Qualification: CIPD Diploma in Applied Human Resources

Module Name: 5AI0P

Module Name: Contributing to Improving Organisational Performance

Student Name: Amanda Glanville

Student Number: 1810229

CIPD Membership Number: 53072713

Word Count: 4541

By signing below, I confirm that the work/evidence presented is my own, unaided work. I understand the regulations pertaining to candidate malpractice and the action that may be taken as a result.

Signed: Glanville

Date: 3rd August 2019.

Contents

Evidence Matrix Sheet

Evidence

1 . Personal Statement LO1

- Provide information on performance management activity within Hywel Dda University Health Board (HDUHB)
- Performance management policies and processes and those involved
- Key sources of information, including legislative information, which underpin performance management activities
- Examples of providing timely and accurate information to colleagues regarding performance management activities

2. Personal Statement LO2

- Supporting line managers to deliver performance management activities within the organisation
- The types of support line managers in the organisation need from Human Resources in relation to performance management activities
- Supporting line managers' capability to deliver performance management activities
- Working with line managers in the provision of employee performance and development reviews

3. Personal Statement LO3

- Assessment of the impact of performance management activities on organisational performance and recommendations for enhancement
- Evaluation of the organisations approach to performance management, including employee performance and development reviews
- Assessment the extent to which performance management processes support high-performance working and contribute to sustained organisation of performance
- Recommendations for developing performance management processes to enhance the impact on organisational performance

4. Recruitment Process Flowchart

5. Job Description and Person Specification

6. Knowledge and Skills Framework

7. Organisational Induction Policy

8. Values and Behaviour Framework

9. All Wales Capability Policy and Procedure

10. Managing Attendance at Work All Wales Policy

11. Frequent Short Term Sickness Absence Flowchart

12. All Wales Disciplinary Policy and Procedure

13. Alcohol and Drugs/Substance Misuse Policy

14. Wellbeing – Prevention/Assessment/Intervention

15. Performance Appraisal and Personal Development Plan Policy

16. Performance Appraisal Development Review (PADR)

17. Performance Appraisal Development Review (PADR) – Checklist for Managers

18. Learning and Development Policy

19. Absence Manager Email Trail

20. Return to Work Discussion Form

21. People Performance Management Toolkit

22. Learning and Development Prospectus

23. Capability and Occupational Health Email

24. Guidance on Referral of Employees to Occupational Health Service

25. Evidence of delivering coaching and mentoring training to support managers

26. Evidence of delivering workforce planning training to support managers

27. Evidence of delivering change management training to support managers

28. Evidence of delivering teamwork training to support managers

29. Evidence of delivering managing change, building relationships, managing conflict and difficult conversations to support managers

30. Feedback from Managers Passport Evaluation document – Workforce Planning

31. Feedback from Managers Passport Evaluation document – Building Relationships, Managing change, compassionate leadership and difficult conversations

32. Thank You Letter from the Assistant Director of Workforce for PADR Training

33. Email from the Manager giving feedback following PADR, Staff Development Training and Objective Setting

34. Performance Management Compliance Data

CIPD Candidate evidence matrix

(CEM1)

Candidate name: Amanda Glanville				CIPD Membership/registration No.: 53072713		
Qualification title: CIPD Diploma In Applied Human Resources				Unique Learner No. (ULN): 1810229		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
5AIOP	Contributing to Improving Organisational Performance	1.1,1.2, 1.3	Personal Statement L01	1		
		2.1, 2.2, 2.3	Personal Statement L02	2		
		3.1, 3.2, 3.3	Personal Statement L03	3		
		1.1	Recruitment Process Flowchart	4		
		1.1	Job Description and Person Specification	5		
		1.1	Knowledge and Skills Framework	6		
		1.1	Organisational Induction Policy	7		
		1.1	Values and Behaviour Framework Staff Information Booklet	8		
		1.1	All Wales Capability Policy and Procedure	9		
		1.1	Managing Attendance at Work All Wales Policy	10		

Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

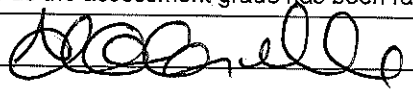
Signature: Amanda Glanville **Date:** 3/8/19

CIPD

Candidate name: Amanda Glanville				CIPD Membership/registration No.: 53072713		
Qualification title: CIPD Diploma In Applied Human Resources				Unique Learner No. (ULN): 1810229		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
5AIOP	Contributing to Improving Organisational Performance	1.1	Frequent Short Term Sickness Absence Flowchart	11		
		1.1	All Wales Disciplinary Policy and Procedure	12		
		1.1	Alcohol and Drugs/Substance Misuse Policy	13		
		1.1	Wellbeing – Prevention/Assessment/Intervention	14		
		1.1	Performance Appraisal and Personal Development Plan Policy	15		
		1.1	Performance Appraisal Development Review (PADR)	16		
		1.1	Performance Appraisal Development Review (PADR) – Checklist for Managers	17		
		1.1	Learning and Development Policy	18		
		1.1,1.2,1.3	Absence Manager Email Trail	19		
		1.1,1.3	Return to Work Discussion Form	20		

Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

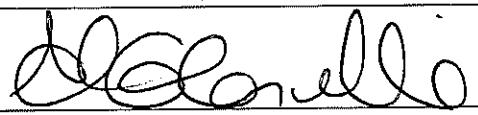
Signature:		**Date:**	3/8/19

CIPD

Candidate name: Amanda Glanville				CIPD Membership/registration No.: 53072713		
Qualification title: CIPD Diploma In Applied Human Resources				**Unique Learner No. (ULN):** 1810229		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
5AIOP	Contributing to Improving Organisational Performance	1.2	People Performance Management Toolkit	21		
		1.2	Learning and Development Prospectus	22		
		1.1,1.2,1.3	Capability and Occupational Health Email	23		
		1.1	Guidance on Referral of Employees to Occupational Health Service	24		
		2.2	Evidence of delivering coaching and mentoring training to support managers	25		
		2.2	Evidence of delivering workforce planning training to support managers	26		
		2.2	Evidence of delivering change management training to support managers	27		
		2.2	Evidence of delivering teamwork training to support managers	28		
		2.2	Evidence of delivering managing change, building relationships, managing conflict and difficult conversations to support managers	29		
		2.2	Feedback from Managers Passport Evaluation document – Workforce Planning	30		

Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

Signature:		**Date:**	3/8/19

CIPD

Candidate name: Amanda Glanville				CIPD Membership/registration No.: 53072713		
Qualification title: CIPD Diploma In Applied Human Resources				Unique Learner No. (ULN): 1810229		
Unit code	**Unit title**	**Assessment criteria no.**	**Evidence description**	**Evidence reference number**	**Assessor initials**	**I/V initials if sampled**
5AIOP	Contributing to Improving Organisational Performance	2.2	Feedback from Managers Passport Evaluation document – Building Relationships, Managing change, compassionate leadership and difficult conversations.	31		
		2.2, 2.3	Thank You Letter from the Assistant Director of Workforce for PADR Training	32		
		2.2,2.3	Email from the Manager giving feedback following PADR, Staff Development Training and Objective Setting	33		
		3.1,3.2,3.3	Performance Management Compliance Data	34		

Candidate declaration:

- I confirm that the work/evidence presented for assessment is my own unaided work.
- I have read the assessment regulations and understand that if I am found to have 'copied' from published work without acknowledgement, or from other candidate's work, this may be regarded as plagiarism which is an offence against the assessment regulations and leads to failure in the relevant unit and formal disciplinary action.
- I agree to this work being subjected to scrutiny by textual analysis software if required.
- I understand that my work may be used for future academic/quality assurance purposes in accordance with the provisions of the Data Protection Act 1998.
- I understand that the work/evidence submitted for assessment may not be returned to me and that I have retained a copy for my records.
- I understand that until such time as the assessment grade has been ratified through internal and external quality assurance processes it is not final.

Signature:		**Date:**	3/8/19

CIPD

Notes on candidate evidence matrices

Candidates should be encouraged to develop a matrix indicating how their evidence relates to each unit/module and learning outcomes/assessment criteria. This helps advisors and assessors to support candidates to draw links between units and encourage cross-referencing and the possible multi-use of evidence.

Evidence matrices can be developed using the unit/module and learning outcomes/assessment criteria, giving candidates an opportunity to link their evidence to each outcome.

Another approach is to have a more generic form where candidates list evidence and tick relevant boxes to show coverage.

Whatever approach is employed candidates should be encouraged to complete these forms themselves and not expect assessors to do this for them.

Personal Statement LO1

Provide information on performance management activity within Hywel Dda University Health Board (HDUHB)

Performance management policies and processes and those involved

Performance management is a contributing factor throughout the whole of the employee life-cycle, and is critical to organisational success (CIPD, 2019). Effective performance management of individuals contributes to achieving high organisational performance through the effective leading and development of people (Armstrong and Baron, 2004).

Within Hywel Dda University Health Board (HDUHB) performance management starts at the recruitment process, as per the recruitment process flow chart (Evidence 4). At stage one of the process the job description/personal specification (Evidence 5) and the (KSF) Knowledge and Skills Framework (Evidence 6) must have been signed off. These documents give all applicants a clear outline of the performance standard expected within the role. The job description/ person specification and KSF are produced by the line manager, using support from the Job matching service. Recruitment services approve the role and this is then finally authorised by senior managers.

During the shortlisting process, the shortlisting panel then check that all applications meet the essential criteria, thus ensuring that they have the qualifications and experience needed in order to carry out the role. The job description and main performance standards of the role are then discussed as part of the interview process. This process informs applicants of the role and allows further self selection, which in turn reduces staff turnover (Rees and French 2016). All short listing is carried out by the line manager, although there must be a minimum of two shortlisters linked to all vacancies to ensure fairness and consistency. Recruitment then carry out random audits to assess consistency.

The organisational induction policy (evidence 7) identifies a clear framework for the induction of new staff (HDUHB, 2013). Following this induction policy ensures that all staff understands their accountability and responsibility for their own competence within the scope of their role. This policy includes the corporate induction, which is

carried out by the Learning and Development Department and the local induction, which is carried out by the employees' line manager, which will form the basis for effective performance (HDUHB 2013). At the rear of the organisational induction policy is an example of the workplace induction program, with section B outlining duties, responsibility, accountability and performance standards expected. By doing this, employees know what is required and also after training, they will know how to do the job, which Gillen (2002) identifies that these are the two main reasons for poor performance. This establishes a psychological contract with the new employee (Taylor, 2014). Section G of the workplace induction program is completed by the line manager, outlining additional training requirements, identifying any learning, setting initial objectives and agreeing development opportunities/needs. Having this local induction supports on boarding and provides the new employee socialisation into the organisation. In addition, having a comprehensive induction program supports the employee to become productive within a shorter timescale (Taylor, 2014). This demonstrates the principles of the People Performance Model, as focus has been given to ensuring that new employees have the ability and skill to perform, have the motivation through goal setting and clear performance management standards, creating an incentive to meet the objectives set as they were able to actively participate in the process (Purcell et al, 2003).

As part of the induction process, new employees are issued a copy of the values and behaviours framework (Evidence 8) outlining the organisational values and expected behaviour. By having well-established values, which are communicated and understood by employees, are key drivers to an individual's behaviour, this linking to high-performance working practices within organisations (Jamrog et al, 2008). This document also outlines examples of unacceptable behaviour and how success will be measured. By having a robust induction program, this provides reassurance to new employees that they have made the right decision, therefore improving staff turnover and absenteeism, which eases the burden of further recruitment (Taylor, 2014).

Once employees completed their induction program, they then operate within the normal performance management guidelines, unless they are bank staff or registered clinicians, as they have their own performance standards written by the GMC, NMC or other professional bodies.

Performance management should be a key focus throughout the employee life-cycle, with the overall management of performance standards being governed by the All Wales Capability Policy and Procedure (Evidence 9). Included in this policy is a capability hearing flowchart, used to support line managers to ensure that the correct process is adhered to. Under the capability policy, it identifies that in the first instance, all performance issues should be addressed informally by the line manager as part of day-to-day management activities. Employees should then receive regular one-to-one meetings, allowing employees the opportunity to gain feedback relating to their performance, any areas for concern, identifying training needs and targets for improvement. Line managers are expected to comply with the policies and procedures, HR will support line managers with the overall implementation of formal action, updating policies when needed. HR Specialists are also available to support line managers including Learning and Development organising training and recruitment to support with recruitment processes.

Where employee performance relates to attendance, the 'Managing Attendance at Work All Wales Policy' is followed (evidence 10). This policy supports HR practitioners and line managers to deal with all attendance issues. Where employees have frequent short-term sickness absences, the flowchart (evidence 11) outlines the processes that line managers should follow. HR offer advice, then getting involved once the formal process has been triggered.

Where there are specific issues in terms of conduct, there is an All Wales Disciplinary Policy (Evidence 12) and then specific policies depending on the issues raised. An example of this is the alcohol and drug/substance misuse policy (Evidence 13).

When considering performance management and implementation of policies, it is important to remember that employees may need support it in relation to well-being as there may be mitigating circumstances resulting in their performance issue. To support line managers with the well-being of their staff, the prevention assessment intervention tool (evidence 14) should be considered. Line managers can also gain support from HR, the well-being team or Occupational Health services,

The above policies can be accessed as and when needed, however line managers are responsible for carrying out performance appraisals on their team annually as stated in the 'Performance Appraisal and Personal Development Plan Policy' (evidence 15). Hackman and Oldham (1980) identify feedback as one of the five core dimensions of job satisfaction. The Performance Appraisal Development Review (PADR) document (evidence 16) is based around the values of the organisation. The PADR checklist for managers (evidence 17) provides direction and support. Where a training need has been identified, the learning and development policy (evidence 18) identifies processes to be followed in relation to identifying training needs and applying for study leave.

If the PADR process is used effectively, alongside a robust system of regular one to ones and ongoing feedback, there is evidence of the ACE model being fully implemented, therefore producing high-performance teams (Tyson and Rees 2013). The appraisal process will allow employees to recognise their abilities discuss the opportunities within their own role and provide value in what they do, with objectives clearly linking to organisational strategy. By carrying out one-to-one support, it gives line managers the opportunity to understand the motivation of the employee and offer praise, providing a sense of achievement in the work they do (Tyson and Rees, 2013).

Due to the Agenda for Change pay scales within the organisation, it is very hard to offer financial incentives, although there are recognition awards, namely 'Employee of the month' and 'Team of the Month'. These awards are sought after in the organisation.

Key sources of information, including legislative information, which underpin performance management activities

There are many sources of information to support managers and HR in relation to performance management, coming from both internal and external sources. These



are as follows:

- The People Performance Management Toolkit (evidence 21) provides line management information to support performance management. This is also used as a training package as part of the performance management training day (NHS Employers, 2019).
- The Managers Passport Course provides information and training sessions towards change management, managing a team, workforce planning and coaching (HDUHB, 2017).
- NHS Wales set targets including compliance towards mandatory training and appraisals, comparing the data from the Health Boards in Wales. In many cases, this creates benchmarks that are used to measure performance of services, teams, managers and individuals (NHS Wales, 2018).
- Learning and Development Prospectus (Evidence 22) supports managers if a training need has been identified, having access to courses for both managers and staff to correct performance management issues, retrain where needed or continuous professional development (HDUHB, 2019). The Learning and Development Department can also support with a Training Needs Analysis, supporting both individual and team performance.
- Annual Statement & Quality report, IMTP providing objectives to support target setting (HDUHB, 2019).

External sources include:

- Acas can provide generic information to support managers and HR practitioners with general queries. Other documents include the Code of conduct, managing performance, guidance in formal processes and managing attendance. In addition, Acas also provide information relating to legislation including the Equality Act (ACAS, 2019).
- Welsh Government provides information performance measurement data in relation to patient waiting times, referrals, error rates and times between referral and treatment. They also provide benchmarks in relation to staffing levels and competencies of staff (Welsh Government, 2019).
- CIPD can provide information on dealing with performance management issues as well as evidence-based research in how this can be improved. The CIPD can also provide information for senior managers and HR Practitioners

to inform policies, procedures and new initiatives in relation to performance management (CIPD, 2019).

