



### Local Partnership Forum

### Minutes of the meeting held on 8<sup>th</sup> January 2019 in the Boardroom, Preswylfa, Mold

#### Present

Ms J Tomlinson (JT)	UNISON and Trade Union Partners (Chair)
Ms S Cawdell (SC)	UNISON
Mr J Darlington (JD)	Assistant Director of Corporate Planning
Mr G Doherty (GD)	Chief Executive (part meeting)
Ms S Green (SG)	Executive Director of Workforce & Organisational Development (OD)
Ms L Hall (LH)	Assistant Director, Workforce & OD
Ms K Hannigan (KH)	Head of Workforce
Mr S Harmes (SH)	Assistant Director West, Therapy Services
Mr R Hayes (RH)	CSP Union Rep
Mrs J Hughes (JH)	Independent Member (Trade Union) & SoR Rep
Mr G Jackson (GJ)	UNISON
Ms C Jones (CJ)	RCN
Ms K Jones (KJ)	RCM
Ms C MacDonald (CMc)	UNISON
Mr B Nichols (BN)	RCN
Mr R Oldfield (RO)	UNISON
Mr M Openshaw (MO)	UNISON
Mr R Tanswell (RT)	UNISON
Ms A Tapley (AT)	Job Evaluation Lead, WOD

#### In attendance

Mrs K Dunn	Head of Corporate Affairs (for minutes)
Mrs A Griffith (AG)	Welsh Language Standards Compliance Officer (part meeting)
Mr G Lang (GL)	Turnaround Director (part meeting)
Mrs F Lewis	Senior Project Support Officer (observing)

Agenda Item	Action By
<p><b>L19/1 Apologies for Absence</b></p> <p><b>L19.1.1</b> Apologies were received from Steven Vaughan, Graham Alexander, Clare Jones, Mark Wilkinson, Gill Harris, David Barber, Russ Favager and Kate Parry.</p>	
<p><b>L19/3 Minutes of the previous meeting held on 27.11.18 and Summary Action Plan</b></p> <p><b>L19/3.1</b> The draft minutes were approved as an accurate record and updates were provided to the action log.</p> <p><i>[Mrs S Green joined the meeting]</i></p>	

## **L19/2 Workshop - Workforce Strategy**

**L19/2.1** Mrs S Green welcomed the opportunity to engage with Trade Union partners on the development of a Workforce Strategy for BCUHB. She delivered a presentation which set out:

- The purpose of the strategy “to enable the delivery of the long-term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance”
- A pictorial model for the strategy incorporating 9 characteristics (direction, accountability, co-ordination & control, external orientation, leadership, innovation & learning, capabilities, motivation, culture & climate)
- An indication of what the strategy would include through a “road map” for workforce
- A summary of the current state in terms of resources and people management

*[Mr G Doherty joined the meeting]*

**L19/2.2** The LPF then undertook group work to consider whether a fair assessment of the current state had been described and to identify any key omissions. Each group fed back their observations which would be collated by the OD team but each group was broadly content that the assessment was fair. A precis of the feedback identified themes around –

- a perception that the current model was too medically biased and focused too much on secondary care;
- partnership working;
- multidisciplinary training;
- ensuring the strategy was meaningful and understandable;
- leadership.

**L19/2.3** Mrs S Green then went onto describe the future state of the workforce and the “Five Rights” principle of the right size, right shape, right cost, right place and right skills. The LPF then undertook group work to consider whether a fair assessment of the future state had been described and to identify any key omissions. Each group fed back their observations which would be collated by the WOD team but each group was broadly content that the assessment was fair. A precis of the feedback identified themes around –

- Partnership working;
- The use of benchmarking;
- Supporting individuals to identify how their own role contributed to the service;
- Valuing staff and ensuring staff have pride in what they do;
- Accountability.

**L19/2.4** Mrs S Green thanked the LPF for their input and confirmed there would be similar sessions as the strategy developed. She confirmed that a draft would be shared with the Health Board at its meeting on the 24.1.19, following which a range of key deliverables would need to be agreed for Year 1 of the strategy and that the LPF would need to be involved in the monitoring of these going forward.

