Bundle Remuneration & Terms of Service Committee 6 October 2020

10.00am via Webex - Public Session

1	R20.60 Apologies - Mark Polin
2	R20.61 Declarations of interests
3	R20.62 Draft minutes of previous meeting held on 20.7.20 for approval R20.62 Minutes RATS 20.7.20 v0.02 draft.doc
4	R20.63 Action log for review R20.63 RaTS Summary Action log Public_live document (002).docx
5	R20.64 Matters considered in private at the last meeting, to be reported in public: Upholding Professional Standards in Wales; Executive Team/Senior roles; Interim Executive Medical Director arrangements; Chief Executive appointment; Interim Chief Executive arrangements
6	R20.65 Draft revised R&TS Committee terms of reference for agreement (SG) R20.65.1 Draft revised ToRs Oct 2020.docx R20.65.2 RATS ToR V6.01 Draft 28 8 20 awaiting approval.docx
7	R20.66 Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2019-2020 R20.66.1 Board and Committee Report HCPC Oct 2020.docx R20.66.2 Appendix 1 HCPC Renewal dates 2019 - 2021.docx
8	R20.67 Case Management - Professional Standards Review (SG) R20.67 2020_10_06 Case management - Professional Standards.docx
9	R20.68 Raising Concerns Review – Progress report (SG) R20.68 2020_10_06 Raising Concerns Review SG.docx
10	R20.69 Annual Raising Concerns/Safe Haven report (2018-19) R20.69 2020_10_06 Annual Raising Concerns - Safehaven Report AG.docx
11	R20.70 Any other business
12	R20.71 Date of next meeting - 12.1.21
13	R20.72 Resolution to move to private session
14	PRIVATE SESSION:

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Remuneration & Terms of Service Committee (R&TS)

Minutes of the Meeting Held on
20.7.20 via Webex

Present:	
Mark Polin	Chair
Medwyn Hughes	Independent Member
Lucy Reid	Health Board Vice-Chair
In Attendance:	
Sue Green	Executive Director of Workforce & Organisational Development (OD)
Liz Jones	Assistant Director, Corporate Governance

Agenda Item	Action
R20.35 Apologies and declarations of interests Apologies were received from Simon Dean and Jackie Hughes. There were no declarations of interests. The Chair formally welcomed the Health Board Vice-Chair as a new member of the R&TS Committee.	
R20.36 Draft minutes of previous meeting 15.6.20 The minutes were approved as an accurate record.	
R20.37 Summary action log for discussion R20.37.1 The action log was reviewed and actions updated. SG noted that Performers' List information was referenced in the Upholding Professional Standards in Wales (UPSW) paper on the agenda. An Independent Member queried if this related to managed practices only and the Executive Director of Workforce & OD clarified that the criteria for the R&TS Committee involved any exclusion over six months for UPSW purposes, although she chose to provide additional information. She added that Workforce & OD get involved in managed practices but not independent contractors as these were not Health Board employees. R20.37.2 The Independent Member stated that the Health Board had a regulatory duty regarding those on its Performers List, but there was currently no oversight of the list and it did not have a route for reporting in. The Executive Director of Workforce & OD agreed to discuss this matter with the Executive Medical Director and Deputy Responsible Officer, to ascertain their views on the appropriateness of independent contractor issues reporting into the R&TS Committee. She stated that she was not sure that it was appropriate to use R&TS as an employment committee. The Independent Member responded that a precedent had been set as the	SG

Committee already received revalidation and professional standards reports for non-employees. R20.37.3 In response to the Chair, the Executive Director of Workforce & OD stated that she could bring information on disciplinary cases to the Committee. The Chair clarified that he was concerned to know about high profile cases and tribunals that could threaten the reputation of the Board; he did not wish to be sighted on the outcome of every disciplinary and would rely upon the Executive Director of Workforce & OD's discretion. The Executive Director of Workforce & OD agreed to work up a proposal on the parameters in respect of disciplinary and employment tribunal cases.	SG
R20.38 Matters considered in private at the last meeting, to be noted in public It was noted that the draft Remuneration & Staff Report 2019/20, Executive Team acting appointments, and the Chief Executive search & appointment process had been considered in private at the meeting held on 15.6.20.	
R20.39 R&TS Committee Annual Report 2019/20 The draft Committee Annual Report was discussed. It was noted that entry 3.3 on page 4 should have had a dash in the middle column, rather than 'green', to denote that there had been no business to discuss during the year in respect of additional payments to consultants. Subject to this amendment, the report was approved.	
R20.40 Reserve Forces Training and Mobilisation Policy The Executive Director of Workforce & OD explained the task & finish group work underway as part of the workforce policy improvement plan. The intention was to bring all workforce related policies up to date. The Committee noted the Reserve Forces Training and Mobilisation Policy - an all-Wales policy already approved by the Executive Director of Workforce & OD under delegated authority arrangements approved by the Committee in April 2019.	
R20.41 General Medical Council (GMC) Revalidation update 2020 R20.41.1 The Health Board Vice-Chair commented that she was pleased to see that deferral rates had improved. However, she was concerned that the narrative accompanying graph 3 referred to 50% of deferrals submitted being unavoidable, but there was no detail presented on how this fit with the reason for deferral. She stated that there was no assurance provided on what action had been taken leading up to the point that the major decision to defer a revalidation was made. She requested further detail on this for assurance purposes, within a week. It was agreed that the Executive Director of Workforce & OD would provide this. R20.41.2 The Executive Director of Workforce & OD also agreed to check that revalidation information included in the Integrated Quality & Performance Report (IQPR) was forwarded to the Quality, Safety & Experience (QSE) Committee, and not the Finance & Performance Committee. In response to the Chair, the Executive Director of Workforce & OD updated on Deanery rota issues. Following discussion, the Committee noted the revalidation update provided and also noted the future	SG SG

actions, scrutiny and assurance processes required.	
R20.42 Nursing and Midwifery Council (NMC) Registration, Revalidation and Fitness to Practise Annual Report 2019 The Health Board Vice-Chair queried whether the report covered NMC cases for employed individuals only, as she was aware that the Health Board had been involved in investigations of nurses working in primary care. The Executive Director of Workforce & OD responded that the report should cover both nurses who were employed and those who were not directly employed. She added that these should be presented separately in the report. She believed that the figures quoted in the report included nurses who were not Health Board employees. The Chair queried whether there were any trends in the data presented in the report. The Executive Director of Workforce & OD agreed to check these points with the Executive Director of Nursing & Midwifery. The Committee noted the content of the report and the processes in place to provide assurance on NMC registration, revalidation and fitness to practise.	SG
R20.43 Any other business None.	
R20.44 Date of next meeting It was noted that the next meeting was scheduled for 5.10.20, however an extraordinary meeting would need to be arranged before then, once the panel date for the Chief Executive role was confirmed.	
R20.45 Resolution to exclude the press and public and move to private session The Committee moved into private session.	

