

Bundle Remuneration & Terms of Service Committee 21 January 2020

10.00am Meeting Room 1, Carlton Court, St Asaph LL17 0JG

- 1 R20.1 Apologies
- 2 R20.2 Declarations of interests
- 3 R20.3 Draft minutes of the meeting held on 4.11.19 - for approval
R20.3 Minutes RATS 4.11.19 v0.01 draft.doc
- 4 R20.4 Summary action log for discussion
R20.4 RaTS Summary Action log Public_live document v29 14 1 20.docx
- 5 R20.5 Summary of in committee matters discussed at last meeting: Structures; Upholding Professional Standards in Wales (UPSW); Executive team objectives and performance assessment
- 6 R20.6 UPSW - proposed changes to management process (Sue Green)
R20..6 200121 Remuneration Committee Report - UPSW process review.docx
- 7 R20.7 Pay uplift for GPs employed as clinical leads in Health Board Managed Practices (Sue Green)
R20.7 Clinical Lead Uplift January 2020.docx
- 8 R20.8 Issues of significance to inform the Chair's assurance report to the Board
- 9 R20.9 Any other business
- 10 R20.10 Date of next meeting - 9.4.20, 10.00am, Carlton Court.
- 11 R20.11 Resolution to exclude Press and Public
- 12 IN COMMITTEE



Remuneration & Terms of Service Committee (R&TS)

Minutes of the Meeting Held on
4.11.19 in Carlton Court

<p>Present:</p> <p>Mr M Polin Mrs MW Jones Mrs J Hughes Mr M Hughes</p>	<p>Chair (part meeting) Independent Member and Health Board Vice Chair Independent Member Independent Member</p>
<p>In Attendance:</p> <p>Mr G Doherty Mrs S Green Mrs L Jones</p>	<p>Chief Executive Executive Director of Workforce & Organisational Development (OD) Assistant Director, Corporate Governance</p>
Agenda Item	Action
<p>R19.84 Apologies</p> <p>None. The Chair joined the beginning of the meeting during a discussion on staff rotas, and was then called away to attend to an urgent matter. The Health Board Vice Chair took over the chairing of the meeting.</p>	
<p>R19.85 Declarations of interest</p> <p>The Executive Director of Workforce and Organisational Development indicated that she would have an interest to declare in respect of a paper on the confidential section of the agenda.</p>	
<p>R19.86 Draft minutes of previous meeting 29.8.19</p> <p>The minutes were approved as an accurate record.</p>	
<p>R19.87 Summary action log for discussion</p> <p>All actions on the log were closed.</p>	
<p>R19.88 Summary of in committee matters discussed at previous meeting</p> <p>It was noted that a grievance case, executive team roles and remuneration, and Upholding Professional Standards in Wales had been considered during the previous in committee meeting.</p>	
<p>R19.89 Revised R&TS Committee Terms of Reference version v5.02</p>	

<p>R19.89.1 The revised terms of reference, with changes agreed at the previous meeting and as submitted to the Board for approval, were noted for information. It was agreed that the Chair would write to the Trade Union Partner Chair of the Local Partnership Forum, to remind her that the terms of reference listed her as an ex-officio member in attendance during R&TS Committee meetings held in public. She would be added to the distribution list and invited to attend part or all of the meetings herself, dependent upon agenda items of interest, or alternatively to send a representative. It was also agreed to ascertain whether the terms of reference wording regarding this matter was standard across Wales.</p> <p>R19.89.2 In response to a query from an Independent Member, the Executive Director of Workforce and Organisational Development stated that the Voluntary Early Release Scheme (VERS) was not currently open, however consideration was being given in respect of this position.</p>	<p>MP</p> <p>LJ</p>
<p>R19.90 Issues of significance to inform the Chair’s report to the Board</p> <p>It was agreed that the key items of business discussed would be reported to the Board.</p>	
<p>R19.91 Any other business</p> <p>None raised.</p>	
<p>R19.92 Date of next meeting</p> <p>21.1.20.</p>	
<p>R19.93 Resolution to exclude the Press and Public</p> <p>It was resolved to move to private session for the in committee section of the agenda.</p>	

Remuneration and Terms of Service Committee

Summary Action Plan - Public

Officer	Minute reference and action agreed	Timescale	Latest update position	Revised timescale
4.11.19				
M Polin	R19.89 - Write to Jan Tomlinson re ex officio membership	15.11.19	Letter drafted and Jan Tomlinson sent the public meeting papers	Closed
L Jones	R19.89 – ascertain whether terms of reference wording re ex officio Trade Union membership is standard across Wales	15.11.19	6 responses received – 5 said no, 1 (WAST) said they did have TU membership	Closed

