

**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:	27 th August 2020 at 9.00 a.m.
Venue:	Boardroom, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

Present:	Professor John Gammon, Independent Member (Committee Chair) (part) Mr Owen Burt, Independent Member (VC) Mr Maynard Davies, Independent Member (VC) Cllr. Simon Hancock, Independent Member (VC) Ms Anna Lewis, Independent Member (VC) Ms Ann Murphy, Independent Member (VC)
In Attendance	Mrs Lisa Gostling, Director of Workforce & OD (PPPAC Joint Executive Lead) Mr Huw Thomas, Director of Finance (on behalf of Mrs Karen Miles, Director of Planning, Performance & Commissioning, Joint Executive Lead) Mrs Ros Jervis, Director of Public Health (VC) Mrs Joanne Wilson, Board Secretary (VC) (part) Ms Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion (VC) (part) Ms Rhian Bond, Assistant Director of Primary Care (on behalf of Ms Jill Paterson, Director of Primary Care, Community & Long Term Care) (VC) (part) Mr Keith Jones, General Manager (on behalf of Mr Andrew Carruthers, Director of Operations) (VC) (part) Mr Paul Williams, Assistant Director of Strategic Planning (VC) Ms Helen Williams, Community Health Council (VC) (part) Mrs Claire Williams, Committee Services Officer (Secretariat)

Agenda Item		Action
PPPAC (20)19	INTRODUCTIONS AND APOLOGIES FOR ABSENCE	
	In the absence of Prof. John Gammon, Mr Owen Burt (Committee Vice Chair) chaired the commencement of the meeting. Apologies for absence were received from: <ul style="list-style-type: none"> • Mrs Karen Miles, Director of Planning, Performance & Commissioning (PPPAC Joint Executive Lead) • Mr Andrew Carruthers, Director of Operations • Ms Jill Paterson, Director of Primary Care, Community & Long Term Care 	
PPPAC (20)20	DECLARATIONS OF INTEREST	
	Mr Burt made the following declaration of interest in respect of agenda item PPPAC(20)27 Workforce & Organisational Development Update: <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)21	MINUTES OF THE PREVIOUS MEETING HELD ON 30th JUNE 2020	
	RESOLVED – that the minutes of the People, Planning & Performance Assurance Committee (PPPAC) meeting held on 30 th June 2020 be APPROVED as an accurate record.	
PPPAC (20)22	TABLE OF ACTIONS AND MATTERS ARISING FROM MEETING HELD ON 30th JUNE 2020	
	<p>An update was provided on the Table of Actions from the meeting held on 30th June 2020, with confirmation received that all actions are complete, with the exception of the amber rated action <i>PPPAC(20)04 - To liaise with Mr Owen Burt once an update has been received from NHS Wales Informatics Services (NWIS) in relation to WHC 053-15 Introduction of SNOMED CT</i>. Mr Huw Thomas provided the following verbal update:</p> <p>NWIS have undertaken substantial work over recent years to put in place the strategic approach to facilitate the introduction of SNOMED CT into new systems, as well as current clinical systems. A new terminology service is included within the scope of the National Data Repository (NDR) programme and is fundamental to the ability to develop and deliver clinically rich data services across our systems. NWIS are to progress the WHC and now have Ontoserver as the national terminology service, with a small national terminology services team to drive this work forward. NWIS Directors are confident that current arrangements provide the foundations for progression, e.g. the introduction of SNOMED into new developments, such as the Myeloma OPD work with Cardiff & Vale UHB and it is expected that this approach will grow as part of the development of strategic roadmaps going forward. Assurance has been received that this matter is on NWIS' agenda and will be a key focus of strategic plans going forward.</p> <p>Mr Owen confirmed the Committee's contentment with the progress update provided and it was agreed for the action to be closed.</p> <p><i>Prof. John Gammon joined the meeting and resumed the chairing of the Committee.</i></p>	
PPPAC (20)23	CAPITAL ESTATES & IM&T SUB-COMMITTEE UPDATE REPORT	
	<p>The Committee received the Capital Estates & IM&T Sub-Committee (CEIM&TSC) update report from its meeting held on 20th July 2020.</p> <p>Mr Thomas referred to discussion at the Finance Committee meeting held on 26th August 2020 in relation to the significant challenges associated with capital funding placing considerable demand on addressing key risks such as fire safety, and social distancing compliance. It was noted that the availability of capital funding had been raised as a corporate risk, with substantial work to be undertaken in relation to re-prioritisation. Discussions are taking place with Welsh Government (WG) regarding the availability of</p>	

additional funding and it is anticipated that certain works such as fire safety, will be undertaken by local workforces in order to support the local economy.

Mr Paul Williams confirmed that the CEIM&TSC meeting held on 20th July 2020 focused upon the ability to manage a very fluid capital position, with more focus being put into risks. Workshops are being undertaken to address the key risks and their management, which will support the DCP prioritisation for 2021/22. Members were pleased to note the improved position in relation to the reduced estimated costs associated with the backlog of replacement medical devices, with £400k allocated for the replacement of defibrillators, subject to continued investment over the next two years.

Questions were invited and in response to Mr Burt's concern relating to the availability of defibrillator consumables ceasing from December 2020, Mr Williams confirmed that these had been originally prioritised for replacement in 2022.

Ms Helen Williams queried the source of funding for the Chemotherapy Day Unit at Bronglais General Hospital (BGH), having understood that this was being provided from charitable funds. Mr Williams responded that whilst fundraising for the Unit is currently on hold, there is a commitment to fund this partly from DCP funding and the remainder from charitable funds. Mr Williams undertook to inform stakeholders who have invested in the Chemotherapy Day Unit of the current situation.

