



### Local Partnership Forum

### Minutes of the meeting held on 10<sup>th</sup> January 2023 at 13.00 hrs Via Teams

#### Present

Jan Tomlinson (JT)	UNISON and Trade Union Partners (Chair)
Gill Harris (GH)	Interim Chief Executive Officer
Christine Tanski (CT)	UNISON
Courtney Thomas (CT)	Patient Advice & Liaison Officer, Patient Experience Team
Eleri Roberts (ER)	Associate Director Community Services (West)
Emma Jane Hosking (EJH)	Associate Medical Director For Professional Development / Consultant Anaesthetist, Anaesthetics
Georgina Roberts (GR)	Associate Director People Services – West, Workforce & Organisational Development
Iain Dawson (ID)	Lead Mental Health Pharmacist
Jackie Hughes (JH)	Society of Radiographers and (Trade Union) Independent Member
Jade Clark (JC)	Physiotherapist
Jason Brannan (JB)	Deputy Director of People, Workforce & Organisational Development
Kelly Williams (KW)	Unite Workplace Representative / Equalities Representative
Nicola Roberts (NR)	Community Podiatrist
Paolo Tardivel (PT)	Director of Transformation and Improvement
Phil Meakin (PM)	Associate Director of Governance
Rebecca Gerrard (RG)	Director of Nursing Infection Prevention and Decontamination
Steven Webster (SWe)	Interim Executive Director of Finance
Sue Clark (SC)	Health & Safety Manager
Stacey Roberts (SR)	UNISON
Teresa Owen (TO)	Executive Director for Public Health
Toni Wood (TW)	Royal College of Midwifery
Vivienne Nelson (VN)	A4C Staffside Lead
William Nichols (WN)	Royal College of Nursing
<b>IN ATTENDANCE</b>	
Fiona Lewis (FL)	For minute taking

Agenda Item	
The Chair welcomed all attendees to the meeting.	
<b>L23/01 Apologies for Absence</b>	

- **L22/45.1** Apologies were received from Alex Tapley, Alison Kemp, Catherine Jones, Claire Wilkinson, Debbie Lewis, Gareth Evans, Iain Donnelly, Kay Hannigan, Matthew Joyes, Nick Lyons, Peter Bohan, Richard Tanswell, Sue Green, David Barber, Ffion Johnstone, Sally Baxter and Stuart Whittaker.

### **L23/02 Draft Minutes of the previous meeting held on 11.10.22 for approval**

**L23/02.1** The minutes were approved as a true and accurate record of the meeting.

### **L23/03 Matters Arising and review of Summary Action Plan.**

**L23/03.1** There were no matters arising and updates were provided to the Summary Action Plan.

## **CORPORATE GOVERNANCE**

### **L23/04 A Patient's Story**

**L23/04.1** Courtney Thomas presented a Patient's Story, which highlighted a collection of positive experiences from patients accessing a Specialist Primary Care Cardiac Clinic at Rysseldene GP practice in Colwyn Bay. This service helped to reduce the need for patients to access acute hospital care by providing local support, care and treatment by helping to bridge the gap between primary and secondary cardiology services. Patient feedback had shown that patients were fully appreciative of the ease of access and benefits this service provided.

**L23/04.2** It was felt that this concept could also be replicated in other areas such as Mental Health, Diabetes, Frailty, Well-being, etc. The story highlighted positive experiences and as part of the Health Board's commitment to build a learning culture from patients' experiences, helped to share best practice and ensured that all people who use that service receive a consistently positive response.

*[With Chair's approval the next item was taken out of order]*

### **L23/07 M8 November 2022 Finance Report**

**L23/07.1** This item was presented by Steven Webster, Interim Executive Director of Finance. He confirmed that:

- the November position is reporting a deficit of £1.9m and year to date deficit of £6.3m.
- The Health Board was reporting a forecast outturn deficit of £10m, dependent on delivering a financial recovery plan.
- There is a lot of uncertainty around winter pressures and ongoing industrial action.