- Office of National Statistics can provide information on absence, population demographics as well as other local information to benchmark (Office of National Statistics, 2018)
- Registered body websites including the NMC and the GMC provide codes of conduct to support employers when dealing with performance management issues. In addition, they provide information to aid training and development opportunities for their registered workforce (Nursing & Midwifery Council, 2019).
- Published articles or books relating to performance management provide generic information in relation to performance management. This also includes articles and reports that provide evidence –based information to support performance management.

Examples of providing timely and accurate information to colleagues regarding performance management activities

Within my role as senior workforce advisor, I'm responsible for supporting managers in relation to performance management issues.

Absence management

The email trail (evidence 19) shows an example in relation to when I have supported a line manager with the day-to-day management of staff absences, guiding her from the completion of return to work interviews (evidence 20), to then supporting with absence management issues. In December 2018, I had an email from a line manager who asked me how she records sickness on ESR. I talked her through the process, then asking if she had completed a return to work interview. As she hadn't, I emailed her the form and talked her through completion.

Several months later, the manager contacted me as the member of staff had hit the absence trigger as this had been identified from the return to work form. As the line manager was asking for support, I sent her the 'NHS Wales Managing Attendance at Work' (evidence 10), asking her for further information in relation to the periods of absence, reasons and the number of occurrences. I asked her to look for patterns in the absence as well as whether any medical advice was sought. When I received

this information, it was clear that the employee was taking the first Monday of every month and has done for the last few months, showing a pattern of absence. Advice was given in relation to conducting a sickness review, which is detailed in the email trail (evidence 19). Whilst giving advice, I referred to the policy on several occasions, evidence of which is stated in the email.

Due to the nature of the outcome, I supported the line manager to carry out a formal meeting, providing the right to be accompanied and also provided notice in line with the ACAS Guidelines (ACAS, 2019).

Capability and Occupational Health

Another example of when I have supported a line manager in relation to performance management when I was approached by a manager who explained that she had a member of staff who was making lots of mistakes in her work, which was affecting the performance of the department. Firstly, I asked the manager if she had spoken to the member of staff in relation to the errors that were being made and at that point, it had not been addressed. I then explained that she needed to carry out one-to-one supervision with the employee, outlining her concerns. I also explained to the manager that where there are issues with performance, it is important to make the individual aware as soon as possible in an appropriate manner. I also explained to the manager that it was important that the individual was offered training and support in relation to the errors, as she was unable to provide evidence that training had been given.

Following our meeting, I confirmed all information given in an email (evidence 23), providing a copy of the All Wales Capability Policy (evidence 9). I encouraged the manager to read the policy and highlighted relevant information. Several weeks later I had an email back from the manager stating that she had sat with the manager and highlighted the errors being made. The staff member was unaware of the errors and as a result, was offered training and support as per agreed action. The manager also informed me that this individual was still making mistakes and it was also taking longer to do tasks than others within the team. After questioning, it became apparent that the individual had a disability and was a wheelchair user. Once again, I asked the manager if she had discussed this with the employee and explained she needed to take care as her speed may have deteriorated as a result of her disability. I

suggested she have an informal discussion, suggesting she may want to consider an Occupational Health Form, agreeing to send her the documents. I also asked her to read specific parts of the Referral to Occupational Health guidance (evidence 24), as well as Section 7.1 of the capability policy (evidence 9) as we may be able to make reasonable adjustments to support her within her role.

I supported this manager through the process and Occupational Health provided the individual with a new Mouse, a chair with greater arm/hand support and a computer mouse. It was the mouse that was causing the staff member to make errors.

I was able to give advice as I was aware of the regulations under disability discrimination, using Acas as a source of information (ACAS, 2019).

(2)

Personal Statement LO2

Supporting line managers to deliver performance management activities within the organisation

The types of support line managers in the organisation need from Human Resources in relation to performance management activities

Line managers are the link between employees and HR practices (Truss, 2001). There are many ways that support can be offered to line management in relation to performance management activities. Support can be given by providing information relating to policies, procedures or legislation, that may affect how they deal with managing performance (CIPD, 2019).

Support may also be in the form of training, an example being managing conflict, having difficult conversations and generally supporting their development as a line manager in relation to how they performance manage a team or individuals. This could be provided on a one-to-one basis by offering coaching or mentoring. Formal training can also be carried out in a group management training session. As CIPD, (2018) identify "Skilled managers are critical to employee engagement and organisational success".

Quite often, when managers have to implement performance management activities, they will telephone or email for HR support, this providing reassurance and/or advice. By providing coaching, this will improve the learning outcomes for the line managers, leading to high-performance working practices (Jamrog at al, 2008). When managers have not completed formal processes in the past, being involved in HR activities will not only give them confidence, but also support their understanding, especially for kinaesthetic learners.

Within HDUHB, most performance management data is recorded through the Employee Staff Record system, extracting reports from Business Intelligence. Line managers need to be able to input the data to ensure that reports are accurate, but also to be able to use as a performance management tool. Support can be accessed through ESR training, use of an online learning tool, carrying out one to one training with managers or using the support guides available on the HDUHB intranet site (ESR, 2019).

Supporting line managers' capability to deliver performance management activities

Evidence 25-29 shows several examples of when I have supported line managers in their capability to deliver performance management activities. This includes delivering training on coaching and mentoring, workforce planning, change management, teamwork, building relationships, managing conflict and having difficult conversations. Evidence 30-31 demonstrates how feedback was collected in order to evaluate the effectiveness of the training.

By teaching them workforce planning it identifies the need to look at the skills needed to achieve organisations objectives (Taylor and Woodhams, 2016). This then allows line managers to identify development opportunities within the current workforce, and reduced skills gaps (CIPD, 2019).

In addition to the above training, managers also need support in the production of job descriptions, personal specification and also the management of the overall employee life-cycle.

Supporting with the performance appraisal process Training

In November 2018, I was asked to analyse the PADR Business Intelligence report to identify pockets where there is low compliance and identify ways to improve this data. When analysing the data, I identified that there were many newly appointed managers, who had low compliance and I telephoned them to see if I could help. By the end of the morning, it was evident that there was a need to complete Performance Appraisal Development Review Training as performance appraisals focus an employee's attention to organisational objectives (Taylor & Woodhams, 2016).

Having spoken to the Head of Learning and Development, it was noted that PADR training was postponed due to no staff to deliver this training. I offered to support the delivery using pre-designed materials. Between the line managers that attended, the complaints rate was 57% and within four weeks of the training being carried out, this had increased to 85%, which is above the NHS Wales benchmark target of 79% and above the HDUHB current compliance data (HDUHB, 2018). By comparing the data. I evaluated the effectiveness of the training using benchmark

data. As a result of my effort to improve the data, the Assistant Director of Workforce sent me a letter to thank me for my effort (evidence 32).

Working with line managers in the provision of employee performance and development reviews

In March 2019, I received an email from the administrative coordinator for Mental Health Services explaining that she was about to start a round of PADR training for her team and identified that she had not been able to offer any other team training opportunities for the last two years. The manager explained that she had been carrying out the reviews, but did not feel these were effective.

I then met with the manager and chatted through some of the employees. She felt as they had been with the organisation so long, there was little she could offer. With the implementation of the new 'Transforming Mental Health Services' within the organisation, I explained that there was lots of opportunities and that she should speak to the department about wider opportunities. From this conversation, she was informed that the service was looking for change management agents, who would be prepared to support the positive transition of the service. As a result of this we sat down and looked at the role of the change management agent and the skills required. From this, we were able to identify several training opportunities including change management training and champion training. In addition, I also sent a list of the other work-based learning opportunities available, allowing her access to training and development for employees is also fundamental to staff development and employee engagement (Cappelli & Tavis, 2016).

As a result of the support given to the manager, she emailed me (evidence 33) to confirm that she felt a lot more confident carrying out their development reviews. Despite not all staff wanting to become change agents, she stated that for those who are motivated by new challenges, this had had a positive impact. Although I had not discussed this with her, she also stated that as she had greater confidence and as a result, suggested to 2 members of the team played an active part in the development of a new employee.

On reflection, whilst my expertise and specialism within HR is in learning and development, I need to ensure that I give managers the information that's allowing them to make decisions regarding the training of the team in the short term, but also in the long term. Offering the level of support with regards to qualifications to the team is unrealistic as I could not offer this to all departments.

Personal Statement LO3

Assessment of the impact of performance management activities on organisational performance and recommendations for enhancement

Evaluation of the organisations approach to performance management, including employee performance and development reviews

Rees and French (2016) identify performance management as lasting the whole employee life-cycle, starting before recruitment and covers ongoing management of people within the business, with the implementation of formal processes as and when needed. This reflects the performance management processes within HDUHB.

As can be seen in evidence 4-18, there are many procedures and policies in relation to performance management. Data is available in relation to performance management compliance, as can be seen by the charts (evidence 34). Due to the size of the organisation and the performance scrutiny by NHS Wales, the majority of the performance management data relates to benchmarking.

Compliance towards statutory mandatory training has improved significantly within the last 12 months, with only three staff groups having compliance less than the NHS Wales average.

There is a great deal of emphasis to support managers at the beginning of the employee life-cycle. This includes management support in relation to production of job descriptions, person specifications, qualifications and skills needed within a role and training offered. This is provided on an 'All Wales' basis, through recruitment and also the Job Matching Service. Managers are supported to ensure that a Knowledge and Skills Framework exists within the role and also the skills and competencies that will be expected.

The induction process is reviewed on an annual basis using a task and finish group in line with the IRS standards (IRS, 2003). This focus group consists of staff from Organisational Developement and the Learning and Development function. These meetings lack input from those who have undergone the training.

Although corporate induction follows the structured process, there is a great deal of variance in relation to local service inductions. Despite having an induction period and a probationary period, HDUHB does not have robust processes in place to actively manage performance within the probationary period, unless stated under professional guidelines, with no review at regular periods (e.g. 3 months, 6 months).

In relation to ongoing and annual appraisal process, practices differ within the organisation. The Health Board are 79% compliant in terms of annual performance appraisals (Rees, 2019), however there is no standardised approach to regular one-to-one meetings, unless there is governance around supervision which has been set out by the regulatory bodies of professional groups. In some cases, the annual performance appraisal is the only opportunity where people can discuss performance, unless they are considered a poor performer. When considering the AMO model to performance management, this will not be evident as individuals lack direction and motivation and also resulted in feeling unappreciated (Taylor & Woodhams, 2016).

There is limited qualitative data that considers the quality of these reviews giving qualitative information. From the All Wales Staff Survey 2018, it shows that despite 70% of the organisation having had an appraisal only 65% stated that they felt valued after this had been carried out (NHS Wales, 2018).

The skill of a line manager is crucial for the success of performance management (CIPD, 2019). Only 70% of employees felt that they were satisfied with the level of management support in the Staff Survey (NHS Wales, 2018), with only 77% feeling like that line manager makes it clear what is expected. In terms of training and development, it is clear that this is an area where managers need to be developed as only 62% of staff feel that they are encouraged to develop, with 41% feeling that they're aren't development opportunities. In addition only 60% of staff feel that they are supported to keep up-to-date with developments (NHS Wales, 2018). With line managers needing to provide constant feedback to employees to develop relationships based on honesty, trust and mutual respect, HDUHB need to address

this (Cappelli & Tavis, 2016), this is fundamental to the success of performance management.

HDUHB deliver a robust 'Managers Passport' programme, which is available for those who are Band 6 and above. There are line managers who are Band 4 who manage staff, who have been promoted through the organisation and have no management experience. In terms of role responsibility, examples of a Band 6 role equates to a Senior Workforce Advisor, Senior Nurse or Catering Manager. There is currently waiting list for management passport training of up to two years, resulting in many managers being expected to manage large teams, without the training and support to do so (HDUHB, 2019).

Assessment the extent to which performance management processes support high-performance working and contribute to sustained organisation of performance

Taylor & Woodhams (2016) identify that in order to be High performance Working (HPW), organisations need the following systems in place:

- Robust recruitment and selection processes – This is evident through rigorous support offered through Trac, the recruitment team and job evaluation. This allows applicants to self-select.
- The Health Board offer competitive pay and job security as well as packages to look after the wellbeing of employees.
- There are robust procedures in place to deal with grievances, whistle blowing and other formal processes.
- HDUHB have an embedded set of values, which are typically understood by most employees, forming part of the induction and performance appraisal process.
- Clear vision and strategies are communicated through the IMTP, Annual Plan, and Quality Statement. Having a clear vision is essential to HPW (Taylor & Woodhams, 2016).
- Line managers are a critical part of HPW (Purcell, et al., 2003). The policies and procedures promote HPW as all relevant policies are in place. If line managers do not embed the organisational HR policies, this can have greater implications than not having the HR policies in the first place (Taylor & Woodhams, 2016).

- The relationship with the employee and their line manager is fundamental to an individuals performance (ACAS, 2018). Research conducted by Gallup identified the link between employee engagement and HPW, with data identifying that the highly engaged teams, were highly performing (Gallup, 2002). Where there is high employee engagement, this shows lower staff turnover rates (Harter et al 2002). Managers need to set consistent expectations, linked to organisational objectives (Gallup, 2002).

Recommendations for developing performance management processes to enhance the impact on organisational performance

The induction focus group that assesses the effectiveness of the induction programme consists of practitioners. This group needs to consist of individuals who have completed the induction within the year, having joined the organisation at different levels, from different stages within the on boarding process (IRS, 2003). A task and finish group is also needed to agree a standardised local induction process.

Formal Performance Management needs to be analysed as currently training is needed within the organisation to improve performance management techniques including the setting realistic smart targets, ensuring that goals are not only achievable but the number of goals are realistic. There is also a need for a balance between qualitative and quantitative targets as well as meeting both individual and the team objectives (Rees and French, 2013).

Within other policies, there is a high level of managers' discretion that can be used, relating to disciplinary processes, absence and conduct. Within the appraisal process, the document is very rigid, not allowing managers to create meaningful discussions.

Line managers are crucial in performance management and embedding organisational policies and processes (Taylor & Woodhams, 2016). With HDUHB being a large organisation employing over 11,000 people, managers could be offered a buddy system, providing support, therefore enhancing their effectiveness within their role (Wolff, 2009).

The organisation should consider a 'Managing the Team Training Module' to support new managers. This would ensure that new managers recognise the value in providing regular feedback and positive reinforcement as well as the need to deal with performance issues on an ongoing basis, correcting poor performance before

formal intervention is needed. This should also provide signposting to different scenarios and contain case studies to allow them to consider performance management issues they may face.

On reflection, the biggest improvement that can be made to develop performance management is the training and development offered to managers. There is also a need for the learning and development function to provide ways of promoting development opportunities to individuals at all levels. Performance appraisal training should be offered to all line managers on an ongoing basis.

As well as collecting compliance data in relation to appraisals, random sampling should be carried out to assess the quality, therefore providing some best practice guidance to line managers, outlining the main areas that can impact the effectiveness of the review.

Finally the performance appraisal and development review should be split so that when having their appraisal they focus on achievement of objectives and there development review focuses on opportunities for development both a personal and professional growth. Employees will be happy to discuss development needs when no assessment is carried out (Armstrong, 2015).

RECRUITMENT PROCESS FLOWCHART

If you do not have a Trac account, please contact the Resourcing Team via resourcing.hyweldda.hdd@wales.nhs.uk

Approval Stage –

Vacancy Approval obtained by completing Vacancy Authorisation Request on Trac. Ensure that advert text is completed and all required documents are attached to the request on Trac:

- JD/PS
- KSF Outline
- Occupational Health Questionnaire with Part A completed

Stage 1 (within 2 working days)
Once approval is received, Recruitment advertise vacancy, and email to confirm post live on Trac and/or NHS Jobs

Stage 2 (within 2 working days)
After closing, applications are downloaded to Trac and Recruitment email asking Recruiting Manager to shortlist on Trac

Recruiting Manager to complete short listing of applicants and complete interview details template within 3 working days

Stage 3 (within 2 working days)
Resourcing Team set up interviews on Trac and contact all candidates.
1 working day before interview, Trac will email interview pack to all panel members

Interviews held

Recruiting Manager offers the post subject to satisfactory pre employment checks and notifies unsuccessful applicants offering feedback

Record interview results on Trac

Within 3 Working Days

Stage 4 (within 5 working days)
Recruitment process successful applicant(s).

