Bundle Remuneration & Terms of Service Committee 21 October 2021

Remuneration & Terms of Service Committee (R&TS)

Minutes of the Meeting held on
22.7.21 via Teams

Present:	
Mark Polin Medwyn Hughes Jackie Hughes Lucy Reid	Health Board Chair Independent Member (IM) Independent Member Health Board Vice Chair
In Attendance:	
Louise Brereton (LB) Sue Green (SG) Arpan Guha (AG) Liz Jones (LJ) Annemarie Rowlands (AMR) Jo Whitehead (JW)	Board Secretary Executive Director of Workforce & Organisational Development (OD) Acting Executive Medical Director Assistant Director, Corporate Governance Associate Director, Medical Regulation and Education (part meeting) Chief Executive

Agenda Item	Action
R21.46 Apologies -	
R21.47 Declarations of interests The Health Board Vice-Chair declared her position with NHS Resolution and the Chief Executive declared that her husband was a GP on the Wales Performers List.	
R21.48 Draft minutes of previous meeting held on 22.4.21 The minutes were approved as an accurate record.	
R21.49 Summary action log R21.49.1 The action log was reviewed; all actions were completed and closed.	
R21.50 Matters considered in private at the last meeting, to be noted in public It was noted that the following matters had been discussed in private at the last meeting: Harmonisation of pay for managed practices; Tribunal Report; Senior Interim Manager Update; Upholding Professional Standards in Wales; NHS (Performers Lists) (Wales) Regulations 2004 report; Professional Standards Case	

Management Update Report; Executive Director Appointments and Changes; Performance and Development Review of CEO and Executive Directors; Remuneration Report 20/21.	
R21.51 Nursing and Midwifery Council (NMC) Registration, Revalidation and Fitness to Practice Annual Report R21.51.1 The Associate Director, Medical Regulation and Education, attended to present this report. She stated that external referrals remained highest, whilst internal referrals remained low, and agreed to seek all-Wales comparative data from the NMC for future reporting. She advised that the NMC had revised its fitness to practice processes over the past year, such that it now advocated a centrally coordinated approach similar to that in place in the Health Board for a number of years. R21.51.2 The Associate Director highlighted the top 3 themes in terms of allegations, and the work to be done to learn from these, supported by the new Datix system. She added that the NMC had a backlog of cases due to the impacts of the pandemic and high turnover of staff. She went on to explain lapses in greater detail, and automatic extensions to revalidation dates due to Covid-19. In response to an IM's comment that it was not possible to determine employment status from the hearing outcomes reported, the Associate Director explained that the detail was held centrally, but not shared as the small number of cases risked identifying the individuals concerned. She confirmed that financial and other risk assessments were undertaken. The Health Board Vice-Chair commented that any action taken against the registrant was in the public domain, and she queried the table on page 2 of the report in terms of internal and external referrals and the need to understand the reasons and whether there was under- or over-reporting. The Associate Director described the processes in place and follow up arrangements, noting that some longstanding Tawel Fan and Hergest Unit cases remained ongoing. The Vice-Chair asked to be kept informed of these cases. R21.51.3 The Executive Director of Workforce & OD stated that the Professional Standards Quarterly Report should have better links to NMC cases, and that unfortunately the Fitness to Practice Annual Report covered a different time period, being a calendar year, rather than a financial year, report. She suggested aligning the two by including live NMC cases in the Professional Standards Report so that the Committee would be apprised of the live employment impacts as opposed to receiving data that was 6 months out of date. It was agreed that this enhancement would be helpful in providing ongoing assurance to the Committee, and that the Executive Director would work with the Associate Director outside the meeting to finesse the detail of this. The Committee noted the content of the report presented and the processes currently in place. The Associate Director was thanked for attending and she left the meeting.	AMR AMR SG
R21.52 GMC Revalidation Update 2020 R21.52.1 The Acting Executive Medical Director presented this update, explaining the dual aspects of appraisal and revalidation, the challenges arising from the pandemic, the Health Board's good compliance record, which stood at 99.5% for secondary care and 100% for primary care. Just one case involved a deferral, which	

was being addressed, and the GMC anticipated many more deferrals as a consequence of the pandemic. The Health Board Vice-Chair queried the last page of the update, which referred to information reported in the Integrated Quality & Performance Report (IQPR) – however the IQPR did not in fact include the information in question. The Acting Executive Medical Director responded that the relevant data was provided to the team who produced the IQPR, but may not have featured in the final version of the document, but could be included in future if required. R21.52.2 An IM pointed out that the reference to the Workforce Policies & Procedures Group on page 3 was not related to the subject matter of the update, and it must therefore have been intended to refer to the Doctors in Difficulty Group. The Executive Director of Workforce & OD explained the work that had taken place in respect of individuals who had been shielding during the pandemic, to enable them to maintain their clinical practice. Following discussion the Committee noted the update provided, including the future actions, scrutiny and assurance processes outlined. The Acting Medical Director was thanked for presenting the paper.	
R21.53 All Wales Policy Update The Executive Director of Workforce & OD explained that there had not been many new policies introduced during the pandemic; she presented the following for the Committee's attention, noting that easy-read summaries would be produced in due course: - New Respect and Resolution Policy (all Wales) to replace the Grievance Policy and Dignity at Work Policy (both all Wales) - BCUHB Dress Code Guidelines (revised). - All Wales Raising Concerns Procedure for NHS Staff (to incorporate Speak out Safely) The Committee noted the approved policy, guidelines and procedure.	
R21.54 Any other business None.	
R21.55 Date of next meeting The next routine meeting was scheduled for 21.10.21.	
R21.56 Resolution to exclude the press and public and move to private session The Committee moved into private session.	

