



## Remuneration & Terms of Service Committee (R&TS)

Minutes of the Meeting Held on  
6.10.20 via Webex

<p><b>Present:</b></p> <p>Lucy Reid Medwyn Hughes Jackie Hughes</p>	<p>Health Board Vice-Chair - Chairing Independent Member Independent Member</p>
<p><b>In Attendance:</b></p> <p>Mel Baker Sue Green Arpan Guha Gill Harris Liz Jones Berwyn Owen</p>	<p>Lead Manager, Office of the Medical Director Executive Director of Workforce &amp; Organisational Development (OD) Acting Executive Medical Director (part meeting) Acting Chief Executive Assistant Director, Corporate Governance Chief Pharmacist (part meeting)</p>
Agenda Item	Action
<p><b>R20.60 Apologies</b></p> <p>Apologies were received from Mark Polin.</p>	
<p><b>R20.61 Declarations of interests</b></p> <p>None.</p>	
<p><b>R20.62 Draft minutes of previous meeting held on 20.7.20</b></p> <p>The minutes were approved as an accurate record.</p>	
<p><b>R20.63 Summary action log</b></p> <p>The action log was reviewed and updated accordingly.</p>	
<p><b>R20.64 Matters considered in private at the last meeting, to be noted in public</b></p> <p>It was noted that Upholding Professional Standards in Wales (UPSW); Executive Team/Senior roles; Interim Executive Medical Director arrangements; the Chief Executive appointment and Interim Chief Executive arrangements had been considered in private at the meeting held on 20.7.20.</p>	
<p><b>R20.65 Draft revised R&amp;TS Committee terms of reference</b></p> <p>R20.65.1 Additions to the terms of reference were agreed as follows:</p>	

<p><i>3.1.9 consider reports on behalf of the Board giving an account of progress on performers list regulatory cases.</i></p> <p><i>3.1.10 consider reports on behalf of the Board on the position as regards whistleblowing and Safe haven.</i></p> <p>R20.65.2 The Executive Director of Workforce and OD added that she believed that the number of Executives in attendance needed to be increased. The Acting Chief Executive added that she felt the number of Independent Members should also increase, given the size of the organisation. Following discussion, it was agreed that the current 4 Independent Members was a sufficient number, and that there should always be one more Independent Member than Executives. Therefore, the Executive Medical Director would be added to the Chief Executive/Deputy Chief Executive and Executive Director of Workforce &amp; OD to bring the number 'in attendance' up to 3, and Executive quoracy would be amended to read '<i>at least 2</i>'.</p> <p>R20.65.3 It was also recognised that the input of the Executive Director of Finance was crucial to many R&amp;TS Committee papers. It was therefore agreed to add the statement '<i>the Executive Director of Finance may be invited to attend as required, and will be consulted on any paper to be submitted to the Committee which may have financial implications</i>'. In response to an Independent Member, the Executive Director of Workforce &amp; OD stated that it would not be appropriate to list the Director of Governance as an observer at the present time, as that role had not as yet been fully created and interim arrangements were in place for the time being. However, she and the Acting Chief Executive agreed that consideration could be given to building this into future thinking.</p>	
<p><b>R20.66 Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2019-2020</b></p> <p>R20.66.1 The Chief Pharmacist joined the meeting for this agenda item. An Independent Member observed that the report presented information about lapses, but not actions taken or processes. The Chief Pharmacist responded that in respect of GPhC, no actions were taken against registrants during the reporting period. He agreed to follow this matter up to ascertain the position as regards HCPC. In response to a question regarding issues raised by a regulator, he explained that following notification of a concern, the regulator would undertake a threshold assessment of the degree of severity, and the majority of cases would be resolved at the first point of contact. Exceptional cases would be taken forward to committee level. Where heads of services had a concern in relation to a registrant, they would notify the Executive Director of Therapies &amp; Health Science or Chief Pharmacist, as appropriate, who would determine with local management what measures needed to be taken. Risk assessments would be undertaken to decide whether to suspend the individual or certain activities. The Executive Director of Workforce &amp; OD would be involved as necessary. Each community pharmacy had its own superintendent who was responsible for escalating concerns to the Chief Pharmacist for action. He quoted a recent example of a case involving the safety of community pharmacy premises.</p> <p>R20.66.2 An Independent Member queried how the processes fit with Health Board governance, and asked if such matters would feed through the Director of Governance role in future. The Acting Chief Executive stated that this could be</p>	BO