**L23/07.2** In answer to whether the industrial action – in particularly the WAST action – had incurred any additional costs for the Health Board, SW advised Members that the main obvious consequences were to patients rather than extra cost to the Health Board. There was likely to have been less elective activity and fewer operations, which if anything would have caused a short term reduction in spending.

**L23/07.3** Billy Nichols asked if there was an update regarding VAT on lease cars. SW confirmed that he was unaware of the situation but would look into this and report back to WN. The Chair asked if WN would be able to provide SW with more information regarding this.

**L23/07.4** SW confirmed that a major challenge going into 2023 will be non-recurrent funding which, having slowed down already, was reducing even further and the growth in the underlying allocations was very low. The pressures will not go away therefore the Health Board needs to discover better ways of dealing with them in terms of both Workforce responses and clinical models.

#### **L23/04 Verbal Update on Targeted Intervention**

**L23/04.1** Phil Meakin, Associate Director of Governance, as programme lead for Targeted Intervention provided his verbal update on the current situation. He confirmed that a self-assessment had been agreed by the Board at its November meeting.

**L23/04.2** PM confirmed that each of the domain areas had its own Independent Member lead, its own SRO and its own domain lead (the key person responsible on a day-to-day basis for the actions required).

**L23/04.3** PM updated Members as to what the Board agreed in its self-assessment on 24<sup>th</sup> November 2022 and what this meant for the TI programme – referring Members to slide 9 in the presentation and the targets set for each domain to reach by November 2023. He felt that good progress has been made by meeting with his key Welsh Government links in an effort to understand exactly what they expected for each domain to reach its targets; a plan was drafted with clear ideals for each domain, with the intention of sharing these with staff to provide clarity as to what is needed to be done by November 2023. These plans with their clear targets must be finalised by the end of January 2023, and will enable domain leads to be held to account by stakeholders.

**L23/04.4** PM pointed out that he had been in contact with his counterparts in Cwm Taf Morgannwg, who deal with areas currently in Targeted Intervention within their own Health Board, and between them they had agreed to use the same format and templates when dealing with Welsh Government, to ensure both Health Boards maintain the same approach.

**L23/04.5** Jan Tomlinson asked what impact the crises – lack of beds, industrial action, bed shortages, A&E backlogs, patients in ambulances - were likely to have on reaching the targets. PM felt that to provide evidence that certain levels were

SW

WN

being continually and sustainably improved would prove much harder, when staff are in stressed environments. He explained that the process of TI allows the Health Board to explain to Welsh Government the current environments, by providing them with context however he felt it was harder to take staff on an improvement journey when they are in stressed environments.

**L23/04.6** PM asked the Members to contact him if they felt it could be useful for him and any Domain lead of their choice, to visit them.

**L23/06 Health & Safety Update**

**L23/06.1** Sue Clark, Health & Safety Manager, presented the Health & Safety Update. This report focussed on patient handling, lifting equipment, IOSH leading safely, an Estates update, site leads, Health & Safety leads groups, COSHH Forum, Divisional reports and Policies / Guidance.

**L23/06.2** The report recognised that the Occupational Health Team is looking at ways of improving the current uptake of flu vaccinations, which is around 36% across BCUHB, with a further 8,600 vaccinations needing to be given to reach the target of 85%.

**L23/06.3** Recognising that patients' falls is and always will be a challenge for the Health Board, SC was asked what the trajectory is in this regard and if the Falls training was having any effect on the number of falls taking place. SC agreed to find out and let the Members know.

**L23/06.4** Jan Tomlinson, acknowledging the need to improve the take-up figures for flu vaccinations for staff, offered to do a joint statement with Gill Harris, to encourage staff in this regard, showing where and when flu vaccinations are available. GH asked JT and the other Trade Union partners, to liaise with GH's office to arrange this.

**SC**

**JT / GH**

**FINANCE, PERFORMANCE & PLANNING**

**L23/08 Planning and Transformation**

**L23/08.1** Sally Baxter was unable to attend the meeting and agreed to provide a written update to Members within the next few weeks.