V29 14.1.20



Cyfarfod a dyddiad: Meeting and date:	Remuneration and Terms of Service Committee 21.1.20				
Cyhoeddus neu Breifat: Public or Private:	Public				
Teitl yr Adroddiad Report Title:	Upholding Professional Standards in Wales – Proposed Changes to Management of Process				
Cyfarwyddwr Cyfrifol: Responsible Director:	David Fearnley, Executive Medical Director				
Awdur yr Adroddiad Report Author:	Lesley Hall Associate Director Human Resources				
Craffu blaenorol: Prior Scrutiny:	n/a				
Atodiadau Appendices:	n/a				
Argymhelliad / Recommendation:					
The Committee is asked to approve the following recommendations: <ul style="list-style-type: none"> i. Committee to receive a full summary of cases on a quarterly basis. ii. Chairman to nominate 2 Independent Members to act as Designated Board members for a 12 month period iii. Executive Medical Director and Executive Director of Workforce to submit a proposal re support and reporting of issues with salaried GPs 					
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 /cymradwyaeth For Decision/ Approval	√	Ar gyfer Trafodaeth For Discussion	Ar gyfer sicrwydd For Assurance	Er gwybodaeth For Information	
Sefyllfa / Situation:					
This paper briefly outlines the way in which capability, performance and conduct issues are managed for doctors and dentists. It identifies how cases are monitored including the differences for salaried GPs and the role of the Designated Board member. Recommendations are made in relation to improvements to the process.					
Cefndir / Background:					
Concerns in relation to Capability, Performance and Conduct issues for all doctors and dentists employed by the Health Board, are managed via the procedure Upholding Professional Standards in Wales (UPSW) , which has been in place since October 2015.					
The procedure comprises of 5 parts: <ol style="list-style-type: none"> 1. Action when a concern arises 2. Restriction of Practice and exclusion from work 3. Handling Concerns about a practitioner's health 4. The Standard Procedure 5. Extended Procedure 					

Initially, concerns regarding the capability, conduct or performance of a practitioner should be addressed through local mechanisms, and in the majority of cases, there is no need for recourse to formal procedures.

However where the Executive Medical Director considers that an investigation is required, a Case Manager is appointed to take the matter forward. The Case Manager will undertake an initial assessment of the concern raised, and will determine whether a formal investigation is required, or whether the issue can be resolved informally.

Where the Case Manager determines that a formal investigation is to be undertaken, the Case Manager's responsibilities include to:

- Formulate the terms of reference for an investigation
- Appoint a Case Investigator
- Provide progress reports to the Designated Board Member
- Determine action in response to Case Investigator Findings

When a formal investigation is initiated, the Chairman is required to nominate an Independent Member as 'the Designated Board Member' to oversee the application of the procedure and to ensure that momentum is maintained. These responsibilities specifically include:

- Routinely monitoring the grounds for the practitioner's continued exclusion from work, having regard for the requirements of the procedure
- To consider representations from the practitioner about his or her exclusion, and any inappropriate application of the procedure
- Prepare a report for the Board giving an account of progress where any exclusion has lasted more than 6 months.

In the Health Board, once the Independent Member has been identified, the role of updating the Designated Board has been undertaken by the Case Manager in line with the responsibilities outlined above. There are timescales outlined in the procedure with regard to an investigation, monitoring any restriction to practice and in relation to the standard and extended procedure. This includes but is not limited to 4 weekly updates to the individual involved on progress.

In addition, the responsibility for reporting to the Board appears to have rested with the Workforce and OD Department, providing reports under the accountability of the Executive Medical Director.

It has become clear that updates for the Designated Board member have not been routinely provided in all cases and that responsibility for reporting to the Board has become slightly confused. In addition the practitioner is entitled to make representations to the Designated Board Member regarding application of any part of the process, therefore the 4 weekly updates required by the policy are extremely important.

Whilst not under the auspices of UPSW, GP performance issues are currently managed through a separate process, through the Performance Concerns Group, membership of which includes the Deputy Responsible Officer, Assistant Director Primary Care Contracting, Assistant Director of Dental Services and Assistant Medical Directors Primary Care. This process does not include the requirement for the appointment of a Designated Board Member and as it stands does not involve the Workforce and OD department.

Monitoring of Cases

All UPSW cases (including informal concerns) are monitored via a monthly meeting chaired by the Deputy Responsible Officer and which includes representatives from the Office of the Medical Director and Human Resources. During this meeting, any blockages are identified to enable concerns to be dealt with as quickly as possible. There has been considerable success in reducing the number of cases both in terms of numbers and timeliness.

Designated Board Member

The Designated Board Member is appointed by the Chairman. It is acknowledged that there have been some difficulties in ensuring that they are kept up to date with progress of cases, and provided with sufficient information to enable to carry out their role. Given the small number of cases that proceed to formal investigation, it is also challenging for Independent Members to develop expertise in the process.

Salaried GPs

GP performance issues are currently managed through a separate process, through the Performance Concerns Group, membership of which includes the Deputy Responsible Officer, Assistant Director Primary Care Contracting, Assistant Director of Dental Services and Assistant Medical Directors Primary Care. This group reports to the North Wales Primary Care Quality and Safety Group. There are a small number of salaried GPs employed by the Health Board in managed practices, and in other clinical services, and a mechanism is required to ensure that appropriate support, communication and advice is provided to Health Board managers. This will be addressed through discussion between the Executive Medical Director and the Executive Director of Workforce and OD.

