



Local Partnership Forum

DRAFT Minutes of the meeting held on 19th July 2022 at 13.00 hrs Via Teams

Present

Jan Tomlinson (JT)	UNISON and Trade Union Partners (Chair)
Andrea Ledgerton (AL)	Advanced Lead Nurse Specialist, Infection Prevention Control
Catherine Jones (CJ)	Royal College of Midwives
Christine Tanski (CT)	
Claire Thomas-Hanna (CT-H)	Head Of Workforce: Mental Health, Workforce & OD
Claire Wilkinson (CW)	Deputy Director - Operational Workforce, Workforce & Organisational Development
David Barber (DB)	Senior Dental Officer, North Wales Community Dental
Deborah Humphries (DH)	Physiotherapy
Erika Dennis (ED)	Quality Lead Manager
Gareth Evans (GE)	Senior Organisational Development Manager, Workforce & OD
Georgina Roberts (GR)	Senior Head of Human Resources
Gill Harris (GH)	Deputy Chief Executive Officer / Director Of Integrated Clinical Services
Iain Wilkie (IW)	Interim Director for Mental Health & Learning Disabilities
Ian Donnelly (ID)	Acute Care Director, YMH
Jade Clark (JC)	Physiotherapy
James May (JM)	Unison
Julia Clayton (JCI)	Physiotherapy
Lesley Hall (LH)	Associate Director of Human Resources
Matthew Joyes (MJ)	Associate Director Of Quality
Nicola Roberts (NR)	Podiatry & Orthodontics
Peter Bohan (PB)	Associate Director Of Occupational Health Safety And Security
Richard Tanswell (RT)	UNISON
Sally Baxter (SB)	Assistant Director - Health Strategy, Planning
Sally Thomas (ST)	Head Of Equality And Human Rights
Sharon Cawdell (SC)	UNISON
Stacy Roberts (SR)	UNISON
Stuart Whittaker (SW)	Unite
Sue Hill (SH)	Executive Director of Finance
Susan Murphy (SM)	Assistant Director of Pharmacy & Medicine Management, West
Toni Wood (TW)	Royal College of Midwives
Vivienne Nelson (VN)	UNISON
IN ATTENDANCE	
Fiona Lewis (FL)	For minute taking

Agenda Item	
<p>The Chair welcomed all attendees to the meeting.</p>	
<p>L22/32 APOLOGIES FOR ABSENCE</p> <p>L22/32.1 Apologies were received from Jo Whitehead, Sue Green, Billy Nichols, Teresa Owen, Jackie Hughes, Ben Bowden, Ffion Johnstone, Gaynor Thomason, Nick Lyons, Rebecca Sands, Geoffrey Armstrong, Alison Kemp, Iain Dawson,</p> <p>L22/33 Draft Minutes of the previous meeting held on 12.4.22, for approval</p> <p>L22/33.1 The minutes were approved as a true and accurate record of the meeting.</p> <p>L22/34 Summary Action Plan Update.</p> <p>L22/34.1 Updates were provided to the Summary log.</p>	
CORPORATE GOVERNANCE	
<p>L22/35 TARGETED INTERVENTION</p> <p>L22/35.1 The Deputy Chief Executive Officer / Director Of Integrated Clinical Services provided her verbal update, and highlighted the fact that the organisation had received correspondence from Welsh Government regarding services that WG felt should be in TI - these included both the Vascular Service and YGC, both of which had been under scrutiny for some time. There was to be a meeting with WG the following week, where there would be an opportunity to add both Vascular and YGC to the TI matrices and also reflect on those services that had been on the TI matrices for some time.</p> <p>L22/35.2. Deputy Chief Executive Officer / Director Of Integrated Clinical Services wished to thank members of staff in Mental Health and other areas, for allowing the organisation to progress and asked for help from Members on how to share the message even wider across the Health Board and how people can be empowered to do the right thing, create their own improvement schedules and take ownership. GH & JT agreed to talk outside the meeting to discuss ways of doing this.</p>	GH / JT
<p>L22/36 OPERATING MODEL</p> <p>L22/36.1 The Associate Director of Human Resources provided a verbal update on the Recruitment aspect of the new Operating Model. She confirmed that the 'Go Live' date was due to be announced and agreed to circulate this date to members, along with a copy of the agreed new structure of the roles and reporting structure under the new Operating Model. There were a number of confirmed appointments in line with the OCP - IHC Director – Ffion ???, IHC Nurse Director (East) – Andrea Hughes, Associate Nurse Directors – Naomi Holder & Jane Woollard.</p>	LH

L22/36.2 In answer to whether Members had any concerns regarding the new Operating Model that were not being addressed by the organisation, it was noted that both the weekly meetings with Lesley Hall and the bi-weekly Management Team meetings hosted by The Executive Director of Workforce & OD and other executive directors were extremely useful and that any concerns that had arisen, had already been addressed at these meetings.