**LH**

<p><b>L19/4 Update on Special Measures</b></p> <p><b>L19/4.1</b> Mr G Doherty reported that Welsh Government, Wales Audit Office and Healthcare Inspectorate Wales were due to review and assess progress later in January, and the Health Board had been asked to submit information on primary care out of hours services to allow a judgement to be made as to whether this aspect could be de-escalated from special measures. Notwithstanding this, the Board must maintain its focus on special measures particularly within the area of mental health.</p>	
<p><b>L19/5 Finance Report Month 8</b></p> <p><b>L19/5.1</b> Mr G Doherty presented the report which highlighted that the organisation was £900K off plan in terms of the month 8 position and that performance against savings plans would need to improve in the latter part of the year. The most challenged areas remained as mental health and secondary care. He stated that there were risks associated with the planned year-end deficit of £35m and that the focus needed to be on minimising costs and delivering the identified savings. Mr Doherty added that the allocation for 2019-20 had been announced just before Christmas and was being worked through. He highlighted that a significant proportion of the NHS allocation nationally had been badged against transformation.</p> <p><b>L19/5.2</b> Mr B Nichols enquired as to the reasons for non delivery of many secondary care savings plans and Mr Doherty reported that there were a range of reasons including the inability to recruit to some consultant posts, but accepted that some plans had potentially been optimistic. He was confident there was scope for savings in terms of reducing the number of escalation beds. Mr Nichols also expressed concern at the continued challenges within mental health, and Mr Doherty accepted that whilst the overspend was less than in previous years, the Division remained off plan. Mrs S Green referred back to the need for transformation, and that the model of care for mental health was traditionally based on beds which needed to change.</p> <p><b>L19/5.3</b> The report was noted.</p>	
<p><b>L19/6 Corporate Planning Update</b></p> <p><b>L19/6.1</b> Mr J Darlington confirmed that the organisation was now in the process of developing a Three Year Plan rather than an Integrated Medium Term Plan (with the agreement of Welsh Government) and he indicated that the latest draft would be circulated to LPF members. He also tabled a copy of a “plan on a page” summary document which set out a framework of what would need to change through reducing health inequalities and improving health and well-being, the provision of care closer to home, and the provision of excellent hospital care. He added that these three strands would be supported by enablers of estates and infrastructure, digitally enabled healthcare and an integrated workforce. He asked that LPF members provide any comments and feedback on the draft plan which</p>	<p><b>JD</b></p>

<p>was also being considered by the Health Board on the 24.1.19. He assured the LPF there would be other opportunities for further engagement.</p>	
<p><b>L19/7 Reimbursement of Travel</b></p> <p><b>L19/7.1</b> Ms L Hall reminded members that the LPF had previously considered a formal lease car assessment for any member of staff required or expected to travel over 3,500 business miles per annum, which had not been fully implemented. Officers had subsequently considered the application of the reserve mileage rate with the intention of ensuring fairness, simplicity and transparency when reimbursing travel. The paper recommended that the 3,500 mile cap be implemented, whereby all employees will receive 45p per mile up to 3,500 miles and the reserve rate of 28p thereafter.</p> <p><b>L19/7.2</b> Mrs J Hughes was supportive of the recommendation but asked that any unintended consequences be thought through (for example any affect on existing lease car users' contributions). Mrs S Green indicated that any existing agreements for lease cars would not be affected. Mr G Doherty accepted that in implementing this recommendation there would need to be clear communication with staff including the development of FAQs and points of contact for queries.</p> <p><b>L19/7.3</b> The LPF agreed the application of the reserve rate after 3500 miles.</p>	<p><b>Finance Team</b></p>
<p><b>L19/8 Cycle of Business</b></p> <p><b>L19/8.1</b> Ms L Hall informed the LPF that the cycle of business had been amended to reflect the change in frequency of meetings.</p> <p><b>L19/8.2</b> The LPF accepted the proposed schedule.</p>	
<p><b>L19/9 Welsh Language Standards</b></p> <p><b>L19/9.1</b> Mrs A Griffiths joined the meeting and delivered a presentation which incorporated information around:</p> <ul style="list-style-type: none"> <li>• The Welsh Language Measure 2011</li> <li>• The role of the Welsh Language Commissioner to oversee the implementation of the standards</li> <li>• The official status of the Welsh Language</li> <li>• Statutory benchmarks to shape Welsh-medium service delivery</li> <li>• Benefits of the new system</li> <li>• An overview of new requirements and areas of most challenge for BCUHB</li> <li>• Implications of a failure to comply with the standards</li> <li>• The BCU approach to implementation of the standards including the establishment of a Project Management Group</li> <li>• Challenges around the operational standards (telephone and other communications, recruitment, disciplinary processes and complaints)</li> <li>• Deadlines for compliance</li> </ul>	

