



Partnerships, People and Population Health (PPPH) Committee
Minutes of the meeting held in public on 20.5.22
via Teams virtual platform

Present:	
Linda Tomos	Independent Member (Chair)
John Cunliffe	Independent Member
John Gallanders	Independent Member
In Attendance:	
Sally Baxter	Assistant Director ~ Health Strategy
Heledd Thomas	Eating Disorder Practitioner
Molly Marcu	Interim Deputy Board Secretary
Sue Green	Executive Director of Workforce and Organisational Development (WOD)
Gill Harris	Deputy CEO/Executive Director Of Integrated Clinical Services
Helen Stevens-Jones	Director Of Partnerships, Communications and Engagement
Gaynor Thomason	Interim Executive Director of Nursing & Midwifery
Emma Hosking	Associate Medical Director for Professional Development / Consultant Anaesthetist
Catrin Roberts	Collaboration Team NWRPB
Louise Woodfine	Consultant in Public Health (standing in for Teresa Owen)
Dylan Roberts	Chief Digital and Information Officer
Debbie Lewis	Emergency Preparedness Resilience and Response (EPRR) Lead
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning
Justine Parry	Assistant Director Of Information Governance & Risk
Amanda Lonsdale	Director of Performance
Sally Thomas	Head Of Equality And Human Rights
Kamala Williams	Head of Health Strategy and Planning
Fiona Lewis	Corporate Governance Officer (for minutes)
Observing	
Dave Harris	Head of Internal Audit

Agenda item	Action By
PP22/31 Chair's welcome and apologies Apologies were received from Nicky Callow, Nick Lyons, Chris Stockport, Teresa Owen.	
PP22/32 Declaration of Interest None	
PP22/33 Draft minutes of the Partnerships, People and Population Health Committee held on 10.02.22	

The minutes were approved.	
<p>PP22/34 Matters arising and table of actions</p> <p>PP22/34.1 There were no matters arising.</p> <p>PP22/34.2 The table of actions was updated.</p> <p>PP22/34.3 In regard to SP20/10 It was noted that the Committee was disappointed that the Asset Management (AM) Strategy (previously referred to as the Estate Strategy) had not been ready for discussion however the Committee was pleased that the report is due to be presented in the July meeting. Assurance was sought that the delay was not impacting or raising any risks to the proper management of the Estates and the Assistant Director for Health Strategy assured the Committee that she believed it was not, however she would seek clarification to confirm this. A draft of the AM Strategy was requested to be made available before the July meeting to enable comments to be made prior to that meeting.</p> <p>PP22/34.4 In regard to SP21/58. It was agreed to close the item but to ensure that oversight continued, that it was to be back as an agenda item for the July meeting. To ensure the nature of the Committee's concerns will be addressed at the next meeting, The Committee Chair and the Director for Health Strategy agreed to clarify the nature of the future agenda item outside the meeting.</p> <p>PP22/34.5 In regard to PP21/11, Integrated Digital Dashboard Q1 report, the Committee was concerned about some factual inaccuracies within the review. It was noted that John Cunliffe and the Chief Digital and Information Officer intended to meet subsequent to the meeting, to agree a strategy to move forward. It was also noted that in September the WCCIS programme is to be piloted in two areas in Anglesey; this will provide evidence for a review of the efficacy. It was agreed to close the item but to bring back as an agenda item for the July meeting to ensure further oversight.</p> <p>PP22/34.6 In regard to PP21/14, it was agreed to close the item, noting that the Board will be taking this forward and that the Committee will update on any risks as the next meeting.</p> <p>PP22/34.7 In regard to the OPMH item that was due to be closed, it was agreed that the wording should be amended to reflect that it was for the Committee to determine if the project needs to be included in the Informatics Integrated report for submission in July. That being done, it was agreed to be closed the item.</p> <p><i>[9.20am John Gallanders joined the meeting]</i></p>	<p>SB</p> <p>LT / SB</p> <p>LT</p> <p>FL</p>
<p>PP22/35 Report of the Chair</p> <p>None</p>	

