

**COFNODION Y CYFARFOD PWYLLGOR CYNLLUNIO BUSNES A SICRHAU PERFFORMIAD  
CYMERADWYO / UNAPPROVED MINUTES OF THE BUSINESS PLANNING &  
PERFORMANCE ASSURANCE COMMITTEE MEETING**

<b>Date and Time of Meeting:</b>	Thursday 20 <sup>th</sup> February 2020 at 9.30 a.m.
<b>Venue:</b>	Board Room, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen, SA31 3BB

<b>Present:</b>	Mrs Judith Hardisty, HDdUHB Vice Chair (BPPAC Interim Chair) Professor John Gammon, Independent Member Mr Owen Burt, Independent Member Cllr. Simon Hancock, Independent Member Mr Mike Lewis, Independent Member Ms Ann Murphy, Independent Member
<b>In Attendance</b>	Mrs Karen Miles, Executive Director of Planning, Performance & Commissioning (BPPAC Executive Lead) Mr Huw Thomas, Executive Director of Finance (part) Mr Andrew Carruthers, Executive Director of Operations Mrs Mandy Rayani, Executive Director of Nursing, Quality and Patient Experience Mrs Lisa Gostling, Executive Director of Workforce & OD Ms Alison Shakeshaft, Executive Director of Therapies and Health Science Mrs Ros Jervis, Executive Director of Public Health (part) Ms Jill Paterson, Director of Primary Care, Community and Long Term Care Mr Anthony Tracey, Assistant Director of Informatics Mrs Ann Griffiths, Advisory Forum Representative Ms Helen Williams, Hywel Dda Community Health Council Ms Alison Gittins, Head of Corporate & Partnership Governance (deputising for Mrs Joanne Wilson, Board Secretary) Ms Anna Bird, Head of Strategic Partnership Development (deputising for Ms Sarah Jennings, Director of Partnerships and Corporate Services) Ms Carly Buckingham, Service Delivery Manager, Ophthalmology (part) Ms Lisa Humphrey, Director of Secondary Care (part) Ms Debra Bennet, Service Delivery Manager for Cancer & Oncology services (part) Mrs Claire Williams, Committee Services Officer (Secretariat) Mr Nathan Davies, Senior Project Manager, Transformation Team (Observing)

<b>Agenda Item</b>		<b>Action</b>
<b>BPPAC (20)01</b>	<b>INTRODUCTIONS AND APOLOGIES FOR ABSENCE</b> Apologies for absence were received from: <ul style="list-style-type: none"> <li>• Mr Maynard Davies, Independent Member</li> <li>• Mrs Joanne Wilson, Board Secretary</li> <li>• Mr Paul Williams, Assistant Director of Strategic Planning and Developments</li> <li>• Ms Sarah Jennings, Director of Partnerships and Corporate Services</li> <li>• Dr Philip Kloer, Executive Medical Director &amp; Director of Clinical Strategy</li> </ul>	

	<ul style="list-style-type: none"> <li>• Dr Laurence Williams, Dyfed Powys Local Medical Committee Representative</li> </ul> <p>The Chair welcomed Mr Nathan Davies, newly appointed Senior Project Manager, Transformation Team, attending the meeting as an observer to gain a more robust understanding of the Health Board’s planning and performance assurance process.</p>	
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<b>BPPAC (20)02</b>	<b>DECLARATIONS OF INTEREST</b>	
	No declarations of interest were made.	

<b>BPPAC (20)03</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 17<sup>th</sup> DECEMBER 2019</b>	
	<b>RESOLVED</b> – that the minutes of the BPPAC meeting held on 17 <sup>th</sup> December 2019 be <b>APPROVED</b> as an accurate record of proceedings.	

<b>BPPAC (20)04</b>	<b>TABLE OF ACTIONS AND MATTERS ARISING FROM MEETING HELD ON 17<sup>th</sup> DECEMBER 2019</b>	
	<p>An update was provided on the Table of Actions from the meeting held on 17<sup>th</sup> December 2019 and confirmation received that all outstanding actions have been progressed.</p> <p>In terms of any matters arising:</p> <p><b>BPPAC(19)145 Health &amp; Safety and Emergency Planning Sub-Committee Update Report &amp; Revised Terms of Reference -</b>  Mrs Mandy Rayani provided a verbal update regarding the new Datix system with Hywel Dda University Health Board (HDdUHB) testing components of the new system on behalf of Wales. Feedback will be provided to the All Wales group on whether the system could be used to promote the sharing of good practice. Mrs Rayani confirmed that HDdUHB would be adopting the new system, which will go beyond reporting and improve the processes involved. Regular reporting of the new system will be provided to both the Quality, Safety &amp; Experience Assurance Committee (QSEAC) and the newly established Health &amp; Safety Committee.</p>	

<b>BPPAC (20)05</b>	<b>ANNUAL REVIEW OF BPPAC TERMS OF REFERENCE</b>	
	Deferred to April 2020 meeting. Members noted that the terms of reference for the newly established People, Planning & Performance Assurance Committee (PPPAC) would be presented to the Board in March 2020 and PPPAC in April 2020.	

**BPPAC  
(20)06**

**INFORMATION GOVERNANCE SUB-COMMITTEE UPDATE REPORT**

The Information Governance Sub-Committee (IGSC) update report from its meeting held on 7<sup>th</sup> February 2020 was presented to Members with the following matters highlighted:

- Caldicott Principles into Practice (C-PiP) Plan Update – The C-PiP process is now in its final year and will be replaced by the Wales Information Governance Toolkit (2020/21) to be piloted by the Information Governance Team.
- Medical Records at Cardigan Hospital – An assessment of the clearance of the old Cardigan Hospital and re-location of medical records to the new Hospital site has been completed with no risk of record loss. However, a number of recommendations have been made which will be reported to the IGSC in the next 6 months for review. One of the lessons learned that has been acted upon is that only a small fire room for medical records had been installed in the new Integrated Care Centre in /Cardigan with the clear message to remove paper where possible.
- Information Asset Owners’ Group Update – Concerns regarding the non-engagement of two Information Asset Owners, previously raised at IGSC, have been addressed with both now more engaged and in the process of being fully trained.
- Internal Audit Reports – Assurance was provided to the IGSC following the internal audits undertaken on both the Server Virtualisation and Cyber Security.