Remuneration and Terms of Service Committee

Summary Action Plan - Public

Officer	Minute reference and action agreed	Timescale	Latest update position	Revised timescale
22.7.21:				
Anne-Marie Rowlands	R21.51.1 NMC external referrals vs internal referrals: seek all-Wales comparative data from the NMC for future reporting.	13.9.21	The Associate Director, Medical Regulation and Education was sent a reminder of her actions by LJ on 10.9.21, and acknowledged the requirements on 13.9.21	Propose closed
Anne-Marie Rowlands	R21.52.2 Re NMC revalidation report discussion - longstanding Tawel Fan and Hergest Unit cases remain ongoing. The Vice-Chair has asked to be kept informed of these cases.	13.9.21	The Associate Director, Medical Regulation and Education was sent a reminder of her actions by LJ on 10.9.21, and acknowledged the requirements on 13.9.21.	Propose closed
S Green	R21.51.3 Re Professional Standards Quarterly Report: work with the Associate Director, Medical Regulation and Education, outside the meeting to finesse the detail of the aligned live NMC cases and Professional Standards reports.	24.9.21	Professional Standards Case Management Report is listed on the R&TS Committee agenda for 21.10.21	Propose closed

V40 15.10.21

Cyfarfod a dyddiad: **Meeting and date:**	Remuneration and Terms of Service Committee – 21.10.21
Cyhoeddus neu Breifat: **Public or Private:**	Public
Teitl yr Adroddiad **Report Title:**	Speak Out Safely – Progress report
Cyfarwyddwr Cyfrifol: **Responsible Director:**	Sue Green, Executive Director of Workforce & OD
Awdur yr Adroddiad **Report Author:**	Gareth Evans – Senior Organisational Development Manager Ellen Greer – Acting Associate Director of Organisational Development
Craffu blaenorol: **Prior Scrutiny:**	*N/A*
Atodiadau **Appendices:**	Appendix 1 - Closedown report on Safehaven Appendix 2 - Sample Work in Confidence posters

Argymhelliad / Recommendation:

The Committee is asked to note the work undertaken, the progress made in launching Speak Out Safely and the initial learning gained from the process to date.

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	

Cefndir / Background:

This paper provides an update on the progress with implementing Speak Out Safely in the organisation, a new process to support staff to raise concerns. This follows a presentation to RaTS committee in October 2020 which outlined a number of improvements required regarding the former raising concerns processes and lesson learned as a result of a number of key external and internal reviews.

This progress update includes:

- A brief review of the historical context around raising concerns and what Speak Out Safely is intended to address;
- The aspects of the new Speak Out Safely process that have been put in place to address concerns around previous processes and to provide a robust and comprehensive approach to supporting staff to raise concerns;

- An update on progress in relation to both points above;
- An outline of learning to date from implementing the new Speak Out Safely process – both in terms of lessons learned during the process of implementing Speak Out Safely as well as early data emerging around themes and trends in the concerns being raised through the use of Speak Out Safely;
- Next steps

1. Context

In the period after the publication of the Francis Inquiry (2013) and the Francis Report (2015) BCUHB took steps to implement processes to support staff to raise concerns in line with recommendations. This included a review and refreshing of the workforce policy and process in relation to raising concerns (WP4a) and the introduction of Safehaven (2015), an internally managed 'anonymous' route for staff to raise concerns intended to support staff who may need to 'whistle blow' around public interest disclosures (PIDA, 2013).

In addition, the Ockenden report (2018) highlighted concerns about the processes in place for supporting staff to raise concerns, and the transparency and effectiveness of these. Together with the North Wales Community Health Council's Review of Vascular Services in BCUHB (2020), the report also highlighted vulnerabilities in the system in relation to staff feeling able and knowing how to raise concerns.

The following key themes were highlighted in the report to the RaTS committee in October 2020 as areas which the new Speak Out Safely process would address and improve:

1.1 Lack of knowledge about how to raise concerns.

Discussion with colleagues who supported the Safehaven process suggested, from their own estimation, there may be an under-reporting of concerns by around 75%.

1.2 Numbers of concerns raised through the Safehaven Process were low.

The separate Safehaven Close down Report included as appendix 1 contains a data graphic that provides year on year data on the number of Safehaven referrals made in BCUHB since it was introduced in 2015. This data shows an overall low use of Safehaven. The reasons for this were unclear although lack of knowledge/understanding about the Safehaven process alongside potential anxieties about anonymity around anonymity may have been factors in this.

1.3 The Raising Concerns Policy and Process was complicated and difficult to follow.

WP4a, whilst comprehensive in setting out the range of routes and policy options available to staff to raise concerns, lacked clarity and simplicity in its guidance on how best to do this (it should be noted that this is an all Wales Policy). The complicated nature of the process risked deterring staff from pursuing their concerns as the many different options for progressing a concern were not accompanied by guidance for choosing which option was most appropriate.
In addition, the lack of reference to Safehaven in the flowchart risked staff making the assumption that BCUHB did not provide an alternative route for raising concerns if informal and formal routes seemed inappropriate to the staff member at the time. This risked deterring BCUHB employees from pursuing their concerns.

1.4 There were uncertainties around who staff could speak to about their concerns before raising them.

Research (Lim et al, 2017) around the experience of NHS staff who have engaged in 'whistleblowing' highlights the very real emotional, physical and psychological risks this entails. The lack of a clear cohort of identified personnel for staff to speak to – as opposed to speaking to senior colleagues, Trade Union partners, or members of the HR team - risked deterring employees from taking this important step.

