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Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

People & Culture Committee

Held on 28 October 2020
as a Virtual Meeting

Present:

Jayne Sadgrove	Independent Member (in the Chair)
Mel Jehu	Independent Member
Nicola Milligan	Independent Member
Keiron Montague	Independent Member
Dilys Jouvenat	Independent Member

In Attendance:

Hywel Daniel	Director of Workforce & Organisational Development (interim)
Donna Hill	Assistant Director Workforce Efficiency and Productivity
Karen Wright	Assistant Director, Workforce & Organisational Development
Michelle Hurley-Tyers	Assistant Director, Employee Experience and Wellbeing
David Jenkins	Special Advisor to the Chair & Board Members (Observing)
John Murray	Deloitte (Observing)
Cally Hamblyn	Assistant Director, Governance & Risk
Sara Utley	Audit Wales
Natalie Price	Head of Workforce & Organisational Development, Rhondda & Taff Ely (RTE) ILG (observing the meeting).
Clare Wright	Strategic Lead for Wellbeing / Consultant Clinical Psychologist & Systemic Psychotherapist
Louise Jones	Governance Support Assistant (Observing)
Wendy Penrhyn-Jones	Head of Corporate Governance & Board Business (Secretariat)

2.20.1 PRELIMINARY MATTERS

2.20.1.1 Welcome & Introductions (oral)

Jayne Sadgrove gave a bilingual welcome to everyone who had joined the meeting in particular John Murray, David Jenkins, Natalie Price and Dr Clare Wright.

2.20.2 **Apologies for Absence**

Apologies were **RECEIVED** from Georgina Galletly, Director of Corporate Governance/Board Secretary.

2.20.3 **Declarations of Interest**

There were none.

2.20.4 **Consent Agenda Items**

The Chair explained that to ensure a focus on business critical activity and discussions CTM was continuing to use the consent agenda process. This enabled questions to be invited in advance of the meeting which were then put to the relevant Officer lead. The Chair advised that both the questions and the corresponding responses had recently been published via the Admincontrol system and would be set out in the minutes of the meeting.

The Chair asked if anyone wished any item on the consent agenda to be moved to the main agenda for discussion. There were no such requests.

2.20.5 **Minutes of the People & Culture Committee held on 27.7.20.**

RESOLVED:

- the minutes were **RECEIVED** and **CONFIRMED** as an accurate record.

2.20.6 **Policy Documents**

Advance IM Question: *Some policies include the Equality Impact Analysis (EIA). Others simply state there aren't any equality implications. Is there a reason for this?* **RESPONSE:** *A full EQIA has been completed for each of the CTM policies and a statement to that affect is noted in each policy. The Lease Car Policy is has a different policy template as it is a NHS Wales Policy. The EQIA forms part of the policy document.*

Advance IM Question: *Will all these new policies be made available bilingually from the start? Will the policy have separate English and Welsh forms? If so are all forms available in both languages? This does not seem to be consistently done based on these papers.* **RESPONSE:** *In accordance with Welsh Language Standards, the policies that need to be made available in Welsh are any policies which relate to behaviour in the workplace; health and well-being at work; salaries or workplace benefits; performance management; absence from work; working conditions; and work patterns. CTM translates*

relevant policies once they have been approved by the Board. Both the Welsh and English versions will be distributed simultaneously to staff.

Advance IM Question: *Fixed Term Contracts: page 5, para 1 refers to the Wales Deanery. Does this still exist or is it now Health Education and Improvement Wales (HEIW)?*
RESPONSE: *The Wales Deanery remains in existence and is now part of HEIW.*

RESOLVED: The following policy documents be **APPROVED:**

- Adverse Weather Conditions Policy
- Time-Off & Facilities for TU & Professional Organisations Policy
- Fixed-term Contracts Policy
- Welsh Language & Primary Care Policy
- Nursing & Midwifery Revalidation Policy
- Professional Registration Policy
- All-Wales Lease Car/Pool Vehicle Policy & Procedure.

2.20.7 FOR NOTING/ASSURANCE

2.20.7.1 Action Log

The action log was **RECEIVED** and **NOTED**.