Remuneration and Terms of Service Committee

Summary Action Plan - Public

Officer	Minute reference and action agreed	Timescale	Latest update position	Revised timescale
21.1.20				
S Green	R20.3 It was agreed that the Executive Director of Workforce & Organisational Development (OD) would speak with Jan Tomlinson to seek her views on the need for the Trade Union Chair of the Local Partnership Forum to be in attendance at R&TS Committee meetings. The Committee's terms of reference will require review should attendance not be deemed necessary.	April	Update 28.5.20 – SG advised that JT is to continue to be invited to meetings until she has the opportunity to discuss the matter with her personally. Update 15.6.20 – SG will seek JT's views on whether or not she believes it is important for her to be included as an attendee in the terms of reference. Update 20.7.20 – JT will continue to be invited as part of an informal agreement. SG will be picking this issue up with JT.	July
S Green	R20.3 UPSW: The Executive Director of Workforce & OD, re capability performance and conduct issues for doctors and dentists, and the differences relating to salaried GPs - conduct ongoing work with the Executive Medical Director and arrange for a further paper to be submitted in due course	April meeting [delayed due to Covid-19]	UPSW is provisionally listed for the July R&TS Committee agenda Update 28.5.20 – this has been linked with information from the performers list – paper scheduled for the July meeting. Update 20.7.20 – UPSW report listed on July agenda	July

20.7.20:				
S Green	R20.37.2 – RE. Health Board regulatory duty regarding those on its Performers List - currently no oversight of the list and no route for reporting in. Executive Director of Workforce & OD to discuss this matter with the Executive Medical Director and Deputy Responsible Officer, to ascertain their views on the appropriateness of independent contractor issues reporting into the R&TS Committee.	October meeting	Report on Agenda 6.10.20	
S Green	R20.37.3 – Re. high profile disciplinary and tribunals that could threaten the reputation of the Board; Executive Director of Workforce & OD to work up a proposal on the parameters in respect of disciplinary and employment tribunal cases.	October meeting	Underway but delayed. Report to be submitted to the next meeting.	
S Green	R20.41.1 – Re. GMC revalidation update - no assurance provided on what action had been taken leading up to the point that the major decision to defer a revalidation was made. Further detail required on this for assurance purposes.	27.7.20	Acting Medical Director to take forward and report to the next meeting.	
S Green	R20.41.2 - Executive Director of Workforce & OD to check that revalidation information included in the Integrated Quality & Performance Report (IQPR) was forwarded to the	October meeting	Acting Medical Director to confirm.	

	Quality, Safety & Experience (QSE) Committee, and not the Finance & Performance Committee.			
S Green	R20.42 – Re NMC annual report - figures quoted in the report included nurses who were not Health Board employees. The Chair queried whether there were any trends in the data presented in the report. The Executive Director of Workforce & OD agreed to check these points with the Executive Director of Nursing & Midwifery.	October meeting	Acting Director of Nursing to confirm	

V33 29.9.20

Cyfarfod a dyddiad: Meeting and date:	**Remuneration & Terms of Service (R&TS) Committee 6.10.20**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Draft revised R&TS terms of reference
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director of Workforce & Organisational Development
Awdur yr Adroddiad Report Author:	Liz Jones, Assistant Director, Corporate Governance
Craffu blaenorol: Prior Scrutiny:	-
Atodiadau Appendices:	Draft revised terms of reference document.

Argymhelliad / Recommendation:

The Committee is asked to agree the revised terms of reference, prior to Board approval being sought.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	**x**	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	

Sefyllfa / Situation:

The following wording has been added to the R&TS Committee terms of reference:

3.1.9 consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.

3.1.10 consider reports on behalf of the Board on the position as regards whistleblowing and Safehaven.

Cefndir / Background:

In respect of 3.1.9, Board members have recently been discussing the reporting of primary care matters via the Committee structure. As a result, it was proposed that performers list regulatory cases be reported to R&TS as part of professional standards monitoring. This topic was therefore added to the Committee's cycle of business.

In respect of 3.1.10, the Committee Business Management Group determined that whistleblowing and safehaven reporting should sit with the R&TS Committee. These topics were therefore added to the Committee's cycle of business.

Asesiad / Assessment & Analysis

It is necessary to update the R&TS Committee terms of reference to reflect the additions set out above. The changes are highlighted in the revised draft at Appendix 1.

Betsi Cadwaladr University Health Board
Terms of Reference and Operating Arrangements

REMUNERATION AND TERMS OF SERVICE COMMITTEE

1. INTRODUCTION

1.1 The Board shall establish a committee to be known as the Remuneration and Terms of Service Committee **(R&TS)**. The detailed terms of reference and operating arrangements in respect of this Committee are set out below.

2. PURPOSE

2.1 The purpose of the Committee is to provide:

- advice to the Board on remuneration and terms of service for the Chief Executive, Executive Directors and other senior staff within the framework set by the Welsh Government;

- assurance to the Board in relation to the Health Board's arrangements for the remuneration and terms of service, including contractual arrangements, for *all staff*, in accordance with the requirements and standards determined for the NHS in Wales; and

- to perform certain, specific functions as delegated by the Board and listed below.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee, in respect of its provision of advice and assurance will and is authorised by the Board to: -

3.1.1 comment specifically upon

- the remuneration and terms of service for the Chief Executive, Executive Directors and other Very Senior Managers (VSMs) not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently;
- and to be sighted on the objectives set by the Chief Executive for his immediate team, confirm that Directors have had objectives set, and that appropriate and timely performance reviews have taken place
- proposals to make additional payments to consultants;
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.
- removal and relocation expenses

3.1.2 consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.

3.1.3 monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwifes and health visitors and Allied professionals.

3.1.4 monitor and review risks from the Corporate Risk Register that are assigned to the Committee by the Board and advise the Board on the appropriateness of the scoring and mitigating actions in place;

3.1.5 investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and

- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

3.1.6 obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements;

3.1.7 consider and where appropriate, approve on behalf of the Board any policy within the remit of the Committee's business including approval of Workforce policies.

3.1.8 consider reports on behalf of the Board giving an account of progress where any exclusion in respect of Upholding Professional Standards in Wales (UPSW) has lasted more than six months.

3.1.9 consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.

3.1.10 consider reports on behalf of the Board on the position as regards whistleblowing and Safehaven.

4. SUB-COMMITTEES

4.1 The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

5. MEMBERSHIP

5.1 Members

- Four Independent Members of the Board
- The Chair of the Audit Committee will be appointed to this Committee either as Vice-Chair or a member.

5.2 In attendance

- Chief Executive Officer
- Executive Director of Workforce and Organisational Development (Lead Director)

Other Directors will attend as required by the Committee Chair, as well any others from within or outside the organisation who the Committee considers should attend, taking into account the matters under consideration at each meeting. A Trade Union Partner Chair of the Local Partnership Forum will be in attendance at meetings held in public as an ex-officio member.

5.3 Member Appointments

5.3.1 The membership of the Committee shall be determined by the Chairman of the Board taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government. This includes the appointment of the Chair and Vice-Chair of the Committee who shall be Independent Members.

5.3.2 Appointed Independent Members shall hold office on the Committee for a period of up to 4 years. Tenure of appointments will be staggered to ensure business continuity. A member may resign or be removed by the Chairman of the Board. Independent Members may be reappointed to the Committee up to a maximum period of 8 years.

5.4 Secretariat

5.4.1 Secretary: as determined by the Board Secretary.

5.5 Support to Committee Members

5.5.1 The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of development for Committee members as part of the overall Board Development programme.

