



Strategy, Partnerships and Population Health Committee (SPPHC)
Minutes of meeting held in public on 10.12.20
via Webex

Present:

Lyn Meadows	Independent Member (Acting Chair)
Nicky Callow	Independent Member (<i>part meeting</i>)
Linda Tomos	Independent Member
Jackie Hughes	Independent Member – by invitation

In Attendance:

Sally Baxter	Assistant Director ~ Health Strategy (<i>part meeting</i>)
Ben Carter	Regional NW Commissioning Manager SMS services Wrexham Council (<i>part meeting</i>)
John Darlington	Assistant Director ~ Corporate Planning (<i>part meeting</i>)
Andrew Doughton	Audit Wales (<i>observing</i>)
Arpan Guha	Acting Executive Medical Director
Sue Green	Executive Director Workforce & OD (<i>part meeting</i>)
Dave Harries	Head of Internal Audit (<i>observing</i>)
Andrew Kent	Interim Head of Planned Care Transformation (<i>part meeting</i>)
Gavin Macdonald	Interim Chief Operating Officer (<i>part meeting</i>)
Teresa Owen	Executive Director Public Health (<i>part meeting</i>)
Walee Sayeed	Consultant ~ Care of the Elderly (<i>part meeting</i>)
Rob Smith	Area Director East (<i>part meeting</i>)
Chris Stockport	Executive Director Primary and Community Services (<i>part meeting</i>)
Nia Thomas	Head of Organisational Development (<i>part meeting</i>)
Sally Thomas	Head of Equality and Human Rights (<i>part meeting</i>)
Mark Wilkinson	Executive Director Planning and Performance
Kamala Williams	Acting Assistant Director Health Strategy (<i>part meeting</i>)
Diane Davies	Corporate Governance Manager ~ Committee secretariat

By invitation

Andy Burgen	North Wales Community Health Council Vice Chair (<i>observing</i>)
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Agenda item discussed	Action by
<p>SP20/73 Chair's welcome and apologies for absence</p> <p>SP20/73.1 The Committee Chair noted that BCUHB was unfortunately unable at the present time to accommodate attendance by members of the public at Health Board committee meetings due to Covid-19 (C19) restrictions. However, the NWCHC Vice Chair would be observing the meeting held in public session.</p> <p>SP20/73.2 The Committee Chair welcomed Independent Member Linda Tomos to her first meeting as a member of the Committee.</p> <p>SP20/73.3 Apologies for absence were noted from John Cunliffe.</p>	
<p>SP20/74 Draft minutes of the meeting held on 9.6.20 for accuracy, matters arising and summary action plan</p> <p>SP20/74.1 The minutes were agreed as an accurate record and there were no matters arising.</p> <p>SP20/74.2 The summary action log updates were agreed.</p>	
<p>SP20/75 Declarations of interest</p> <p>None received</p>	
<p>SP20/76 Quarter 3&4 delivery plan monitoring 2020/21</p> <p>SP20/76.1 The Assistant Director ~ Corporate Planning introduced the item, clarifying work undertaken to ensure that actions which had not been completed at the end of the previous quarter had been considered and evaluated for inclusion in the plan for Qs 3 and 4. The narrative provided within the appendix informed whether these actions were drawn forward or re-prioritised for potential operational delivery at a later date, along with providing evidence of accountability. Discussion ensued on the efficacy of capturing a complete representation of the quarter end position.</p> <p>SP20/76.2 The Committee Chair requested that further evidence, supported by improved narrative, was to be provided within the report to the next meeting in order to provide an effective audit trail of all priorities agreed by the Board that had been stood down due to non-delivery.</p> <p>SP20/76.3 The Executive Director of Planning and Performance agreed to provide this information, along with denoting which Committees were delegated to monitor progress. The newest member of the Committee concurred that this form of narrative would be very helpful to readers unfamiliar with the report content.</p> <p>SP20/76.4 In addition, the Head of Internal and Audit and the Executive Director of Planning and Performance agreed to discuss outside the meeting how reporting would</p>	<p>JD</p> <p>MW/DH</p>

