



Local Partnership Forum

Minutes of the meeting held on 26th February 2024 at WG Offices, Llandudno Junction and via Teams

Present	Role / representing Trade Union
Carol Shillabeer (SC)	Chief Executive / Joint LPF Chair (Chairing)
Jan Tomlinson (JT)	UNISON and Trade Union Partners / Joint LPF Chair (Teams)
Sharon Cawdell (SC)	UNISON (Teams)
Julia Clayton (JC)	Chartered Society of Physiotherapists (Teams)
Dyfed Edwards (DE)	Chair BCUHB
Gareth Evans (GE)	Senior Organisational Development Manager
Michelle Greene (MG)	Integrated Health Community Director (East) (Teams)
Alison Griffiths (AG)	Teams
Ceri Harris (CH)	Head of Equality and Human Rights
Naomi Holder (NH)	Site Director of Nursing (Secondary Care EAST) (Teams)
Jackie Hughes (JH)	Society of Radiographers
David Maslen-Jones (DMJ)	Assistant Director Of Occupational Health, Safety And Security
William Nichols (WN)	RCN Steward
Carys Norgain (CN)	Deputising for IHC Director West (Teams)
Georgina Roberts (GR)	Associate Director for Workforce – West (Teams)
Helen Roberts (HR)	Governance & Compliance Manager (Teams)
Nicola Roberts (NR)	Community Podiatrist, Podiatry & Orthotics (Teams)
Stacey Roberts (SR)	Unison Branch Officer (Teams)
Rebecca Testa (RT)	Head of Organisational Management, Workforce
In Attendance	
Russell Caldicott (RC)	Executive Director of Finance (Teams)
Katie Hender (KH)	Senior Patient & Carer Experience Manager (Teams)
Philippa Peake Jones (PPJ)	Head of Corporate Affairs
Llinos Roberts (LR)	Executive Business Manager (Chair's Office) for minutes (Teams)
Dr Chris Stockport (CSt)	Executive Director Transformation And Strategic Planning (Teams)

Agenda item under discussion	Action by
<p>L24/01 Welcome and apologies</p> <p>L24/01.1 The Chair warmly welcomed everyone to the meeting.</p> <p>L24/01.2 Apologies were received from Jason Brannan, Bethany Lucking, Teresa Owen, Jane Moore, Richard Tanswell, Ffion Johnstone, Nia Thomas, Steven Grayston and Phil Meakin.</p>	
L24/02 Minutes of the previous meeting held on 24.10.23	

<p>L24/02.1 The minutes were approved as an accurate record of the meeting.</p>	
<p>L24/03 Summary Action Plan Update</p> <p>L24/03.1 The table of actions was updated, and the agreed actions were closed.</p> <p>L24/03.2 With regard to action 44 (L23/43) the following was noted. BN reported that facilities time was still being reviewed with the aim to completed this within the next couple of months. Part of the work was to look at what was happening in other organisations. JT advised that there was work on a strategic and corporate level and welcomed a discussion with CS on this issue. BN advised that facility time release was more generous in south Wales as opposed to north Wales.</p> <p>L24/03.3 Managers were concerned on the backfill of staff to attend meetings without the relevant funding available to them, which had not increased in some time. JC reported that staff side were trying to be accommodating to their relevant management teams with staff side attending meetings individually on a rota basis, and that she had experienced difficulties in being released for TU duties. GR agreed to pick this up outside the meeting with East colleagues. CS reported that further work could be done in partnership to resolve this issue, and that there was a need to ensure consistency and fair distribution across the organisation in terms of staff groups.</p> <p>L24/03.4 JH stressed that this issue was important in terms of making sure that all groups were able to attend meeting and participate in the wide-ranging conversations. Where staff side members were unable to attend meetings, there was a need to ensure that minutes of meetings were available to information. Members were advised that the IHC West had established a Culture Group and that maybe this could be replicated across other IHCs. CS suggested that an inter trade union agreement would need to be sought as to how this could be covered.</p> <p>L24/03.5 DE advised that this was an opportunity to undertake a mapping exercise with Staff Side, and possibly develop a portal on Sharepoint which everyone could access. CS suggested that this could be progressed further with initial discussions taking place during April / May time. Trade Union side would need to identify areas important to progress and share with CS who would further populate.</p>	<p>JT/CS</p> <p>GR</p> <p>JT</p> <p>JT/CS</p>
<p>L24/04 A Patient's Story</p> <p>L24/04.1 Katie Hender shared with the meeting a Patient Story regarding orthopaedic services, with the patient sharing his experience of his patient pathway through the system and the impact of the long waiting times.</p> <p>L24/04.2 Members were advised that developments were being progressed in terms of additional capacity, and that funding had been agreed by WG for a new hub at Llandudno Hospital which would transform elective orthopaedic surgery. In addition a new recovery based 'app' was being implemented in Trauma and Orthopaedics.</p>	

<p>L24/04.3 DE stated that it was important that everyone on the waiting list was considered and that we should be actively engaging with patients on our waiting lists, particularly those who were the longest waiters, to ensure to provide re-assurance that they would receive their treatment. Consideration was also requested as to how we communicated with patients, and the differing ways that this could be accomplished.</p> <p>L24/04.4 CH requested that this could be shared across other disciplines, and advised that Velindre and Cwm Taf Health Boards were using Artificial Intelligence to support this work. It was agreed that we would look to see how this was working with other Health Boards.</p> <p>L24/04.5 CS advised that the Health Board received considerable feedback regarding communications and that this had been discussed at Board meetings. One of the areas for discussion at Board was planned care and the need to understand the challenges and how we are going to address these to improve services for our patients, and staff. The day-to-day experiences of staff will be sought and useful in moving forwards.</p> <p>L24/04.6 Katie thanked members for their comments and advised that the Patient Safety Team were looking forward to working with the Communications Team in taking this work forward, and that this would be an exciting time to look at new ways of working.</p> <p>L24/04.7 Members requested that, instead of a patient story, maybe a staff story should be shared at future LPF meetings.</p> <p>L24/04.8 It was agreed that the Forum note the report.</p>	<p>HSJ</p> <p>JB</p>
FINANCE, PERFORMANCE AND PLANNING	
<p>L24/05 Integrated Three Year Plan</p> <p>L24/05.1 CSt provided members with a background as to the development of the Integrated 3 Year Plan, and shared a presentation on the plan. CSt advised that the Health Board would need the start thinking about a longer 10 year strategic space. The Health Board were currently not in a position to have its planning based on organisational strategy due to being in Special Measures, and that Special Measures would need to be incorporated into our usual planning processes. There was a need to develop our plan around the five Special Measures outcomes, with operational detail sitting being the narrative plan.</p> <p>L24/05.2 In line with the 5 outcomes of Special Measures the following was noted:</p> <ul style="list-style-type: none"> • 1a – Board Effectiveness – further work to progress as a relatively new Board which was now fully appointed to. • 1b – Risk Management – need to look at how this is managed and focus on the right things. • 1c – Operating Model – only partially implemented. Need to ensure this is fit for purpose as we move forwards. • 1d – Workforce planning – ever changing workforce, which needs further work 	

- 2d – Prioritisation and deprioritisation – need to get to grips with this. BCU is not the only Health Board in this position
- 2e – PMO Major change portfolio – need to improve this area of work
- 2f – Electronic health record – specific areas of work to be taken forward with MHLD and ED
- 2g – Review of planning – WG reviews which BCU needs to respond to
- 2h – Financial processes – need to ensure appropriate governance in place in terms of decision making. Work has commenced on this.
- 3 – Creating compassionate culture, leadership and engagement – work has commenced on this area of work, which will be progressed further.
- 4 – Improving quality, outcomes and experience – this is a significant area of work, which was progressing
- 5 – Establishing an effective environment for learning – this was a key area and work was progressing.

L24/05.3 In terms of finance, RC went through the financial plan for 2024/25 and the financial outlook. It was noted that the current predicted outturn deficit was £33m. WG had requested a further 10% saving on this and the Health Board were currently working towards a revised control target of £20m. RC advised members that key to delivery will be valuing the opportunities and assurance over delivery, using a programme approach to realisation of staff and patient benefits reporting under five themes: clinical variation, non-pay, medicines management, continuing healthcare, and workforce.

L24/05.4 Members were split into two workgroups to consider the following:

- How do we prioritise the priorities to deliver the plan, and clarity in terms of what this means?
- Dealing today –v- dealing with the future and how we get the balance right
- How do we work with partners to get the balance right? What are their expectations? Should would be putting more in about well-being, outcomes and focus on this?
- How can AI help us?
- How do we get message across about risks of delivery?

Feedback from Group 1

L24/05.5 The group felt that the plan was good, self-explanatory and easy to follow. Specifically:

- Green agenda – needs to include something around this and the environmental agenda
- Well-being of staff – further investment required in the occupational health service
- Risks – estates was high on the agenda, particularly around its suitability for purposes. Needs focus on moving services out to communities into premises fit for purpose. Discussions had been held with local authorities about use of their available estate.

<ul style="list-style-type: none"> • Queried whether there was confidence in the public area for BCU to deliver the plan. <p>Feedback from Group 2</p> <ul style="list-style-type: none"> • Staff well-being – needed increased emphasis on this • Engagement – important that staff are engaged in the process • Strong connection with front line staff and the challenges being faced on a daily basis. There was a feeling that the plan would help to address this. • Elements from the plan coming through around the recruitment and retention of staff • There was a need to engage and enable the plan / values of the organisation across the organisation • Need to look and determine how risk averse the organisation is in order to deliver the plan. The way the organisation currently works is too complex; there is a need to simplify things. • Silo working across sites and professions which needs addressing. <p>L24/05.6 Members were advised that feedback and further work would be undertaken over the next three weeks in order for the Plan to be ready for the Board on 28th March. All Advisory Groups had been consulted and their feedback was feeding into the process. Members were welcome to speak to staff within their teams and provide further feedback as necessary.</p> <p>L24/05.7 Members were thanked for their contribution to the discussion.</p> <p>L24/05.8 It was agreed that the report noted.</p>	<p>All</p>
<p>WORKFORCE & ORGANISATIONAL DEVELOPMENT GOVERNANCE</p>	
<p>L24/06 Organisational Development Update: Culture, Leadership and Engagement</p> <p>L24/06.1 Rebecca Testa, Head of Organisational Development attended to present the report. Whilst the paper had been brought to the meeting for noting, feedback from members would be welcomed on this.</p> <p>L24/06.2 RT advised members of progress made since the report to the last LPF Meeting. In particular, the following was reported:</p> <ul style="list-style-type: none"> • Staff Survey - the outcome report from the Staff Survey would be taken to the next Organisational Steering Group. Pulse surveys would be undertaken following this. • Integrated Leadership Development Framework (ILDF) – a paper would be taken to the Organisational Development Steering Group (ODSG) on 4th March. Work was in the final stages in creating the first suite of tools and documents around instilling and embedding learning within teams across the organisation. • Engagement - An interactive staff engagement toolkit was being developed to support managers around staff engagement. It was anticipated that this would 	

be launched in April 2024. A rapid review of mechanisms for clinical engagement had been undertaken last year and recommendations were currently being considered as part of the staff engagement element of the organisational development work.

- **Reward and Recognition** - MG requested that, whilst appreciating that Great-ix was a good scheme, this was in the main secondary care focussed, and needed to be expanded to cover community and primary care. JH advised that there were difficulties in nominating staff for the Annual Achievement Awards due to the structure of the awards process and requested that this be more user friendly.

L24/06.3 The Workforce report was **noted**.

L24/07 Workforce Report

L24/07.1 Workshop Partnership Group – The following was highlighted:

- The All Wales Staff Health and Well-being work was progressing and that there were more on-line tools available and would be available on BetsiNet.
- The Healthy Workforce Team had developed a handbook in collaboration across POD and Trade Union partners, and was being launched at the Leadership Conference on 27th February 2024
- Attendance Management – a marginal reduction was noted in the level of staff absence over the previous 12 months. The average length of sickness had decreased slightly also. It was noted that sickness absence was highest in Health Care Support Workers with anxiety, stress and depression being the main reasons for absence.
- Organisational Change – The Workforce Partnership Group continued to engage and consult on matters. It was noted that reports had been received on proposed changes to:
 - MHLD Single Point of Contact base location
 - West District Nursing rotas
 - Facilities Tywyn role amalgamation
 - Facilities Switchboard rotas
 - Manual Handling West base location
 - Community Dental Urgent Helpline base location
 - Nosocomial service closure

L24/07.2 Workforce Policies Group – The Workforce Policy Group had approved in partnership a number of policies. These would be taken to the next Remuneration Committee for noting:

- All Wales Flexible Working Policy
- Shared Parental Leave Policy
- Recruitment and Selection Policy
- Recruitment to Senior Posts Procedure
- Pre-Employment Clearance Procedure
- Equality, Diversity and Human Rights Policy
- Exit Interview Policy
- Maternity Leave Policy

<p>L24/07.3 JH advised that the Workforce Policies Group had changed its Terms of Reference and would be encouraging authors of policies to take ownership of these. It was noted that in future, policy authors would be required to attend the group meeting for approval of policies.</p> <p>Job Evaluation Programme Report – the report was noted.</p> <p>L24/07.4 It was agreed that the report be noted.</p>	
<p>L24/08 Codi Llais Yn Ddiogel / Speak Out Safely Update Report</p> <p>L24/08.1 Gareth Evans (GE), Senior Organisational Development Manager, presented the report which provided an update on the Speak Out Safely service, including the latest data on the numbers of concerns being raised via the SUS Guardian inbox and also via Work in Confidence. The report also contained data on the types of concerns being raised. Work was being undertaken with the Work in Confidence team to be able to include some additional reporting functions around recurring themes emerging from discussions around concerns.</p> <p>L24/08.2 The All Wales Speaking Up Safely Framework, originally launched by WG in October 2023 was co-produced by colleagues in the Welsh Partnership Forum , NHS Wales organisations, NHS Employers and WG. A link to the new Framework on the Gwella website was provided for members - Speaking Up Safely - Gwella HEIW Leadership Portal for Wales.</p> <p>L24/08.3 In relation to the framework, the Health Board had taken the opportunity to review its own practices with regard to speaking up arrangements had had produced an action plan which had been submitted to WG, and feedback was awaited on this.</p> <p>L24/08.4 It was reported that three new Guardian roles have been appointed to and induction processes were currently underway. GE advised that he would welcome the opportunity for the Guardians to meet with Trade Union colleagues to explore how best to work together when supporting staff.</p> <p>L24/08.5 With regard to the SUS MDT, it was recently noted that there was an increase in psychology colleagues who were available to support MDT members when thinking about the psychological issues staff may experience when speaking up and that this was welcomed.</p> <p>L24/08.6 DE welcomed the report and in particular that the emerging themes were consistent, and welcomed a service that staff could be engaged with. DE requested further information as to ambitions of the service. CS advised that of numbers of contacts being received by the service could be analysed in different ways. Low numbers indicating that the organisation would tolerate less, and higher numbers indicating that staff had trust in the organisation and felt safe and supported to raise any concerns. Key to success was engagement and support to our staff.</p>	

