



Partnerships, People and Population Health (PPPH) Committee
Minutes of the meeting held in public on 9.12.21
via Teams virtual platform

Present:	
Linda Tomos Nicky Callow John Cunliffe Lyn Meadows John Gallanders	Independent Member (Chair) Independent Member Independent Member Independent Member Independent Member
In Attendance:	
Sally Baxter Louise Brereton Clive Caseley Phil Corrin Simon Evans-Evans Sue Green Gill Harris Russell King Nick Lyons Rob Nolan Teresa Owen Chris Stockport Rod Taylor Helen Thomas Jo Whitehead Diane Davies Laura Jones	Assistant Director ~ Health Strategy (part meeting) Board Secretary Interim Director Partnerships, Engagement and Communications Interim Director of Digital (part meeting) Interim Director of Governance (part meeting) Executive Director of Workforce and Organisational Development (OD) Executive Director Nursing and Midwifery Interim Head of Emergency Planning Resilience and Response (part meeting) Executive Medical Director (part meeting) Finance Director – Commissioning and Strategic Financial Planning (part meeting) Executive Director Public Health Executive Director Primary Care and Community Services (Lead Director) Director of Estates and Facilities (part meeting) Chief Executive Digital Healthcare Wales (part meeting) Chief Executive Corporate Governance Manager (Committee secretariat) Corporate Governance Officer (for part minutes)
Observing	
Andy Burgen Dave Harris	Vice Chair North Wales Community Health Council Head of Internal Audit

Agenda item	Action By
PP21/23 Chair's welcome and apologies Mr John Gallanders was welcomed to his first meeting as member of the Committee. It was noted that this would be Independent Member Lyn Meadow's last meeting as a member of the Committee as she would shortly be retiring from the Board. Her commitment and excellent skills as previous Chair of the Committee was widely praised by those present.	

<p>PP21/24 Declaration of Interest</p> <p>Prof Nicky Callow Independent Member declared an interest in item PP21/38 as her substantive role is an employee of Bangor University.</p>	
<p>PP21/25 Committee Terms of Reference</p> <p>PP21/25.1 The Board Secretary presented this item and advised the Committee that a watching brief would be required to ensure the stated officers in attendance were updated appropriately as the new operating model unfolded and also delivery groups in terms of reporting. In response to the Committee, she assured that appropriate attendance reporting would be included within the Committee annual reports 2021/22.</p> <p>It was resolved that the Committee reviewed the revised Terms of Reference and approved submission to the Board through the Committee Chair's Report.</p>	
<p>PP21/26 Committee Annual Workplan</p> <p>In discussion of the workplan a number of questions and queries were raised as follows:</p> <ul style="list-style-type: none"> • Amend duplication of Stronger Together and OD Strategy • Amend the Equalities/Strategic Equalities Plan • Questioned whether the Digital Strategy to be included in developing strategy section • Bring forward the annual review of Digital Strategy from October to Feb/April • Questioned when the Dementia Strategy would be presented as it was not discussed in October • Population Health and Public Health items to be streamlined • Timing of Transformation strategy <p>It was agreed the Office of the Board Secretary would liaise with the appropriate Executive Directors to timetable this into the workplan which was a 'live' document that responded to the operating environment. A suggestion was made for the Board Secretary to consider, as the organisation would be operating to a 3 year plan from April 2022, whether workplans could also mirror this period.</p> <p>It was resolved that the Committee agreed the workplan subject to the amendments discussed.</p>	LB
<p>SP21/27 Draft minutes of the inaugural Partnerships, People and Population Health Committee held on 14.10.21</p> <p>The minutes were approved</p>	
<p>PP21/28 Matters arising and table of actions</p> <p>PP21/5.1 There were no matters arising.</p>	