L22/37 QUARTER 4 ANNUAL HEALTH & SAFETY REPORT 2021-2022

L22/37.1 The Associate Director Of Occupational Health Safety And Security presented the report and highlighted the HSE interventions that have been received, where action plans had been created. These areas included:

- improvement notices for PPE fit testing
- management of falls in patients
- local exhaust ventilation in Posture and Mobility
- material breaches for Covid-risk assessments
- violence and aggression and tracking of violent patients within the service
- manual handling for porters in West

L22/37.2 The Associate Director Of Occupational Health Safety And Security highlighted the proactive work being carried out. He noted

- 431 site visits that had taken place
- 132 safety reviews had taken place
- 827 RIDDOR cases were reported, of which around 700 were Covid-related, and all of which had been investigated, within the 72 hour review period and with lessons learned.
- 3708 incidents were reviewed by the Health & Safety team
- 35 training events had taken place with 350 staff trained
- The implementation of the IOS Managing Safely, with a very pleasing 97% attendance rate for this course
- There is a £1.4m business case in for Security, due to the huge increase in violence and aggression being dealt with by staff on a daily basis
- Designated venues for Manual Handling training had been created
- 215 Orientation and 314 Patient Handling refresher courses had taken place
- 6025 staff were Fit-testing trained

L22/37.3 The Associate Director Of Occupational Health Safety And Security noted that when HSE carried out their 3-day inspection of the organisation in November 2021, that the organisation had '*improved significantly in Health & Safety and had good structures, policies and systems in place*'. The need for the organisation to implement these form a major part of the strategy going forward.

L22/37.4 Based on the 3708 violence incidents last year and the fact that no cases were taken to court in 2021, the Associate Director Of Occupational Health Safety And Security confirmed that it was his Violence Case Manager's intention to manage the cases better and work very closely with the Police to find ways of doing this. 10% of all violent incidents are caused by people known to the Health Board and these

individuals require tracking through the services and work needs to be done to take prosecutions forward in future.

CLINICAL GOVERNANCE

L22/38 PREVENTION AND CONTROL OF INFECTION

L22/39.1 The Advanced Lead Nurse Specialist Infection Prevention Control, provided a verbal update. She was pleased to announce that the Infection Prevention team had started to return to pre-Covid staffing levels – with some vacancies yet to be filled – but that the Teams would shortly be able to resume the enhanced IP service provision.

L22/38.2. The Advanced Lead Nurse Specialist Infection Prevention Control confirmed that they had continued the work around supporting the clinical IPC champions, who are now situated in all clinical areas, by providing both twice-monthly training sessions and weekly drop-in Q&A sessions.

L22/38.3 Covid activity, although much reduced, had continued, with all sites having one red ward and all Covid patients on base wards being managed in single rooms. Regarding Covid outbreaks, there were 3 Covid wards at YG, 5 at YGC and 7 at WMH. The revised SOP, with 5 and 6 day testing to bring confirmed cases out of isolation, had helped immensely with flow across the sites. She was awaiting the outcome regarding a paper, which had recently gone for Executive approval, on the point of care testing for staff who are household contacts, which would enable a speedier return to work.

L22/38.4 The Operational Planning Group had arranged for a resilience stress table-top exercise with regards to Monkeypox . There had been 8 cases across North Wales, with one suspected case in ENT in Wrexham. They continue to promote Level 2 PPE for any suspected and confirmed cases, with new guidance stating that Level 2 PPE should be worn regardless for any in-patients suspected or probable confirmed Monkeypox cases.

L22/38.5 There had been an increase in the IP teams' KPIs, as evidenced nationally, on blood stream infections and C-Dif, largely due to the focus on Covid activity. To combat this, the IP teams along with the Safe Clean Campaign, were going back to basics to focus on basic principles around devices, wound management and environmental cleanliness.

L22/38.6 The Advanced Lead Nurse Specialist Infection Prevention Control advised Members of the recently adopted use of Hypochlorous Acid (HA), a new technology replacing the HPV technology previously used for high-level disinfection of the environment. HA is both a much quicker process and safer to use, thus benefiting staff, patients and the environment. As HA also relies on fewer domestics, it helps to release capacity into the system when beds are blocked due to deep cleaning.