1.5 Systemic concerns raised across several critical reports.

As highlighted earlier in this report, there had been a number of critical reports into service provision at BCUHB. More latterly, HR colleagues had also been involved in raising concerns reviews with SALT services in the West area where issues with the Health Board's raising concerns systems and processes was raised as one of the lessons learned following review and debrief. This pertained to issues around the lack of robust systems for tracking and monitoring of concerns raised, lack of local guidance in relation to raising concerns, and the process for raising concerns not being clear enough for staff to easily follow. Additionally, it was suggested that further clarity was needed around roles and responsibilities within the processes. Pertinent to all of this was the need to ensure an environment is created where individual staff believed they can raise issues without fear of, or actual, retribution coupled with effective feedback loops, transparency, and lessons learned.

1.6 Wider Staff Perceptions.

Trends in Staff Survey (2018) and in the BeProud Engagement Survey (2019) indicated a number of issues over time that could be inferred to potentially contribute to low rates of engagement with raising concerns processes. These included staff concerns about the perceived lack of organisational capacity to offer support or recognition of staff which could, for example, have reduced staff's confidence in raising concerns.

All of the factors outlined above combined to make the case for exploring the introduction of Just Restorative Culture principles and practices alongside changes to the Health Board's formal Raising Concerns processes which together would begin to change the narrative that persisted among staff members that BCUHB was not a safe place in which to raise concerns and have them addressed fairly.

2. Elements of Speak Out Safely intended to resolve historical concerns

Following approval at RaTS Committee in October 2020 and EMG in February 2021 to proceed with implementing a new Speak Out Safely process, work has been underway to implement the new process which is outlined below. This includes ensuring that staff have access to a number of routes for raising concerns within the Health Board. The work undertaken to date includes:

- The launch of Work in Confidence (WiC) in July 2021. WiC is an independent web-based platform for staff to use to raise concerns which supports anonymous two way conversation with a member of the Speak Out Safely MDT and as of 1st October, with our Speak Out Safely Guardians.

  The platform was introduced as a replacement for Safehaven. It came online following collaborative work between members of the Office of the Medical Director (who supported Safehaven), and members of the Speak Out Safely MDT who ensured that Safehaven was wound down properly. Cases still in progress were either properly closed down, or transferred to the Speak Out Safely team to take forward

A copy of the Closedown Report for Safehaven that sets out some of the detail as well as data on numbers and types of referral through Safehaven, year on year since its launch in 2015 is included as Appendix One.

- The establishment of a multi-disciplinary team responsible for coordinating activity within Speak Out Safely; working with live concerns being raised via WiC and other routes; working cooperatively with the Speak Out Safely Guardians in relation to concerns being shared; discussing emerging learning; and, supporting the development and improvement of Speak Out Safely in the Health Board.

- The recruitment of 4 Speak Out Safely Guardians, each providing one day a week and one of whom is a Welsh speaker, who will act as direct points of contact for staff who want to raise concerns in person or via Work in Confidence when other routes (via local conversations as per Respect and Resolution) may not be available to the staff member. These guardians took up their posts on 1st October and will meet regularly with the CEO and Vice Chair to share learning and common themes.

- A network of Speak Out Safely Champions continues to be developed who can signpost staff to the different options available for raising concerns and work alongside the Guardians in local work areas promoting and highlighting the importance of Speak Out Safely.

- The WP4a All Wales Procedure for NHS Staff to Raise Concerns V4 (2021) has been refreshed with sections on the new Speak Out Safely process supported with an amended flowchart to include reference to the new Speak Out Safely elements such as contacting the Speak Out Safely Guardian or using Work in Confidence (the policy provides an ability to provide details on additional local processes).

- Introduction of the All Wales Respect and Resolution (2021) policy (replacing Dignity at Work and Grievance policies). This provides a range of options for staff to initially have informal conversations with managers, with colleagues and via supported routes as an alternative to immediately formalizing concerns when raised. Active work was undertaken at the launch of Respect and Resolution and continues as part of the training, to ensure that messaging around Respect and Resolution and Speak Out Safely are aligned, mutually supportive and reinforces the promotion of a culture within BCUHB that is respectful, safe, just and supports staff to speak out about concerns and have these addressed.

- The development of a clear service specification containing the standard operating procedures for Speak Out Safely, terms of reference for the functioning of the MDT which can be utilised for audit and assurance, and role outlines for the Speak out Safely Guardians and Champions.

- A process mapping exercise to ensure all routes through which staff can raise concerns are mapped, including anonymous concerns, Health and Safety, Safeguarding, and HR routes to ensure that the Speak out Safely process is inclusive of all routes to raise concerns and that a coordinated approach is taken to responding to and managing concerns. The process map will be included within the final service specification.

- An ongoing communications and promotion campaign has been developed involving the use of formal communications channels, BCUHB social media, video and intranet-based messages, supported by attendance at Staff Network meetings and at senior leadership meetings to promote the approach and explain the different elements of the new Speak out Safely process and how these work together to create a supportive environment for staff to raise concerns.

The new Speak out Safely process was launched with the release of a joint statement between Trade union Partners and the Health Board and there have continued to be ongoing constructive discussions with Trade Union partners around role differentiation in relation to ensuring the remit of Speak Out Safely Champions is clearly distinct from that of Trade Union partners.   The Speak out Safely Champion role profile has been co-designed in partnership with Trade Union partners.