**L23/08.2** Paolo Tardivel, Director of Transformation & Improvement, presented his Transformation and Improvement update. He explained that T&I was centred around the patients in North Wales, ensuring their experiences and outcomes are being improved by helping to build organisational capability, along with project and programme management, to ensure everyone is supported to bring their innovative ideas to fruition. It also ensured that the Operational teams were led by clinicians who believed in the problems that the T&I team is endeavouring to solve and who have been involved from the beginning to ensure this happens.

**SB**

**L23/08.3** In terms of the evidence-based approach, during the first twelve months the focus had been on the 'Betsi Way Improvement System' and the toolkit that supported it, to ensure that the people in the projects were supported. Early on they became aware that they did not have the correct portfolio, project and programme best practice in place for the larger projects of work, such as Planned Care and Scheduled Care, Mental Health and this was in some circumstances hampering their ability to deliver; and they were addressing this.

**L23/08.4** To date, PT felt that one key element missing had been a Portfolio Direction Group, where the senior team should take the strategic objectives, commission the right opportunity analysis which would in turn inform the strategic programmes and regularly review progress and prioritise any new requirements going forward. This was being addressed and will come into force in February.

**L23/08.5** PT informed Members that they were examining and refreshing their Senior Responsible Officer (SRO) arrangements. They hope to move the Executives to a more Executive lead role and having a specific SRO, who would have the time and capacity to fully discharge that role on a smaller number of projects.

**L23/08.6** The Value-based Care Team have been responsible for weaving the value-based principles into everything that is done across the organisation, to ensure that maximum value is being delivered to the patients. PT noted that there are many different terms of value that they considered – patient experience, patient outcome, safety, staff satisfaction, environmental benefits - and not just financial value that was considered.

**L23/08.7** The Betsi Pathways Team has supported a multi-disciplinary team responsible for looking at patient pathways, all the way from before initial presentation to Primary care, Secondary and Community care, onto staying well afterwards. They had so far looked at Orthopaedic, Cancer, Dementia and Heart Failure pathways.

**L23/08.8** The Information and Analytics Team were the last team to be put in place, with a few positions yet to be filled. It will be responsible for supporting the Analyse and Ideas phases of the Betsi Way Improvement System, by bringing the insight and ideas from the analyses, as well as horizon scanning on what ideas have worked well elsewhere, when considering what solutions to put in place. They will be a single point of contact for any innovation-related work.

### **L23/09 Operating Model Update**

**L23/09.1** Jason Brannan presented the update, which identified some of the key roles within the new structure. JB explained that the update provided information around the organisational hierarchy, which he believed would be helpful from a staff-side perspective.

### **L23/10 System Winter Resilience Preparedness**

L23/10.1 This item was deferred to the next meeting.	
<p><b>CLINICAL GOVERNANCE</b></p> <p><b>L23/11 Rationale for the Requirement to Wear Masks</b></p> <p><b>L23/11.1</b> Rebecca Gerrard, Director of Nursing Infection Prevention and Decontamination, presented her report. She explaining that the decision to wear masks was taken at the Winter Resilience Group Meeting on 8<sup>th</sup> November 2022 – this Group is led by the Health Board’s Executive Team. It was noted that the Acting Chief Executive approved the reinstatement of the guidance.</p> <p><b>L23/11.2</b> The slides showed that Welsh Health Circular 2022/026 stated that ‘<i>it remains the responsibility of the Health Board to ensure that staff and visitors comply with IPC guidance for health and care settings and continue to be advised and supported to use masks/ face coverings</i>’. The national guidance at the time predicted that there was likely to be a significant peak in respiratory viruses before Christmas and that other Welsh Health Board and a number of English Trusts had already reintroduced masks.</p> <p><b>L23/11.3</b> RG explained that there were various specific challenges at BCUHB, which had exacerbated the problem – referring to slide 5; and also to the legal and Health &amp; Safety considerations. It was no longer a legal requirement to wear masks in Health Care and Community settings, however it was felt that the Health Board does have a duty of care to its patients and employees – referring to slide 9.</p> <p><b>L23/11.4</b> RG explained that the guidance had been reviewed at the Winter Planning meeting on 18<sup>th</sup> January where on examination of the evidence, it was agreed that the respiratory rates remain higher than they had been when the original decision had been made, and that the guidance should remain the same until the next review.</p> <p><b>L23/11.5</b> Members felt that messaging regarding mask wearing was very inconsistent – masks not always being available, staff not always wearing masks, staff advising patients that they could remove their masks during consultations should they choose. With this in mind, RG agreed that this would be a good time to reiterate the need to wear masks and the Members agreed to do what they could to support the message.</p>	RG / JT / WN
<b>WORKFORCE &amp; ORGANISATIONAL DEVELOPMENT GOVERNANCE</b>	
<p><b>L23/12 Workforce Report</b></p> <p><b>L23/12.1</b> Jason Brannan presented the report, noting the challenges presented by staff sickness and also noting that the highest attendance levels are within Band 2 staff. He also noted that the major contributory factor for staff absences was stress, anxiety and depression, caused by the current cost of living crisis.</p> <p><b>L23/12.2</b> Within the report, JB noted the partnership arrangements, organisational changes and terms and conditions issues. The monthly overview showed that</p>	

