2.10 Report of the People, Planning & Performance Assurance Committee/ Adroddiad y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad

Presenter: Professor John Gammon

PPPAC Update Report from meeting on 7 May 2020

Appendix 1 - PPPAC Questions 7 May 2020
2.10 Report of the People, Planning & Performance Assurance Committee / Adroddiad y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad

1 PPPAC Update Report from meeting on 7 May 2020

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 7th May 2020

Y Penderfyniadau a’r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:

Given the approvals made at Board on 26th March 2020 to temporarily stand down PPPAC and hold meetings with the Chair of the Committee and the Lead Executives, the first of these Extra-ordinary PPPAC meetings took place on 7th May 2020, with an invitation issued to the wider membership (and all Independent Members who are not members to the committee) to submit any questions relating to the work of the Committee (workforce, planning and performance) for raising in discussion.

- **Questions from Members for Raising at Extra-ordinary PPPAC on 7th May 2020**
  See Appendix 1 for the questions raised by Members of the at the Extra-ordinary PPPAC meeting on 7th May 2020, together with the responses.

- **Table of Actions from BPPAC Meeting Held on 20th February 2020**
  The Table of Actions from the BPPAC meeting held on 20th February 2020 were reviewed to provide assurance that any outstanding actions had been followed up:
  - Assurance was provided that any outstanding actions relating to the HSE including violence and aggression training and relating to the fire enforcement notice had now transferred to the Health and Safety Assurance Committee (H&SAC).
  - NIAAS – confirmation received that actions in respect of NIAAS had been taken forward.
  - Coding – confirmation received that coding had been reviewed by ARAC, with the presentation, which had been due to be discussed at Board Seminar, circulated to all Board Members.
  - Process for needle stick injuries – agreement was reached that this matter would be followed up with the Executive Director of Nursing, Quality & Patient Experience to ensure this action had been taken forward noting this would be forward planned for the inaugural PPPAC meeting.

Confirmation was provided that all other outstanding actions would be progressed noting that this would be followed up in the written table of actions at the inaugural meeting of PPPAC.

- **Performance**
  The Chair of the Committee received an overview in relation to performance and was updated on the 5 key areas, which are still being overseen by Welsh Government. Details of the process in place for monitoring performance during the COVID-19 pandemic were discussed. It was agreed that the risk in relation to
the areas which were not currently being managed would be included in the overarching Performance Report to Board. An update in relation to NWSSP performance, and an assurance was provided noting there were not any areas of concern at the present time. A detailed update on HDdUHB’s capital programme and capital projects, including Women’s and Children’s Phase 2 was also provided.

WG have been kept fully updated on the capital schemes, and it was noted the rolling risk assessment in place. It was further noted that the Assistant Director of Planning is preparing a report in relation to the capital allocation to include a risk assessment, for example on the backlog maintenance programme and the inability to undertake essential works due to COVID-19.

A request was made to establish whether the action relating to GMS access and baseline assessment had been completed, noting this had formed part of the Out of Hours report which should have been followed up on noting an update report would be provided at the inaugural PPPAC meeting.

It was agreed that the operating framework document would be shared with Professor Gammon in order for preparations to commence in aligning this to the new work programme.

Assurance was requested on whether HDdUHB has sufficient resource in place to support staff during the current pandemic. Assurance was provided that the Executive Director of Workforce and OD is meeting with Trade Union leads and the Trade Union Independent Member twice a week to provide an update on all workforce matters and to consider and respond to any concerns raised. Members were provided with the detail of the resource currently in place, and whilst content that this is sufficient, queried whether staff are being provided with the appropriate time to access the support required, referencing the ‘wobble room’ as an example. Members were informed that counsellors are being mobilised on each acute site, with every staff member (acute and community) issued with a rainbow card providing 24/7 access to a counsellor. It was noted that the key areas of concern raised relate to PPE, conflicting messages, staff with underlying health conditions, caring for COVID-19 positive patients and further support for staff in green areas.