2.20.8 MAIN AGENDA – MATTERS FOR DISCUSSION

2.20.8.1 Matters Arising:

The Chair stated that whilst a process was in place for Members to ask questions ahead of the meeting, (and for corresponding answers to be shared), Members still had the opportunity to raise any matters via this part of the agenda which were not otherwise on the agenda. None were indicated.

There were two matters raised under this section of the agenda. Firstly, at a recent Audit & Risk Committee, an IM had asked as to the action taken to address the low level of compliance in terms of back-to-work training for managers. The IM stated that it was important to improve on the current achievement of 50% as this aligned with the CTM Values and Behaviours Framework. Given this training had been available for 18 months, the IM stated that the low attendance levels did not relate to the impact of Covid-19 on services. Hywel Daniel undertook to make some enquiries. **ACTION HD.**

With regard to the Committee's Terms of Reference, the Chair stated that these were to be discussed further between herself and Hywel Daniel informed by the next meeting of the Committee after which these would formally reviewed. Members were invited to make suggestions in the meantime.
ACTION: JS/HD

2.20.9 CULTURE & VALUES

2.20.9.1 V & B Framework Update.

A report providing an update on progress with the launch of the new framework and action taken to embed this across the organisation was **RECEIVED**.

IM Advance Comments/Questions: *The real progress made here is noted. Have the values been translated into Welsh and will future iterations be bilingual? The list of actions is helpful. This would benefit from being presented as an action plan with subsidiary actions, lead person(s), target dates etc so that the Committee can gain assurance on operationalisation and progress. When will this be available for the Committee to consider?* **RESPONSE:** *Yes these are available bilingually. A detailed delivery plan exists with milestones and deliverables this is monitored and tracked as part of the Project Team on a weekly basis. This has not been provided to the Committee as this is a level of operational detail which is currently being overseen by the Project Team.*

In discussing the report the following points were raised:

Hywel Daniel stated that the Values and Behaviours launch represented a major milestone following a huge amount of work over the past year. Whilst engagement had been challenging, Members **NOTED** that feedback had been obtained from some 6.5k staff and service users. With regard to the launch, some 2,100 staff had participated which was an indicator of its acknowledged level of importance.

Given the ongoing pandemic Members **NOTED** this framework was more important than ever and the next steps would see it being further embedded across the organisation as part of everyday activity. Members also **NOTED** that the values were being brought to life in the form of changes to the content of the recruitment process as well as within policies, communications, awards/staff recognition arrangements and the personal appraisal and development process. Hywel

Daniel also referenced ongoing work with HEIW around staff development programmes.

In terms of timescales for delivery, Hywel Daniel stated that this was being closely monitored by the Values & Behaviours Project Team and that he was happy to share details with IMs if would be helpful.

Hywel Daniel was asked how the organisation planned to support staff to confidently challenge instances where Values & Behaviours were felt not to have been upheld. Members **NOTED** a manager's guide to role behaviour had been launched and Hywel Daniel stated that Board Members and staff had an individual and collective responsibility to 'live' them.

An IM referenced the importance of staff being given the necessary tools to deliver a positive experience. Hywel Daniel responded that the organisation had in the past underinvested in management capability and development. Hywel Daniel added that current work was linked with the ongoing work to create 'A Just and Learning Culture' which was due to be discussed later in the agenda. Members **NOTED** that the organisational focus was shifting from 'punitive' or 'restorative justice' so that staff could be helped to learn when things go wrong. The benefits of restorative justice were acknowledged.

The Chair referenced the importance of 'values based recruitment' in helping address the gender balance of employees and felt the approach being taken by CTM would be beneficial.

An IM pointed out that the organisation needed to reflect on the mammoth task it faced in changing organisational culture and the length of time required to deliver such a strategy. The Chair also acknowledged the importance of thanking those who had already spoken out.

Reference was made to the recent celebratory theme incorporated into the CTM Facebook group which proved extremely positive. This was aligned with making CTM 'a great place to work.'