In response to Members concerns regarding clinical coding, compliance and the unsustainability of utilising contract coders, Mr Anthony Tracey confirmed that two trainee coders have recently been appointed, with discussions on-going with the Organisational Development Team regarding the potential to employ apprentices in this area of work, with a paper shortly to be provided to Executive Team. Ms Jill Paterson assured Members that the concerns have been discussed by the Executive Team on a number of occasions to ensure the minimum range is being met with the current staffing resource in place, whilst acknowledging there are other significant pressures for consideration.

In response to whether the number of reported unauthorised access/disclosure breaches are within trend or an exception, Mr Tracey confirmed that the figure is no higher than expected and agreed to provide further information regarding the trend perspective.

Members were pleased to note that automation is being considered to manage the amount of work requiring manual coding and Mr Tracey indicated that a meeting is due to take place at the end of February 2020 with an external company to discuss the matter further including concerns regarding any potential for a reduction in quality, with a paper to be subsequently prepared for Executive Team.

In response to concerns regarding lower clinical coding performance in Glangwili General Hospital and Prince Phillip Hospital, Mr Tracey confirmed

**AT**

	that this is due to a combination of staff shortages including retirements and the sheer volume of work involved.	
	The Committee <b>NOTED</b> the Information Governance Sub-Committee Update Report.	

<b>BPPAC (20)07</b>	<b>HEALTH &amp; SAFETY AND EMERGENCY PLANNING SUB-COMMITTEE UPDATE REPORT</b>	
	<p>Members were presented with the Health &amp; Safety and Emergency Planning Sub-Committee (H&amp;SEPSC) update report from its meeting held on 23<sup>rd</sup> January 2020.</p> <p>Mrs Mandy Rayani informed Members she had assumed responsibility for chairing the HS&amp;EPSC at the January 2020 meeting with significant changes proposed to the membership. The focus of the meeting was on the recent Health and Safety Executive (HSE) Inspection Report and the requirements placed upon HDdUHB, and Mrs Rayani assured Members on the progress that is being made following its receipt.</p> <ul style="list-style-type: none"> <li>• Violence &amp; Aggression (V&amp;A) -The Violence and Aggression Control Group has undertaken a substantial amount of work around risk assessments, with a walk through undertaken to review publicity posters and guidance throughout HDdUHB, including Primary Care facilities. A training needs analysis has been undertaken to identify those staff who require the training. The Clinical Skills Team who will be transferred to Mrs Rayani's Directorate will provide the training. A trial of a body worn camera is currently being arranged with a task and finish group established to progress this matter. Mrs Rayani confirmed that having contacted Cardiff &amp; Vale University Health Board who use such cameras, there had been very little uptake across the rest of Wales. Members were assured that very careful testing and the consideration of human rights would be undertaken.</li> <li>• Manual Handling – The Manual Handling Control Group has made good progress, with alternative equipment such as laundry trolleys and lifting equipment having been identified as in urgent need of purchase with their prioritisation to be undertaken imminently.</li> <li>• Investigations of Incidents Control Group – Guidance for the investigation and sign-off of incidents has been introduced for sharing across HDdUHB. The Group is considering a lessons learned or learning from incidents single bulletin as opposed to numerous bulletins.</li> <li>• Needle Stick/Sharps Task &amp; Finish Group – given the concerns raised at H&amp;SEPSC regarding poor attendance at the Task &amp; Finish Group and the lack of progress made, Mrs Rayani confirmed the matter would be raised with Ms Sharon Daniel, Assistant Director of Nursing (Infection Prevention &amp; Control). Mrs Rayani also confirmed that following discussion with HDdUHB's Head of Health &amp; Safety, she remained confident that HDdUHB would be able to comply with the improvement notice.</li> </ul>	

Cllr. Simon Hancock assured Members that considerable discussion regarding violence and aggression and staff welfare had been held at the HS&EPSC meeting given its importance as an agenda item.

In response to whether needle stick injuries are being addressed within the remit of the Infection & Prevention Sub-Committee (IPSC) as well as H&SEPSC and the potential for it to fall between the two Sub-Committees, Mrs Rayani confirmed that the detail and impact of needle stick injuries is discussed at each IPSC meeting.

Concern was expressed that the narrative provided in the HS&EPSC update report does not necessarily provide Members with assurance that the recommendations from the HSE are being addressed. In response, Mrs Rayani advised she had met with the new Chair of the Quality, Safety and Experience Sub Committee (QSEAC) and discussed how best to support report writers to understand the information required to be provided, with a template to be devised which the Lead Executive will authorise prior to submission.

Whilst recognising that the use of body cameras are beneficial for evidential focus, "talking someone down" is considered far more important and queries were raised on the training that is being carried out to support this. Mrs Rayani responded that a two-day training course would be provided, targeting staff at particular risk, with mental health directorate staff being the first cohort to be trained. However, evidence would be sought beforehand from other Health Board clinical staff using the equipment. The Chair informed Members that a trial of body cameras had previously been carried out within the Wales Ambulance Services Trust and found to be beneficial.

In response to whether the additional health and safety staff are now in post, it was confirmed that one of the appointed candidates would be commencing employment on 24<sup>th</sup> February 2020 and Mrs Rayani undertook to establish the start dates of the other staff.

In response to whether the hand held WCCIS lone working devices have the facility required for HDdUHB staff, Mrs Rayani confirmed that discussions are on-going with companies providing the devices as due to the need to access support quickly, an app may not be the most suitable product.

