

WORKFORCE ACTION PLAN IN RESPONSE TO HEALTH INSPECTORATE WALES SPECIAL REVIEW OF HOW ABERTawe BRO MORGANNWG UNIVERSITY HEALTH BOARD (ABMUHB) HANDLED THE EMPLOYMENT OF, AND ALLEGATIONS MADE AGAINST, KRIS WADE.

Performance Rationales Key

Performance Rationales	Key
Action(s) are either completed, require ongoing maintenance or on profile to achieve the target/objective.	GREEN
Actions are below target/milestone forecast but actions and resources are in place to ensure the target or measure will be achieved in the next period of performance review.	AMBER
Actions are below target/milestone forecast and no action plan / additional effort or resources are in place to ensure remedial action is timely and the objective/target will be achieved overall.	RED

Recommendation	Action	Timescale	Lead Executive	Current position
1 The health board must ensure the redeployment policy is consistently followed.	<ul style="list-style-type: none"> Review Redeployment policy to ensure explicit requirement for appropriate staff have Disclosure and Barring Service (DBS) checks made before redeployment. 	March 19	Director of Workforce and OD	<p>The Redeployment policy already contains a statement that any offers of suitable alternative employment is subject to appropriate DBS clearance. It also states the same for anyone being offered a trial period. However it does not currently require a new DBS to be undertaken</p> <p>The policy is under full review and the opportunity will be taken to make this condition more prominent in the policy.</p>
	<ul style="list-style-type: none"> Audit historical compliance with redeployment policy to ensure appropriate DBS checks completed. 	April 19	Director of Workforce and OD	
	<ul style="list-style-type: none"> Training/awareness for workforce staff to ensure consistency of 	April 19	Director of Workforce and OD	

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	<p>application of policy requirements.</p> <ul style="list-style-type: none"> Central management of redeployment register within workforce team when new structure implemented. 	June 19	Director of Workforce and OD	<p>The full review will be completed by the end of June.</p> <p>During the course of the review a question was raised in relation to the application of priority amongst staff on the redeployment register. Legal advice is now being sought on this issue before the policy can be finalised.</p> <p>In the meantime, the application form for an employee to be placed on the redeployment register has been amended and now requires both the employee and manager to sign a declaration that they are aware of the requirement to undertake a DBS check if the role requires it.</p> <p>Training for workforce team undertaken on 4th April 2019</p>
2 The health board needs to consider how occupational health advice can be more clearly communicated to management staff, in order to accommodate the needs of the employee concerned	<ul style="list-style-type: none"> Clarify with HIW the context of the recommendation to ensure appropriate action is put in place. 	February 19	Director of Workforce and OD	Complete

Recommendation	Action	Timescale	Lead Executive	Current position
	<ul style="list-style-type: none"> • Review OH referral pro-forma to ensure clarity of issues/questions requiring OH response/advice. • Training/awareness briefings for managers on OH referral processes. • All referrals from managers to include specific question(s) for occupational health to answer and if managers are not satisfied with content of reports or have queries – to contact occupational health for clarification. • Professional scrutiny of OH Doctors reports to ensure that manager questions are being clearly answered by Workforce Operational team following the 	<p>March 19</p> <p>From March 19</p> <p>From March 19</p> <p>May 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<p>Complete – OH referral form reviewed to ensure enables managers to ask relevant questions</p> <p>Complete - schedule of training planned for managers regarding OH referral processes</p> <p>Complete - Managers are contacted if no specific questions for OH on referral form. Managers contact OH when requiring clarification/not satisfied with report and OH Practitioner reviews and feeds back to manager.</p> <p>Audit to be undertaken upon the retire and return of OH Consultant (returned to work 1/7/19)</p>

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	establishment of the new workforce structure.			
3 The health board must ensure the suspension and special leave policies are applied consistently and all staff are clear about their correct use in relation to staff members under investigation.	<ul style="list-style-type: none"> All disciplinary cases will be reviewed by Senior Human Resource staff. Training for workforce staff in application of policy. Monthly review of all suspensions/serious cases at (In Committee) Workforce & Organisational Development (W&OD) Committee. 	<p>February 19</p> <p>April 19</p> <p>From February 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<ul style="list-style-type: none"> All disciplinary cases are reviewed by Assistant Directors of Workforce on a monthly basis all suspensions are discussed and reviewed. Training for workforce team undertaken on 4th April 2019 Reviewed in Committee in February 2019 and will continue on a monthly basis
4 The health board must identify and provide sufficient resources for disciplinary investigations to ensure their timely completion.	<ul style="list-style-type: none"> Advertise Investigating Officer (IO) posts. Interview for IO post. Establish IO team. Review current Work Force structure to 	<p>February 19</p> <p>March 19</p> <p>May 19</p> <p>April 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<ul style="list-style-type: none"> Investigation Officers post advertised and closed. IOs to take up post (2 end July and 1 Sept) Workforce Assistant Director portfolios review and changed to endues all 'operational' HR matters now managed by 1 AD and operational team reorganised into 1