The Chair referenced the forthcoming Board Meeting where the action log noted that the People & Culture Committee was due to have received an implementation plan at this meeting whereas the report had provided a high level plan. Members were asked if they felt that this report provided sufficient detail

to the intended direction of travel to allow IMs to be assured. Hywel Daniel stated that he had seen the more detailed plan which was being overseen by the project team of which Nicola Milligan was a member. It was agreed the detailed plan be shared with the Committee Chair for scrutiny. **ACTION: HD**

RESOLVED:

- The report be **NOTED**.
- Detailed Project Delivery Plan to be shared with Committee Chair.

2.20.9.2

Presentation: Wellbeing & Employee Experience

Dr Clare Wright was invited to give her presentation.

Advanced IM Comments/Questions: *Excellent work described here. On slide 8 the following statement is made: "Moving on – work was halted due to Covid but a new lead for this work has been identified and plans are in place to pick this work back-up." Does this relate to exit surveys? Previous Internal Audit reports to the Audit & Risk Committee have highlighted this is an area of weakness. **RESPONSE:** It would be good to discuss the perceived weakness in more detail, however we have not stopped undertaking exit surveys, although response rate remains low. There are other elements to the Employee Experience work programme which are also picking up 'in role' experience, as it is noted that once people have decided to leave, it is already 'too late'.*

The presentation confirmed the structure of the current team and the level of general provision available to staff. It also set out the means by which employee wellbeing was being promoted and the journey being followed in terms of the campaign to make CTM a great place to work.

In discussing the presentation the following points were raised:

Hywel Daniel stated that he had been keen to establish Dr Wright's 'evidence based' post and this had been born out by the impact upon staff wellbeing. Hywel Daniel stated that there was a need to continue to monitor staff feedback and adjust the current strategy as appropriate.

IMs concurred that Dr Wright and her team had made a significant difference to staff who could now access help tailored to their needs at the right time and the links with the work of the Employee Experience Group, Values and Behaviour Framework and organisational culture were acknowledged. Michelle Hurley-Tyers echoed the praise and suggested that it

would be helpful to agenda the theme of Employee Experience at a future meeting of the Committee.

An IM said that whilst progress was being made, more resources would be needed to increase the pace of outputs. This had been put to the Health Board Chairman who was due to discuss this with the Chief Executive.

Dr Wright was thanked for her informative presentation.

2.20.9.3

A Just And Learning Culture

A report which proposed CTM promoted and embeds a just and learning culture based on the best practice work undertaken by Mersey Care NHS Trust was **RECEIVED**.

In discussing the report the following issues were raised:

Karen Wright stated that putting this learning culture in place was at the centre of CTM's Values & Behaviours Framework which would assist good practice and learning and would enable staff to 'speak-up' on issues such as those which had come out of the external review into maternity services. Cally Hamblyn referenced the initiation (under the Executive Director of Nursing) of a shared listening and learning forum which would also share good practice which was one of the actions arising from the review undertaken into quality governance by Healthcare Inspectorate Wales and Audit Wales during 2019.

An IM stated that whilst the need to learn lessons was critical there was a need to ensure a balance to maintain high standards with appropriate action where necessary. Hywel Daniel advised that the change in approach followed an evidence based approach recognising that sometimes when staff made errors they were afraid to report this due to the potential personal repercussions. Hywel Daniel stated that it was important that staff felt able to raise such issues in order that there was appropriate learning and that disciplinary investigations were only initiated where this was necessary.

IMs endorsed the approach being proposed as consistent with other strands of ongoing work led by Workforce & Organisational Development colleagues.

RESOLVED: The report be **NOTED & ENDORSED**.

2.20.9.4 **Managing Equality Issues In Relation To Covid-19**

A report regarding work to raise the profile of equality, diversity and inclusion through the use of Equality Impact Assessments and policy development in relation to Covid-19 was **RECEIVED** and **ENDORSED**.

2.20.10 **ORGANISATIONAL DEVELOPMENT & CAPACITY**

2.20.10.1 **Workforce Metrics Performance**

A report providing an update on the key workforce metrics with historic trends, aspects had performed well and areas for improvement was **RECEIVED**.