Recruitment prepare and issue conditional offer letter and commence pre-employment checks:

- Professional Registration (if required)
- Qualifications (if required)
- References
- DBS (if required)
- ID
- Right to Work
- Occupational Health

Appointee requested to arrange a Pre-employment document check meeting within 3 working days to verify:

ID
Right to Work
Qualifications
Registration

Complete DBS Application if required

Stage 5
Recruiting Manager will receive weekly Manager's Update Reports detailing progress of all of their vacancies and applications.

Recruiting Manager will be notified of references received and asked to approve on Trac.

Recruiting Manager approves references on Trac

Within 2 working days

Stage 6
Once all pre employment checks are completed and the file has been quality checked the Recruiting Manager is informed and a start date may be arranged.

At Pre employment document check meeting the following checks will be verified:

ID
Right to Work
Qualifications
Registration
DBS Application completed (if required)

Recruiting Manager informs Recruitment of appointee's start date

Stage 7
The Personal File will be emailed to the Recruiting Manager.
Contract completed and forwarded to the Recruiting Manager and appointee ready for appointee's start date (if 7 days notice has been given).

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

For office use only	
CAJE REFERENCE	**GENERIC**
DATE APPROVED	**30/04/2015**

JOB DESCRIPTION

JOB DETAILS

Job Title: Staff Nurse Generic

Pay Band: 5

Directorate: Generic

Department: Generic

ORGANISATIONAL ARRANGEMENTS

Managerial Accountable to: Ward Sister/Charge Nurse

Reports to: Ward Sister/Charge Nurse

Professionally Responsible to:

Responsible For: Supervising Junior Ward Nurses, Heath Care Support Workers & Student Nurses as required

JOB SUMMARY / PURPOSE

As a Band 5 Registered Nurse you will be accountable for the delivery of a high standard of cost effective nursing care without direct supervision in a variety of scheduled and unscheduled care settings. This will be based upon evidence based practice in line with the legal requirements, statutory rules and Health Board policies relating to practice and the NMC Code of conduct.

You will ensure patients receive safe, individualised and effective standards of care by assessing, planning, implementing and evaluating their care. You will communicate effectively at all times and in conjunction with other team members contributing to developing and maintaining the ward/department philosophy. You will take charge of the ward / department in the absence of the nurse in charge and support them in the efficient running of the clinical area.

MAIN DUTIES AND RESPONSIBILITIES

The following duties and responsibilities will be applicable to work undertaken in a variety of scheduled and unscheduled care settings areas.

Service Management
Manage the total nursing care competently, including the effective discharge planning where appropriate.

Undertake duties without direct supervision.

Delegate the delivery of care where appropriate and supervises its delivery.

Demonstrate that the patient's physical and psychological needs are met including their fundamental care needs.

Recognise situations that may be detrimental to health and well being of the patient.

Alert appropriate agencies when there are any concerns regarding potential/actual risk to a patient e.g. child protection, domestic violence and protection of the vulnerable adult.

Ensure changes in the patient's condition are reported to the nurse in charge.

Recognise the management and co-ordination role of the Nurse-in-Charge and refer all appropriate issues to the Nurse-in-Charge.

Ensure effective discharge planning taking into consideration the contributory factors influencing safe discharge.

Recognise and implements the principles of managing and diffusing aggressive behaviour.

Responsible for taking charge of a specified area/group of patients on a day to day basis.

Take charge of the Ward / department in the absence of Ward Sister/Charge Nurse or their deputy and provides effective leadership and management.

Work in a team with other nurses and with medical and paramedical staff giving support and sharing the day to day running of the ward / department.

Service Improvement
Monitor the quality of care being delivered, and alert the Nurse in Charge if quality is deteriorating.

Actively and constructively participate in agreed changes to practice as a result of service improvement or practice development.

Communications
Advise patients on the promotion of health and prevention of illness.

Translate complicated clinical information to an easily understood language for patient understanding.

4

Demonstrate politeness, courtesy and sensitivity in dealing with patients, relatives and colleagues, maintaining good customer relations.

Communicate with other members of the mutli-disciplinary team to ensure that effective high quality care is given to achieve goals.

To use highly developed interpersonal skills to communicate sensitive information to patients and their relatives in a variety of settings.

Promote and maintain good working relationships with members of the multidisciplinary teams and support services.

To provide specialist advice when consulted by staff from other clinical areas.

Finance and Resources
To have due regard for economy whilst maintaining standards at all times.

Personal and People Development and People Management
Promote a learning environment in the clinical area.

Participate in induction, mentorship and teaching programmes within the Ward / Department.

Undertake self assessment of own development needs, and identifies ways of meeting those learning needs.

Take responsibility for own professional development and education needs in accordance with the NMC.

Seek out new knowledge of nursing and health by reading, enquiring and joining in continuing education programmes.

Attend mandatory training and update sessions.

Produce evidence of own continuing professional development

Information Processing
Maintain accurate patient information and ensure that confidentiality is observed.

Maintain and submits where appropriate, and as contemporaneously as is possible, the following records:

- Observations, care given and medicines / treatments administered to patients
- Variation sheet on a monthly basis
- Professional Development Portfolio

Health, Safety and Security
Recognise the impact of stress on self and other members of the Ward team, and seeks support / help when necessary.

The post holder has the responsibility for reporting and monitoring actions relation to risk, health and safety.

In the event of a Major incident, may need to participate as a member of a Medical Emergency Response Incident Team; Chemical Decontamination team.

Quality
Use evidence-based practice to maintain high standards of patient care.

Assist with nursing audit.

Be aware of and abide by all Health Board policies, procedures and guidelines relevant to the specialty.

Abide by the legal requirements and statutory rules relating to practice.

Maintain standards of conduct to sustain public in accordance with the Code (NMC 2015)

Equality and Diversity
The Equality Act 2010 upholds the rights of people to be cared for and treated in ways that support their independence and autonomy, enabling them to feel included, in control, promoting key concepts such as dignity and respect e.g. Learning Disabilities

Effort and Environmental
May be frequently exposed to sudden violent and threatening behaviour by members of the public.

May be frequently exposed to unpleasant working conditions, including bodily excretions foul smells etc.

Required to supervise work in an environment which is complex, demanding and unpredictable

Perform highly physical skills where accuracy is of paramount importance:

- intravenous and intramuscular injections
- setting up electronic drug/fluid/blood/ rapid infusing
- devices
- venous cannulation
- dressings and bandaging

Spend the majority of time standing up and walking, this includes pushing trolleys with patients on.

Required to move and handle patients both with and without mechanical aids.

Required to crouch, kneel, bend or stretch to care for patients who may be sitting, standing or lying on the floor etc.

Will be required to deal with highly sensitive and emotional situations (e.g. sudden death of a patient, sudden illness, serious injury, and mental health issues) where a sympathetic and compassionate approach is required.

Will be required to break bad news.

Work in situations of extreme workload.

Undertake formal assessment of student nurses.

Required to undertake drug calculations and near patient testing.

Occasional periods of intense concentration needed for carrying out some clinical interventions.

Concentration required for nursing critically ill patients.

PERSON SPECIFICATION

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Qualifications and Knowledge	Level 1 Registered Nurse Current NMC Registration Evidence of continuing professional development, statutory and mandatory training Awareness of Health Board Policies, Procedures and Guidelines Able to relate theory to practice	Degree in Nursing Awareness of Clinical Governance Awareness of topical issues in health and social care Specialist Nursing Course in specific specialties	Application form and interview
Experience	Able to demonstrate sound knowledge	Relevant experience within speciality Able to demonstrate sound knowledge of relevant speciality	Application form and interview
Aptitude and Abilities	Ability to assess, plan, implement and evaluate care Able to meet patients' physical and psychological needs Physical assessment skills Ability to recognise and refer issues around the deteriorating patient. Able to maintain high standards of care Able to produce documentation to a high standard Able to manage	Welsh Speaker Preceptorship / mentorship skills IT skills	Application form and interview

	time effectively Able to work in a Team Demonstrate willingness to develop their role Be competent in the use of medical equipment Effective communicator with patients, relatives and all members of the multidisciplinary health care team involved in primary and secondary care Ability to work in a calm and efficient manner in situations of extreme workload generated by major and minor trauma incidents Self motivator Able to maintain Confidentiality Caring attitude to patients and clients Shows respect to team members Able to work on own initiative Recognises own limitations Professional attitude to work		
Circumstances	Flexible approach to needs of the service		Interview
Other			

NHS CODE OF CONDUCT FOR MANAGERS

The post holder will be expected to adhere to the standards laid down in the NHS Code of Conduct for Managers and at all times act in a manner that reflects and promotes the values of the HB.

The post holder must ensure all activity and service objectives are effectively met in compliance with HBs standing orders and SFIs, scheme of delegated authority and employment legislation.

REGISTERED HEALTH PROFESSIONAL

All staff who are members of a regulatory body must comply with standards of professional practice/conduct. It is the post holder's responsibility to ensure they are both familiar with and adhere to these requirements.

COMPETENCE

The post holder is required to participate in the Hywel Dda PDR process and work towards meeting identified development needs.

The post holder is required to demonstrate on-going continuous professional development.

At no time should the post holder work outside their defined level of competence. If the post holder has concerns regarding this they should immediately discuss this with their Manager/Supervisor/Consultant. The post holder has the responsibility to inform those supervising their duties if they are not competent to perform a duty.

TEAM BRIEF

The post holder is required to actively participate in Hywel Dda Team Briefing in order to aid communication within the Health Board.

Managers and supervisors will regularly deliver the Team Brief verbally to their own staff teams by means of a Core Brief and additional departmental information.

RISK MANAGEMENT/HEALTH & SAFETY

The post holder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Hywel Dda. All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.

The post holder has the responsibility for monitoring the progress on action plans in relation to risk, health and safety.

The post holder has the responsibility for the development of risk profiles and a risk register within their area of responsibility.

The post holder has the responsibility for developing systems to monitor performance against agreed performance indicators.

HARRASSMENT & BULLYING

The HB condemns all forms of harassment and bullying and is actively seeking to promote a workplace where employees are treated with dignity, respect and without bias. All staff is requested to report any form of harassment and bullying to their line manager or to any Director of the HB.

RECORDS MANAGEMENT

The post holder has the responsibility for timely and accurate record keeping and where appropriate in accordance with professional guidelines.

The post holder has the responsibility for the creation and maintenance of records in accordance with Hywel Dda policy and the data protection act.

FLEXIBILITY STATEMENT

The developing and rapidly changing nature of the organisation will require considerable flexibility from the post holder. This job description indicates the main functions and responsibilities for the post and is not intended to be a fully inclusive list and the duties and responsibilities specified in this job description are subject to change as the needs of the HB evolve. On agreement with the post holder, this job description will be amended, as necessary, in the event of future organisational and professional changes and/or personal development.

CONFIDENTIALITY

All staff may have access to confidential information about patients, staff or health service business. On no account must such information be divulged to anyone who is not authorised to receive it. Confidentiality of information must be preserved at all times whether at or away from work. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and /or prosecution under current statutory legislation (Data Protection Act) and the HB Disciplinary Policy.

EQUAL OPPORTUNITIES

It is the aim of the Hywel Dda HB to ensure that no job applicant or employee receives less favourable treatment on grounds of gender, religion, race, colour, sexual orientation, nationality, ethnic or national origins or is placed at a disadvantage by conditions or requirements which cannot be shown to be justifiable. To this end, the HB has an Equal Opportunities Policy and it is for each employee to contribute to its success.

OUTSIDE EMPLOYMENT/OUTSIDE INTERESTS

Any other work or outside interests must not conflict with the duties and responsibilities of your attendance for work as an employee of the HB.

ENVIRONMENTAL

The Hywel Dda Health Board is committed to its environmental responsibilities. The Board recognizes that its activities, including energy consumption, waste generation, transportation emissions, water use and resource consumption, have a significant impact on the environment. As an integral part of its commitment to ensure high quality patient care, all staff have a responsibility to adhere to environmental policy and procedure at both an organisational level and within their own area of work to ensure legal compliance. Staff will do their utmost to minimize the environmental impacts of Health Board activities and

services, and seek to continually improve operations to minimize their environmental effects. Staff should take note of relevant communications and attend mandatory training when required.

SMOKE FREE POLICY

All Health Board sites and premises and grounds are designated as smoke free areas. This policy applies to all staff, contractors/service providers, patients*, visitors and the public.

***Those patients staying in residential mental health units will be exempt under the Smoke-**Free Premises (etc) Wales Regulations 2007.

SAFEGUARDING ADULTS AND CHILDREN

Every employee of the Health Board, whatever their job, role, profession, status or place of work, paid or voluntary, has a responsibility for Safeguarding both adults and children. Staff must:

- Understand the nature of abuse and how children and adults might be at risk of harm and neglect.
- Understand safeguarding responsibilities and what actions they may need to take.
- Know where they can access local policies and procedures in relation to Safeguarding Children and Safeguarding Adults.
- Report allegations or suspicions of abuse to their line manager, including suspicions about a colleague or manager, irrespective of their status, profession or authority. This includes whistle-blowing
- Know how to make a Safeguarding referral to Social Services and/or the Police for both adults and children to report allegations or if they have concerns.
- Know what services, advice and support are available locally to vulnerable children and adults and how to access help needed.

INFECTION CONTROL

"The document *Commitment to Purpose: Eliminating Preventable Healthcare Associated Infection: A Framework of actions for healthcare organisations in Wales* stipulates that all staff must understand their responsibility and accountability for Infection Prevention & Control and the Health Board must be assured of this on an ongoing basis".

IP&C is the personal and individual responsibility of all Health Board staff. All staff have a responsibility to protect and safeguard patients, service users, visitors and employees against the risk of acquiring healthcare associated infections.

This responsibility includes being aware of the content of and consistently observing, Health Board Infection Prevention & Control Policies and procedures; and best practice guidance in order to maintain high standards of Infection Prevention & control.

GENERAL

The post holder needs to ensure they are familiar with their terms and conditions of service.

October 26, 2011

Postoutline: (Nursing) Generic Band 5 Nurse (M)

Created On: 25/10/2011

Created By: Carolyn Jones

Originating Organisation: Hywel Dda Health Board

Post Outline is Approved

Purpose: : Accountable for the delivery of a high standard of cost effective nursing care ensuring effective communication & multidisciplinary working without direct supervision.

Pay Band: Band 5

Reporting To: Ward Sister/Charge Nurse

KSF Dimensions, Levels And Indicators

Dimension Type	Dimension Number	Dimension Name	Second Gateway (Full Outline)		Foundation Gateway (Subset Outline)	
			Level	Indicator	Level	Indicator
Core	C1	COMMUNICATION	3	A,B,C,D,E,F	2	A,B,C,D,E
Core	C2	PERSONAL AND PEOPLE DEVELOPMENT	3	A,B,C,D,E,F,G	2	A,B,C,D,E,F
Core	C3	HEALTH, SAFETY AND SECURITY	2	A,B,C,D,E,F	2	A,B,C,D,E,F
Core	C4	SERVICE IMPROVEMENT	2	A,B,C,D,E,F	2	A,B,C,D,E
Core	C5	QUALITY	3	A,B,C,D,E,F,G	2	A,B,C,D,E,F
Core	C6	EQUALITY AND DIVERSITY	2	A,B,C,D	2	A,B,C,D
Specific	HWB2	ASSESSMENT AND CARE PLANNING TO MEET HEALTH AND WELLBEING NEEDS	3	A,B,C,D,E,F,G	3	A,B,C,D,F,G
Specific	HWB5	PROVISION OF CARE TO MEET HEALTH AND WELLBEING NEEDS	3	A,B,C,D,E,F,G,H	3	A,C,D,E,F,G,H
Specific	IK2	INFORMATION COLLECTION AND ANALYSIS	1	A,B,C,D	1	A,B,C,D
Specific	G6	PEOPLE MANAGEMENT	1	A,B,C,D,E	1	A,E

Second Gateway (Full Outline)

COMMUNICATION - Level: 3

Level Indicators:

a) identifies the range of people likely to be involved in the communication, any potential communication differences and relevant contextual factors
b) communicates with people in a form and manner that:
- is consistent with their level of understanding, culture, background and preferred ways of communicating
- is appropriate to the purpose of the communication and the context in which it is taking place
- encourages the effective participation of all involved
c) recognises and reflects on barriers to effective communication and modifies communication in response
d) provides feedback to other workers on their communication at appropriate times
e) keeps accurate and complete records of activities and communications consistent with legislation, policies and procedures.
f) communicates in a manner that is consistent with relevant legislation, policies and procedures.

Foundation Gateway (Subset Outline)

COMMUNICATION - Level: 2

Level Indicators:

a) communicates with a range of people on a range of matters in a form that is appropriate to them and the situation
b) improves the effectiveness of communication through the use of communication skills
c) constructively manages barriers to effective communication
d) keeps accurate and complete records consistent with legislation, policies and procedures
e) communicates in a manner that is consistent with relevant legislation, policies and procedures

Examples Of Application: a) People with whom the staff nurse will be communicating might be; patients/clients, relatives, carers, colleagues, managers & visitors/members of the public. b) Demonstrate effective interpersonal communication skills when communicating with others utilising verbal and non verbal skills. Enable to secure communication aids/services available to meet the needs of the individual e.g. speech and language therapists, interpreters, pictures, charts. Demonstrate and discuss how to communicate in different circumstances e.g. asserting a particular position or view, breaking bad news, encouraging and supporting people, explaining issues in formal situations (such as going to court), explaining outcome of activities/interventions/ writing of statements/multidisciplinary team case conferences, making people make difficult decisions.Demonstrates ability to communicate relevant information, verbal/non verbal to patients, family, MDT and others as appropriate in accordance with HB policies, procedures and guidelines. c) Demonstrates understanding and can describe communication differences which may cause barriers e.g. identifying preferred language, hard of hearing d) Provides formal and informal feedback to other members of the ward team - junior staff nurses, health care support workers, ward clerk & students at appropriate times e.g. during annual individual performance review, student nurse interviews during placements, preceptor role. e) Demonstrates understanding of the need to maintain accurate and compete records in accordance with NMC "Guidelines for records and record keeping" and HB policies. f) Awareness of HB policies regarding confidentiality, Data Protection Act, Freedom of Information Act, the Caldicott Principles, Complaints process & Consent policy.	Examples of Application: a) Establishes and maintains excellent relationships with patients, relatives, carers, colleagues, managers, visitors and members of the public b) Communicates both verbally and non verbally in an appropriate manner securing communication aids/services to meet the needs of the patients to ensure compliance and complete understanding. Demonstrate and discuss how to communicate in different circumstances e.g. asserting a particular position or view, breaking bad news, encouraging and supporting people, explaining issues in formal situations (such as going to court), explaining outcome of activities/interventions/ writing of statements/multidisciplinary team case conferences, making people make difficult decisions. c) Demonstrates understanding and can describe communication differences which may cause barriers e.g. identifying preferred language, hard of hearing d) Demonstrates ability to communicate relevant information, both verbal and written to patients, family, MDT and others as appropriate in accordance with HB policies, procedures and guidelines. e) Awareness of HB policies regarding confidentiality, Data Protection Act, Freedom of Information Act, the Caldicott Principles, Complaints process & Consent policy.

Second Gateway (Full Outline)	Foundation Gateway (Subset Outline)
PERSONAL AND PEOPLE DEVELOPMENT - Level: 3	PERSONAL AND PEOPLE DEVELOPMENT - Level: 2
Level indicators: a) reflects on and evaluates how well s/he is applying knowledge and skills to meet current and emerging work demands and the requirements of the KSF outline for his/her post b) identifies own development needs and sets own personal development objectives in discussion with his/her reviewer c) takes responsibility for own personal development and maintains own personal development portfolio d) makes effective use of learning opportunities within and outside the workplace evaluating their effectiveness and feeding back relevant information e) enables others to develop and apply their knowledge and skills in practice f) contributes to the development of others in a manner that is consistent with legislation, policies and procedures g) contributes to developing the workplace as a learning environment	**Level indicators:** a) assesses and identifies: - feedback from others on own work - how s/he is applying knowledge and skills in relation to the KSF outline for the post - own development needs and interests in the current post - what has been helpful in his/her learning and development to date b) takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year c) takes responsibility for own personal development and takes an active part in learning opportunities d) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems e) keeps up-to-date records of own development review process f) offers information to others when it will help their development and/or help them meet work demands.

Examples Of Application: a) Prepares and participates in annual Personal Development review in line with service development and HB policy, reflecting on achievements in the last 12 months against objectives and performance. b) Identifies and agrees learning needs with line manager, attending appropriate agreed training e.g. relevant specialist courses. Attend HB statutory training e.g. fire training, basic life support & moving & handling. Develop new knowledge and skills in own area and keeping up to date with evidence based practice. Develop own computer literacy skills and demonstrate competency e.g. ECDL. a + b) Identifies current and future personal development needs and interests as defined by the KSF, taking an active part in the Personal Development Review process c) Produces portfolio and personal development plan (PDP) demonstrating evidence of applying the agreed levels of knowledge and skills required for the post, showing development and continued growth each year. d + g) Evaluate the effectiveness of learning and its impact on own work , providing feedback from study days/courses to the Nursing team and promotes an environment conducive to learning. e) Assist in the training and development of Health Care Support Workers/student nurses. f) Demonstrates mentorship skills by undertaking the promoting learning in health care module, attending the University mentorship study days and experiential learning. Act as coach, mentor, role model to students, junior staff, health care support workers and newly appointed staff and participate in their orientation to the clinical area, provide support and advice. f)May act as reviewer in the personal development review (PDR).	Examples of Application: a) Prepares and participates in annual Personal Development review in line with service development and HB policy, reflecting on achievements in the last 12 months against objectives and performance. b) Identifies and agrees learning needs with line manager, attending appropriate agreed training e.g. relevant courses e.g. Newly Qualified Programme. Attend HB statutory training e.g. fire training, basic life support & moving & handling. Develop new knowledge and skills in own area and keeping up to date with evidence based practice. Develop own computer literacy skills and demonstrate competency e.g. ECDL. a + b) Identifies current and future personal development needs and interests as defined by the KSF, taking an active part in the Personal Development Review process c+e) Produces portfolio and personal development plan (PDP) demonstrating evidence of applying the agreed levels of knowledge and skills required for the post, showing development and continued growth each year. d) Evaluate the effectiveness of learning and provide feedback from study days/courses to the Ward Nursing team. f) Participates in the orientation of students, junior staff, health care support workers and newly appointed staff to the clinical area, providing information, support and advice e.g. explaining the layout of the ward. Participate in providing information to patients and relatives e.g. teaching patients and/or relatives in giving insulin, providing dietary advice to patients.

Second Gateway (Full Outline)	**Foundation Gateway (Subset Outline)**
HEALTH, SAFETY AND SECURITY - Level: 2	HEALTH, SAFETY AND SECURITY - Level: 2
Level Indicators: a) Identifies and assesses the potential risks involved in work activities and processes for self and others b) Identifies how best to manage the risks c) undertakes work activities consistent with: - legislation, policies and procedures - the assessment and management of risk d) takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary e) reports actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed f) supports others in maintaining health, safety and security.	**Level Indicators:** a) Identifies and assesses the potential risks involved in work activities and processes for self and others b) Identifies how best to manage the risks c) undertakes work activities consistent with: - legislation, policies and procedures - the assessment and management of risk d) takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary e) reports actual or potential problems that may put health, safety and security at risk and suggests how they might be addressed f) supports others in maintaining health, safety and security.

Examples Of Application: a) Ensure & maintain the health, safety & security of self and others including patients, relatives, carers, colleagues, visitors/members of the public. Ensure that self and others adhere to HB policies, procedures and guidelines on the use of protective clothing and equipment e.g. COIN policies.

b) Demonstrate an understanding of the risks within the clinical environment and the requirements for risk assessmentse.g. environmental risks (including equipment, heating), risks associated with individuals (including personal health and wellbeing), risks associated with information (including the Caldicott principles & sharing of passwords), potential risks to individuals (including violence and aggression) - physical interactions (eg abuse, aggression, violence, theft), risks to the psychological well being of individuals (including bullying & harassment)

c) Demonstrate an awareness and application to practice of HB Risk Management policies including: Risk profiling policy, incident reporting, manual handling, infection control, child protection, COSHE. Demonstrate an understanding of HB policy on confidentiality, Data Protection Act, Freedom of Information Act and Personnel procedures.

d) Demonstrate ability to take appropriate action to manage an emergency situation in accordance with HB policies, procedures and guidelines e.g. in the event of a cardio respiratory arrest take appropriate action in accordance with the HB's Resuscitation policy, Competion of IR2 risk management forms in the event of clinical incidents, managment of level 3 confused patients in accordance to HB policy.

e) Demonstrate involvement in the on-going assessment of risk both actual and potential within the clinical area e.g. the review and updating of the annual environmental risk assessments, management of level 3 confused patients in accordance with HB policy, reading the clinical alerts circulated by the HB & Directorate

f) Develop skills in supporting others in maintaining health, safety and security. Act as a mentor and role model. Work with other members of the ward and nursing team to prevent cross infection, maintain confidentiality, adherence to the Data Protection & Freedom of Information Acts and sharing of information with colleagues

Examples of Application: a) Ensure & maintain the health, safety & security of self and others including patients, relatives, carers, colleagues, visitors/members of the public. Ensure that self and others adhere to HB policies, procedures and guidelines on the use of protective clothing and equipment e.g. COIN policies.

b) Demonstrate an understanding of the risks within the clinical environment and the requirements for risk assessmentse.g. environmental risks (including equipment, heating), risks associated with individuals (including personal health and wellbeing), risks associated with information (including the Caldicott principles & sharing of passwords), potential risks to individuals (including violence and aggression) - physical interactions (eg abuse, aggression, violence, theft), risks to the psychological well being of individuals (including bullying & harassment)

c) Demonstrate an awareness and application to practice of HB Risk Management policies including: Risk profiling policy, incident reporting, manual handling, infection control, child protection, COSHE. Demonstrate an understanding of HB policy on confidentiality, Data Protection Act, Freedom of Information Act and Personnel procedures.

d) Demonstrate ability to take appropriate action to manage an emergency situation in accordance with HB policies, procedures and guidelines e.g. in the event of a cardio respiratory arrest take appropriate action in accordance with the HB's Resuscitation policy, Competion of IR2 risk management forms in the event of clinical incidents, managment of level 3 confused patients in accordance to HB policy.

e) Demonstrate involvement in the on-going assessment of risk both actual and potential within the clinical area e.g. the review and updating of the annual environmental risk assessments, management of level 3 confused patients in accordance with HB policy, reading the clinical alerts circulated by the HB & Directorate

f) Develop skills in supporting others in maintaining health, safety and security. Act as a mentor and role model. Work with other members of the ward and nursing team to prevent cross infection, maintain confidentiality, adherence to the Data Protection & Freedom of Information Acts and sharing of information with colleagues

Second Gateway (Full Outline)

SERVICE IMPROVEMENT - Level: 2

Level Indicators:

a) discusses and agrees with the work team
- the implications of direction, policies and strategies on their current practice
- the changes that they can make as a team
- the changes s/he can make as an individual
- how to take the changes forward

b) constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary
c) supports others in understanding the need for and making agreed changes
d) evaluates own and other's work when required to do so completing relevant documentation
e) makes constructive suggestions as to how services can be improved for users and the public
f) constructively identifies issues with direction, policies and strategies in the interests of users and the public.

Foundation Gateway (Subset Outline)

SERVICE IMPROVEMENT - Level: 2

Level Indicators:

a) discusses and agrees with the work team
- the implications of direction, policies and strategies on their current practice
- the changes that they can make as a team
- the changes s/he can make as an individual
- how to take the changes forward

b) constructively makes agreed changes to own work in the agreed timescale seeking support as and when necessary
c) supports others in understanding the need for and making agreed changes
d) evaluates own and other's work when required to do so completing relevant documentation
e) makes constructive suggestions as to how services can be improved for users and the public

Examples Of Application: a) Awareness and application to practice of the HB policies on local and national issues e.g. NMC code of conduct, administration of drugs, HB's Nursing Strategy, Welsh Assembly Government's "Fundamentals of Care". Work within the HB policies, procedures and guidelines e.g. General HB policies, nursing policies.Support the Nursing team in the achievement of the HB's objectives b) Understands own role within the ward team, the Nursing team and the HB. Demonstrates an understanding for the changes within the practicen of self and others as a result of service improvements e.g. environmental spot checks and action plans, feedback from educational reviews, monthly ward audits c) Demonstrates the ability to react constructively to changing circumstances, assessing, planning, prioritising and allocating work, delegating work as appropriate. Demonstrates an awareness of the financial management within the Directorate and ensure that resource managment is in accordance with HB policies e.g. ordering of additional staff from bank/agency, ordering of equipment. d) Demonstrate knowledge of, and participates in the auditing and reviewing of practice against agreed standards e.g. Fundamentals of Care monthly audits, patient/staff satisfaction surveys, risk assessments, achieving best practice. e) Participates in the HB & Directorate initiatives to improve environment e.g. 'Clean Your Hands' campaign, Directorate environmental spot checks, f) Contributes to the ward team/Directorate discussions and assist in the development/implementation of policies, procedures and guidelines.	Examples of Application: a) Awareness and application to practice of the HB policies on local and national issues e.g. NMC code of conduct, administration of drugs, HB's Nursing Strategy, Welsh Assembly Government's "Fundamentals of Care". Work within the HB policies, procedures and guidelines e.g. General HB policies, nursing policies.Support the Nursing team in the achievement of the HB's objectives b) Understands own role within the ward team, the Nursing team and the HB. Demonstrates an understanding for the changes within the practicen of self and others as a result of service improvements e.g. environmental spot checks and action plans, feedback from educational reviews, monthly ward audits c) Demonstrates the ability to react constructively to changing circumstances, assessing, planning, prioritising and allocating work, delegating work as appropriate. Demonstrates an awareness of the financial management within the Directorate and ensure that resource managment is in accordance with HB policies e.g. ordering of additional staff from bank/agency, ordering of equipment. d) Demonstrate knowledge of, and participates in the auditing and reviewing of practice against agreed standards e.g. Fundamentals of Care monthly audits, patient/staff satisfaction surveys, risk assessments, achieving best practice. e) Participates in the HB & Directorate initiatives to improve environment e.g. 'Clean Your Hands' campaign, Directorate environmental spot checks, f) Contributes to the ward team/Directorate discussions and assist in the development/implementation of policies, procedures and guidelines.

Second Gateway (Full Outline)	**Foundation Gateway (Subset Outline)**
QUALITY - Level: 3	QUALITY - Level: 2
Level Indicators: a) acts consistently with legislation, policies, procedures and other quality approaches and promotes the value of quality approaches to others b) understands own role in the organisation and its scope and identifies how this may develop over time c) works as an effective and responsible team member and enables others to do so d) prioritises own workload and organises and carries out own work in a manner that maintains and promotes quality e) evaluates the quality of own and others' work and raises quality issues and related risks with the relevant people f) supports the introduction and maintenance of quality systems and processes in own work area g) takes the appropriate action when there are persistent quality problems.	**Level Indicators:** a) acts consistently with legislation, policies, procedures and other quality approaches and encourages others to do so b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation c) works as an effective and responsible team member d) prioritises own workload and organises own work to meet these priorities and reduce risks to quality e) uses and maintains resources efficiently and effectively and encourages others to do so f) monitors the quality of work in own area and alerts others to quality issues.