6. COMMITTEE MEETINGS

6.1 Quorum

6.1.1 At least two Independent Members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice-Chair. In the interests of effective governance it is expected that at least one Executive Director will also be in attendance.

6.2 Frequency of Meetings

6.2.1 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings, as deemed necessary. It is expected that the Committee shall meet at least once a year, consistent with the Health Board's annual plan of Board Business.

6.3 Withdrawal of individuals in attendance

6.3.1 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

7. RELATIONSHIP AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES

7.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

7.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

7.3 The Committee, through its Chair and members, shall work closely with the Board's other Committees to provide advice and assurance to the Board through the:

7.3.1 joint planning and co-ordination of Board and Committee business; and

7.3.2 sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

7.4 The Committee shall embed the corporate goals and priorities through the conduct of its business and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

8. REPORTING AND ASSURANCE ARRANGEMENTS

8.1 The Committee Chair shall:

8.1.1 report formally, regularly and on a timely basis to the Board on the Committee's activities, via the Chair's assurance report as well as the presentation of an annual Committee report;

8.1.2 ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs' of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

8.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

9.1 The requirements for the conduct of business as set out in the Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

• Quorum

10. REVIEW

10.1 These terms of reference and operating arrangements shall be reviewed annually by the Committee and any changes recommended to the Board for approval.

Date of approval
Audit Committee
Health Board –

V6.01 Draft 28.8.20

Cyfarfod a dyddiad: Meeting and date:	Remuneration & Terms of Service Committee (RaTS) 6th October 2020
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2019-2020
Cyfarwyddwr Cyfrifol: Responsible Director:	HCPC Registered Staff – Mr Adrian Thomas, Executive Director of Therapies and Health Sciences GPhC Registered Staff – Dr David Fearnley, Executive Medical Director
Awdur yr Adroddiad Report Author:	Mr Adrian Thomas - Executive Director of Therapies and Health Sciences Dr Berwyn Owen - Chief Pharmacist
Craffu blaenorol: Prior Scrutiny:	The report has been approved by the Executive Director Therapies and Health Sciences and the Executive Medical Director. The report will be an agenda item at the next Professional Advisory Group.
Atodiadau Appendices:	Nil

Argymhelliad / Recommendation:

The purpose of this report is to update the committee on the HCPC and GPhC statutory registration requirements. The Committee is asked to note this update and the actions taken to provide assurance in respect of registration.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	**X**	**Er gwybodaeth For Information**	

Sefyllfa / Situation:

The Health Care Professions Council (HCPC) Register is a public record of all Arts Therapists, Biomedical Scientists, Chiropodists / Podiatrists, Clinical Scientists, Dietitians, Occupational Therapists, Operating Department practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner Psychologists, Prosthetists / Orthotists, Radiographers and Speech & Language therapists.

The General Pharmaceutical Council (GPhC) Register is a public record of Pharmacists and Pharmacy Technicians.

The registering bodies:

- set standards for registrants' education and training, professional skills, conduct, performance and ethics;
- keep a Register of professionals who meet those standards;
- approve programmes which professionals must complete to register with us; and
- take action when professionals on Registers do not meet our standards.

Professionals on the Register will have fulfilled the relevant registration requirements and are therefore entitled to practise. Registration provides assurance to patients, employers and the public that a person is fully qualified, trained, capable of safe and effective practice and worthy of trust and confidence.

BCUHB terms and conditions of employment require registered professionals to have the required current registration to meet their job specification and for this to be renewed in line with professional requirements. WP23 is the BCUHB Procedure for the Checking of Registration and Qualifications and sets out the key areas and responsibilities which should ensure that Health Board staff meet these requirements.

Cefndir / Background:

The HCPC requires that all registrants have current registration and that they a keep their skills and knowledge up to date. HCPC staff are required to renew their registration every two years and each profession renews by a set date - these dates are shown at Appendix 1, they are the same every two years and are staggered throughout the period. Registrants are sent a reminder three months before the renewal date and at this point HCPC undertake an Audit of Continuing Professional Development with a random sample of 2.5% of those renewing their registration being required to complete this process. Registrants must also complete a professional declaration. As an additional process for managing risk the Executive Director of Therapies and Health Sciences contacts senior managers at the Registration Renewal Close dates for registered staff for confirmation that all staff have re-registered.

The GPhC requires that all registrants have current registration and that they a keep their skills and knowledge up to date. GPhC staff are required to renew their registration annually and the GPhC operates a ‘rolling register’, meaning that registration is required on their date of entry to the register. Registrants must renew their registration two months before the expiry date and they are required to complete a professional declaration.

Pharmacy departments check the Registers for the pharmacists twice yearly according to their expiry dates and for the pharmacy technicians 5 times a year due to the variation of their dates. They also send notification to Section heads two months in advance of individual expiries to ensure the registrations continue

It is the individual employee’s responsibility to ensure that they are registered to practice. However ultimately with regard to the Health Board managing the risk; it is the line manager’s responsibility to check that all staff requiring registration are appropriately registered or re-registered.

To ensure compliance with WP23 managers are required to have a system in place that records and verifies the professional registration status of their staff.

Asesiad / Assessment & Analysis

For the 12 months from April 2019 - March 2020 there were no lapses in the Registration for any HCPC registered staff and there were no lapses in the Registration for any GPhC registered staff.

Appendix 1

Renewal dates

Profession	Renewal open	Renewal deadline
Orthoptists	1 June 2019	31 August 2019
Paramedics	1 June 2019	31 August 2019
Clinical scientists	1 July 2019	30 September 2019
Prosthetists / Orthotists	1 July 2019	30 September 2019
Speech and language therapists	1 July 2019	30 September 2019
Occupational therapists	1 August 2019	31 October 2019
Biomedical scientists	1 September 2019	30 November 2019
Radiographers	1 December 2019	28 February 2020
Physiotherapists	1 February 2020	30 April 2020
Arts therapists	1 March 2020	31 May 2020
Dietitians	1 April 2020	30 June 2020
Chiropodists / podiatrists	1 May 2020	31 July 2020
Hearing aid dispensers	1 May 2020	31 July 2020
Operating department practitioners	1 September 2020	30 November 2020
Practitioner psychologists	1 March 2021	31 May 2021

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Cyfarfod a dyddiad: Meeting and date:	**Remuneration and Terms of Service Committee 6.10.20**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Case Management - Professional Standards Review
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green, Executive Director of Workforce and Organisational Development
Awdur yr Adroddiad Report Author:	Lesley Hall Associate Director Human Resources
Craffu blaenorol: Prior Scrutiny:	N/A
Atodiadau Appendices:	none

Argymhelliad / Recommendation:

The Committee is asked to note the report.

Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	√	**Er gwybodaeth For Information**	

Sefyllfa / Situation:

This report sets out measures taken to introduce and improve professional standards in relation to Employee Relations cases in BCUHB, and outlines further measures to improve standards.

Cefndir / Background:

This report provides a summary of the measures undertaken to improve/introduce professional standards when dealing with employee relations (ER) issues within BCUHB.

All BCUHB policies and supporting documents/tools should ensure all employees and workers are treated in a non-discriminatory, fair and consistent way. In addition, there have been a number of issues identified regarding historical whistleblowing/raising concerns cases over recent months. Primarily these are encompassed in two key Processes/Policies: WP4a - WP4a Procedure for NHS Staff to Raise Concerns V3 (2018) and Introduction of a BCU Secure Safehaven for Raising Staff Concerns (2015). Both these policies are currently being assessed under a separate but linked review.