<p>PP22/36 Notification of matters referred from other Board Committees on this or future agendas.</p> <p>PP22/36.1 The Assistant Director for Health Strategy provided a verbal update on the Audit Committee Referral report referring to the commissioning of care home placements, completed in December 2021, and promised to circulate a copy.</p> <p>PP22/36.2 A management response had being prepared to address a number of points raised by way of recommendation. Once the response is formally signed off with Audit, it will be shared with the Committee.</p> <p>PP22/36.3 The Audit Committee's report was critical of the Health Board in the following areas –</p> <ul style="list-style-type: none"> • consistent use of pre-placement agreement • tensions between partners that could impact on patients' service users • the need to scrutinise decisions and hold decision makers to account through governance • the Regional Commissioning Board needed to develop a regionally agreed care home strategy and associated delivery plan • all partners to review commissioning arrangements to ensure that statutory responsibilities are picked up. 	<p>SB</p> <p>SB</p>
<p>PP22/37 North Wales Regional Partnership Board Update</p> <p>PP22/37.1 The Committee Chair welcomed the report noting that it contained some very practical actions to improve services and to assist working together.</p> <p>PP22/37.2 The Head of Regional Collaboration wished to formally recognise the hard work from all partners and to thank all BCU staff involved in enabling both the Population Needs Assessment to be completed, agreed and submitted to Welsh Government, along with the substantial amount of work involved across the region to develop the models of care and the programs of work involved for the Regional Integration Fund (RIF).</p> <p>PP22/37.3 The Assistant Director for Health Strategy confirmed that the Health Board is progressing well against expectations, in terms of agreeing the configuration of planned cluster planning groups and that there is sufficient funding to support the accelerated cluster development, which has been approved, noting that workshops across each area to confirm the fit of the clusters with the existing partnership. Progress reports will be fed back to the Committee.</p> <p>PP22/37.4 John Gallanders noted that the funding was not new, but replacement funding for the ICF, and asked if there is to be any new investment available? The Head of Regional Collaboration confirmed that the new RIF funding had been guaranteed for the next 5 years, thus assisting forward planning. Some additional funding has been introduced into the region, along with the matched funding element. It was confirmed that there is a piece of work underway at the moment, identifying which schemes under ICF and Transformation will move continue. Over the five year period, it was anticipated that</p>	

<p>there is to be a two year period around the acceleration and a three year period embedding. In terms of sustainability, there will be a cut-off point after two years, where it will be decided whether to take the scheme over to the embedding stage. Once moved over to the embedding stage, a clear plan must be made regarding ongoing financial sustainability. Welsh Government have built into the scheme a 50% funding for those schemes going into core services at the end, recognising that their support is crucial to enable the transition.</p> <p>PP22/37.5 Louise Woodfine noted the importance of the Prevention agenda going forward with the RIF, wishing to raise the importance of the overall prevention agenda going forward and that in this regard Teresa Owen still offered her support.</p>	
<p>PP22/38 Living Healthier, Staying Well (LHSW) Strategy Refresh</p> <p>PP22/38.1 The Assistant Director for Health Strategy presented this item, noting that there was further work underway to ensure that the strategies all link together with existing Board processes. The papers are due to be published once the Communication and Engagement team have had the opportunity to look at a short summary of how the issues raised are being fed through and taken account of.</p> <p>It was resolved that the Committee received the Engagement feedback and the Outcome report on the Refresh of the Health Board's strategy on LHSW.</p>	
<p>PP22/39 Draft People Strategy and Plan – Stronger Together</p> <p>PP22/39.1 The Executive Director of Workforce and OD presented this item, wishing to note that this strategy built upon the last Workforce Plan and Strategy and that it also aligned with the National Workforce Plan and Strategy. She had provided a copy of the draft Delivery Plan for 2022/23 for feedback and comments which would be taken to do some more work through the delivery groups, to bring back a Delivery Plan to the next meeting for approval.</p> <p>PP22/39.2 The Committee commended the level of work put into developing this new strategy, wishing to understand what had been learnt from the previous one and what would be different in the new strategy. The Executive Director of Workforce and OD confirmed that there had been an analysis of the previous strategy, resulting in a new 3 year strategy, however the pandemic stopped progress in some areas but expedited the process in others. The Executive Director of Workforce and OD confirmed that they had taken into account what they had hoped to achieve and could demonstrate had been successful, learning from the pandemic as well as feedback from the discovery. The first key learning point was that in the latest strategy, focus should be on a smaller number of very clear deliverables, ensure they are done well and then properly embedded; the second was to ensure that the People Strategy was an organisation one and not one to be delivered purely by the workforce and ODT– noting that previously there had not been a delivery group mechanism and there were no senior responsible officers across the Executive team driving forward the workforce strategy. Both of these points have been addressed.</p>	