PW

Noting that both the Crosshands Health & Wellbeing Centre and the Women & Children's Phase II programmes remain red RAG-rated, and due to not being privy to monitoring reports, Prof. Gammon sought clarification on whether these positions are deteriorating, suggesting Mr Williams' team consider the reporting of this moving forward. Mr Thomas undertook to ensure this information is included within the reporting process in future. Bearing in mind that the Women & Children's Phase II programme completion date is February 2022, Mr Williams requested the Committee's view whether, based on funding being available, it remain as red RAG-rated or whether the RAG rating be amended. Prof. Gammon reiterated the requirement for PPPAC to gain assurance from the mitigations in place to resolve the challenges faced, recognising the amount of uncertainties in place and the possible emerging risks. Mr Thomas emphasised that this remains a challenge across Wales and not solely for HDdUHB.

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In terms of the digital priorities and digital showcase updates contained within the report, Prof. Gammon commended staff involved on the positive work undertaken, however would welcome the demonstration of information on how this is impacting on performance, e.g. referral to treatment times or indicators where there may be a deteriorating position. Mr Thomas undertook to request Mr Anthony Tracey, Assistant Director of Informatics, to provide a regular report in terms of the progress made on implementing digital plans and to track the outcomes which have a clear impact on patients and staff. Prof. Gammon questioned whether this would be more

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	appropriately dealt with under the remit of the Quality, Safety & Experience Assurance Committee (QSEAC) with regards to the impact on patients and agreed to pursue the matter.	JG
	Mr Williams was requested to convey PPPAC's gratitude to both the Information Technology Team and Digital Team in terms of supporting the initiatives highlighted within the report.	PW
	The Committee RECEIVED and NOTED the Capital, Estates and IM&T Sub Committee update report.	

PPPAC (20)24	<p>INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT</p> <p>The Committee received the Information Governance Sub-Committee (IGSC) update report from its meeting held on 10th July 2020. Mr Thomas highlighted the following matters:</p> <ul style="list-style-type: none"> • Clinical Coding - the clinical coding completeness performance position for 2019/20 was 89.99%, 8% lower than the target, and it was noted that work is being undertaken to improve this figure. Additional Clinical Coders have now been appointed and opportunities are being pursued with other health boards to manage the backlog in place. • Health Records Modernisation - a digital solution is being pursued in relation to the health records modernisation of Accident and Emergency (A&E) storage cards. • National Intelligent Integrated Auditing Solution (NIIAS) Staff Accesses – the number of staff accessing their own or family health records in the month of June 2020 was surprisingly high at eight instances. Staff continue to be reminded of their data protection responsibilities regarding the inappropriate accessing of health records. <p>Having attended the IGSC meeting on 10th July 2020 and noting the significant difference made to the backlog by the use of external clinical coders, Cllr. Simon Hancock queried whether the contract for this that had previously been in place could now be re-utilised, having had to be stood down to meet with current social distancing requirements. Mr Thomas confirmed that discussions are underway with outsourcing companies to establish what can be undertaken in the interim to manage the backlog. It is anticipated that with the additional capacity in place, the Clinical Coding team should be able to undertake the majority of this within their own resources.</p> <p>Mr Burt referred to the number of current clinical coders nearing retirement age and enquired whether the newly appointed staff have been appointed to replace these potential retirees. In response, Mr Thomas confirmed that the newly appointed staff are in addition to the established staff numbers and that they will be required to be fully trained before the existing staff retire. Members were pleased to note that there had been a good field of applicants with no issues concerning the recruitment of clinical coders.</p> <p>With reference to the sustained water damage of patient and corporate records at Tregaron Hospital, Mr Burt enquired whether there is a</p>	
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	<p>requirement to disclose this to the Information Commissioner’s Office (ICO). Mr Thomas confirmed that the Information Governance Team is continuing to progress the actions in response to the findings of the Tregaron Hospital audit. Following completion of this exercise, it is anticipated that the matter may be required to be reported to the ICO.</p> <p>Mr Maynard Davies enquired which systems are covered by NIIAS regarding inappropriate staff access and Mr Thomas confirmed that there are six systems; Welsh Clinical Portal (WCP), Welsh PAS (WPAS), Canisc, Welsh Demographic Service(WDS), AAA/Bowel Screening, and Choose Pharmacy. HDdUHB is monitoring against five of these systems and AAA/Bowel Screening is a national system used only by Public Health Wales.</p> <p>Prof. Gammon expressed concern relating to the increased and escalating risk associated with clinical coding and the lack of assurance that this is being dealt with at pace. In response, Mr Thomas confirmed that the risk is static due to HDdUHB having undertaken all it can in terms of recruitment. In the meantime, discussions are actively taking place with outsourcing companies to manage the backlog, with Mr Tracey in active discussions with other health boards who may be able to provide assistance. Prof. Gammon enquired whether a detailed clinical coding report should be presented to PPPAC or whether this should be discussed in further detail at IGSC. Cllr. Hancock requested that this be discussed in detail at IGSC.</p> <p>Referring to the General Data Protection Regulation (GDPR) update, Prof. Gammon enquired whether there are any sanctions in place for non-compliance with the target, which Mr Thomas undertook to clarify.</p> <p>Referring to the 12 service areas that are yet to be visited and mapped identified within the GDPR update, Mr Davies enquired as to the number of services in total, and Mr Thomas undertook to obtain this information.</p> <p>The Committee was presented with the Access to Health Records Policy, which had been approved by IGSC at its meeting on 10th July 2020. Mr Davies drew Members’ attention to an error on page 11 under the responsibilities section referring to the “Deputy Chief Executive & Director of Operations”. Mrs Williams confirmed that this error had been raised with Mr Tracey who has been requested to amend the policy accordingly.</p> <p>The Committee RECEIVED the Information Governance Sub-Committee update report and RATIFIED the Access to Health Records Policy, subject to the above amendment.</p>	<p>AT</p> <p>HT</p> <p>HT</p>
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<p>PPPAC (20)25</p>	<p>CORPORATE RISKS ALLOCATED TO PPPAC</p> <p>The Committee received the Corporate Risks Allocated to PPPAC report, recognising the significant amount of work undertaken.</p> <p>Out of a total of thirteen risks allocated to PPPAC, the following were discussed:</p>	
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Risk 371 - Inability to meet WG target for clinical coding and decision-making will be based on inaccurate/incomplete information - On page 6 of the report, Mr Davies highlighted an error within the risk score column which should read $3 \times 4 = 12$ and not 16; Mrs Wilson undertook to amend this.

