

Bundle Remuneration & Terms of Service Committee 20 July 2020

- 1 R20.35 Apologies and declarations of interests - apologies received from Simon Dean
- 2 R20.36 Draft minutes of previous meeting 15.6.20 for approval
R20.36 Minutes RATS 15.6.20 v0.01 draft.doc
- 3 R20.37 Action log - for review
R20.37 RaTS Summary Action log Public_live document.docx
- 4 R20.38 Matters considered in private at the last meeting, to be noted in public: Draft Remuneration & Staff
Report; Executive Team acting appointments; Search & appointment process for Chief Executive
- 5 R20.39 Draft R&TS Committee Annual Report 2019/20 - for approval (Sue Green)
R20.39a 2020_07_20 Remuneration Committee Annual Report 19 20 cover sheet.docx
R20.39b 2020_07_20 Remuneration Committee Annual Report 19 20.docx
- 6 R20.40 Reserve Forces - Training and Mobilisation Policy - for noting (Sue Green)
R20.40 2020_07_20 Remuneration Committee - Workforce Policy Report.docx
- 7 R20.41 General Medical Council (GMC) Revalidation Update 2020 - for noting
R20.41 GMC_revalidation_FP_May_2020.docx
- 8 R20.42 Nursing and Midwifery Council (NMC) Registration, Revalidation and Fitness to Practise Annual
Report - for noting
R20.42a Nursing and Midwifery Council (NMC) Registration Revalidation and Fitness to Practise Annual
Report 2019 (002).docx
R20.42b Appendix 1 - COVID 19 NMC Temp Register Governance Framework.docx
- 9 R20.43 Any other business
- 10 R20.44 Date of next meeting - 5.10.20
- 11 R20.45 Resolution to move to private session
- 12 PRIVATE SESSION



Remuneration & Terms of Service Committee (R&TS)

Minutes of the Meeting Held on
15.6.20 via Webex

<p>Present:</p> <p>Mrs J Hughes Mr M Hughes Mrs L Reid</p>	<p>Independent Member Independent Member Health Board Vice-Chair (co-opted)</p>
<p>In Attendance:</p> <p>Mr S Dean Mrs S Green Mrs L Jones</p>	<p>Interim Chief Executive Executive Director of Workforce & Organisational Development (OD) Assistant Director, Corporate Governance</p>
Agenda Item	Action
<p>R20.20 Apologies</p> <p>Apologies were received from Mark Polin and Jan Tomlinson. The Health Board Vice-Chair reported that the Chair would be slightly late due to dealing with another matter, and would be joining the private section of the meeting later. She chaired the meeting in his absence.</p>	
<p>R20.21 Declarations of interest</p> <p>There were no declarations of interests relating to the public section of the agenda.</p>	
<p>R20.22 Draft minutes of previous meeting 21.1.20</p> <p>The minutes were approved as an accurate record.</p>	
<p>R20.23 Summary action log for discussion</p> <p>The action log was reviewed and actions updated.</p>	
<p>R20.24 Any other business</p> <p>Issues discussed in private at the last meeting, for noting in public, were: Upholding Professional Standards in Wales (UPSW), a secondment issue, and pay for GPs in the out of hours service.</p>	
<p>R20.24 Date of next meeting</p> <p>To be confirmed.</p>	

R20.25 Resolution to exclude the press and public

The Committee moved into private session.

Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

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.	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.	July

V32 5.7.20



Cyfarfod a dyddiad: Meeting and date:	Remuneration & Terms of Service (R&TS) Committee 20.7.20						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	R&TS Committee Annual Report 2019/20						
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:	Executive Director						
Atodiadau Appendices:	Appendix 1 – R&TS Committee terms of reference in use April to June 2019 Appendix 2 - R&TS Committee terms of reference in use July to October 2019 Appendix 3 - R&TS Committee terms of reference in use November 2019 to present						
Argymhelliad / Recommendation:							
It is recommended that the R&TS Committee approves its annual report for submission to the Audit Committee.							
Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input checked="" type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
Each Committee is required to produce an annual report on its activities, to provide the Board, via the Audit Committee, with assurance that it is operating in accordance with its terms of reference.							
Cefndir / Background:							
The Board agreed in May 2020 that Committees (except Audit and Quality, Safety & Experience) would not be required to produce annual reports for 2019/20 due to the need to focus on the Covid-19 pandemic response. The Audit Committee Chair subsequently requested that this decision be revisited, and it was then agreed that Committees would produce annual reports.							
Asesiad / Assessment & Analysis							

The draft R&TS Committee Annual Report 2019/20 accompanies this coversheet, and is presented for the Committee's consideration.



Remuneration & Terms of Service Committee Annual Report 2019-20

1. Title of Committee

Remuneration & Terms of Service Committee (R&TS)

2. Name and role of person submitting this report:

Sue Green, Executive Director of Workforce & Organisational Development

3. Dates covered by this report:

01.4.19 – 31.3.20

4. Number of times the Committee met during this period:

The R&TS Committee was routinely scheduled to meet five times and otherwise as the Chair deemed necessary. During the reporting period, it met formally on seven occasions including two extraordinary meetings (17.1.20 and 23.1.20, at which other Independent Members were also present). Attendance by Committee members at formal meetings is detailed within the table below. All formal meetings were quorate.

Independent Members of the Committee	9.4.19	13.5.19	29.8.19	4.11.19	17.1.20	21.1.20	23.1.20
Mark Polin, Chair	P*	P	P	P*	P	P	P
Jackie Hughes	P	P	P	P	P	P	P
Medwyn Hughes	P	P	P	P	P	P	P
Marian Wyn Jones	P	A	P	P	◆	◆	◆
Directors and Officers - formally In attendance (as per Terms of Reference)							
Gary Doherty, Chief Executive	P*	P	P	P	X	X	X

Sue Green, Executive Director of Workforce & Organisational Development	P	P*	P	P	P	P	P
---	---	----	---	---	---	---	---

Key:

P - Present

P* - Present for part meeting

A - Apologies submitted

X - Not present

◆ Not a member of the Committee at this time.