Asesiad / Assessment & Analysis

There are a number of All Wales and Local Health Board policies which cover Employee Relations including:

- WP9 Disciplinary
- WP10 Grievance
- WP5c Dignity at Work
- WP2 Capability
- WP11 Attendance at Work
- Upholding Professional Standards in Wales

The Health Board has implemented processes and supporting documents and tools to accompany Employee Relations policies. A KPI for all WP9 (disciplinary) cases to be managed within 12 weeks was introduced approximately 12 months ago, alongside a programme of work to significantly reduce the volume of ER cases. This paper outlines the work done to improve standards, and in addition it sets out further review of the processes and other associated tools to ensure that they promote BCUHB as a modern, exemplar employer. It is also important that they demonstrate our core values, whilst promoting consistent employment policy and practice.

This work supports the achievement of objectives relating to improvement of performance standards and the provision of a 'one stop shop' – allowing all HR policy and associated resources to be available in one place and easily accessible.

Assessment of current position

Assessment of the current practices in place for ER cases/processes.

1) **Recording, Monitoring and Review**

ER cases (disciplinary, grievance, raising concerns, dignity at work and doctors in difficulty (DIDs) cases), UPSW are recorded, monitored and reviewed as follows:

<u>Recording</u>
Disciplinary, grievance, dignity at work, capability & raising concerns cases are recorded on ESR. However, it is important to note that in relation to raising concerns, the only cases recorded relate to employee relations issues, which are likely to be a small percentage of the overall number.

<u>Monitoring</u>
All disciplinary, grievance, raising concerns and dignity at work cases are monitored on a monthly basis using a standard ESR report, which provides broad details of the issue. All cases over 12 weeks are escalated to the Associate Director of HR using an exception report. This provides details of the case and plans to conclude including timescales. These are reviewed with additional intervention to conclude if necessary. DIDs cases are also monitored on a monthly basis by a Doctors in Difficulty Meeting chaired by Dr Evan Moore, Deputy Responsible Officer for BCUHB, with further scrutiny on a quarterly basis via the Remuneration and Terms of Service Committee. The DiDS meeting includes monitoring of issues which may not yet require formal intervention, to support resolution at the earliest opportunity.

Correspondence sent to individuals as part of an employment process is subject to periodic audit by the Associate Director Human Resources.

Cases are not currently monitored on a regular basis by protected characteristics.

Review

Currently only DIDs/UPSW cases are reviewed and discussed at a corporate level, although regular review of all ER cases is undertaken by the Heads of HR and HR Managers locally. The average length of cases with RAG rating is included on monthly Divisional dashboards.

Current numbers of disciplinary cases over 12 weeks is detailed below. Note that between April and June 2020, ER case were "paused" due to the Covid 19 pandemic, therefore timeframes for that period has been elongated. This is reflected in the number of cases over 24 weeks. At the end of February 2020 the average length of cases was 13 weeks, but had increased to 16 weeks at the end of August 2020. Work is now being undertaken to conclude cases, with particular emphasis on those that were paused.

ER Case report 31.08.20

Row Labels	12 Weeks or less	13 to 24 Weeks	More than 24 weeks	Grand Total
Area Teams Central	1	1	1	3
Area Teams East		2	5	7
Area Teams West	1		2	3
Estates and Facilities			5	5
Mental Health & LDS	2		6	8
North Wales Wide Hospital Services				
Womens				
Ysbyty Glan Clwyd	1			1
Ysbyty Gwynedd	1			1
Ysbyty Maelor Wrexham		1	4	5
Corporate Services				
Grand Total	**6**	**4**	**23**	**33**

2) Standardised Processes and Documents

There is a "Responsibility Matrix" which includes template letters for disciplinary cases, and in addition some other policies hold template letters. Work has been undertaken to update template letters in relation to disciplinary issues, which ensure that staff are clear on the allegation, process and support available. Further work is required to ensure that template letters are available and up to date for all other appropriate policies, to ensure consistency of process and experience for staff.

There is also further ongoing work required with managers in terms of ownership and responsibility for management of cases, between managers and HR.

3) Case management

Case management is currently overseen by HR staff, who provide advice to both the line manager and investigating officer. Although most policies contain timescales which should be adhered to, in practise there are difficulties in keeping to time, causing unnecessary distress for staff and the possibility of additional costs. There is an established escalation process for disciplinary, dignity at work and grievance cases over 12 weeks; the monitoring/escalation at a local level is via Divisional dashboards which are presented at local performance meetings. Ensuring the correct steps and stages are followed within the correct timescales is supported by individual HR officers.

4) Information Governance, Confidentially and Release of Information

There have been some recent whistleblowing/raising concerns cases where information governance, confidentiality and release of information have been issues. This has sometimes occurred because the concern was not raised as a 'HR issue' so staff were not advised appropriately. In an age of social media and freedom of information requests, this has become an increasingly complex area to manage, and is linked to the Raising Concerns review.

Proposed Actions to Improve Employee Relations Professional Standards

Below are the proposed actions to further improve ER professional standards:

1) Recording, Monitoring and Review

The following actions are being taken forward to further improve the recording, monitoring and reviewing of employee relations cases:

a) Cases continue to be monitored for process, timescales, and should include themes/patterns such as protected characteristics. The review of themes will be undertaken annually.
b) All current employee relations casework to be transferred to one shared drive by 30/10/20 to enable more regular audits to be undertaken more easily by the Associate Director HR, and to ensure easy access to documents by senior HR staff when necessary. This measure will also enable a robust document control systems and standards to be implemented.
c) Introduction of a corporate escalation process for more complex cases or cases where the organisational impact could be damaging.

2) Standardised Processes and Documents

Actions to further standardise and improve ER processes and documents are as follows:

a) Creation of standard workflows for each case type, including responsibility matrix, checklist and flowcharts.
b) Complete review of all documents including template letters for all case types. This has previously been undertaken for disciplinary issues but requires further review in relation to information governance arrangements and confidentiality. They should clearly set out what will happen to the information received from those involved in employment cases in terms of disclosure and storage and confidentiality.
c) Training of staff on a robust distribution/document control process.

3) Case management

Proposal for effective case management at Divisional level:

a) Creation of a local monitoring/escalation system overseen by divisional management teams (DMT), to ensure cases are completed within expected timescales and escalated corporately if required. Corporate escalation could be for length of time, cost, organisational impact, public interest and media attention and /or the size, complexity and organisation impact the case may have.

4) Information Governance (IG), Confidentially and Release of Information

Recommendations for action in relation to information governance, confidentiality and release of information are contained below:

a) The learning/proposals from the Whistle blowing and Safe Haven review should be adopted for all ER cases.
b) IG, confidentially and release of information should be considered at the beginning of each case and made clear to participants.

Recommendations

A significant amount of work has been undertaken to improve professional standards particularly in relation to disciplinary cases, and there has been improvement in the number and length of outstanding cases. However, it is recognised that further work is required particularly given lessons learned from recent raising concerns investigations. It is recommended that a small task and finish group is established to put together a project plan and undertake the additional work identified in this review. Group membership should include TU partners, Head of HR, HR officer, IG officer and admin/project management support.