there remains a backlog in matching job descriptions to requests, caused in some part by the standard of job descriptions being submitted, requiring clarification and additional information to be provided. On occasions, delays are caused by managers taking time to respond to requests for further information, sometimes causing breaches of targets. The average number of days to process requests during December was 47 days; the longest times to process a request was 125 days and the average number of days to process a track change request was 4 days.

**L23/12.3** JB noted the recruitment position and areas where vacancy rates were particularly high – Nursing & Midwifery, Medical & Dental, Estates and Ancillary and Healthcare Scientists. To combat this problem, JB reported that there is an overseas nurse recruitment campaign underway to recruit 380 nurses over the coming two years, two Medical and Dental overseas recruitments campaign are scheduled for February and March, there are bimonthly recruitment open days for Nursing and HCSWs, and a recent successful recruitment drive took place for Estates, which resulted in 28 candidates being recruited across catering, porters and domestics services.

**L23/12.4** Billy Nichols raised a safeguarding concern as he had been advised by a colleague that some staff on changing roles within the Health Board were being recruited and starting work without either a DBS check or references. JB confirmed that BCUHB, in common with other Health Board, has a risk assessment process for any individuals that have not fully cleared all their employment checks through Safer Recruitment and believed that these decisions were taken following an appropriate risk assessment. JB understood that in such situations, which were the exception rather than the rule, appropriate governance, risk assessment and management was taking place and where a DBS had been sought but not received, staff were asked to declare that they had not any undeclared convictions or cautions.

**L23/12.5** Jackie Hughes brought to JB’s attention the fact that newly landed overseas staff, arriving with official letters confirming that they had no convictions or cautions in their home country, were being expected to have a DBS check. This they were unable to do as they had only recently arrived in the UK, and any such check would be futile, time-wasting and an unnecessary cost. JB confirmed that he would ask the DBS which countries they have links to in order to progress such checks themselves and he would also check with NHS Employers as to their guidance in such situations. JB promised to advise Members of his findings.

**JB**

**L23/12.6** Billy Nichols asked for confirmation that BCUHB does not employ staff from ‘Red List’ countries and JB promised to check and confirm this.

**JB**

**ISSUES FOR DISCUSSION, RAISED BY TRADE UNION REPRESENTATIVES.**

**L23/14.1** Jackie Hughes raised a concern regarding following processes, as set out in the Organisational Change Policy. She believed that there appeared to be a lack of partnership working within the agreed process – both job description comparisons and the development of job consultation documents ought to be done in partnership with a trade union representative, a manager and Workforce and it is

becoming apparent that this is not happening. She intended to raise with the WPG, and will keep Members informed.