Advance IM Comments/Questions: *Thank you for including some data definitions. These are not yet there for all the graphs, but are helpful where provided. It would be helpful to have graphs relating to a single topic grouped together, rather than mixed in with each other by topic or by professional group that allows ILG comparison.* **RESPONSE:** Future reports will provide this. **ACTION: DH**

Advance IM Question: (2.2): *It is noted that online fire safety will be trialled by the Exec Team. Of the 164 new recruits referenced on P2 (2.1) have they all received fire training as part of their induction, if not how many new starters have not received this training.* **RESPONSE:** Fire training for new starters is being prioritised, given the level of risk, and that existing staff will have received fire training at some stage. The numbers will be checked with the H&S team. **ACTION: DH**

Advance IM Question: P3&5: *Return to work metrics show a poor 38% of staff receiving a return to work support meeting. How are we addressing this given that these meetings are crucial to a discussion around the support they may require to return and well-being which further provides the opportunities to sign post to our well-being services. This meeting is crucial to a successful and maintained return to work showing value in our staff.* **RESPONSE:** It is inevitable, given current pressures, that metrics such as this will see a decline. We are reinforcing the importance of these meetings with local HR teams to managers.

IM Advanced Question: *It is reported that this may not be a true reflection of what is happening at an operational level given these meetings should be recoded on ESR do we know why this is not a true reflection?*

RESPONSE: This is due to time for clinical teams to spend away from patient care inputting this data into ESR at the current time.

IM Advanced Question: If the ILG's have access to information on areas of low return rates do we know the areas and what action is being taken? Can we see the metrics for compliance at each ILG. **RESPONSE:** This data will be split for the next meeting. **ACTION: DH**

IM Advanced Question: P6 The numbers of leavers in July 2020 is an outlier do we have any information as to why this might be? **RESPONSE:** As part of NHS Wales Covid-19 response, HEIW supported nursing and midwifery student placements on a paid basis. The A4C band 3's commenced in April were terminated in July 2020 which would explain the spike of leavers in July.

IM Advanced Question: P7: What is our current target time for shortlisting. As managers know closing dates why is our average YTD 11.7 given applicants may also have applied to neighbouring HB's and accepted an interview whilst waiting to hear from an application to CTMUHB. **RESPONSE:** The KPI for shortlisting is 3 working days. The time to shortlist is measured from the date the vacancy is sent to be shortlisted to the time the vacancy moves to the next stage (interview). We allow people to appoint from previous interviews within a 3 month window. Doing this causes the time to shortlist measure to be extended because the move to interview date is reset when the additional candidate is progressed. When reporting the KPI for this measure, NWSSP (who provide the original time to shortlist figure) do not cleanse the data to remove vacancies where this happens. The time to shortlist (cleansed) measure takes this in to account, and the YTD position is 7.3 days (5.2 days in 2019/20). Achieving the 3 day target has always been a challenge, but this is an all Wales target. To put this in to context, taking the 11.7 YTD performance, other organisations are Aneurin Bevan – 10.5; Betsi Cadwaladr – 8.5; Cardiff & Vale – 11.5; Hywel Dda – 9.0; Powys – 11.3; and Swansea Bay – 12.7.

In discussing the report the following points were raised:

Hywel Daniel thanked Donna Hill and the team involved in compiling the report which included data definitions. Whilst it was acknowledged that a number of the metrics were not where they needed to be, Hywel Daniel stated that it was important to recognise the circumstances in which staff were

currently operating due to Covid-19. Members **NOTED** that whilst there were some specific plans in place to address key areas, performance remained reliant upon data being input into ESR by individual staff members and that it was felt clinical staff were finding this a challenge at the current time.