<p>PP21/5.2 The table of actions was updated. It was noted that the Committee was disappointed that the Asset Management Strategy (previously referred to as the Estate Strategy) had not been ready for discussion, and requested that this be addressed at the February meeting.</p>	CS
<p>PP21/29 Report of the Chair</p> <p>The Committee Chair reported that the standing item Operational Plan monitoring report was not provided as quarter 2 had been previously addressed and quarter 3 had not yet ended.</p>	
<p>PP21/30 Report of the Lead Director</p> <p>The Executive Director of Primary Care and Community Services advised there were no additional significant updates to report that were not contained within the agenda.</p>	
<p>PP21/31 Notification of matters referred from other Board Committees on this or future agendas</p> <p>It was noted that the action assigned by the Performance, Finance and Information Governance Committee to consider a report on Staff Wellbeing would be addressed in item PP21/39</p>	
<p>STRATEGIC ITEMS - THE FUTURE Developing strategies or plans</p>	
<p>PP21/32 Living Healthier, Staying Well</p> <p>PP21/32.1 The Assistant Director Health Strategy presented an update on work undertaken in refreshing the LHSW strategy since the previous in depth discussion at a recent Board workshop. She advised that wider engagement had been undertaken with groups such as MPs, MSs, partners, Third sector and a wide range of community groups. She focused on the findings of an online survey highlighting the strength of support for the current goals.</p> <p>PP21/32.2 In the discussion which followed it was acknowledged that there had been light touch engagement work undertaken as the consultation was not regarding a significant service change and there was ongoing further work with groups. She assured members that the survey results had also been triangulated with other sources of feedback and was therefore, due to the numbers involved, a sense check. Members also suggested other potential ways of targetting some demographic groups, though it was acknowledged that the pandemic challenged some to be put into practice at the current time. The Committee Chair referenced the Interim Director of Governance's comments that this work supported evidence of work to address Targeted Intervention.</p>	

<p>It was resolved that the Committee noted the update on work underway to refresh the Health Board's long term strategy, Living Healthier, Staying Well</p>	
<p>PP21/33 Draft Integrated Medium Term Plan (IMTP) 2022/25</p> <p>PP21/33.1 The Executive Director of Primary Care and Community Services advised that the comments provided at the recent Board Workshop were being worked through into the next iteration. He stated this was the first time the Board were in a position to develop a 3 year plan in accordance with Welsh Government (WG) guidelines, and the planning period had been brought forward in comparison to previous years. Delays to the clarification of Ministerial objectives and on the financial settlement had resulted in a delay to formation of a costed, balanced plan which would also need to take into account people resources. The Committee Chair, whilst acknowledging the work undertaken, sought to ensure that planning momentum was carried forward and presented to a January workshop of the Committee.</p> <p>PP21/33.2 In response to the Committee, the Executive Director of Primary Care and Community Services clarified the tasks to be undertaken and anticipated timeline prior to submission to WG. He emphasised that he would work with the Board Secretary to enable as much Committee member input as possible and confirmed that smart outcomes would be provided at the workshop whilst also outlining how supporting narrative and logic diagrams would be presented. Discussion ensued in which the need for measurability was emphasised and the Interim Director of Governance advised it would be important that Targeted Intervention work was visible within the plan.</p> <p>PP21/33.3 The Chief Executive emphasised agreed outcomes, clarity on how finances would be spent and articulation of the benefits derived for the people of north Wales needed to be included. She acknowledged the complexities of the task and pledged her support to move this forward with the Executive Director of Primary Care and Community Services.</p> <p>It was resolved that the Committee:</p> <ul style="list-style-type: none"> received the report and noted the positive progress made in developing the draft 2022/25 IMTP noted further work was being undertaken to finalise the plan ahead of presenting to the Health Board in January 2022. 	
<p>PP21/34 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020</p> <p>PP21/34.1 The Executive Director of Workforce and OD presented this item. She set out the aims of the paper, highlighting enthusiastically the need to align conversations around education in order to drive high quality education across the organisation which would also act as an enabler for improved population health in BCU's communities. She invited colleagues to provide feedback by 29.12.21 for incorporation to the workshop documentation.</p>	Members