Examples Of Application: a) Ensure that the individual staff nurse and others within the Nursing Team provide a quality service to patients and demonstrate an awareness of HB policies, procedures and guidelines that influences the quality of the service that we provide e.g. Agenda for change, learning from complaints/incidents and practice, Drug Administration policy, child protection, data protection and freedom of information, Human resource management, infectin control and the HB's COIN policies, Welsh Language Act, Protection of Vulnerable Adults & Risk Managment policies including manual handling and incident reporting. b) Practices according to the NMC Code of Conduct and be able to discuss the staff nurse's contribution to providing and improving the quality of the service and understands own role in the team and the wider organisation. Attends relevant training/study days to develop knowledge and understanding, and demonstrates competency in areas relating to practice. c) Recognises, respects and promotes the different roles that individuals have in the team including taking charge of the clinical area in the absence of the Ward Sister/Junior Sister. Demonstrates knowledge and understanding and act as resource for others within the Nursing Team. Provides support to other team members d)Demonstrates competency in assessing, planning, implementing and evaluating patient care and promotes the delivery of high quality individualised care in a timely manner. e) Can describe the levels of accountability of self and others within the team and assists in assessing and monitoring self and others, reporting any potential quality issues to the Ward Sister/Charge Nurse/Senior Nurse/Directorate Nurse as appropriate e.g. reporting of health, safety and security issues, incidents, mistakes and errors, poor individual or team practice, staff shortages, unusually high patient dependency. f) Contributes to the setting and monitoring of agreed standards of care and be accountable for maintaining standards e.g. assists in developing protocols/care pathways, maintains agreed infection control standards. g) Presents a positive image of the Ward and Nursing team. Demonstrates an understanding of the process to follow when there are persistent quality problems and takes appropriate action e.g. identifying the need for additional staff for level 3 confused patients and alerting the ward Sister/Charge Nurse/Senior Nurse as appropriate, completion of IR2 in the event of clinical incidents.	Examples of Application: a) Ensure that the individual staff nurse and others within the Nursing Team provide a quality service to patients and demonstrate an awareness of HB policies, procedures and guidelines that influences the quality of the service that we provide e.g. Agenda for change, learning from complaints/incidents and practice, Drug Administration policy, child protection, data protection and freedom of information, Human resource management, infectin control and the HB's COIN policies, Welsh Language Act, Protection of Vulnerable Adults & Risk Managment policies including manual handling and incident reporting. b) Practices according to the NMC Code of Conduct and be able to discuss the staff nurse's contribution to providing and improving the quality of the service and understands own role in the team and the wider organisation. Attends relevant training/study days to develop knowledge and understanding and demonstrates competency in areas relating to practice. c) Works as part of the ward and nursing team d) Demonstrates ability to prioritise own workload in assessing, planning, implementing and evaluating patient care and promoting the delivery of high quality individualised care in a timely manner. e) Understands the need to maintain and monitor the use of resources and encourages others to do so e.g. the use of bank and agency, the purchasing of equipment f) Assists in monitoring quality issues and reports any potential quality issues to the Ward Sister/Charge Nurse/Senior Nurse/Directorate Nurse as appropriate e.g. reporting of health, safety and security issues, incidents, mistakes and errors, poor individual or team practice, staff shortages, unusually high patient dependency.

Second Gateway (Full Outline)	**Foundation Gateway (Subset Outline)**
EQUALITY AND DIVERSITY - Level: 2	EQUALITY AND DIVERSITY - Level: 2
Level Indicators: a) recognises the importance of people's rights and acts in accordance with legislation, policies and procedures b) acts in ways that: - acknowledge and recognise people's expressed beliefs, preferences and choices - respect diversity - value people as individuals c) takes account of own behaviour and its effect on others d) identifies and takes action when own or others' behaviour undermines equality and diversity.	**Level Indicators:** a) recognises the importance of people's rights and acts in accordance with legislation, policies and procedures b) acts in ways that: - acknowledge and recognise people's expressed beliefs, preferences and choices - respect diversity - value people as individuals c) takes account of own behaviour and its effect on others d) identifies and takes action when own or others' behaviour undermines equality and diversity.
Examples Of Application: a) Demonstrates awareness and application to practice of HB policies, procedures and guidelines e.g. complaints policy, Welsh Language Act, Bullying and Harrassment, employment, equality b) Acknowledges and applies to own practice patients' indivual expressed beliefs, preferences and choices and ensures that the nursing team are aware of the patients' preferences including preferred language, access to leaders of different faiths, diet that meet cultural needs. Ensures that self and others maintain patients' privacy & dignity at all times. c) Demonstrates the importance of communication, respecting individuals and ensuring that patients are addressed by the agreed name in a manner that is polite and curteous. d) Recognises when self and others are not promoting equality and diversity, and acts accordingly to rectify this behaviour e.g. poor individual or team performance in maintaining patients privacy & dignity when delivering personal care.	Examples of Application: a) Demonstrates awareness and application to practice of HB policies, procedures and guidelines e.g. complaints policy, Welsh Language Act, Bullying and Harrassment, employment, equality b) Acknowledges and applies to own practice patients' indivual expressed beliefs, preferences and choices and ensures that the nursing team are aware of the patients' preferences including preferred language, access to leaders of different faiths, diet that meet cultural needs. Ensures that self and others maintain patients' privacy & dignity at all times. c) Demonstrates the importance of communication, respecting individuals and ensuring that patients are addressed by the agreed name in a manner that is polite and curteous. d) Recognises when self and others are not promoting equality and diversity, and acts accordingly to rectify this behaviour e.g. poor individual or team performance in maintaining patients privacy & dignity when delivering personal care.

Second Gateway (Full Outline)	Foundation Gateway (Subset Outline)
ASSESSMENT AND CARE PLANNING TO MEET HEALTH AND WELLBEING NEEDS - Level: 3	ASSESSMENT AND CARE PLANNING TO MEET HEALTH AND WELLBEING NEEDS - Level: 3
Level Indicators: a) plans the assessment of people's health and wellbeing needs and prepares for it to take place b) explains clearly to people: - own role, responsibilities and accountability - the information that is needed from the assessment and who might have access to it - the benefits and risks of the assessment process and alternatives approaches c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent d) uses assessment methods and processes of reasoning that - are based on available evidence - are appropriate for the people concerned - obtain sufficient information for informed decision making - s/he has the knowledge, skills and experience to use effectively - are consistent with legislation, policies and procedures e) considers and interprets all of the information available and makes a justifiable assessment of people's health and well-being, related needs and risks and explains the outcomes to those concerned f) develops and records care plans that are appropriate to the people concerned and: - are consistent with the outcomes of assessing their health and wellbeing needs - identify the risks that need to be managed - have clear goals - involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks - are consistent with the resources available - note people's wishes and needs that it was not possible to meet g) monitors the implementation of care plans and makes changes to meet people's needs	**Level Indicators:** a) plans the assessment of people's health and wellbeing needs and prepares for it to take place b) explains clearly to people: - own role, responsibilities and accountability - the information that is needed from the assessment and who might have access to it - the benefits and risks of the assessment process and alternatives approaches c) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent d) uses assessment methods and processes of reasoning that - are based on available evidence - are appropriate for the people concerned - obtain sufficient information for informed decision making - s/he has the knowledge, skills and experience to use effectively - are consistent with legislation, policies and procedures f) develops and records care plans that are appropriate to the people concerned and: - are consistent with the outcomes of assessing their health and wellbeing needs - identify the risks that need to be managed - have clear goals - involve other practitioners and agencies when this is necessary to meet people's health and wellbeing needs and risks - are consistent with the resources available - note people's wishes and needs that it was not possible to meet g) monitors the implementation of care plans and makes changes to meet people's needs

Examples Of Application: a) Assesses the health and wellbeing needs of patients admitted to the ward e.g. emotional, mental, physical, social, spiritual as appropriate. b) Explains to the patient in a clear and concise manner, the assessment process and their role and how the information will be used and with whom the information may be shared. e.g social services, other hospital departments. Explains their role and responsibilities and demonstrates ability to report relevant information to senior colleagues as necessary e.g. report increased ward activity tp Ward Sister/Senior Nurse. c) Acknowledges the patient's wishes and beliefs and cultural practices. Adheres to HB policies and procedures in ensuring shared decision making and informed consent. d) Demonstrates competency in undertaking a full nursing assessment of the patient on admission & on-going throughout their hospital stay and initiating appropriate nursing care and involving MDT members as appropriate. Demonstrates awareness of HB policies, procedures and guidelines e.g. bed management policy, drug administration policy, NMC Code of Conduct, discharge planning, Unified Assessment Process. f) Uses the correct documentation in the assessment, planning, implementation of care, adhering to HB policies and procedures including NMC Guidelines on Record Keeping. Demonstrates competence in discharge planning, ensuring the timely involvement of MDT members and the HB's's discharge co-ordinator, taking into consideration the complexity and contributory factors influencing a safe discharge. g) Demonstrates ability to effectively evaluate patient care and ability to make modification to nursing intervention when appropriate. Demonstrates effective interpersonal communication skills in the handover of information to MDT members.	Examples of Application: a) Assesses the health and wellbeing needs of patients admitted to the ward e.g. emotional, mental, physical, social, spiritual as appropriate. b) Explains to the patient in a clear and concise manner, the assessment process and their role and how the information will be used and with whom the information may be shared. e.g social services, other hospital departments. Explains their role and responsibilities and demonstrates ability to report relevant information to senior colleagues as necessary e.g. report increased ward activity tp Ward Sister/Senior Nurse. c) Acknowledges the patient's wishes and beliefs and cultural practices. Adheres to HB policies and procedures in ensuring shared decision making and informed consent. d) Demonstrates competency in undertaking a full nursing assessment of the patient on admission & on-going throughout their hospital stay and initiating appropriate nursing care and involving MDT members as appropriate. Demonstrates awareness of HB policies, procedures and guidelines e.g. bed management policy, drug administration policy, NMC Code of Conduct, discharge planning, Unified Assessment Process. f) Uses the correct documentation in the assessment, planning, implementation of care, adhering to HB policies and procedures including NMC Guidelines on Record Keeping. Demonstrates competence in discharge planning, ensuring the timely involvement of MDT members and the HB's's discharge co-ordinator, taking into consideration the complexity and contributory factors influencing a safe discharge. g) Demonstrates ability to effectively evaluate patient care and ability to make modification to nursing intervention when appropriate. Demonstrates effective interpersonal communication skills in the handover of information to MDT members.

Second Gateway (Full Outline)

PROVISION OF CARE TO MEET HEALTH AND WELLBEING NEEDS -
Level: 3

Level Indicators:

a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
b) identifies with the people concerned:
- goals for the specific activities to be undertaken within the context of their overall care plan and their health and wellbeing needs
- the nature of the different aspects of care
- the involvement of other people and/or agencies
- relevant evidence-based practice and/or clinical guidelines
c) prepares appropriately for the care to be undertaken

d) undertakes care in a manner that is consistent with:
- evidence-based practice and/or clinical guidelines
- multidisciplinary team working
- his/her own knowledge, skills and experience
- legislation, policies and procedures
e) takes the appropriate action to address any issues or risks

f) reviews the effectiveness of specific activities as they proceed and makes any necessary modifications
g) provides feedback to the person responsible for the overall care plan on its effectiveness and the health and wellbeing and needs of people
h) makes accurate records of the activities undertaken and any risks.

Foundation Gateway (Subset Outline)

PROVISION OF CARE TO MEET HEALTH AND WELLBEING NEEDS -
Level: 3

Level Indicators:

a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
c) prepares appropriately for the care to be undertaken

d) undertakes care in a manner that is consistent with:
- evidence-based practice and/or clinical guidelines
- multidisciplinary team working
- his/her own knowledge, skills and experience
- legislation, policies and procedures
e) takes the appropriate action to address any issues or risks

f) reviews the effectiveness of specific activities as they proceed and makes any necessary modifications
g) provides feedback to the person responsible for the overall care plan on its effectiveness and the health and wellbeing and needs of people
h) makes accurate records of the activities undertaken and any risks.

Examples Of Application: a) Involves patients in the decision making process and gains the patient's consent

b) Patients admitted to the Ward may have various health and wellbeing needs - emotional, mental, physical, social, spiritual - and may require care for one or more of these needs. Demonstrates competence in making referrals to MDT members. Delegates work appropriately to junior staff nurses, student nurses and/or health care support workers and ensures that they are supported/supervised/monitored

c) Demonstrates competence in assessing, planning and evaluating care. Attends study days/courses and develops in-depth knowledge of speciality.

d) Demonstrates competence in the delivery of the fundamentals of care e.g. toileting, bed bathing, pressure area care, communication, oral hygiene. Awareness and application to practice of Hywel Dda HB e.g. blood transfusion policy, drug administration policy, consent policy.

d +e) Responds appropriately to emergency situations and demonstrates competence in relevant skills for the clinical environment e.g. safe administration of drugs, ECG recording, Intermediate Life Support, ALERT, Infection Control practice. Makes appropriate referrals to other disciplines within the MDT, ensuring that relevant information is shared appropriately. Leads ward rounds

f) Demonstrates on-going assessment and evaluation of patients needs including when patients needs are compromised due to the complexity of multiple problems

g) participates and leads patient handover taking the opportunity to reflect on the effectiveness of the care delivered by the nursing team
h) Documents all care as appropriate as per HBpolicy and NMC Guidlines on Record Keeping

Examples of Application: a) Involves patients in the decision making process and gains the patient's consent

b) Patients admitted to the Ward may have various health and wellbeing needs - emotional, mental, physical, social, spiritual - and may require care for one or more of these needs. Demonstrates competence in making referrals to MDT members. Delegates work appropriately to junior staff nurses, student nurses and/or health care support workers and ensures that they are supported/supervised/monitored

c) Demonstrates competence in assessing, planning and evaluating care. Attends study days/courses and develops in-depth knowledge of speciality.

d) Demonstrates competence in the delivery of the fundamentals of care e.g. toileting, bed bathing, pressure area care, communication, oral hygiene. Awareness and application to practice of Hywel Dda HB e.g. blood transfusion policy, drug administration policy, consent policy.

d +e) Responds appropriately to emergency situations and demonstrates competence in relevant skills for the clinical environment e.g. safe administration of drugs, ECG recording, Intermediate Life Support, ALERT, Infection Control practice. Makes appropriate referrals to other disciplines within the MDT, ensuring that relevant information is shared appropriately. Leads ward rounds

f) Demonstrates on-going assessment and evaluation of patients needs including when patients needs are compromised due to the complexity of multiple problems

g) participates and leads patient handover taking the opportunity to reflect on the effectiveness of the care delivered by the nursing team
h) Documents all care as appropriate as per HBpolicy and NMC Guidlines on Record Keeping

Second Gateway (Full Outline)	Foundation Gateway (Subset Outline)
INFORMATION COLLECTION AND ANALYSIS - Level: 1	INFORMATION COLLECTION AND ANALYSIS - Level: 1
Level Indicators: a) collects and collates data/information effectively and to time, using set systems and consistent with legislation policies and procedures b) confirms that the data/information meets pre-set quality criteria and reports any quality issues c) maintains the integrity of data/information using agreed procedures d) reports the data/information clearly in the required format at the time agreed	**Level Indicators:** a) collects and collates data/information effectively and to time, using set systems and consistent with legislation policies and procedures b) confirms that the data/information meets pre-set quality criteria and reports any quality issues c) maintains the integrity of data/information using agreed procedures d) reports the data/information clearly in the required format at the time agreed
Examples Of Application: a) Demonstrates awareness and application to practice of HB policies, procedures and guidelines when collecting and collating data/information e.g. data protection, confidentiality, freedom of information, consent, sharing of information. b) Ensures that the data/information is collected in the agreed format e.g. electronic or paper based meeting the set standards e.g. Patient Care Record, all fields on MYRDDIN completed. Reports any issues/problems to the appropriate person e.g. Problems with IT system, concerns about vital observations. c) Ensures the correct storage/transport of patients records in accordance with HB policy e.g. Medical Records procedures, observation charts. Ensures that confidentiality is maintained when dealing with patient related information e.g. logging of MYRDDIN and electronic blood results left on computer screen d) Ensures that data/information is entered in a prompt and timely manner e.g. Patient Care Record complete for new admissions within 24 hours of admission, new admissions entered on MYRDDIN promptly, SPIDER form completed for collection on Monday morning.	Examples of Application: a) Demonstrates awareness and application to practice of HB policies, procedures and guidelines when collecting and collating data/information e.g. data protection, confidentiality, freedom of information, consent, sharing of information. b) Ensures that the data/information is collected in the agreed format e.g. electronic or paper based meeting the set standards e.g. Patient Care Record, all fields on MYRDDIN completed. Reports any issues/problems to the appropriate person e.g. Problems with IT system, concerns about vital observations. c) Ensures the correct storage/transport of patients records in accordance with HB policy e.g. Medical Records procedures, observation charts. Ensures that confidentiality is maintained when dealing with patient related information e.g. logging of MYRDDIN and electronic blood results left on computer screen d) Ensures that data/information is entered in a prompt and timely manner e.g. Patient Care Record complete for new admissions within 24 hours of admission, new admissions entered on MYRDDIN promptly, SPIDER form completed for collection on Monday morning.