An IM questioned this response stating that not all staff were involved in delivering care and that if such information is not recorded then there was no evidence that back to work conversations had taken place. Hywel Daniel responded that 9.5- 10k of the 12k staff employed by the three ILGs and there was 14% staff sickness in one of these that day. The level of staff vacancies was also noted to be a further factor impacting on the overall position. Hywel Daniel undertook to speak with ILGs to remind colleagues of the importance of keeping ESR up to date. **ACTION: HD**

An IM suggested that an update on planned interventions be brought to the next meeting so that assurances could be provided that some improvement was being achieved. Hywel Daniel stated that the planned interventions needed to be seen in the context of the second peak which would inevitably impact upon the degree of any improvement that could be achieved. By way of an example, Hywel Daniel said that the approach to Fire Safety Training was currently being risk assessed so that it could be prioritised for new starters. An IM asked if there were systems in place which provided something akin to a Fire Marshall to direct necessary action in the event of an emergency. Hywel Daniel undertook to ask Chris Beadle, Head of Health Safety & Fire to confirm. **ACTION: HD**

Hywel Daniel stated that CTM staff sickness levels were likely to increase further over this unprecedented winter period. Donna Hill stated that there were currently 242 staff away from work for Covid related reasons as well as 350 more who were self-isolating representing an increase on the position when the report was drafted. Members **NOTED** that there were also additional demands upon staff who were working hard to bring in additional staff to help with the increased workload which included maintaining services at the Field Hospital in Bridgend.

The Chair thanked colleagues for the report including the context of CTM's current position and stated that there was a need to prioritise where it was felt a difference could be achieved.

RESOLVED: The report be **NOTED**.

2.20.10.2

Statutory & Mandatory Training Compliance

A report on levels of training compliance and the plans developed to address this was **RECEIVED**.

IM Advance Question: *Fire Safety Training levels are not acceptable given the level of risk attached to fire safety in the organisation. For assurance purposes, the Committee will need an output recommendation from the working group at its next meeting to ensure that a revised means of delivery has been identified with a plan for implementation.* **RESPONSE:** *It is proposed that CTM fire safety training provision is benchmarked against other organisations with assistance from NWSSP and a recommended implementation plan will follow.* **ACTION: HD**

IM Advance Question: *CTM Mandatory Training Review -this looks to be a good way forward. P5 (2.1.2) Given the low compliance rate with fire safety training and the fact we are sixth compared to the largest 6 HB's, what is the timeline for setting up the task & finish group and the review?* **RESPONSE:** *This is being worked-up with colleagues across the organisation namely IT and H & S. The Task and Finish Group will be established during November 2020. Fire safety training will be delivered on line from December 2020. The recommendations outline within the review will be taken forward from January 2020.*

IM Advance Question: *Leadership by example. Has the target set been met?* **RESPONSE:** *We are monitoring on a weekly basis, this currently sits at 45%*

In discussing the report the following points were raised:

Michelle Hurley-Tyers stated that the workforce team were continuing to support the onboarding of staff and significant work ongoing in partnership with HEIW to support the move to on-line training (and staff induction) via Teams. Members **NOTED** a Learning Management System would be live later that week and would be easier to use than ESR. Michelle Hurley-Tyers undertook to include a timeframe for delivery within future reports which relied upon the inputs from both Health & Safety and ICT colleagues. **ACTION: MHT**

The Chair thanked colleagues for the report and said it was positive to see that the way staff training was being delivered was being reviewed and looked forward to seeing progress reported in future reports.

RESOLVED: the report be **NOTED**.

2.20.10.3

Overseas Nurse Recruitment Update

A report setting out the current position and next steps in terms of overseas nurse recruitment was **RECEIVED**.

IM Advance Questions: *Again, excellent work is being undertaken here. Is the process for achieving OSCEs becoming more streamlined? What are the challenges that extend timelines? Have all accommodation options (eg housing associations) been explored? P4: Are we confident we have accommodation for all the overseas nurses that arrived mid-October 2020 once they have completed isolation and ready to leave Marsh House.* **RESPONSE:** *The process for sitting the OCSE exam is straightforward, and the training programme delivered by Nurse Education has been refined based on practice and feedback from the testing centre. Challenges in this area relate to the availability of Practice Development Nurses to provide the training when they are required to self-isolate or are absent from work. In terms of accommodation, overseas nurses are not eligible for housing association accommodation – the terms of their immigration status is that they have no access to public funds, and this includes accommodation outside the health board that has been established with the support of government/local authority funding or such grant schemes.*

