

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

Date and Time of Meeting:	Tuesday, 30 th June 2020 at 9.00 a.m.
Venue:	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

Present:	Professor John Gammon, Independent Member (Chair) Mr Owen Burt, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Mr Maynard Davies, Independent Member (VC)
In Attendance	Mrs Lisa Gostling, Executive Director of Workforce & OD (Joint Executive Lead) Mr Huw Thomas, Executive Director of Finance (on behalf of Mrs Karen Miles, Executive Director of Planning, Performance & Commissioning, Joint Executive Lead) Mr Andrew Carruthers, Executive Director of Operations (VC) Mrs Joanne Wilson, Board Secretary Mr Paul Williams, Assistant Director of Strategic Planning (VC) (part) Ms Helen Williams, Hywel Dda Community Health Council (VC) (part) Mrs Claire Williams, Committee Services Officer (Secretariat)

Agenda Item		Action
PPPAC (20)01	<p>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ms Ann Murphy, Independent Member Mrs Karen Miles, Executive Director of Planning, Performance & Commissioning (Joint Executive Lead) <p>Prof. John Gammon welcomed Members to the first formal meeting of the newly established People, Planning & Performance Assurance Committee (PPPAC) which has replaced the Business Planning & Performance Assurance Committee (BPPAC) which had been disestablished at the end of March 2020. In the intervening period, it was noted that fortnightly meetings had been held between Prof. Gammon and relevant Executive Directors, with the substantial work undertaken by Mrs Lisa Gostling, Mrs Karen Miles and Mrs Joanne Wilson acknowledged. Mrs Miles was wished a speedy recovery in her absence, and Mr Huw Thomas was thanked for covering her portfolio at PPPAC in the interim.</p>	
PPPAC (20)02	<p>DECLARATIONS OF INTEREST</p> <p>Mr Owen Burt declared the following interest in minute item PPPAC(20)09 Workforce & Organisational Development Update:</p> <ul style="list-style-type: none"> Interest in respect of spouse who line manages the Head of Counselling Team at the University of Wales Trinity Saint David 	

	who are undertaking an evaluation of HDdUHB's Staff Psychological Wellbeing Service.	
PPPAC (20)03	MINUTES OF THE BPPAC MEETING HELD ON 20th FEBRUARY 2020 RESOLVED – that the minutes of the BPPAC meeting held on 20 th February 2020 be APPROVED as an accurate record.	
PPPAC (20)04	TABLE OF ACTIONS FROM THE BPPAC MEETING HELD ON 20TH FEBRUARY 2020 An update was provided on the Table of Actions from the BPPAC meeting held on 20 th February 2020 and confirmation received that all outstanding actions have been progressed. With reference to therapy appointment breaches on page 7, Ms Williams enquired whether additional therapists have now been employed. It was agreed that this would be addressed as part of minute item PPPAC (20)08 Integrated Performance Assurance Report . Mr Burt referred to action BPPAC 20(11) on the Table of Actions and enquired whether a response had been received from NWIS. Mr Thomas confirmed that no response had been received to date and undertook to liaise with Mr Burt once an update is received. With regard to action BPPAC 20(16), Mrs Wilson undertook to obtain an update from Mr Anthony Tracey, Assistant Director of Informatics, in relation to the timescale to move to electronic referral for therapies.	 HT JW
PPPAC (20)05	PPPAC UPDATE REPORT TO BOARD FROM 7TH MAY 2020 EXTRA-ORDINARY MEETING The PPPAC Update Report to Board from its extra-ordinary meeting held on 7 th May 2020 was presented to Members. The Committee NOTED the PPPAC Update Report to Board.	
PPPAC (20)06	PPPAC TERMS OF REFERENCE Members were presented with the PPPAC Terms of Reference and attention was drawn to the two additional paragraphs (highlighted in red) relating to emergency preparedness and planning. Prof. Gammon explained that whilst the Terms of Reference had been approved by the Board, it had been noted that reference to emergency preparedness and planning had been omitted. Members agreed the additional wording contained within the Terms of Reference. The Committee NOTED and AGREED the additional wording contained within the Terms of Reference for onward submission to Board for approval.	
PPPAC (20)07	WELSH GOVERNMENT GUIDANCE – NHS WALES COVID-19 OPERATING FRAMEWORK QUARTER 1 AND 2 Members were presented with the “NHS Wales COVID-19 Operating Framework” report, providing an update in respect of Quarters 1 and 2,	