In response to a query regarding the lack of laundry on wards due to smaller packs being produced to better manage manual handling, Mrs Rayani advised that having sought assurance and as part of health checks carried out, the matter would be actively monitored. It is anticipated that the purchase of laundry trollies will assist in resolving the matter.

In response to queries raised on the current embargo on the destruction of medical records, Mrs Karen Miles advised that this is due to the national embargo in relation to the on-going blood borne hepatitis inquiry.

**MR**

	<p>In summary, the Chair acknowledged the positive manner in which the health and safety matters raised are being addressed.</p>	
	<p>The Committee <b>NOTED</b> the Health &amp; Safety and Emergency Planning Sub-Committee Update Report.</p>	

<p><b>BPPAC (20)08</b></p>	<p><b>INTEGRATED PERFORMANCE ASSURANCE REPORT MONTH 10 (2019-20)</b></p>	
	<p>Members were presented with the Integrated Performance Assurance Report (IPAR) for Month 10 (2019-20) noting from the most recent all Wales data that HDdUHB ranked in the top 3 for 41% of the measures. Mrs Miles explained that a Board type IPAR has been provided for this meeting due to the short turnaround for the reporting period.</p> <p>It was noted that the on-going unscheduled care pressures reflect the current performance.</p> <p>Mr Andrew Carruthers updated Members on unscheduled care pressures, highlighting that November and December 2019 had been HDdUHB's poorest ever performance. It was anticipated that an improvement would be apparent in January 2020 and despite a difficult start to the month, some improvements in performance had been made including ambulance handovers and the number of patients treated at an A&amp;E/MIU within four hours. However, the position remains challenging, with particular pressures seen in Glangwili General Hospital due to norovirus and diarrhoea &amp; vomiting outbreaks, and particular difficulties in discharging patients, leading to an adverse effect on flow within the hospital. Whilst performance for February 2020 is improving across all indicators, it remains predominantly high. However, Members noted that the 30 additional care packages recently commissioned by Pembrokeshire County Council should ease the pressures on Withybush General Hospital.</p> <p>Mrs Rayani referred to the work of Improvement Cymru, the all-Wales Improvement service for NHS Wales, which is due to be launched shortly with a lot of positive work to follow. Mr Carruthers also informed Members that the Winter planning process would get underway much earlier this year, commencing discussions with Social Services partners in March/April 2020.</p> <p>In response to a request for a mental health performance update, Mr Carruthers undertook to forward this on to Members to include an update on psychological therapies and timescales for actions.</p> <p>Mrs Helen Williams queried the lack of information within the report relating to the impact on patients. The Chair reiterated Mrs Miles' explanation that a briefer report had been provided due to the short timescale between meetings and confirmed that a fuller report would be provided at the next meeting.</p>	<p><b>AC</b></p>

In response to concerns that 940 patients had waited beyond 36 weeks for their planned care, Mr Carruthers explained that the cancelled operations in January 2020 had an impact on this figure and that a recovery plan is in place. Welsh Government have now confirmed that they will support the cost of providing additional capacity to recover the position by the end of March 2020.

In response to an observation regarding the lack of joint working between HDdUHB and the County Councils in relation to service planning and transferring of care, Ms Paterson confirmed that all 3 Directors of Social Services meet with HDdUHB representatives on a regular basis to discuss how best to address this issue and will continue to focus on this matter throughout the year.

In response to concerns regarding the outsourcing of orthopaedic care and the aftercare of patients being transferred to HDdUHB's therapy staff, Mr Carruthers shared his understanding that the Scheduled Care Team is dealing with the whole pathway.

Ms Alison Shakeshaft updated Members in relation to stroke services where HDdUHB is ranked 1<sup>st</sup> across Health Boards in Wales in both "admission to stroke unit within 4 hours" and "assessed by stroke consultant within 24 hours". However, HDdUHB has not performed well with "access to therapies", particularly speech and language therapy, and confirmed that a business case would be presented to the Board later in the year regarding additional staff and resources. Whilst 138 breaches were noted in January 2020 for patients waiting longer than 14 weeks for a therapy appointment, Dietetics and Occupational Therapy are on target to achieve zero breaches by year-end. Ms Shakeshaft expressed concerns in regard to Physiotherapy, with 30 patients yet to be booked in which could result in breaches by year-end. Staff have been offered overtime and asked to postpone annual leave to try to reduce the breaches to zero.

In terms of a more sustainable model for therapies, Ms Shakeshaft confirmed that with a dedicated Clinical Director now in post, there is a confidence that the narrative will improve over the coming year.

Mrs Taylor-Griffiths informed Members that 3 stroke rehabilitation healthcare support workers have been employed in Bronglais General Hospital to support orthopaedic patients requiring therapy during the weekend.

The Chair highlighted the patient impact of not achieving targets and Mrs Miles confirmed that actual numbers are replacing percentages to ensure reporting makes this more explicit. Ms Shakeshaft assured Members that quality impact is discussed at QSEAC meetings.

Mrs Rayani updated Members in relation to Infection Control, highlighting that whilst *Clostridium difficile* (C.diff) figures have slightly improved, *Escherichia coli* (E.coli) infections increased from 29 in December 2019 to 34 in January 2020. Members were assured that each infection is