Second Gateway (Full Outline)	Foundation Gateway (Subset Outline)
PEOPLE MANAGEMENT - Level: 1	PEOPLE MANAGEMENT - Level: 1
Level Indicators: a) gives people opportunities to contribute to the planning and organisation of their work b) develops and explains plans and work activities to people and enables them to carry out their work effectively consistent with legislation, policies and procedures c) gives people support and opportunities to assess their own work and gives them clear, sensitive and appropriate feedback in a way that helps them improve and develop d) supports people effectively during the NHS KSF development review process e) reports poor performance to a relevant person for them to take action.	**Level Indicators:** a) gives people opportunities to contribute to the planning and organisation of their work e) reports poor performance to a relevant person for them to take action.
Examples Of Application: a) Briefs team within shere of responsibility at the beginning of each shift, ensuring that team members are involved in the planning and organisation of their work b) Awareness and application to practice of the HB policies and procedures e.g. risk management policies, health and safety, human resource. c) Able to facilitate the professional development and safe practice of others through peer support, leadership, mentorship, supervision and teaching. Provides feedback to peers and junior staff during normal day to day activities, during specific meetings or as required. d) Develops opportunities to support and supervise staff in achieving competencies using the Medical Directorate competency programme e) Identifies and act on evidence of poor performance	Examples of Application: a) Briefs team within shere of responsibility at the beginning of each shift, ensuring that team members are involved in the planning and organisation of their work b) Awareness and application to practice of the HB policies and procedures e.g. risk management policies, health and safety, human resource. c) Able to facilitate the professional development and safe practice of others through peer support, leadership, mentorship, supervision and teaching. Provides feedback to peers and junior staff during normal day to day activities, during specific meetings or as required. d) Develops opportunities to support and supervise staff in achieving competencies using the Medical Directorate competency programme e) Identifies and act on evidence of poor performance

Document has ended

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

ORGANISATIONAL INDUCTION POLICY

Policy Number:	100	Supersedes:		Classification	Employment

Version No	Date of EqIA	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4	January 2013	W&OD Committee	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	Outlines a clear framework for Induction of new staff into the organisation
Scope:	This policy applies to all employees (medical and non-medical) of the Health Board in all locations, including, temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations
To be read in conjunction with:	New starters welcome pack (one for each county) 225 Data Protection Act Policy 173 – Freedom of Information Act Policy

Owning Group	W&OD Group

Executive Director:	Lisa Gostling	Job Title:	Director of Workforce & Organisational Development

HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	08/03/2010
2	Revised	04/04/2013
3	Revised	18/05/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – section 14	17.5.2018

Glossary of terms

Term	Definition
PAMOVA	
CSTF	
PG Centres	Post Graduate Centres
ESR	Electronic staff records
KSF	Knowledge and Skills Framework
PADR	Personal Appraisal Development Review

Keywords	Induction Learning and Development

CONTENT

1. INTRODUCTION 4
2. POLICY STATEMENT 4
3. DEFINITIONS 5
4. SCOPE 5
5. AIM & OBJECTIVES 5
6. ROLES AND RESPONSIBILITIES 5
6.1. Chief Executive 5
6.2. Director of Workforce and Organisational Development 6
6.3. Executive Directors 6
6.4. Senior Managers and Heads of Services 6
6.5. Resourcing Department 6
6.6. Learning and Development Department 6
6.7. Managers 7
6.8. Moving & Handling Department 7
6.9. Fire Officer 8
6.10. Post Graduate Manager 8
6.11. Individual's Responsibility 8
7. ORGANISATIONAL INDUCTION – MEDICAL STAFF 9
7.1. CONSULTANT STAFF 9
7.2. Junior Doctors 9
7.3. Career Grade and Non Consultant Career Grade Doctors 10
8. STAFF MOVING FROM OTHER DEPARTMENTS WITHIN THE HEALTH BOARD 10
9. LOCAL (WORKPLACE) INDUCTION 10
10. PART TIME STAFF 10
11. MONITORING AND REPORTING ARRANGEMENTS 10
12. TRAINING AND AWARENESS RAISING 10
13. EQUALITY 11
14. DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT 11
15. FREEDOM OF INFORMATION ACT 2000 11
16. RECORDS MANAGEMENT 11
17. REVIEW 11
18. MONITORING 11
19. DISCIPLINE 11
20. APPENDIX 1 – WELCOMING YOUR NEW MEMBER OF STAFF - RESOURCE PACK FOR MANAGERS 12
THE ROLE OF THE LINE MANAGER IN LOCAL INDUCTION 13

HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

The purpose of the Organisational Induction Programme is to welcome new employees to the organisation and give them a basic portfolio of general knowledge about the Health Board irrespective of job role. It aims to enable them to understand the requirements of their job in the context of the wider organisation in which they work and also to ensure that the minimum health and safety and mandatory training requirements are met, prior to commencement of duties.

Organisational Induction has a key role to play in communicating and promoting both NHS and organisational values and objectives and. Even more importantly how our staff are valued and supported within the workplace. The Health Board's Induction Programme is underpinned by the Health Board's organisational values in terms of how the programme content is structured and delivered in an effort to ensure all our new staff have a clear recognition of the values which underpin how all staff are expected to work together to deliver services.

The aim of this policy is to present a clear framework for the induction of new staff into the organisation which ensures that:

- There are procedures established to ensure that all members of staff attend the full Organisational Induction Programme, which includes the mandatory training modules in the NHS Core Skills Training Framework.
- No staff work within the Health Board without first attending the Corporate Induction programme.
- Managers are clear in terms of their roles and responsibilities in relation to both Corporate and Local Induction (see booklet Your New Starter - a Resource Pack for Managers).
- The Organisation aims to ensure that through this policy all newly appointed staff are given information about the organisation, its values and culture and complete their mandatory key training prior to taking up their duties within the workplace.
- Under extenuating circumstances, and only after a detailed risk assessment, a new member of staff may be allowed to begin work without completing the full induction. In such cases the individual and their line manager will be given dates which identify when they will be expected to attend the specific training they have missed in order to ensure that they complete the full induction requirements. In these circumstances the responsibility sits with the line manager to ensure that the individual attend the training.

2. POLICY STATEMENT

This policy clarifies the roles and responsibilities of staff within the organisation to ensure that there are systems established locally to support the expectations of the policy. It will apply to all employees (medical and non medical) of the Health Board in all locations including temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations.

Hywel Dda University Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human rights, gender reassignment, marriage and civil partnership, pregnancy and maternity. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from these groups. Managers must check with

individual staff what their needs are. In accordance with the provisions of the Disability under the Equality Act 2010,, managers will remain sensitive to the special requirements of staff members with disabilities when handling issues of capability, ensuring compliance with the provisions of the Act.

3. DEFINITIONS

For the purpose of this policy, the term Organisational Induction Programme refers to the following programme. (NB occasionally topics may be moved between days and even between days in order to support manager and specialist trainers time who deliver on the programme) -

Day 1: Corporate Induction

Day 1 is primarily to welcome all new staff and provide introduction to the NHS and Hywel Dda UHB and most importantly its values and culture. This day will also include delivery of and the structure of the NHS in Wales, Governance, Equality, Welsh Language, counter fraud and creating inclusivity in the workplace..

.

Day 2-5: Moving & Handling and Violence & Aggression (PAMOVA) and minimum requirements of CSTF

Moving and Handling and Violence & Aggression training is delivered at a range of levels to map to the competencies required of staff to comply with the All Wales passport scheme.
In exceptional circumstances, where employees cannot attend the training, or the training is not available, the relevant team will discuss with the employee and the employee's manager, alternative arrangements and risk reduction measures that must be put in place until the training can take place.

The E- Learning is a facilitated session to ensure all staff completed the minimum mandatory training programmes within the CSTF.

In addition, all new Health Care Support Workers are required to attend a 2 week clinical induction programme Skill to Care. There is an initial 3 day programme delivered prior to workplace development and further study days to deliver the full programme.

4. SCOPE

This policy applies to all employees (medical and non-medical) of the Health Board in all locations, including, temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations.

It is recognised that, in practice, the detail of the process may vary, according to specific needs. However, the core content and aims of induction for all staff remain the same.

5. AIM & OBJECTIVES

The aim of the policy is to define the corporate induction programme ,the systems and processes which support its delivery and the roles and responsibilities of all staff.

6. ROLES AND RESPONSIBILITIES

6.1. Chief Executive

The Chief Executive holds overall responsibility for the effective management of Organisational Policy.

6.2. Director of Workforce and Organisational Development

It is the Director of Workforce and Organisational Development's responsibility to ensure that;

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- Organisational Induction attendance is monitored and reported to the relevant bodies as required

6.3. Executive Directors

Executive Directors have responsibility to ensure that:

- All staff within their responsibility are aware of and comply with the Policy.

6.4. Senior Managers and Heads of Services

It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments.
- All levels of staff within their department or professional group adhere to this policy in all respects.
- Supervisory, managerial and professional leads within their department understand their responsibilities in relation to the policy.
- Compliance with all aspects of the Induction Policy is monitored.
- All new staff have a period of supervision/mentorship/preceptorship when first employed to provide them with guidance and support. Induction and the associated training only enables competence through work based development and supervision.
- All staff have a local induction to their work area with clearly defined outcomes which are monitored and documented.
- All staff, having attended organisational induction have a full local induction programme and are fully aware of their role and responsibilities.
- Any staff requiring additional follow up days linked to organisational induction will be released from work to ensure they attain full compliance in accessing the expected programme content.
- All new staff are informed how to access appropriate advice and support, particularly those participating in on call rotas - this includes locums and agency staff.

6.5. Resourcing Department

It is the responsibility of the Resourcing team staff to ensure that :

- An IT System Access form is included in all interview packs. This will allow managers to approve access to successful applicants.
- Candidates commence work on the first day of an organisational induction programme.
- IT are informed of new starters and their commencement date so that new starters can be given access to the relevant organisational IT systems and can be allocated network and e-induction passwords.
- Learning & Development Department are informed of all new starters(or Post Graduate Department for Doctors in training) prior to the organisational induction programme, and to the relevant Post Grad Centres for junior doctors in training.

6.6. Learning and Development Department

The learning and development team department are responsible for ensuring that:

- The policy is published, reviewed and updated and held on the Health Board intranet site.
- Sufficient organisational induction programmes are planned a year in advance to ensure seamless employment practice to meet anticipated projected recruitment need

- The programme content and delivery methods are reviewed and updated regularly (minimally annually)
- The team adapt and plan for additional programmes if required, and identify capacity issues in a timely manner to all key colleagues within resourcing and operational services
- They liaise with the resourcing team to ensure new starters have places booked in a timely manner
- Bookings are arranged for all new starters on relevant programmes
- All attendance is inputted to ESR to inform accurate reporting
  the *'Welcoming your New Starter, Resource Pack for Managers'* (Appendix 1) and ensuring it is available through the Health Board intranet.
- Any staff who have been ' risk assessed', attend and complete the full programme and report any failure to attend to their line manager who is responsible for ensuring attendance.
- There is a corporate induction welcome pack for all new staff
- There is effective monitoring and evaluation of the induction programme to inform all reviews of content and delivery.

6.7. **Managers**

Managers are responsible for:

- Ensuring their new starter has a copy of their job description, KSF outline and initial core objectives and Personal Development Plan, by the end of their corporate induction period.
- Ensuring that their new starter has attended and completed the organisational induction programme and generic mandatory training requirements, before carrying out any duties within the workplace.
- Ensuring that the local induction procedure and checklists are followed for all new starters.
- Keeping copies of completed checklists on file and for notifying the Learning & Development Department on completion.
- Identifying mentors, preceptors and supervisors as appropriate for new staff, who will provide them with guidance and support for a period of time.
- Ensuring that within the first week the staff have an initial PADR meeting to set core objectives for the first year
- Ensuring that the policy is disseminated throughout the Department
- Ensuring that all staff, having attended organisational and local induction programmes are fully aware of their responsibilities in relation to competence.
- Ensuring that all staff are kept up to date with news and developments, both locally and from across the organisation, through the Health Board's internal communication channels (e.g. Team Brief, Hywel's Voice staff newsletter, Hywel Today e-bulletins, Intranet etc).

6.8. **Moving & Handling Department**

It is the responsibility of the Moving and Handling Trainers and Team to ensure that:

- The content of the programmes delivered is compliant with statutory Health and Safety regulations and HSE requirements

HYWEL DDA UNIVERSITY HEALTH BOARD

- All new starters have the appropriate moving and handling and Violence & Aggression training, or are able to evidence All-Wales Passport documentation reflecting their level of competence, prior to commencing any duties in the workplace.
- Records are maintained of attendance and non-attendance.
- The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.
- The Moving and Handling and Violence & Aggression team discusses with the employee and the employee's manager, alternative arrangements and risk reduction measures that must be put in place until training can take place, in the event of exceptional circumstances, where employees cannot attend the training, or the training is not available.

6.9. **Fire Officer**

It is the responsibility of the Fire Officer to ensure that:

- Staff requiring higher level of fire safety training other than that given at corporate induction receive this training within one month of commencement of duties in the Health Board.
- Records are maintained of attendance and non-attendance and received by the Learning & Development Department and are entered on the Health Board 's Learning Management System.
- The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.

6.10. **Post Graduate Manager**

It is the responsibility of the individual Post Graduate Departments to:

- Plan and support the delivery of the specific induction programmes for undergraduate and post graduate clinical staff.
- That these programmes complement and are reflective of the Organisational Induction Programme.
- Monitor and keep records of attendance.
- Ensure that the programmes delivered are evaluated and reflect current research based best practice, statutory requirements and that the content is corporate.

6.11. **Individual's Responsibility**

All staff are accountable and responsible for their own competence within the scope of their role and must limit their actions to those for which they are deemed competent. However, the Health Board notes that some staff will be governed by the specific guidance of their Professional Bodies.

The individual member of staff is responsible for

- Completing the organisational induction programme and any additional required follow up days.
- Completing their local induction programme with their manager.
- Carrying out tasks and duties in the manner described by their manager or specialist, acting safely and competently at all times. Where an individual does not feel that they are competent to carry out their role safely and competently they should refrain from continuing and seek advice from their manager as soon as possible, so that further support can be provided.
- To carry out their roles within the workplace.

7. ORGANISATIONAL INDUCTION – MEDICAL STAFF

All medical staff will carry out e-learning within their workplace . The clinical service manager must return the signed checklist on completion to L&D Alun Ward Hafan Derwen.

7.1. Consultant Staff

Consultants are required to have an initial orientation period of 2-3 days, which should be free from clinical commitments as well as a departmental induction and e-learning modules to be completed. During this time they should meet with the:-

- Attend Day 1 of Corporate Induction.
- Chairman to discuss the overall aim, direction and ethos of the Health Board.
- Chief Executive to discuss the strategic direction of the Health Board as a whole and for their particular service.
- Medical Director to discuss the Health Board corporate governance principles and standards for clinical care.
- AMD for Medical Education.
- Director of Nursing to discuss quality and patient/public involvement arrangements within the Health Board.
- Associate Medical Director to discuss the service aims of the directorate, job planning and appraisal process.
- Clinical leads within the Health Board on areas such as clinical audit, risk management, clinical effectiveness, R&D and clinical standard setting.
- Chairs of relevant professional/other bodies within the Health Board such as the Medical Staffing Committee and Local Negotiating Committee
- Heads of service in relevant departments such as radiology, histopathology, biochemistry etc.

Details of the induction programme must be forwarded to medical staffing for inclusion on the relevant personal file.

7.2. Junior Doctors

Newly qualified doctors (Foundation Year 1) undertake a four day shadowing/induction period before they start work, providing core and departmental induction at the start of their posts, with identified mandatory training to be completed on line during the first few weeks. All other training grades will undergo a half day mandatory induction programme, which will take place on the first Wednesday in either August or February. For Specialty Trainees or doctors who arrive out of these times, individual arrangements will be made to provide an induction process.