- Information Provided Prior to the Extra-ordinary PPPAC Meeting
  The following information which had been provided prior to the meeting was reviewed:
  - Month 12 Performance Summary (in lieu of IPAR)
  - Hywel Dda UHB Staff Psychological Wellbeing Plan: COVID-19
  - Staff Psychological Well-Being Update as at 17th April 2020 (as presented to the Local Negotiating Committee)
  - Rainbow Poster Providing Access to Mental Health & Well-being Services and Contact Details
  - Learning and Development: Overview of COVID-19 Training for Registered Nurses
  - Mandatory Training Performance Compliance for Month 1 2020/21
- **Governance**
  Given concerns regarding the governance of the Extra-ordinary PPPAC meeting, it was agreed that:
  - Discussions would be held with the HDdUHB Chair in regard to re-establishing PPPAC with limited Executive Officer membership from the 30th June 2020 meeting;
  - Sub-Committees of PPPAC not to be re-established as yet;
  - A PPPAC Update Report from the Extra-ordinary meeting on 7th May 2020 to be presented to the Public Board on 28th May 2020;
  - Outputs from the Extra-ordinary PPPAC meeting on 7th May 2020 (together with the information provided) to be circulated to all Independent Members;
  - A review of all outstanding actions from the final meeting of BPPAC to be undertaken, and an update provided for the first PPPAC meeting to ensure all actions have been captured and either taken forward into PPPAC or H&SAC.
  - Amended PPPAC TORS, to include reference to the Transformation Group which forms part of a Regional Collaboration for Health (ARCH) as agreed by the Board on 26th March 2020, to be shared with Professor Gammon and to feature as an agenda item at the first PPPAC meeting on 30th June 2020.

### Materion y mae angen Ystyriaeth neu Gymeradwyeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:
- The Board to agree to re-establish the PPPAC meeting from June 2020 onwards noting Executive Membership would be limited to the Executive Director of Workforce and OD, the Executive Director of Planning and the Executive Director of Operations.

### Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:
- None.

### 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:
30th June 2020
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<th>Response</th>
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| In respect of long term workforce planning for potential sustained peaks that occur, how will staff be supported going forward. | There are a number of ways in which staff are being supported:  
  - Introduced a 24/7 wellbeing service which provides support to staff whenever they require assistance.  
  - A plan is in place, which will be scaled up and reduced, linked to demand.  
  - WG has extended a National staff support scheme for all front line workers. All of these have been promoted.  
  - All staff currently shielding and absent from work have been offered support during these difficult times. |
| How prepared is the Health Board for a potential increase in referrals and draw upon both adult and child/mental health services as a result of the impact of the lockdown/economic/educational downturn? | These issues which are very pertinent have been raised via the National MHLD COVID-19 Group and work is underway to draft a national recovery framework and principles.  
  The Health Board will continue to proactively engage in this national piece of work and work has already started to scope out the potential phased transition to the ‘new normal’ with a range of service options that will need to include the utilisation of digital platforms, when clinically and patient appropriate. |
| How we are risk assessing our BAME workforce and other staff with underlying health conditions in light of the over representation in COVID-19 deaths, and what safeguards are we putting in place? | On 01/05/2020 Aneurin Bevan University Health Board’s BAME risk assessment was endorsed by Welsh Government as an interim risk assessment and issued to all Health Boards to review, amend with local data, and issue to be undertaken with all BAME workforce. As these are undertaken a view will given on the outcomes.  
  As opposed to a devolved process, the team involved has been asked to consider how this can be undertaken in a centrally co-ordinated way to ensure consistency in approach and to ensure comprehensive assessments are undertaken.  
  All Wales may update this risk assessment as there is an all Wales group reviewing this; if it changes the Health Board will review and revise the conversation with employees. |
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<td>In relation to the extra recruitment, and the demand for the field hospitals being less than modelled - how are we deploying this workforce?</td>
<td>Predominantly, staff have been deployed to hospital sites, however over the past 2 weeks some of the new recruits have begun to familiarise themselves with field hospitals and have also been deployed to work with community teams. The training team is looking to bring some of the Health Care Support Workers back in for additional training to supplement the shortened skills to care programme. Discussions also took place on 05/05/2020 with Social Services and CAVS to consider how our additional workers could supplement care homes and councils.</td>
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| Will we be continuing with our apprenticeship scheme this year?          | The current thinking is that it does not feel appropriate for several reasons to proceed this year, these being:  
  - saturation of new workers in preparation for COVID-19;  
  - uncertainty of college opening arrangements;  
  - The potential for several peaks within the next 12 months and the impact of available placements  
  - There is an opportunity with colleges, to start people in February 2021 which might represent a more appropriate start date;  
  - A need to understand the impact of decision on available monies from Welsh Government |
| Is similar information available on volunteer recruitment and how volunteers are being deployed given the very large numbers who offered to volunteer? | Prior to COVID-19, 302 volunteers were in HDdUHB’s volunteer pool. This reduced to 24 through volunteer withdrawal due to COVID-19. Subsequent offers to volunteers during COVID-19 have resulted in 471 interviews completed with 207 being invited to join the volunteer pool and are currently undertaking training. The remaining 146 were unsuitable and 118 failed to respond.  
A risk assessment process for volunteer roles has been signed off by Workforce Bronze and roles approved include:  
  - Transport of equipment/medicine |
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<td><strong>Appendix 1</strong></td>
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| **• Gardening/green space**  
**• Patient transport volunteer**  
**• Community response volunteer**  
**• Check-in and chat volunteer**  