3. Progress to date and mechanisms for assurance, evaluation, learning and review

A review was undertaken in July 2021 around the themes and issues identified in the October 2020 RaTS report to provide internal assurance to the Speak Out Safely Task and Finish Group, that the issues raised in the October 2020 report were being addressed through the new process. These issues were mapped across a number of specific sub-headings to assist in the evaluation and analysis:

- General Issues with the Health Board's Raising Concerns process
- Specific issues in relation to Safehaven
- Specific issues in relation to WP4a

3.1 General Issues:

3.1.1 Transparency and effectiveness of processes

To address concerns about transparency and effectiveness of the new Speak Out Safely approach compared to the former process, there has been active engagement with and co-production of key aspects of Speak Out Safely with Trade Union partners through the Local Partnership Forum, the Workforce Partnership Group and Joint Local Negotiation Committee. This involved feedback and discussion about Speak Out Safely and its development as well as testing of elements of the process, such as Work in Confidence. Trade Union partners were asked to nominate a 'mystery shopper' who subsequently logged into the Work in Confidence platform ahead of its launch and tested the system and then provided positive feedback. In addition, discussions were held with staff in the Health Board's RespectAbility Network to ensure that the information being provided around Speak Out Safely was easily understandable and accessible for staff with visual impairments. This exploration with staff has been incorporated into the EqIA completed for Speak Out Safely.

Additionally, the WiC platform offers staff who use the platform an opportunity to rate their experience of working with a member of the MDT. More recently, discussions have commenced with Work in Confidence to design and build in additional levels of feedback options for staff in relation to experience, impact, and value of engaging in the process. It is expected that these additional features will be made available for use by November 2021 and will allow for a higher quality of user feedback to be gathered and utilised in future evaluations.

3.1.2   Staff knowing how to raise concerns

Speak Out Safely has a robust and comprehensive Communications Plan that has been reviewed and approved by the CEO and Vice Chair as Executive Sponsors of the new process. To date, communications have been issued across the Health Board on the launch of Speak Out Safely, the launch of WiC, to introduce the Speak Out Safely Guardians and to mark 'Speak Up' month. Additionally, a dedicated intranet page for Speak Out Safely has been developed with access to resources and information, with plans for inclusion of video content from Executive colleagues endorsing the approach. Additional communications are planned for WiC with new posters for display in staff areas (appendix 2 provides some example posters). There is also active engagement with staff networks and management team meetings across the organisation to promote Speak out Safely at local level.

3.1.3   Clarity regarding responsibility and processes for managing concerns raised

The new structure introduced is intended to bring clarity as to who can support staff in raising and taking concerns forward. Additionally, the reporting mechanism developed for the MDT and the reporting capacity within WiC, provides assurance around the fair management of concerns raised as well as opportunities for learning, audit and follow up around concerns when raised. The work undertaken to process map all informal and formal routes through which staff can raise concerns will bring further clarity and a co-ordinated approach to the management of all concerns raised under the Speak Out Safely umbrella.

WP4a has also been refreshed to ensure it provides clear guidance on local options available to staff to raise concerns, and training sessions are currently under way on the new Respect and Resolution policy and process in partnership with Trade Union colleagues, and how these support the work around shaping a more just and fair culture in the Health Board.

3.1.4 Appropriate routes for different types of concern (e.g. Public Interest Disclosure Act, grievance)

The introduction of the new Respect and Resolution approach provides clear guidance and support for staff who have concerns that would previously have been supported through the Dignity at Work or Grievance processes. WiC additionally offers routes for raising concerns that might meet the criteria for Public Interest Disclosure. Having the MDT in place allows for shared decision making around concerns received and therefore reduces potential bias or decision making errors that might arise when making individual decisions in isolation. The process mapping work that has been undertaken will further assist in providing clarity on routes available for managing different types of concerns.

The approach taken also provides CEO and Vice Chair support and scrutiny for the Speak Out Safely Guardians and also provides a route to escalation for concerns that may meet barriers.

3.1.5   Confidentiality within processes and clarity for staff in relation to limits to confidentiality

Work has been undertaken with Information Governance colleagues to develop the approach to safeguarding confidentiality when using WiC, including capturing data and learning through MDT colleagues. This is reflected in the robust DPIA completed to ensure WiC has safeguards in place to ensure staff data stored digitally is secure. Further work is being planned for the Speak Out Safely intranet page to explain what type of information is shared with whom and why, and how confidentiality is protected e.g. when speaking with the Guardian in person (and the responsibilities they will have to ensure safety and mitigate risk) as compared to the full anonymity available through

using WiC. This additional level of detail is intended to support staff when making decisions as to which route to use to raise a concern.

3.1.6   Learning from concerns & feedback to staff

The introduction of the Speak out Safely Guardians, MDT and Speak out Safely Champion roles provide a number of 'channels' for understanding and learning in relation to the concerns raised and what actions are taken, and what reflections this supports. In addition the inclusion of Executive oversight provides an additional level of learning to continue to improve processes moving forward. There is also an expectation that the Guardians will also share their activity and learning through a regular newsletter that can also be utilised as a mechanism for sharing updates, promoting the wider work of Speak Out Safely and introducing new elements if identified.

In relation to feedback to staff, conversations within WiC act as one form of feedback as they are live, two way, anonymous and directed to the individual concerned. Guardian updates and formal reports shared across the organisation will provide a more generic 'whole system' level of feedback overall. The involvement of Information Governance colleagues as members of the MDT will enable them to provide guidance when needed in terms of best practice for responding to staff when formal responses may be required.

3.1.7   Lack of clarity (from reviews) re knowledge about who staff can go to about concerns

The Speak Out Safely intranet page lists in sequential order the different routes staff can take to raise concerns. This starts with encouraging staff to hold conversations locally with managers and colleagues before considering other avenues – as set out within Respect and Resolution. Additionally having the Speak out Safely Guardians, MDT and Speak out Safely Champions in place provides staff with options if attempts to address concerns locally do not yield a satisfactory outcome. Ongoing engagement and partnership with Trade Union partners and Staff Networks provide additional routes for promotion and embedding the work.