2020/21. Mr Andrew Carruthers reminded Members that the report had been discussed at the Board Seminar held on 23rd June 2020 and that final amendments to the Quarter 2 return would be completed by close of play (30/06/2020). Members were informed that the report had been superseded by a new model and assumptions for demand and capacity for COVID-19.

Questions were invited and in response to a query regarding the plans for evaluating new ways of working, Mr Carruthers advised that this would be co-ordinated through the Transformation Steering Group (TSG) arrangement. It was noted that a survey is being undertaken and together with Quarters 1 and 2 responses, would be collated and conveyed to the TSG in order to progress the strategy. Mr Thomas added that the TSG had held its inaugural meeting where it had set out its approach for the coming months, with the purpose of the Group to advise the Board on 'what we want to do'. It was noted that Mr Thomas Chairs the Strategic Enabling Group. Mrs Wilson added that a governance report would be presented to the July 2020 Public Board meeting setting out the roles of these various groups.

Cllr. Simon Hancock enquired about the use of field and private hospitals and in response, Mr Carruthers responded that current demand and capacity modelling anticipates a worst case scenario requirement of 500 field hospital beds. It was noted that current social distancing guidelines would potentially incur a 30% reduction in bed capacity. The requirement to hand back to Ceredigion County Council, the Penweddig School site in Aberystwyth which is currently used as a field hospital by September 2020 was further noted. It is also anticipated that the Scarlets would request the handing back of their stadium and training barn before the rugby season commences in August 2020, although the Health Board has not yet received a formal request from the Scarlets for the return of their sites. Both these changes would reduce the field hospital bed capacity from 500 to 350, and it is therefore anticipated that the remaining field hospital sites would need to be maintained. It was further noted that if Carmarthenshire and Ceredigion local authority leisure centres are not handed back over the coming months, this would incur costs to HDdUHB.

In response to whether ongoing discussions are being held with Bluestone, Mr Carruthers confirmed that fortnightly meetings are held with representatives of Bluestone and is aware of their impending re-opening to the public on 15th July 2020. However, the specific location of the field hospital within the Adventure Barn would not be impacted by this as a separate entrance is being developed and a fence erected to allow HDdUHB to continue to use the site.

Mr Owen Burt requested an update in regard to regional collaboration on field hospitals with Swansea Bay University Health Board, and Mr Carruthers confirmed that an initial meeting had taken place between the two health boards and that conversations would continue to be undertaken at the request of WG. The existence of a National Field Hospital Group was noted, recognising that there may be a future requirement for a regional approach.

	<p>Prof. Gammon thanked Mr Carruthers and his team for the informative report.</p> <p><i>Ms Williams left the PPPAC meeting</i></p>	
	<p>The Committee NOTED the current planning and progress in respect of the Coronavirus (COVID-19): NHS Wales Operating Framework 2020/21.</p>	