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	ensure sufficient resource to support cases not supported by IO's.		Director of Workforce and OD	organisation wide team to improve consistent of operational practice
5 The health board must ensure there is relevant and timely clinical input to support the understanding of evidence from vulnerable patients within disciplinary proceedings.	<ul style="list-style-type: none"> Investigating officers to review disciplinary cases before commencing investigating to determine whether patients will need to provide statements. Review disciplinary and grievance procedures to ensure they reflect the above requirement. Investigating officers to receive training in taking statements from patients. Before approaching patients for evidence clinical advice and support will be sought. 	<p>February 19</p> <p>March 19</p> <p>Once in post</p> <p>February 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<p>The Disciplinary and Grievance Policies are developed on an All wales basis and cannot be amended locally. However this is an issue will be picked up as part of the training and guidance for Investigating Officers.</p> <p>The teams currently ask for support when needed and when the Investigation Officers are in place they will be trained on this.</p>

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Welsh Government should consider how the renewal of DBS checks for NHS staff can be facilitated across Wales as an important part of safeguarding patients.			Welsh Government	
<p>6 The health board must ensure all staff, where required by their role, receive a DBS check and address the following:</p> <ul style="list-style-type: none"> As a priority DBS checks are conducted for members of staff who have not previously received a DBS check The approach of renewing DBS checks for staff is carefully considered to ensure that they are up to date and updated when staff change roles The status of DBS checks is considered as part of the safeguarding process and in particular, when allegations are made against staff The responsibility for conducting DBS checks for redeployed staff and volunteers is clarified within Health Board Policy 	<ul style="list-style-type: none"> Complete current programme of DBS check roll out programme in L&D. Evaluate Electronic Staff Record (ESR) data for current levels of compliance. Ensure accuracy of ESR record where checks have been conducted. Work with safeguarding team to develop mechanisms for checking DBS status of staff where appropriate. Prioritise areas or staff groups to conduct missing checks or (if 	<p>May 19</p> <p>March 19</p> <p>May 19</p> <p>April 19</p> <p>June 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<p>Complete</p> <p>Complete</p> <p>Complete. ESR data verification process being undertaken as part of DBS roll out plan.</p> <p>Nominated safeguarding lead on DBS Task and Finish Group.</p> <p>Complete for priority areas with missing checks.</p>

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	<p>determined by Welsh Government (WG policy) repeat DBS checks.</p> <ul style="list-style-type: none"> • Work with staff side to develop and agree ongoing approach to DBS checking. • Develop communications for staff. • Commence roll out of DBS plan. • Mandate annual update service (if determined by WG policy). 	<p>April 19</p> <p>June 19</p> <p>July 19</p> <p>TBC</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<p>Initial discussion with staff side in sub group partnership forum on the 28/02/19. DBS process for staff who have not had a DBS check or had a check at the incorrect level shared with staff side in sub partnership forum on 4/7/19. Nominated staff rep agreed for DBS project roll out.</p> <p>Complete. Communications for staff were agreed at DBS Task and Finish Group on 5/7/19. Communicated via staff intranet and via delivery units/services on 12/7/19.</p> <p>DBS roll out plan agreed at DBS Task and Finish Group on 5/7/19.</p>

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	<ul style="list-style-type: none"> Review Health Board volunteer policy to ensure requirement for DBS is clear. Check DBS completeness and recording process for all current volunteers. 	<p>March 19</p> <p>March 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD COO (for Volunteers)</p>	
<p>7 The health board should consider the formal support available for any members of staff who may be affected by adverse incidents, including for staff who are the alleged perpetrators of abuse. Furthermore, the health board should consider how it enables staff to feed in to improvements to practice.</p>	<ul style="list-style-type: none"> Current support arrangements will be discussed with staff side. A report on these arrangements and any necessary improvements will be taken to Workforce and OD Committee. 	<p>March 19</p> <p>May 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<p>OH Consultant Psychologist offers formal support to staff affected by adverse incidents with ongoing difficulties, including alleged perpetrators of abuse.</p>
<p>8 The health board must ensure there are effective arrangements and information systems in place to triangulate:</p> <ul style="list-style-type: none"> Workforce issues relevant to safeguarding, such as staff suspension, with its safeguarding processes. Information from claims, concerns and incidents to highlight areas of concern. 	<ul style="list-style-type: none"> Review links and processes with safeguarding team to ensure appropriate sharing of information. Senior/ Executive review, on a monthly basis, claims, concerns, incidents and discipline and grievance issues. 	<p>March 19</p>	<p>Director of Workforce and OD</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> The Health Board has a Policy for the Management of Allegations of Abuse of Children or Adults by Professionals and Members of Staff (Professional Abuse/Concerns Policy). The Health Board senior team have “high risk” meetings to discuss cases escalated