<p>capture undelivered Q1&2 priorities at year end. The Interim Director of Governance endorsed the organisation's need to consider reprioritisation during the year due to potential changes and emphasised the importance of demonstrating with evidence that conscious decision making had taken place.</p> <p>It was resolved that the Committee noted the report</p>	
<p>SP20/77 Development of 2021/2 Delivery Plan</p> <p>SP20/77.1 The Assistant Director ~ Corporate Planning introduced this item. He drew attention to the Board's requirement to plan for the following year alongside recovery and gearing up towards 'normality'. He advised that Welsh Government (WG) had not yet provided the NHS planning framework, however the Board had put together priorities in the meantime. He acknowledged this risk and also concern with the timescales involved. The Assistant Director ~ Corporate Planning stated that January 2021 was likely to be the toughest month of the year to date given the complications of planning within a pandemic. However he also advised on the positive aspects arising from organisational learning, greater agility, good engagement and the strengthened programme management that had ensured that a pipeline of priority schemes were already prepared. He informed that new processes had been introduced to improve planning quality, however he also advised there were inherent risks associated with BCU's population during the pandemic.</p> <p>SP20/77.2 In response to the Committee he advised that a diagnostic programme workstream had been introduced which would take into account findings within the Professor Sir Mike Richards report. A discussion ensued on how risk factors were articulated within the plan following which it was agreed that the Executive Director of Planning and Performance would arrange for this to be included within the presentation to the next Audit Committee on 17.12.20. The Interim Director of Governance endorsed the use of risk as a driver for change.</p> <p>SP20/77.3 In response to the Committee Chair the Executive Director of Planning and Performance advised that it was the Health Board's aspiration to work on a 3 year financial plan, underpinned by a 3 year operational plan in line with WG's change to a 3 year financial settlement. In addition a 1 year plan would be provided to WG for the coming year as it would be dominated by the need to address services in response to the Covid19 pandemic. The Acting Executive Medical Director commented that the Covid19 response would also be included in BCU's developing Clinical Strategy.</p> <p>SP20/77.4 It was agreed that the timetable provided be updated to include dates for presentation to the SPPH & Finance and Performance Committees and the Board, following which this was to be circulated to all Independent Members of the Board.</p> <p>SP20/77.5 The Committee Chair emphasised the need for the Committee to have assurance that contemporaneous transparency and accuracy was in place to effectively monitor the organisation's progress.</p> <p>It was resolved that the Committee</p>	<p>MW</p> <p>MW/JD</p>

<ul style="list-style-type: none"> • received the report • received the reconciliation of outstanding actions from 2020/21 Q2 plan and aged further detail to be provided to the next meeting • reviewed the proposed approach and timetable for the development of BCU's 2021/24 and agreed further detail of Board and Committee dates to be included prior to circulation to Independent Members of the Board 	
<p>SP20/78 Development of Diagnostic Treatment Centres in strategic support of planned care</p> <p>SP20/78.1 The Acting Head of Planned Care Transformation joined the meeting to present this item. He drew the Committee's attention to key points within the report including progress of the Planned Care Transformation Group, Covid19 risk along with the induced reduction in planned care capacity (as much as 50% in theatre usage due to infection prevention and control processes) and he emphasised that this was unlikely to improve before the end of the following year Q2/3. The Interim Head of Planned Care Transformation advised of the growing number of patients waiting beyond 36 weeks. He reported that a 6 point plan had been established to address the situation which was outlined in the report.</p> <p>SP20/78.2 The Acting Head of Planned Care Transformation introduced the concept of the introduction of a Diagnostic Treatment Centre (DTC) approach which was being explored for consideration by the Board. He advised that the DTC model was based on an ambulatory care approach, providing examples of the benefits that could be provided to the population of North Wales with robust diagnostics and timely treatment. He stated that the one stop pathway approach could provide a future era, within 4 to 5 years, that could enable NW patients to be treated within a week of being referred ie "this week's work undertaken within this week".</p> <p>SP20/78.3 In discussion of a potential location, he reported that the population of North Wales could be best served with 2 centres and there could also be potential to site all Orthopaedic activity at one of these. He acknowledged the breadth of potential workforce changes involved which were actively being attended to and also advised that transformation funding could be attracted with development of this value based healthcare approach. He also referred to the oscopy unit potential benefits and the undertaking of certain types of theatre work in house as opposed to outside BCU.</p> <p>SP20/78.4 The Committee was very supportive of the potential development, recognising there were huge workforce opportunities to develop staff in different ways however, the Committee questioned whether certain items of diagnostic equipment would be incorporated within the specification for greater effectiveness. In the discussion which followed the Interim Head of Planned Care Transformation advised that the range of diagnostic equipment provided would be subject to costings that were being explored.</p> <p>SP20/78.5 In discussion of the 6 point plan, he drew attention to the pilot development of a Patient Portal to ensure re-engagement and improve patient communication. The NWCHC representative questioned when consultation would be undertaken and it</p>	

