



**PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Review of People, Planning & Performance Assurance Committee (PPPAC) Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor John Gammon, Chair, PPPAC
SWYDDOG ADRODD: REPORTING OFFICER:	Joanne Wilson, Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to ensure that the People, Planning & Performance Assurance Committee (PPPAC) has clear terms of reference and operating arrangements which detail its purpose, boundaries, role, composition and operating arrangements.

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

Cefndir / Background

The Committee last reviewed its terms of reference and operating arrangements in June 2020, and these were subsequently approved by the Board on 30th July 2020.

Asesiad / Assessment

The PPPAC terms of reference and operating arrangements have been reviewed and an amended version showing amendments has been attached at Appendix 1 (key changes are in red and/or strikethrough text). In addition, the section numbers have been re-ordered to address purpose and key responsibilities earlier in the terms of reference from which will derive the required membership of the Committee.

The key changes are summarised below:

Section	What has changed?	Why?
3. Key Responsibilities	The addition of a key responsibility of PPPAC: "Recognise the work of staff through the regular presentation of staff stories, both positive and negative, to assure	To recognise and commend the work of people within the organisation.

	the Board where value has been added”.	
10. Reporting	Additional wording in section 10.3 referencing “working groups” in a general and flexible way.	In readiness for working groups related to “people” which will feed into PPPAC as a form of assurance and a consistent way of reporting to Board.

Argymhelliad / Recommendation

To approve the People, Planning & Performance Assurance Committee’s Terms of Reference for onward ratification by the Board on 25th March 2021.

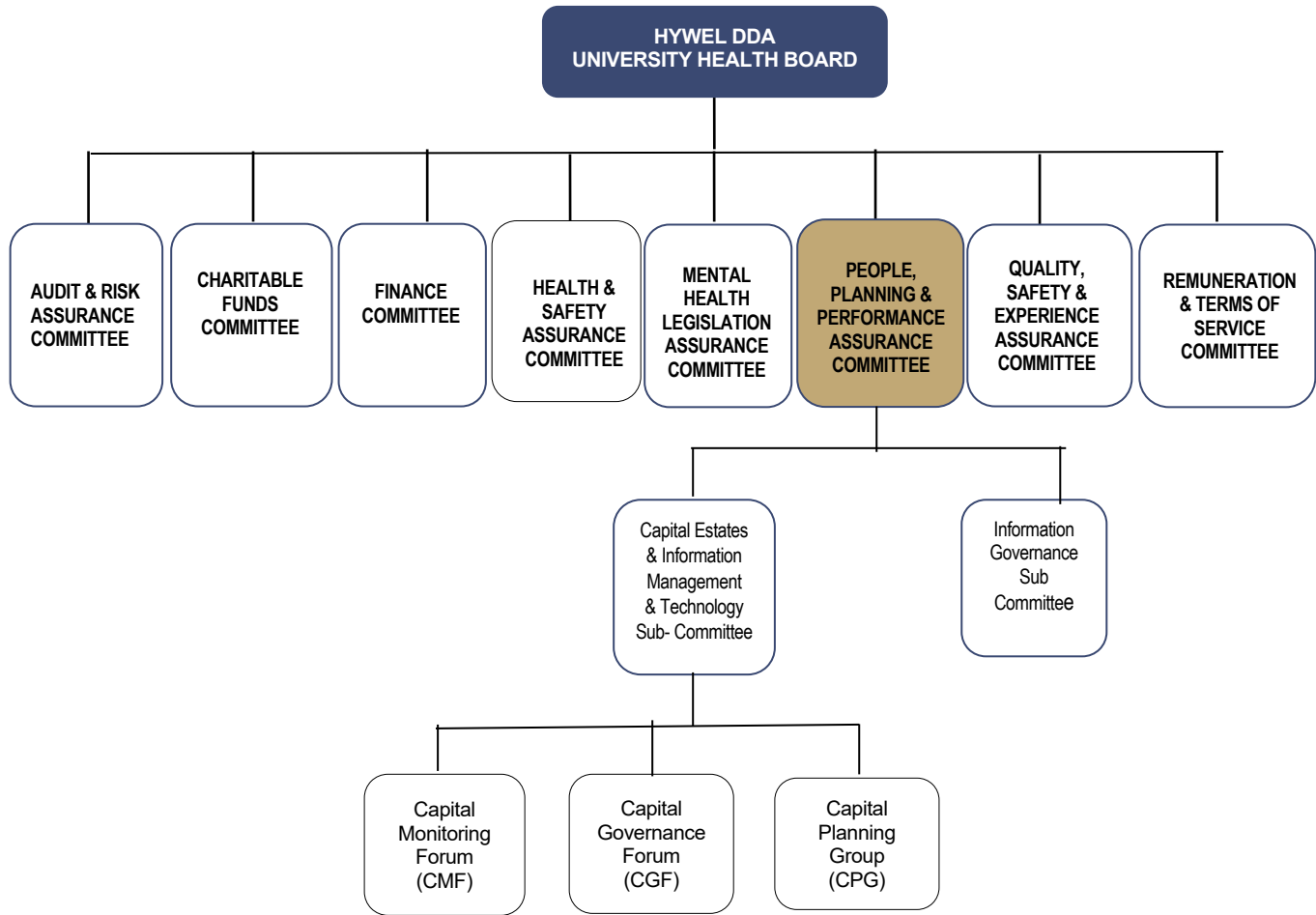
Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Risk Register Reference:	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 Objectives Annual Report	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	PPPAC Terms of Reference
Rhestr Termâu: Glossary of Terms:	As contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	No direct impacts

Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts

Appendix 1



PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Versi	PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE	ments
V0.1	Hywel Dda University Health Board	26.03.2020 Approved
V0.2	People, Planning & Performance Assurance Committee	30.06.2020 Approved
V0.3	Hywel Dda University Health Board	30.07.2020 Approved
V.04	People, Planning & Performance Assurance Committee	25.02.2021
V.04		
V.05		
V.05		
V.06		
V.06		

1. Constitution

- 1.1 The People, Planning & Performance Assurance Committee (the Committee) has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1st April 2020.