	<p>investigated thoroughly. Members were also pleased to note that progress has been made around serious incident reporting with a much closer working relationship in place with WG colleagues. The current substantial area of action is in relation to Coronavirus with the approach and models put in place by HDdUHB having been recognised by WG.</p> <p>The Chair referred to potential inappropriate wording on page 7 of the report where the increase in E.coli following the festive period has been attributed to <b>excessive celebrations</b>"; Mrs Rayani agreed to raise this with the Quality &amp; Safety Team.</p> <p>Mrs Lisa Gostling updated Members in relation to Workforce, highlighting the slight increase in sickness levels, which is consistent with the time of year, and confirmed that reasons for absence are being explored. It was pleasing to note that HDdUHB ranked 1<sup>st</sup> across Health Boards in Wales against the Performance Appraisal and Development Review (PADR) target which should improve further when the new Pay Progression Policy comes into effect on 1<sup>st</sup> April 2020. Mandatory training figures have also increased with 82.7% of staff having completed their level 1 training consisting of UK Core skills mandatory training modules. However, fire compliance training has fallen to 67.1%, which is impacting on the overall 85% target for core skills. It has now been agreed that level 1 fire training for non-patient facing staff will revert to an e-learning module, which should increase compliance levels.</p> <p>In response to an observation on the unlikelihood of being able to achieve 100% training compliance due to the way training is presented on the ESR system, i.e. in pay bands and not skill bands, Mrs Gostling confirmed that staff should only be offered training that is relevant to their role.</p> <p>The Chair suggested that the new PPPAC may wish to consider mandatory training in more depth. Mrs Gostling confirmed this had been discussed at the Workforce &amp; Organisational Development Sub Committee, and that the PPPAC Chair, Mrs Miles and Mrs Gostling have a meeting scheduled to discuss the agenda of the newly formed Committee.</p> <p>The Committee <b>NOTED</b> the Integrated Performance Assurance Report 2019-20 (Month 10), raising issues arising from its content.</p>	<p><b>MR</b></p>
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<p><b>BPPAC (20)09</b></p>	<p><b>NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP) PERFORMANCE REPORT INCLUDING QUARTER 3 PERFORMANCE</b></p> <p><i>Mr Huw Thomas joined the Committee meeting</i></p> <p>Members were presented with the NWSSP Performance Report including Quarter 3 (2019/20) Performance, and noted the following matters:</p> <ul style="list-style-type: none"> <li>• Financial Information - NWSSP returned £2m direct savings to NHS Wales compared to the £750k originally identified. For HDdUHB, an additional distribution of £58k had been planned for 2019/20, and following reinvestment; an additional cash distribution of £97k was made.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Legal and Risk Services/Welsh Risk Pool – The position regarding the Welsh Risk Pool risk sharing arrangements has been invoked. It was noted that some high value court cases are due to be settled soon which may have an impact on the year-end.</li> <li>• HDdUHB’s performance for Public Sector Payments slightly missed the 100% target at 99.98%, similar to the rest of Wales and Mr Thomas agreed to ascertain the reason for this.</li> </ul> <p>In response to a query regarding reasons for the delay in approving vacancies and whether vacancies are being “held back”, Mrs Gostling highlighted that many factors can contribute to the delay, however, the OD Team are reviewing how they can best support managers to achieve improved timescales. To avoid Welsh language translation being a further factor, Members noted that a request has been submitted to the Welsh Language Commissioner to extend the timescale for translating job descriptions. Whilst acknowledging that recruitment delays are a perpetual concern, Mr Thomas assured Members that although the target of 10 days for approving a vacancy is not being met, HDdUHB is the best performing Health Board in both “time to shortlist by managers” and “time to notify recruitment of interview outcome”, providing assurance that candidates are met with a quick process once vacancies are advertised.</p> <p>In response to a query regarding the delay with accounts payable, Mr Thomas confirmed that two new matrixes have been incorporated and the statutory requirement is the “re-enablement and compliance” in which HDdUHB is 95.10% compliant. Mr Thomas agreed to explore the most effective way of providing the NWSSP report to the Committee going forward, potentially through an exception report.</p>	HT
	<p>The Committee <b>NOTED</b> the NHS Wales Shared Services Partnership (NWSSP) Performance Report for Quarter 3 (2019/20).</p> <p><i>Mr Huw Thomas and Mrs Helen Williams left the Committee meeting</i></p>	HT

<p><b>BPPAC (20)10</b></p>	<p><b>CAPITAL, ESTATES AND IM&amp;T SUB-COMMITTEE</b></p> <p>The Capital, Estates and IM&amp;T Sub Committee (CE&amp;IM&amp;TSC) update report from its meeting held on 28<sup>th</sup> January 2020 was presented to Members, with the following matters raised:</p> <ul style="list-style-type: none"> <li>• WG has now approved the utilisation of the Cardigan Scheme underspend/gain share for Statutory Fire and Credits for Cleaning.</li> <li>• The expected scheme cash flow slippage for Women &amp; Children’s Phase II in 2019/20, based on updated schedules of works provided by the supply chain partner, scrutinised by HDdUHB’s cost advisors and signed off by the Project Group, is £3million.</li> <li>• Women &amp; Children Phase II - Handover of Phase 1 of the scheme had been delayed from 20<sup>th</sup> December 2019 and completed on 31<sup>st</sup> January 2020.</li> </ul>	
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- 41.15% of the Discretionary Capital Programme allocation and 69.43% of the All Wales Capital Allocation has been spent to date. It was noted that this position is an improvement on previous years.
- Wards 9 & 10 Withybush General Hospital - A recent report from the Cost Advisor identified a potential overspend in relation to additional works carried out. Work is currently being undertaken to review the likely financial outturn, which is understood not to be significant. An audit review of the scheme has been undertaken.
- Radiology – A list of the priorities in respect of the replacement of CT scanners across the Health Board based on clinical need and maintaining services on all sites, highlighted that additional capacity within CT is needed. Authorisation is being sought on whether a second CT scanner on the Glangwili site is the priority for equipment replacement.
- Medicine Transcribing e-Discharge (MTeD) Update - The bid for increased capacity to provide emergency department cover, Sunday opening and MTeD roll out, as a rolled up bid has been successful.

Members were informed that the capital allocation remains insufficient to provide BPPAC with full assurance on the management of infrastructure and backlog risks. In addition, BPPAC is asked to note the current constraints regarding All Wales Capital with the following mitigating measures in place:

- Work continues to progress HDdUHB wide strategic funding bids seeking All Wales Capital Funding for Ward refurbishment and estates infrastructure projects; IM&T Strategic Outline Programme.
- Work continues to be progressed to prioritise the allocation of Discretionary Capital 2019/20 as outlined in the DCP report to BPPAC.
- A prioritised programme of projects and equipment, brought forward from future DCP priorities, should further year-end funding be made available.