<p>PP21/34.2 The Committee questioned why the report provided had not contained detail of feedback and was advised this detail had been previously provided at Board workshops. A discussion ensued on enabling strategies and how they would be brought together. Estate and support services alignment were highlighted as areas of particular concern and the effects of the new operating model review.</p> <p>PP21/34.3 The Committee questioned whether the strategy factored in unforeseen events, outlining an example. The Executive Director of Workforce and OD considered how putting in workforce planning foundations enabled capacity and demand assessments and whether there was sufficient resilience. She stated that there had been a huge amount of learning from the pandemic and that there continued to be pan Wales discussions in this area. Following a discussion on digital infrastructure she reflected that she would consider this further.</p> <p>PP21/34.4 It was suggested that support to the whole healthcare system and additional information on housing in social care be included. The Committee highlighted the work of volunteers supporting the pandemic response and were assured those whom had come forward and been paid were considered in workforce core planning (which was now approximately 22k employees). She explained the two types of volunteering which were being undertaken and undertook to strengthen the narrative on this strategic area further within the documentation.</p> <p>PP21/34.5 The Committee Chair commented that there was a lack of lessons learned cited within the closure report. A discussion ensued in which the Executive Director of Workforce and OD provided greater context of the triangulation work that had been done to provide greater sense checking of the general view to date eg utilising staff survey results, Royal College reports, inspections etc. The Committee welcomed further narrative on the matrices discussed within the final report to provide a more enriched document.</p> <p>It was resolved that the Committee noted the content of the update report.</p>	SG
<p>PP21/35 Sustainability and Decarbonisation - NHS Wales Decarbonisation Plan 2021-2030</p> <p>PP21/35.1 The Director of Estates and Facilities joined the meeting to present this item. He reflected that this was a key element of BCU's IMTP and how it was moved forward. He outlined the key points as : Welsh Government (WG) would be approached to contribute as part of the 63% decarbonisation target across NHS Wales; BCU had engaged the Carbon Trust, which had written the original WG guidance, to develop a costed decarbonisation implementation plan; and a decarbonisation project board had been set up led by the Executive Director of Finance. He enquired whether there might be an expression of interest from an Independent Member to join future meetings. The Director of Estates also advised of work being moved forward with local Green Groups and decarbonisation screening schemes.</p>	

<p>PP21/35.2 The Chief Executive questioned how the roles of sustainability co-ordinators and clinical engagement and leadership outlined within the paper would be financially supported and how the return on investment would be clarified through the IMTP. In regard to the values of the Green Group, the Executive Director of Workforce and OD stated these would be worked through the Stronger Together overall organisational values work still to be done. The Committee questioned whether the work being undertaken was acute hospital centric however, the Director of Estates and Facilities provided a number of examples to illustrate initiatives which were being undertaken across the Board. He also advised that following meetings of the programme board, specialist sub groups would be formed that would include appropriate membership eg Mental Health services procurement. The Executive Director of Public Health questioned the balance of the current focus between decarbonisation and the green agenda. Whilst the Director of Estates and Facilities confirmed there was a greater focus on achieving a decarbonisation plan at present however, work was also ongoing in moving forward the green sustainability agenda and provided examples of this. The Executive Director of Public Health commented that she would reflect further on this in regard to public health.</p> <p>PP21/35.3 The Chair requested a future update to be provided and sought to be appraised of progress regarding Independent Member involvement with the Programme Board.</p> <p>It was resolved that the Committee noted</p> <ul style="list-style-type: none"> • the establishment of a decarbonisation programme board, lead by the Executive Director Finance, to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government's sustainability and decarbonisation targets by 2030. • the work being undertaken by the Carbon Trust to support the Health Board through developing a bespoke five-year decarbonisation plan and Sustainability Policy in response to Welsh Government targets for 2030. • the presentation by NHS Shared Services – Specialist Estates Services on NHS plans for decarbonisation. 	RT
<p>THE PRESENT for assurance</p>	
<p>PP21/36 Presentation : Chief Executive of Digital Healthcare Wales (DHCW) report</p> <p>PP21/36.1 The Chief Executive of Digital Healthcare Wales joined the meeting to provide a presentation on the progress of the special health authority set up on 1.4.20 and DHCW's strategic objectives and key priorities.</p> <p>PP21/36.2 The DHCW CEO stated that greater clarity was required around the digital offer in the 'out of hospital spaces' and it would be important to have this voice around the table from the DHCW Board's perspective. Key DHCW priorities also included alignment of support in the delivery of organisations' priorities eg Digital Wales Independent Member network. Updates were provided on progress of the strategic objectives of Big data analysis for better outcomes and Value Based Care; Expanding the content, availability and functionality of the digital health and care record to improve treatment quality;</p>	