L22/38.7 In answer to a question around the inclusion of Facility staff with updates on the IPC champions, The Advanced Lead Nurse Specialist Infection Prevention

Control confirmed that a piece of work was underway that would look at how to promote IPC champions within Facilities. Gill Harris and Jan Tomlinson wished to thank the Facilities staff for all their work and for their support of clinical areas..

L22/38.8 The Associate Director of Human Resources asked if there was any way the Health Board could support staff during the heatwave? The Chair confirmed that she had been aware that there had been water stations on wards and water to be made available for all staff breaks and it was also noted that an ice cream van had been positioned at WHM for staff to access. Toni Wood (Royal College of Midwives) confirmed that ice lollies had been made available on the labour ward at YG but asked if the possibility that a lighter tunic to be made available to staff for during the warmer months? Toni Wood to speak to The Associate Director of Human Resources outside of the meeting.

LH / TW

L22/39 QUALITY STRATEGY 2022 - 25

L22/39.1 The Quality Lead Manager presented her report and highlighted the key to the Quality Strategy was the new Health & Social Care Quality and Engagement Wales Act which was centred around having a whole-system approach and a quality-led NHS organisation.

L22/39.2 The Quality Lead Manager noted that following the previous Quality Strategy (2017-20), Internal Audit made some recommendations, which she had noted in her report. One such recommendation was that there should be a concise implementation plan, which could only be effected by engagement, as reflected in the Quality Delivery Plan.

L22/39.3 On the back of the Audit Wales' review of Quality Governance Arrangements, there was a recommendation for the Health Board to ensure its new Quality Improvements Strategy sets out how it will manage and mitigate the harms associated with the Covid-19 pandemic.

L22/39.4 With regards to hospital-acquired Covid, included within the Strategy was an implementation of the Health Care Acquired Covid-19 Project Plan.

L22/39.5 One further Internal Audit recommendation was that there needed to be a more comprehensive project plan. To combat this a great deal of effort had been put into scoping the strategy and key to that had been using information gleaned from bench-marking, Internal Audit recommendations, The Audit Wales Review and the Peer Review Panel.

L22/39.6 The Quality Lead Manager noted the importance of a continuous approach to quality-driven services. To ensure this, within the Strategy there were high-level matrices that ensure that improvements are being made and should have the positive impact required. These improvements were aligned to the TI framework through mapping across the improvements to the Maturity matrix for the TI.

L22/39.7 To ensure good quality improvement and learning outcomes be delivered to shop floor level, the Quality Lead Manager assured the Members that the Quality

Delivery Plan would highlight where the Health Board needs to focus and improve with staff engagement at local level. The Quality Delivery Plan remained under development and would only come into effect once it has been through engagement, been scrutinised and approved and once the Health Board was sufficiently assured that the plan reflected staff and partners' suggestions.

L22/39.8 The Associate Director Of Quality confirmed that the new Transformation and Information Service currently being created, will have various branches - one of which will be building on the work started by the old Q & I Hub Service Improvement team, and this would increase support and access for local teams to do local improvements, with improved access to training and tools.

WORKFORCE & ORGANISATIONAL DEVELOPMENT GOVERNANCE

L22/40 WORKFORCE PARTNERSHIP UPDATE INCLUDING JOB EVALUATION AND WORKFORCE POLICIES UPDATE.

L22/40.1 The Associate Director of Human Resources presented her report and wished to note how important the Workforce Partnership Group meetings, both formal and informal, were and that there were plans to have separate meetings involving each union, where any concerns and queries could be raised and dealt with.

L22/40.2. The Associate Director of Human Resources noted that the Attendance summary showed sickness absence rates remained high. The rolling 6-month absence rate was currently 6.5%, an increase on the pre-Covid figure, which was around 5%. She noted that the rules around Covid pay had changed and wished to reassure Members that the teams were working hard to treat people with compassion – not using a blanket approach but looking at each person as an individual and that they were aware of the number of staff suffering the effects of long-Covid. The Chair noted that at the recent All Wales Staff Side meeting they discussed reviewing the overtime rates due to the staffing crisis due to current sickness levels across Wales, and that the question was going to the Business Committee. When a decision is reached, The Chair will feed back to the Members.

L22/40.3. The Associate Director of Human Resources wished to make Members aware that in relation to Pay Progression provisions agreed in 2018, from 1st October 2022 pay steps will be closed and the 2018 framework implemented. Therefore incremental pay progression steps reached after 1.10.22 will not be automatically processed and that this will only be actioned by entering staff details into ESR Manager Self-Service at a Pay Progression Appraisal meeting. It was confirmed that there are awareness session available for both staff and managers in this regard.