In addition to the above core membership, other directors and officers from the Health Board may attend meetings of the Committee for certain items. Other independent members may also attend on a co-opted basis. For a full list of attendance, please see the approved minutes which can be accessed on the Health Board's website via the following pages:- <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

5. Assurances the Committee is designed to provide:

The Committee is designed to provide assurance to the Board on the following key areas as set out in its terms of reference as follows:-

- 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;
- To perform certain, specific functions as delegated by the Board (as set out in the Delegated Powers and Authority section of the terms of reference)

During the period that this annual report covers, the Committee operated in accordance with its terms of reference. Version 4.0 was operative from April 2019, Version 5.0 from July 2019 and Version 6.0 from November 2019. Copies are provided at Appendices 1, 2 and 3.

The work programmes, cycles of business and overall performance of the Committee are reviewed by the Committee Business Management Group (CBMG) which meets quarterly. The CBMG oversees effective communication between committees, avoiding duplication and ensuring all appropriate business is managed effectively and efficiently through the Health Board's governance framework.

The Committee is required to publish its agenda and papers 7 days ahead of the meeting, and a log is maintained by the Office of the Board Secretary to record any breaches of compliance with this requirement. During the reporting period there was one breach of this nature in terms of an individual paper not being available 7 days before the meeting.

6. Overall *RAG status against Committee's annual objectives / plan: Green

The summary below reflects the Committee's assessment of the degree to which it has met these objectives. The supporting narrative included alongside the assessment below describes this in more detail.

Objective as set out in Terms of Reference	Assurance Status (RAG)*	Supporting narrative <i>(Please provide narrative against all red and amber including the rationale for the assurance status)</i>
1. 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;	Green	Reports including Executive Director pay and terms of service were considered on 9.4.19, 13.5.19, 29.8.19, 17.1.20 and 23.1.20.
2. 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;	Green	Rates of pay for GPs in managed practices and out of hours were considered on 9.4.19 and 21.1.20. A pay protection report was considered on 9.4.19. A paper on pay and terms of service for non-clinical staff in managed practices was considered on 13.5.19. A paper relating to re-banding of a group of staff was considered on 29.8.19. A paper on a secondment was considered on 21.1.20.
3. To perform certain, specific functions as delegated by the Board: 3.1 To comment on 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;	Green	VSM pay and terms of service were considered as part of reports received on 9.4.19, 13.5.19, 29.8.19 and 4.11.19.
3.2 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	Green	A report on this matter was considered on 4.11.19.

3.3 To comment on proposals to make additional payments to consultants;	Green	No business to discuss during the reporting period.
3.4 To comment on proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the relevant Welsh Government guidance.	Green	Termination arrangements relating to an Executive Director were considered as part of a report received on 9.4.19
3.5 To comment on removal and relocation expenses	-	No business to discuss during the reporting period in question – no exceptions to report.
3.6 Consider and approve Voluntary Early Release scheme applications and severance payments in line with Standing Orders and extant Welsh Government guidance.	-	No individual VERS applications to consider during the reporting period in question. A wider paper on pay protection which referenced VERS was considered on 9.4.19. Severance payments were discussed as part of a paper considered on 17.1.20.
3.7 To monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives and health visitors and Allied professionals.	Green	Reports were considered on 29.8.19.
3.8 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;	-	No business to discuss during the reporting period in question as there are no corporate risks currently allocated to the R&TS Committee.
3.9 Investigate or have investigated any activity (clinical and non-clinical) within its terms of reference. It may seek relevant information from any: <ul style="list-style-type: none"> • employee (and all employees are directed to cooperate with any legitimate request made by the Committee); and 	Green	A report on the management of Human Resources processes in respect of an investigation was considered on 9.4.19.

<ul style="list-style-type: none"> other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions. 		
3.10 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;		The use of external legal advisers was referred to in a paper considered by the Committee on 17.1.20.
3.11 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.	Green	A new policy approval mechanism was approved on 9.4.19.
3.12 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.	Green	Reports on Upholding Professional Standards in Wales (UPSW) cases were considered on 9.4.19, 29.8.19, 4.11.19 and 21.1.20. A paper on an UPSW process review was considered on 21.1.20.

***Key:**

Red	= the Committee did not receive assurance against the objective
Amber	= the Committee received assurance but it was not positive or the Committee were partly assured but further action is needed
Green	= the Committee received adequate assurance against the objective

7. Main tasks completed / evidence considered by the Committee during this reporting period:

- Revised approval process for Workforce & Organisational Development Policies.
- The Committee's annual report for 2018-19 was approved for submission to the Audit Committee.
- Review of terms of reference
- Current Upholding Professional Standards in Wales cases.
- Health Care Professions Council and General Pharmaceutical Council Wales Professional Registration Report 18/19
- General Medical Council (GMC) Revalidation Update 2019
- Review Body on Doctors' & Dentists Remuneration Report
- Pay protection progress reports.
- Matters pertaining to Executive portfolios and acting/interim arrangements including remuneration.
- Matters pertaining to senior leadership structures

- National pay rates for Single Integrated Clinical Assessment and Triage Service.
- A collective grievance matter.
- Executive team objectives and performance assessment.
- Matters pertaining to the post of Chief Executive

Full details of the issues considered and discussed by the Committee are documented within the agenda and minutes which are available on the Health Board's website and can be accessed from the following pages

<https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/>

8. Key risks and concerns identified by this Committee in-year which have been highlighted and addressed as part of the Chair's reports to the Board:

Meeting Date	Key risks including mitigating actions and milestones
29.8.19	Information was provided on mitigating actions in respect of risks relating to a collective employment grievance.