<p>was explained that should the Board approve the Strategic Outline Case for development of an Outline Business case that consultation would be undertaken at that stage. The representative also commented that the digital plan appeared to be passive, providing examples of how this could be more driven.</p> <p>SP20/78.6 The Executive Director of Primary and Community Services commented that the development would need to be considered in the context of pathways and whilst the DTC model had an important part to play in the future of planned care, it was important to note that it was not the sole alternative in consideration of every patient's pathway.</p> <p>It was resolved that the Committee noted the presentation</p>	
<p>SP20/79 Business Continuity and Emergency Preparedness update</p> <p>SP20/79.1 The Assistant Director ~ Corporate Planning highlighted achievements since presentation at the October Committee meeting. He advised that the Major Emergency Plan had been approved by the Executive Team and that there was a CBRNe (Chemical, Biological, Radiological, Nuclear and Explosives) Plan in place. The number of divisional business continuity plans was growing at pace due to strong engagement that had taken place following the response to Covid19. He reported that exercises had taken place with partner organisations and that an action plan was provided within the report.</p> <p>SP20/79.2 The Committee Chair reminded that following concerns around capacity, an Internal Audit report was undertaken that provided limited assurance. The Head of IA noted there was support for increasing capacity however there was also risk around engagement within divisions and that operational ownership was required. The Assistant Director – Corporate Planning stated that completion of business continuity plans had ramped up and there was an expectation that these would be completed by next year.</p> <p>SP20/79.3 In response to the Committee Chair's invitation to evaluate the department, he responded that the Emergency Plan had moved on at pace, however there was more to be done to strengthen responses and planning was progressing well.</p> <p>SP20/79.4 The Committee commended the amount of work undertaken during the short time frame.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • received the report and noted the progress made which builds upon the report presented to SPPH Committee on 1st October. • approved the revised 2020/21 Civil Contingencies Group Work Programme 3. • approved the revised Business Continuity Policy Document. 	

<p><i>Independent Member Nicky Callow joined the meeting</i></p>	
<p>SP20/80 Key enabler strategy : Progress on Digital Strategy</p> <p>SP20/80.1 The Executive Director Primary and Community services advised that the Digital Strategy had undertaken a significant journey, with substantial work having been undertaken downstream to glean what was needed whilst under Covid19 pressures. In response to the Committee, he advised the strategic development to be complex due to the nature of the organisation and the myriad of interdependencies. He stated that resource requirements were being addressed within Implementation teams and took on board the Committee’s comments to ensure that training needs were incorporated into considerations. In response to the NWCHC representative’s observations, he responded that digital sharing considerations with external specialist provider centres would be explored further with his team and that work was being undertaken to consider tracking patients on pathways with appropriate utilisation of data.</p> <p>SP20/80.2 The Committee commended the work undertaken, which was also noted to have been positively received by the Workforce Partnership Group and had also involved significant stakeholder engagement. The Executive Director Primary and Community services also took on board comments to demonstrate how the challenges of inclusion, rurality and accessibility were also being addressed as the strategy developed.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the draft Digital Strategy • received an update on engagement to date • supported further engagement opportunities 	
<p>SP20/81 Test, Track and Protect (TTP) update</p> <p>SP20/81.1 The Executive Director of Public Health presented this third report to the Committee. She reported that since the previous report there had continued to be significant developments in the TTP service for North Wales; increased testing capacity across the region, improved testing turnaround times, recruitment drive for test and trace and a dedicated resource for Protect established. Cases had fallen in consecutive weeks however, it was anticipated that cases would again rise towards the end of December and through January.</p> <p>SP20/81.2 The Executive Director of Public Health advised of further developments since the report had been published. This included the introduction of a pathfinder approach with a small number of twice weekly staff testing, commencing in January as a pilot initially in the East where the prevalence currently existed. In relation to increased contact testing she acknowledged a staffing pinch point in relation to the regional hub and local tracing capacity however, recruitment support was being</p>	