<p>PP22/39.3 Referring to Appendix 2, The Committee asked if there were any legal risks regarding pay parity claims. The Executive Director of Workforce and OD confirmed that over the past 4 years there had been no equal pay for equal value claims and that a significant amount of work had been put into the job evaluation processes, in collaboration with trade union colleagues, so that this is now deemed to be a very low risk for the organisation.</p> <p>PP22/39.4. The Executive Director of Workforce and OD provided clarity as it was suggested that consultant locums, once in a position for more than two years, were automatically entitled to that position. It was confirmed that was not the case but that there was an issue around them automatically becoming entitled to certain employment rights and that it was the intention to reduce the reliance on long-term temporary workers. John Gallanders and The Executive Director of Workforce & OD agreed to discuss the situation outside of the meeting.</p> <p>P22/39.5. The Executive Director of Workforce and OD confirmed that a piece of work was underway with the Partnerships, Communications and Engagement team, to develop a volunteering strategy and plan, bringing all the various volunteering teams together.</p> <p>P22/39.6. The Committee welcomed the new draft which acknowledged areas of concern raised in previous Committee meetings, however it acknowledged that the delivery of the plan was where the challenge lies.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • will remain supportive but will continue to see that delivery of the plan is meeting expectations and delivering improvements as outlined. • recommended the Strategy and Delivery Plan be put to approval at the Board's next meeting • a workshop to be arranged, in conjunction with PFIG, to enable 'deep dives' to be carried out on various specific areas of concern. 	<p>JG / SG</p> <p>LT / JC / SG / JG</p>
<p>PP22/40 Item Deferred.</p>	
<p>PP22/41 Third Sector Framework and Approach</p> <p>PP22/41.1 The Director Of Partnerships, Communications And Engagement updated the Committee about the work that has been taking place around the third sector, which over the pandemic has proved invaluable and accounted for £7m of commissioned services.</p> <p>PP22/4.2 The Director Of Partnerships, Communications And Engagement wished to note that the volunteering strategy, although not highlighted in the report was in complete alignment with Living Healthier, Staying Well, Stronger Together and the accelerated cluster development strategies.</p> <p>PP22/4.3. The framework was formed subsequent to numerous meetings with local councils, third sector partners, voluntary councils and local authority commissioners; and to</p>	

<p>oversee the programme and ensure accountability, both a steering group and a stakeholder group were set up.</p> <p>PP22/4.4. The Committee, whilst it welcomed the approach and commitment and acknowledged the huge amount of progress made, particularly over the last 12 months, it also recognised the significant role the third sector played around health and wellbeing.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • requested an update to provide clarification around the areas currently receiving funding, with particular reference to whether hospices were included; a list of touchpoints within the third sector, with reference to the development of social prescribing, and the current situation regarding volunteering element of the strategy. • The Committee received and noted the contents of the report. 	SB
<p>PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR)</p> <p>PP22/42.1 The EPRR lead presented this item, which was structured around the Health Board's responses to the 14 recommendations contained within Russell King's review - 'Review of EPRR Arrangements – July 2021'.</p> <p>PP22/42.2 The Committee welcomed the long-awaited report, noting that for a number of years it had expressed major concerns regarding the organisation's preparedness and its business continuity planning. The EPRR Lead described an improving picture, stating that they were gradually starting to see more engagements despite the current challenges within the workplace. An action plan was about to be created, in order to set out, with timescales, how it intends to deliver the recommendations, following the EPRR's recent audit and assessment review.</p> <p>PP22/42.3 The EPRR noted some progress had been delayed due to lack of resources, which had hindered employing more Business Continuity Managers (BCM) and that there is currently only one BCM working with 122 Business Continuity departments, helping them to write their business continuity plans.</p> <p>PP22/42.4 The Committee noted that in respect of business continuity planning, the Health Board had received a limited assurance audit opinion and this related to the 2021-22 period, as referenced in the Annual Governance Statement and as a consequence of this, assurance is required to come to the Committee to explain what the mitigations are specifically to address those gaps or this will be seen as a partial assurance of compliance.</p> <p>PP22/42.5 The Committee received assurance that the Operating Model was not going to cause a hiatus to this work although it noted that there was no provision in the budget for elements of supporting this work. The EPRR Lead agreed to seek guidance from the Executive Director of Finance in this regard, to see how this can be progressed.</p>	DL