3.1.8 Tracking and monitoring of concerns raised

Conversations in WiC are available for review and can be downloaded if needed whilst remaining anonymised. WiC also has a Consolidated Case Management system that the Speak out Safely Guardians will use to collate data from the different routes staff may use when talking to them, i.e. via e-mail, phone call, face to face meeting, or through WiC. This is designed to ensure that concerns can be robustly monitored to ensure staff are effectively supported as well as concerns being acted upon. Work has also been undertaken with Information Governance colleagues in line with recommendations made in previous reviews (as detailed in the Historic Context section) to set up a secure SharePoint site which is only accessible by members of the MDT and within which all documents, process logs, learning and reviews related to Speak Out Safely are stored. This is hosted by one department (WOD) as recommended.

3.1.9   Consistency of methodology

The new Speak out Safely process is supported by a clear Standard Operating Procedure and once completed, a process map, with executive scrutiny for the Speak out Safely Guardians and wider committee scrutiny of activity, reports and learning. This range of poly-governance structures is designed to provide assurance regarding the consistent application of standards within Speak Out Safely. Internal reviews of MDT and Speak out Safely Guardian processes will be held at regular

intervals to capture learning and allow for additional considerations and adaptions to be made should gaps be discovered in the methodology.

3.2 Specific Issues with Safehaven

3.2.1 Under-reporting of concerns (by an estimated 75%) & low overall numbers of referrals

Speak Out Safely provides additional assurance via WiC of a confidential route to raise concerns and has already seen a greater level of use in the first three months of operation than during the first two years of Safehaven. Having Speak out Safely Champions acting as local points of contact for sign-posting, as well as ensuring the visibility of the Guardians and wider, ongoing promotion of Speak Out Safely both through its own Communications Strategy as well as through links and alignments with other strategic initiatives, such as Stronger Together and the Staff Wellbeing Services, is designed to maintain awareness of the Speak out Safely process across the organisation and encourage its use by staff.

Additionally, the ability of both the MDT and Speak Out Safely Guardians to feed back learning, progress made with concerns and improvements to services as a consequence of using Speak Out Safely should, over time, act as an important enabler of staff feeling confident to raise concerns.

3.3 WP4a

3.3.1 Complexity of process

It is recognised that Speak Out Safely itself may be construed as complex in relation to the provision of various options/routes staff have to raise concerns. To support with this the Speak Out Safely intranet page provides clear information on the options available to staff and in language that has been reviewed and approved by members of the RespectAbility staff network.

Speak Out Safely Champions will also support staff in relation to signposting and sharing information on the options they have. A set of Champion resources is being co-designed with the Champion community for them to use when talking to staff.

Additionally, WiC provides the organisation with the ability to create bespoke surveys that can be used to seek staff views and thus support the Task and Finish group in improving any aspects of the process that may remain unclear. WiC also provides a discussion forum function which could be utilised to engage with staff in 'design' conversations around the various aspects of Speak out Safely to ensure the process evolves in ways that are as clear and straightforward for staff to use as possible.

3.3.2 Minimal reference to Safe Haven in previous process documents

Information pertaining to WiC is included in the updated WP4a policy and in the amended flowchart that is part of the policy document. As noted earlier in this report, there is also an emphasis on ongoing promotion of WiC. This includes plans to promote this via ESR, e-payslips, posters in staff areas, the Speak Out Safely intranet page, and through the Speak out Safely Guardians and Champions, to ensure that staff who don't have regular access to e-mail and corporate communications are also kept informed about WiC as well as other aspects of Speak Out Safely.

4   Process and Organisational Learning

4.1 Setting up the Process

There has been time taken to reflect on the process of setting up and launching Speak Out Safely in BCUHB both in Task and Finish Group meetings and MDT meetings. Part of the learning has been around the 'emergent nature' of much of the work in terms of the need to 'learn in doing', which in part led to the process mapping process to identify all the different routes through which staff can raise concerns to ensure as coordinated and consistent approach as possible. The importance of understanding the different routes became an important point of learning to develop coherence in terms of the response required to concerns raised through different routes.

There has also been an evolving inquiry into the relationships and interdependencies between the different roles and parts of Speak Out Safely as new processes were being implemented. In part, this is because BCUHB has implemented additional measures in its process than appears the case for organisations in either England or other parts of Wales. These including the MDT as well as the Speak out Safely Guardian roles, together with an external platform for anonymous raising of concerns.

Early reflections from the MDT on the value of multi-professional conversations and decision making suggests this adds some robustness to the process of supporting decision taking around concerns and this will be further evaluated by others, including users and staff who interact with the MDT to assess this sense of added value.

4.2 Themes emerging from MDT in relation to WiC

Consensus from MDT members who have so far engaged in conversations in WiC, is that the system is easy to use and navigate. The Support team for WiC has been responsive regarding questions around system capabilities and willing to work with the team to design additional functionality including additional mechanisms for seeking user feedback, and system capacity to signal when a conversation will not be continued e.g. when a member of staff has left the organisation.

Alongside the theme headings that staff choose when starting a conversation (as detailed in the section below outlining the initial themes to emerge from concerns raised through WiC) the MDT have started to identify common issues and themes emerging in conversations including: staffing levels, relationship concerns, patient safety concerns, concerns around fair processes and unbiased decision making, suggestions about improving services to patients (both systems and processes), and concerns about due process in relation to historical investigation of concerns and complaints.

User feedback, although in low numbers so far, has been positive in relation to the experience of speaking to an MDT member with narrative feedback within the body of conversations indicating staff are grateful for both the chance to raise issues and for feedback where information/next steps can be demonstrated to have been taken by the MDT. Staff are also grateful to have had their concerns listened to and acted upon.