<p>moved forward by Flintshire Council. In response to the Committee she advised on the differences between PCR and lateral flow testing.</p> <p>SP20/81.3 In the discussion which ensued she agreed to liaise with the IM University representative to share learning from testing activity which might be beneficial in respect of University sites. The Executive Director of Public Health also reported that there was current capacity for 28k tests to be taking place across North Wales, however there was currently 18k being administered with further increased capacity being introduced, including mobile units, initially within areas of higher prevalence. In response to the Committee Chair’s question as to whether plans were in place to wind down the process, it was noted that, whilst a vaccination programme was being introduced, there would still be a requirement for testing and that WG funding was in place until June 2021 at the present time.</p> <p>SP20/81.4 The Committee was pleased to note the introduction of mobile units and also lateral flow testing which could enable educational access improvements for pupils and students going forward.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the status of the multiagency response programme for the North Wales TTP programme. 	TO
<p>SP20/82 North Wales Regional Partnership Board</p> <p>SP20/82.1 The Executive Director of Planning and Performance advised that the RPB annual report had been provided for information. It was noted that the Dementia Strategy was timetabled for consideration by the Health Board. In respect of the RPB’s £12m allocation for transformation funds, the Executive Director of Public Health, who was the current chair of the RPB, advised that this would be discussed at the RPB meeting taking place the next day.</p> <p>SP20/82.2 In response to the Committee’s question as to the extent of BCU’s awareness of the RPB’s Digital Transformation workstream activity, it was acknowledged that the Area Director Central, a team member of the Executive Director Primary and Community services, was linked in.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> received the Annual Report and noted the updates from the North Wales Regional Partnership Board meeting held on 9th October 2020 	
<p>SP20/85 National Operating Framework for Primary and Community Care and delivery milestones</p>	

SP20/85.1 The Executive Director Primary and Community services presented this item advising that on 24.9.20 WG had issued the NHS Wales Covid 19 Operating Framework for quarters 3 and 4 2020/21. The health board had provided their plans in response to the requirements set out, and submitted these to WG by the deadline of 19.10.20.

SP20/85.2 It was noted that the Covid19 pandemic had required primary and community care to respond rapidly in order to minimise the spread of infection and allow services to continue to be delivered. The Primary & Community Operating Framework for quarters 3 and 4 had been informed by the response of the sector to the pandemic in the first half of the year. He drew attention to the 6 priorities agreed nationally for quarters 3 and 4 and highlighted areas of challenge within each

1. Delivery of essential services (appendix 1) – categorised by the World Health Organisation as
 - Essential prevention of adverse outcomes
 - Responsive urgent care
 - Essential management of chronic conditions
 - Timely diagnosis of new problems
 - Proactive management of vulnerable groups
2. COVID-19 local outbreaks or second wave – including delivery of services in response to surges and outbreaks which may include the reestablishment of COVID hubs, urgent and emergency centres and field hospitals.
3. Care Homes – primary and community care service provision, noting the fragility of care homes
4. Rehabilitation – recognising the increased demand for rehabilitation across four main population groups.
5. Step-up and step down bedded community services – to address the issues identified in Right Sizing Community Services (Delivery Unit)
6. Urgent primary care – an urgent primary care model to be considered within the context of new developments in access such as ‘phone first’, remote consultations and consultant connect.

SP20/85.3 The national Strategic Programme for Primary Care was continuing to develop a number of key enablers to support primary and community care services in quarter 3 and 4 and in addition had reviewed the toolkits for Primary and Community Care Implementation Planning, Dental, Optometry and Community pharmacy which had been prepared in response to the Covid19 pandemic. It was noted that a summary of the delivery milestones was provided in Appendix 2.