Other risks and mitigating actions were covered during private session discussions.

9. Focus for the year ahead:

The primary focus of the R&TS Committee over the next twelve months will be to oversee the arrangements for the recruitment of a Chief Executive, to review objectives and performance managements in place for Executive Directors and their immediate reports, and to oversee re-structuring in respect of senior posts.

V0.3

Appendix 1 – April to June 2019:

**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;
- objectives for Executive Directors and other VSMs and their performance assessment;

- performance management system in place for those in the positions mentioned above and its application;
 - 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 to monitor compliance with issues of professional registration.
- 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.

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 Staff Side 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

Health Board 6.9.18

Reported to RATS 26.11.19

Appendix 2 – July to October 2019:

**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;
- objectives for Executive Directors and other VSMs and their performance assessment;
- performance management system in place for those in the positions mentioned above and its application;

- 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 to monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives 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.

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 30.5.19

Health Board 25.7.19

Appendix 3 – November 2019 to present:

**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 to monitor compliance with issues of professional registration, including the revalidation processes for medical and dental staff and registered nurses, midwives 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.

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 – November 2019.

V6.0 Approved

Cyfarfod a dyddiad: Meeting and date:	Remuneration and Terms of Service Committee 20.7.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Policies update				
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:	Welsh Partnership Forum				
Atodiadau Appendices:	1 – Reserve Forces – Training and Mobilisation Policy				
Argymhelliad / Recommendation:					
The Committee is asked to note the revised policy and note the proposed approach for updating workforce policies.					
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:					
The Reserve Forces – Training Mobilisation Policy has been developed at all Wales level, and has been subject to minor revision. The Policy and EQIA has been approved for application in the Health Board.					
Cefndir / Background:					
In April 2019, the Committee approved a revised process for approval of Workforce Related Policies. Delegated authority was given to the Executive Director of Workforce and OD to approve policies developed and agreed at an All Wales level.					
Asesiad / Assessment & Analysis					
Workforce Policies Update					
The Reserve Forces – Training and Mobilisation Policy was received in the organisation on 26 June 2020 and as such is presented for information. The Policy and EQIA are available for Committee Members if requested.					
Workforce Policy Improvement Plan					

There are a number of workforce policies within the organisation, which require review/update and or revision.

An improvement plan was in development in February 2020, but this was put on hold due to workload associated with Covid -19.

It was agreed at Local Partnership Forum on 7/7/20, that a task and Finish group would be convened to develop a timetabled plan to take this work forward in Quarter 2 (this is included as a specific action in the Delivery Plan).

This will include prioritising policies which require updating, developing a timescale for completion and exploring the most efficient way of taking the work forward.

In addition, this will incorporate learning from COVID-19 in respect of communication of key information in a clear and accessible format.

Cyfarfod a dyddiad: Meeting and date:	R&Ts meeting					
Cyhoeddus neu Breifat: Public or Private:	Public					
Teitl yr Adroddiad Report Title:	GMC Revalidation Update 2020					
Cyfarwyddwr Cyfrifol: Responsible Director:	Dr David Fearnley, Executive Medical Director & Responsible Officer					
Awdur yr Adroddiad Report Author:	Mrs Sarah Tyler, Revalidation Manager					
Craffu blaenorol: Prior Scrutiny:	<i>Finance and Performance Committee, R&TS Committee</i>					
Atodiadau Appendices:	<i>(1 appendices detailing HB appraisal compliance).</i>					
Argymhelliad / Recommendation:						
<ol style="list-style-type: none"> 1. The Committee is asked to note this update 2. The Committee is asked to note the future actions, scrutiny and assurance processes required as outlined in this briefing. 						
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:						
<p>Betsi Cadwaladr University Health Board (BCUHB) has a duty to ensure all professional practitioners working for the Health Board (HB), hold current registration from their professional bodies to comply with the requirements of their contract of employment.</p> <p>This paper provides an update on the appraisal compliance for doctors attached to BCUHB for the purposes of Revalidation.</p>						
Cefndir / Background:						
<p>Each doctor is required to be connected to a Designated Body (DB). This is the organisation that the doctor spends the majority of the year working for. The DB is responsible for making the recommendation for revalidation and providing the means to undertake an appraisal.</p> <p>Health Education & Innovation Wales is responsible for making recommendations for those doctors enrolled in a training programme. Agencies are responsible for making recommendations for those doctors working in BCUHB through agencies. Further detail is provided in the appendices.</p> <p>The General Dental Council (GDC), have not yet confirmed their plans for revalidation and appraisal of Dentists, but advised that those who are currently participating in local appraisal processes to continue to do so.</p>						
Asesiad / Assessment & Analysis						

Strategy Implications

The employment policies: WP1, WP1a and WP1a Appendix 4 require all doctors to have a current licence to practise. Additionally BCUHB terms and conditions of employment require registered doctors to undertake an annual appraisal in line with professional requirements.

This also links with Workforce Policy; WP23, Procedure for the Checking of Registration and Qualification.

Wellbeing of Future Generations Act:

Revalidation and appraisal will ensure doctors are able to continue to work, are keeping up to date and fit to practice now and in the future.

Financial Implications

There are no additional financial considerations to be considered which have not been budgeted for. There are staffing cost implications and also an out lay for the provision of the GMC required Multi Source Feedback (MSF) which is procured at an NHS Wales level.