The MDT may ask other colleagues to undertake further work into particular issues raised. Guidance for this will need to be developed, including how best to proceed when 'investigating' further into concerns raised so as not to inadvertently risk revealing the identity of the staff member when making further enquiries, or cut across existing processes.

The MDT have also reflected on how triangulating conversations within WiC with other systems intelligence available might be used to generate 'heat maps' that highlight groups, areas and services that may need additional support.

4.3 Themes emerging from MDT in relation to the work of Speak Out Safely

There has been both a need to and value in collaboratively working across disciplines and service areas as part of the early work within Speak Out Safely. This has included ongoing conversations with Trade Unions partners and Staff Networks as well as with specific services on occasion such as collaborating with colleagues in MHLD services to design responses back to staff members using WiC that offer appropriately worded support when concerns about staff members emotional and mental wellbeing is involved.

There has also been recognition of the need to consider access to psychological support for both the Speak Out Safely Guardians as well as MDT members in relation to the potential emotional overwhelm associated with working with staff members experiencing distress, potentially indicating risks to patients, other staff members, and to themselves. Discussions are underway with colleagues developing the new Staff Wellbeing and Support service to identify opportunities to engage in facilitated peer supervision and support sessions as and when needed. There has been a phased approach to introducing the various element of Speak Out Safely, partly so as not to confuse staff by putting too many new processes in place at the same time and partly out of necessity - for example, introducing WiC as one of the first actions to enable the planning of closing down Safehaven. Other aspects, such as the recruitment and appointment of the Speak Out Safely Guardians has been based on the time needed to work through formal processes.

Other reflections from MDT members in relation to Speak Out Safely in its widest sense have centred on the key relationship between trust, psychological safety and confidence to speak out. MDT members recognise the responsibility they hold for responding promptly and with care to concerns staff raise, so as to provide an experience that feels safe and supportive of sharing concerns. Anecdotal narrative data from conversations MDT members have had with staff in different settings suggest issues around confidence to speak up, frustrations around not being heard and concerns around the potential negative impact on the individual if they speak up. This data does appear to mirror similar themes that have emerged from other sources such as the national Staff Survey results and the emerging themes from the Discovery phase of Mewn Undod Mae Nerth/Stronger Together.

MDT members have also been giving consideration to how best to respond to the potential for slow or non-responsiveness when asking colleagues to review concerns raised in particular areas of the Health Board. Process mapping conversations with colleagues in the Office of the Medical Director about lessons learnt from Safehaven highlight slow and on occasion lengthy response times to concerns raised. This impacted on the capacity of the Safehaven team to provide timely updates and feedback to users and consequently may well have contributed to the low usage of Safehaven over time as well as mistrust by staff. Reflecting on how best to address such 'blocks' has led the MDT to consider what options there may be for escalation of concerns, akin to the escalation route Guardians have via the CEO and Vice Chair.   This is an important part of providing assurance that the new Speak Out Safely process addresses the needs of staff when raising concerns.

There has also been consideration of the need to develop a process for supporting staff who use Speak Out Safely and still feel their concerns have not been properly supported or taken seriously. Initial conversations have explored a range of 'next step' options including further conversation with a different MDT member, referral to one of the Speak Out Safely Guardians for a more local and

perhaps more independent form of support, use of surveys (if person is willing to complete) to better understand the sense of lack of resolution, and finally guidance on how to take concerns externally where internal mechanisms are not proving satisfactory.

A further point of learning for the MDT is about remaining mindful of potential conflicts of interest that may arise for individual MDT members. Each person working in the MDT also has a substantive role and are accountable to others who may need to be held accountable through the Speak Out Safely process. This is currently being worked through as how best to ensure no conflict of interest arises.

There is real value in having the breadth of multi-disciplinary input into the MDT providing a broad array of skills, perspectives and capacity to engage in robust dialogue which provides additional assurance, accountability, capacity to follow up/close the loop on concerns, alongside providing signposting, wider systems awareness, and influence through a wide set of formal and informal network connections. This in turn may address some of the weaknesses inherent in previous approaches to supporting concerns in BCUHB where separate processes and channels for concerns were often not connected together and as such created vulnerabilities in the Health Board's processes as highlighted in external reviews and reports as set out in the first section of this paper.

Speak Out Safely is part of the wider development of an organisational approach and culture based on person-centred and compassionate practice, and highlights the need to demonstrate that speaking up leads to concerns being taken seriously and taken forward. The work done to date in implementing the new Speak Out Safely process is designed to ensure that it can deliver on its intention to be a mechanism for both raising concerns and supporting safe, effective and compassionate patient and staff centred practice. This is within the context and understanding that the process itself is evolving and that the MDT, Speak Out Safely Guardians and Champions will continue to learn and refine and improve processes as the work develops.

5   Initial Themes arising from Conversations in Work in Confidence and other platform specific data

Work in Confidence was launched on 11th July 2021. To date 156 staff members have registered for the platform by requesting the activation e-mail and of these 117 have activated their account and completed their registration. During the period since the launch of Work in Confidence there have been **25** conversations started. This is more activity in the first three months of Work in Confidence being 'live' than for each of the first two years of Safehaven activity (2015 – 9 referrals, 2016 – 24 referrals).