Departmental Induction will dovetail the core programme and will take place directly following the half day core programme on the first Wednesday in either August or February. For Foundation Doctors, Departmental Induction will need to take place at the beginning of the other two posts within the Rotation, i.e. first Wednesday in December and April. Each department will design induction programmes to provide Junior Doctors with information pertaining to their specialty. The departmental induction process will assess competencies as well as departmental orientation and meeting of other relevant staff. Each Junior Doctor will be allocated an Educational Supervisor at the start of the employment, who will meet with the junior doctors on a regular basis to discuss progress, assessments/competence and their general training and developmental needs.

HYWEL DDA UNIVERSITY HEALTH BOARD

7.3. Career Grade and Non Consultant Career Grade Doctors

These doctors undertake an e-learning based tailored induction specific for doctors in their workplace, as well as a departmental induction. They also require a session on violence and aggression and manual handling.

8. STAFF MOVING FROM OTHER DEPARTMENTS WITHIN THE HEALTH BOARD

When existing staff move from one department to another, they should be provided with a local induction programme as described in section 7. These staff do not need to attend the organisational induction programme if already completed.

9. LOCAL (WORKPLACE) INDUCTION

Induction into the workplace and into the requirements of the job is critical to a new starter and provides a basis for effective performance. A planned programme for employees should be arranged in advance, which includes meeting all the people with whom the new employee will work or need to contact. This programme will enable new employees in their progression towards becoming fully competent and effective in their jobs. Managers should appoint mentors to facilitate the settling in period. The local induction should also include both general information and service area/profession specific information (see Welcoming Your New Starter - a Resource Pack for Managers booklet).

10. PART TIME STAFF

Part time staff are required to attend the organisational induction programme. However, in recognition of the operational difficulties this may cause and the timing of the induction programme, staff may need to attend this outside their normal working hours by agreement. In this case, agreement will be reached regarding payment or time off in lieu for additional hours.

11. MONITORING AND REPORTING ARRANGEMENTS

As part of the Health Board's clinical governance and risk management arrangements, the Learning & Development Department, (post graduate medical centres for junior doctors in training) and line managers maintain records of attendance for all staff attending induction, as well as mandatory and statutory training.

Attendance / non-attendance is monitored and reported to the Health Board. In the event of non-attendance, the Learning & Department Development will notify the line manager via the recruitment team, who will be responsible for ensuring the staff member does not commence work until the next available programme.

The Learning & Development Department will also monitor induction programme evaluations and regularly review the programme content in line with current legislation and service demands.

Checklists are provided for managers to help ensure all aspects of induction duties are carried out (see Your New Starter - a Resource Pack for Managers booklet).

12. TRAINING AND AWARENESS RAISING

All staff will be made aware of this policy upon commencement with the Health Board at either the Health Board or the departmental induction. Copies can also be viewed on the Health Board's Intranet or obtained via the Workforce department. Training will be provided as appropriate depending on the complexity of the policy. Training may be provided at Workforce

training sessions which all staff will be informed of via internal communication channels or their line manager in advance or via newsletters.

13. EQUALITY

The Health Board recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Health Board recognises that equality impacts on all aspects of its day to day operations. All policies and procedures will be assessed using the Health Board integrated impact assessment tool.

14. DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the Health Board's 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

15. FREEDOM OF INFORMATION ACT 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

16. RECORDS MANAGEMENT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

17. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

18. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the Health Board Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

19. DISCIPLINE

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Health Board's disciplinary procedure.

HYWEL DDA UNIVERSITY HEALTH BOARD

20. APPENDIX 1 – WELCOMING YOUR NEW MEMBER OF STAFF - RESOURCE PACK FOR MANAGERS

HYWEL DDA UNIVERSITY HEALTH BOARD

Welcoming your New Member of Staff
A Resource Pack for Managers



Learning & Development Department

Withybush Hospital
Fishguard Road
Haverfordwest
SA61 2PZ

Tel /Ffôn: 01437 772511
Fax/Ffacs: 01437 772510

Learning & Development Centre
Hafan Derwen
Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

Ffôn/Tel: 01267 239600
Ffacs/Fax – 01267 239612

Post Graduate Centre
Bronglais General Hospital
Aberystwyth,
Ceredigion
SY23 1ER

Ffôn/Tel: 01970 635806
Ffacs/Fax - 01970 635594

Bwrdd Iechyd Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

LOCAL (WORKPLACE) INDUCTION PROGRAMME

THE ROLE OF THE LINE MANAGER IN LOCAL INDUCTION

Preparations should be made for the arrival of the new employee well in advance, by following the pre-first day in the workplace checklist.

Managers should refer to the induction checklist and use it, as a basis for discussion to ensure that the new employee receives a comprehensive induction to their new role, department and the organisation.

Line managers will be:

- Accountable for the induction of the new employee to their team.
- Required to provide a personal and balanced induction plan, based on the needs of the new employee and the department.
- Required to provide specific information about the department and the job.
- Responsible for ensuring that the new employee has the resources to be successful.
- Required to monitor and support the progress of the new employee through regular and timely review meetings.
- Ensuring that the 'local induction' programme meets all the objectives listed overleaf.

The Learning & Development Department will support managers to do this by:

- Ensuring this pack forms part of the Organisational Induction Policy and is available on the web page, to assist managers with the local induction process.
- Arranging (in conjunction with Resourcing Team) for new employees to attend the organisational induction programme
- Maintaining and updating the 'Welcoming your New Member of Staff - Resource Pack for Managers'
- Advising line managers on best practice.
- Ensuring that there is effective monitoring and evaluation of the induction process.

WORKPLACE INDUCTION PROGRAMME

PRE–FIRST DAY IN THE WORKPLACE ARRANGEMENTS CHECKLIST

The purpose of the pre-First Day in the Workplace checklist is to ensure that a workplace induction specific to the role has been developed and that actions are in place to ensure that the new employee has a structure to their first day of employment.

Action	Responsibility	Complete
Download new starter forms from Intranet	Line Manager	
Ensure that the work area is ready for occupation e.g. desk, telephone, stationery etc	Line Manager	
Ensure that time has been scheduled between the line manager and the employee on their 'First Day in the Workplace'	Line Manager	
Issue a communication to the team to introduce the new employee and confirm their arrival	Line Manager	
Ensure that there is a plan of activities for the first day and that induction objectives have been considered	Line Manager	
Ensure that the appropriate forms have been completed (available on intranet) Car Parking Pass Staff ID Badge Request Uniform IT Access CRB Risk Assessment Change of Circumstances	Line Manager	
Ensure that Workplace Induction programme has been prepared and any training materials are readily available	Line Manager	
Assign KSF Outline to new employee through e-KSF	Line Manager	

The new employee should already have received the following documents prior to commencement of duties

Action	Responsibility	Method	Complete
Confirmation of Employment letter including date and venue to attend corporate induction	Resourcing and Education and Development Departments	Issue document(s) to home address	
Job description and KSF outline (from application process)	New employee	NHS Jobs	
Pension scheme details	L&D Department	Corporate Induction	
Health Questionnaire	Resourcing Department	Following Interview	
Criminal Record Bureau information and form	Resourcing Department	Following Interview	

The Employee's Employment Contract will be forwarded directly to the employee in due course.

'INDUCTION PROGRAMME'
'MONTHS 2-6' CHECKLIST

All new staff should have a planned Personal Developed Review within the first 6 months of employment in addition to regular reviews during first few months. This will ensure that the identified development needs have been delivered and employee is on target to proceed through the foundation gateway. All staff will have a formal PDR within 1 year of employment.

Dates of Regular Review against KSF outline and PDP	Training Need Identified	Completed (√)

LOCAL (WORKPLACE) INDUCTION CHECKLIST

Ensure that as the new employee's manager you are available to meet them at their time of arrival on the first day in the workplace. Discuss with the new employee their expectations of a Workplace Induction Programme and the best way to approach their induction. Show the new employee to their working area and ensure that the health and safety objectives listed below are met on their first day. If the new employee is under the age of 18 a workplace risk assessment needs to be completed. Ensure that the new employee has collected their ID Badge.

Section A: Commencement of Employment

Content	Method(s) of delivery	Complete
Attended Day 1 of the Corporate Induction Programme and is aware needs to attend day 3-5 (as appropriate) to complete moving & handling training and Skills to Care (HCSW)	Line Manager 1-2-1	

Section B: Job Role / Introduction to the Department

Content	Method(s) of delivery	Complete
The organisational chart, key duties and responsibilities and accountability within the department	Line Manager 1-2-1	
Supervision and line management arrangements	Line Manager 1-2-1	
Performance Standards expected at work	Line Manager 1-2-1	
Uniform has been collected	Line Manager 1-2-1	
Arrangements for keys/security passes, ID badges etc	Line Manager 1-2-1	
Introduction to colleagues	Line Manager 1-2-1	
Key Communication Systems including:		
Security of department/ building	Line Manager 1-2-1	
Access to IT systems / Security management	Line Manager 1-2-1	
Who to contact in the absence of the line manager	Line Manager 1-2-1	
Emergency Procedures	Line Manager 1-2-1	
I.D. Badge obtained	Line Manager 1-2-1	

Section C: Ward / Department Services

Content	Method(s) of delivery	Complete
KSF/PDP Process/PREP/Preceptorship	Line Manager 1:1	
Use of Phones	1-2-1	
Catering facilities	Mentor/Colleagues	
Making personal telephone calls (policy) – location of pay phones.	Line Manager 1-2-1	
Car Parking	Line Manager 1-2-1	
General layout of the office/working area	Mentor/Colleagues	
Management of money/valuables	Line Manager 1-2-1	
Tea/Coffee facilities	Mentor/Colleagues	
Toilet/hygiene	Line Manager 1-2-1	
Communication eg notice boards, Team Brief, Hywel's Voice	Line Manager 1-2-1	
Alarm systems / security / resuscitation equipment	Line Manager 1-2-1	
Local Union Representative	Line Manager 1-2-1	

Section D: Employment Conditions

Content	Method(s) of delivery	Complete
Job description / KSF outline	Line Manager 1-2-1	
Hours of work / shift rotas and breaks	Line Manager 1-2-1	
Overtime / time in lieu	Line Manager 1-2-1	
Annual Leave/time sheets/travel claims	Line Manager 1-2-1	
Absence reporting and recording	Line Manager 1-2-1	
Payroll arrangements	Line Manager 1-2-1	

Section E: Policies and Procedures

Content	Method(s) of delivery	Complete
Introduce Relevant Health Board policies appropriate to Role	Line Manager 1-2-1	
Ensure Employee knows how to find policies	Line Manager 1-2-1	

HYWEL DDA UNIVERSITY HEALTH BOARD

Section F: Local Health and Safety Procedures

Content	Method(s) of delivery	Complete
Local evacuation procedures	Line Manager 1-2-1	
Safe systems of work	Line Manager 1-2-1	
Local fire procedures including fire drill	Line Manager 1-2-1	
Fire Equipment – location and use	Line Manager 1-2-1	
Emergency communication systems/bleeps	Line Manager 1-2-1	
Moving & handling procedures	Line Manager 1-2-1	
COSHH	Line Manager 1-2-1	
Infection Control	Line Manager 1-2-1	
Incident / Accident reporting	Line Manager 1-2-1	
Procedures on prevention and management of violence	Line Manager 1-2-1	
Occupational Health	Line Manager 1-2-1	
First Aid – Appointed Person etc	Line Manager 1-2-1	
Risk Assessment	Line Manager 1-2-1	
DSE Assessment Undertaken	Line Manager 1-2-1	

Section G: Additional Training Requirements

Programme	Provider	Date Booked	Date Attended
Introduction to Putting Things Right	Concerns Team Applicable to all direct patient/	clinical staff and carer contact	others who have

All programmes should be booked through the Learning & Development Department. Further information regarding learning & development opportunities and booking information is available on the Learning and Development web page.

A copy of this signed and dated checklist must be retained in the personal file.

Signed

Employee Date

Manager Date

HYWEL DDA UNIVERSITY HEALTH BOARD

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

Uniform Request Form

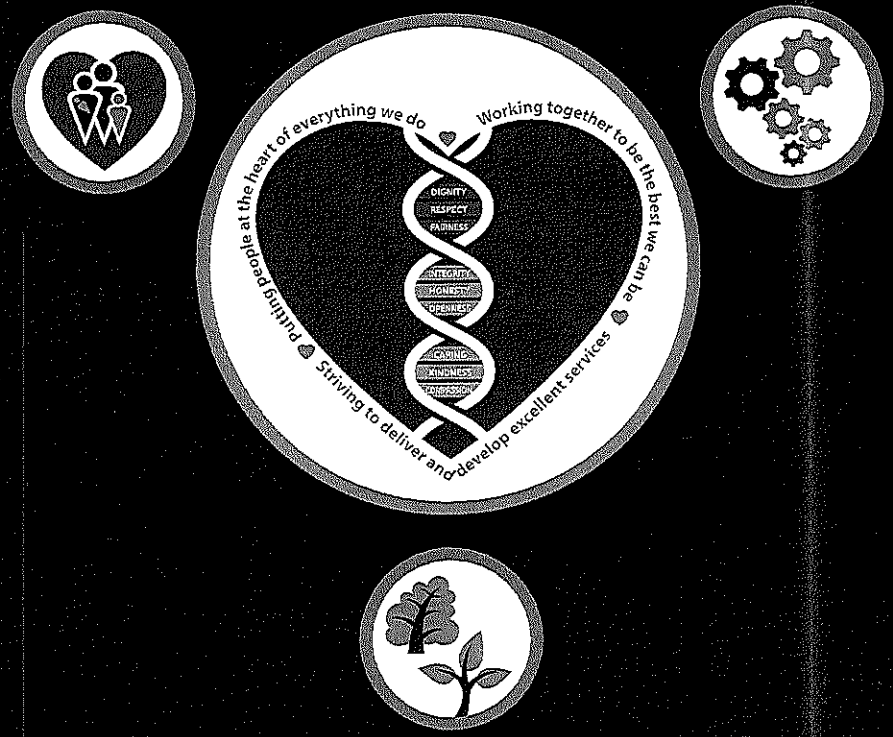
Part A: To be completed by Departmental Head	
Name:	Department:
Job Title:	Base:
Contracted Hours:	Shift Pattern:
Requirement Date:	
Managers Signature:	Date:
Managers Name & Title:	

Part B: To be completed by Linen Room staff					
Item	No. Issued	Bust/Chest	Waist/Hips	Length/Inside Leg	Other Information
Signature:			Date:		

Part C: To be completed by employee	
In the event that leave the Trust I agree to return all uniforms that have been supplied to me	
Please Print Name: Signature:	Date:

Hywel Dda University Health Board

Values and Behaviours Framework Staff Information Booklet

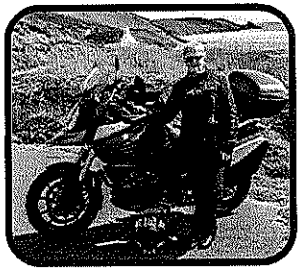


GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Help transform the lives of others and

What do Hywel Dda employees truly value in their lives?

We all value different things in life, family, health, holidays or even our pets. Here a few employees tell us something about what they value.

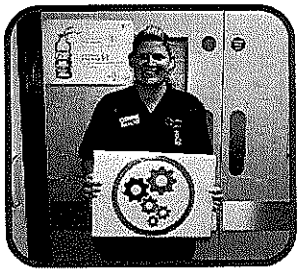


"I value my bike, I like to travel to different parts of the country and just get away from it all..."

Sister Ann Robins

"I value my caravan; I like to just hitch it up and travel somewhere to get quality time with the people I love..."

Sister Louise Davies



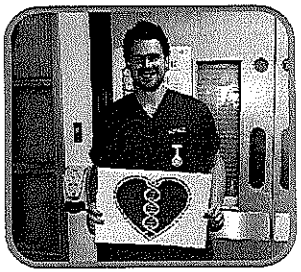


"I value my new house it's my first. I am really excited in making it somewhere I can call my own..."

Katy Jane – Health Care Support Worker

"I value my new job on Ward 9 and working alongside some wonderful colleagues..."

Martin Pickett – Student Nurse



What as an organisation would we value?

What are Organisational Values?