Risk 686 - Delivering the Transforming Mental Health Programme by 2023 - Mr Davies enquired as to the feedback received from WG in relation to the business case associated with this risk, and Mr Williams confirmed that it had been very well received. Following submission of the business case, a number of follow-up scrutiny questions have been issued by WG which are currently being processed, and it is anticipated that approval will be received to proceed to the next stage.

Risk 892 - Delivery of Q2 Operating Plan - Inability to recruit sufficient registered nurses affecting the whole Health Board - Ms Anna Lewis enquired how this risk differed to the generic risk regarding staffing. In response, Mrs Lisa Gostling confirmed that the risk had been identified following submission of the Q2 Operating Plan, based on the requirement to open an additional 500 beds as part of the modelling requirement, and the issue of certain registrants continuing to shield. There is therefore an insufficiency of workforce and less agency nurses available to staff these beds. However, Mrs Gostling undertook to clarify with Mr Andrew Carruthers the rationale for the risk being added to the register.

Risk 291 - Lack of 24 hour access to Thrombectomy services - Ms Lewis enquired whether this risk would be better placed with QSEAC as opposed to PPPAC. Mrs Joanne Wilson agreed that the risk should be transferred to QSEAC and undertook to raise this with the Head of Assurance & Risk.

Risk 890 - Delivery of Q2 Operating Plan – Ability to respond effectively and swiftly to changes in workforce demand as COVID-19 progresses - Prof. Gammon questioned the rationale for risk 892 given the matter is covered within risk 890. Ms Lewis suggested that if risk 892 does not relate to a national shortage of registered nurses, this should be rewritten. It was agreed that the risk owners would be requested to review these two risks prior to discussion at the next Executive risk review meeting.

Risk 686 - Delivering the Transforming Mental Health Programme by 2023 - Prof. Gammon queried the rationale for identifying this as a separate risk to the HDdUHB-wide transformation programme, and in response Mr Thomas confirmed that this is due to the mental health transformation programme being in place longer than the HDdUHB-wide transformation programme and agreed to arrange for this to be reflected within the risk statement.

Risk 624 - Ability to maintain and address backlog maintenance and develop infrastructure to support long term strategic objectives – Prof. Gammon recognised the increasing risk relating to medical devices and welcomed the substantial amount of work undertaken regarding the inventory, acknowledging the additional challenges as a consequence of COVID-19.

Members were pleased to note that the Executive Team has re-established the process of reviewing risks collectively on a monthly basis.

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JW

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	The Committee DISCUSSED the risks contained within the report, NOTED the mitigations associated with each risk and were ASSURED that risks have been updated.	
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PPPAC (20)26	OPERATIONAL RISKS ALLOCATED TO PLANNING, PERFORMANCE AND WORKFORCE & OD	
	The Committee received the Operational Risk Report, noting the five risks allocated to planning, performance and workforce & OD.	
	Members noted that following discussion at the June 2020 PPPAC meeting, risks have been updated, timelines reviewed and actions amended appropriately in terms of detail.	
	The Committee: <ul style="list-style-type: none"> • REVIEWED and SCRUTINISED the risks that have been included and were ASSURED that all relevant controls and mitigating actions are in place. 	

PPPAC (20)27	WORKFORCE & ORGANISATIONAL DEVELOPMENT UPDATE	
	The Committee received the Workforce & Organisational Development report, updating Members on the contributions to performance delivery that are captured under the four organisational pillars of the Workforce & OD function (workforce performance and well-being; resourcing and utilisation; organisational development; and workforce development and education) to enable organisational performance during Q1 and plans in place for Q2 to continue and sustain organisational impact in line with HDdUHB's Organisation Development and Education Strategy. Mrs Gostling informed Members that work is underway to learn from and progress the cultural acceleration towards a social model for health, considering this from a holistic approach, treating employees as adults, consumers and human beings, and moving away from the previous "parent/child" relationship.	
	Prof. Gammon thanked Mrs Gostling for the informative report, in particular its focus on the four pillars, and reiterated the requirement for the "People" section of PPPAC to be more focused on how Workforce & OD learning and workforce plans impact upon the delivery and performance of services, and how people can influence this. A report highlighting these issues and with less narrative would be welcomed in the future.	
	Ms Lewis recognised the substantial amount of work undertaken by the Workforce & OD Department captured within the report. Referring to the social model for health, Ms Lewis enquired whether new roles are being considered, and in response, Mrs Gostling confirmed that this would be the case with work being undertaken to speak to staff in all service areas to understand how the organisation can improve and how roles can be enhanced.	
	Ms Lewis enquired why only 21% of individuals had received coaching as identified in the coaching provision section of the report. Mrs Gostling undertook to obtain further information as to why the figure is low.	LG