With regard to the on-going delays in respect of Pond Street/Penlan, Mrs Miles highlighted that refurbishment has been particularly difficult with tenders provided doubling the expected price. Further discussions are therefore being held with WG.

Mrs Miles presented Members with the Decarbonisation Agenda Report, highlighting the work carried out by Mr Paul Williams, Head of Property Performance. Whilst it was acknowledged that HDdUHB would never be carbon zero, every opportunity is being investigated to reduce its carbon footprint. The Chair requested that Mr Williams be thanked for the informative report.

Ms Anna Bird assured Members that climate change is high on the Health Board's agenda with a number of events imminently planned including NHS Sustainability Day on 19<sup>th</sup> March 2020, tree planting at Wolfscastle, Pembrokeshire and a midwifery led initiative to plant a tree for every baby born in HDdUHB. In response to a query on whether this climate change work involves the younger generation such as schoolchildren, Ms Bird confirmed that this is being pursued with Pembrokeshire County Council.

*Mrs Ros Jervis joined the Committee meeting*

**KM**

	Cllr. Hancock suggested the need for significant dialogue with local food/beverage producers to offer them an opportunity to provide to local hospitals.	
	The Committee <b>NOTED</b> the Capital, Estates and IM&T Sub Committee Update Report and Decarbonisation Agenda Report.	

<b>BPPAC (20)11</b>	<b>MONITORING OF WELSH HEALTH CIRCULARS (WHCs)</b>	
	The Committee received a Welsh Health Circulars (WHCs) progress report for those WHCs which fall under the remit of BPPAC and its Sub-Committee structure.	
	Mr Carruthers referred to WHC 027-17 Clinical Musculoskeletal Assessment Treatment Service (CMATS) highlighting that a national solution for tracking information is awaited from NHS Wales Informatics Service (NWIS). Members requested the information relating to this circular be updated based on recent conversations with Wales Audit Office.	<b>AC</b>
	In response to a query regarding the request for a formal update from the Chief Executive Officer of NWIS in relation to WHC 053-15 Introduction of SNOMED CT as an Information Standard in NHS Wales, Mr Tracey confirmed that no response has been received. Members agreed this was not acceptable and requested a further letter be sent, to be followed by a letter on behalf of the Committee if a response is not received imminently.	<b>AT</b>
	Mrs Miles assured Members that Executive Directors are held to account at Executive Team meetings in relation to the monitoring of WHCs. Prof. Gammon requested this be reflected both within the report and in the relevant minutes.	<b>AG</b>
	The Committee <b>NOTED</b> the Monitoring of Welsh Health Circulars (WHCs) Update Report.	

<b>BPPAC (20)12</b>	<b>REPORT ON THE DISCRETIONARY CAPITAL PROGRAMME 2019/20</b>	
	Members were presented with the Report on the Discretionary Capital Programme (DCP) 2019/20 with the following matters highlighted: <ul style="list-style-type: none"> <li>• HDdUHB's DCP is currently in a very fluid position.</li> <li>• 2019/20 Year End Capital - HDdUHB has been notified by WG of additional year-end capital as follows: £1.5m Scheduled Care and Unscheduled Care equipment; £0.044m Mental Health equipment. Members noted that a priority list has been devised to prioritise equipment needs in anticipation of year-end capital to ensure full utilisation of the additional allocation. In addition to this, HDdUHB was informed on 19<sup>th</sup> February 2020 that further slippage monies would be available with the potential for a year-end IT allocation.</li> <li>• Capital Governance – The RAG ratings are analysed in detail at CEIMTSC meetings where it had been disappointing to note the RAG rating for Wards 9 &amp; 10 at Witybush General Hospital increased from</li> </ul>	

	<p>green to amber due to the scheme reporting a potential overspend against budget, which is the subject of a review. However, the RAG rating for the Welsh Community Care Information Solution (WCCIS) has improved from amber to green following the formal signing of the deployment order and a confirmed project plan for deployment.</p> <p>Mrs Miles confirmed that all DCP matters have been presented to Executive Team prior to prioritisation, to provide assurance.</p>	
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the work underway to ensure the purchase and expenditure of all items in the approved discretionary capital programme in advance of 31st March 2020.</li> <li>• <b>NOTED</b> the on-going work to ensure any movement in All Wales Capital Scheme expenditure profiles are managed to ensure a balanced capital resource limit for 2019/20.</li> <li>• <b>NOTED</b> receipt of additional year-end capital allocations and the list of priority items now being procured.</li> <li>• <b>NOTED</b> the pre-commitments for the 2020/21 DCP.</li> <li>• <b>NOTED</b> the summary capital scheme governance report including the schemes with the change in RAG status as reported to the CEIMTSC.</li> </ul>	
<b>BPPAC (20)13</b>	<b>PLANNING SUB COMMITTEE</b>	
	Planning Sub-Committee meeting scheduled for January 2020, superseded by the Board Seminar held on 13 <sup>th</sup> February 2020.	
<b>BPPAC (20)14</b>	<b>DRAFT ANNUAL PLAN 2020/21</b>	
	Mrs Miles provided a verbal update report on HDdUHB's draft Annual Plan 2020/21 emphasising that this had been discussed at the January 2020 In-Board Committee meeting. Mrs Miles confirmed that she would be liaising with both Hywel Dda Community Health Council and WG regarding the draft Plan with the anticipation that it will be presented to the March 2020 Board meeting. Members were reminded to submit any comments on the Plan to Mrs Miles by 21 <sup>st</sup> February 2020.	
	Members <b>NOTED</b> the verbal Draft Annual Plan 2020/21 Update Report.	
<b>BPPAC (20)15</b>	<b>ANNUAL PLAN MONITORING RETURN QUARTER 3 2019/20</b>	
	Members were presented with the Annual Plan Monitoring Return Quarter 3 2019/20. Mrs Miles advised that the expectation from WG is that HDdUHB will monitor progress against the actions in place within the Annual Plan. Members noted that steady progress is being made with assurance provided that the actions form part of the Executive Team Performance Reviews chaired by the Chief Executive.	
	In response to a query on whether the Annual Plan would alter in light of HDdUHB's 3-year plan, Mrs Miles confirmed that key actions would be	