Cyfarfod a dyddiad: **Meeting and date:**	Remuneration and Terms of Service Committee – 06.10.20
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Raising Concerns Review – Progress report
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Green, Executive Director of Workforce & OD Prof Arpan Guha Acting Executive Medical Director
Awdur yr Adroddiad **Report Author:**	Gareth Evans - Organisational Development Manager Nia Thomas – Head of Organisational Development George Roberts – Head of HR
Craffu blaenorol: **Prior Scrutiny:**	*N/A*
Atodiadau **Appendices:**	Protected Disclosure (PIDA) Definition Raising Concerns Flowchart Safe Haven Flowchart

Argymhelliad / Recommendation:

The Remuneration and Terms of Service Committee is asked to note the work undertaken to date and the progress made in development of options for consideration.

Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)

Ar gyfer penderfyniad /cymeradwyaeth **For Decision/ Approval**		**Ar gyfer Trafodaeth** **For Discussion**		**Ar gyfer sicrwydd** **For Assurance**		**Er gwybodaeth** **For Information**	√

Sefyllfa / Situation:

This report provides an initial review of the processes in place within BCUHB for employees to raise concerns; including making protected disclosures as defined under PIDA (2013). A definition of protected disclosure is provided in appendix 1. There are two main channels for staff to raise concerns within the Health Board:

- WP4a All Wales Procedure for NHS Staff to Raise Concerns V3 (2018)
- Introduction of a BCU Secure Safehaven for Raising Staff Concerns (2015)

WP4a details the informal and formal channels an employee can utilise to raise concerns, as reviewed in more detail below. The Safehaven process provides an additional mechanism for staff to raise concerns where informal or formal channels as set out in WP4a are not appropriate, i.e. situations where there is a need to engage in 'whistleblowing'.

Historically BCUHB took steps to implement processes to support staff to raise concerns following the publication of the Francis Inquiry (2013) and the Francis Report (2015). In addition, reports by Ockenden (2018) and Holden (2014) into practices at BCUHB highlighted concerns about current processes in place for supporting the raising of concerns, and the transparency and effectiveness of such. These reports alongside the North Wales Community Health Council's Review of Vascular Services in BCUHB (2020) have highlighted vulnerabilities in the system in relation to staff feeling able and knowing how to raise concerns.

Cefndir / Background:

Following a number of issues identified regarding historical whistleblowing/raising concerns cases over recent months, there may be some level of confusion regarding the responsibility and process for managing concerns, including being clear whether they are truly whistleblowing, i.e. meet the definition under PIDA, or whether they should be dealt with within other policies such as grievance etc. There is also a lack of clarity regarding ensuring concerns are kept confidential within processes.

The current situation in BCUHB is one of having a series of routes for staff to take to enable them to raise concerns. Primarily these are encompassed in two key Processes/Policies:

1. WP4a - WP4a Procedure for NHS Staff to Raise Concerns V3 (2018)

WP4a sets out both the formal and informal routes that staff members can take to raise concerns they have. These include exploring concerns through line manager conversations whether in person or written, as well as through conversation with Trade Union/Staff Side representative or Lead Clinician. Distinctions are made between concerns that are better met through reference to policies such as Dignity at Work or the Grievance Policy and those requiring the Raising Concerns route. Informal conversation can then be supplemented with Formal processes if the staff member concerned does not consider their concern to have been adequately dealt with through informal conversation, such as escalating concerns to a senior manager, and having an investigating officer appointed to review concerns raised.

In addition WP4a references the Safehaven process for staff members who have concerns about pursuing either informal or formal routes via the Raising Concerns process (see next section for further information in relation to these circumstances) Guidance is provided on how to proceed through informal and formal steps with a flow chart provided at the end of the policy that attempts to summarise the process in a step by step format (see appendix 2 for the Raising Concerns Flowchart)

WP4a is subject to formal review in January 2021. There has been a review of Safehaven instigated by the Executive Medical Director involving members of the Safehaven team and one of the Independent Board Members. This followed on from the Vascular Review (2020) as highlighted above.

2. Introduction of a BCU Secure Safehaven for Raising Staff Concerns (2015)

Safehaven provides an additional option for staff to raise concerns should the use of informal and/or formal routes as identified in WP4a prove unworkable. Safehaven is BCUHB's approach to supporting staff who need to engage in 'whistleblowing', especially where concerns constitute those as defined as protected disclosures under PIDA (2013). The creation of a Safehaven was in response to feedback from the NHS Wales Staff Survey (2013) that BCUHB needed to improve its learning from concerns. The Francis Inquiry (2013) and Keogh Review (2013) also placed critical importance on NHS organisations having effective structures in place to support the raising of concerns.

The Safehaven process supports the existing Raising Concerns Policy in place in BCUHB and emphasises that in most circumstances concerns should be raised through normal line management structures. Safehaven reporting will therefore be utilised when a member of staff feels there is an immediate issue of significant risk to safety which would not be addressed by line management, or that the concern related to the conduct or practice of one or more individuals in the line management accountability structures who would normally consider the concern. Other circumstances for using Safehaven include occasions where similar concerns raised have been ignored, or under conditions where the raising of concern would place the individual concerned at risk of harassment or victimisation from colleagues or managers.

The Safehaven process provides guidance on what is involved in proceeding with a Safehaven referral and encompasses this in a flow chart that sets out the whole process in a step by step manner (see appendix 3 for the Safehaven Flowchart).

Asesiad / Assessment & Analysis

What this review has revealed about the current situation in BCUHB can be summarised in the following set of points:

1. There is a lack of knowledge about how to raise concerns.

   Discussion with colleagues who support the Safehaven process suggest from their own estimation that we may be seeing an under-reporting of concerns of around 75%.

2. Numbers of concerns raised through our Safehaven Process are low.

   The separate Annual Report contains a data graphic that provides year on year data on the number of Safehaven referrals made in BCUHB since Safehaven was introduced in 2015. Reasons for the overall low use of Safehaven are unclear although the issue of lack of knowledge about the process alongside potential anxieties about raising concerns could well be factors in this.

3. Our Raising Concerns Policy and Process is complicated and difficult to follow.

   WP4a whilst comprehensive in setting out the conditions that warrant the raising of concerns and the range of routes and policy options available to staff, it lacks clarity and simplicity in its guidance for staff on how best to take practical steps to raise concerns. The flow chart provided is both over-complicated in how different options are set out and incomplete, as it does not reference Safehaven. Several risks arise because of this. The complicated nature of the process risks deterring staff from pursuing their concerns, as the many different options for progressing a concern are not accompanied by any decision-making matrix for choosing which option is most appropriate. In addition, the lack of reference to Safehaven risks staff making the assumption that BCUHB does not provide an alternative route for raising concerns if informal and formal routes seem inappropriate to the staff member at the time. This risks deterring BCUHB employees from pursuing their concerns.

4. There are uncertainties around who staff can speak to about their concerns before pursuing

   Staff members who feel the need to raise concerns need to be able to do so in an environment that promotes psychological safety. Research (Lim et al, 2017) around the experience of NHS staff who have engaged in ‘whistleblowing’ highlights the very real emotional, physical and psychological risks this entails. The lack of a clear cohort of identified personnel for staff to speak to – as opposed to suggestions to speak to senior colleagues, Trade Union representatives, or members of the HR team – again risks deterring employees from taking this important step.