SP20/85.3 Discussion ensued on patient perceptions of access to these primary care services and whilst noting that many alternative methods had been implemented, it was acknowledged that challenges remained. This also included the perception that all dental practices were closed, which was not the situation however, work was progressing to make improvements in this area.

SP20/85.4 The Committee acknowledged the hard work and commitment of these independent practitioners during this challenging stage of the pandemic and expressed their concern for their wellbeing and ability to continue on the other side of

<p>the pandemic. The Executive Director Primary and Community services commented this was a point well made and advised there was awareness of this issue and work was underway to maintain regular contact in this area. He agreed to pass on the Committee's thanks for the work being undertaken.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • noted the priorities and requirements of the National Operating Framework for Primary and Community Care and associated delivery milestones 2020/21, set by Welsh Government; • Noted the progress made to date in the achievement of the delivery milestones; • Confirmed future reporting requirements to monitor the ongoing progress and achievement of the milestones 	
<p>SP20/86 Children Young People/CAMHS Transformation Fund update</p> <p>SP20/86.1 The Executive Director Primary and Community services presented this item which provided updates on the 3 workstreams supporting the transformation programme ie</p> <ul style="list-style-type: none"> • the early intervention and prevention to improve the emotional health, well-being and resilience of children and young people • edge of care interventions incorporating multi-disciplinary teams • the effective Child protection project. <p>SP20/86.2 It was recognised that many interventions could overlap in supporting children and young people and furthermore acknowledged that good partnership work had been undertaken to progress the work moving forward.</p> <p>SP20/86.3 In the discussion which ensued it was agreed that the Executive Director Primary and Community services would provide greater clarity on the size and scope of the services and the number of children and young people who required them.</p> <p>SP20/86.4 In discussion of services provided by transformation funding, the Executive Director Primary and Community services confirmed that WG funding had been reduced however, priorities on continuance would be agreed at the RPB meeting the next day. He stated his personal preference that funding remain to support this programme. Following discussion on the impacts to CAMHS (Children & Adolescent Mental Health Services) it was agreed that these be referenced within the next report to the Committee</p> <p>SP20/86.5 In addition, the Committee questioned to what degree the services provided were sustainable when the additional WG funding came to an end. The Executive Director Primary and Community services reported there was an assortment of differently funded services, some of which also involved support provided through local authorities.</p> <p>It was resolved that the Committee</p>	<p>CS</p> <p>CS</p>

<p>noted progress of the North Wales Childrens and Young Peoples Transformation Programme.</p>	
<p><i>Ben Carter Regional NW Commissioning Manager Wrexham Council joined the meeting for this item</i></p> <p>SP20/83 Area Planning Board (APB) Substance Misuse service (SMS)</p> <p>SP20/83.1 The Assistant Director introduced this item providing context of BCU’s role as both a strategic partner and commissioned service provider for the APB. It was noted that approximately £2.3m services were funded by the APB namely Substance Misuse Treatment and Support Service (part funded alongside BCUHB funding), Harm Reduction/Collaborative Outreach Service, Alcohol Liaison & Drug Liaison Service, Specialist Substance Misuse CAMHS capacity and Prescribed Medication & Support Service (part funded alongside BCUHB Funding).</p> <p>SP20/83.2 The North Wales Regional Commissioning Manager drew attention to the report and highlighted key areas. In terms of the size of the provision, he advised that SMS operated on approximately £10m, with 1500/1600 service users accessing treatment whilst there were in the region of 3000 patients having direct SMS concerns. In respect the North Wales Alcohol strategy a delivery plan was being developed which he stressed was important given issues arising from the Covid19 pandemic response. The Mental Health SMS delivery plan was in place and, having taken into account both barriers and areas of good practice, was being refreshed for presentation to the APB in the new year. He drew attention to progress within waiting times during Covid19, integrated psychological therapies tender and Caniad.</p> <p>SP20/83.3 In response to the Committee Chair he advised that more work needed to be done on moving forward strategically with Needs Assessments, especially in respect of A&E/SMS presentations which had been delayed due to the Covid19 pandemic response.</p> <p>SP20/83.4 Discussion ensued on current Key Performance Indicators questioning whether SMS need had increased and for how long the quality of life indicator had reduced as well as querying the extent to which training in psychological services was joined up within BCU. It was agreed that the next report to the Committee be focussed on performance management, include a service user story and also address how BCU works with partners to make a difference.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> • received the report and noted the role and function of NWAPB including the interface with BCUHB • noted progress made BCUHB joint working as part of NWAPB, including work to delivery services throughout the Covid-19 pandemic and opportunities for improved alignment and joint working going forward 	<p>JD/BC</p>