	<p>adopted from the 3-year plan and progressed into more manageable actions.</p> <p><i>Ms Anna Bird left the Committee meeting</i></p>	
	<p>The Committee was <b>ASSURED</b> from the overarching progress, RAG rated progress and the mitigations/actions in place to recover those actions noted as being Amber, supporting the HDdUHB's 2019/20 Annual Plan.</p>	

<p><b>BPPAC (20)16</b></p>	<p><b>ADOPTION/COVERAGE OF KEY NATIONAL CLINICAL SYSTEMS IN HYWEL DDA UPDATE REPORT</b></p> <p>Members were presented with the Adoption/Coverage of Key National Clinical Systems in Hywel Dda Update Report, with the following matters highlighted:</p> <ul style="list-style-type: none"> <li>• The improvements in usage requested by the Chief Clinical Information Officer (CCIO) is a target of 90% for electronic referrals, electronic prioritisation, electronic pathology test requesting and electronic discharges.</li> <li>• Electronic Test Requesting - Ward areas within PPH remain to be 100% compliant and improvements are being made within the Outpatients Department. The overall pace of electronic change at PPH was noted to be disappointing at 74%. In light of this, regular monthly meetings have been agreed with the site management team to monitor improvements and the option of appointing additional staff is being considered.</li> <li>• Electronic Referrals – To improve usage within Primary Care, work is required to ensure that the target of 90% can be delivered within electronic prioritisation within secondary care. Discussions are on-going with Primary Care colleagues and it is envisaged that some of the resources could be transferred towards primary care in Quarter 3 of 2020/21.</li> <li>• Label Printing - The current zebra printers have caused a number of faults with labels received by the labs i.e. missing digits from the NHS Number or the barcode being smudged. These issues are continuing to be investigated.</li> <li>• Improvements for Electronic Prioritisation – Members were pleased to note that all orthopaedic referrals are being managed electronically.</li> <li>• Timeline for Improvements for Medical Transcribing and eDischarge – Appendix 4 outlines the improvements made, with Dewi Ward, Glangwili General Hospital recently having “gone live”.</li> </ul> <p>The Chair thanked Mr Tracey for providing an informative report.</p> <p>In response to a query regarding a timeline for electronic referrals for mental health and therapies, it was confirmed that mental health will “go live” in June/July 2020. Whilst a date is not yet available for therapies, work is continuing to progress this. Mr Anthony highlighted a reluctance from NWIS to progress this and agreed to raise this with NWIS on the Committee's behalf.</p>	<p><b>AT</b></p>
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	<p>Members expressed disappointment that the electronic test requesting floorwalkers in Prince Phillip Hospital do not appear to have had the positive impact anticipated and in response, Mr Anthony confirmed there is a meeting scheduled to discuss the matter further.</p> <p>In response to an observation regarding staff resistance to change and the escalation levels in place, Mrs Miles confirmed that this would form part of the performance management process.</p> <p>The Chair suggested that Ms Paterson may wish to facilitate discussion regarding electronic referrals with Cluster Leads.</p>	<b>JP</b>
	<p>The Committee:</p> <ul style="list-style-type: none"> <li>• <b>NOTED</b> the contents of the report and the outlined improvements, and that further updates against the improvement plans would be provided to the Committee, when appropriate.</li> </ul>	

<b>BPPAC (20)17</b>	<p><b>DELIVERY OF OPHTHALMOLOGY FOR HYWEL DDA PATIENTS (INCLUDING LONG TERM SUSTAINABILITY)</b></p> <p><i>Ms Carly Buckingham joined the Committee meeting</i></p> <p>Members were presented with the report on Delivery of Ophthalmology for Hywel Dda Patients (including Long Term Stability), noting that HDdUHB had been awarded Eye Care Sustainability funds from WG for community-based investment in order to support and rationalise specialist and general ophthalmology care, focusing on the Cataract Referral Refinement scheme and the Glaucoma Data Capture Programme.</p> <p>Ms Buckingham informed Members of the considerable changes to the cataract referral refinement scheme commenced in September 2019 to support community optometrist assessment of patients, designed to release hospital based eye services outpatient capacity to be prioritised for patients at risk of irreversible sight loss (R1 patients).</p> <p>The Glaucoma data capture programme commenced at the end of September 2019, with the aim that delays experienced by this cohort of patients would start to reduce and in turn release secondary care capacity to treat other follow up patients. Out of the almost 1500 patients who have received a glaucoma review, 41% were suitable for monitoring in a community environment, rather than hospital.</p> <p>Practices were invited to tender for the Glaucoma data capture programme with all 11 practices successful. As Practices are becoming used to referring in this way, the quality of referrals into HDdUHB is improving. As experience grows and the number of referrals increase, the scheme is expected to release approximately 1800 outpatient clinic appointments per year to be redirected to patients who have been identified as R1.</p> <p>Challenges remain however within the fragile ophthalmology workforce. Consultant Ophthalmologist vacancies continue to be an issue for the</p>	
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delivery of services, with only 3 full time substantive Consultants out of a funded establishment of 10, and the most recent recruitment drive resulting in no appropriate applicants for the posts. A campaign has been relaunched, in conjunction with the Workforce & OD Department, with adverts placed in various medical journals. Currently Locum Consultants support the vacancy factor and although this supports the General and Emergency Ophthalmology requirements, it does not always provide the subspecialty skills needed.

Discussions have commenced with Swansea Bay University Health Board regarding a regional model, including joint posts to ensure a sustainable service for the future.