<p>It was resolved that the Committee received the Response to the Review of Emergency Preparedness Resilience and Response, for information and assurance.</p>	
<p>THE PRESENT for assurance</p> <p>PP22/43 Operational Plan Monitoring Report 2021-22. Position as at 31st March 2022</p> <p>PP22/43.1 The Director of Performance presented her report and wished to highlight the fact that 186 of the 276 (67%) of the actions had been completed. Of the 64 actions not completed, the overarching themes was that this was due to either staff shortages / recruitment delays or changes in national or Governmental strategies, i.e. forces out of their control. It was confirmed that the intention was to carry these items forward via the IMTP to ensure the momentum will not be lost on these key areas.</p> <p>PP22/43.2 The Committee thanked the Director of Performance for her report but expressed its disappointment that 33% of the actions were incomplete and that there was not sufficient tolerance built into the plan to enable it to continue, despite the vagaries of the pandemic. The Assistant Director of Health Strategy wished it to be noted that all Health Boards struggled with modelling and projections during the pandemic and that continued staff absences, not necessarily the severity of the illness, was a major contributory factor.</p> <p>PP22/43.3 The Executive Director of Workforce & OD wished it be noted that there was an error in the report on page 8, E3.5 regarding SEQOHS. The report incorrectly showed 'red'. The organisation is currently going through reaccreditation for SEQOHS however it does currently hold SEQOHS accreditation for its Occupational Health Services.</p> <p>PP22/43.4 John Gallander requested additional narrative which would note both the key drivers as to the causes and the mitigating circumstances around areas where the organisation was either not improving or indeed going backwards. The Director of Performance wished to confirm strengthening the narrative is the plan going forward in the new reporting system.</p> <p>PP22/43.5 John Gallanders requested the organisation remains mindful of the many areas where poverty and homelessness issues impact on people's health.</p> <p>PP22/43.6 The Committee agreed that the new reporting format will be a great improvement on this, the last of the current format. The Chair was pleased to note that a great deal of PPPHC objectives had been reached, particularly the Vaccination and Test and Trace Programmes and the Dental Academy and wished both the Committee's appreciation and acknowledgement be fed back to these teams.</p> <p>It was resolved that the Committee noted and scrutinised the report.</p>	
<p>PP22/44 Corporate Risk Register</p> <p>PP22/44.1 The Interim Director of Governance and The Assistant Director of Risk and Assurance joined the meeting wishing to highlight some of the issues discussed in the</p>	

Risk Management Group (RMG) meetings. The RMG was very focussed on the checks and challenges, ensuring that the quality and content of the risks coming through were a stronger level, noting that a great deal of work had been done on the controls element. Also, with the assistance of the Board Secretary, changes have been made to strengthen the role and remit of the RMG, with changes to roles and oversight of various committees, in line with best practice, which will be reflected in the updated Risk Management strategy going to the Audit Committee in June.

PP22/44.2 John Cunliffe wished to accept the recommendation is CRR21-12, however he asked for assurance that DHCW are aligned with the organisation's priorities and confirmation that they had dealt with their own continuity issues. The Chief Digital and Information Officer assured the Committee that the risks over the previous six months as opposed to time before that were reduced, however until he would be able to meet with DHCW he would not be able to answer regarding DHCW's priorities. Once he has met with DHCW, he would be in touch with John Cunliffe.

PP22/44.3 The committee queried the high risk levels attributed to the two new risks and whether they were indeed just one risk. The Assistant Director of Risk and Assurance confirmed that these scores had been agreed upon after lengthy discussions with The Executive Director of Public Health and that they were definitely two risks. The Interim Board Secretary assured the Committee that during the RMG meeting, a great deal of information concerning the rationale and context of their decision, was reviewed alongside these risks and agreed to circulate the information to Committee members.