Once the 207 volunteers have completed training and appropriate checks, they will be available for deployment in the volunteer pool from 7th May 2020.  

A further wave of potential volunteers (107) are currently on hold pending processing of the first wave into the volunteer pool.  |
| **- For the KPI external reporting to WG which has been suspended – given that the Health Board’s accountability to its patients is unchanged, can we be assured that we are continuing to make active use of data about service performance as we would in normal circumstances, even though WG are not asking for it.**  

- What new or elevated risks does the Executive Director of Workforce & OD envisage as a result of truncated recruitment processes? Are we seeing any evidence of issues yet?  

- What is the latest in terms of use and staffing and ration of the field hospitals?  

- What is the staff absence rate currently?  

- The Health Board are now reporting against Welsh Government revised guidance. The Health Board is continuing to make use of data and this will be discussed at the inaugural PPPAC.  

There are a few risks however these are for very different reasons. The Health Board is currently undertaking an assessment of the new workforce to understand their substantive positions.  

This is still very much being debated please see separate Board paper.  

There are many types of “absence” - the official sickness figures are 5.32%, 2.51% self isolating and 1.51% absent with COVID-19 related reasons. However in addition to this there are people who are shielding who are working from home, self-isolating not deemed as absent as working from |
home, and a number of staff redeployed due to health issues who are “absent” from their substantive workplace but not absent in terms of hours lost. Work is on going to develop reporting mechanisms.

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<th>The relationship with HEIW, assurance they are assisting HDdUHB in its strategy.</th>
<th>Good working relationships remain with HEIW.</th>
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<td>In respect of the People indicators in the IPAR, a “deep dive” into an area i.e. Service Area/Hospital, etc could be considered to cover all the main indicators, including staff survey results.</td>
<td>Agreed for future reporting</td>
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<td>Mandatory training levels</td>
<td>81.6% compliance compared to 80.4% April 2019</td>
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<td>Being aware that much annual leave has been cancelled or postponed which means there will be many staff seeking to take annual leave later this year, what contingencies are in place to manage this increased demand over the coming months?</td>
<td>A briefing has been developed to encourage staff to take some of their annual leave whilst the hospitals are quieter.</td>
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<td>Those shielding have been asked to take 8 days leave for their 12 weeks shielded absence.</td>
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<td>A change to terms and conditions also means staff can carry leave over into the 2021/22 financial leave year. However we will be encouraging as many people to take leave as possible. The briefing will be amended should the COVID-19 position change and where staff are required to work rather than be on leave.</td>
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