In response to a query regarding the significantly reduced number of patients without an allocated health risk factor (HRF) from a peak of 6297 in April 2019 to 813 by December 2019, Ms Buckingham advised that the current confirmed figure is 487 patients (3%) without an allocated HRF. Given that approximately 200 referrals are received each week, there will always be at least this number without an HRF.

In response to an observation that the number of R1 patients referred into the Hospital Eye Service continuing to exceed available capacity is unsustainable, Ms Buckingham highlighted that the eye care measures versus referral to treatment can be conflicting. Clinics are currently being reviewed to liberate R2 and R3 in order to have capacity for R1 patients and it is proposed that this will be in place by the end of March 2020.

In response to concerns regarding HDdUHB's ability to recruit, given the known national shortage of Ophthalmology staff with sub speciality being a particular issue, Ms Buckingham suggested one possible solution could be to develop glaucoma clinical nurse specialists, with discussions already being instigated in this regard.

Members expressed their contentment at the significant improvements in Ophthalmology services with issues appearing to be more managed and controlled. The Chair expressed the Committee's gratitude to Ms Buckingham for the work undertaken, and whilst it was recognised there is still some way to go, assurance was received that Ophthalmology services are progressing.

*Ms Carly Buckingham left the Committee meeting*

The Committee **NOTED & CONSIDERED** the long term plan for Ophthalmology services and supported the direction of travel outlined in the report.

**BPPAC  
(20)18**

**PLANS FOR A NON-URGENT SINGLE CANCER PATHWAY**

*Ms Lisa Humphrey, Director of Secondary Care and Ms Debra Bennet Service Delivery Manager for Cancer & Oncology services joined the Committee meeting.*

Members were presented with the Implementation of the Single Cancer Pathway (SCP) Report, detailing current planning and progress towards its implementation.

Ms Humphrey explained that currently there is no measure or expedite through the diagnosis pathway hence the rationale for a single pathway. The principle underpinning the SCP is that the investigation and treatment of all patients for whom a suspicion of cancer is identified should be monitored from the point cancer is first suspected; the major impact for HDdUHB being the diagnostic pathways. The current urgent suspected cancer (USC)/non urgent suspected cancer (nUSC) pathways effectively mask a hidden wait for assessment/diagnosis as neither target accelerates a diagnostic pathway from the point cancer is first suspected, although HDdUHB measures relatively well across Wales in this respect.

Whilst the new pathway has not yet replaced the current USC/nUSC pathways, Health Boards commenced shadow reporting of SCP performance during 2019 to include illustrative SCP performance for those patients currently following USC/nUSC pathways, both with and without pathway clock suspensions. WG is yet to confirm whether suspensions will be applicable for the SCP. Unlike the current USC/nUSC pathways, no fixed numerated performance target has been set for the SCP. Health Boards have been requested to progress development work to support continuous improvement in reported monthly compliance levels and HDdUHB has set itself a target of 1% per month over the year. Ms Bennet added that active engagement has commenced with primary care practitioners and GPs to update them in relation to the new pathway.

Currently there are 2800 patients being tracked on a daily basis. New guidance stipulates that all suspected cancer patients must be diagnosed (or otherwise) by day 28, with demand expected to increase by approximately 2500 patients over the next 2 years.

In response to an observation on the importance of robust diagnostic equipment due to the SCP, Mr Carruthers advised that almost 100% of referrals are now electronic; Ms Humphrey added that a team of trackers has been in post for six weeks and has made a substantial impact already, with the tracking system “live” and updated on a daily basis.

In response to how the funding is calculated and whether this is a reflection of extra demand, Ms Bennet advised that funding is weighted on the areas of population within each area and not on population health. Members were informed that the original funding is for two years with a requirement to reapply after this time for further funding.

In response to queries raised on HDdUHB’s poorer performance against the current SCP compliance in gynaecology and head, and neck cancers, Members were informed that weekly meetings are taking place to review and discuss each patient on the tertiary list. Performance relating to



	<p>gynaecology is almost exclusively due to treatment delays at the tertiary centre in Swansea Bay University Health Board with 10 breaches relating to gynaecology having been reported. The Chair enquired whether there are any alternative venues for gynaecology patients to be treated and it was noted that Cardiff &amp; Vale University Health Board could represent a potential option, dependant on the assurances provided at future meetings. Mrs Miles confirmed that South West Wales Cancer Treatment Centre and WHSSC are involved with the pathways and discussions are continuing with SBUHB.</p> <p>The Chair thanked Mr Carruthers, Ms Humphrey and Ms Bennet for the informative report and agreed to escalate to Board the requirement for a harm risk assessment view and more of a quality focus for patients.</p> <p><i>Ms Lisa Humphrey and Ms Bennet left the Committee meeting</i></p>	<b>JH/CW</b>
	<p>The Committee <b>NOTED</b> the current planning and progress towards implementation of the Single Cancer Pathway.</p>	