5. Systemic Concerns raised across several critical reports.

As highlighted previously there have been a number of critical reports into service provision at BCUHB – both in Mental Health and Learning Disability Services (2014, 2018) and in Vascular Services (2019). More latterly, Heads of HR colleagues have been involved in Raising Concerns reviews with SALT services in West area where again the inadequacy of our systems and processes has been flagged as one of the lessons to be learnt following review and debrief. This would pertain to issues around robust systems of tracking and monitoring of concerns raised, lack of local guidance in relation to Raising Concerns and its flow and process aspects not being clear enough for staff to easily follow, further clarity needed around roles and responsibilities within the processes, e.g. investigating officer, need for exec lead, HR support, and so forth.

6. Wider Staff Perceptions.

Although this is a more tangential point we do see trends in Staff Survey (2018) and the BeProud Engagement Survey (2019) that point to a number of persistent issues over time that could be inferred to potentially contribute to low rates of engagement with our Raising Concerns processes. These include staff concerns about the perceived lack of Organisational capacity to offer support or recognition of staff, or to limit experience of bullying and harassment (whether by service users, other staff members or managers), or act on concerns when identified. These perceptions, overall, tend to be focused at the senior leadership and wider organisational levels rather than at that of the team staff members work within. A case could be made for exploring the introduction of Just Restorative Culture principles and practices alongside changes in our formal Raising Concerns processes to begin to change the narrative that persists for many staff members that BCUHB is not a safe or fair place to work. This may well impact on staff confidence in issues being dealt with and could merit further consideration.

Finally, following conversation with colleagues in other parts of NHS Wales we understand that other Health Boards are considering similar systems to the one used in NHS England, i.e. Freedom to Speak Up Guardians. In addition, one Heath Board is currently piloting a portal system where concerns can be raised with a degree of anonymity on the part of the staff member, e.g. WorkInConfidence (https://www.workinconfidence.com/)

OPTIONS APPRAISAL FOR MAKING IMPROVEMENTS

Option 1: Continue with Current Processes, subject to review and refinement

Option 1 involves making a case for ‘business as usual with amendments and improvements. Given the current review under way of Safehaven and the opportunity to apply a similar review process to WP4a this option would involve learning lessons from what has and has not worked in the application of both processes and then incorporating these lessons as points for improvement, testing and ongoing refinement. This would need to be coupled with additional clarity around a number of factors including:

- Resources needed to ensure full and proper administration of our collective Concerns processes

- The development of a decision support tool that helps staff make better decisions on which avenue to take through the development of tailored guidance and case examples, for example

Option 2: Facilitate the appointment of a 'Speak out safely' Guardian and the introduction of a Raising Concerns Team who can act as point of contact and offer signposting and guidance for staff members with concerns

Option 2 involves the appointment of a 'Speak Out Safely' Guardian (or equivalent title) to oversee the development of a Raising Concerns Champions Team who as a collective group could act as a point of contact for staff in relation to matters of concern. The guardian role would be envisaged as one that reported directly to the CEO and in addition, an independent member of the Board would be invited to participate in the scrutiny of the Guardian role and the wider Raising Concerns team.

Such a team could comprise representatives from different professional and corporate groups such as a senior medic, senior nurse, senior therapist, Trade Union Independent member representative and HR managers. The team would be responsible for reviewing concerns coming in around concerns, ensuring they are allocated into the appropriate 'investigations channel' (i.e. Grievance, Dignity at Work, Safehaven/Whistleblowing processes) and taking on the responsibility for disseminating lessons learnt from audit and review of Raising Concerns processes. In addition, the team would provide learning and guidance for the organisation in relation to themes and trends arising through meta-analysis of referrals over time to ensure that wider systemic changes needed could be coordinated into and across BCUHB. This team could model its development and approach on the systems and processes introduced in NHS England around the 'Freedom to Speak Up' Guardians utilising the considerable resources available already via bodies like NHS Improvement and through consultation with colleagues in NHS England incorporate any lessons learnt through application and practice to assist in developing such a resource at pace.

Option 3: Develop/procure a Portal system to allow for a systematic approach to receiving, coordinating, progressing and reporting on all Raising Concerns issues

Option 3 could be implemented in conjunction with either Option 1 or Option 2 and would support a robust process for housing our Raising Concerns processes and procedures and would support the implementation, audit and evaluation of the recommendations of our Data Protection Team as set out below at the end of the Recommendations section. Discussions are already underway within the Safehaven team in relation to creating such a Portal system in-house, or alternatively we could explore the experience of other Health Boards in Wales that have trialled already established systems and evaluate the potential benefits and pitfalls of exploring either in-house or external systems.

ADDITIONAL POINTS TO NOTE

The following points are important to note:

1. The review work started by the Executive Medical Director/Office of the Medical Director and that of Workforce and Organisational Development around both our Safehaven and Raising Concerns processes and procedures is coordinated and cross-referenced going forward to ensure enhanced learning and decision-making can take place. Setting up a shared Task and Finish group to review all of the evidence gathered and consider how best to improve and progress processes would support this.

2. Whichever option is favoured, a concerted communications and awareness raising campaign would need to be developed, this might include the following:

    a. The use of social media, infographics, video messages from all Executive Directors encouraging staff to use the processes, posters, flyers, clear promotion on our Intranet front page, and in Corporate communication channels across the Health Board (Corporate Communications Team)
    b. Infographics on ESR, inclusion of information on Raising Concerns/Safehaven processes (or their equivalent) in Local Induction checklists for new starters, information included in Orientation programmes for new starters, e-learning and/or information sessions on supporting staff to raise concerns included in all Management and Leadership Development programmes at entry level through to middle management levels, review of current Proud to Lead framework to promote a more robust application of the principles of Just Restorative Culture and Psychological Safety and the integration of these principles and expectations into PADR processes and the seeking of 3rd party feedback (WOD Team).

3. In addition and in conjunction with a recent review of Raising Concerns issues with SALT West area, the following recommendations have been made by our Data Protection Team in relation to enhancing specific elements of our processes:
    a. The Health Board need to establish a single system, process, procedure and coordination for all commissioning of whistleblowing reports (suggest either Office of Board Secretary or Workforce).
    b. Policy or procedure needs to clearly state that all witness statements and evidence will be kept confidential and not shared or published under FOI or to a Media enquiry.
    c. Policy or Procedure needs to include a clear description that a contract or terms of reference is to be set up to cover the remit of the investigation (whether internal or external lead). The contract or terms of reference need to include what the output needs to be (i.e. report with executive summary and recommendations which will be fit for publication), and this needs to be communicated to all involved.
    d. Policy and Procedures need to include the need for the development of actions plans to address areas of shortfall and regular monitoring and maintenance of these action plans to provide the Board with assurance on progress.
    e. Letters to all staff taking part, needs to explicitly note what will be subject to publication and what elements will remain private and confidential, and staff need to sign these letters

f. Future Executive Summaries and Recommendations should (not must) be considered for presentation at a Governance Group and / or Board Committee, the later to address any major issues in a bid to be open and transparent and to also include the action plan to address any areas of shortfall.
g. The Policy or Procedures needs to note that the Health Board will not accept poorly written reports. The initial report should be scrutinised by the single coordinating department / division and returned if not in line with contract or terms of reference (no poor draft to be retained by the Health Board).
h. Only once final version agreed, the totality of the report, appendices etc. should be retained by the single coordinating department / division in a secure central location to maintain confidentiality and safety of the report.