The table below shows the breakdown by theme of concerns raised for these first 25 conversations:

Conversations by Category & Number
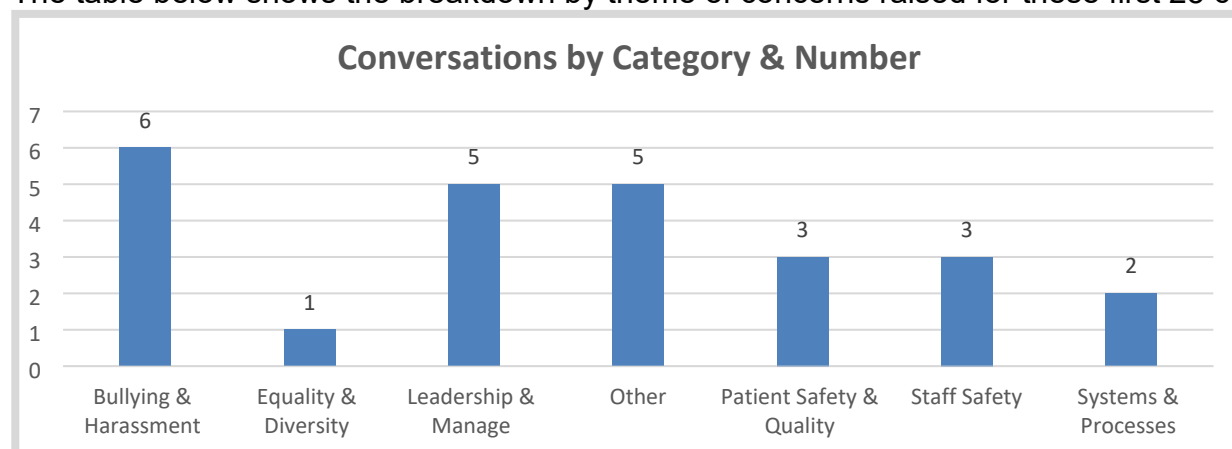
Out of the conversation begun in Work in Confidence, the average time to first response has been **6** days and the average time to close cases has been **15** days. Currently out of the 25 cases raised in the time since the platform launched, **10** have been closed which is a closure rate of **41%** across all conversations received during this period. The following chart shows conversations closed by category:

NO. OF CONVERSATIONS CLOSED BY CATEGORY

Category	Value
Bullying / Harassment	2
Equality, Diversity & Inclusion	1
Leadership & Management issues	3
Other	2
Staff Safety	1
System / Process	2

6 Next Steps

In seeking to further develop, embed and evaluate the approach taken to introduce and embed Speak Out Safely, a number of next steps are planned:

- Embedding and consolidating the role of the Speak Out Safely Guardians into the organisation

- Continuing to recruit to the Champion Network to ensure a broad reach into different work areas to support signposting and information sharing with staff who may not otherwise have access to information via corporate communication channels

- Continuing to develop the capacity of the MDT to triangulate systems intelligence with concerns being raised to be able to map potential areas for additional support

- Continuing to review, evaluate and improve on the approach through seeking user feedback, engaging in internal reviews, completing Committee reports for scrutiny and shared learning, and sharing lessons learnt on an ongoing basis across the organisation to encourage and support staff to feel able to speak up safely about concerns to help safeguard the health and wellbeing of our patients, communities and our staff.

- Exploring how to build relationships and network connections across Wales as well as into England, linking in with colleagues in other Health Boards as well as with the National Guardian's Office and Freedom to Speak Up Guardians in English NHS Trusts. This work will continue to enrich learning and further develop the new process as well as build in additional levels of support and connection for our Speak Out Safely Guardians.

- Connecting with colleagues at Cardiff University who have completed research with NIHR (National Institute for Health Research) into the work of the Freedom to Speak Up Guardians in England to build lessons learned into the Health Board's evolving approach. Early findings from this research indicate the adaptive learning based approach taken in the Health Board – introducing each aspect of Speak Out Safely in the early stages of implementation as

'prototypes' for testing, learning from and refining – is the approach NIHR will be recommending to the National Guardians Office as the way to proceed with work to refresh Freedom to Speak Up in England.

7   Summary

This report has set out the progress made to date in implementing the new Speak Out Safely process and seeks to provide assurance to the RaTS Committee that the new process addresses the issues that arose from earlier approaches to raising concerns. It has provided an overview of some of the initial learning gained through implementing the Speak out Safely process, has outlined the themes to emerge from the first 2/3 months of the Work in Confidence and Speak out Safely process being implemented, and has outlined next steps in continuing to evolve and improve the process.

The breadth of the processes put in place for Speak Out Safely is amongst the most comprehensive in NHS Wales. The approach taken – based on collaboration and inclusivity - through continuing dialogue with Trade Union partners and members of our Staff Networks around the planning, design and development of Speak Out Safely, has helped develop an approach that seeks to model open, fair and just principles as the process continues to evolve through learning and feedback.

Appendix One – Closedown Report for Safehaven

Sefyllfa / Situation:

This update provides assurance that all cases raised within the Safehaven between September 2015 and July 2021 have now concluded. An out of office signposts staff who still access the Safehaven, that the mailbox is now closed and has been replaced with Work in Confidence (WiC)– the independent platform for anyone working in BCUHB to raise concerns safely and securely.

Cefndir / Background:

Safehaven developed in 2015 to provide an additional option for staff to raise concerns should the use of informal and/or formal routes as identified in WP4a prove unworkable. Safehaven was BCUHB's approach to supporting staff who need to engage in 'whistleblowing'

WiC is the independent, secure and confidential web-based platform staff now use to raise concerns. WiC replaced Safe Haven 11th July 2021 and now enables staff to have anonymous two-way conversation with a member of the Speak Out Safely multi-disciplinary team or Speak Out Safely Guardian

Asesu a Dadansoddi / Assessment & Analysis

In anticipation of WiC going live, the Head of Office, Office of the Medical Director worked alongside the Organisational Development manager, Organisational Development who liaised directly with the multidisciplinary team supporting WiC to ensure all eight live cases within Safehaven were progressed to conclusion.

