

Enw'r Pwyllgor / Name of Committee	People, Planning & Performance Assurance Committee (PPPAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Extra-Ordinary Meeting Held on 10 th February 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>Mass Vaccination Programme Delivery Plan – The Committee was presented with the COVID-19 Mass Vaccination Programme Delivery Plan, noting the fast moving fluid position. Members were pleased to note that 21% of the HDdUHB population have received their first dose of either the Pfizer or AstraZeneca vaccination, with the Health Board on target to complete the rollout to those within priority groups 1-4 of the Joint Committee on Vaccination and Immunisation (JCVI) vaccine priority groups by 14/02/21. Due to capacity issues within GP practices, a number of the clinically extremely vulnerable cohort will receive the vaccine at a mass vaccination centre instead of their GP practice. With effect from 15/02/21, commencement of the rollout of the second dose of the Pfizer vaccine will be undertaken given that supplies of the AstraZeneca are substantially less than anticipated. Weeks commencing 15/02/21 and 22/02/21 will be utilised as an opportunity to train new staff, with the commencement of vaccinating those within priority groups 5 – 9 to take place from 01/03/21 with the anticipation that all those in these groups will have received their first vaccination by early April 2021. It was confirmed that the plans in place should allow these targets to be reached, based on sufficient supplies being available. The Committee gained assurance from the COVID-19 Mass Vaccination Programme Delivery Plan and expressed gratitude for the substantial work undertaken.</p> <p>Hywel Dda UHB Risk Assessment Form – Delayed Implementation of Routine Asymptomatic Testing of Health Board Patient-Facing Staff with Lateral Flow Devices (LFD) – The Committee was presented with the Delayed Implementation of Routine Asymptomatic Testing of Health Board Patient-Facing Staff with Lateral Flow Devices (LFD) and risk assessment, and provided with a verbal update following the changing nature of the matter. Members were informed that in December 2020, Welsh Government requested the routine, twice-weekly testing of asymptomatic health and social care staff using LFDs in order to seek out COVID-19 infection amongst patient-facing members of staff. Prior to Christmas 2020, a decision had been made by HDdUHB to delay implementation until 2021 based on an assessment of the risks associated with implementation versus the risks of delay, including concerns that this could destabilise the already pressured workforce. A review of the risk assessment was undertaken in January 2021 and, learning from the pathfinder programmes across NHS Wales which significantly reduced the risks associated with implementation, resulted in a decision to implement a more cautious and phased approach to the routine asymptomatic testing of HDdUHB patient-facing staff with LFDs. It was therefore agreed to implement the offer of testing to chemotherapy teams from 01/02/21, with the anticipation that this would be rolled-out to all patient-facing staff by the end of May 2021. Members gained assurance from the report provided and supported the phased implementation arrangements in place, appreciating that this will provide an additional means of managing COVID-19 within HDdUHB. However, the concerns</p> 	

of Members were noted in terms of the gains to be derived from the routine testing against the efforts required, which on the evidence so far will produce very few positive COVID-19 cases (less than 1%) with the sensitivity of the test raising the risk of false negative results.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- None.

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

- **Hywel Dda UHB Risk Assessment Form – Delayed Implementation of Routine Asymptomatic Testing of Health Board Patient-Facing Staff with Lateral Flow Devices (LFD)** – concerns in regard to the effort required with the implementation of routine testing of Health Board patient-facing staff with LFDs given the little benefit that will be derived.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee's work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25th February 2021