Risk Analysis

It is Medical Workforce's responsibility to check that all doctors have a currently licence to practice. The Revalidation team are responsible for ensuring doctors are supported and reminded to participate in the annual appraisal process. *Mitigating actions currently in place include:*

- Provision of monthly figures on appraisal compliance to the Board through the Integrated Quality & Performance Report.
- Provision of monthly figures to the Office of the Medical Director for the monthly business meeting.
- Provision of Monthly figures and breakdown of breaches or exceptions to Hospital Management Teams for accountability meetings.
- Provision of Monthly figures to Workforce for inclusion in the Dashboard
- Escalation to Clinical Leads if doctors within their teams have not completed an annual appraisal.
- For Primary Care, GP reports detailing exceptions and potential issues are forwarded to the Revalidation team by the GP Unit in Cardiff so that we are able to monitor compliance closer and manage any potential problems

Legal and Compliance

In order to maintain a licence to practice and demonstrate engagement in revalidation, the GMC requires all licensed doctors to undertake an annual appraisal in line with requirements set out in the Good Medical Practice and Good Medical Practice Framework. This has been in legislation since December 2012. It is the individual doctor's responsibility to ensure that they are registered to practice and participate in the appraisal process every 9 – 15 months The annual compliance of appraisal and number and reason for deferral recommendation has been identified as the KPI.

Impact Assessment

All Wales EqIA has been carried out by NHS Wales.

Appendix 1. GMC Revalidation update 2020

1. Situation

Betsi Cadwaladr University Health Board (BCUHB) has a duty to ensure all professional practitioners working for the Health Board (HB), hold current registration from their professional bodies to comply with the requirements of their contract of employment.

The General Medical Council (GMC) is the regulatory body for practising doctors in the UK. The GMC maintains the List of Medical Practitioners, which is a public record of all doctors.

Revalidation and the maintenance of a licence to practise provides assurance to patients, employers and the public that a person is fully qualified, trained, capable and safe in the area of their practice. Following a number of high profile legal cases, Revalidation also aims to provide patients with greater confidence and trust in the medical profession.

2. Background

The Executive Medical Director (known as the Responsible Officer or RO) at BCUHB will, over a five year period, make a recommendation to the GMC for in excess of 1500 doctors. This is a legal obligation. In BCUHB this responsibility has been delegated out to the Deputy Responsible Officer with input from the Hospital, Area and GP Medical Directors as they have a greater understanding of the doctors in their area and link directly with Clinical Governance processes.

There are three possible recommendations available to the RO which can be made up to 90 days before the due date:

- Positive recommendation,
- Deferral due to either ongoing local process or insufficient information,
- Recommendation of non engagement.

It is the recommendation of non engagement that can lead to a loss of licence to practice.

Where doctors are not engaged in the appraisal process and a recommendation of non engagement is made, the GMC will carry out an investigation which can take some time to complete. Throughout this period the doctor is still able to continue to work. Once the GMC has decided to revoke the licence to practice, the doctor is unable to work and is addressed through the Workforce Policies and Procedures group with staff side colleagues including Medical Directors. Doctors are able to reapply to the GMC for their licence to practice. This tends to be a lengthy process with no specific timescale attached.

NHS organisations are responsible for managing the Medical Appraisal process at local level and to have in place quality assurance systems that will stand up to close inspection/scrutiny when called upon to do so. The appraisal process along with local

clinical governance processes supports the mechanism by which the RO is able to recommend the non-training grade doctors in BCUHB for Revalidation. GP appraisal is managed by the GP unit at HEIW.

BCUHB have a Revalidation Team, which consists of one Manager, who oversees appraisal and revalidation across BCUHB, a Deputy Manager and two Medical Appraisal Support Officers who support doctors with the appraisal process and are based at each acute site.

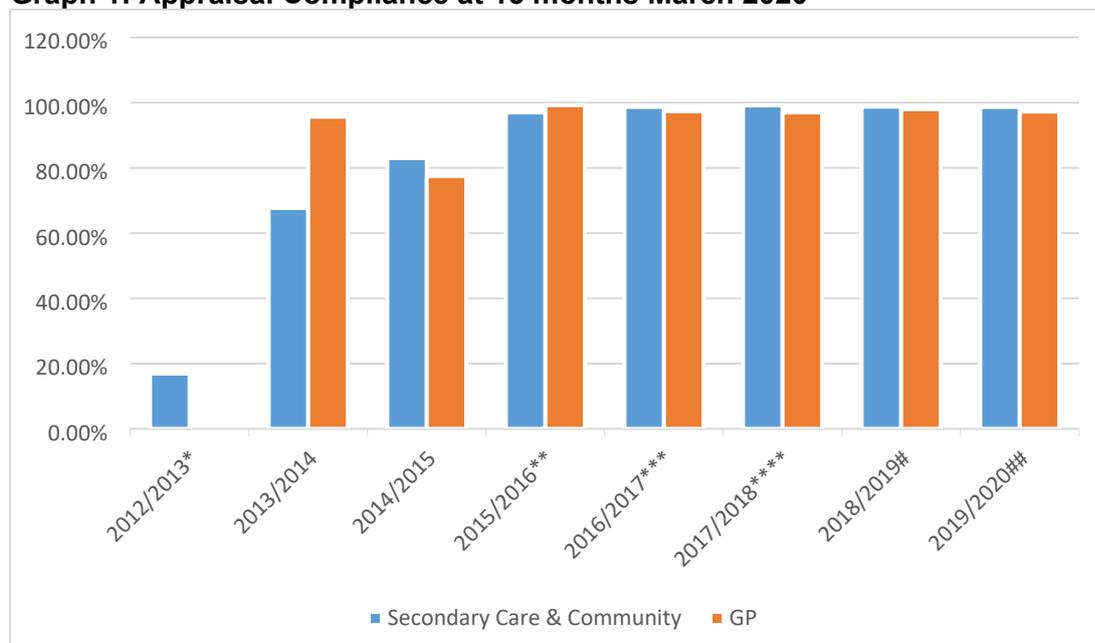
To ensure compliance of annual appraisal, the revalidation team utilise the All Wales Appraisal System, MARS, ESR and information from the GMC. This information is triangulated in a database to give accurate figures of compliance whilst highlighting new starters, leavers. The database enables the team to drill down by site and area to the individual doctor, which can be, where appropriate, escalated up to a specific Medical Director.

