

MASTER VERSION
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	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.
	<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	The policy is under full review and the opportunity will be taken to make this condition more prominent in the policy. The full review will be completed by the end of June.
	<ul style="list-style-type: none"> Training/awareness for workforce staff to ensure consistency of 	April 19	Director of Workforce and OD	In the meantime, the application form for an employee to be placed on the redeployment register has been

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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>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 completed 4th April 2019.</p>
<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</p>	<ul style="list-style-type: none"> Clarify with HIW the context of the recommendation to ensure appropriate action is put in place. Review OH referral pro-forma to ensure clarity of issues/questions requiring OH response/advise. 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 	<p>February 19</p> <p>March 19</p> <p>From March 19</p> <p>From March 19</p>	<p>Director of Workforce and OD</p>	<p>Complete.</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</p>

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	<p>managers are not satisfied with content of reports or have queries – to contact occupational health for clarification.</p> <ul style="list-style-type: none"> Professional scrutiny of OH Doctors reports to ensure that manager questions are being clearly answered by Workforce Operational team following the establishment of the new workforce structure. 	May 19	Director of Workforce and OD	<p>report and OH Practitioner reviews and feeds back to manager.</p> <p>Audit planned May 2019 dependent upon retire and return of OH Consultant.</p>
<p>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.</p>	<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 	<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>	<p>All disciplinary cases are reviewed by Assistant Directors of Workforce on a monthly basis, all suspensions are discussed and reviewed.</p> <p>Training completed 4th April 2019.</p> <p>Reviewed in Committee in February 2019 and will continue on a monthly basis.</p>

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	Development (W&OD) Committee.			
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 ensure sufficient resource to support cases not supported by IO's. 	<p>February 19</p> <p>March 19</p> <p>May 19</p> <p>April 19</p>	<p>Director of Workforce and OD</p>	<ul style="list-style-type: none"> • Job descriptions written awaiting evaluation.
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 	<p>February 19</p> <p>March 19</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 issue will be picked up as</p>

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	<p>they reflect the above requirement.</p> <ul style="list-style-type: none"> Investigating officers to receive training in taking statements from patients. Before approaching patients for evidence clinical advice and support will be sought. 	<p>Once in post</p> <p>February 19</p>	<p>Director of Workforce and OD</p> <p>Director of Workforce and OD</p>	<p>part of the training and guidance for Investigating Officers.</p>
<p>6 Welsh Government, through its work with safeguarding boards, needs to ensure that national safeguarding processes enable consistency of reporting to facilitate benchmarking, and information sharing across Wales.</p>			<p>Welsh Government</p>	
<p>7 The health board should ensure there is consistency between the safeguarding strategic plan and safeguarding policies to ensure aims are clearly reflected in all documents.</p>	<p>The Health Board will continue to contribute to the ongoing review of the All Wales Safeguarding Procedures. ABMU Strategic plan will be reviewed on conclusion of the review of the All Wales Safeguarding Procedures.</p>	<p>July 19</p>	<p>Director of Nursing and Patient Experience</p>	<ul style="list-style-type: none"> The Health Board Safeguarding Strategic Plan is aligned with national frameworks, the NHS Safeguarding Maturity Matrix, Health Care Standards and the National and Regional Safeguarding Boards Strategic objectives. Health Board Safeguarding Policies are renewed regularly and updated accordingly following changes in legislation and guidance.

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8 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>9 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 determined by Welsh 	<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>Complete.</p>

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	<p>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). • Review Health Board volunteer policy to ensure requirement for DBS is clear. • Check DBS completeness and recording process for all current volunteers. 	<p>April 19</p> <p>June 19</p> <p>July 19</p> <p>TBC</p> <p>March 19</p> <p>March 19</p> <p>April 19</p>	<p>Director of Workforce and OD</p> <p>COO (for Volunteers)</p>	<p>Initial discussion with staff side in sub group partnership forum on the 28/02/19.</p>