Proposed Way Forward and Recommendations

Monitoring of Cases

It is proposed that a summary of all cases is reported to the Remuneration and Terms of Service Committee on a quarterly basis. At present the report is restricted to cases of over 6 months duration in line with the procedure, but this means that the Committee is not apprised of all the issues that arise, given the focus on addressing issues quickly.

Recommendation: Committee to receive a full summary of cases on a quarterly basis.

Designated Board Member

It is proposed that 2 Independent members are identified to undertake the role of Designated Board Member. This will support more effective communication and knowledge sharing between the Independent Members, Office of the Medical Director and Human Resources given the small number of cases involved, and support improvements to the process by building expertise. In addition, all future updates will be provided by the HR Manager providing support to the case. Given that updates are prepared by HR for monthly monitoring meetings, these updates can be built into this monthly monitoring cycle.

The formal report submitted to the Committee on behalf of the Board would be agreed with the 2 Designated Board Members prior to submission on their behalf.

Recommendation: Chairman to nominate 2 Independent Members to act as Designated Board members for a 12 month period

Salaried GPs

It is proposed that discussions are undertaken between the Executive Medical Director and Executive Director of Workforce and Organisational Development regarding the most appropriate way to support performance issues for GPs employed by the Health Board.

Recommendation: - Executive Medical Director and Executive Director of Workforce to submit a proposal re support and reporting of issues with salaried GPs

Cyfarfod a dyddiad: Meeting and date:	Remuneration and Terms of Service Committee 21st January 2020						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Pay Uplift for GPs Employed as Clinical Leads in Health Board Managed Practices						
Cyfarwyddwr Cyfrifol: Responsible Director:	Mrs Sue Green – Exec Director – Workforce and Organisational Development Dr Chris Stockport – Executive Director – Primary and Community						
Awdur yr Adroddiad Report Author:	Mrs Kay Hannigan – Head of Human Resources Central Locality						
Craffu blaenorol: Prior Scrutiny:	<i>Not applicable</i>						
Atodiadau Appendices:	<i>None</i>						
Argymhelliad / Recommendation:							
Clinical Leads in Health Board Practices should have the recruitment and retention payment uplifted from 1 st April 2019 by 2.5% to £10,050 (FTE) to retain parity with Consultant Colleagues.							
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 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:							
A salaried GP in a Health Board Managed Practice or a group of managed practices is appointed to the role of Clinical Lead. Remuneration for this role is a local agreement, this paper seeks to uplift the payment for this role in line with the Medical and Dental 2019 pay circular published on the 4 th October 2019.							
The top of the GP pay scale was uplifted from £88,710 to £90,928 and permission is sought to uplift the Clinical Lead Rate from £9805 to £10,050 per annum. This will bring the total remuneration package to £100,978 from £98,515 and retain parity with the top of the Consultant Scale.							
Cefndir / Background:							
With the origin of Health Board managed practices, it became apparent that a Clinical Lead post was required, to take on some of the roles that are held by the Senior Partner in General Medical Practices. The Primary Care Transformation Board agreed a Job Description for the role and aligned the pay rate to the top of the Consultant Pay Scale. As this is a local agreement ratified by the Remuneration and Terms of Service Committee, any subsequent uplift has to be agreed by the committee.							

Asesiad / Assessment & Analysis***Strategy Implications***

The Clinical Lead Role is key in providing Clinical Leadership within Health Board Managed Practices and working with clusters and Health Board Primary Care teams in driving forwards the Care Closer to Home Agenda.

Financial Implications

This proposal continues to align the Clinical Lead rate with that of Consultants and represents a 2.5% uplift as per the Medical and Dental Pay Circular. Permission is only sought for the Clinical Lead element as the basic GP salary element was uplifted with November pay. This represents an additional cost of £245pa per Clinical Lead.

There are currently 17 Health Board managed practices across BCU. Therefore this uplift will cost a maximum of £4165 plus 22% on-costs for the full year effect.

Of the 7 Health Board managed practices in the East, only 2 have permanent Clinical Leads in post.

Risk Analysis

Failure to uplift the GP rates may result in a lack of engagement from current potholders. During the year, there has been some turnover from this staff group, as the responsibilities involved in the role often do not fit comfortably with the desire to be a salaried GP. Those who are seeking such responsibilities tend to favour becoming a partner in a GMS practice where the overall reward package is greater.

Legal and Compliance

Failure to uplift may be viewed as a breach of the implied contract to align the salaries to those of the consultants who receive an uplift each year in line with the Doctors and Dentists Pay Review Body.

Impact Assessment

This pay award applies to a small number of Health Board staff and brings the pay into line with Consultants. These will be some of the highest paid staff within the Health Board and this may / may not impact upon the gender pay gap.