<p>Delivering high quality digital services to support efficiencies and improvements in the care process; and Mobilising digital transformation, supporting joined up care. She emphasised that the Workforce Strategy was a key enabler and further detail was also provided on engagement, cloud strategy and the newly established data centre which would ensure no disruption to critical services utilising the function eg Radiology. Examples of successful collaborative work across Wales were provided along with an update of progress in E-prescribing which was an important ministerial priority.</p> <p>PP21/36.3 The Independent Member, who chaired the former BCU Digital and Information Governance Committee, welcomed the opportunity to be involved with development of the IM Network along with the work in alignment of strategies going forward. He noted the cloud strategy and data centre plans which he would follow with interest. In terms of WPAS, given the delays to date, he welcomed the planned merger date of 22.5.22 as it was a fundamental BCU platform and he was assured by the DHCW CEO that an oversight group at a senior level would be supporting this delivery. Discussion ensued on WCCIS which was a longstanding issue of concern for the Health Board and assurance was provided that this was the subject of a strategic review being undertaken and would be reported on in January. The DHCW CEO took on board comments regarding functionality gap issues which the Committee brought to her attention.</p> <p>PP21/36.4 In regard to the Committee's question regarding education and how further education colleges and universities might support digital upskilling of the workforce the DHCW CEO provided examples of partnership working with some education providers in South Wales. She stated that a WG commissioned workforce review was being undertaken that would take into account digital skills needs. This was a focus area for DHCW.</p> <p>It was resolved that the Committee reviewed and noted the presentation</p>	
<p>PP21/37.1 Board Assurance Framework</p> <p>The Board Secretary presented the report. Following discussion, it was agreed that she would meet with the Independent Member John Cunliffe to consider his comments regarding the alignment of scores with risk appetite. The Committee debated the IMTP risk and considered it appropriate to maintain the risk as stated and revisit following discussion of the IMTP at scheduled Board and Committee workshops.</p> <p>It was resolved that approved the reduction of the current risk score for BAF21-07: Mental Health Leadership Model to 12 (4x3) from 15 (5x3);</p> <p>and</p> <p>agreed to maintain the current risk score for BAF21-20: Development of an Integrated Medium Term Plan (IMTP) 2022/25 at 12 (4x3).</p>	LB
<p>PP21/38 University Designation Criteria – Developments</p>	

<p>PP21/38.1 The Executive Medical Director presented this item. He reported that a huge amount of work was going on, especially at system level with the leadership of BCU's Chief Executive at strategic level, and actions taking place at a more operational level. He stated the commitment of staff demonstrated within the report was incredibly exciting with positive progress being made. Since the paper was published there were joint appointments being made and a template that could be progressed. He remarked on the further testimony to positive joint working taking place and some very positive feedback research received in the last 24 hours or from GMC and HEIW. He commended the report as a well received good news story.</p> <p>PP21/38.2 The Independent Member Professor Nicky Callow (whom had declared an interest in this item at the beginning of the meeting) commended the work cited within the report and was pleased to note the work undertaken to bring this together in a coherent way in terms of governance along with the assurance provided in scheduling University status and Medical School updates within the Committee annual workplan. Having provided background to the setting up of the Strategic Organisational Readiness Group for academic activities, it was agreed that discussion would take place with the Executive Medical Director to consider whether an appropriate BCU colleague could be identified to chair the meetings to ensure appropriate strategic knowledge would be available to the Group.</p> <p>PP21/38.3 The Chief Executive emphasised the progress which had been made, not only with Bangor University but also wider conversations with other universities and higher education partners. She particularly commended the positive pieces of work being undertaken in regard to research and education.</p> <p>PP21/38.4 In response to the Committee the Executive Medical Director undertook to consider with colleagues how risk sharing would be reported.</p> <p>It was resolved that the Committee noted the report</p>	<p>NL</p> <p>NL</p>
<p>PP21/39 Progress Update for Staff Wellbeing Support Service (SWSS)</p> <p>PP21/39.1 The Executive Director of Workforce and OD presented the report which provided an update on progress with developing the Staff Wellbeing Support Service (SWSS) including outlining the next steps in continuing to enhance the range of support services for staff across BCUHB in the longer term. It was noted that SWSS provided support for staff emotional/psychological wellbeing and as such contributed to the creation and sustaining of an organisational culture of health, wellbeing and psychological safety and resilience. SWSS also had critical interdependencies with Speak out Safely; work to further embed equalities, diversity, inclusion and human rights; the Discovery, Co-Design and Co-Delivery phases of Mewn Undod Mae Nerth/Stronger Together and the emerging People and OD strategy. It was also considered to be a core element of a wider, holistic Wellbeing Strategy which encompassed physical and spiritual health and wellbeing, which was being taken forward through the Staff Health and Wellbeing Group.</p>	