2. Purpose

The purpose of the People, Planning & Performance Assurance Committee is to assure the Board on the following:

- 2.1 Provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda.
- 2.2 Provide 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.
- 2.3 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- 2.4 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.
- 2.5 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.
- 2.6 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
- 2.7 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

- 2.8 Provide assurance to the Board that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.
- 2.9 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action.
- 2.10 Recommend acceptance of risks that cannot be brought within the UHBs risk appetite/tolerance to the Board through the Committee Update Report.
- 2.11 Receive assurance through Sub-Committee Update Reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3. Key Responsibilities

The People, Planning & Performance Assurance Committee shall:

- 3.1 Consider the implications for workforce planning arising from the development of HDdUHB's strategies and plans or those of its stakeholders and partners, including those arising from joint (sub) committees of the Board.
- 3.2 Consider the organisational development implications and advise in the development of plans required to deliver the change in culture, leadership and processes required by the Board.
- 3.3 Seek assurances that people and organisational development arrangements are appropriately designed and operating effectively to ensure the provision of high quality, safe services/programmes and functions across the whole of HDdUHB's activities.
- 3.4 Seek assurances that there is the appropriate culture and arrangements to allow HDdUHB to discharge its statutory and mandatory responsibilities with regard to:
 - equality, diversity and human rights (workforce & patient related)
 - Welsh language provision (workforce & patient related)
- 3.5 Ensure robust mechanisms are in place to deliver effective staff engagement and an organisational culture of effective leadership, innovation and continuous improvement, in accordance with HDdUHB's values and behaviour framework.
- 3.6 **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.**
- 3.7 Approve Appointments made by the Advisory Appointments Committee.

- 3.8 Monitor the development and delivery of the underpinning enabling strategies within the scope of the Committee, aligned to the organisation's objectives and Three Year Plan for sign off by the Board.
- 3.9 Assure the development of delivery plans within the scope of the Committee, their alignment to the Three Year Plan/IMTP, their delivery, and any corrective action needed when plans are off track.
- 3.10 Quality assure and approve all delivery plans required by Welsh Government, ensuring alignment with the University Health Board's strategy and priorities.
- 3.11 Ensure that best practice and national guidelines are adopted in service development plans and pathways.
- 3.12 Ensure that service/business continuity plans are in place for major incidents and emergency situations that affect the provision of normal services, that staff have been trained to enable them to manage a major incident or emergency, and that lessons learned are incorporated into future planning.
- 3.13 Ensure significant service change proposals approved by the Board pass through a gateway process before being approved by the Committee for implementation.
- 3.14 On behalf of the Board, and subject to its direction and approval, develop and regularly review the performance management framework and reporting template, ensuring it includes meaningful, appropriate and integrated performance measures, timely performance data and clear commentary relating to the totality of the services for which the Board is responsible, including workforce performance matters.
- 3.15 Scrutinise the performance reports prepared for submission to the Board, ensure exception reports are provided where performance is off track, and undertake deep dives into areas of performance as directed by the Board.
- 3.16 Scrutinise the performance reports for submission to the Board and related to external providers.
- 3.17 Ensure robust interface protocols are in place with regard to the NHS Wales Shared Service Partnership and test their efficacy on a planned programme of review
- 3.18 Provide advice and assurance to the University Health Board in relation to the effectiveness of local partnership governance arrangements.
- 3.19 Provide assurance to the Board that arrangements for Capital, Estates and IM&T are robust.
- 3.20 Consider proposals from the Capital, Estates and IM&T Sub Committee on the allocation of capital and agree recommendations to the Board.
- 3.21 Provide assurance to the Board that arrangements for information governance are robust.

- 3.22 Refer business and planning matters which impact on quality and safety to the Quality, Safety & Experience Assurance Committee (QSEAC), and vice versa.
- 3.23 Approve corporate and workforce policies and plans within the scope of the Committee.
- 3.24 Review and approve the annual work plans for the Sub Committees which have delegated responsibility from the People, Planning and Performance Assurance Committee and oversee delivery.
- 3.25 Agree issues to be escalated to the Board with recommendations for action.

4. Membership

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

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

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Planning, Performance & Commissioning (Joint Lead Executive)
Executive Director of Workforce & Organisational Development (Joint Lead Executive)
Executive Director of Operations
Executive Medical Director/ Deputy CEO
Executive Director of Nursing, Quality & Patient Experience
Executive Director of Therapies & Health Sciences
Executive Director of Public Health
Director of Primary, Community & Long Term Care
Director of Partnerships & Corporate Services
Hywel Dda Community Health Council representative (not counted for quoracy purposes)

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

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than three of the membership and must include as a minimum the Chair or Vice Chair of the Committee, and two other Independent Member(s), together with a third of the In Attendance members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by the Welsh Government.

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

6. Agenda and Papers

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

7. In Committee

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

8. Frequency of Meetings

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

9. Accountability, Responsibility and Authority

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

10. Reporting

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

and finish group meeting detailing the business undertaken on its behalf. The Sub-Committees reporting to this Committee are:

- 10.3.1 Capital Estates & IM&T Sub-Committee;
- 10.3.3 Information Governance Sub-Committee.

- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Board Secretary.

12. Review Date

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