	<p>Mr Burt enquired how advanced is consideration of the development of a volunteer or reservist model with other agencies. Mrs Gostling confirmed that this is in the early stages with discussions with a number of organisations, including the military, underway. Mrs Jervis added that plans are in place to establish the type of skilled staff required.</p> <p>Ms Helen Williams referred to advertisements for apprentices in administrative roles and enquired whether coding and I.T. apprentices had been considered. Mrs Gostling responded that there are coding apprenticeships available and that moving forward, this will be expanded into other areas. However, HDdUHB is mindful not to create apprenticeships for roles which are substantive posts, e.g. receptionists; which should be seen as part of a career development framework. Apprenticeships within Estates and Engineering are also being progressed.</p> <p>In summary, Prof. Gammon recognised the challenges being faced in terms of planning, delivery and performance as part of the social distancing requirements to create safe environments for staff and patients, with the example on page 4 of the report a good illustration of how this is being managed in order for PPPAC to gain the necessary assurance. Prof. Gammon was pleased to see the extent of the work being undertaken, with the quotes from staff contained within the report bringing their experiences to life. The challenges relating to recruitment and the trajectory HDdUHB needs to move to were noted.</p> <p><i>Mrs Joanne Wilson left the PPPAC meeting.</i></p>	
	<p>The Committee was ASSURED by the Workforce & Organisational Development Update Report.</p>	

<p>PPPAC (20)28</p>	<p>STRATEGIC EQUALITY PLAN ANNUAL REPORT & WORKFORCE EQUALITY ANNUAL REPORT</p>	
	<p><i>Mrs Anna Bird joined the PPPAC meeting.</i></p> <p>The Committee received the Strategic Equality Plan (SEP) Annual Report for the period April 2019 – March 2020, reporting progress on the final year of the four year life span of HDdUHB's Strategic Equality Plan and Objectives 2016-20, together with the Workforce Equality Annual Report for the period April 2019 – 31 March 2020. The Committee noted that the SEP Annual Report has been considered by the Staff Partnership Forum membership and would be presented to Public Board for approval on 24th September 2020.</p> <p>Mrs Bird introduced the SEP Annual Report, highlighting that it had represented a good opportunity to reflect upon the work ongoing throughout HDdUHB and to consider areas for further developments. The new social-economic duty is due to come into force on the 31st March 2021, with further guidance awaited. Mechanisms will need to be put in place to respond to this and to provide evidence that this is being considered at Board level. A number of equality impact assessments have been undertaken throughout</p>	

the year and the “Check and Challenge” approach developed during the previous year would provide HDdUHB with assurance that delivery of our transformation programmes, associated projects, service changes and pathway re-design is fully aligned and consistent with the principles set out within the HDdUHB’s equality objectives and Public Sector Equality Duties. The check and challenge process included input from the Engagement Team and the Diversity and Inclusion Team, who work closely to advise and support on mechanisms to engage with those with protected characteristic and other vulnerable/under-represented groups.

Referring to the Workforce Equality Annual Report, Mrs Gostling highlighted the expectation that there would be significant changes going forward.

Cllr. Hancock welcomed the establishment of a Black, Asian and Minority Ethnic (BAME) advisory group, and referring to equality impact assessments undertaken, enquired whether case studies could be included moving forward to show how the impact assessment had impacted on the final proposal. Mrs Bird noted this and undertook to ensure case studies would be considered for next year’s reporting.

Cllr. Hancock enquired about “hard to reach” groups such as the gypsy and traveller communities, enquiring whether HDdUHB has successfully engaged with these cohorts. In response, it was noted that the local authorities have good contacts with the gypsy and traveller communities in which HDdUHB links in collaboratively in order to learn from and share experiences.

Referring to when the buddy system for overseas members of staff would go live, Mrs Gostling confirmed that this is already in place, however there are not many overseas members of staff arriving at this current time.

Referring to the following statement on page 36 of the SEP Annual Report – “*Workforce information produced for our 2019/20 Strategic Equality Plan Annual Report has been published in a separate report, but key headline data has been summarised in this chapter*”, Ms Lewis enquired whether the report would benefit from a short summary to contextualise the position regarding local demographic communities to add to the richness of information and to understand how this reflects our local communities. Mrs Bird undertook to liaise with OD colleagues to refresh this for Board presentation.

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Ms Williams suggested HDdUHB could be the first health board in Wales to undertake a pilot relating to the social economic duty prior to it becoming legislation. In response, Mrs Bird confirmed the establishment of an enabling group, led by Mr Thomas, provided an opportunity for this to be discussed further.

AB

Prof. Gammon thanked Mrs Bird and the team involved for the informative reports, endorsed the positive comments made by Members, and the importance of demonstrating how this is impacting upon HDdUHB in terms

	<p>of improving the service delivery for vulnerable individuals and in terms of our performance.</p> <p><i>Ms Bird left the PPPAC meeting.</i> <i>Mr Keith Jones joined the PPPAC meeting.</i></p>	
	<p>The Committee RECEIVED the Strategic Equality Plan Annual Report 2019/20 and Annual Workforce Quality Report and were ASSURED on the work which has been undertaken to meet the Public Sector Equality Duty and HDdUHB's equality objectives.</p>	