<p>considered. The Executive Director of Workforce &amp; OD stated that the matter would be discussed outside the meeting, as further thought also needed to be given to the role of the R&amp;TS Committee in the timely reporting and escalation of significant issues that might impact on the Health Board’s reputation. Other registration bodies such as the Nursing &amp; Midwifery Council (NMC) would also be incorporated into this thinking.</p>	<p>SG</p>
<p>R20.66.3 An Independent Member, referring to the fact that no lapses were reported, asked how this compared to the previous year. The Chief Pharmacist confirmed there had again been no lapses, however he did highlight an issue relating to Physician Associates who were not currently members of a professional body. The Health Board needed to decide how best to provide oversight and scrutiny of these non-registrant employees. The Chief Pharmacist added that this was a grey area and these individuals should not be prescribing, therefore additional controls were being introduced and assurance would need to be provided to the Board in due course. The Acting Executive Medical Director joined the meeting and stated that he would pick up this area of concern outside the meeting.</p>	<p>AG</p>
<p>R20.66.4 An Independent Member questioned the accuracy of the statement regarding no lapses, as she was aware of lapses in her own area of work in Radiology. The Chief Pharmacist agreed to pick up this issue with the Executive Director of Therapies &amp; Health Science. The Independent Member acknowledged that numbers may be small and the Executive Director of Workforce &amp; OD clarified that temporary lapses that were quickly resolved may not feature in the report. In response to further questions regarding risk, she explained systems in place and triggers within the Electronic Staff Record (ESR). The Chief Pharmacist was thanked and he left the meeting. The report was noted.</p>	<p>BO</p>
<p><b>R20.67 Case Management - Professional Standards Review</b></p>	
<p>R20.67.1 The Executive Director of Workforce &amp; OD presented this agenda item. She explained the content of the paper, setting out the measures taken to introduce and improve professional standards in respect of employee relations cases in the Health Board. She highlighted that the length of time taken to deal with such cases was significant and there were currently many live cases. She suggested that the R&amp;TS Committee receive an employee relations professional standards report twice per year.</p>	
<p>R20.67.2 The Executive Director of Workforce &amp; OD described the ongoing review of the application of professional standards, and the commitment to adhering to the principle of natural justice in the way individuals are treated. They should know what they are alleged to have done, with enough detail to enable them to respond. In the initial assessment, the allegation and how it links to the contract of employment should be clearly articulated. The Executive Director of Workforce &amp; OD advised that lapses had been identified, hence her suggestion to regularly report evidence of compliance and lapses to the Committee. She expressed particular concern regarding the number of cases over 24 weeks, adding that a significant amount of work was underway to understand the delays and what needed to be done to move cases forward in partnership with trade unions.</p>	

<p>R20.67.3 In response to an Independent Member, the Executive Director of Workforce &amp; OD explained that there were different reasons for the delays, and criminal cases such as those involving controlled drugs would require joint working with the Police and Counter Fraud. In safeguarding cases, the police could stipulate that the individual concerned is not alerted to the allegation against them. Discussion ensued regarding ownership of the process at a level lower beneath the Executive, decision making, capacity and investigating officers. Another Independent Member commented that some cases had been delayed for two years in the past, but that significant improvements has been made by the Workforce team more latterly in order to progress investigations, In response to an Independent Member's observations, the Executive Director of Workforce &amp; OD offered to circulate to Committee members the detail behind the numbers listed as cases over 24 weeks, with particular reference to a comparison with last year, the proportion of the workforce involved and the reasons for the delays.</p> <p>R20.67.4 An Independent Member commented that the report presented, and the offer of future regular reports, was very much welcomed. She added that she looked forward to receiving assurance on how the Health Board was moving towards the principles of better regulation. She hoped that colleagues on the ground were not over-reliant on regulators rather than their own active case management, as she felt there was a tendency to step back and allow registration bodies to gather information. She added that she would like to see training provided for case managers. The Executive Director of Workforce &amp; OD responded that, in her experience, colleagues did not step back to wait for registration bodies to act, due to concerns regarding timeliness, therefore cases were progressed by the Health Board, with the registration element almost becoming a secondary issue. She stated that she would be reflecting on this further with her team. She concurred that significantly more training, competency assessments and refresher sessions for investigating officers needed to take place. There should be a cadre of colleagues who undertake investigations regularly. The report presented was noted and the recommendation to establish a task &amp; finish group agreed.</p>	SG
<p><i>The following agenda items were taken out of sequence on the agenda:</i></p>	
<p><b>R20.69 Annual Raising Concerns/Safe Haven report 2018/19</b></p> <p>R20.69.1 The Acting Executive Medical Director and Lead Manager, Office of the Medical Director, were in attendance for this agenda item. The Acting Executive Medical Director explained the background to the launch of the Safe Haven system. He also updated on activity and proposals, developed following internal and external reviews into the centralisation of vascular services, being incorporated into a wider Raising Concerns review.</p> <p>R20.69.2 The Acting Chief Executive commented that the number of employees raising concerns appeared to be smaller than expected in an organisation with a workforce of 17,000 people. She questioned whether individuals felt unable to access the mechanisms for raising concerns or if the mechanisms were not being appropriately communicated. The Executive Director of Workforce &amp; OD responded that this was a reasonable observation, which would be taken into account as part of the review and proposals going forward. She added that Safe Haven had been</p>	

