

MASTER VERSION
WORKFORCE ACTION PLAN IN RESPONSE TO HEALTH INSPECTORATE WALES SPECIAL REVIEW OF HOW
ABERTAWA 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	Rationale	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. The policy is under full review and the opportunity will be taken to make this condition more prominent in the policy.</p> <p>Draft revised protocol in place anticipated finalised by October 2019</p>	
	<ul style="list-style-type: none"> Audit historical compliance with redeployment policy to 	April 19	Director of Workforce and OD	Incorporated into DBS compliance checks	

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	ensure appropriate DBS checks completed.				
	<ul style="list-style-type: none"> • Training/awareness for workforce staff to ensure consistency of application of policy requirements. 	April 19	Director of Workforce and OD	Training completed 4 th April 2019	Complete
	<ul style="list-style-type: none"> • Central management of redeployment register within workforce team when new structure implemented. 	June19	Director of Workforce and OD	<p>New structure still in discussion but operational team will come together in December 2019 which will enable the central management of the redeployment register.</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>	
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
	<ul style="list-style-type: none"> • Review OH referral pro-forma to ensure clarity of issues/questions requiring OH response/advise. 	March 19	Director of Workforce and OD	Complete – OH referral form reviewed to ensure enables managers to ask relevant questions	Complete

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	<ul style="list-style-type: none"> Training/awareness briefings for managers on OH referral processes. 	From March 19	Director of Workforce and OD	Complete – schedule of training planned for managers regarding OH referral processes	Complete
	<ul style="list-style-type: none"> 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. 	From March 19	Director of Workforce and OD	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	Complete
	<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	<ul style="list-style-type: none"> Audit planned May 2019 dependent upon retire and return of OH Consultant Retire & return of Consultant not completed until July 2019 – audit to be discussed at Sept OH management forum 	
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. 	February 19	Director of Workforce and OD	All disciplinary cases are reviewed by Assistant Directors of Workforce on a monthly basis, all suspensions are discussed and reviewed	Complete
	<ul style="list-style-type: none"> Training for workforce staff in application of policy. 	April 19	Director of Workforce and OD	Training completed 4 th April 2019	Complete

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	<ul style="list-style-type: none"> Monthly review of all suspensions/serious cases at (In Committee) Workforce & Organisational Development (W&OD) Committee. 	From February 19	Director of Workforce and OD	Reviewed in Committee in February 2019 and will continue on a monthly basis	Complete
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. 	February 19	Director of Workforce and OD		Complete
	<ul style="list-style-type: none"> Interview for IO post. 	March 19	Director of Workforce and OD		Complete
	<ul style="list-style-type: none"> Establish IO team. 	May 19	Director of Workforce and OD	Two out three IO's are in post with third IO starting 30/09/19	
	<ul style="list-style-type: none"> Review current Work Force structure to ensure sufficient resource to support cases not supported by IO's. 	April 19	Director of Workforce and OD		Complete
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. 	February 19	Director of Workforce and OD		Complete
	<ul style="list-style-type: none"> Review disciplinary and grievance procedures to 	March 19		The Disciplinary and Grievance Policies are developed on an All	

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	ensure they reflect the above requirement.		Director of Workforce and OD	Wales basis and cannot be amended locally. However this issue will be picked up as part of the training and guidance for Investigating Officers	IO team will receive training from SIU team
	<ul style="list-style-type: none"> Investigating officers to receive training in taking statements from patients 				
	<ul style="list-style-type: none"> Before approaching patients for evidence clinical advice and support will be sought. 	Once in post February 19	Director of Workforce and OD		Complete
<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 	<ul style="list-style-type: none"> Ensure accuracy of ESR record where checks have been conducted. 	May 19	Director of Workforce and OD	All ESR records where checks have been conducted are being validated for accuracy in line with the DBS roll out plan	Complete
	<ul style="list-style-type: none"> Work with safeguarding team to develop mechanisms for checking DBS status of staff where appropriate. 	April 19	Director of Workforce and OD	Complete - nominated safeguarding lead included in the membership of DBS Task and Finish Group	Complete
	<ul style="list-style-type: none"> Prioritise areas or staff groups to conduct missing checks or (if determined by Welsh Government (WG) policy) repeat DBS checks. 	June 19	Director of Workforce and OD	Complete -DBS roll out plan agreed. Priority areas for staff with missing checks on profile	Complete
	<ul style="list-style-type: none"> Work with staff side to develop and agree ongoing approach to DBS checking. 	April 19	Director of Workforce and OD	Complete -nominated staff side representative included in the membership of the DBS Task and Finish Group	Complete

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<p>safeguarding process and in particular, when allegations are made against staff</p> <ul style="list-style-type: none"> The responsibility for conducting DBS checks for redeployed staff and volunteers is clarified within Health Board Policy 	<ul style="list-style-type: none"> Develop communications for staff. 	July 19	Director of Workforce and OD	Complete –communications for staff rolled out from 12/7/19	Complete
	<ul style="list-style-type: none"> Commence roll out of DBS plan. 	July 19	Director of Workforce and OD	Complete – DBS roll out plan agreed on 5/7/19	Complete
	<ul style="list-style-type: none"> Mandate annual update service (if determined by WG policy). 	June 19	Director of Workforce and OD	Still awaiting WG to progress	
	<ul style="list-style-type: none"> Review Health Board volunteer policy to ensure requirement for DBS is clear. 	TBC	Director of Workforce and OD	<ul style="list-style-type: none"> Current Volunteer Policy wording regarding DBS checks; “Volunteers who are selected will be asked to provide the names of two people who can provide a reference, undertake a criminal records check where appropriate (Disclosure and Barring Service) and gain occupational health clearance. No volunteer may start in a role until all checks are satisfactorily completed” The Volunteer Policy is due for review therefore suggested amendments can be incorporated 	
	<ul style="list-style-type: none"> Check DBS completeness and recording process for all current volunteers. 	March 19	Director of Workforce and OD	<ul style="list-style-type: none"> Audit of current volunteers and completed DBS checks has been actioned (July 2019 with 97%). Those missing (5) were then followed up and completed meaning all current volunteers requiring a DBS check have been 	Complete

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				<p>checked and details are recorded with Volunteer Services Team</p> <ul style="list-style-type: none"> • DBS is carried out at recruitment stage by Volunteer Services Admin Assistant and date of completion and certificate number are recorded • Volunteer Coordinator worked with HR to ensure compliance and a list was provided by Volunteer Service Team listing all current volunteer roles and corresponding level of DBS check to review 	
<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>	<ul style="list-style-type: none"> • OH Consultant Psychologist offers formal support to staff affected by adverse incidents with ongoing difficulties, including alleged perpetrators of abuse • Current support discussed with Staff-side and agreed that views of staff will be fed into Staff health and wellbeing delivery via partnership forums 	<p>Complete</p>

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<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. 	<ul style="list-style-type: none"> • Review links and processes with safeguarding team to ensure appropriate sharing of information. 	<p>March 19</p>	<p>Director of Workforce and OD</p>	<p>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)</p> <p>Initial discussions with safe guarding lead, updating session team agreed for late 2019</p>	