<p>PPPAC (20)29</p>	<p>WELSH LANGUAGE STANDARDS: IMPACT ON WORKFORCE ARRANGEMENTS</p> <p>The Committee received the Update on Compliance with the Welsh Language Standards (No. 7) 2018 Regulations report, demonstrating the work undertaken in terms of the 93 standards which are applicable to Workforce & OD. Mrs Gostling referred to the amber RAG-rated compliance on page 2 of the report relating to the Health Board's website, highlighting that a substantial amount of work had already been undertaken.</p> <p>Ms Lewis expressed contentment relating to the progress highlighted within the report and enquired whether standards that do not relate to Workforce & OD have been allocated to other teams/departments. Mr Thomas informed Members that the Welsh Language Team now temporarily reports to Mrs Wilson and will report to the CEO via the Director of Communications and Engagement once appointed, and undertook to establish whether standards have been allocated to other teams.</p> <p>Ms Lewis queried the definition of the term "large number" used within the compliance section of the report, and in response, Mrs Gostling undertook to obtain further information and to respond directly to Ms Lewis.</p> <p>Mr Davies referred to the Electronic Staff Record (ESR) interfaces not being bilingual, enquiring whether this relates to the information contained on the screens or in the generating of letters. In response, Mrs Gostling confirmed that this relates to the information on the screens when an individual signs into the system, however work is being undertaken on a national basis to address this.</p> <p>Prof. Gammon requested Mrs Gostling raise Members' concerns with NHS Wales Shared Services Partnership relating to actions which are outside of HDdUHB's control or sphere of influence and which require progressing, in order for the Workforce & OD Department to gain assurance.</p> <p>Members acknowledged the substantial work undertaken relating to the Welsh language, recognising the challenges where the Health Board is reliant upon other parties to provide updates. Members were assured that individual teams are linking in with the Workforce & OD team to ensure compliance.</p>	<p>HT</p> <p>LG</p> <p>LG</p>
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	The Committee NOTED the ASSURANCE provided within the report in relation to the Workforce & Organisational Development Directorate's compliance with the Welsh Language Standards.	
PPPAC (20)30	INTERNAL AUDIT REPORTS (PADR) 2019 & 2020 – IMPLEMENTATION PLAN	
	The Committee received the "PADR Implementation Plan" report following reviews undertaken by Internal Audit in May 2019 and May 2020, noting that this had been referred to PPPAC from the Audit & Risk Assurance Committee (ARAC). Prof. Gammon confirmed that he had discussed the report with Mrs Gostling and the Chair of ARAC.	
	The interventions in place to address both internal audit reports were acknowledged by the Committee.	
	The Committee were ASSURED that progress to support PADR quality and training is being made.	
PPPAC (20)31	QUARTERLY ANNUAL PLAN MONITORING RETURN (QUARTER 4 (2019/20) & QUARTER 1 (2020/21))	
	The Committee received the Quarterly Annual Plan Monitoring Return (Quarter 4 (2019/20) and Quarter 1 (2020/21)) report, providing an update on the current situation in relation to the planning cycle and monitoring of plans. It was noted that given the current COVID-19 pandemic, processes usually in place with respect to the planning cycle, including the monitoring of plans, have been suspended by WG, and that guidance relating to the Q3 and Q4 reporting is awaited. Members were assured that within the Q3 and Q4 response, there would be a section mapping back to planned action for Q2 to check progress in order to enable PPPAC to monitor the plans and actions.	
	Ms Williams referred to the Crosshands Health & Wellbeing Centre development and requested that communication with the public be undertaken as to why the development has been delayed. Mr Thomas undertook to pursue this with the Chief Executive.	HT
	The Committee NOTED the current situation relating to the monitoring of the annual plans for 2019/20 (Quarter 4) and 2020/21 (Quarter 1).	
PPPAC (20)32	REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2020/21	
	The Committee received the Discretionary Capital Programme (DCP) 2020/21 & Capital Governance Update report, setting out the position with regard to the approved split of the available discretionary capital funding for the financial year 2020/21 and the risks emerging in relation to capital pressures, which may begin to challenge the position and mitigations available.	
	Prof. Gammon requested an update in relation to the Women and Children's Scheme, noting that as a consequence of the pandemic, delayed costs are in the region of £400k and enquired whether this cost would be covered by WG. In response, Mr Williams confirmed that discretionary funding required	

	<p>over the next 3 years would form part of HDdUHB's DCP, with it assumed that WG would cover delayed cost pressures associated with COVID-19. Mr Williams undertook to provide an update at the PPPAC meeting scheduled for October 2020.</p> <p>Mr Williams acknowledged the achievement of both Estates and Operational colleagues regarding the upgrading of the x-ray rooms at Glangwili General Hospital, Withybush General Hospital and Prince Phillip Hospital, recognising the positive impact this will have on the quality of services.</p>	PW
	<p>The Committee: NOTED the additional pressures on the discretionary capital programme. NOTED the potential mitigations available. NOTED that the capital situation remains fluid as the organisation continues to response to COVID-19 related pressures and there remains that some of these might impact on current discretionary capital programme priorities. NOTED the updated summary on the highest risk issues for HDdUHB capital schemes.</p>	

PPPAC (20)33	INFLUENZA SEASON 2019/20 & 2020/21: IMPACT, VACCINE UPTAKE AND EMERGING PRIORITIES FOR THE FORTHCOMING SEASON	
	<p>The Committee received the Influenza Season 2019/20 & 2020/21: Impact, Vaccine Uptake and Emerging Priorities for the Forthcoming Season report.</p> <p>Mrs Ros Jervis referred to the performance for the 2019/20 influenza season, highlighting that supply issues had affected the nasal spray vaccination for 2-3 year olds and school age children. However, achievements were made for various cohorts despite these supply issues, including pregnant women, 2-3 year olds, the over 65s and the under 65s at risk. Teamwork across the system surpassed all expectations in terms of managing supply issues and placed HDdUHB in good stead for the 2020/21 season. Since May 2020, planning has been underway for the 2020/21 vaccine campaign and winter preparations in an attempt to minimise the transmission of influenza. It was noted that social distancing requirements would have an impact on the efficiency of vaccination services. Further correspondence was received from the Chief Medical Officer (CMO) on 14th August 2020 requiring local areas to provide an expanding influenza vaccination programme. The cohort of groups will remain the same, with an additional cohort added this year, which includes all household contacts of the shielding population, and the 65 years and over cohort will be reduced to those aged 50 years and over. There is an expectation that there will be a 75% uptake across all groups. In addition, there is a requirement to plan to deliver the COVID-19 mass vaccination programme, which will have a substantial impact on the workforce, storage facilities, distribution and the prioritisation of vaccines. The first plan is required to be submitted to the CMO by 3rd September 2020.</p> <p>Prof. Gammon thanked Mrs Jervis for the report, suggesting that PPPAC concentrate on the influenza vaccine and the action planned for the 2020/21 influenza season.</p>	