<p>L24/08.7 CS advised that those teams in need of support were key and that HEIW were undertaking work on developing a new framework around Athena training with managers and teams, and would enable and support managers to develop a safe culture. CS stated this could be used as a 'Focus On' session at a future meeting.</p> <p>L24/08.8 It agreed that the report be noted.</p>	
<p>L24/09 Equality Team Update</p> <p>L24/09.1 Ceri Harris (CH), Head of Equality and Human Rights presented the report and thanked the team for having this as a standing report on the LPF agenda.</p> <p>L24/09.2 CH reported that the Health Board was currently in its 4th and last year of the 2020 – 24 Strategic Equality Plan. With regard to the plan for 2024 – 2028, as of 1st April 2024 new objectives will be in place. A draft Strategic Objectives and Action Plan has been developed and this has been shared with stakeholders, colleagues and senior managers for feedback. The final draft will be presented to the Health Board at its March meeting for formal approval.</p> <p>L24/09.3 With regard to Gender Pay Gap, members were advised that work was being undertaken in reviewing other protected areas, ie, race, disability, and sexual orientation, and staff were being encouraged to come forward. CS advised that there was a need to move away from this way of working that we needed to make change happened by ensuring that all these areas in the plan were fully integrated with planning across the organisation.</p> <p>L24/09.4 JH advised that the 'Active Bystander' training was proving to be successful, and welcomed the opportunity to extend this across the organisation.</p> <p>L24/09.5 It was agreed that the report be noted.</p>	
SUBJECTS RAISED BY TRADE UNIONS	
<p>L24/10 Issues raised for discussion by Trade Union Partners</p> <p>L24/10.1 Occupational Health – BN expressed concern regarding the new Occupational Health computer system and the functionality within this which is discharging members of staff once they had been seen, only to have to be re-referred into the system.</p> <p>L24/10.2 DMJ confirmed that there were issues with the new occupational health software system which had been procured on an all Wales basis by Shared Services. It was noted that BCUHB were the only Health Board fully utilising the management referral function in the previous system, and that functionality has been removed and replaced with a new system which has proved very difficult to use. This has led to a backlog of referrals as had the loss of some key staff, however Jeremy Thomas, Acting Head of Service, was in the process of working through solutions on a UK national basis. The other issue is capacity in terms of Occupational Health Doctor cover as at present there were only two Doctor days per week which is far too little for the size of the organisation, and that the service was in the process of</p>	CS

<p>actively recruiting to seek extra cover in order to reduce the backlog. CS advised that members would be updated with regard to progress being made.</p> <p>L24/10.3 JH advised that there was an issue with regard to the loss of information around measles vaccination. DMJ confirmed that the new occupational health system had caused a number of issues amongst which is the transfer of data regarding immunisations, with some information not transferring across between systems. Unlike the previous system, within the new system it was not possible to interrogate the database to establish group data on immunisation history for specific areas.</p> <p>L24/10.4 DMJ reported that a recent Internal Audit had taken place and that all was in hand.</p> <p>L24/10.5 It was agreed that the report be noted.</p>	
FOR INFORMATION	
<p>L24/11 Quality & Performance Report</p> <p>The report was noted.</p>	
<p>L24/12 Strategic Occupational Health & Safety Group (Issues of Significance)</p> <p>L24/12.1 JH advised that concern had been expressed from the Strategic Occupational Health Group around the lack of engagement with Health and Safety and that this needed to be highlighted on the agenda and more publicly. CS confirmed that health and safety areas needed strengthening and that DMJ has attended a recent Executive Team meeting to advise of the working that was being undertaken in this area.</p> <p>L24/12.2 Learning from Inquests and Concerns – JH expressed concern regarding learning from Inquests and Concerns, particularly around the use of oxygen bottles, and that staff had approached her regarding their concerns.</p> <p>L24/12.3 CS advised that she would follow up this issue up with Angela Wood and given that this was a key issue, a note would be circulated to members of the group.</p> <p>L24/12.4 The report was noted.</p>	CS
<p>L24/13 Documents circulated via email to members between meetings</p> <p>This report was noted.</p>	
<p>L24/14 Any other business / Reflections from the meeting</p> <p>L24/14.1 Reflections from the meeting were that, whilst the meeting room accommodated the number of members, the wifi connection appeared to be poor with members struggling to retrieve meeting papers. CS thanked members for their attendance and welcomed contributions made by members on the three year plan.</p>	
<p>L24/15 Date of next meeting</p> <p>1 pm, Tuesday, 1st May 2024</p>	

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