Enw'r Pwyllgor / Name of Committee	People, Planning & Performance Assurance Committee (PPPAC)
Cadeirydd y Pwyllgor/ Chair of Committee:	Professor John Gammon
Cyfnod Adrodd/ Reporting Period:	Meeting Held on 25 th February 2021
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Annual Review of PPPAC Terms of Reference – The Terms of Reference were amended to include reference to recognising the work of staff through staff stories; the additionality of working groups feeding into PPPAC; the inclusion of a “people” sub-committee; and consideration of the membership. The revised Terms of Reference (attached for ratification) were approved under Chair’s Action. • Self-Assessment of Committee Effectiveness Questionnaire 2020/21 – The Committee received the draft self-assessment questionnaire and agreed the suggested template, with the addition of a COVID-19 related question. • Workforce & Organisational Development Update – The Committee received an update relating to the work undertaken by the Workforce & Organisational Development teams in response to the COVID-19 pandemic in addition to providing business as usual, together with the wellbeing dashboard. The Committee noted the pressures upon the Occupational Health team receiving assurance on the mitigation actions in place, commended the work undertaken in regard to the apprenticeship academy recognising its significance, and welcomed the approval of a £242,000 bid to support staff wellbeing. • Integrated Performance Assurance Report (IPAR) – The Committee received the IPAR for Month 10 (2020/21), noting both the improving and the deteriorating trends in performance. The Chair acknowledged the work undertaken by the Performance Team including the addition of further information requested following the Board Seminar in December 2020, and commended the inclusion of statistical process control (SPC) charts to better understand the narrative. The positive stroke performance was commended, however concerns were expressed in regard to the in-month increase for patients waiting over 8 weeks for a diagnostic test. The Committee received assurance on the actions in place to address this with the anticipation that these will impact by the next reporting period. • Report on the Discretionary Capital Programme (DCP) 2020/21 & Capital Governance Update – The Committee received the DCP 2020/21 & Capital Governance update report, setting out the position with regard to the approved division of the available discretionary capital funding for the financial year 2020/21, changes to the capital programme since 17th December 2020 and additional allocations received from WG, the context within which the DCP for 2021/22 is being developed, and the capital schemes governance update. The Committee’s attention was drawn to key highlights within the report. Concerns were raised in regard to the lack of investment for the Pond Street/Penlan project, with the Committee noting that a review is being undertaken and that whilst the transfer from Pond Street to Penlan remains the most appropriate solution, should services remain in Pond Street, then the infrastructure would be enhanced. Concerns were also raised in regard to the Women & Children’s Phase II project’s increasingly deteriorating position in terms of the risks posed to HDdUHB 	

associated with Interserve's inability to provide a level of confidence in terms of timelines, and Members noted that regular reviews are being undertaken with formal timelines presented, however confidence is low in regard to whether these would be achieved. Whilst acknowledging the deteriorating position in terms of the continued red RAG-rated capital schemes, Members were assured that HDdUHB is undertaking all it can to progress the projects involved.

- **Draft Annual Plan 2021/22** – The Committee received an update on the development of the Annual Plan 2021/22, noting that the discussions held at Board Seminar in December 2020 had been incorporated. Mindful of the need to submit the Annual Plan to Welsh Government by the end of March 2021, it was agreed that an extra-ordinary PPPAC meeting would be held to scrutinise the plan prior to its presentation to the Public Board on 25th March 2021 for approval.
- **Demountables Business Case** - The Committee received the Proposal for Demountable Solutions Unit at Prince Philip Hospital for two Laminar Day Surgery Unit Flow Theatres, a Dual Endoscopy Suite and Modular Ward Facility report, for scrutiny prior to submission to WG. The Committee supported the proposal recognising that the Executive Team agreed to approve the beginning of the procurement process and discussions with WG and will include it in the recovery plan for 2021/22. It was noted that the final delivery will be subject to further work on finances and existing budgets, recognising that this represents additionality in terms of service provision and that a full business case would be developed at a later date. It was further recommended that a survey of patients be undertaken to ascertain the willingness to travel to use the facility.
- **Contact First/Urgent Primary Care** – The Committee received the Hywel Dda University Health Board 'Contact First / Urgent Primary Care' Model report, outlining the national context associated with prioritising urgent primary care provision by Health Boards in Wales and the roll out of the national 'Contact First' programme. Members acknowledged the linkages with the annual planning framework and recognised this as an alternative way of directing patients who require care. Members also acknowledged the requirement for an Outline Business Case to be submitted for funding to enhance the urgent Primary Care response, noting there is no HDdUHB funding to invest in this and therefore resources would be required to be realigned. It was further noted that clarity on the model was expected w/c 01/03/21, with the anticipation that the model would begin to develop from Summer 2021. The Committee acknowledged and supported the work being undertaken, requesting a further update in August 2021.
- **Capital Estates & IM&T Sub-Committee** – The Committee received the Capital, Estates and IM&T Sub-Committee (CEIM&TSC) Update Report following the meeting held on 26/01/21, noting the ongoing review concerning the negative pressure (airborne) isolation room requirements. It was acknowledged HDdUHB is in a similar position to other Health Boards in terms of its non-compliance with requirements and the Committee requested a further update be provided to PPPAC in June 2021.
- **Information Governance Sub-Committee Update Report (IGSC)** - The Committee received the IGSC update report dated 11/02/21, noting that an extra-ordinary meeting of the Sub-Committee would be arranged for the end of March 2021 to approve the Information Governance Toolkit. Gratitude was expressed to Cllr. Simon Hancock, for attending the meetings as Independent Member representative during his term of office.