	<p>Cllr. Hancock referred to the additional funding provided to GP practices to support an augmented call and recall offer for specified eligibility groups where lower uptake rates had been noted in previous years, stating it was a regret that not all GP practices had taken up the offer and enquired as to the learning from this initiative. In response, Mrs Jervis highlighted the benefits of the initiative including substantial discussions with patients regarding the reasons for their refusal of an influenza vaccination and providing assistance relating to the accessing of the vaccination.</p> <p>Referring to the national communication strategy, Ms Williams enquired whether HDdUHB has its own communication strategy for influenza. Mrs Jervis confirmed that there is a strategy in place with the communication programme being enhanced this year. National communication material will be supplemented with our own communication material and a member of the Communications Team is a member of the Influenza Planning Group.</p> <p>Mr Burt enquired in regard to the schools vaccination programme whether there is an expectation that this will continue within schools. In response, it was confirmed that the plan is for the programme to remain school based with the associated challenges being addressed.</p> <p>In summary, Prof. Gammon commended the plans for the influenza programme for 2020/21, acknowledging the work undertaken. Referring to the following statement on page 7 of the report “<i>COVID-19 has provided not only a crisis, but an opportunity to rethink the most appropriate models and methods of delivery of the seasonal flu vaccination programme</i>”, Prof. Gammon expressed surprise that the report did not emphasise how influenza vaccination rates could be capitalised upon as a consequence of COVID-19 and that this should be more focused than the previous year’s initiative. Mrs Jervis undertook to consider reinforcing this in the plan prior to presentation to Board in September 2020.</p>	RJ
	<p>The Committee: Received ASSURANCE from the influenza vaccine uptake in the 2019/20 season and the progress outlined in the years prior to this. REVIEWED and gained ASSURANCE from the initial plans for the upcoming influenza season 2020/21.</p>	
PPPAC (20)34	<p>WINTER PLAN 2020/21</p> <p>The Committee received the Winter Preparedness 2020/21 report, providing a progress update on HDdUHB’s winter planning processes in place for 2020/21.</p> <p>Ms Lewis sought assurance that similar attention to that given to hospital arrangements is being given to the GP and nursing home sectors and carers. Mr Keith Jones confirmed that the plan for Winter would be an integrated cross sector plan, encompassing care service provision, whilst highlighting the challenge of operating without specific guidance from WG for the plan at the current time. However, additional information has been received from WG regarding the proposal for a health and social care winter protection plan, with an expectation that the HDdUHB plan would form part</p>	

	<p>of a wider whole system plan coordinated by the Regional Partnership Board. It has been indicated that the timeline for receipt of specific guidance for the Winter Protection Plan is 14th September 2020, in parallel with guidance relating to the Q3 and Q4 Operational Framework. Members noted that the Q3 and Q4 return is required to be submitted mid-October 2020 with retrospective approval provided by the Board in November 2020.</p>	
	<p>The Committee: RECOGNISED the extent of early planning work that has gone into preparing for Winter 2020/21 and the improved wider engagement that has supported this. Were ASSURED from the progress made with preparation for the Winter 2020/21. NOTED the scale of challenge facing the whole system as Winter approaches and the steps taken to reduce and manage demand, capacity and flow through the unscheduled care system. NOTED the next steps to be taken ahead of finalisation of the plan. NOTED that a final plan would be presented to Board in November 2020 for final approval.</p>	

PPPAC (20)35	INTEGRATED PERFORMANCE ASSURANCE REPORT	
	<p>The Committee received the Integrated Performance Assurance Report (IPAR) for Month 4 (2020/21), and noted the change in format to incorporate COVID-19's impact on performance and reflecting the changed performance monitoring arrangements.</p> <p>Ms Lewis expressed some difficulty in fully understanding the IPAR and being able to channel questions appropriately due to the methodology used, and would welcome an opportunity to discuss this outside of the meeting to enable HDdUHB to further strengthen the progress made. Mr Thomas welcomed this approach and it was agreed for a meeting to be arranged between Prof. Gammon, Ms Lewis, Mr Thomas and any other Independent Members who wished to be included, the outcome of which is anticipated to guide Executive Directors in the information expected for inclusion within the report to ensure that it is meaningful.</p> <p>Ms Williams raised concerns relating to cancer treatment and follow-up appointments. Mr Jones advised that the urgent cancer performance during June 2020 evidenced an improvement in access and requested that Ms Williams provide him with specific detail relating to the issues to be addressed.</p> <p><i>Ms Williams left the PPPAC meeting.</i></p> <p>Prof. Gammon referred to discussion at the Public Board meeting in July 2020 relating to the deterioration of performance indicators and how these would be managed. Mr Jones highlighted to Members that in terms of WG requirements regarding Q3 and Q4 reporting, there will be a necessity to include more quantitative data.</p>	<p>HT</p> <p>HW</p>
	<p>The Committee DISCUSSED the revised report format in light of the current COVID-19 pandemic requirements, with a separate meeting to be arranged</p>	