This included:
- The follow up of investigations in process, to support the conclusion of the case
- The follow up outstanding requests to enable the case to be concluded
  - Two cases were confirmed and the case closed
- Checking with those having raised concern, to establish if they were now resolved to enable them to be concluded
  - One case was concluded
- Checking with those who have raised a concern, and established it is not resolved, and where the person raising the call have given permission transferred the case to WiC
  - One case was transferred
- Checking with those having raised concern, where additional information had been requested, to were contacted the 18th August 21 provide the information by the 3rd September 21
  - Four cases were concluded in this way on 13th September 2021

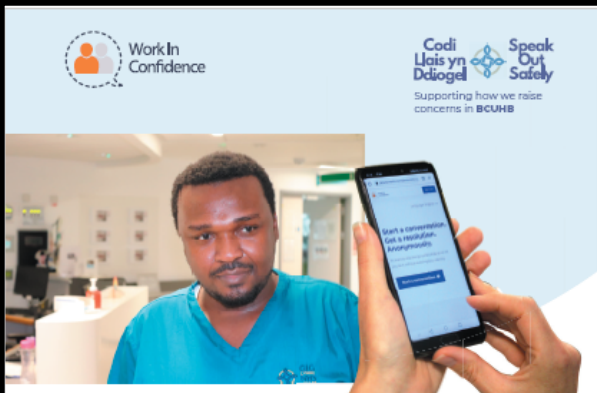**Categorisation of all cases from September 2015-July 2021**

Count of Concern Reference Number	**Year**							
Category	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**Grand Total**
Bullying and Harassment	1	2	10	4	2	6	1	26
Confidentiality breaches		1	1					2

Finance		1						1
Fraud/ Theft	1	2	2	2				7
Other	2	3	7	5		5		22
Patient Safety		5	7	5	3	4	1	25
Patient Safety / Safe Staffing						1		1
Safe staffing	1	5	10	2	1			19
Service delivery issues	1	1	2					4
WOD- Other	3	4	5					12
Grand Total	9	24	44	18	6	16	2	119

Conclusion and next steps

The update provides confirmation that all cases have been concluded or transferred to WiC. The Safehaven email address should be archived, in line with the Information Governance retention schedule.

Appendix Two – Sample Work in Confidence Posters – BCUHB staff (with permission gained to use their pictures in the promotion of this work)

Cyfarfod a dyddiad: Meeting and date:	Remuneration & Terms of Service Committee (RaTS) 21st October 2021
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	Health Care Professions Council (HCPC) and General Pharmaceutical Council Wales (GPhC) Professional Registration Report 2020-2021
Cyfarwyddwr Cyfrifol: Responsible Director:	HCPC Registered Staff – Mr Adrian Thomas, Executive Director of Therapies and Health Sciences GPhC Registered Staff – Dr Nick Lyons, Executive Medical Director
Awdur yr Adroddiad Report Author:	Mr Adrian Thomas - Executive Director of Therapies and Health Sciences Dr Berwyn Owen - Chief Pharmacist
Craffu blaenorol: Prior Scrutiny:	The report has been approved by the Executive Director Therapies and Health Sciences and the Executive Medical Director. The report will be an agenda item at the next Professional Advisory Group.
Atodiadau Appendices:	Appendix 1 – HCPC Regstration Renewal Dates 2021 - 2022

Argymhelliad / Recommendation:

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

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance	X	Er gwybodaeth For Information	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**Y/N**	

Sefyllfa / Situation:

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

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

The registering bodies:

- set standards for registrants' education and training, professional skills, conduct, performance and ethics;

- keep a Register of professionals who meet those standards;

- approve programmes which professionals must complete to register with us; and

- take action when professionals on Registers do not meet our standards.

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

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

Cefndir / Background:

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

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

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

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

To ensure compliance with WP23 managers are required to have a system in place that records and verifies the professional registration status of their staff. Since 2021 the Electronic Staff Record (ESR) records registration for all pharmacists and pharmacy technicians.

Asesu a Dadansoddi / Assessment & Analysis

With the exception of a radiographer, there were no lapses in the Registration for HCPC registered staff for the 12 months period from April 2020 – March 2021.
The lapse for the radiographer was between 6/8/20 to 20/8/20 inclusive, and was due to an error within the employee's bank. The radiographer went from B5 to B4 for this period with notification going to the Executive Director of Therapies and Health Science and WOD.

There were no lapses in the Registration for any GPhC registered staff for the 12 months from April 2020 – March 2021.

Opsiynau a ystyriwyd / Options considered

N/A

Goblygiadau Ariannol / Financial Implications

N/A

Dadansoddiad Risk / Risk Analysis

N/A

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A

Asesiad Effaith / Impact Assessment

N/A

hcpc health & care professions council

Appendix 1

Renewal dates   2021 - 2022

Profession	Renewal open	Renewal deadline
Practitioner psychologists	1 March 2021	31 May 2021
Orthoptists	1 June 2021	31 August 2021
Paramedics	1 June 2021	31 August 2021
Clinical scientists	1 July 2021	30 September 2021
Prosthetists / orthotists	1 July 2021	30 September 2021
Speech and language therapists	1 July 2021	30 September 2021

Occupational therapists	1 August 2021	31 October 2021
Biomedical scientists	1 September 2021	30 November 2021
Radiographers	1 December 2021	28 February 2022
Physiotherapists	1 February 2022	30 April 2022
Arts therapists	1 March 2022	31 May 2022
Dietitians	1 April 2022	30 June 2022
Chiropodists / podiatrists	1 May 2022	31 July 2022
Hearing aid dispensers	1 May 2022	31 July 2022
Operating department practitioners	1 September 2022	30 November 2022