Conclusion and next steps

The reviews undertaken of Safe Haven and the wider Raising Concerns processes have been brought together and a way forward agreed between the two “groups”. The proposal to establish a shared task and finish group has been agreed and is in place on the basis that this group may then morph into the Multi-Disciplinary team referenced in the options above.

Before moving forward with a set of formal proposals, it is important that we engage with colleagues who have had lived experience from both” aspects” and as such we are in the process of contacting key individuals as well as developing a short survey to circulate more broadly to gather feedback. The aim is for this to be completed by the end of October enabling a firm set of proposals to be submitted to Executive Team and then this committee in November.

In the meantime, recommendations regarding assessment of concerns and recording/storage and document management are being progressed.

Appendix 1: Protected Disclosure definition under PIDA (2013)

For a disclosure to be protected by the Act's provisions it must relate to matters that 'qualify' for protection under the Act. Qualifying disclosures are disclosures which the worker reasonably believes tends to show that one or more of the following matters is either happening now, took place in the past, or is likely to happen in the future:

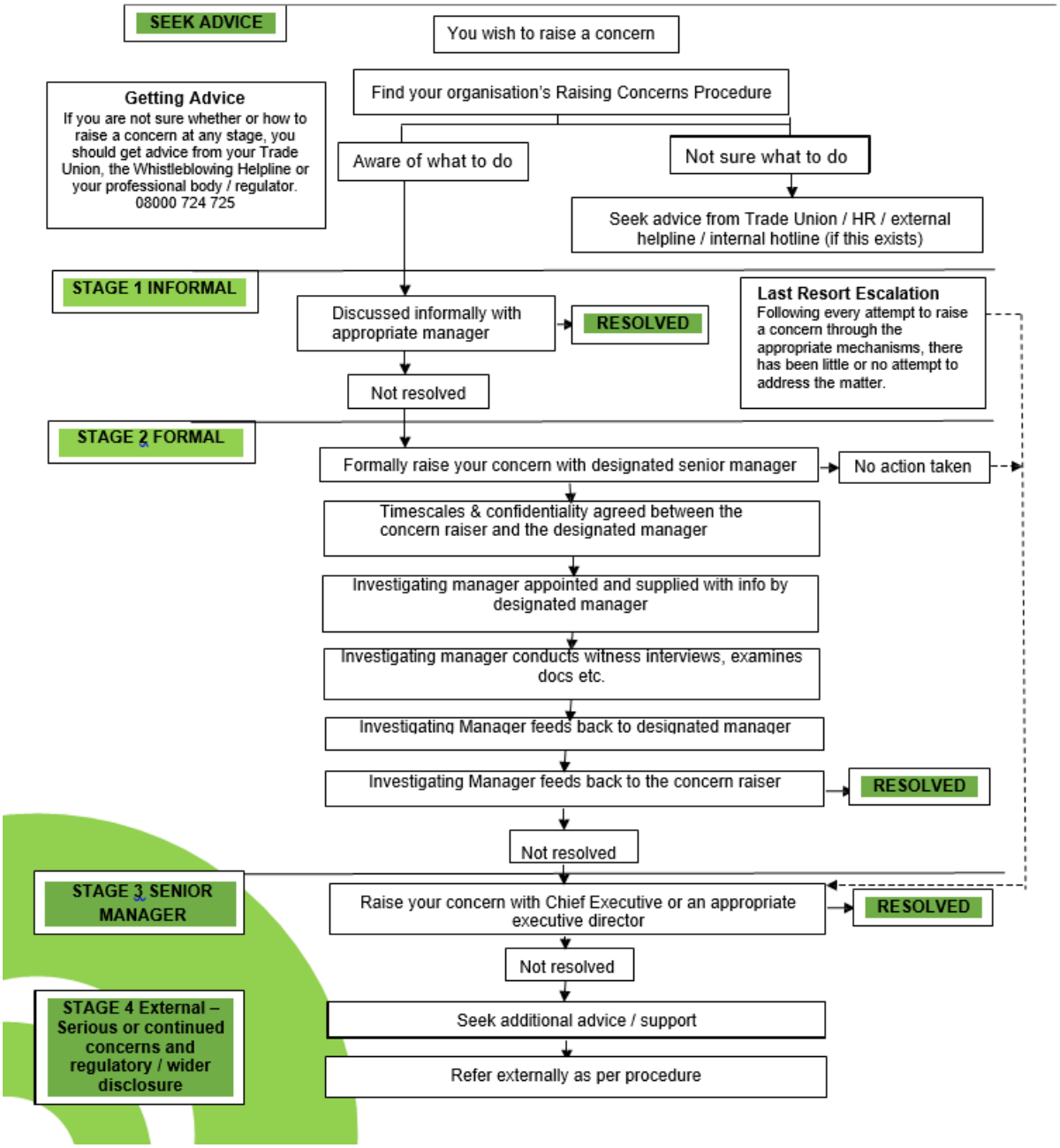
- a criminal offence
- the breach of a legal obligation
- a miscarriage of justice
- a danger to the health and safety of any individual
- damage to the environment
- deliberate concealment of information tending to show any of the above five matters

A qualifying disclosure to the commission will be a 'protected' disclosure provided the worker:

- makes the disclosure in good faith
- reasonably believes that the relevant failure relates to 'the proper administration of charities and funds given, or held, for charitable purposes'
- reasonably believes that the information disclosed and any allegation contained in it are substantially true