SP20/84 Stroke Services

Rob Smith Area Director East and Walee Sayeed Care of the Elderly Consultant joined the meeting for this item

SP20/84.1 The Care of the Elderly Consultant provided a greater insight on the presentation which encompassed Early Supported Discharge (ESD) and Rehabilitation, including the case for change and outcomes. The required outcomes were identified as : reduced disability and reliance on social care, reduced risk of another stroke, timely swallowing assessment; OT, physiotherapy and Speech and Language Therapy interventions as appropriate; discharge earlier with ESD and reduced disability; reduced variation across North Wales; increased staff morale, improved recruitment and retention of specialist staff. The Care of the Elderly Consultant elaborated on the 3 site model.

SP20/84.2 The Acting Executive Medical Director remarked on the variability of stroke care across North Wales and the need to address the important areas of ESD and rehabilitation which were achievable through matching up processes with guidance. He advised that the Clinical Advisory Group were involved and their findings would also inform the reviewed and updated business case.

SP20/84.3 The NWCHC representative remarked on the SSNAP scores and questioned how progress could be achieved without improvements to patient retrieval which was a Welsh Ambulance Service Trust (WAST) issue. He questioned whether alternative pathway work could assist. The Acting Executive Medical Director advised that this was being addressed with WAST.

It was resolved that the Committee
noted

- the re-start of the business case development, with focus on ESD and Rehabilitation business cases in phase 1.
 - the business case is being reviewed and updated – including new clinical evidence and learning from COVID
 - anticipated conclusion of this work by 31.1.21
- and supported the need to progress improvements in the service

SP20/87 Equalities and Human Rights - Socio Economic duty

SP20/87.1 The Acting Assistant Director Health Strategy presented this report which set out the statutory requirement of the Socio - economic Duty coming into force in March 2021. The Duty would place a legal responsibility on relevant bodies when undertaking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. It was noted that a Socio-economic Duty Task and Finish Group had been convened to advise the Health Board in its preparations for the commencement of the Duty and ensure consideration of how the Duty would be delivered. She highlighted that training and support would be developed, along with a meaningful template, whilst ensuring the process would be built into strategic case developments and project management.

<p>SP20/87.2 In the discussion which followed the Committee commended the approach being undertaken to ensure that consideration of the duty would be integrated into processes in a simplified but effective way to ensure that this statutory duty was carried out. The Committee emphasised this duty was ‘The right thing to do’ and was pleased to be advised this was also the position of BCU’s Health & Safety and Trade Union partners whom were triangulating in this work.</p> <p>SP20/87.3 The Committee Chair questioned how the duty was factored in to the 2021/22 Operational plan. The Executive Director of Workforce & OD pointed out that meeting this duty could drive developments at the beginning and not at the end. She provided examples within the Workforce Strategy of how population and staffing had been considered eg working beyond national retirement age due to socio economic circumstances. The Executive Director of Workforce & OD stated it would provide a firm footing for planning and decision making.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the report and approved the advisory recommendations for the organisation agreed that the Head of Equality and Human Rights would circulate guidance to members 	<p>ST</p>
<p>SP20/87.1 Covid-19 the Impact on People with Protected Characteristics: the Equality Context and Framework</p> <p>SP20/87.2 Black, Asian and Minority Ethnic (BAME) COVID-19 Socio-economic Subgroup: Report into the factors influencing negative COVID-19 outcomes for individuals from BAME backgrounds and Welsh Governments Response.</p> <p>SP20/87.1.1 The Head of Equality and Human Rights presented these items pointing out that it was widely recognised that the Covid19 pandemic had affected both population groups.</p> <p>SP20/87.1.2 The Executive Director of Workforce & OD commended the fast pace at which the Head of Equality and Human Rights had moved work forward in this area during the first wave of the pandemic, including national involvement, which had assisted in decision making and preparations for the second wave.</p> <p>SP20/87.1.3 In response to the Committee, the Head of Equality and Human Rights affirmed that there was a good level of clinical awareness which had also been incorporated into training. The Clinical Advisory Group was also utilising the findings along with workforce planning. The Acting Executive Medical Director reported that North Wales’ first BAME forum was crystalising discussion in this area. The Head of Equality and Human Rights also highlighted the development of a BCU intranet page in order to centralise resources for all staff to access.</p> <p>SP20/87.1.4 It was confirmed that a Race Equality Impact Plan in response to WG would be moved forward within BCU and also involve the Engagement Team. This would be reported to the Committee next year. In response to the Committee, the</p>	<p>ST</p>