MM

It was resolved that the Committee:

- 1) noted the two key highlighted points of the discussions that took place at the RMG:
 - The meeting used 'check and challenge' and 'deep dive' as tools for driving learning, sharing best practice and enhancing the Health Board's risk management footprint. For example, members noted after some debate and discussions that controls when expressed as '...policy in place' or 'business case in place' were not properly articulated. They then advised that such controls be refreshed to focus on their implementation as neither a policy nor a business case in itself can mitigate a risk.
 - Members also agreed as an action that once Executive Directors have approved risks, there was no need to present them to the RMG, ET or Committees for further approval as this doesn't align with best practice and the dynamic and timely escalation of risks. This aligns with the UK Code 2018 and the FRC Risk Guide 2014, which advise that Committees should focus on their 'oversight function' and not to get involved in 'risk management' by satisfying themselves that Executive Directors are consistently mitigating and managing risks in line with best practice. This will be reflected in the updated Risk Management Strategy to be presented to the Board in July for approval the two key highlighted points of the discussion that took place at the RMG, with the proviso that the scoring of the public health risks will be looked at once The Interim Board Secretary had circulated more detailed information.

- 2) Reviewed, noted and approved the progress on the Corporate Tier 1 Operation Risk Register Report as set out below and in detail at Appendix 1:
Re CRR20-06 Informatics - Patient Records pan BCU
- Noted the risk has been reviewed and updated, no further change to scoring proposed at this time.
 - Noted the closure of action ID 12424 as it has been extrapolated out of this risk to form a new risk with Datix ID 4184, so that it will be archived and removed from the next report.
 - Noted that action ID 12429 remained on hold until the Mental Health Business Case is progressed with the Welsh Government.
- CRR20-07: Informatics infrastructure capacity, resource and demand
- Approved the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August and 14th and 22nd December continue to support and recommend approval for the risk closure. Confirmation has been received from the Digital Director that the outstanding actions from CRR20-07 have been included within the updated BAF21-16 risk.
- CRR21-11 – Cyber Security
- Noted this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board.
- CRR21-12: National Infrastructure and Products
- Noted the risk has been reviewed and updated.
 - Approved the proposal to reduce the risk score from 20 to 12 recognising the completion of 75% of actions.
 - Noted the extension to the target risk due date from 31/03/2022 to 30/06/2022 to enable implementation of the outstanding actions.
 - Noted the closure of action ID 15285 as quarterly meeting is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk.
 - Noted the closure of action ID 15286 as a reporting process is now in place, so that it will be archived and removed from the next report, recognising that its implementation will be captured as part of the controls within the next iteration of the risk.
 - Noted the closure of action ID 15474 as BCUHB now has representation on multiple groups.
 - Noted the closure of action ID 17753 as the Welsh Patient Administration System (WPAS) and Welsh Clinical Care Information System (WCCIS) business cases are completed and in place, so that it will be archived and removed from the next report, recognising that monitoring compliance with the implementation will be captured as part of the controls within the next iteration of the risk.
 - Noted the closure of action ID 18681 as Executive engagement is now in place, so that it will be archived and removed from the next report.
 - Noted the closure of action ID 21270 as this is now managed as business as usual as teams are in place to develop local business cases to support ongoing national products, so that it will be archived and removed from the next report.
 - Noted the delay to action ID 15287 as templates are being revised for reporting; anticipated implementation by the end of April 2022.