<p>PPPAC (20)08</p>	<p>INTEGRATED PERFORMANCE ASSURANCE REPORT</p> <p>Members were presented with the Integrated Performance Assurance Report (IPAR) for Month 2 (2020/21), and noted the change in format to incorporate COVID-19's impact on performance and reflecting the changed performance monitoring arrangements. Mr Thomas drew Members attention to page 5 of the report, setting out the impact of COVID-19 on HDdUHB's plans, together with an indication of how the Health Board intends to re-set and move forward within the on-going restrictions brought about by COVID-19.</p> <p>Ms Helen Williams requested an update in regard to therapy waits and Mr Carruthers advised that waits have increased due to the number of therapy staff redeployed to meet the acute response required to COVID-19, following guidance from the Cabinet Secretary to 'step down' these services to prepare staff to support the initial number of COVID-19 cases anticipated. With regard to the recruitment of therapists, it was noted that potential new roles are being developed.</p> <p>Cllr. Hancock queried the learning disabilities service provision during COVID-19, and in response, Mr Carruthers confirmed that the service has continued to be available during the pandemic, with a reduction in referrals into the service. Members noted that the Quarter 2 Response has safely reintroduced many face-to-face services for those with learning disabilities with numbers of referrals now beginning to increase.</p> <p>In response to queries raised by Members on precise figures for staff absences due to COVID-19 and self-isolation requirements, Mrs Gostling advised that sickness rates have increased to 6.24%, and that data collection in relation to shielding and self-isolation is currently being undertaken which will be reported to the August 2020 PPPAC meeting. However, it was pleasing to note that sickness levels in HDdUHB are significantly lower than other health boards in Wales.</p> <p>Mr Maynard Davies referred to the bronchoscopy service recommencement in May 2020 and the plans in place to increase capacity in line with COVID-19 guidelines and Mr Carruthers advised that approximately 50% of capacity has been lost due to infection prevention and social distancing guidelines, however adequate cover for urgent demand is currently being sourced and that increasing the capacity in order to meet demand during Quarter 2 would be explored.</p>	
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Ms Anna Lewis raised an observation regarding the rationale for a reduced IPAR for this period, and the importance of being cognisant of both staff burdens and patient expectations was emphasised.

Mr Carruthers, in response to a query raised by Ms Lewis in regard to forecasting in respect of plans to reset and move forward within the ongoing restrictions of COVID-19, apprised Members of the plans in place, e.g. an initial focus to clear the 45 patient backlog within cancer services by the end of July 2020, and a target in place to clear 900 urgent routine patients over Quarter 2. It was noted that the inflation of referral to treatment times (RTT) is due to stage 1 outpatient rates, and that substantial work is to be undertaken to investigate the breaches in place. However, whilst understanding that there will be longer waiting times, there is a process in place to understand the risks in place.

Referring to the 'ambulance red calls' and whether the report following the deep dive into declining performance would be shared with HDdUHB, Mr Carruthers advised that the matter had been raised with Welsh Ambulance Services NHS Trust (WAST), and whilst a response had not yet been received, undertook to follow this up.

AC

In relation to 'ambulance handovers and A&E/MIU waits' and whether the non-COVID-19 emergency demand returning to normal levels is improving, Mr Carruthers undertook to provide Mr Burt with a detailed response. Members were pleased to note there had been no significant incidents reported in terms of delay.

AC

Mr Davies enquired as to whether HDdUHB has evidence of a poor uptake of childhood immunisations, and Mr Thomas confirmed that whilst the uptake is lower than desired, this is understandable given the current circumstances. Members noted that the Executive Director of Public Health is exploring a variety of options to address this.

Prof. Gammon provided a summary of the discussion, understanding the reasons for the deteriorating trajectory of performance highlighting that the focus now has to be on recovery, using the same pace and effort as put into the response to COVID-19. The reset plans are welcomed and ambitious, and there is an expectation that performance figures will move in the opposite positive trajectory. Prof. Gammon referred to the four areas of harm contained within the NHS Wales COVID-19 Operating Framework, Quarter 1, suggesting that the 'impact of lockdown on our patients' section had not been well responded to. It was understood that the recovery phase would be a lot more challenging due to the COVID-19 impact and financial constraints. Productivity will be compromised due to matters such as social distancing and PPE. Mr Carruthers added that the challenge will be in meeting essential service requirements set by Welsh Government (WG) and the increasing number of services added to this on a fortnightly basis. However, plans are in place for compliance with essential service requirements, although this will take substantial capacity; whilst this is currently only running at 50%, only 50% of activity can be undertaken.