<p>Head of Equality and Human Rights affirmed that the RPB was developing an assessment tool.</p> <p>It was resolved that the Committee</p> <ul style="list-style-type: none"> noted the SP20/87.1 report noted the SP20/87.2 report findings and scope of the recommendations 	
<p>SP20/88 Pulse Survey</p> <p>SP20/88.1 The Head of Organisational Development highlighted key aspects of the report namely that turnaround time had been reduced to 3 weeks, 18% of the workforce (3313) had responded in comparison to 31% the previous year and BCU staff had provided the second highest response rate within Wales. It was noted that, as in the previous year, local teams were tasked with addressing the responses to enable quicker improvements to be made at a local level. Quarterly pulse surveys would be taking place in 2021 and work was ongoing to turnaround feedback at a faster pace utilising BCU's website.</p> <p>SP20/88.2 In respect of responses received, the Head of Organisational Development advised that the overall score of 'enthusiasm for the job' & 'like working for the organisation' had both risen and the incidence of bullying had decreased. Responses overall were positive, however work with managers to enable comparisons with similar questions in 2018 was being progressed.</p> <p>SP20/88.3 The Executive Director of Workforce & Organisational Development (OD) commented that there would be learning from the Covid19 pandemic response. She also advised that the Performance and Accountability Framework, being moved forward by the Interim Head of Governance, would factor in this work. BCU's OD programme was also being developed over the next 3 years which would provide additional intelligence in this area.</p> <p>SP20/88.4 The Committee commended the improvements that had been achieved within the context of the Covid19 pandemic response.</p> <p>SP20/88.5 In response to the NWCHC representative's observation that engagement had been taken out of BCU's special measures position 18 months previously, the Executive Director Workforce and OD stated that this area was continuing to be reported as it was one of BCU's five top priorities and remained important to the Board.</p> <p>It was resolved that the Committee noted the content of the update report</p>	
<p>SP20/89 Update on Staff Health and Wellbeing & the Corporate Health Standard.</p> <p>SP20/89.1 The Executive Director of Workforce & Organisational Development stated that she was very proud of the work undertaken by the department during the Covid19</p>	

<p>pandemic which was continuing. She reported that much work had also been undertaken in respect of gathering evidence for the Platinum Corporate Health Standard Award revalidation.</p> <p>SP20/89.2 The Committee acknowledged and commended the Occupational Health Team on their support to the Health Board throughout the pandemic, including the current critical area of vaccination.</p> <p>It was resolved that the Committee noted the report and continued planned activity to renew the Corporate Health Standard.</p>	
<p>SP20/90 EU exit risk</p> <p>The Executive Director of Planning and Performance highlighted the mitigation work being undertaken in preparation for EU exit which was currently being monitored at weekly meetings.</p> <p>It was resolved that the Committee received the update report and noted the current position in respect of preparation for the end of the EU transition period.</p>	
<p>SP20/91 Summary of private business to be reported in public</p> <p>It was resolved that the Committee noted the report</p>	
<p>SP20/92 Issues of significance to inform the Chair's assurance report</p> <p>To be advised</p>	
<p>SP20/93 Date of next meeting</p> <p>18.2.21</p>	
<p>Exclusion of Press and Public</p> <p>Resolution to Exclude the Press and Public</p> <p>“That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.”</p>	
<p>Private session</p> <p>SP20/93 Draft minutes of the meeting held in private session on 1.10.20</p> <p>Following the public session the Committee moved into private session and approved the minutes of the private session held on 1.10.20</p>	