All Medical staff that work as bank or have 0 hours ad hoc contract that have not worked for three months or more have not given notice of their intention to leave employment are now removed from our staffing system through Medical Workforce. We are notified of those doctors who change posts to capture those moving in and out of training.

3. Assessment

The appraisal year typically runs from 1st April to 31st March. Since revalidation started in December 2012, the compliance in the appraisal process for secondary care & community doctors has significantly increased as shown in the graph below.

Graph 1: Appraisal Compliance at 15 months March 2020



* No data available for GPs **As at 25th Jan 2016 *** As at 26th Jan 2017 ****As at 29th Mar 2018 # As at 29th Mar 2019 ## As at 31st March 2020

Over the last revalidation cycle there was a steady increase in the 15 month appraisal compliance for secondary care. Now we are in the second cycle of revalidation, the 15 month compliance has seen a plateau. Current 15 month compliance, excluding exceptions such as new starters and those currently on maternity leave compliance stands at 98.68% for secondary Care and 97.27% for Primary Care.

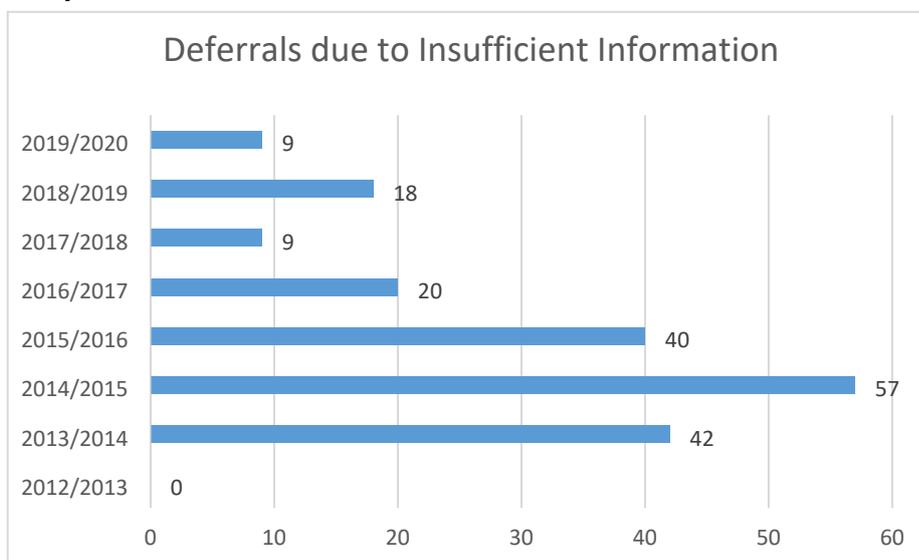
Analysis of the data collected on non-compliance has identified key reasons for not undertaking an appraisal including:

- Long term sickness and maternity leave,
- Returning to training programme.
- High turnover of doctors on fixed term contracts
- Recruitment issues leading to increased pressures / workload
- Non-compliance within the 15 month timeframe.

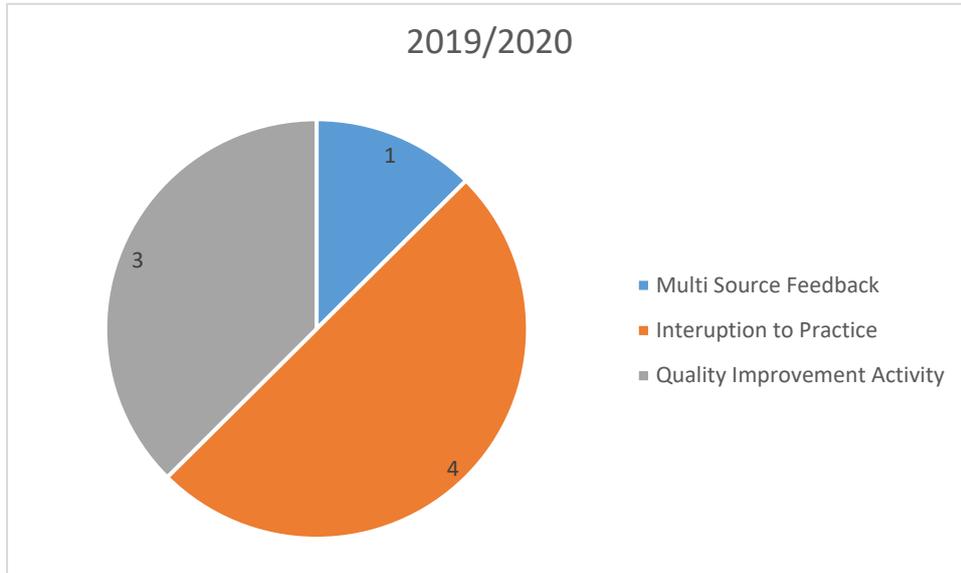
It is worth noting that appraisals scheduled for the end of the appraisal year has seen significant disruption due to COVID 19. Appraisals due to be completed during the pandemic have been classed as approved missed appraisals by the Chief Medical Officer for Wales.