<p><b>L19/9.2</b> Mrs J Hughes enquired whether the standards would apply to the provision of documents from Trade Union organisations to staff and Mrs A Griffiths reported there were some exemptions including where documents were produced outside of the organisation. Mr S Harmes suggested that some services would be better placed than others to meet the standards in terms of Welsh speaking staff and Mrs A Griffiths indicated that members of the Welsh Language team were more than happy to meet with individual teams and services to work through how the standards applied to them and where they may find it difficult to comply. Mr G Doherty stated that whilst the standards were challenging the priority should be to to maximise opportunities for people to receive a service through the medium of Welsh if that was their preference.</p>	
<p><b>L19/10 Health &amp; Safety Improvement</b></p> <p><b>L19/10.1</b> Mrs S Green indicated that she intended to move towards the provision of written reports to the LPF in future. She confirmed that in terms of executive accountability, the management of Health &amp; Safety had moved to herself and she had provided an update to the full Health Board in November 2018. That update paper had set out a range of immediate actions in terms of structure and governance, and made a commitment to submit an improvement plan to the Board in March 2019.</p> <p><b>L19/10.2</b> Mr B Nichols enquired as to how the Health Board had received assurances around Health &amp; Safety during the period when the Health &amp; Safety Committee had not been meeting. Mrs S Green indicated that the Board had asked a similar question to which she had replied that the main existing source of assurance was from the risk management process. There had been no direct reporting process from the Health &amp; Safety Committee for some time hence the urgency in refreshing the Committee's terms of reference and ensuring it was fit for purpose. Mr S Harmes provided verbal assurance that from an area team (West) perspective Health &amp; Safety was considered at a range of meetings and there would be minutes to support this, however, it was noted this was not consistent across all areas and the reporting mechanisms did need to be strengthened.</p> <p><b>L19/10.3</b> Mr B Nichols noted that the new structure included two Heads of Health &amp; Safety where previously there had been a single post. Mrs S Green confirmed this was in recognition of the extensive role and the geographical challenges. She indicated that the two post holders (who had now both taken up their posts) would each have a distinct patch to cover operationally together with a range of pan-BCU corporate responsibilities such as governance/compliance, and training/culture.</p>	
<p><b>L19/11 Policies</b></p> <p><b>L19/11.1 Organisational Change Policy</b></p> <p><b>L19/11.1.1</b> Ms L Hall highlighted that this was an all Wales policy that had been refreshed with some minor amendments requiring ratification. The LPF made a general comment that the document could be more user-friendly and it was agreed that a task and finish group be established within Workforce &amp; OD to revise the</p>	<p><b>LH</b></p>