	<p>Members noted that one of the biggest challenges had been managing the expectations of clinical staff who have not been able to undertake as many procedures as normal due to the impact of donning and doffing, and sterilisation, etc., requirements of COVID-19. However, Werndale Hospital and the private sector have aided this capacity. Members noted that discussions are ongoing regarding the option of the development of a single green site for elective procedures.</p> <p>Prof. Gammon remained content that there are clear and ambitious reset plans in place, however requested that timescales be put in place for monitoring these plans.</p>	
	<p>The Committee DISCUSSED the revised Integrated Performance Assurance Report format in light of the current COVID-19 pandemic requirements.</p>	

<p>PPPAC (20)09</p>	<p>WORKFORCE & ORGANISATIONAL DEVELOPMENT UPDATE</p> <p>Members were presented with the Workforce & Organisational Development Update report highlighting key Workforce & Organisational Development activities including staff psychological & wellbeing services, recruitment, workforce information, volunteering, learning & development, trade union engagement and staff health. Mrs Gostling drew Members attention to the following:</p> <ul style="list-style-type: none"> • Staff Psychological Wellbeing Service – Psychologists within the mental health service have been assisting with the Psychological Wellbeing Service provided to staff. Given the number of reports received in regard to staff feeling lonely and isolated in the workforce due to current social distancing requirements, plans are being put in place to address this. • Recruitment – The first cohort of staff employed to meet the needs of COVID-19 are now coming to the end of their three month fixed-term contract and work is being undertaken in regard to the individual expectations of the temporary staff, recognising that many are students who will be returning to education in September, and taking into account managers views of the individuals in order to workforce plan in readiness for the winter period. Discussions are continuing with regard to the placement of additional student cohorts such as Allied Health Professionals. • Workforce Information - Mandatory training has improved, with on-line learning encouraged. However, there has been a deterioration in PADR compliance which stood at 67.4% in May 2020. Sickness absence has also increased to 6.24% in May 2020. • Volunteering – Since the start of COVID-19, the number of existing volunteers has decreased due to personal circumstances and their re-deployment elsewhere. However, linked with COVID-19, HDdUHB received an overwhelming number of additional individuals expressing an interest to volunteer within the services. • Learning and Development – A pilot is in place for joint Health & Social Care delivery of the All Wales Induction Framework (AWIF). 	
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- Trade Union Engagement – Twice weekly meetings have been undertaken with Trade Union representatives and the Partnership Forum has been re-introduced on a monthly basis.
- Staff Health – Risk assessments for staff within vulnerable groups, including Black, Asian & Minority Ethnic (BAME), are being undertaken and to date, 199 assessments have been returned. Two of these assessments scored as a high risk, 24 medium and the remaining were low risk. Work is being undertaken to increase individual confidence in completing the risk assessment and to support the concerns of staff who anticipate they may score highly.

Ms Lewis enquired regarding the number of staff accessing the staff psychological wellbeing service and whether demand can be met, and Mrs Gostling confirmed that demand is being met and an online system has recently been procured providing staff with 24-hour access to on-line resources and counselling support. In addition, an advert has been placed for additional counsellors to meet the anticipated increased demand in the future. Mrs Gostling undertook to include activity statistics within the report presented to the August 2020 PPPAC meeting.

LG

In response to a query on whether any thought had been given to undertaking Post Traumatic Stress Disorder (PTSD) screening, Mrs Gostling undertook to obtain further information and provide an update at the next meeting.

LG

Ms Lewis queried whether the utilisation of mental health staff within the psychological wellbeing service has had an impact on the service provided to patients, Mrs Gostling confirmed that there had been no impact on patients and that part of the job description/role includes supporting staff.

Mr Burt enquired whether there had been any feedback from staff in relation to the psychological wellbeing service, and Mrs Gostling confirmed that evaluations are in place and that the feedback received to date had been very positive with the service provided having prevented staff from going on sick leave. Members noted that research is being undertaken by the University of Wales Trinity St David regarding the uptake of access to the service during the previous five years and Mrs Gostling undertook to distribute the report to Members once finalised.

LG

In response to whether the goodwill of the public towards the NHS represents an opportunity to increase the number of volunteers, Mrs Gostling confirmed that a review of the role of volunteers is being undertaken and that a number of newly recruited staff who have not worked for the NHS previously, have indicated that they would wish to remain working within the NHS as opposed to returning to their previous work place prior to COVID-19.