L22/40.4 The Associate Director of Human Resources discussed the high vacancy rates in certain staff groups and described the oversight groups in place to monitor recruitment. These would be reporting to the EDG moving forwards, and there was a large amount of work currently being undertaken in this regard.

L22/40.5 The Head Of Digital Workforce & Resourcing offered to bring an update to the next meeting regarding the Recruitment Review, the improvements being made, how they are impacting the organisation, the recruiting managers and the timelines.

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L22/40.6 The Associate Director of Human Resources noted that there was to be a meeting to with the Job Evaluation team to work out how to reduce their backlog.

L22/40.7 Vivienne Nelson advised Members that at the most recent national Job Evaluation Group meeting, it was agreed that they were to look at updating the All UK Nursing and Midwifery profiles. With this in mind a questionnaire would be sent out later in the year where any areas felt to need addressing in the profile could be highlighted.

L22/41 UPDATE ON STAFF ENGAGEMENT ACTIVITIES

L22/41.1 The Senior Organisational Development Manager presented his update, highlighting the engagement activities through Mewn Undod Mae Nerth/Stronger Together. He described how working through the discovery phase had helped shape the agenda based on co-design. The strategic deployment links peoples' work to the organisation and its goals

L22/41.2 The Senior Organisational Development Manager described how he had learned through working with colleagues in TI, how best to do large transformational work well; how sharing information around in engagement opportunities with staff via a variety of mediums – drop-in sessions, face to face, virtual, digital and paper surveys – and how best to get to staff who don't have access to IT on a daily basis.

L22/41.3 The Senior Organisational Development Manager noted that Codi Llais yn Ddiogel/speak out Safely (SOS) had just completed its first year. In that year, four SOS Guardians had been recruited along with a number of SOS champions. He also noted that there had been a great deal of positive feedback, but recognised that some improvement was required in dealing with matters in a timely manner and raising awareness to staff regarding access, assuring them of their anonymity should they wish to raise a concern. He recognised the good start but appreciated that there was a lot of work yet to be done, working with trade unions and staff networks. He noted that the figures in the report were out of date and that he would circulate updated figures.

L22/41.4 Viewed as a core element of staff engagement, the Staff Achievements Awards was set to return as an in-person event, having been virtual for the previous two years. 321 nominations had been received over 10 categories, and a robust judging panel put in place to ensure that it provided a broad, inclusive reach, with representation from the following:

- patients' experience champions
- wellbeing champions
- staff engagement ambassadors
- infection prevention champions
- equalities champions
- representation from trade unions
- staff networks
- senior management

The judging panel has now reduced the nominations to 3 nominations per category and those individuals would be invited to attend the awards.

L22/41.5 The Senior Organisational Development Manager talked about the piece of work that was being carried out to engage staff who share protected characteristics through the Health Board's staff networks. His team had sought to understand peoples' lived experiences and ensuring engagements are inclusive and representative, through their work with Celtic Pride, Race Equality Action Group and the BCUnity ethnic minority and overseas staff network. Teams had been able to book informal, virtual sessions with the Chief Executive Officer, 'Tea with Jo', where staff are able to engage in conversations, share details of the work they do and with opportunities to ask questions. In addition, bi-monthly panel events had been running, with the Chairman, the CEO, Independent Members and other members of the Board, giving staff the opportunity to link with Executive and Board colleagues and to pose questions. All questions that arise in these panel events must be answered within ten working days and the responses shared on Betsinet in the Staff Engagement area. The feedback to these sessions has been very positive.

L22/41.6 The Senior Organisational Development Manager underlined the positive feedback from the 32 Staff Engagement walkabouts that have taken place with the CEO accompanying managers and their teams to meet with staff and learn about their experiences.

L22/41.7 There was a discussion surrounding support for menopausal staff and the Chair advised the meeting that she was aware the Velindre Health Board have a Menopause Cafe session and promised to email details of this to The Senior Organisational Development Manager.

L22/41.8 There were plans to bring all the various 'champions' together to form a broader network where there would be the opportunity to provide a comprehensive system for information sharing and awareness sharing across the network. The Chair advised the Members that there was a nervousness amongst her colleagues and that this might reduce the effectiveness of the role of the trade unions; the Senior Organisational Development Manager assured Members that it was not his intention to compromise the role of the trade unions but acknowledged their anxiety. He noted that when the roles of the champions were being set out, they did some shared work around the outline, to ensure the champions would be clear about what was and what was not in their remit and that the intention was that champions work in partnership with the trade union and not instead of. The Chair was happy that the conversation was still open. The Senior Organisational Development Manager agreed to provide feedback to the next meeting around the data provided by the Guardians and their referrals to the trade unions. Toni Wood wished to note that some of her members had a very positive experience after approaching the Guardians for advice.