	with PPPAC Independent Members to discuss the current IPAR terminology and methodology	
PPPAC (20)36	NHS WALES SHARED SERVICES PARTNERSHIP PERFORMANCE REPORT INCLUDING QUARTER 4 (2019/20) & QUARTER 1 (2020/21) PERFORMANCE INDICATORS	
	<p>The Committee received the NWSSP Performance Report including Quarter 4 (2019/20) and Quarter 1 (2020/21) Performance Indicators, providing a summary of performance data in respect of the services provided by NWSSP.</p> <p>Mr Thomas sought Members' views on whether this report should transfer to the domain of the Finance Committee. Prof. Gammon advised that this matter had been discussed outside of the meeting and he was content with the suggestion that this transfer to the Finance Committee.</p> <p>Referring to the "time to approve vacancies" performance indicators contained within page 2 of the report, Prof. Gammon enquired as to why the target set is unrealistic. In response, Mrs Gostling confirmed that in relation to Workforce & OD, the performance report includes Health Board and NWSSP performance and that this element has been subject to a number of conversations with them regarding their targets.</p> <p><i>Mrs Rhian Bond joined the PPPAC meeting.</i></p>	
	The Committee DISCUSSED the content of the NWSSP Performance Report and AGREED for NWSSP Performance to be transferred to the domain of the Finance Committee.	HT
PPPAC (20)37	MONITORING OF WELSH HEALTH CIRCULARS (WHCs)	
	<p>The Committee received the Monitoring of Welsh Health Circulars (WHCs) report, providing an update on progress in relation to the implementation of WHCs under the remit of PPPAC. Members noted that a number of the WHCs have now closed within the WHC log, with appropriate actions in place. Referring to the amber RAG-rated WHCs which have been outstanding for several years, it was acknowledged that these are linked to all-Wales issues.</p> <p><i>Mr Jones left the PPPAC meeting.</i></p>	
	The Committee was ASSURED on the management of WHCs within Executive/Director/Supporting Officers' responsibility and that these are being managed effectively.	
PPPAC (20)38	GENERAL MEDICAL SERVICES (GMS) ACCESS FORUM AND ACCESS QUESTIONNAIRE DATA FROM QAIF OUTCOME	
	The Committee received the General Medical Services Access Update report regarding the GMS contract changes which came into force in September 2019, setting new requirements on GP Practices under the Quality Assurance and Improvements Framework (QAIF) as well as placing	

	<p>additional responsibilities on health boards for the monitoring and reporting on accessibility to GP Practices.</p> <p>Mrs Rhian Bond highlighted that the access standards used in previous years are subject to review. GP practices have been required to work differently due to COVID-19 and work is being undertaken on how this can be reviewed and remain relevant. There remains uncertainty on how GP practices will manage their access during the Winter period, however this is being reviewed, with communications to keep the public updated being undertaken.</p> <p>Mrs Bond was thanked for the informative report and accompanying appendices. Prof. Gammon suggested that an update be presented to PPPAC in the future when Mrs Bond and Ms Jill Paterson feel it is pertinent.</p> <p><i>Mrs Rhian Bond left the PPPAC meeting.</i></p>	JP/RB
	<p>The Committee NOTED the current contractual suspension, which has negated the need for GP Practices to report in line with the contractual requirements, as well as noting the updates on GMS access in general.</p>	

PPPAC (20)39	<p>CORPORATE & EMPLOYMENT POLICIES UPDATE</p> <p>The Committee received the Employment Policies Update report, seeking consideration and approval of the Domestic Abuse Policy, noting the minor changes relating to the policy title change and the change from specific references to violence against women being replaced with domestic abuse and sexual violence. Also presented was the Extension of Review Dates of Employment and Corporate Written Control Documentation report, together with minor changes to the Use of Overtime Policy.</p> <p>The Committee approved the Use of Overtime Policy, noting that this had been presented to Staff Partnership Forum members for scrutiny prior to PPPAC; approved the Domestic Abuse Policy; and approved the extension of review dates of employment and corporate written control documentation.</p> <p>Prof. Gammon informed Members that the All Wales Reserves Forces – Training & Mobilisation Policy had been approved via Chair’s Action on 02/07/2020, a copy of which was presented to Members for information.</p> <p>Referring to the Domestic Abuse Policy, Cllr. Hancock enquired whether the West Wales Domestic Abuse Service in Aberystwyth could be included within the sources of help contained in Appendix 1 and Mrs Gostling undertook to ensure that this is included.</p>	LG
	<p>The Committee:</p> <ul style="list-style-type: none"> • CONSIDERED and APPROVED the Domestic Abuse Policy and Use of Overtime Policy. • NOTED the adoption of the All Wales Reserves Forces – Training & Mobilisation Policy via Chair’s Action. • APPROVED the extension of the expiry date to the written control documentation on the schedule presented, on the understanding that the review will be completed within the stipulated date. 	

PPPAC (20)40	MAJOR INCIDENT PLAN	
	Item deferred to October 2020 PPPAC meeting.	
PPPAC (20)41	A REGIONAL COLLABORATION FOR HEALTH (ARCH)	
	The Committee received the “Regional Collaboration for Health (ARCH) Portfolio Update Report”, providing an update on the activities of the ARCH portfolio from March to July 2020, and the regional discussions which had taken place between HDdUHB and Swansea Bay UHB in July 2020. Prof. Gammon endorsed the work being undertaken through QSEAC relating to the regional planning of tertiary services, and that a request has been made for the matter to be progressed further by the Executive Team in relation to ARCH working around these tertiary services. It was agreed that reporting would continue via both QSEAC and PPPAC due to the focus on different aspects of regional working regarding tertiary services.	
	The Committee NOTED the Regional Collaboration for Health (ARCH) Portfolio Update Report and the update following the regional meeting between HDdUHB and Swansea Bay UHB.	
PPPAC (20)42	LLANELLI WELLNESS VILLAGE	
	The Committee received the Llanelli Wellness and Life Science Village (Pentre Awel) progress update report.	
	The Committee NOTED the Llanelli Wellness and Life Science Village Update Report.	
PPPAC (20)43	PPPAC WORKPLAN 2020/21	
	The PPPAC workplan for 2020/21 was presented to Members for information.	
	The Committee NOTED the PPPAC workplan for 2020/21.	
PPPAC (20)44	REFLECTIVE SUMMARY OF MEETING	
	Mr Thomas was requested to provide a summary of bullet points regarding the key topics discussed during the meeting for inclusion in the PPPAC Update Report to Board and to forward to Mrs Claire Williams for distribution to Members. Following the meeting, Mrs Gostling provided the following summary: <i>Capital Estates & IM&T Sub-Committee – paper noted and agreed to look at RAG rating of schemes to know whether they are worsening, remaining the same or improving within the current rag score.</i> <i>IG Sub-Committee – detailed discussion around clinical coding & recruitment noted. Looking at collaboration with other health boards and use of outsourced contractor. Detailed report to be produced for future committee on clinical coding. Access to Health Records Policy approved.</i> <i>Corporate Risks – query around nurse recruitment new risk and how this was different to generic risk around Q2 staffing. It was reported that Executives will be meeting regularly moving forward to ensure risks are covered corporately and integrated where necessary. Query why TMHS was a separate risk to delivery of whole strategy and it was agreed to look at</i>	HT/ CW