IM Advanced Question: *P4: Are we confident we have accommodation for all the overseas nurses that arrived mid-October 2020 once they have completed isolation and ready to leave Marsh House?* **RESPONSE:** *Accommodation for November's arrivals will be more challenging, and we are absolutely not in a position to guarantee a position around accommodation for all future intakes – this is the single most significant challenge to this work. We have explored with housing accommodation the viability of social housing but feedback is that health board employees would not be eligible. Discussions are however taking place with a social housing provider regarding a medium to long-term capital investment solution.*

In discussing the report, the following points were raised:

Donna Hill reminded Members of the background to the decision to the overseas recruitment campaign and stated that this had been a successful in resolving some of CTM's vacancies the after taking into account staff turnover, a net gain of 33 nurses had been achieved. Hywel Daniel praised Donna Hill

and her team for the work which had made this possible. This was echoed by the Chair and Committee.

RESOLVED: The report be **NOTED**.

2.20.10.4

Nurse Vacancy Update

A report providing an update on the nursing vacancies was **RECEIVED**.

IM Advanced Question:

Is the final risk on page 7 correct? The staffing challenges facing CTMUHB over the winter are substantial. What assurance can be given to the committee regarding the plans in place to meet those challenges. **RESPONSE:** *It is not possible to give 100% assurance that workforce plans can meet all the challenges at this present time, particularly due to the increasing health care associated infections. However the plan presented to the Board recently outlines the action to mitigate this risk.*

IM Advanced Comment: *P3 (1.5): It is evidenced that staffing levels also have a profound effect on patient outcomes.*

RESPONSE: *Absolutely. Any increase in RNs on the wards has a positive impact on patients and existing workforce.*

IM Advanced Question: *P3 (1.7): Was this largely associated with the agreed overtime payment that were being made to midwives but has now come to an end?* **RESPONSE:** *No, not necessarily. Overtime is a feature across all areas due to vacancies and absence.*

IM Advanced Question: *P5 (2.6): Disappointing to note a large proportion leaving as a result of work-life balance, given we have discussed at numerous meetings the need to be flexible in some working patterns. A flexible working route is preferable to losing staff. How are we addressing this given we have flexible working policies? Are managers following these policies?* **RESPONSE:** *Requests from ward based staff for flexible working are considered by Ward Managers in the first instance, referring to Senior Nurses/Matrons and HR teams for additional support as required. Each request needs to be considered on an individual basis, taking into account the needs of the service. There is scope in this discussion with the individual to agree a compromised flexible working agreement where necessary where part but not all of the request can be facilitated. It is important that any agreement allows for CPD, supervision, and revalidation to continue. We are not aware of any such requests being turned-down. Of course vacancy rates*

and level of pressure within the system will also impact work life balance, not just the process of requesting flexible hours.

IM Advanced Question: P6 (2.13): Should we enter a worst case scenario on the RN:patient ratio, do we have a contingency plan on supervision and mentorship for our overseas nurses? **RESPONSE:** As the OSCE testing centres have re-opened, the overseas nurses are continuing with their OSCE training /preparation, and they are attending their exams. For the last cohort to sit, the pass rate was 100%. All overseas nurses will already have experience of registered practice in their home countries (and some have worked in other countries over their careers as well). CTM has dedicated Practice Development Nurses who, in addition to supporting the OSCE preparation, support the nurses in a post registration environment. Overseas nurses in receipt of their registration will receive the same mentorship and supervision as all newly registered nursing staff through their clinical areas. It is also worth noting that the NMC are still allowing pre-OSCE overseas nurses to join the temporary register as a band 5.

IM Advanced Question: P7: There are proposed plans to promote the use of exit interviews. Of the 83.82 leavers in September 2020 how many completed an exit interview? **RESPONSE:** Three exit questionnaires were submitted in September 2020. Completion rates remain very low, and so we will be reviewing the methodology once again to increase uptake.