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<p>10 The health board must consider the robustness of safeguarding training for staff, including the benefits of face-to-face and scenario-based training.</p>	<ul style="list-style-type: none"> • Current Safeguarding training to be reviewed to include consideration of scenario based facilitated training. • Revised Safeguarding Adult and Children Competency Training offer to be issued. • Coordinate an accurate Safeguarding training needs analysis post Bridgend boundary changes. 	<p>October 19</p> <p>October 19</p> <p>June 2019</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> • Current all Wales Level 2 (elearning) and HB Level 3 (Adults) and DLM training delivered are scenario based • The Corporate Safeguarding team are in the process of developing a Competency Training Booklet based on the one developed by ABUHB • The National Safeguarding Team, PHW All Wales network Training Sub Group are looking to develop an All Wales Adult Safeguarding Training Competency Document, the HB are represented on this sub group
<p>11 The health board must ensure there are clear pathways within and across delivery units to share learning and good practice from safeguarding cases. This should include whether learning from Unit A has been shared with other units.</p>	<ul style="list-style-type: none"> • Learning from closed Safeguarding cases included in the Service Delivery Units performance reports presented to the quarterly Health Board 	<p>From February 19</p>	<p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> • The Health Board participate in regional Practice Reviews and Domestic Homicide Reviews attending learning events • Learning from closed cases - 7 minute briefings following publication of Practice Reviews in Wales are disseminated to health

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	<p>Safeguarding Committee.</p> <ul style="list-style-type: none"> • Introduce quarterly rotational learning events across service delivery units. • Undertake a spot audit to establish how widely safeguarding is included on the Service Delivery Units Quality and Safety forums. • Learning from this HIW report is to be discussed as a learning session at the Health Board Safeguarding Committee. 	<p>May 19</p> <p>May 19</p> <p>May 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<p>Board staff identifying key learning points related to health</p> <ul style="list-style-type: none"> • Spot Audit' completed to be reported to May Safeguarding Committee
<p>12 The health board needs to consider the arrangements to evaluate the effectiveness of training and supervision for Designated Lead Managers (DLM). Furthermore, to ensure supervision is provided in line with the All Wales Safeguarding Best Practice Supervision Guidance.</p>	<ul style="list-style-type: none"> • Undertake a supervision audit to map against the All Wales best practice Supervision Guidance. • Review DLM role to ensure alignment with the lead practitioner 	<p>September 19</p> <p>September 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing &</p>	

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	<p>role identified within the Social Services Well Being Act.</p> <ul style="list-style-type: none"> A learning event for DLM's is planned using the HIW review findings as a scenario based training for DLM's – will inform future training offered. 	June 19	<p>Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	
<p>13 The health board must review its processes to ensure all relevant safeguarding agencies are invited to strategy meetings and are facilitated to attend, either remotely or in person.</p>	<ul style="list-style-type: none"> The Corporate Safeguarding Team are to complete an audit in relation to relevant safeguarding agencies attendance at Strategy meetings. Results of the audit to be reported to the Regional Safeguarding Quality Monitoring Sub Group for action re agencies attendance. Health Board Safeguarding Policies to be reviewed following publication of All Wales Safeguarding Procedures. 	<p>May 19</p> <p>December 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> Audit completed to be reported to May Safeguarding Committee

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	<ul style="list-style-type: none"> Safeguarding Level 3 training to be reviewed to include the importance of health staff attending strategy meetings. 	March 19	Director of Nursing & Patient Experience	<ul style="list-style-type: none"> Training reviewed and importance of health staff attending strategy meetings included
<p>14 The health board needs to implement an effective way of checking the completion of the outcome actions when a safeguarding case is closed.</p>	<ul style="list-style-type: none"> All Unit performance report templates submitted for quarterly Safeguarding Committee to be reviewed by the Corporate Safeguarding team to ensure completion of outcome actions as part of regular reporting. The Datix Incident and Complaints modules action chain to be utilised for Safeguarding cases to ensure that outcome actions are allocated to the appropriate person in the Service Delivery Units for action. 	<p>May 19</p> <p>May 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> The Corporate Safeguarding team report on the outcome of closed cases within each Service Delivery Unit to the Health Board Safeguarding Committee in their bi annual report
<p>15 The health board must ensure there is signposting to advocacy and support for the individuals and families</p>	<ul style="list-style-type: none"> Concerns Assurance team to undertake an audit on the 	May 19	Director of Nursing &	<ul style="list-style-type: none"> Mental Health and LD services access advocacy support through the Third sector.