this as part of the wider programme. Also noted that risks 890 and 892 would be looked at and integrated.

Operational Risks – committee members noted the content. Last committee noted dates and actions have been updated and it was clear a lot of work had been done to review the risks. Agreed actions were appropriate for the detail.

W&OD Update – noted committee members were pleased to see the work which has taken place and that it had begun to link in to the performance of the organisation. More detail was requested behind the issues highlighted. Was noted the quotes were liked and brought the experiences to life.

Strategic Equality Plan – reported this was a continuous journey, pleased to see BAME advisory group had been established and evidenced that HDdUHB took these matters seriously. Noted the change to the workforce element. Discussion around how the gypsy and traveller community was engaged and confirmation that links had already begun with overseas workers. Committee members asked to see examples of how equality assessments made a difference to the service change and asked if the workforce percentages could also be reflected against the percentage population for the key areas to see if the numbers were representative of the community. Asked to consider if we could pilot the social economic duty before it becomes legislation. Mrs Bird was encouraged to think about more than narrative and objectives but how do we demonstrate the impact of the actions on us as an organisation and how it improves service delivery for vulnerable individuals.

Welsh Language Standards – noted where there was non-compliance which is out of our control or sphere of influence and was asked if this could be highlighted moving forward with actions of what we are doing to influence. Also acknowledged the work which had been undertaken considering where the health board had come from and was now delivering. It was noted that other teams need to update on their compliance with the standard.

PADR Internal Audit – noted this had come from two internal audit reports and the committee members took assurance that actions were being progressed and interventions were in place.

Quarterly Annual Plan Monitoring – the paper was noted, however members asked that we needed to look at how we communicate the strategic programmes which were delayed. This was to be raised with the Chief Executive.

Discretionary Capital – discussed the WG position around delayed costs. Confirmed there were two components to this – one is the balance of the programme and the need for discretionary capital over three years which is part of the HDdUHB programme, the second element relates to delays in schemes due to COVID-19 and that WG have indicated they will meet the costs/issues relating to this element. The hard work of progressing some schemes was also acknowledged during this difficult time.

Flu Season – noted the actions being planned for 2020/21 and plans to increase the population now eligible for vaccination. Discussed the learning from support officer roles and the low uptake of those who progressed through to vaccination. Discussed links between local communications

teams and national teams and will enhance the comms this year. Will be taking the plan to Board shortly and see how we can reinforce the link to Covid-19.

Winter Plan – discussion around whether same focus has been given on primary, community and care homes as paper seemed secondary care focussed. Mr Keith Jones advised it would be a truly integrated plan. More narrative was expected for next iteration for Board. Final plan timeline is 14th September 2020 to likely receive guidance regarding protection plan and will then receive Q3 & Q4 operating framework which is expected to produce response to winter too. This is expected mid-October. Plan is full paper goes to Board in November 2020, however this will require sign off prior to this. Whole plan will be completed September/October 2020.

IPAR – it was reported that some members struggle to understand the IPAR due to the methodology used and therefore struggle to know what to focus on. Ms Anna Lewis offered help as it needs to focus on improvement and not just targets. It was agreed a separate meeting would be held with Prof. Gammon/Ms Lewis/Mr Thomas to discuss this. Mr Jones & Ms Helen Williams to have discussion around a concern raised linked to cancer treatment. *Unscheduled care challenges also discussed.*

NWSSP Report – it was agreed this would move to the Finance Committee moving forward. Noted that the targets which seem unreasonable in some instances have been raised with Shared Services.

WHCs – it was reported that it was noticeable that in some areas which are amber it is linked with all Wales issues some of which have been outstanding for several years. It was positively noted the number of actions closed and actions in place to close others.

GMS – helpful paper and annex regarding how standards are being actioned. No comments or concerns raised. Noted standards are subject to review, also noted update around winter and access to services.

Policies – Domestic Abuse policy – approved subject to West Wales Domestic Abuse Service being added to the list of organisations where individuals can seek help and advice. Approval given for schedule of polices for extensions, agreed amendments to Overtime policy & noted Reserved Forces policy which had previously been approved via chairs action.

Major Incident Plan – deferred to October 2020.

ARCH – paper noted and work endorsed. Agreed this would continue to be reported via QSEAC and PPPAC as both focus on different aspects of regional working for tertiary services.

Llanelli Wellness Village – progress in paper noted.

Workplan -noted with no additions following today's meeting.

<p>PPPAC (20)45</p>	<p>DATE AND TIME OF NEXT MEETING</p>	
	<p>Thursday, 29th October 2020 at 9.00 a.m. – 11.30 a.m. - Boardroom, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen</p>	