<p>created as an alternative method of raising concerns if staff were not happy to use standard mechanisms such as Datix and line management.</p> <p>R20.69.3 The Acting Chief Executive wondered whether concerns were being raised in a specific area, and how these were being responded to. She acknowledged that this would be looked at as part of the review, which she stated was very timely. It was noted that the report presented did not pick up concerns coming in via routes other than Safe Haven. An Independent Member concurred that the report was an annual report to provide assurance on the Safe Haven function, and did not contain information on actions taken in respect of the cases, nor specific areas or themes. Therefore significant pieces of information were missing from the report presented, as numbers alone did not provide assurance, however she recognised that the review was taking place. The Lead Manager, Office of the Medical Director, explained that the process had been evolving, with two internal audits currently underway and a commitment to provide evidence of improvements. A data capture system was being developed and steps were being taken to improve communication.</p> <p>R20.69.4 The Executive Director of Workforce &amp; OD advised that an earlier iteration of the report had included a series of recommendations, but given the wider review which could result in changes to format and responsibilities for Safe Haven, the recommendations had been taken out of the version presented. She acknowledged the good work of the Lead Manager and her team, and stated that the organisation needed to be sure that Safe Haven was the way forward. There was a need to learn lessons from other organisations with different ways of managing the raising concerns process. The Acting Executive Medical Director supported what the Executive Director of Workforce &amp; OD had said, adding that the report, inherited in its current form, would act as a catalyst for the way forward. The Independent Member reiterated that she wished to understand the outcomes, lessons learnt and actions taken in relation to the specific cases in the report – not simply receive a description of process. The Lead Manager agreed to circulate additional information after the meeting and she acknowledged that further changes were required for the future.</p> <p>The Committee noted the annual report presented.</p>	<p>MB</p>
<p><b>R20.68 Raising Concerns Review – progress report</b></p> <p>R20.68.1 The Executive Director of Workforce &amp; OD advised that, since the progress report was drafted, her team had been linking with the Executive Director of Nursing &amp; Midwifery and appropriate Associate Director from a patient safety perspective. She asked the Committee to note the work underway and direction of travel, with a view to recommendations being brought to the next meeting. She explained that this needed to be an end to end review, to ensure the creation of an environment where individuals believe they can raise issues without fear of or actual retribution. Effective feedback loops, honest conversations, transparency, consistent methodology and learning lessons would be key.</p> <p>R20.68.2 Discussion ensued on commissioning investigations, engagement, lived experience, Trade Union involvement, and the need to hone the options before submission to the Executive Team with onward submission to the Committee. Further discussion ensued on the recommendations under development, the need</p>	<p>SG</p>

<p>for a designated board member, multi-professional review, demonstrating improvements, investment, support for a radical approach, exit interviews, organisational culture, and the importance of giving feedback to the individual involved in the case.</p> <p>R20.68.3 An Independent Member pointed out that the Health Board could learn from the National Guardian's Office Freedom to Speak Up review. She expressed concerns regarding giving assurances that witness statements would be kept confidential. The Executive Director of Workforce &amp; OD agreed that this could only be done where appropriate. Information gathered and used as part of a disciplinary process would result in the subject getting full disclosure. The Independent Member stated that her concern centred upon protecting the identity of those who raise concerns, not about keeping the concern and evidence confidential where there would be a public interest element. She stressed that properly conducted investigations meant that reports could be written in such a way as to share information from an openness and transparency perspective, whilst protecting the identity of the person raising concerns.</p> <p>R20.68.4 Process was discussed in further detail. The Executive Director of Workforce &amp; OD stated that if a concern was raised regarding patient safety, there should be the same assurance mechanism in place as for other concerns. However, these were currently separate. The Committee indicated support for option 2 in the report, but would also be prepared to explore option 3 if required. The Executive Director of Workforce &amp; OD observed that a combination of options 2 and 3 would be the likely direction of travel, however engagement would be required in the first instance. In response to an Independent Member, she confirmed that the data protection team would be included as part of engagement. The Committee noted the work undertaken to date and the progress made in development of options for consideration.</p>	
<p><b>R20.70 Any other business</b></p> <p>None.</p>	
<p><b>R20.71 Date of next meeting</b></p> <p>The next meeting was scheduled for 12.1.21.</p>	
<p><b>R20.72 Resolution to exclude the press and public and move to private session</b></p> <p>The Committee moved into private session.</p>	