Non-compliance within the 15 months is now a rare occurrence. This does represent a breach of statutory requirement and could be regarded as serious/gross misconduct. Therefore when this occurs it is escalated to the local Medical Director and Workforce policy processes may be implemented. If this falls outside of the 90 day revalidation notice period, a request made to the GMC to bring their revalidation date forward by which time the doctor must comply. If this falls within the 90 day notice period a recommendation of non-engagement may be submitted to the GMC.

Graph 2: Deferral recommendation rates



Graph 3: Reasons for deferrals



These graphs show the number of deferrals submitted has increased slightly this year. Of those deferrals submitted, 50% are unavoidable. There is an expectation that the deferral rate will increase significantly due to the pandemic. Compared to the same point in the last revalidation cycle year 2014/2015 this is an improvement in line with the maturing process.

There has been no further late revalidation recommendations submitted to the GMC and is reported within the IQPR along with the monthly GP data.

4. Recommendations

1. The Committee is asked to note this update
2. The Committee is asked to note the future actions, scrutiny and assurance processes required as outlined in this briefing.

Cyfarfod a dyddiad: Meeting and date:	Remuneration and Terms of Service Committee						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Nursing and Midwifery Council (NMC) Registration, Revalidation and Fitness to Practise Annual Report						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs. Gill Harris, Executive Director of Nursing and Midwifery						
Awdur yr Adroddiad Report Author:	Mrs. Anne-Marie Rowlands, Associate Director Professional Regulation						
Craffu blaenorol: Prior Scrutiny:	Mrs. Gill Harris, Executive Director of Nursing and Midwifery						
Atodiadau Appendices:	Appendix 1: COVID 19 Nursing and Midwifery Council Temporary Register Governance Framework						
Argymhelliad / Recommendation:							
The Committee is requested to note the content of the report and the processes in place to provide assurance with regard to NMC registration, revalidation and fitness to practise within BCU.							
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	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Sefyllfa / Situation:							
The purpose of this report is to update the Committee on the Health Board's position in meeting statutory NMC registration and revalidation requirements for the period from 1 st January 2019 – 31 st December 2019							
Cefndir / Background:							
The NMC maintain a register of nurses, midwives and nursing associates (in England) who meet NMC standards, and have in place clear and transparent processes to investigate those who fall short of NMC standards. A nurse, midwife or nursing associate is fit to practise when they have the skills, knowledge, health and character to undertake their job safely and effectively.							
The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2018) sets out the standards that nurses, midwives and nursing associates must uphold in order to be registered, and maintain their registration, in the UK. The NMC revalidation process requires every nurse, midwife and nursing associate to demonstrate every three years that they practise safely and live up to the standards set out in the Code.							
Asesiad / Assessment & Analysis							

1. Strategy Implications

This report aligns to the strategic goal to support, train and develop our staff to excel and improve the safety and outcomes of care to match the NHS's best. It is linked to the well-being objective to improve the safety and quality of all services

Fitness to Practise

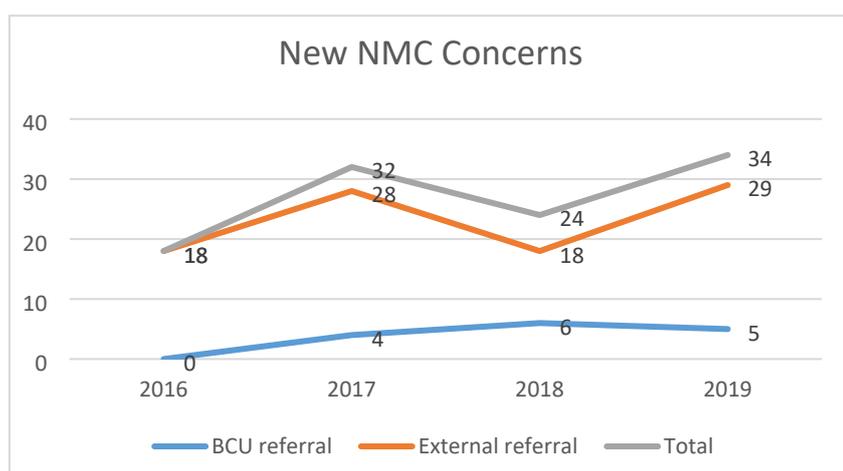
The NMC expect that concerns about fitness to practise are resolved locally wherever possible and appropriate to do so. However, if the concerns cannot be resolved at a local level, or if someone believes them serious enough to require immediate regulatory action, anyone can raise their concerns with the NMC, who will then decide what action is required to protect the public.

BCU have a centrally coordinated procedure in place for the management of referrals to the NMC. The Executive Director of Nursing and Midwifery approves all employer referrals.

New NMC Concerns

The numbers of new concerns raised was 34, which is an increase on last year due to external referrals.

Graph 1: NMC referrals



Employer referrals over the last 3 years has remained generally static, however there continues to be an increase in external referrals, in particular by members of the public.

Table 1: Source of referrals

Who referred	Number of New Concerns	Percentage of new concerns
Patient/Public	23	68%
Employer	5	15%
Self	4	12%
Other informant	2	5%
Total	34	100%

In December 2019 the total registered nursing and midwifery workforce equated to 5116 Headcount (substantive & bank only), therefore the number of NMC concerns for BCU represents 7 referrals to every 1000 registrants. The NMC Annual Fitness to Practise Report 2018 – 2019 reports a UK wide position of 8 referrals to every 1000 registrants.

In relation to benchmarking within Wales, this has been raised at the all Wales Assistant Directors of Nursing Group, however there has been no agreement to share NMC referral data.

NMC Hearing Outcomes

A high proportion of the new cases referred during 2019 remain open as the NMC aim to complete 80% of their cases within 15 months of referral. However 17 cases (16 public referrals and 1 self referral) were closed after initial assessment as the NMC concluded they did not require regulatory action.