<p>3) Approved the following new risks which were being presented following escalation approval from the RMG for escalation onto the Tier 1 Operational Risk Register as set out below and in detail at Appendix 2:</p> <p>Risk IDs:</p> <ul style="list-style-type: none">• 4200 – There is a risk that residents in North Wales may be unable to achieve a healthy weight as a result of wider determinants;• 4201 – There is a risk that adults who are overweight or obese will not achieve a healthy weight due to engagement & capacity factors. <p>4) Approved the recommendation of CRR21-12, however asked for assurance that DHCW are aligned with the organisation’s priorities and confirmation that they had dealt with their own continuity issues.</p> <ul style="list-style-type: none">• CRR21-12: National Infrastructure and Products - Recognising the completion of 75% of actions, the Digital Chief Information Officer is requesting for approval to de-escalate the risk from a Corporate Tier 1 risk to a Tier 2 risk for future management. <p>5) Noted the following emerging risks raised at the Risk Management Group meeting, which will be presented to the appropriate Committee for future oversight:</p> <p>Risk IDs:</p> <ul style="list-style-type: none">• 4241 – Inability to deliver timely Infection Prevention & Control services due to limited capacity;• 4325 – Potential that medical devices are not decontaminated effectively so patients may be harmed;• 3731 – Delivery of Safe and Effective resuscitation maybe compromised due to training capacity issues. <p>6) Noted the distribution and throughput of risks by Tier currently recorded within Datix, providing a snap shot view across BCUHB. Work continues to support the development of the Once for Wales RL Datix Cloud IQ Risk Module which will include the development of reporting the breadth and categories of risks recorded in a meaningful and consistent way:</p> <p>Risk Tier (and risk score: NB Consequence x Likelihood = Risk Score) Total number of live risks on registers Number of risks held as ‘Being Developed’ (not yet live) Number of live risks added in the last 6 months (not via escalation) Number of risks closed in the last 6 months (not via de-escalation)</p> <table><tr><td>Tier 1 (15-25)</td><td>15</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Tier 2 (9-12)</td><td>382</td><td>97</td><td>47</td><td>117</td></tr><tr><td>Tier 3 (1-8)</td><td>259</td><td>86</td><td>31</td><td>128</td></tr></table>	Tier 1 (15-25)	15	0	0	0	Tier 2 (9-12)	382	97	47	117	Tier 3 (1-8)	259	86	31	128	
Tier 1 (15-25)	15	0	0	0												
Tier 2 (9-12)	382	97	47	117												
Tier 3 (1-8)	259	86	31	128												
<p>PP22/45 Population Health : Update on Tobacco Control in BCUHB</p> <p>PP22/45.1 Louise Woodfine, Consultant in Public Health, deputising for Executive Director for Public Health presented the paper, providing an update to the Welsh Government’s recently published Tobacco control Strategy, which provided renewed challenges whilst moving towards a smoke-free Wales by 2030, in relation to tobacco</p>																

<p>control and cessation, noting that the latest statistics showed that in Wales 18% of the adult population smoke.</p> <p>PP22/45.2 John Gallanders was pleased to note that the additional funding was potentially going to be culturally directed but also asked that consideration be made to possible harm to mental health patients who leave our premises to smoke. The Executive Director of Workforce & OD confirmed that from a health safety and security point of view, a considerable piece of work was underway with acute sites and mental health colleagues, surrounding risk assessment for lockdown procedures to ensure the safety of patients in this regard.</p> <p>It was resolved that the Committee noted the report.</p>	
<p>PP22/46 Test, Track & Trace update</p> <p>PP22/46.1 Louise Woodfine, Consultant in Public Health, deputising for Executive Director for Public Health presented the paper. The Committee welcomed the report and the Health Board's commitment to try to find employment for the staff who will not be retained due to the reduced funding.</p> <p>PP22/46.2 It was noted that in order to keep the knowledge amassed during the pandemic, should another Covid variant of concern appear that requires escalation, a small cohort of staff is being maintained. These staff are currently being trained in other areas.</p> <p>It was resolved that the Committee noted the report</p>	
<p>PP22/47 People/Workforce Performance Report</p> <p>PP22/47.1 The Executive Director of Workforce and OD presented her report, noting that in July this report will be changing to align with delivery against the People's Strategy and Plan.</p> <p>PP22/47.2 It was noted that within the report, the recruitment challenges, both in terms of the Health Board's ability to recruit and retain as well as some of its processes, show that some significant improvements have taken place with regards to vacancy rates. .</p> <p>PP22/47.3 The Executive Director of Workforce and OD, alongside her partners at Hywel Dda University Health Board, are in the process of pulling together a national piece of work, gathering information from across Wales to aid workforce planning, in order to embed a national system for workforce.</p> <p>PP22/47.4 It was noted that it had been agreed with the Chairman that there is to be a workshop towards the end of June, to do a 'deep dive' in terms of recruitment and its challenges.</p> <p>PP22/47.5 The Committee welcomed the comprehensive paper however asked what was being done to address the KPIs for Trac – the differences between a 5 day target and the 40 days actual timescale, which must contribute to problems around recruitment. The</p>	