IM Advanced Question: HCP recruitment and interview process: Are we following the same process at all levels in each ILG (would be beneficial to have an understanding of the interview process for A4C 8a staff and above and is this being followed the same in each of the ILGs) and how are we ensuring independent scrutiny at senior post interviews within each ILG. If we want to begin to address our culture we need to be sure our interview and appointment process is transparent. **RESPONSE:** The same interview and appointment process is followed throughout all ILGs, however we are reviewing how we recruit at the moment and will be presenting a paper on "strategic recruitment" to the Executive in due course, as well as engaging a values-based approach to recruitment.

In discussing the report Donna Hill stated that all nursing staff should be on the nurse roster system but currently only those working on adult wards were on the system.

The Chair thanked colleagues for the report.

RESOLVED: the report be **NOTED**.

2.20.10.5

Employee Relations (ER) Update

A report providing an update in respect of ongoing ER cases and trends as at 30 September 2020 was **RECEIVED**.

IM Advance Question:

*The Counter Fraud report to the Audit & Risk Committee in October 2020 included a systems-level review of overpayments, which have generated many Counter Fraud investigations over recent years. Are Workforce and Finance/payroll sighted on this work and evaluating system changes to avoid generating such cases? **RESPONSE:** Yes, the W&OD team are sighted on this issue which is complex - there are many and varies reasons for overpayments in an organisation of this size. Overpayment rates are considered in line with what would be expected, and individual cases are picked up for any learning. The approach around Counter Fraud involvement in these cases has been the subject of much discussion, as this has been a contentious area. A further discussion on this at the Committee may be useful.*

In discussing the report, the following points were raised:

Karen Wright stated that a proportional approach was required to ER cases in line with the way forward proposed in the report on 'A just and learning culture' discussed earlier in the agenda and would help the organisation understand how restorative justice could help.

An IM asked how many staff were currently suspended from duty. Karen Wright stated this was less than five staff.

With regard to the IM advanced question regarding overpayments, Hywel Daniel stated that he did not feel this was a significant issue for an organisation the size of CTM. Hywel Daniel added that information would continue to share information between with Counter Fraud colleagues avoiding formal investigations where possible.

The Chair stated that from time to time there were instances where lessons needed to be learnt and it was important these were taken into account. Hywel Daniel acknowledged this.

RESOLVED: The report be **NOTED**.

2.20.10.6

Anonymous Concerns

A report setting out ongoing work to develop of a procedure for the management of anonymous concerns and a summary of anonymous communications was **RECEIVED**.

In discussing the report Hywel Daniel stated that the Anonymous Concerns Policy would be brought to the next meeting of the Committee for approval.

RESOLVED: the report be **NOTED**.

2.20.10.7

Organisational Risk Register

A report setting out a summary of high level organisational risks assigned to the Committee and actions being taken to mitigate these risks was **RECEIVED**.

IM Advanced Comment:

It will be helpful to review each risk to identify where an update, scrutiny or assurance has been included on this meeting's agenda and if not at which meeting that will occur.

RESPONSE: *The W&OD risks on the organisational risk register are subject to regular review and update, and are discussed at various meetings including Board Committees.*

In discussing the report, Cally Hamblyn stated these risks had been discussed at the Management Board ahead of the Committee and would be a regular item to future meetings.

The Chair stated that as part of the agenda setting sessions that took place ahead of each Committee meeting she would be ensure risk issues would be included.

RESOLVED: the report be **NOTED**.

2.20.10.8

STATUTORY COMPLIANCE

Nil to note

2.20.10.9

ITEMS TO NOTE FOR INFORMATION

Nil to note.

2.20.10.10

HIGHLIGHT REPORT TO BOARD

It was agreed that this would be developed outside the meeting and shared with Hywel Daniel and Jayne Sadgrove for approval.

The Chair thanked everyone for their hard work.

2.20.10.11**ANY OTHER BUSINESS**

There was no further business and the meeting was closed noting the date of the next meeting as 27 January 2021. The remaining dates for 2021 were in the process of being issued.

**Jayne Sadgrove, Independent Member / Committee
Chair**

unconfirmed