3 out of the 5 employer referrals have resulted in the NMC imposing interim conditions of practice or suspension orders, with one interim order hearing delayed due to CoVid 19.

NMC Fitness to Practise Changes

During 2018 – 2019, the NMC have been working with patients, the public and employers to revise their fitness to practise strategy and procedures.

The NMC have established a Public Support Service which includes strengthening their guidance so the public are clearer about the NMC role in management of fitness to practise concerns. The NMC have also established an emotional support helpline for registrants that is available 24 hours per day.

BCU continue to have a proactive working relationship with the NMC and meet annually with the NMC Regulatory Advisor for Wales. BCU were involved in the NMC Fitness to Practise pilot and have been involved in shaping the revised NMC guidance for employers, the online referral system and the strategy.

The BCU Fitness to Practise referral procedure is currently under review to take account of the revised NMC guidance for employers.

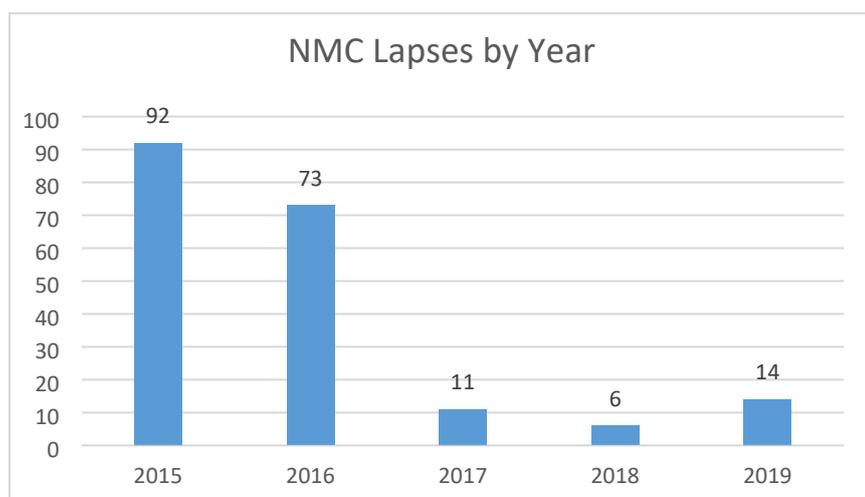
Registration and Revalidation

BCU has a robust system in place for monthly monitoring of registrants registration and revalidation. This includes:

- NMC register live interface to Electronic Staff Record (ESR).
- Registrant and manager direct notification through ESR of registration and revalidation expiry dates.
- Corporate Nursing advance notifications to divisions of registration and revalidation expiry dates.
- Corporate Nursing review of ESR NMC report at the beginning of the month, as an additional assurance measure.
- Workforce and Organisational Development team regular review of ESR NMC reports and addressing or escalating errors such as incorrect NMC PIN or date of birth.

NMC lapses

The advance system of monitoring and notification established in 2017 has resulted in a substantial decrease in registration lapses as shown in Graph 2. However, for 2019 there has been an increase in lapses.

Graph 2: NMC Lapses 2015 – 2019

For all lapses, a root cause analysis is completed so that trends can be identified. Reasons for the 14 lapses during 2019 are identified below

Table 2: Reason for lapses

Reason	Number of Occasions
Registrant error e.g. incorrect or forgotten date due	4
Quarterly direct debit failure e.g. change of bank details	4
Personal Circumstances e.g. long term sickness	3
Inactive bank worker e.g. not processed as leaver	3
	14

A number of actions have been taken to minimise the risk of future lapses, including:

- Corporate nursing monthly advance notification includes importance of checking payment method, as ESR does not identify this.
- Reminder on avoiding direct debit failures circulated via staff bulletin, divisional structures and at Workforce Partnership Group.
- Message displayed on ESR news banner when staff login

Maintaining registration and revalidation is a requirement of both the NMC and conditions of employment with BCU. In line with BCU Registration and Revalidation Policy, registrants are required to take unpaid leave whilst they reapply for readmission to the NMC register. All lapses are investigated in line with WP9 all Wales Disciplinary Policy.

NMC Temporary Register CoVid 19.

Due to the Novel Coronavirus (COVID-19) outbreak, in March 2020 the Government introduced emergency legislation, which allows the NMC to temporarily register fit, proper and suitably experienced professionals who want to practise and feel able to support the Covid-19 emergency. A

CoVid 19 Nursing and Midwifery Council Temporary Register Governance Framework is in place to ensure assurance that they are safe and competent to practice in line with NMC and Welsh Government requirements (Appendix 1). As 11th May 2020, 59 registered nurses and midwives have been recruited via the Temporary Staffing Team and are in the process of being deployed to clinical areas, once they have completed required training and induction so they are safe to practice.

3. Financial Implications

Registrants take unpaid leave for the duration of the NMC lapse. However full time costs for a band 5 mid-point on bank for 2 weeks would be £2,680.50 and for 4 weeks costs would be £5,361.00, if additional staffing were required to maintain a safe roster.

4. Risk Analysis

This matter is currently logged on the Corporate Nursing Tier 3 Risk Register (Risk 366) with a score of two. The CoVid NMC register is also logged (Risk 3243) with a score of six. Mitigating actions are outlined within the body of the report. Patients are not put at risk by the individual registrants lapsing, as they are unable to work and take unpaid leave whilst reapplying for readmission to the register. However, the loss of any registrant may affect the overall skill mix and staffing within that team. The service manager would ensure that all reasonable steps are taken to maintain the nurse staffing level and that mitigating actions are sufficient to maintain a safe service to both service users and staff.