<p>operating process within the Health Board. The LPF accepted the revised policy, noting it was to be submitted to the Remuneration &amp; Terms of Service Committee.</p> <p><b>L19/11.2 NHS Wales Menopause Policy</b></p> <p><b>L19/11.2.1</b> The LPF accepted the policy, noting it was to be submitted to the Remuneration &amp; Terms of Service Committee.</p> <p><b>L19/11.3 Employee Death in Service Guidelines</b></p> <p><b>L19/11.3.1</b> Ms L Hall highlighted that the guidelines had been prepared to provide clarity on the steps to be taken should an employee die in service. The LPF suggested that providing a template letter for the Chief Executive was unnecessary and that the wording of other templates could be improved.</p>	
<p><b>L19/12 BCUHB Working Longer and Sickness Absence Review Group ToR</b></p> <p><b>L19/12.1</b> Mrs K Hannigan reminded the LPF of an earlier decision to merge two existing groups to minimise duplication and overlap. The LPF agreed the terms of reference.</p> <p><b>L19/12.2</b> Mrs K Jones enquired whether there was any feedback from the attendance workshop held in November and Mrs K Hannigan indicated she would be sending out a communication shortly suggesting a further session. Mrs K Jones also noted that managers were asking for training on the new policy.</p> <p><i>[Mrs K Jones left the meeting]</i></p>	<b>KH</b>
<p><b>L19/13 Workforce Policies and Procedures Working Group Report</b></p> <p><b>L19/13.1</b> The report from this sub-group of the LPF was noted.</p>	
<p><b>L19/14 Workforce Partnership Group Update</b></p> <p><b>L19/14.1</b> The report from this sub-group of the LPF was noted. A continued challenge in terms of attendance by operational managers was highlighted.</p>	
<p><b>L19/15 Job Evaluation Programme Report</b></p> <p><b>L19/15.1</b> Ms A Tapley presented the report and confirmed that the backlog of jobs to be matched had reduced further since publication of the LPF papers. She confirmed that names were still being accepted for training and Mr R Tanswell added that there was positive feedback on the job matching training. Mrs J Hughes suggested that in terms of the job description library on the intranet, there could be improvements made to the search and navigation facilities.</p> <p><i>[Mr B Nichols left the meeting]</i></p> <p><b>L19/15.2</b> Mrs S Green suggested that a pan-BCU communication be developed to demonstrate the improvements being made with job evaluation.</p>	<b>AT</b>
<p><b>L19/16 Turnaround &amp; Staff Engagement</b></p> <p><i>[Mr G Lang joined the meeting]</i></p>	

<p><b>L19/16.1</b> Mr G Lang delivered a presentation which set out:</p> <ul style="list-style-type: none"> <li>• The challenge of the quadruple aim</li> <li>• Definition of turnaround “<i>This is about urgent action to improve what we do now - improving failing performance, bringing financial and operational grip and stability to the way we work in our current systems</i>”</li> <li>• Definition of transformation “<i>a process of profound and radical change that takes health, well-being and healthcare in a new direction</i>”</li> <li>• The financial challenge to move from deficit position to financial balance whilst maintaining quality and safety</li> <li>• A breakdown of £180m savings opportunities over 4 years</li> <li>• Savings areas for 2019-20 of £35m</li> <li>• Areas for improving efficiencies (theatres, length of stay, outpatients and clinical variation)</li> <li>• Focus on quality (eliminating waste, quality impact assessment, exception reporting)</li> <li>• Future models of care</li> <li>• Examples of what turnaround and transformation should NOT do</li> <li>• Examples of engagement with staff to be built upon as part of turnaround and transformation.</li> </ul> <p><b>L19/16.2</b> Mr Lang wished to record his apologies that staff who had submitted contributions to the ‘Bright Ideas’ suggestion facility on the intranet had not received responses, and he confirmed that this would be done and that several of the suggestions were actively being considered by the executive team.</p> <p><b>L19/16.3</b> Finally Mr Lang wished to stress that turnaround was very much a collective endeavour and that the involvement of staff was key.</p>	
<p><b>L19/17 Issues for Discussion Raised by Trade Union Representatives</b></p> <p><b>L19/17.1</b> There were no issues raised.</p>	
<p><b>L19/18 Integrated Quality Performance Report</b></p> <p><b>L19/18.1</b> The summary report was noted.</p>	
<p><b>L19/19 Summary of Information to Include within LPF Chair’s Assurance Report to the Health Board</b></p> <p><b>L19/19.1</b> To be agreed outside the meeting.</p>	
<p><b>L19/20 Documents Circulated via Email to Members between Meetings</b></p> <p><b>L19/20.1</b> Noted</p>	
<p><b>L19/21 Any Other Business</b></p>	

<b>L19/21.1</b> None raised.	
<b>L19/22 Date of Next Meetings</b> Tuesday 9th April, 1pm, Sidney Platt Room, Bryn y Neuadd Tuesday 9th July, 1pm, Boardroom, Preswylfa	