Prof. Gammon thanked Mrs Gostling for the informative report, in particular the detailed appendices, and acknowledged that as PPPAC matures, the nature of the report would develop, and whilst not a performance report, it

	<p>should reflect some parameters in terms of performance targets around 'people'.</p> <p>In relation to PADRs, it was noted that two internal audit reports have recently been presented to the Audit & Risk Assurance Committee and referred on to PPPAC to support the management response to the recommendations, which are essentially related to the quality of PADRs as opposed to the level of compliance.</p> <p>In terms of recruitment and its financial consequences, it was noted that strategies are in place for the current COVID-19 peak and preparations are being undertaken for an anticipated second wave. Prof. Gammon sought assurance that unnecessary costs are not being incurred and that the contracts offered to temporary staff remain flexible. Mrs Gostling confirmed that all temporary staff recruited are either on three month, six month, or bank contracts, recognising an element of over-recruitment at the beginning of the pandemic due to the number of COVID-19 patient's predicted.</p> <p>It was confirmed that business as usual has been re-introduced in terms of recruitment with the opportunity for temporary and bank workers to be appointed into permanent posts to support the winter pressure phase.</p> <p>The Committee was ASSURED by the Workforce & Organisational Development Update Report.</p>	
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<p>PPPAC (20)10</p>	<p>CORPORATE RISKS ALLOCATED TO PPPAC</p> <p>Members were presented with the Corporate Risks allocated to PPPAC report, noting a total number of nine risks.</p> <p>Risk 624 – Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives – Mr Thomas informed Members that a Programme Business Case has been produced to address this which is due to be presented to Executive Team prior to submission to PPPAC.</p> <p>Risk 371 – Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information – Members were assured that all necessary actions relating to this risk have been undertaken and trainee coders are being recruited, however the training process is anticipated to take 18 months.</p> <p>Risk 627 – Ability to implement the UHB Digital Strategy within current resources to support the UHB's long term strategy - Members noted that Mr Thomas and Mr Maynard Davies have discussed the matter with the Assistant Director of Informatics, and a package is in place to address the risk. Whilst accepting that cyber security will continue to be a concern, good progress to digital responses relating to COVID-19 has continued.</p> <p><i>Mr Paul Williams joined the PPPAC meeting</i></p>	
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Risk 291 – Lack of 24 hour access to Thrombectomy services – Mr Carruthers confirmed there have been no changes to the pathway during the COVID-19 outbreak. The risk continues due to the service only being available Monday to Friday 9 a.m. – 5 p.m. Further conversations will be undertaken as part of the reset of services.

Risk 686 – Delivering the Transforming Mental Health Programme by 2023 – Members noted that as a result of COVID-19, the pandemic has provided an opportunity to implement changes earlier than planned, including merging CMHTs, changing and streamlining ways of working, with a Business Case submitted to WG. This risk now relates to the COVID-19 impact on capital availability from WG.

Risk 245 – Inadequate facilities to store patient records and investment in electronic solution for sustainable solution - Mr Carruthers confirmed that this risk had been re-scored and de-escalated whilst recognising it remains a significant risk operationally.

An observation was made in relation to the closed **Risk 295 (Inability to maintain routine & emergency services in the event of a severe pandemic influenza event)** and whether two pandemics (COVID-19 and influenza) should be anticipated. In response, and conscious of the previous risk relating to the influenza pandemic, Mr Thomas undertook to raise the potential of two pandemics with the Executive Director of Public Health.

In response to a query regarding any strategic workforce risks, Mrs Wilson reminded Members of such a risk in place two years previously, however Audit Wales had felt it more appropriate that this risk be directorate based. Members noted that Workforce & OD are undertaking a review of whether the risk needs to be re-considered.

In relation to the absence of a Brexit (no deal) risk within the risk register, Mrs Wilson confirmed that this has not been included due to its risk level with previous agreement in place to de-escalate it to below tolerance which has been discussed at Finance Committee and with the Executive Director of Public Health.

Mr Davies enquired whether any feedback had been received from Welsh Government regarding the Business Case submitted relating to **Risk 686 (Delivering the Transforming Mental Health Programme by 2023)**, and in response, Mr Williams confirmed that it had been positively received and is now being finalised in light of comments and queries received. However, there is no indication as yet whether capital would be available or a timeframe for this.