5. Legal and Compliance

The Nursing and Midwifery Council (NMC) is the regulatory body for nurses, midwives and specialist community public health nurses. The Health Board has a statutory responsibility to safeguard the health and wellbeing of the public by making sure that all practising nurses and midwives have the required NMC registration, skills, knowledge, good health and good character to do their job safely and effectively.

6. Impact Assessment

An impact assessment is not considered necessary for this report. Due regard has been taken of the sensitive nature of the report and all data is anonymised and reported as a BCU position to avoid identification due to the small numbers involved.

References

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2018) <https://www.nmc.org.uk/standards/code/>

NMC Annual Fitness to Practise Report (2018 – 2019) <https://www.nmc.org.uk/about-us/reports-and-accounts/fitness-to-practise-annual-report/>

Appendix 1: COVID 19 Nursing and Midwifery Council Temporary Register Governance Framework



COVID 19 Nursing and Midwifery Council Temporary Register Governance Framework

Due to Novel Coronavirus (COVID-19) outbreak the Government has introduced emergency legislation, which allows the NMC to temporarily register fit, proper and suitably experienced professionals who want to practise and feel able to support the Covid-19 emergency situation. The NMC have contacted all those eligible by email within the following groups -

- Nurse and midwives that have left the register within the last three years (from 27/03/20)
- Overseas applicants, including both nurses and midwives, who have completed all parts of their NMC registration process except their OSCE (from 06/04/20)
- Nurses and midwives who have left the register within the last four and five years (from 15/04/20)

Registrants will not have to meet the usual requirements of revalidation or pay a registration fee, however all those on the register must comply with the Code and work within their scope of practice.

Individuals on the temporary register will be identified as registered nurses and midwives. They will not have their previous post-registration qualifications, such as prescribing and SCPHN qualifications, annotated on the temporary register.

At the end of the emergency period, temporary registration will end; there is no automatic right to transfer onto the permanent NMC register. Registrants can reapply to join the permanent register and they will be able to count the practice hours that they complete whilst towards the NMC's readmission requirements.

In Wales, information regarding those on the register is being managed centrally through the CoVid Hub for all professional groups.

Nurses employed by BCUHB that now meet the NMC Overseas criteria have been interviewed and recruitment checks undertaken prior to their arrival in the UK.

Employer Responsibilities

Employers have a number of responsibilities as specified within NMC and all Wales guidance (links at end of document):

Specific Requirement	Action	Lead
Check name is on the NMC Covid-19 temporary register	All registrants details will be checked against the register	Shared Services
Check NMC temporary register to identify if any conditions or practice apply	Conditions of practice identified as part of recruitment & interview process.	Shared Services/ Workforce & OD



	Risk assessment completed to ascertain suitability for employment	Workforce & OD/Corporate Nursing
Undertake any identity and DBS checks that might be necessary	<p>Factual Safe Employment Interview undertaken over the telephone to assess whether the registrant can commence work whilst pre-employment checks undertaken</p> <p>Pre-employment checks will be completed in line with agreed BCUHB process.</p> <p>DBS risk assessment completed if risks are identified, before decision made to commence employment</p>	<p>Workforce & OD</p> <p>Shared Services</p> <p>Workforce & OD</p>
Agree salary and terms of employment	<p>Agenda for change terms and conditions of employment and job description issued.</p> <p>All registrants will be paid at Band 5</p>	Shared Services
System in place to identify registrants on the Temporary Register	<p>All registrants will be identified within ESR on a bank position number initially.</p> <p>If a fixed term contract offered, a specific end date will be entered, to enable identification of registrants on Temporary Register</p> <p>Separate spreadsheet of re-registrants interviewed will be retained in addition to ESR records</p>	Workforce & OD
Registrants deployed carefully and their skills and experience are taken into account.	<p>Clinical deployment will be managed by the Control Centres. Nurse managers will have ownership of where registrants are deployed to</p> <p>Details of successful applicants who have completed orientation, mandatory and</p>	Workforce & OD/ Divisions



	clinical training and are ready for deployment will be managed through Temporary Staffing via E Roster	
Check registrants have the right knowledge, skills, experience and competence including in relation to their English language skills	Assessment of language, skills, experience & competence is undertaken at telephone interview by experienced registered nurses Specific training requirements identified at interview	Workforce & OD
Provide induction training for their specific role and any further training required to carry out responsibilities in accordance with the Code	Registrants undertake the following training <ul style="list-style-type: none"> • Virtual orientation • Mandatory training • Back to the Floor specific to role • Preceptorship (Overseas) • 2 x 6 hour shadow shifts 	Workforce & OD
Supply registrants with the right information, equipment (including personal protective equipment) and guidance to make sure they can undertake duties safely and effectively.	All registrants will have local orientation, which will include local Covid arrangements and PPE.	Divisions
Provide support and supervision by experienced staff	All registrants will have support and supervision when working clinically	Divisions
Raising concerns about anyone on the temporary register	Risk assessment will be completed by division and Associate Director Professional Regulation to be informed. Referral (if approved by Executive Director of Nursing & Midwifery) is managed centrally in line with current governance process for NMC referrals	Divisions Corporate Nursing
End of contract/temporary register	Those on the register will be identified to ensure contract ended	Workforce & OD
Future employment within BCUHB	Registrants that choose to reapply to the permanent register will be provided	Workforce & OD



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

	<p>opportunity for ongoing employment within BCUHB For overseas nurses their period of employment is three years in line with their Visa - BCU will support their application for permanent registration in line with NMC requirements</p>	<p>Corporate Nursing</p>
--	--	--------------------------

References

<https://www.nmc.org.uk/news/coronavirus/temporary-registration/>

<https://gov.wales/temporarily-registered-nurses-and-midwives-guidance-html>