



### Local Partnership Forum

### Minutes of the meeting held on 7<sup>th</sup> July 2020 Via Skype

#### Present

Ms Jan Tomlinson (JT)	UNISON and Trade Union Partners (Chair)
Mrs Susan Green (SG)	BCUHB – Exec.Dir. for Workforce & Organisation Development
Mr David Barber (DB)	Senior Dental Officer, North Wales Community Dental
Ms Sharon Cawdell (SC)	UNISON
Ms Noelle Chong-Kwan (NC-K)	RCN
Ms Kate Clark (KC)	Secondary Care Medical Director
Mr Nick Graham (NG)	Workforce Optimisation Advisor, Workforce & Organisational Development
Ms Lesley Hall (LH)	BCUHB - Associate Director, Workforce & OD
Ms Kay Hannigan (KH)	BCUHB – Head of Human Resources
Mr Richard Hayes (RH)	SoR
Ms Jackie Hughes (JH)	SoR and (Trade Union) Independent Member
Ms Lynne Joannou (LJ)	Assistant Director Primary Care Contracting, Primary Care Contracting
Mr Adrian Jones (AJ)	BCUHB – Asst. Dir. Of Nursing, Mental Health & Learning Disabilities
Ms Catherine Jones (CJ)	RCN
Ms Clare Jones (CI J)	Health And Safety Adviser, Health & Safety
Ms Helen Logan (HL)	UNISON
Mr James May (JM)	UNISON
Ms Vivienne Nelson (VN)	UNISON / A4C Staff-side Lead
Mr William Nichols (WN)	RCN
Mr Richard Oldfield (RO)	UNISON
Mr Michael Openshaw	UNISON
Mr Lawrence Osgood	Associate Director Workforce Performance & Improvement, Workforce & Organisational Development
Ms Teresa Owen	Executive Director Of Public Health
Ms Alison Pawley (AP)	Unite
Ms Nicola Roberts (NR)	Community Podiatrist, Podiatry & Orthotics
Mr Richard Tanswell (RT)	UNISON
Ms Claire Thomas-Hanna (CT-H)	Head Of Workforce: Mental Health, Workforce & Organisational Development
Mr Stuart Whittaker (SW)	Unite

#### In attendance

Mrs F Lewis (FL)	For minute taking
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Agenda Item	Action By
<p><b>L20/10 Apologies for Absence</b></p> <p>Apologies were received from Simon Dean, Rod Taylor, Ffion Johnstone, Alex Tapley, Bethan Jones and Christine Tanski.</p>	
<p><b>L20/11 Minutes of the previous meeting held on 7/1/20 and Summary Action Plan</b></p> <p>The draft minutes were approved as an accurate record and updates were provided to the summary action log.</p>	
<p><b>L20/12 COVID-19 Structure Update</b></p> <p><b>L20/12.1</b> Mrs S Green welcomed the opportunity to extend her, the Executive Team and the former COVID Command Structure's thanks for the level of kindness, professionalism, understanding and support extended by the trade unions to the Health Board during the pandemic. Ms J Tomlinson also took the opportunity to express her and Mr W Nichols' thanks to the various trade unions and their teams for their professionalism and to everyone for their 'gusto, professionalism and humour' shown when faced with the challenges that COVID has brought. JT also wished to point out that none of this would have been able to happen without the strong working links that the unions have with Mrs S Green, Ms L Hall and the Health Board.</p> <p><b>L20/12.2</b> SG provided a summary of the COVID Command Structure. When the level 4 incident was declared nationally the Health Board was required to stand up its Emergency Planning Response Structure which has a gold, silver and bronze command structure, with Mr Christopher Stockport appointed as Gold commander. At the end of March, a Health Emergency Co-ordination Centre, various Operational Control Centres and a range of measures were put in place to ensure there was an agile decision flow. Prior to stepping up, a risk review was carried out where all executives were asked where they anticipated the greatest risks to be. It was agreed that as this was not a single event emergency but in fact an evolving one, it was going to affect every single part of the organisation and every single part of the community.</p> <p><b>L20/12.3</b> Work streams were set up to manage the work effectively but as matters progressed, it became obvious that this was going to be a long-term situation. With this in mind, it was agreed to stand down the command structure as of 26/6/20 but retain the element of oversight over COVID and its impact. Various critical work streams needed to continue however this was to happen under the Health Board's normal Executive portfolios. SG pointed out that the command structure could be reinstated at any time, should there be a second wave or a localised surge in COVID cases and assured the Group that should the need arise, all the structures that had been in place, could very quickly be mobilised once more.</p>	

**L20/12.4** Chris Stockport and Teresa Owen still maintain a role in liaising with our partners, so the local resilience structure is still in place at the Strategic Co-ordination Group which is chaired by NW Police and populated with Health, Local Authorities and other first-responder organisations.

**L20/12.5** Mark Wilkinson is executive lead for Emergency Planning and Preparedness and the COVID lead director.

**L20/12.6** SG confirmed that the Health Board has stepped back the formal emergency structure but there is a revised structure in place that recognises that COVID remains a threat and there is still a lot of work to do to keep both patients and staff safe as the lockdown measures start to be relaxed. SG agreed to circulate a revised structure to all the members, which recognises that whilst there is no command structure in place, there is an absolute need to keep the broad oversight and keep on working hard on Test, Trace and Protect (TTP), the antibody testing roll-out, PPE and work around the safety of the workforce as things start to return to normal.

**SG**

**L20/12.7** Mr W Nichols enquired as to the management team currently operating in Wrexham, as Imran Devji is no longer in post. Ms K Clark assured the Group that Maureen Wain is still the Hospital Manager at Wrexham and that an interim Managing Director, Gareth Robinson, had started part-time in this position that day and would remain part-time for two weeks before starting full-time. Interviews for the substantive posts for each of the acute sites will be wc 13/7/20.

**L20/12.8** JT expressed the trade union partners' concern that the HMT and the health and safety meetings in the three areas have not been held as regularly as they would like them to be. WN felt that the monthly Management Team Meetings need to resume and that a partnership group needs to be reinstated in Wrexham. SG recognised that there needs to be a consistency across the Health Board and Mrs G Harris agreed to look into reinstating traditional regular meetings through this transition period. GH confirmed that Mr Gavin MacDonald is due to start work in two weeks as the Interim Chief Operating Officer for Secondary Care and the various Hospital Managing Directors will report to him directly; both GH and KC agreed to speak to Mr MacDonald to ensure that many of the regular meetings are reinstated across the Board.

**GH**

**L20/14 COVID-19 and Quarter 2 Plan - Safely Managing the Balance**

**L20/14.1** Mrs G Harris provided an update on the plan, which focussed on the mental health, primary care and TTP challenges that lie ahead, bringing online some of the essential services and ensuring that the most vulnerable members of society are looked after. This has led the Health Board to think and work in different ways - clinical teams are using the Clinical Pathways Group – which has been developed as part of the COVID response - and will continue as a clinical strategy group to define how to manage our services most effectively. Working with the clinical teams, patients are being 'risk-stratified' for diagnostic and surgical procedures in a 'Once for North Wales' approach. This will ensure that patients requiring treatment will be seen based on clinical priority and not who is first on the waiting list. Patients will be offered the first available appointment, wherever that

might be in North Wales . This will be a challenge not only for the booking system but the Health Board's normal ways of working, however the clinicians have showed that they fully support this approach.

**L20/14.2** GH also discussed the patients who do not fit into the 'essential' services bracket; but whose health is deteriorating due to the COVID pandemic. Where necessary, partners in both England and Spire Health pan-North Wales are providing health care where they are able, to ensure that patients are managed in a timely way. This will require the patients to have confidence in the services we provide.

**L20/14.3** GH explained to the group that as the lockdown rules are being relaxed, while we do not know where the next spike in cases of COVID may take place, the Health Board needs to be prepared to step up its capacity when and where needed. The up-skilling of staff, which has enabled us to place staff in the most effective position during COVID to support unfamiliar services, is continuing.

**L20/14.4** GH described that IT has been put in place during COVID - the 'Attend Anywhere' processes and the 'Consultant Connect'- which have enabled virtual consultations between GPs, consultants, specialist nurses and other clinicians with their patients, thus preventing patients from having to come into an out-patient environment and risk their and the staff's safety.

**L20/14.5.** Mr M Openshaw enquired if, as the lockdown is eased and pubs are re-opening, what the Health Board is putting in place to enable the emergency departments to cope safely with the expected influx of alcohol-related problems; and if the Health Board had received any update from their English counter-parts who have opened up earlier than Wales?

**L20/14.6** GH responded that in terms of the EDs, their work is based on the assumption that the levels of attendance will return to normal. The possibility of appointments bring required to attend an ED (where possible), using Consultant Connect and the streaming of patients to specialist areas/buildings are some of the ways being looked at to minimise the possibility of crowded waiting rooms when things return to normal - the principle is to attempt to avoid surges in the ED departments. Ms K Clark confirmed that the both the Welsh Government and the National Unscheduled Care Group will support the idea of an appointment system being used.

**L20 14.6** SG responded that from a Workforce point of view it may be useful for either a document be sent out to trade unions or a session arranged, where the measures put in place can be described fully and discussed, to understand the impact of these measures and to get the support and feedback from the unions. The LPF agreed that this would be extremely useful.

Mr N Graham confirmed that they are currently looking at the anticipated impact of TTP on the workforce – ensuring that the Health Board has sufficient staffing levels, competencies and flexibility to cope with the potential impact. This is being factored in to all the different plans around the re-introduction of planned care and the continuation of un-planned care.

**SG/LH**

## **L20/13 COVID-19 - Test, Trace and Protect (plus Antibody Testing) Verbal Update**

**L20/13.1** Ms T Owen provided an overview of Test Trace and Protect (TTP) which is part of the containment of COVID going forward across Wales. She described the three tiers to the Welsh response to COVID – the National tier, the regional tier and a local tier.

- The work of the **National Tier** is around the surveillance, ensuring should large outbreaks occur, they can respond. Public Health Wales is used to dealing with health protection already for TB, measles etc and it is a normal function for them however it became apparent that extra support was required during the pandemic – hence the regional and local tiers.
- The Health Board is the lead for the **Regional Tier**, which is responsible for the more complex cases in hospitals, care homes, work places and the various clusters in health settings and social care.
- The **Local Tier**, which is run by the local government and health Boards.

**L20/13.2** Using redeployed staff, the Health Board has testing units at Alltwen, Bangor, Glan Clwyd and Wrexham Maelor hospitals and government led centres at Llandudno and Deeside - North Wales is therefore providing both good geographical coverage and capacity. In addition to this, testing is taking place in care homes and by the end of the week, 40,000+ individuals are expected to have been tested across North Wales – a fact which we should all be very proud of. TO wished to express her thanks to all the redeployed staff for stepping up to enable the Health Board to test in such large numbers.

**L20/13.3** Currently the testing being carried out is antigen testing with antibody testing now commencing. A new strategy is expected in around two weeks which will provide guidance as to where both antibody and antigen testing are going in the future. As there is now capacity, guidance is also expected from Welsh Government and the CMO regarding testing of teachers and some healthcare staff.

**L20/13.4** The Group was advised that we now have a testing team and TO described how they work. A contact tracer is advised electronically via the national system that there is a positive case and they will then contact trace that individual. A tracing call takes on average one hour to talk through with a positive case. Advice is then given to the contacts to self-isolate; this can cause issues surrounding work places, risks and business continuity. People who are advised to self-isolate should be receiving texts throughout the duration of their isolation period. TO noted that the number of cases being traced has significantly reduced from on average 45 cases per day three weeks into the pandemic, to currently around 15-20 per day and she also noted that it is through contact tracing that both of the recent outbreaks – in Wrexham and Anglesey – were found. The hard work is still not over, both monitoring and maintaining of the surveillance work is still taking place and there are still weekly Outbreak Control Team meetings.

**L20/13.5** TO described the work being carried out to protect the most vulnerable individuals by providing advice, guidance and support which is a necessary but more

recent addition to the TTP service being provided – food parcel work, advice on statutory sick pay, how to isolate workers etc.

**L20/13.6** TO explained that she is the overall lead for TTP in the region, but that the Health Board is working closely with the local authorities, and she will be updating SPPH within the Health Board. She also reports to the Strategic Co-ordination Group for North Wales which links the Health Board to the local authority via its partnership arrangements.

**L20/13.7** TO finished by saying that although TTP is pivotal, it will not work alone and that good hygiene and social distancing are extremely important. This message is being constantly reinforced to staff.

**L20/13.8** The Chair took the opportunity to commend the work already done and TO thanked the trade unions partners for their ongoing help.

**L20/13.9** A question was received regarding the time taken to get results from testing. TO responded by explaining the pathway taken from a swab being taken through to receiving a result. The Health Board is responsible for taking a sample and that sample is then couriered to one of four testing sites – YGC, Cardiff, a Manchester laboratory and a London laboratory. Most samples go to YGC but there is insufficient capacity to deal with all samples, therefore some go to the Public Health Wales' main laboratory in Cardiff (which takes 4 hours + to be couriered). The ones that go to Manchester have a 24 hour turnaround once they reach the laboratory - this is the quickest service. Some problems have caused delays in receiving results from the samples sent to the Lighthouse Laboratory in London, most likely due to the connectivity problems with the Welsh system – however contact tracing starts as soon as there is a positive test in the system. She acknowledged that there have been some delays for people waiting to receive their results – 72 hours is the average. However the aim is to reduce this time to 24 hours in the very near future – which might prove very challenging as a more realistic aim might be 48 hours due to the constraints and to this aim a great deal of work is being carried out with Welsh Government. A team is currently being created to try to assist with this aim and to ensure results get to people within the expected time. If a response is not received within 72 hours however, people are advised to dial 119.

## **L20/15 COVID-19 - Safe and Agile Working Programme**

**L20/15.1** SG explained the principles proposed in her discussion paper put to The Executive Management Group last week:

There is an absolute need to ensure the Health Board provides a safe working environment for staff along whilst maintaining a high level of safety for patients. SG advised that as the organisation has responded really well to staff having to work remotely as part of the lockdown and that there is a lot to be learned from the COVID experiences. There have been people who have had to work from home and some people who have had to work remotely but not at home and the challenge has been how to support not only these people in their work but them and their colleagues, as part of a team. SG recognised that some big decisions needed to be made about how people return to as COVID-safe an environment as possible.

Current guidance from Welsh Government remains to maximise remote-working where possible and continuing to keep foot-fall to a minimum. Where staff are not able to work from home or remotely, measures must be put in place to ensure that they are not only safe to return to work but also that the potential risk of transmission is removed as much as possible within a health care setting. A national group is looking into ways of keeping both patients and staff safe, in all healthcare settings, as they begin to see more activity. The first element of SG's proposal was accepted by The Board and a communication was sent out to all staff stating that irrespective of the release of lockdown the previous week, people should remain working remotely where possible, whilst the Health Board works through how people can continue to work safely at home, remotely or in situ, consistently and sustainably moving forward when more people are brought into our settings.

**L20/15.2** SG confirmed that there is a need to produce a BCU version of the advice and guidance on the Government and HSE websites. This will provide useful tools that members of staff and managers can use to ensure that we are operating safely.

**L20/15.3** SG proposed that a programme team is pulled together, which will include relevant experts from the various teams along with the trade unions, who will be able to advise the best ways to engage and involve as many staff as possible. The team will look at those members of staff who have been working in situ; those who have been shielding and therefore having to work from home; those working from home and those who have been working remotely over this period. This will help to build the dynamics of staff experiences in to the plans moving forward.

**L20/15.4** SG explained that as an organisation, BCU now wants to look at different ways of working, building on the experiences of the last few months and recognising the dynamics of how work can be undertaken and support can be offered to staff. The Health Board is seeking to create an environment that optimises the contribution of individuals and recognises that there are different ways for people to work that will enable staff to provide for themselves a better work/life balance. SG recognises they are not looking for a 'one size fits all' approach but for a potential new way of working that is very exciting and she requested nominations come from the trade unions to become part of various small teams, working on various topics, to enable a maximum level of partnership and involvement.

**L20/15.5** Ms H Logan enquired as to how the Health Board intends to support staff who, come September, might find themselves parents of children who will not be able to return to full-time education but to a 'blended' education, i.e. splitting time between school and home?

SG responded that whilst she believes everyone understands that not all individual needs can be addressed, she hopes to develop a culture change where agile working is understood, accepted, acknowledged and valued, and she wishes to build into the programme support for teams, so they can understand a fair and equitable approach to agile working. SG acknowledges the fact that there are

**WN/SG**

<p>some people who work well from home, some people who are working from home but would rather work in situ as they may feel very isolated and then some people who have needed to work in situ, potentially feeling that their situation is unfair when others are able to work from home. SG felt that the challenge is to build as much into this programme as possible to address as many of the issues as possible which will provide benefits not only for the service, but for the staff as well.</p> <p><b>L20/15.6</b> Ms C Jones enquired as to whether the consultation on 12-hour shifts has now finished?</p> <p>SG responded that agile working and the 12-hour shifts are not necessarily automatically linked as clearly some staff will still have to work in situ, and confirmed that she has not yet reviewed the situation. She agreed that the task and finish group must be reinvigorated and take into account what has been learned over the past few months and decide whether it still wishes to move forward with this. Should it choose to continue to progress, then it would possibly move forward alongside the agile working programme but should the task and finish group decide that it should now not move forward, then it should be formally brought to a close.</p> <p><b>L20/15.7</b> Mr S Whittaker suggested undertaking a survey of all people working from home to find out what problems and benefits have been encountered whilst doing so.</p> <p>SG responded by saying that one of the first tasks for the team will be to look at some of the responses to surveys carried out by other organisations in a similar situation, adapt them and get the survey out very quickly for this very reason. SG also felt that it was equally important to send a survey out to all people who had, for whatever reason, to remain in situ as she felt it equally necessary to find out their feelings of how it has affected the team dynamics, etc, and reiterated that it was one of the team’s first tasks and must be done very soon whilst still live in people’s minds. Ms A Pawley advised the Group that Informatics had already completed their own survey and promised to forward this to SG.</p> <p><b>L20/15.8</b> Mr W Nichols wished to bring it to the attention of the group that continued working from home would help the social distancing and Health and Safety requirements and it was confirmed that every member of staff should be a role model.</p> <p><b>L20/15.9</b> Ms A Pawley raised concerns that Estates were contracting work out and that not only is this work that could be done in-house and therefore cheaper, but leads to bringing extra people into the work place and posing more risks than necessary</p> <p>SG agreed to contact Estates with a regard to a Health and Safety point of view and also ask why we are contracting out work that we could be doing ourselves? She agreed to share the response with the members.</p>	<p><b>AP</b></p> <p><b>SG</b></p>
<p><b>L20/16 Interim Debrief.</b></p> <p><b>L20/16.1</b> Mrs SG confirmed that this is being done as a part of the Command structure and as there is always the possibility that this might have to step back up,</p>	