<p>Executive Director of Workforce and OD confirmed that following the Recruitment Improvement Review, a number of stages had been removed from the approval process to speed up recruitment, whilst being careful to maintain a system of control.</p> <p>PP22/47.6 The Committee was concerned about the current 10% staff turnover figure and requested clarification around flexibility of staff movement within the Health Board, which had been noted as being a possible cause for the exodus of staff, and asked what level of information was being gathered from staff leaving the organisation with regards to their destination? The Executive Director of Workforce and OD believed that a desired turnover rate should be between 8–9%, to maintain a refreshed workforce and develop its talent and that to gain greater understanding of destination/motivation of workforce was in the plans for deliverables for 2022-23.</p> <p>PP22/47.7 Concern was raised regarding taking down the status of ‘Welsh essential’ to ‘learning Welsh’ and if this would impact on the Health Board’s compliance with the Welsh Language standard. The Executive Director of Workforce and OD confirmed that this element had not been agreed and reiterated the importance of employing more people able to converse with patients using their first language; it was agreed that she would report back once the Welsh Forum had assessed the situation.</p> <p>It was resolved that the Committee noted the report and the planned improvements to reporting.</p>	SG
<p>PP22/48 Codi Llais yn Ddiogel/Speak our Safely (CLYD/SOS)</p> <p>PP22/48.1 The Executive Director of Workforce and OD presented the Year 1 report. She noted the good progress being made and highlighted the work that was being done both locally and nationally, the themes and the numbers of people contacting the service and the challenges facing the organisation. It was noted that more staff were inclined to contact the new service and that it would take time for staff to both feel safe to do so and that it was worthwhile.</p> <p>PP22/48.2 In answer to the Committee’s questions regarding trends, The Executive Director of Workforce and OD described the work that the MDT was specifically set up to do – to identify themes such as turnover in sickness, SUIs, carrying out targeted work, identifying hotspots; taking the learning to ensure that there are good outcomes, by being able to return to issues six/twelve months hence. It was the intention that future reports will focus more on where hotspots have been identified, what had been done and what was the outcome following the intervention.</p> <p>PP22/48.3 The Executive Director of Workforce and OD and the Committee wished their appreciation be noted for all the hard work put in by Gareth Evans and the MDT.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> i) noted the progress achieved during the first year of implementing Codi Llais yn Ddiogel/Speak Out Safely Speak Out Safely (CLYD/SOS) ii) noted the activity to date, the emerging themes and feedback from staff 	

<p>iii) approved the recommendations presented to further develop Codi Llais yn Ddiogel/Speak Out Safely during 2022/23, these being based on the learning generated during the last year</p> <p>iv) Noted the intention to continue reporting through Partnerships, People and Population Health as part of the People Strategy and Plan reporting.</p>	
<p>PP22/49 Annual Equality Report 2021/22</p> <p>PP22/49.1 The Head Of Equality And Human Rights presented this item, and noted the constructive work carried out by continued engagement with our stakeholders; the development of staff networks which has provided peer support helping to shape the work that they have done; BCUnity helped to support international recruitment and its issues; this year's enactment of the Socio Economic Duty; Living Healthier Staying well; People's Strategy. The report also recognised that equality considerations had been put into the Accountability Review.</p> <p>It was resolved that the Committee noted the report and highlighted to the Health Board through the Chair's Assurance Report.</p>	
<p>PP22/50 Consultations and Engagement Update April 2022</p> <p>PP22/50.1 The Director Of Partnerships/Communications and Engagement presented her report, which reflected the fact that the Public Engagement Corporate Communications Public Affairs and Fundraising teams have joined forces. This report highlighted the fact that there had not been any formal consultations over the past six months however they had been engaging with different communities and partners to both listen and provide assurance.</p> <p>PP22/50.2 The recent Living Healthier Staying Well Engagement report highlighted the extensive conversation and reach, along with the outcomes – this type of reporting will be replicated with all future engagements.</p> <p>PP22/50.3 It was noted that the Bite Size Health work, one of a series of events and conversations carried out with the public, was noticed by the Consultations Institute, a UK-wide organisation, which highlighted this as good practice and stronger links continue to be forged with local Black and Asian Minorities Ethnic groups.</p> <p>PP20/50.4. Throughout the pandemic the digital engagement had really improved, with 12 million people viewing the website, with 7 million of those looking for information regarding the Vaccination programme or Covid-19. As a result of this, the social media reach has been improved with almost 70,000 people, and this was a continuing trend. It was noted that in contrast to previous updates, there was a marked strengthening of its public affairs and partnerships function, with a combination of direct bulletins, routine conversations with their offices and regular meetings with various Members of the Senedd and Parliament.</p> <p>PP22/50.5 The Committee welcomed the report and it's strengthened approach to engagement however it asked for clarification of how the Health Board is tackling the more</p>	