Referring to **Risk 451 (Cyber Security Breach)**, it was noted that correspondence had recently been received from WG offering the Health Board support from the National Cyber Security Centre in light of COVID-19, which Mr Thomas would be discussing further with the Assistant Director of Informatics.

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	<p>In summary, Prof. Gammon expressed satisfaction that controls are in place to manage the corporate risks allocated to PPPAC and looked forward to a sustainable model in relation to clinical coding.</p>	
	<p>The Committee DISCUSSED the Corporate Risks Allocated to PPPAC Report and were ASSURED that:</p> <ul style="list-style-type: none"> • All identified controls are in place and working effectively. • All planned actions would be implemented within stated timescales and would reduce the risk further and/or mitigate the impact, if the risk materialises. • They are able to challenge where assurances are inadequate. 	
<p>PPPAC (20)11</p>	<p>OPERATIONAL RISKS RELATED TO PLANNING, PERFORMANCE AND WORKFORCE & OD</p>	
	<p>Members were presented with the Operational Risks related to Planning, Performance and Workforce & OD Report, noting the five risks identified.</p> <p>Risk 794 – HB Wide: Risk of not all Health Board existing staff have a DBS status recorded on ESR – Mrs Gostling assured Members that DBS checks are undertaken as part of the routine recruitment process and DBS information for new recruits is recorded on the Electronic Staff Record (ESR) system. However, in relation to longer standing staff (recruited prior to the introduction of the ESR system), there is no evidence of DBS checks being undertaken due to the requirement to destroy DBS certificates after a period of six months.</p> <p>Risk 187 – HB Wide: Inability to provide opportunities to support professional and personal development – Mrs Gostling informed Members that this risk had derived from a previous Sub-Committee and that a review is being undertaken in relation to training and development.</p> <p>Ms Lewis enquired whether the unchanged risk score for Risk 54 (Non achievement of agreed performance for urgent and non-urgent suspected cancers affects the whole Health Board) remains unchanged during the current COVID-19 pandemic or whether it has not been reviewed for some time. Lead Executive Directors were requested to review each risk and update the risk register for presentation to PPPAC in August 2020.</p> <p>Mr Burt queried whether there are any issues arising in relation to DBS checks and the volume of pace associated with COVID-19, and Members noted that a separate register is kept for COVID-19 recruits with all DBS enquiries responded to within 24-48 hours. The Workforce & OD Bronze Group has identified only two ‘red’ cases and both members of staff involved are awaiting conversations in relation to the risk to their employment.</p>	<p>Lead Execs</p>
	<p>The Committee NOTED and DISCUSSED the Operational Risks related to Planning, Performance and Workforce & OD Report, noting concerns that risks needed to be reviewed and updated, requested Executive Directors update their assigned risks contained within the risk register for presentation to PPPAC at the August 2020 meeting.</p>	

<p>PPPAC (20)12</p>	<p>UPDATE ON THE PLANNING CYCLE 2020/21</p> <p>Members were presented with the Update on the Planning Cycle 2020/21 report, noting that Welsh Government have not released any guidance on their expectations for the delivery of plans for 2021/24 given the current COVID-19 pandemic.</p> <p>Mr Williams advised Members that further information is not expected to be received from WG until the end of the summer due to their focus of attention on the Operational Framework.</p> <p>The Committee NOTED the current situation with regards to the Planning Cycle for 2020/21, with further guidance expected from Welsh Government over the coming months.</p>	
<p>PPPAC (20)13</p>	<p>REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME (DCP) 2020/21 & CAPITAL GOVERNANCE UPDATE</p> <p>Members were presented with the report on the Discretionary Capital Programme (DCP) 2020/21 & Capital Governance Update, noting that the DCP had been discussed at Executive Team and the Capital, Estates and IM&T Sub Committee.</p> <p>Members noted 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.</p> <p>Mr Williams highlighted a risk relating to ventilators at Glangwili General Hospital where it is anticipated that deliveries will arrive in August/September 2020 with current assumptions being that these will be funded from COVID-19 capital; however if this is not the case, these will be required to be funded as part of the DCP. Members noted that it had been agreed that HDdUHB will seek to support the National Critical Care Information System with £0.3m capital support, and that no progress had been made to date on the Penlan refurbishment works scheme, with the closure of Pond Street Clinic remaining a risk due to the uncertainty on the source of capital funding which has been exacerbated by COVID-19 related demand for capital resources.</p> <p>Mr Thomas confirmed that in terms of impact, WG have been determined that discretionary capital funds remain with the Health Board, however there is a risk that some may be drawn back due to COVID-19 pressures.</p> <p>Referring to the Capital Governance update contained with the report, Mr Williams highlighted that estates capital schemes have 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. The Hospital Sterilisation & Disinfectant Unit washer in Prince Phillip Hospital, the MRI in Withybush General Hospital and Pathology in Glangwili General Hospital are now planned for completion in the first quarter of 2021/22.</p>	