L22/41.9 Work had continued with the Safe Clean Care Harm Free Steering Group, to familiarise members with the tools now available and how they can be usefully incorporated into the smaller, local staff engagements, with videos now available to

JT

share. It was noted that the recent feedback from using 'the Padlet' was that it was a very useful tool, as it afforded complete anonymity to contributors.

L22/41.10 HEIW will again host a National Staff Survey (NSS) towards the end of the year. The date had not been confirmed but had been provisionally set for October. A piece of work had been undertaken to ensure that the data the survey receives is both useful and useable and that staff can be confident of both anonymity and confidentiality. Professor Michael West was noted as supporting HEIW to ensure that compassionate leadership was integral to the NSS. The Senior Organisational Development Manager agreed to discover if bank and temporary staff have been / will be included in the survey and if so, what proportion typically respond.

GE

LL22/42 ANNUAL EQUALITY REPORT 2021 / 2022

LL22/42.1 The Head Of Equality And Human Rights presented her report, which provided an overview of organisational-wide progress against the Strategic Equality Plan and summarised the key actions that have been taken over the year. She highlighted the ongoing work with Stakeholders and the constructive work that had been maintained over the last few years.

L22/42.2 The Head Of Equality And Human Rights discussed the ongoing work in relation to further develop the staff networks, which had been a key focus over the past year. This has helped to better understand some of the lived experiences and provided essential peer-support.

L22/42.3 The Socio Economic Duty had been enacted this year, which placed an additional duty on the Health Board when undertaking strategic decisions to have due regard to the need to reduce inequalities of outcome that might arise from socio-economic disadvantage. This had been another key focus area, requiring support, training and resources to be put in place.

L22/42.4. The team had been working with colleagues on applying Equality and Socio Economic Impact assessments on key areas such as the development of the refresh Living Healthier Staying Well and also the development of key strategies, such as the People Strategy and Plan.

L22/42.5 The Head Of Equality And Human Rights noted that she was preparing to receive a number of policy developments from Welsh Government, concerning the magnified inequalities felt by a lot of protected groups during Covid-19. The Anti-Racist Wales Plan was received in June and the Race Equality Action Group would be looking at to further broaden the scope of their group. They were also anticipating the Welsh Government's LGBT Action Plan and the work of the Disability Task Force and will brief the organisation when these are received.

L22/42.6 The Associate Director of Human Resources wished to thank the Head Of Equality And Human Rights for her work on equality and diversity over the years, as she prepared to leave the organisation in August. The Chair echoed these sentiments.

<p>ISSUES FOR DISCUSSION, RAISED BY TRADE UNION REPRESENTATIVES</p> <p>There were none.</p>	
<p>FOR INFORMATION</p>	
<p>L22/43 Quality & Performance Report, November 2021</p> <p>L22/43.1 The report was noted.</p> <p>L22/44 SOHS Advisory Group Chair's Report</p> <p>L22/44.1 The report was noted.</p>	
<p>L22/45 DOCUMENTS CIRCULATED</p> <p>L22/45.1</p> <p>L22/46. ANY OTHER BUSINESS.</p> <p>L22/46.1. The Executive Director of Finance provided an update on Month 2 Finance report, in which it showed that the Health Board was £2.2m to the adverse of the programme, primarily due to the additional cost pressures being felt in Secondary Care. The organisation was in line with its savings for Month 2 but slightly behind overall. The challenge remained to identify £33m of savings, to ensure that £150m of Welsh Government cash support would not have to be repaid. She highlighted the risks that remain around continuing health care and inflationary cost pressures.</p> <p>L22/46.2 The Executive Director of Finance advised Members that she had recently been invited to join a scrutiny committee with the Senedd, to discuss social partnerships and values and the bill that is currently out for consultation. Whilst on this committee, she had described the excellent working relationship that exists between the Health Board and its trade union colleagues and that <i>'the work of the trade unions over the past two years has been absolutely essential and they had formed an integral part to the decision making of the Health Board'</i>. The Chair thanked the Executive Director of Finance for her comments on behalf of her trade union colleagues, and agreed that partnership working had always been good in North Wales but had enhanced during Covid and that the Social Partnership Act which the trade unions hope to get on statute is very forward thinking.</p> <p><i>[The meeting closed at 15:00]</i></p>	
<p>DATE OF NEXT MEETING</p>	

13.00 hrs, 11 th October 2022 via Teams	
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