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	and the support on offer.			
17 The health board must ensure staff understand that anyone raising safeguarding allegation should be treated seriously in all cases	<ul style="list-style-type: none"> • Following HIW publication a learning event for DLM's is planned using the HIW review findings as a scenario based training for DLM's, this will inform future training offered • Use publication of HIW report as opportunity for Health Board wide communication on importance of treating safeguarding concerns seriously via HB Continuous Improvement Newsletter. • Put in place rolling programme of Reflective practice through Vignette based training for staff supporting adults at risks. • See actions in relation to 10, above. 	<p>April 19</p> <p>April 19</p> <p>From June 2019</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> • Staff are advised during facilitated safeguarding training on how to respond appropriately to any allegations received • KW to be the subject of the HB Safeguarding Continuous Improvement Newsletter May 2019

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18 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.	<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>	OH Consultant Psychologist offers formal support to staff affected by adverse incidents with ongoing difficulties, including alleged perpetrators of abuse.
19 The health board is required to provide HIW with an update on the actions it has taken in response to the NHS Delivery Unit (DU) report, including where actions are incomplete or ongoing.	<ul style="list-style-type: none"> Health Board action plan to be shared, which provides up to date position against all actions. 	February 19	Director of Nursing & Patient Experience	
20 The health board must rapidly improve its governance and reporting/escalation structures (including ward to Board governance) around quality, safety and clinical governance.	<ul style="list-style-type: none"> Comprehensive review of the quality governance structures to be completed to ensure clear accountability and reporting arrangements. Develop an escalation and resolution protocol in relation to concerns around quality, safety and clinical governance. 	<p>June 19</p> <p>June 19</p>	<p>Director of Nursing & Patient Experience/ Director of Governance</p> <p>Director of Nursing & Patient Experience/ Director of Governance</p>	<ul style="list-style-type: none"> A ward to Board Dashboard is in the process of being implemented which has a number of key Quality Indicators. The Quality assurance Framework Toolkit has been developed and provides an opportunity to provide assurance within clinical areas. The weekly high risk meeting with the Executive team provides an opportunity to raise any concerns. A Monthly Quality and Patient Safety Forum provides a means of systematically managing the quality

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	<ul style="list-style-type: none"> Development of the Health Board 'Board Assurance Framework' and strengthened approach to the management of risk. 	June 19	Director of Governance	<p>and safety agenda and ensures that the mechanisms are operating effectively and escalating any risks to the Executive Board and Senior Leadership team.</p> <ul style="list-style-type: none"> The quality Assurance Framework is being used, further work is being undertaken to look at specialist areas.
<p>21 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. 	March 19	<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
<p>22 The health board must ensure there are clear and effective pathways for sharing learning from safeguarding and incidents throughout the Health Board.</p>	<ul style="list-style-type: none"> See actions in response to recommendation 11. Introduce bi monthly learning events for Health Board staff 	<p>June 19</p> <p>June 19</p>	<p>Director of Nursing & Patient Experience</p> <p>Director of Nursing & Patient Experience</p>	<ul style="list-style-type: none"> The Health Board participate in regional Practice Reviews and Domestic Homicide Reviews attending learning events. Learning from closed Safeguarding cases is included in the Service Delivery Units performance reports presented to the bi monthly Health Board Safeguarding Committee.

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				<ul style="list-style-type: none"> • 7 minute briefings following publication of Practice Reviews in Wales are disseminated to health Board staff identifying key learning points related to health. • The Corporate Safeguarding team have completed a spot audit to establish how widely safeguarding is included on the Service Delivery Units Quality and Safety forums. This will be reported to May's safeguarding Committee
23 Welsh Government should consider how a more robust mechanism for sharing safeguarding learning can be developed across Wales.			Welsh Government	
24 The health board must progress a formal commissioning arrangement, across the three health board areas, regarding the provision, planning and performance monitoring of learning disability services provided.	<ul style="list-style-type: none"> • Commissioning arrangements across the three Health Boards that ABMU LD service spans to be formalised through written documentation. 	June 19	Director of Strategy	<ul style="list-style-type: none"> • The Mental Health and Learning Disability (MH&LD) Service Delivery Unit is part of an active collaborative with Commissioners in Cwm Taf and Cardiff and the Vale Health Boards.; i.e., the South East Wales Commissioning Group. • Terms of Reference and Work programme established. Continued engagement of the MH and LD through the Work Programme.