<b>BPPAC (20)19</b>	<p><b>OUT OF HOURS SERVICE STRATEGIC PLAN</b></p> <p>Members were presented with the Out of Hours Service Strategic Plan Report, providing an update on the provision of out of hours services within HDdUHB.</p> <p>Given the proposed reduction of the number of out of hours bases from 9th March 2020, Members were pleased to note that no negative feedback had been received from staff regarding the changes.</p> <p>In response to a query on where the funding for the additional out of hours posts would be sourced from, Mr Carruthers confirmed that the underspend from not being able to staff shifts previously would be utilised.</p> <p>In response to an observation relating to a shortage of nurse practitioners in the community and the perceived ability to recruit to the service, Mrs Rayani advised that the response to the additional capacity required had been positive with and the Welsh Ambulance Services Trust providing additional support.</p> <p>The Chair enquired regarding the feedback received from GPs in relation to the changes, and Ms Paterson confirmed that discussions had taken place with GPs with a positive consensus received, recognising that the current situation is not sustainable. Mr Carruthers assured Members that a clear escalation policy affirming what is expected of out of hours staff is in the process of being approved.</p> <p>The Committee <b>RECEIVED</b> the Out Of Hours Service Strategic Plan Report and acknowledged the actions in train with a view to maximising performance and service delivery.</p>	
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<b>BPPAC</b>	<b>GENERAL MEDICAL SERVICES ACCESS UPDATE</b>	
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(20)20	<p>Members were presented with the General Medical Services Access Update report highlighting the General Medical Services Contract changes, which came into force in September 2019, setting new requirements on GP Practices under the Quality Assurance and Improvement Framework as well as placing additional responsibilities on Health Boards for the monitoring and reporting on accessibility to GP Practices.</p> <p>In March 2019, the Minister for Health and Social Services made an announcement on access standards for GP Practices, which was subsequently considered as part of the GMS contract negotiations. The Minister continues to instigate the obligation to prioritise access and eight standards have been developed which Practices are expected to achieve.</p> <p>£3.7m has been invested into the Global Sum across Wales to assist Practices in investing in or updating their infrastructure with a focus on telephone systems which Members noted is the responsibility of the GP Practices and not HDdUHB.</p> <p>Work has been undertaken through the Heads of Primary Care to develop a baseline assessment of the current achievement of Practices against these standards. The Access Forum is required to report through the appropriate leadership group with quarterly updates provided at Executive and Board level. In addition, access standards will routinely feature at Quality and Delivery meetings.</p>	
	<p>The Committee <b>NOTED</b> the updated requirements in the GMS Contract for Access, the data from the baseline assessment and the work undertaken to date with regard to the development of an Access Forum.</p>	

BPPAC (20)21	<p><b>A REGIONAL COLLABORATION FOR HEALTH (ARCH)</b></p>	CW
	<p>Members were presented with the Regional Collaboration for Health (ARCH) Flash Highlight Report providing updates on Cardiology Regional Services, Neurological Conditions Regional Services, Interventional Radiology Regional Services, Developing a Regional Hyper Acute Stroke Unit, Regional Pathology Centre, Digitisation of Services Programme, Major Trauma Network Hywel Dda &amp; Swansea Bay and the Regional Dermatology Services Project.</p> <p>Mrs Miles explained that a good level of tripartite work continues between HDdUHB, SBUHB and Swansea University.</p> <p>A typing error was identified under the summary of mitigation to date on page 6 of the report – “sin”.</p> <p>Ms Shakeshaft informed Members that ARCH would be pursued as a route for other areas of work e.g. Additional Learning Needs.</p>	
	<p>The Committee <b>NOTED</b> the ARCH Flash Highlight Report.</p>	

BPPAC	LLANELLI WELLNESS AND LIFE SCIENCE VILLAGE	
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<b>(20)22</b>	<p>Members were presented with the Llanelli Wellness and Life Science Village update report.</p> <p>Members noted that ARUP has been commissioned to develop the design for the first zone of the Village, and Carmarthenshire County Council Executive Board have recommended proceeding to complete the detailed design development work (Royal Institute of British Architects Stage 3). Detailed discussions have been undertaken as to what the development will look and feel like, focusing on “wellness” as opposed to “illness”. HDdUHB has confirmed its commitment to deliver services within the Village with the leasing of 4 -6 pods. A workshop is scheduled for the end of March 2020 to refine the business and service planning process.</p> <p>Mrs Miles provided Members with assurance that the Village is moving forward and is envisaged to be an exciting development.</p> <p>Ms Paterson informed Members that HDdUHB has been approached by Carmarthenshire County Council to establish whether the Health Board could operate a nursing home within the Village, with Ms Paterson responding that legal issues would need to be considered foremost.</p>	
	<p>The Committee <b>NOTED</b> the Llanelli Wellness and Life Science Village update report provided for information and assurance on project delivery.</p>	
<b>BPPAC (20)23</b>	<p><b>BPPAC WORKPLAN 2019/20</b></p> <p>The BPPAC work plan for 2019/20 was received for information.</p> <p>The Committee <b>NOTED</b> the BPPAC work plan for 2019/20.</p>	
<b>BPPAC (20)24</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>No other business was raised.</p>	
<b>BPPAC (20)25</b>	<p><b>REFLECTIVE SUMMARY OF THE MEETING</b></p> <p>Mrs Miles outlined the key topics discussed during the meeting for inclusion in the BPPAC update report to Board:</p> <ul style="list-style-type: none"> <li>• Terms of Reference for the newly established People. Performance &amp; Planning Assurance Committee would be presented to the April 2020 meeting.</li> <li>• Information Governance Sub-Committee Update Report – a paper regarding clinical coding and compliance would be provided to the Executive Team.</li> <li>• Health &amp; Safety and Emergency Planning Sub-Committee Update Report – a need for further assurance from the narrative concerning needle stick injuries.</li> <li>• IPAR – November/December 2019 represented HDdUHB’s worst performance for unscheduled care to date, however the Health Board’s approach around Coronavirus and the models put in place have been recognised by WG. PPPAC may wish to consider mandatory training in more depth.</li> </ul>	

	<ul style="list-style-type: none"> <li>• Annual Plan Monitoring Returns Quarter 3 2019/20 - the Annual Plan will necessarily alter when it comes to monitoring the 3-year plan. Key actions will be extracted from the 3-year plan and progressed into smarter performance management.</li> <li>• Welsh Health Circulars – a need to address the actions dating back to 2018.</li> <li>• Ophthalmology – the paper was commended and assurance gained from the progress made.</li> <li>• Single Cancer Pathway – a requirement for a harm risk assessment view with more of a quality focus for patients. To escalate to Board.</li> <li>• Out of Hours – the new model was presented to the Committee.</li> <li>• ARCH and Llanelli Wellness Village – update reports accepted for information.</li> </ul>	
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<b>BPPAC (20)26</b>	<b>DATE AND TIME OF NEXT MEETING</b>	
	Thursday, 30th April 2020 at 9.30 a.m. - Boardroom, Ystwyth Building, Hafan Derwen, St David's Park, Carmarthen	