	<p>Mr Williams drew Members attention to the red RAG status relating to Women & Children’s Phase 2. This has escalated due to the requirement to top up the funding from the DCP. A number of mitigations are in place to reduce this which have been successful. The additional costs involved have been included in the COVID-19 returns submitted to WG with an assumption that these will be funded centrally. A social distancing measure assessment impact report is also being undertaken and will be included within the financial assessment for WG funding.</p> <p>Prof. Gammon expressed concern relating to the financial impact of the red RAG status projects and cautioned on the need to be mindful of the financial risks these will present this year and next. Mr Thomas referenced a recent Women & Children’s Internal Audit report presented to the Audit & Risk Assurance Committee which provided reasonable assurance, however advised that further discussions were due to be held at a meeting later in the day (30/06/2020).</p> <p>Mr Burt enquired regarding the significant revenue relating to the Cross Hands Health Centre, Mr Williams confirmed that the cost consequences were due to the increased size of the build however mitigations are being pursued.</p> <p><i>Mr Williams left the PPPAC meeting.</i></p>	
	<p>The Committee NOTED the Discretionary Capital Programme (DCP) 2020/21 & Capital Governance Update Report.</p>	

<p>PPPAC (20)14</p>	<p>CORPORATE & EMPLOYMENT POLICIES</p> <p>Members were presented with the “Employment Policies Update” report, seeking consideration and approval of the following revised policies, noting no changes had been made to their content:</p> <ul style="list-style-type: none"> • Re-evaluation of Pay Band Policy • Flexi-time Policy. <p>PPPAC approved the policies presented.</p>	
	<p>The Committee CONSIDERED and APPROVED the Re-evaluation of Pay Band Policy and the Flexi-time Policy.</p>	

<p>PPPAC (20)15</p>	<p>LLANELLI WELLNESS VILLAGE</p> <p>Members were presented with the Llanelli Wellness and Life Science Village (Pentre Awel) progress update report, to provide assurance that the project remains a priority for delivery both for Carmarthenshire County Council and as part of the City Deal programme.</p> <p>In response to whether the plans for the Village would change following COVID-19, it was confirmed that this would be the case and that ARCH would be considering the necessary requirements post COVID-19.</p>	
	<p>The Committee NOTED the Llanelli Wellness and Life Science Village Update Report.</p>	

<p>PPPAC</p>	<p>PPPAC WORKPLAN 2020/21</p>	
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(20)16	The PPPAC workplan for 2020/21 was presented to Members for information.	
	The Committee NOTED the PPPAC work plan for 2020/21.	
PPPAC (20)17	ANY OTHER BUSINESS	
	Prof. Gammon enquired whether the current fortnightly extra-ordinary PPPAC meetings involving the Chair, Lead Directors and Board Secretary are to remain in place and it was agreed for these to continue.	
	The Committee AGREED that the current fortnightly extra-ordinary PPPAC meetings continue.	
PPPAC (20)18	DATE OF NEXT MEETING	
	27th August 2020 9.30 a.m. - 1.30 p.m. Board Room, Ystwyth Building, Hafan Derwen, Carmarthen.	