- **Corporate & Employment Policies** – The Committee approved the All Wales Special Leave Policy, All Wales Recruitment and Retention Payment Protocol, and Extension to Review Dates of Corporate Written Control Documentation.
- **Outcome of Advisory Appointments Committee** – The Committee received the Advisory Appointments Committee (AAC) report, providing an update on the outcome of the AACs held between 30/11/20 and 02/02/21, and approved the appointments on behalf of the Board.
- **A Regional Collaboration for Health (ARCH)** - The Committee received the ARCH Portfolio Update Report, providing an update on the activities for the period December 2020/January 2021, noting that certain sections of the report should have been updated in line with the strategic Project Business Case submission to Welsh Government which would be fed back. Concern was expressed regarding the lack of consultation with HDdUHB concerning the deployment of the ARCH team into COVID-19 operational services within Swansea Bay University Health Board (SBUHB), noting that ARCH is a tripartite partnership between HDdUHB, SBUHB and Swansea University and therefore the importance that decision-making is made on a tripartite basis.
- **A Healthier Mid & West Wales Programme Business Case (PBC)** – The Committee received an update position with regard to the A Healthier Mid & West Wales PBC.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- PPPAC Terms of Reference for ratification (Appendix 1)

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

- **Integrated Performance Assurance Report (IPAR)** – Concerns in regard to the in-month increase for patients waiting over 8 weeks for a diagnostic test with assurances received on the actions in place to address this by the time of the next reporting period.
- **Report on the Discretionary Capital Programme (DCP) 2020/21 & Capital Governance Update** – Concerns raised regarding the lack of investment for the Pond Street/Penlan project, with assurances provided that should services remain in Pond Street, then the infrastructure would be enhanced. Concerns were also raised in regard to the Women & Children’s Phase II project’s increasingly deteriorating position in terms of the risks posed to HDdUHB associated with Interserve’s inability to provide a level of confidence in terms of timelines.
- **Capital Estates & IM&T Sub-Committee** – Concerns raised regarding HDdUHB’s non-compliance with negative pressure (airborne) isolation room requirements, similar to other Health Boards in Wales. A further update was requested to be provided to the Committee in June 2021.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

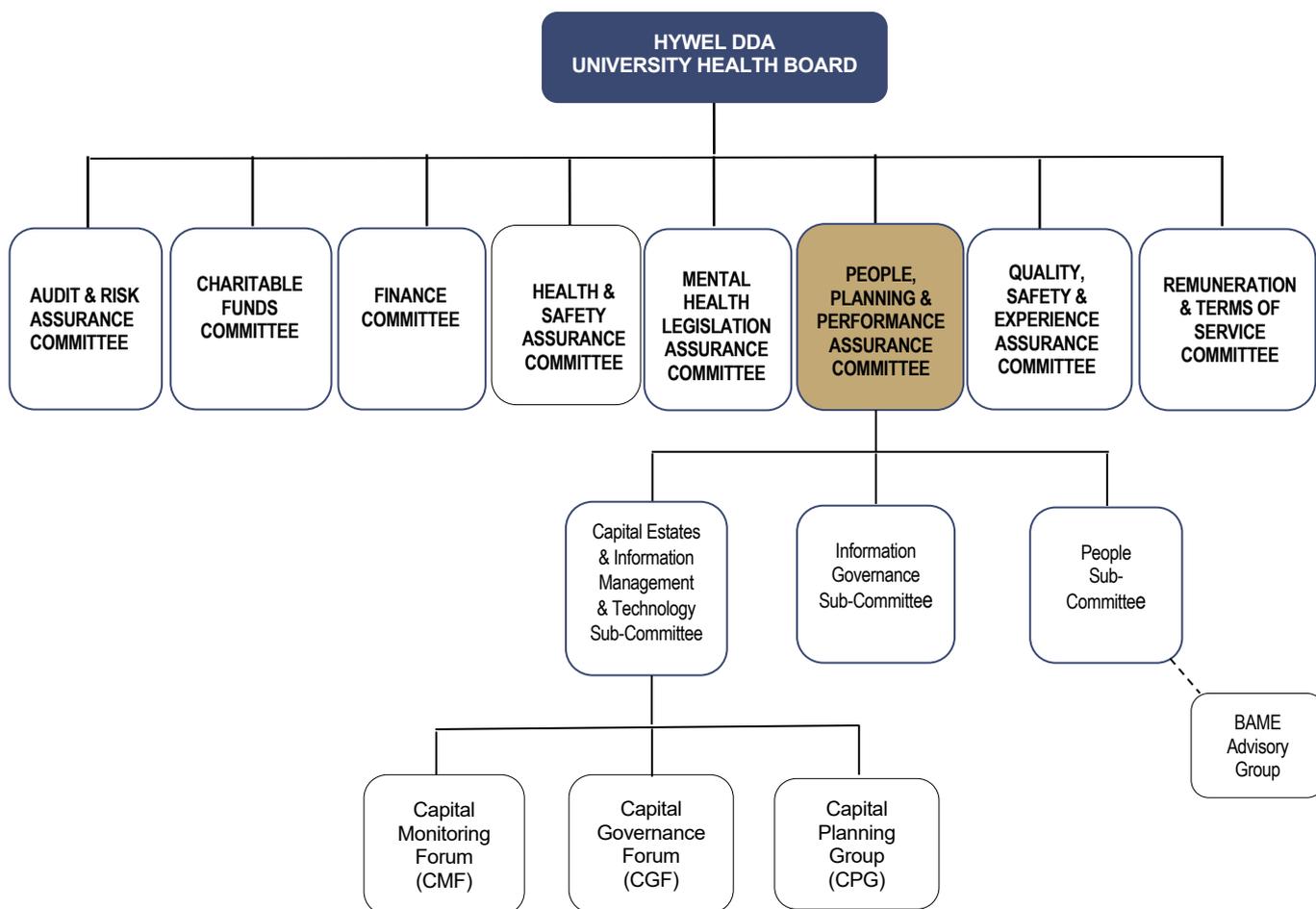
Adrodd yn y Dyfodol / Future Reporting:

In addition to the items scheduled to be reviewed as part of the Committee’s work programme, following up progress of the various actions identified above will be undertaken.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

27th April 2021

Appendix 1



PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE

TERMS OF REFERENCE

Versi	PEOPLE, PLANNING & PERFORMANCE ASSURANCE COMMITTEE	nts
V0.1	Hywel Dda University Health Board	26.03.2020 Approved
V0.2	People, Planning & Performance Assurance Committee	30.06.2020 Approved
V0.3	Hywel Dda University Health Board	30.07.2020 Approved
V.04	People, Planning & Performance Assurance Committee	25.02.2021 17.03.2021 Discussed Approved via Chair's Action
V.05	Hywel Dda University Health Board	25.03.2021 For Approval
V.06		
V.07		
V.08		

1. Constitution

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

2. Purpose

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

- 2.1 Provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda.
- 2.2 Provide assurance to the Board on the implementation of the UHB's Workforce & OD Strategy and Enabling Plan, ensuring it is consistent with the Boards overall strategic direction and with any requirements and standards set for NHS bodies in Wales.
- 2.3 Provide assurance to the Board that the planning cycle is being taken forward and implemented in accordance with University Health Board and Welsh Government requirements, guidance and timescales.
- 2.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
- 2.5 Provide assurance to the Board that the UHB's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.
- 2.6 Provide assurance to the Board that, wherever possible, University Health Board plans are aligned with partnership plans developed with Local Authorities, Universities, Collaboratives, Alliances and other key partners, such as the Transformation Group who form part of A Regional Collaboration for Health (ARCH).
- 2.7 Provide support to the Board in its role of scrutinising performance and assurance on overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required, focus in detail on specific issues where performance is showing deterioration or there are issues of concern.

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

3. Key Responsibilities

The People, Planning & Performance Assurance Committee shall:

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

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

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

4. Membership

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

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

4.2 The following should attend Committee meetings:

In Attendance
Director of Strategic Development & Operational Planning (Joint Lead Executive)
Director of Workforce & Organisational Development (Joint Lead Executive)
Director of Finance
Director of Operations
Medical Director/ Deputy CEO
Director of Therapies & Health Sciences
Director of Public Health
Director of Primary, Community & Long Term Care
Hywel Dda Community Health Council representative (not counted for quoracy purposes)

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

5. Quorum and Attendance

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

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

6. Agenda and Papers

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

7. In Committee

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

8. Frequency of Meetings

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

9. Accountability, Responsibility and Authority

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

10. Reporting

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

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

10.3.1 Capital Estates & IM&T Sub-Committee;

10.3.2 Information Governance Sub-Committee

10.3.3 People Sub-Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an annual report within six weeks of the end of the financial year.

10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.

10.4.3 Ensure appropriate escalation arrangements are in place to alert the UHB Chair, Chief Executive or Chairs of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation, including that of any sub committees established.

11. Secretarial Support

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

12. Review Date

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