PP21/39.2 In response to the Committee's question regarding the cost of the service, the Executive Director of Workforce and OD outlined a variety of reasons that would enable a stepped down service to be provided in the long term and therefore a reduction in investment requirement over a number of years – potentially over the 3 years of the IMTP. She didn't view the comparison cost against headcount as expensive and it was a necessary investment to ensure staff were equipped to deliver really safe, high quality and effective services and improvements into the future. This would need to be articulated in more detail as part of the IMTP. In response to the Committee, she stated the service was part of her portfolio as it involved staff and was also aligned with Occupational Health and Health & Safety.

PP21/39.3 Discussions ensued in regard to psychological therapy provision and also anonymity in accessing the service. The Executive Director of Workforce and OD responded that data collection was taking place in order to provide a heat map that could identify areas requiring organisational development support for teams, whilst a clear protocol was in place to ensure there would be no breaches of confidentiality. The Committee was assured this was triangulated with other sources of data, eg staff absence and incidents, to flag any areas of concern quickly which could trigger the need for a deep dive.

It was resolved that the Committee noted the report

PP21/40 Emergency Planning Resilience and Response (EPRR) position statement and Training and Exercising Progress Report

PP21/40.1 The Interim Head of EPRR presented the report. He highlighted the two main areas which he had focussed upon in providing assurance that the Board was meeting the requirements of the 2004 Civil Contingencies Act. He stated that an EPRR policy had been drafted and was in the first stages of scrutiny. In addition, he drew the Committee's attention to the report appendix which provided an EPRR performance dashboard on a page that was being updated on a monthly basis. He also highlighted the training and exercising workplan provided. The Interim Head of EPRR drew attention to various plans to address training of BCU's 17k workforce and advised that work had commenced on simplifying and appropriately shortening BCU's Business Continuity plans.

PP21/40.2 The Committee stated that there had been long standing concern with the organisation's business continuity plans and emergency planning. It sought assurance on a number of areas which included

- evidence/schedule of when testing had been completed
- how learning had taken place and what improvements had been implemented
- provision of a framework for staff to work within in order to recover from an issue
- provision of business continuity plans for the 280 IT systems which were not included within the overall Digital business continuity plan – as these were unsupported by the Digital team as they were within individual departments across the organisation
- questioning whether there was an appropriate level of rigour and focus on continuity planning for business systems and processes within the organisation

<ul style="list-style-type: none"> • identification of gaps • how internal audit recommendations had been addressed <p>PP21/40.3 The Interim Head of EPRR advised that a forward plan for exercising was being established however, he pointed out that the NHS core standards set out that exercising or response needed to be set out. He commented that the organisation had been in responding to the pandemic over the past 2 years.</p> <p>PP21/40.4 A discussion ensued on the concerns outlined. The Committee Chair requested that a follow up report be provided to address the concerns outlined to the 10.2.22 Committee meeting.</p> <p>It was resolved that the Committee noted the report and developments to enhance BCU's Emergency Planning Resilience and Response capability and progress made across the organisation on training and exercising.</p>	GH /RK
LEARNING FROM THE PAST	
<p><i>Diane Davies left the meeting and Laura Jones joined the meeting</i></p> <p>PP21/41 Test, Trace, Protect report</p> <p>PP21/41.1 The Executive Director of Public Health introduced the item confirming that the report was an update in terms of activity. Due to the news over the past few days and the announcements in England, she took the group through the headlines. She expressed sincere thanks to partners and partnership North Wales for all their contributed help and support.</p> <p>PP21/41.2 The Executive Director of Public Health confirmed that Covid rates continued to increase with an average of 500 cases every day in North Wales. A new tool in the form of an eform had now been introduced to help manage the numbers and help to contact people as soon as possible in terms of self isolation. The modelling data was higher than expected, due to the recent news there might be a change in approach however the teams were ready for any adjustments. The team were working on continual recruitment through regional hubs and also working with the Workforce and OD team. In relation to the number of cases, there appeared to be an increase in the younger age range and a national piece of work would be taking place in relation to the eform.</p> <p>PP21/41.3 The Executive Director of Public Health confirmed that the teams were testing more people than ever and there were more mobile units in Gwynedd than there had been since the start of the pandemic. The recent bad weather had caused problems in terms of the health and safety of staff and the architecture of some of the buildings. In relation to recruitment, the team were linking in with Welsh Government and Public Health Wales for specific support. The Executive Director of Public Health expressed thanks to the partners who continue to provide ongoing support.</p> <p>PP21/41.4 The Chair thanked the Executive Director of Public Health for a clear and informative report and queried the issue of recruitment, asking whether the team were</p>	