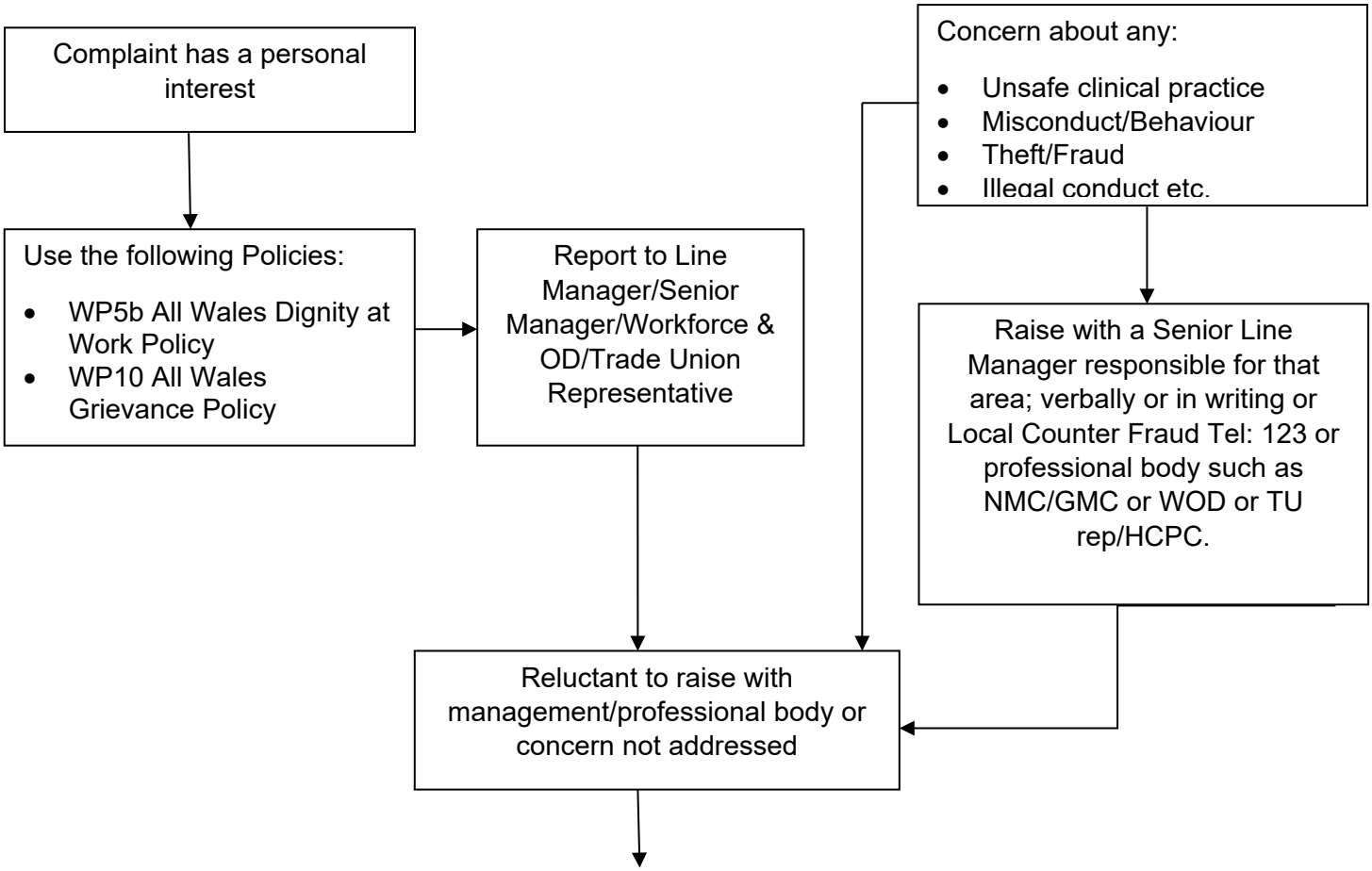
Appendix 2: Raising Concerns Process Flowchart

This flowchart sets out the stages in raising a concern and shows the management levels for internal disclosure. In a small organisation, there may not be more than one or two levels of management to whom you can escalate your concerns. In these cases, you should consider escalating your concern to the regulator or other prescribed person at an earlier stage than is shown on the flowchart.



Appendix 3: Safehaven Process Flowchart

SAFEHAVEN
See Something Say Something Safely



"SAFEHAVEN"

In addition to the above policies, the Safehaven is a secure reception for staff concerns to be addressed.
This will be managed by the Office of the Medical Director.

HOW?

PHONE: Dedicated Telephone Line: 01745 586411	**WRITE** to: Safehaven Team, Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG
EMAIL: Dedicated e-mail address BCU.Safehaven@wales.nhs.uk	**INTRANET:** Download Safehaven Proforma from http://howis.wales.nhs.uk/sitesplus/861/page/64869 and email or print and post to: Safehaven Team, Block 5, Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

N.B Staff are encouraged to raise concerns by using the Pro Forma

Cyfarfod a dyddiad: Meeting and date:	Remuneration and Terms of Service Committee – 06.10.20
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Annual Raising Concerns/Safe Haven report (2018-19)
Cyfarwyddwr Cyfrifol: Responsible Director:	Prof Arpan Guha Interim Executive Medical Director Sue Green, Executive Director of Workforce & OD
Awdur yr Adroddiad Report Author:	Ms Melissa Baker Lead Manager BCUQI hub
Craffu blaenorol: Prior Scrutiny:	*N/A*
Atodiadau Appendices:	*0*

Argymhelliad / Recommendation:

The Remuneration and Terms of Service Committee is asked to note the annual report (2018-19). In addition, the Committee is asked to note this information in conjunction with the Raising Concerns Review Report later on this agenda.

Please tick one as appropriate (note the Chair of the meeting will review and may determine the document should be viewed under a different category)

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	☑	**Er gwybodaeth For Information**	

Sefyllfa / Situation:

The annual report summarises the activity in relation to the Safehaven process in 2018-19.

A series of proposals have been developed following the internal and external reviews into the centralisation of vascular services which was discussed within the health board in May 2020 and included within the agreed action plan. These proposals are being incorporated into the wider review of Raising Concerns

Cefndir / Background:

Safehaven was launched by the Office of the Medical Director in September 2015.

To date there have been 111 calls registered since launched with the process for Safehaven. Safehaven was developed as a mechanism to learn from concerns and for staff to feel there is a safe mechanism to do this without fear of 'comeback' from colleagues.

A recent review of the vascular services across BCUHB highlighted concerns where some staff felt there was no place to go where they felt safe to highlight concerns without fear of 'comeback'. We

have taken this opportunity to review the Safehaven process to progress the issues highlighted where all staff are free to speak without fear. This will support safety, engagement and improve staff satisfaction.
Asesiad / Assessment & Analysis

Current reporting

Currently in the Safehaven system there are 111 calls reported with only 4 remaining open. All 4 open are recently reported and remain compliant with deadlines to progress to closure.

Table 1: Calls reported by calendar year and status

Current Status: Open/Closed	2015	2016	2017	2018	2019	2020	Grand Total
Closed	9	24	44	18	6	6	107
Open						4	4
Grand Total	9	24	44	18	6	10	111

All calls are categorised by primary type of complaint although some may report several issues e.g. patient safety with fears of bullying if reported.

Table 2: Calls by calendar year by category reported

Category	2015	2016	2017	2018	2019	2020	Grand Total
Bullying and Harassment	1	2	10	4	2	4	23
Confidentiality breaches		1	1				2
Finance		1					1
Fraud/ Theft	1	2	2	2			7
Other	2	3	7	5		3	20
Patient Safety		5	7	5	3	3	23
Safe staffing	1	5	10	2	1		19
Service delivery issues	1	1	2				4
WOD- Other	3	4	5				12
Grand Total	9	24	44	18	6	10	111

Safehaven has been through two internal audit reviews (Nov 2017 and Nov 2019.) with the most recent review having no further changes recommended to improve the service (level of assurance- assured). However, within Safehaven the team recognise the system is always evolving and we want to utilise better technology, improve communications with front line staff and change the way the system is utilised. This in turn will improve engagement, improve patient safety, create a culture of change and improve moral. With the support of Dr David Fearnley, Jackie Hughes (independent member) and Mrs Cathy Mansell there have been discussion about the way Safehaven needs to evolve following the independent review of Vascular. A range of proposals are now being incorporated into the wider review of Raising Concerns being lead by the Executive Director of Workforce and OD.

Conclusion and Recommendation

Safehaven provides an essential facility for staff to raise concerns if they are uncomfortable raising through another route. It is important that this facility continues to be supported and improved. It is also important that there is a clear structure for handling concerns and that this is managed within the overall mechanisms for raising concerns.
Proposals developed as part of this review have now been incorporated into the wider Raising Concerns Review and will be subject to separate reports to this committee.