the importance that any decisions made are undertaken on a tripartite basis.</p>	HT
	The Committee <b>NOTED</b> the HDdUHB and SBUHB regional discussions and the ARCH Portfolio Summary Update.	
PPPAC (21)23	<b>A HEALTHIER MID &amp; WEST WALES PROGRAMME BUSINESS CASE UPDATE</b>	
	<p>Members were presented with A Healthier Mid and West Wales Programme Business Case PowerPoint presentation, and noted the update position.</p> <p>The Committee <b>NOTED</b> the A Healthier Mid and West Wales Programme Business Case presentation.</p>	
PPPAC (21)24	<b>PPPAC WORKPLAN 2020/21</b>	
	<p>The PPPAC work plan for 2020/21 was received for information and Mrs Williams undertook to update the work plan for 2021/22 in line with the discussions held.</p> <p>The Committee <b>NOTED</b> the PPPAC work plan for 2020/21.</p>	CW
PPPAC (21)25	<b>REFLECTIVE SUMMARY OF THE MEETING</b>	
	<p>Mr Thomas outlined the key topics discussed during the meeting for inclusion in the PPPAC update report to Board:</p> <ul style="list-style-type: none"> <li>• Terms of Reference – it was agreed these would be updated with regard to “digital” matters and to address the lack of a Workforce &amp; OD sub-committee, for approval via Chair’s Action.</li> <li>• Self-assessment Questionnaire - the template adopted by QSEAC the previous year was acknowledged and Members agreed the draft questionnaire with the addition of a COVID-19 question.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Workforce – the issues associated with COVID-19 and impact upon sickness and wellbeing were discussed.</li> <li>• Performance – Members were pleased to note that statistical process control (SPC) charts had been trialled in the unscheduled care section of the IPAR.</li> <li>• CE&amp;IM&amp;TSC Update – capital pressures and concerns in regard to Interserve were recognised.</li> <li>• Draft Annual Plan 2021/22 – It was agreed to arrange an extra-ordinary PPPAC meeting in March 2021 to scrutinise the Plan prior to presentation at the March 2021 Public Board.</li> <li>• Demountable Business Case – the proposal to progress to the next stage in regard to the Demountable Solutions Unit at Prince Philip Hospital was supported.</li> <li>• Contact First/Urgent Primary Care - the Committee acknowledged and supported the work being undertaken in regard to the Health Board’s Contact First/Urgent Primary Care model, recognising that funding would have to be met given the revenue constraints already in place.</li> </ul>	
--	--	--

<b>PPPAC (21)26</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Tuesday, 27 <sup>th</sup> April 2021 at 9.30 a.m. - Boardroom, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen	