



### Local Partnership Forum

### Approved Minutes of the meeting held on 25<sup>th</sup> January 2022 at 13.00 hrs Via Teams

#### Present

Jan Tomlinson (JT)	UNISON and Trade Union Partners (Chair)
Christine Tanski (CT)	Mental Health & Learning Disabilities
Claire Thomas-Hanna (CT-H)	Head Of Workforce: Mental Health, Workforce & Organisational Development
Colin Fitzpatrick (CP)	Deputy Medical Director, Office of the Medical Director
Ffion Johnstone (FJ)	Area Director, West
Ellen Greer (EG)	Acting Associate Director Of Organisational Development
Gareth Evans	Senior Organisational Development Manager, Workforce & Organisational Development
Gill Harris (GH)	Deputy Chief Executive Officer
Jackie Hughes (JH)	Society of Radiographers and (Trade Union) Independent Member
Jade Clark (JC)	Physiotherapy, British Association of Occupations Therapists
Julia Clayton (JC)	Physiotherapy, British Association of Occupations Therapists
Kirsty Thomson (KT)	Head Of Fundraising : Awyr Las, Fundraising
Lesley Hall (LH)	Associate Director of Human Resources
Nicola Roberts (NR)	Society of Chiropodists & Podiatrists
Peter Bohan (PB)	Associate Director of Health, Safety & Equality
Richard Tanswell (RT)	UNISON
Sharon Cawdell (SC)	UNISON
Simon Evans-Evans (SE-E)	Interim Director of Governance
Sue Green (SG)	Executive Director Workforce and Organisational Development
Sue Hill (SH)	Executive Director of Finance
Stacey Roberts	UNISON
Susan Murphy (SM)	Assistant Director of Pharmacy & Medicine Management, West
Toni Wood (TW)	Royal College of Midwives
Wade Bestwick (WB)	Estates, Britain's General Union (GMB)
William Nichols (WN)	Royal College of Nursing
<b>IN ATTENDANCE</b>	
Fiona Lewis (FL)	For minute taking

<b>Agenda Item</b>	
<p>The Chair welcomed all attendees to the meeting.</p>	
<p><b>L22/01 Apologies for Absence</b></p> <p><b>L22/01.1</b> Apologies were received from Jo Whitehead, Teresa Owen, Geoffrey Armstrong, Iain Wilkie, Richard Hayes, Debra Payne, Catherine Jones, Lynne Joannou, Nia Thomas, Louise Brereton and Kath Jones.</p> <p><b>L22/02 Draft Minutes of the previous meeting held on 12/10/21, for approval</b></p> <p><b>L22/02.1</b> The minutes were approved as a true and accurate record of the meeting.</p> <p><b>L22/03 Summary Action Plan Update.</b></p> <p><b>L22/03.1</b> Updates were provided to the Summary log.</p>	
<b>CORPORATE GOVERNANCE</b>	
<p><b>L22/04 Targeted Intervention</b></p> <p><b>L22/04.1</b> Simon Evans-Evans delivered his verbal update. At the previous meeting, the Board was preparing to self-assess. In November 2021, the Board looked at two out of the four domains, which it had previously marked itself as a level 0. In November, the Board marked both these two domains as level 1 and the Welsh government were in agreement. The first six months saw a great deal of ground work being put in place. At the November meeting, the Board set itself the target of reaching a high level 2 across all four domains by March 2022 – evidenced by the work that had been done along with proof that the work had made a difference. The Leadership domain is the hardest to prove that the work done had made a difference – it is anticipated that by March 2022 it will be obvious if work done in this domain has proved successful.</p> <p><b>L22/04.2</b> The Board believes that by the end of 2022 it will reach the target set by Welsh Government, which was that by the end of 18 months (end of 2022), the Health Board should reach a high 3 or a 4 on all four matrices.</p> <p><b>L22/04.3</b> It was noted that t the beginning of the Health Board’s targeted intervention journey, Welsh Government had its Oversight Group meet with the Health Board every two months but due to the very good progress being made, the Oversight Group now meets quarterly, indicating its faith in the Board’s improvements.</p> <p><b>L22/04.4</b> SE-E wished to express his gratitude to all staff at all levels, that despite the immense pressures that Covid-19 has placed upon everyone, the momentum for change has continued – making a difference for both staff and patients. In March 2022, when the next self-assessment is due to take place, The Board</p>	

expects to be able to share an approvable Integrated Medium Term Plan (IMTP), following consultations with both the public and staff through engagement.

**L22/04.5** The Chair expressed her pleasure that all the hard work was paying off and that, by extending the time between the Oversight meetings, it felt that Welsh Government has faith in the Health Board.

**L22/04.6** Gill Harris confirmed that Welsh Government was very pleased with the way that the Board is supporting the evidence, with good feedback being received about the way that evidence has been challenged at both executive level and also at local meetings. Staff have not only helped to challenge one another but there has been a change in the engagement lead.

### **L22/05 Awyr Las Staff Lottery**

**L22/05.1** Jackie Hughes wished to declare an interest in this item, being Chair of the Charitable Funds Committee.

**L22/05.2** Kirsty Thomson confirmed that a new Awyr Las strategy for 2022-25 has been drafted and that the Charity team, with the aid of consultants, was reviewing the charity against other similar NHS charities. In terms of staff participation with the lottery, the intention is that a dedicated member of staff will focus on individual giving to not only the staff lottery but also other already functioning programmes, such as Pennies from Heaven, etc, which are not only for members of staff but also members of the public.

**L22/05.2.** KT confirmed that the recommendation to The Charitable Funds Committee was that all costs incurred by the lottery are to be covered by crystallising investments within the charity. The expectation is that by year 3, all costs will be met by the income generated by the lottery and any surplus will be used to fund lottery grants from then on. For years 1 & 2, lottery grants will be funded, up to a total of £50k pa, to enable staff to see the benefits of the staff lottery from the onset.

**L22/05.3.** KT described to Members how the Lottery is intended to work. If approved, it will be totally voluntary, with a cap of £2 per staff member, per week. There will be regular prizes, purely for staff members, and income generated will be dedicated to new and existing grant schemes. Monies raised through the lottery will benefit staff wellbeing projects and other schemes prioritised by the Charity.

**L22/05.4.** Concern was raised about the timing for launching of a staff lottery and encouraging staff to gamble, bearing in mind the financial pressures currently being felt by many. KT aimed to allay fears by confirmed that her team, along with the Charitable Funds Committee, were very mindful of the timing. The intention was that it should be purely voluntary, with a £2 cap and KT quoted numerous Health Boards where similar staff lottery schemes have run for many years, with surplus funds going to many staff wellbeing schemes.

**L22/05.5.** Sue Green confirmed that when the Staff Lottery had been discussed at previous LPF meetings she had some concerns but all of these concerns have now been addressed by KT and her team via the £2 cap, along with the additional governance and infrastructure. SG confirmed that her department was contracting an external provider to bolster the existing staff well-being provision. The intention is that they will not only to provide signposting to, but will also provide different sorts of support/counselling – debt and gambling counselling for instance – for any staff with those or other addictive or impactful situations.

**L22/05.6.** It was agreed that contact details for gambling and debt counselling services will be highlighted when advertising the lottery.

**L22/05.7.** The Awyr Las Staff Lottery proposals were approved by the Members and KT agreed to return later in the year with an update.

### **L22/06. Operating Model Update.**

**L22/06.1.** Sue Green provided her update, highlighting that she did not wish to underestimate the impact on colleagues of some of the structural changes that are currently being proposed. SG reminded the members that the reason the Operating Model was being updated was brought about by the call to action to not only simplify the way the organisation works around its core purpose but to unify it and by the end of Q1 (June 2022) the Health Board intends to feed back where such change will take place. Driven by a set of design principles, the final proposed Operating Model has been developed, which has been subject to three periods of engagement. A great deal of feedback has been received and they are now in the process of taking the final reports to the Board of Directors for sign off of the overarching Operating Model. An Extraordinary meeting of the Board was due to take place w/c 31/1/22 to review the structural elements of the Operating Model. Following this, the final all-encompassing Operating Model will move through the Board approval processes in March.

**L22/06.2.** SG wished it be noted that great work is being done in partnership with both their trade union colleagues but also the colleagues impacted by the changes in how the changes can be done better in the future and how gaps in clarity of national policy, which had been identified, were being addressed.

**L22/06.3.** It is hoped that the timeline for implementation will mean that the operating model should be running in shadow-form for some of Q1 in 2022-23. It is important to note that in addition to going through the organisational change process, there will be a requirement to recruit to a number of the roles thus creating a gap in terms of substantive appointments and these appointments must be in place before moving onto the next phase. Therefore the full, revised operating model is hoped to be in place by the end of Q1, being really clear that not only the organisational but the individual development and changes are supported, learning from failings created by previous structural changes.

**L22/06.4.** In response to queries from Billy Nichol, SG confirmed that everyone affected by the restructuring will be made aware that it will start in shadow-form and

KT

that value for money will be demonstrated and that talent and succession planning is addressing some large gaps that have been identified in certain services.

**SG**

**L22/08. Covid Update.** [Item taken out of order, at Chair's discretion]

**L22/08.1** Ffion Johnstone provided her verbal update, focussing on the pressures caused by the latest variant, Omicron, since 21.12.21, when Welsh Government announced that Wales was at the revised version of Alert Level 2 and subsequently both the Gold and Silver Command were re-established to deal with the variant going forward.

**L22/08.2.** Gold Command's five main objectives all related to harm –

- reducing direct harm caused by the infection
- reducing harm caused by surge pressures on the health and social care system
- reduce harm from population-based health protection measures
- reduce harm from economic harms
- reduce harm from inequalities.

**L22.08.3.** Silver Command, chaired by FJ, along with representation from senior managers from the acute sites, from within the community, Mental Health and Learning Disabilities, Women's, Workforce, Communications, both the TTP and Vaccination Programmes, Finance, Infection Prevention Programme and Planned Care, was report to be holding meetings twice weekly and reporting up to Gold three times a week.

- Each acute site has established its own Silver Command centre, with its own senior manager. Some staff and resources being redeployed to support the booster vaccination programme, which was at the time was reporting an above Welsh average uptake of the booster.
- Delivery of planned care was being reviewed on a weekly basis, looking at the feasibility of surge across the sites and whether the field hospital at Deeside needed to be stepped up once more.
- Isolation periods for in-patients continued to be reviewed, in line with national guidance looking at the reduction from 14 to 10 days, to allow the increased flow.
- Patient Incident Reviews were reported to be taking place regarding hospital-onset Covid-19, where either considerable harm has been caused or where hospital protocols have not been followed.
- Workforce staff wellbeing and support was being reviewed

**L22/08.4.** FJ once again wished to thank all staff for their continued hard work and support during the recent upsurge of infections.

*[14.00 hrs - FJ left the meeting]*

**FINANCE, PERFORMANCE & PLANNING**

**L22/07 Joint Finance Report & Quality & Performance Report**

<p><b>L22/07.1</b> Sue Hill noted that she was unaware that she was to provide the Quality and Performance Report and would do so for future meetings.</p> <p><b>L22/07.2.</b> SH provided a verbal update on the Month 8 Finance Report, which showed a balanced position following the receipt of additional funding from Welsh Government for Covid-19. The additional funding provided by Welsh Government was expected to be in the region of £132m for this fiscal year and the Multi Year Strategic Support, which is expected to be in the region of £82m this fiscal year.</p> <p><b>L22/07.3.</b> SH highlighted the following:</p> <ul style="list-style-type: none"> <li>• Information contained on slide 3</li> <li>• Information contained on slide 7</li> <li>• Risks. The major risks were surrounding the recruitment of staff and the agency staff implications; along with the anticipated increases in energy costs.</li> <li>• Opportunities. There was the potential for part of the £82m (£42m of which was for service improvement) to be released to help to improve services, however Covid-19 had hampered some of the planned improvement of services.</li> </ul> <p><b>L22/07.4.</b> In answer to Jackie Hughes' question concerning the reasoning behind monies being returned to Welsh Government, SH explained that during the fiscal year, having been asked by Welsh Government to forecast the Health Board's expected Covid-19 spend, for them to provide the required funding, the last forecast was put in half way through the year. At that time, a lot of activity was anticipated to be required around the then new variant, Omicron, and when this did not occur, monies were returned to Welsh Government when it became apparent that Covid-19 and attached expenses were less than expected.</p>	<b>SH/FL</b>
<b>WORKFORCE &amp; ORGANISATIONAL DEVELOPMENT GOVERNANCE</b>	
<p><b>L22/09. Workforce Report</b></p> <p><b>L22/09.1.</b> Lesley Hall provided a verbal update and wished to highlight the following:</p> <ul style="list-style-type: none"> <li>• despite the pressures brought about by Covid-19, meetings have continued to take place in one form or another.</li> <li>• since the Forum meeting in October, 10 consultations have been put to the Workforce Partnership Group, enabling the Trade Union colleagues to see the changes and prepare for them and to seek clarification, if and when required.</li> <li>• TUPE - a new surgery in Colwyn Bay has been brought in; two GP surgeries are due to set back up as independent practices in February, with a further due in the west – no date as yet.</li> <li>• The abatement on pensions will disappear in March. This was originally set up for people wishing to retire before pensionable age and came into effect at the height of Covid-19, thus allowing people to return to work more hours than previously allowed..</li> </ul>	

- BCU has lead the way across Wales on the volume of recruitment however this had put a strain on the system but, with support and streamlining, recruitment has kept pace.
- Staff absence continues to be a concern and guidance for managers wishing to support staff with long Covid has recently been received and distributed to them.
- December was a very difficult month for the Job Evaluation team, due in part to sickness, and this has created a backlog which is being tackled as a priority.

**L22/09.2.** Jackie Hughes asked if a decision had been reached regarding annual leave and the possibility of carrying some over, as well as selling some back. LH explained that guidance had been received from NHS employers – there is some discretion allowed regarding the number of days to be allowed to carry over and therefore a final decision was to be sought at the next Executive Team meeting. Once a decision had been reached, colleagues would be advised. Efforts are being made to ensure the system will be kept as simple as possible.

**L22/09.3.** Sue Green wished to clarify that there is a no discretion regarding the maximum number of days (10) that can be sold but that there is discretion over how many days may be carried over (up to a maximum of 20).

**L22/09.4.** Sue Green offered to provide a demonstration to members of the dashboards surrounding recruitment efforts to give a level of assurance. Jan Tomlinson agreed that it would be really helpful.

**L22/09.5.** Billy Nichols asked Lesley Hall if she was aware if BCU had been recruiting Band 4 personnel into Band 5 positions, as he had been advised was the case in some other Health Boards. Both SG and LH confirmed that was not the case and would go against the Nurse Staffing Act. The demonstration of recruitment dashboards would also help to confirm this.

**L22/09.6.** Sharon Cawdell asked if, when staff are being advised about the sale and/or carryover of annual leave, information would be forthcoming about annual holidays for those suffering long Covid-19? LH confirmed that it would be included in the All-Wales information.

**L22/09.7.** In answer to a question from Julia Clayton, LH confirmed that once a decision is reached regarding the sale and carryover of annual leave, there will not be a need to wait for the new fiscal year to start before being implemented.

**L22/09.8.** Billy Nichols asked if it would be possible to have retrospective written reports from Workforce.

#### **L22/10. Speak out Safely Update.**

**L22/10.1.** Gareth Evans talked through his presentation, highlighting the five key elements to Speak out Safely as well as the following:

SG/LH

LH

- Speak out Safely (SOS) went live in April 2021 and brought online its key components throughout the year, learning and developing as it goes.
- SOS Guardians have been recruited on a twelve month secondment, commencing October 2021 and have regular review meetings with the Chief Executive and the Vice Chair of the Board.
- It became apparent that the review, assurance and escalation routes needed to be re-thought. SG, as a member of the original Multi-Disciplinary Team (MDT) needed to uncouple from the MDT to enable her to act as part of the assurance and escalation route for the MDT, should concerns arise about being able to progress concerns in the organisation.
- Since the platform was launched in July 2021, 170 staff members have registered, 30 conversations have been started and there has been a higher level of activity over these first few months than there was under the previous Safe Haven – possibly due to the anonymity offered to the staff.
- Working with the Work in Confidence team, they have been able to build into their platform, is the ability to link an anonymous survey to the closing of staff conversations with an MDT or a Guardian, they are automatically sent a link to enable them to share their experience so the impact can be evaluated and constructive feedback can be provided.
- It was felt that some of the initial conversations with the MDT could have been dealt with through local channels, if staff had felt able to deal directly with their line managers.
- Some themes, highlighted by the Guardians, have been - racist behaviour and comments in public areas and clinical settings, concerns about speaking out publicly and any retribution that might occur, inappropriate sexual behaviour in the workplace and concerns about not being taken seriously by senior managers.
- The SOS team, along with colleagues across Health Boards, Trade Unions and Welsh Government are members of an All Wales Working Group, with the idea of creating a national SOS approach across both NHS Wales and across Social Care Wales.
- There is now a new intranet page, which has allowed the SOS team to share video content, providing guidance for staff to sign up to Work in Confidence, a message from Jo Whitehead supporting the work, further information on the parts of SOS and a pledges page, orientation information supporting new starters and many more.
- They had also been working to produce a standard operating procedure for all of the different elements of SOS along with a process map that explores the different routes staff may take to raise concerns.

**L22/10.2.** Julia Clayton asked if it would be useful sharing any anonymous complaints and suggestions that they had received in their annual stress questionnaire along with the possibility of sharing information gleaned from exit interviews from staff who have left the Health Board? GE agreed that this information would be extremely beneficial.

JC/GE

**L22/10.3.** Billy Nichols and Jan Tomlinson agreed to speak with GE outside of the meeting to discuss the various champions' roles, boundaries and remits.

GE/JT/WN



**L22/10.4.** SG wished to point out that learning from the SOS Guardians in England had shown that it was really challenging, both for the guardians and for the organisation for them not to become advocates. She also wished to acknowledge the hard work that had gone into making this work – both by Gareth and his team but also from members of the MDT and that she was really pleased with what had been learned so far.

**L22/11 Update following HSE Formal Inspection 16-18/11/21.**

**L22/11.1.** Peter Bohan provided an overview of the points raised by the HSE, following their 3-day inspection in November 2021, in which the unions were heavily involved. The HSE report highlighted shortfalls in the following areas:

- manual handling – three Improvements Notices were served, with significant training being required in certain areas. Action plans have been agreed and shared with the unions during their regular meetings.
- specific risk assessments for Covid-19.
- management of security, violence and aggression
- car parking facilities in Wrexham
- FFP3 training for agency staff

**L22/11.2.** The HSE stressed that despite the shortfalls, they were very pleased with the much improved direction of travel of the organisation - a point which SG wholeheartedly agreed with.

**L22/11.3.** SG felt that the HSE inspector was very impressed with the level of improvement across the Health Board since their last visit in 2016 and that the Board is now much more aware of health and safety issues, evidenced by the additional £1m this year, for H&S investments. SG also wished to thank the trade union partners for working so effectively with PB and his H&S team, helping the changes to be much more impactful in so doing.

**L22/11.4.** SG wished it to be noted that a number of areas where issue of violence and aggression had been highlighted, were entirely avoidable and that this had prompted her to put a high alert process in place and to add it to the list for audits in 2022-23.

**FOR INFORMATION**

**L22/12 Board Assurance Framework**

**L22/12.1** The report was noted.

**L22/13 Corporate Risk Register**

**L22/13.1** The report was noted.

**L22/14 Documents circulated via email to members between meetings:**

<p><b>L22/14.1</b> All noted.</p>	
<p><b>L22/13 Any other Business.</b> There was none. <i>[The meeting closed at 15:00]</i></p>	
<p><b>L22/14.1 Date of Next Meeting</b> Tuesday, 12/04/22, 1-4pm, Virtual via Teams.</p> <p><b>L22/14.2 Dates for remaining 2022 Meetings:</b> 13.00 hrs, 19<sup>th</sup> July 2022 via Teams 13.00 hrs, 11<sup>th</sup> October 2022 via Teams</p>	