<p>confident in recruiting enough staff to support the situation in North Wales. The Executive Director of Public Health confirmed recruitment had been challenging, there had been lots of appointments made for different roles and the team were taking a productive approach. Administration staff were needed for the testing teams and having the ability to now offer substantive roles had helped. In relation to Tracing, specific colleagues were required, this had been challenging and agencies had been contacted to fill some of these roles. The funding has been confirmed up until June 2022 which would be helpful and the team were working closely with the Local Authorities. The host organisation hosting the local tracers would not host the role past June 22 therefore this would need to be addressed in the new year.</p> <p>PP21/41.5 The Committee queried the modelling and asked for an insight into why BCU was so different from the modelling. Teresa Owen confirmed this was a common query and there were some patterns available. Anglesey and Gwynedd continued to appear at the top of the table and there was potential for some of the population to be more exposed in recent months. In terms of the Omicron variant, there was sequencing work taking place across Wales and the teams were maintaining the key messages of hand washing, social distancing and mask wearing where required.</p> <p>It was resolved that the Committee noted the report</p>	
<p>PP21/42 North Wales Regional Partnership Board meeting update</p> <p>It was resolved that the Committee noted the report</p>	
<p>PP21/43 Mid Wales Joint Committee Update Report</p> <p>It was resolved that the Committee noted the report</p>	
<p>PP21/44 Research and Development Report November 2021</p> <p>The Executive Medical Director presented the Research and Development report confirming the volume of the report was testament to the amount of work ongoing. Further work was required in terms of a single offer to the whole of the Health Board and the work taking place had been responsive rather than proactive which had worked really well. This was work in progress, further work was required with Bangor University and lots of research opportunities had been provided. The Executive Medical Director highlighted that the team had done a great job. The Committee Chair confirmed that the report contained a lot of rich detail and thanked the Executive Medical Director and the team.</p> <p>It was resolved that the Committee noted the report</p>	
<p>PP21/45 Agree items for Board/Other Committees</p> <p>There were no items to refer to the Board or other Committees.</p>	

<p>PP21/46 Review of Risks highlighted in the meeting for referral to risk management group</p> <p>The Committee Chair agreed to evaluate on behalf of the Committee following the meeting.</p>	
<p>PP21/47 Review of Risks highlighted in the meeting for referral to risk management group</p> <p>To be considered outside the meeting</p>	
<p>PP21/48 Agree items for Chair's Assurance report</p> <p>To be considered outside the meeting</p>	
<p>PP21/49 Review of meeting effectiveness</p> <p>The Committee Chair confirmed that the Committee had received a tremendous amount of information. There was a need to review the pace and the amount of items on the agenda. She suggested in future that external presentations could be at the start of the meeting to ensure there was enough time for the presentation and questions. The Committee Chair asked those present to highlight any further comments outside of the meeting.</p>	
<p>PP21/50 Date of next meeting</p> <p>PPPHC meeting 10.2.22</p>	
<p><i>The Committee Chair closed the meeting to the public and representatives of the press</i></p> <p><i>The only item to discuss was PP21/51 draft minutes of the meeting held in private on 14.10.21 which were approved.</i></p>	