<p>reactive areas and negative narrative where there is a need to engage with the public and stakeholders to ensure that it is in front of issues and not 'on the back foot'. The Director Of Partnerships / Communications and Engagement agreed to ensure that this issue was picked up with all departments via the daily updates and the Board workshop, on reactive issues and will report back to the next meeting.</p> <p>It was resolved that the Committee noted the progress detailed in the report.</p>	HSJ
<p>LEARNING FROM THE PAST</p> <p>PP22/51 Partnership Governance Arrangements Update</p> <p>PP22/51.1 Director Of Partnerships/Communications And Engagement presented her report noting that there is a great deal of work underway and that she will report back to the Committee very soon, acknowledging that it is timely to look at the partnerships and the formal relationships the Health Board has as it undergoes the changes to the Operating Model.</p> <p>PP22/51.2 The Director Of Partnerships/Communications And Engagement also noted that Health Board is currently reviewing and revising its membership of its statutory partnerships, looking at its statutory responsibilities with the various partnership boards it has across North Wales and linking these with the work of the governance colleagues, to ensure that these are taken into account.</p> <p>PP22/51.3 The Committee welcomed the update noting that Partnerships are a core element of this Committee's work, noting the structure around Partnership Governance.</p> <p>It was resolved that the Committee noted the report and received the update report on work being undertaken to address and strengthen partnership governance arrangements.</p>	
<p>CLOSING BUSINESS</p> <p>PP22/52 Annual Workplan 2022/23</p> <p>PP22/52.1 The Chair wished to ensure that the Committee apportion valid and equal time to the broad remit of items that the Committee deals with over the year and suggested that it acknowledge the workplan as this is the extent of the Committee's duties and regular review of its abilities to be able to scrutinise and provide support in an appropriate way through the year. The Chair felt that the updates and reports submitted to the Committee take a great deal of time in preparation and that it was only fair that the Committee is given time to assess and scrutinise these. She intended to discuss this with the Interim Board Secretary to ensure they strike a fair balance.</p> <p>It was resolved that the Committee reviewed and accepted the Workplan for 2022/23 and its Terms of Reference.</p>	LT / MM

<p>PP22/53 Agree items for Board/Other Committees</p> <p>PP22/53.1 The Chair proposed that via the Chair's Assurance Report, she would update the Board that there will be a joint PFIG / PPPHC Workshop to look at specific issues on a 'deep dive' basis.</p> <p>PP22/53.2 The Interim Board Secretary noted that assurance should be given to the Board regarding item PP22/42 Response to the Review of Emergency Preparedness Resilience and Response (EPRR) and limited assurance regarding item PP22/49 Annual Equality Report 2021/22.</p> <p>It was resolved that the Committee was content with the Chair's proposal and that assurances should be given to the Board.</p>	LT
<p>PP22/54 Review of Risks highlighted in the meeting for referral to Risk Management Group (RMG).</p> <p>PP22/54.1 The queries around the two new risks and the scores that had been attributed to these risks would be taken to the RMG.</p>	
<p>PP2/55 Agree items for Chair's Assurance report</p> <p>To be considered outside the meeting</p>	
<p>PP22/56 Review of meeting effectiveness</p> <p>The Committee considered the meeting and reflected that they had dealt with a great deal of business during the meeting, due to succinct reporting and the fact that papers had been received helped to focus on certain issues for discussion and that the meeting was productive.</p>	
<p>PP22/57 Date of next meeting</p> <p>PPPHC meeting 12.7.22</p>	
<p>The Committee Chair closed the meeting to the public and representatives of the press.</p>	