JH

**L23/14.2** Jade Clark raised a concern regarding the next steps and implementation by BCUHB regarding its Anti-Racist Wales Action Plan and what this actually meant for the staff. She believed it provided education for Board Members but felt that there needed to be a more robust and thorough mandatory educational approach for staff dealing with this on a day-to-day basis. Jan Tomlinson suggested that trade Union partners could discuss this and provide Ms Clark with their ideas. Nick Such, Equality & Diversity Manager, confirmed that he had recently met with the All Wales Equality Leadership Group (ELG), where they looked at the Treat me Fairly mandatory training for equality. Nick Such advised Members that the Anti-Racist Wales Action Plan calls for full competence training for Managers to be provided by BCUHB. Confusion had arisen as the ELG were advised that the HEIW were expected to develop this however HEIW were not aware of this and therefore not done so; the ELG was also advised that the training would be built into Treat me Fairly, however the Treat Me Fairly Review Group were not asked to do this. Despite the confusion, Nick Such and other colleagues from the ELG agreed to build anti-racist information – unconscious bias and cultural competence – into Treat Me Fairly, as much as practicable. Nick Such agreed that when these adaptations get to the approval stage, he would bring them to the Members’ attention before it is finalised. This review is expected to be completed during March 2023. Jan Tomlinson reminded Members that 2023 is the Year of the Black Worker and she hoped that BCUHB would be doing a great deal of work around this theme. JT also confirmed that the Trade Unions also had a great deal of anti-racist training available, not only to trade union members, and she also highlighted the training provided by WULF (The Welsh Unions Learning Fund) that puts on free training. JT agreed to send information regarding WULF to JC. Jason Brannan wished it to be noted that another piece of work is to be done to ensure organisationally that anti-racist leadership and management development programmes all support the anti-racist Wales.

JT / WN / JC

NS

JT

**L23/13 Industrial Action – Verbal Update**

**L23/13.1** Georgina Roberts, provided a verbal update on the situation, and wished to highlight how well the trade unions, staff and the Health Board worked together during the strikes. A great deal of time and effort was taken negotiating derogations and she wished to thank the RCN in particular for their contribution. BCUHB was praised and held as an exemplar in All Wales in terms of how it interacted with the trade union colleagues in terms of ensuring that there were as few disruptions as possible during the strikes and GR wished to thank everyone who facilitated this. The biggest issue was that despite negotiating derogations, staff who were not in the unions went on strike as well, without prior warning to managers, which resulted in some unexpected absences – the situation was picked up very early on and unions and BCUHB worked together to minimise disruption.

**L23/13.2** GR confirmed that there were no BCUHB strikes arranged for the future – other than WAST strikes – 11<sup>th</sup>, 19<sup>th</sup> and the 23<sup>rd</sup> January – and colleagues were making preparations to enable quick ambulance turnarounds for these days.

<p><b>L23/13.3</b> Billy Nichols advised Members that he felt that there was not a pan-BCUHB approach, which he found frustrating and described Wrexham's very effective Strike Planning Group, which was not replicated at the other IHCs. In answer to this, GR informed Members that there was a Corporate Industrial Action Planning Cell that had been meeting regularly, which also linked in with the National All Wales Planning Cell and that each of the IHCs had met prior to the latest strike, to ensure that preparations were in order. Gill Harris thanked WN for bringing this to her attention and intended to flag this at her upcoming meeting with her Operations colleagues, to ensure that any good practices being taken in one hospital is replicated in the others, where possible.</p>	<b>GH</b>
<p><b>L23/14 FOR INFORMATION</b></p>	
<p><b>L23/14.1 Integrated Quality &amp; Performance Report, September 2022</b></p> <p><b>L23/14.1.1</b> The report was noted.</p>	
<p><b>L23/15 Any other Business.</b></p> <p><b>L23/15.1</b> Nicola Roberts asked if the Workforce Policy Group (WPG) could look at the current Retirement Policy as she had received a complaint that it was confusing and unwieldy. Jackie Hughes agreed to bring the Retirement Policy to the attention of the WPG and would report back.</p> <p><b>L23/15.2</b> Jackie Hughes asked if it would be possible to have a structure for the new People Services – with names, where possible. Jason Brannon agreed to provide this and circulate.</p> <p><i>[The meeting closed at 15:35]</i></p>	<p><b>JH</b></p> <p><b>JB</b></p>
<p><b>Date of Next Meeting</b></p> <p>Tuesday, 11.4.23, 1-4pm, Virtual via Teams.</p>	