- Organisational values are abstract ideas that guide organisational thinking and actions.
- Organisational values represent the foundation on which the organisation is formed.
- While difference in opinion and skills may be beneficial to the success of an organisation, a unity of purpose must be maintained.
- Organisational values let others know what it is, why it has been created, and how it is different from other organisations.

Why do we need a Values and Behaviours Framework?

- Our values will only be made real by the behaviours we demonstrate and the attitude and approach we take to work; they are:
  - How we do things
  - How we treat others
  - What we say and how we say it
  - How we expect to be treated
- These ***behaviours outlined will not be exhaustive.*** It is up to each of us to make our values meaningful in the role that we have.



Our Board members are committed to our Values and Behaviours Framework



Steve Moore – Chief Executive

"I am proud to announce the launch of the Hywel Dda organisational values.

These values have been a few months in the making with staff feeding back on the personal values that were important to them. The Workforce and OD team then structured the most prominent and came up with a defined list. So we truly know that these were designed by staff for staff. As an organisation I feel it is important that we have a set of behaviours that we are all aligned to and will benefit from. These will underpin all that we are and do within Hywel Dda and as an organisation we will continue to develop and grow from them being in place. The DNA strand in the heart holds the nine personal values that every single one of us in Hywel Dda should demonstrate on a day to day basis. These values represent how we will do things and the expected behaviours in working for this Health Board. We also wanted organisational values that we can genuinely live and breathe. There are three statements around the heart design that as an organisation I want incorporated as well as the personal values. These speak for themselves. In terms of the behaviours we want to see I trust that you will join me in embracing them and strive to implement them all across the organisation."

"We are delighted to commend to you our values.

The Organisation's Values and Behaviours Framework has been designed by staff for staff to ensure that we understand how we aim to be with the people we care for as well as with each other.

It is important for the Board to ensure that as an organisation we have implemented a framework of behaviours and values that have been designed and agreed by the organisation, and we want to personally thank everyone who has contributed either individually or through team working.

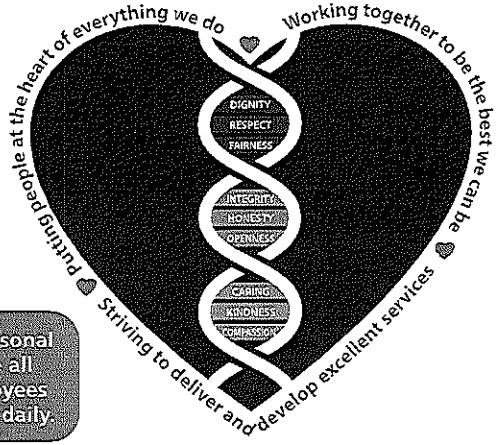
These values and behaviours will shape the way we plan and make decisions, the way we communicate and treat patients and each other.

We would also suggest that the framework will support recruitment and retention of staff through appraisal and staff development. They will also play a big part in measuring and improving both staff and patients experience within the Organisation."



Bernardine Rees OBE – Chair

Personal Values



These are the personal values we believe all Hywel Dda employees will demonstrate daily.



Treating people in a way that supports their self respect.

Being polite and have due regard for the feelings, wishes and beliefs of others.

Everyone counts – treating people in a way which is right and reasonable.



Choosing to do the right thing every day.

Being transparent and accountable about what we are planning and doing.

Being truthful in what we say and do.

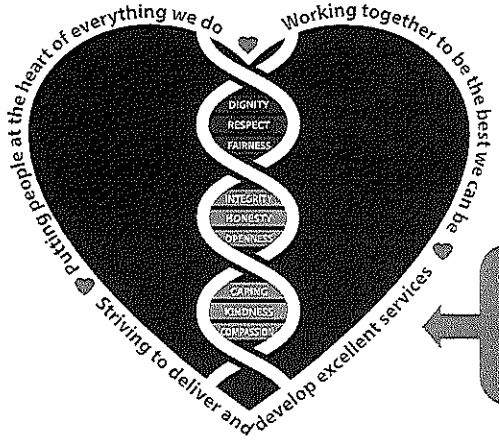


Feeling and exhibiting concern and empathy for others.

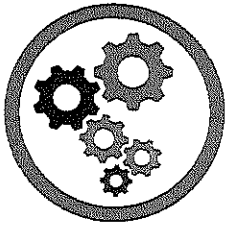
The quality or state of being kind.

A feeling of sorrow and regret for the suffering or misfortune of another, often including the desire to alleviate it.

Organisational Values

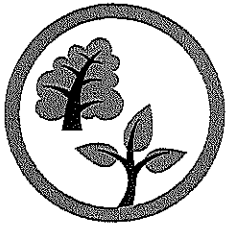


These are the organisational values that we at Hywel Dda are committed to.



Working together to be the best we can be

We take responsibility to work alone or as a team to build reputable services to deliver the very best health care we can for our patients.



Striving to develop and deliver excellent services

We will endeavour to continually improve and enhance the services we offer as a health care provider.



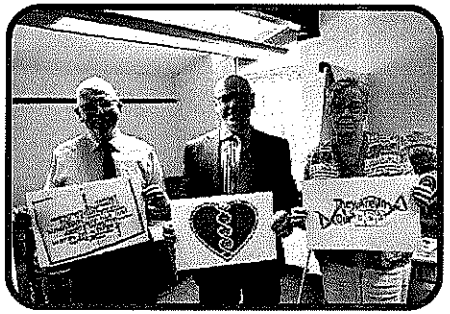
Putting people at the heart of everything we do

We take responsibility for the effective care of our patients whilst we support our colleagues to ensure we place people at the centre of all we do.









Dignity, Respect and Fairness

This value group ensures that people are treated in way that supports their self respect. That there is a due regard to people's feelings, wishes and beliefs. Everyone counts and people are treated in a way that is right and reasonable.

CORE **What we do day to day and is expected of all. It's integral to the DNA of the organisation.**	ADVANCED **How we change the way we work to create a positive experience. Demonstrate a positive impact on patients and services.**	EXCELLENCE **Values are embedded in our culture and become habit. We lead by example and evidence what we do.**
✓ Take time to build professional relationships with colleagues, patients and stakeholders.	✓ Understand how your behaviours could be interpreted and consider the impact they can have on others.	✓ You look to understand other people and their behaviours, and use this knowledge to adapt your approach for effective working relationships within and beyond Hywel Dda.
✓ Trust colleagues to act responsibly and are accountable for your actions.	✓ Encourage others to act responsibly.	✓ You instigate changes in behaviour to improve the use of Health Board resources. You lead change in others and teams.
✓ You respect people as individuals and are considerate.	✓ You drive the diversity of teams and working groups	✓ You are a role model for an inclusive leadership style; respecting colleagues and partners. You are able to evidence your impact and create a culture of diversity.
✓ You understand how your role contributes to the wider organisations strategy, patients and people.	✓ You recognise and value colleague's contributions and the users of our services.	✓ You display a clear appreciation of your colleagues and teams efforts and support them when there are difficulties with evidence that you have embedded into your routine and the services you provide.
✓ You actively listen to others – showing you value and respect their input.	✓ You engage with internal/external stakeholders ensuring a full range of views are taken into account.	✓ You involve and gain agreement from those affected by decisions and actions.
✓ You communicate respectfully, openly and professionally.	✓ You are positive in all communications. You reflect and consider your communication; the importance of sound communication and its impact on those around you.	✓ You utilise many different types of communication to ensure messages are sensitive and appropriate. You understand the contribution it makes to the importance of high quality safe care.
✓ You provide information to patients/colleagues in a timely manner.	✓ You ensure that timescales are relevant and are met.	✓ You manage shifting timescales to allow information to be timely.



What Hywel Dda will look like with these values embedded?

With these values embedded into the organisation they will ensure that all employees of Hywel Dda University Health Board are treated as equals and fairly at all times. An organisation that allows people to express opinions and ideas on areas we can improve and will actively listen to them. All employees will be treated appropriately through friendships and professional relationships encouraging politeness and courtesy at all times.

When the values are not demonstrated

Examples of behaviours that **fail** to demonstrate **Dignity, Respect and Fairness** are outlined below:

- ✗ You allow disrespectful or discriminatory behaviour to take place.
- ✗ You are disrespectful, insensitive or unhelpful to patients or colleagues and your manner causes upset to others.
- ✗ You deliberately exclude others from activities when you know they could benefit from being involved.
- ✗ You make little or no effort to understand things from your patient or colleagues point of view.
- ✗ You don't say 'thank you' when it's appropriate.
- ✗ You knowingly use the Health Board's resources for personal gain.
- ✗ You inappropriately use your mobile phone and laptop at meetings.

Integrity, Openness and Honesty



This values group ensures that we choose to do the right thing every time. We are transparent and accountable for our actions and plans and that we are truthful in what we say and do.

CORE What we do day to day and is expected of all. It's integral to the DNA of the organisation.	ADVANCED How we change the way we work to create a positive experience. Demonstrate a positive impact on patients and services.	EXCELLENCE Values are embedded in our culture and become habit. We lead by example and evidence what we do.
✓ Propriety, truthfulness and a sense of decency is your motive in all you do.	✓ You have courage to speak up and raise concerns to the relevant personnel.	✓ You promote a culture of openness and ensure it is part of the culture within your team and the organisation, and this is recognised and appreciated.
✓ You are confident to be able to report and acknowledge mistakes and ensure that you learn from them so they are not repeated.	✓ You foster an environment that supports colleagues to reflect, learn and improve.	✓ You set an example that encourages openness and honesty in reporting adverse incidents and near misses and you actively foster a culture of learning and improvement from these. You are able to evidence this positive culture.
✓ You are open to improvement and change for the better and foster trust in patients and colleagues.	✓ You impart trust and ownership of changes and improvements that are made by the organisation.	✓ You actively seek ways to develop individuals and services to improve patient care and the organisation creating a culture of trust.
✓ You share ideas and knowledge to help support colleagues and create a sense of cohesion.	✓ You demonstrate an understanding where shared knowledge can benefit patients and other services.	✓ You create a culture of knowledge sharing throughout teams and services for the benefit of organisational development and a sense of togetherness.
✓ You share appropriate communication with patients and colleagues.	✓ You look to ensure that communication is fed appropriately to internal services to improve communication strategies.	✓ You build networks locally, regionally and nationally to help provide support and expertise by driving agendas, shaping services and addressing concerns and the impact is evidenced.
✓ You look to gain regular feedback on performance to improve your contribution to the organisation.	✓ You reflect and look to build on any constructive feedback to further develop your skills and those of whom you work with.	✓ You create a culture of regular feedback which promotes personal development through a number of sources and organisations.
✓ You feel confident to be able to discuss any personal or professional issues within an environment of trust that may impact on your work.	✓ You facilitate a sense of belonging and create solutions collectively to issues impacting on work so that you and your colleagues feel supported.	✓ You apply an open door policy where employees feel comfortable to talk and you can evidence positive outcomes of this policy for the organisation and those you work with.



What Hywel Dda will look like with these values embedded?

With these values embedded into the organisation it will bring a more open culture in which we can communicate and share the wonderful work achieved by this Health Board. The organisation requires its employees to become brand ambassadors to promote why external candidates should be looking to join us. A culture of openness and honesty will bring greater support for each other and for new ideas and ways to work. The organisation will be one that recognises mistakes as learning opportunities.

When the values are not demonstrated

Examples of behaviours that **fail** to demonstrate **Integrity, Openness and Honesty** are outlined below:

- ✗ You are secretive and cannot admit when mistakes are made.
- ✗ You allow personal issues to have a detrimental effect on your performance without seeking support.
- ✗ You withhold information that could damage employee, patient and public confidence in the Health Board.
- ✗ There are no open and honest relationships which can lead to mistrust and a lack of respect.
- ✗ You stick relentlessly to your own agenda with no regard to others thoughts or opinions.
- ✗ Individual's performance needs are not measured and discussed so they do not gain suitable development for their career aspirations which would benefit the organisation.
- ✗ There are no appropriate challenges to anyone who behaves outside of these Hywel Dda values, so there is no opportunity for them to change these behaviours to those we expect.
- ✗ You criticise for the sake of it and offer judgemental feedback.

Caring, Kindness and Compassion



This values group allow us to feel and show concern and empathy for people that need support. Where you feel sorrow and regret for the suffering and misfortune for patients, colleagues and teams, with a desire to help them in any way you can.

CORE What we do day to day and is expected of all. It's integral to the DNA of the organisation.	ADVANCED How we change the way we work to create a positive experience. Demonstrate a positive impact on patients and services.	EXCELLENCE Values are embedded in our culture and become habit. We lead by example and evidence what we do.
✓ Decency is integral in all you do. You provide individual care and treat others as you would expect to be treated.	✓ You routinely encourage and develop others to be attentive, sympathetic and considerate and foster these values.	✓ You ensure a culture where everyone is treated with decency and understanding where compassion is fundamental to you, your team and the organisation.
✓ You share compliments with colleagues.	✓ You forward compliments and success to relevant people and celebrate success using this as a platform for development.	✓ You demonstrate these values where you are able to influence and change in a collaborative manner that is of mutual benefit.
✓ You care to listen when people are speaking to you and are attentive and understanding of their views.	✓ You should be able to give full concentration to what is being said and respect differing views.	✓ You always ensure you are actively participating in any discussions that you have.
✓ You care that people are safe within the organisation and that you always consider their wellbeing.	✓ You proactively manage the environment you work in to ensure safety and wellbeing of patients and people.	✓ You manage the environment to ensure safety is maintained at all times. You anticipate risks and ensure a plan to manage them and are able to evidence impact on wellbeing.
✓ You offer support to your colleagues when it appears it is needed.	✓ To proactively think of times where support will be advantageous to colleagues.	✓ You proactively recognise and celebrate individual and team successes.
✓ You care about the public perception of the organisation.	✓ You champion the Health Board externally.	✓ You proactively seek opportunities to promote the work of staff and the organisation to build a balanced reputation locally, regionally and nationally with evidence of influence and impact on wellbeing.



What Hywel Dda will look like with these values embedded?

With these values embedded into the organisation it will provide us with a workforce who cares for its patients and for each other. Hywel Dda needs to be an organisation that truly cares and supports each other through good and bad times. Each employee should feel empowered to help build the organisational reputation and help it become an employer of choice.

When the values are not demonstrated

Examples of behaviours that **fail** to demonstrate **Caring, Kindness and Compassion** are outlined below:

- ✗ You provide care that is inappropriate to the patient.
- ✗ You ignore colleagues who need support.
- ✗ You withhold positive comments that would benefit others.
- ✗ There are times where information is late in being communicated.
- ✗ You do not take responsibility to ensure a safe environment for people.
- ✗ Individual's and teams are not recognised for the work they complete.
- ✗ You do not offer support for people.
- ✗ You do not play an active part at events/meetings.

SUCCESS

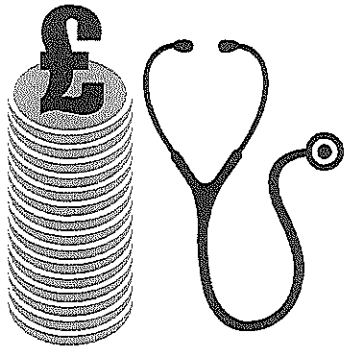
How will the values be measured?

- It is expected that our managers will deliver excellence in all behavioral frameworks. These principles will be complimented by the Health Board's Manager's Standards and the Management and Leadership Development Programmes.
- Review them at your and your staff's annual Performance Appraisal Development Review (PADR).
- Reflect on your practice and ask yourself: 'Are you behaving in such a way that lives up to the values and showing leadership?'
- Ask for feedback on your behaviour 360 degree.
- Give timely feedback to others.
- Seek patients views and act on their responses.
- Speak up when others are not demonstrating the values.
- Through all policies within the Health Board.
- Recruit using our values.
- Using formal actions i.e. employee relations. Staff surveys.
- Via social media – Twitter, Linkedin, Facebook and Glassdoor.

What is the cost of getting it wrong?

We run the risk of:

- Patients, their families and the public not getting the service they have the right to expect.
- The Health Board developing a poor reputation within the community.
- People feeling anxious and unconfident about dealing with us.
- Skilled but unhappy staff leaving – leading to increased costs in staff recruitment and training.
- The time it takes to complete a job increasing as 'good will' reduces.



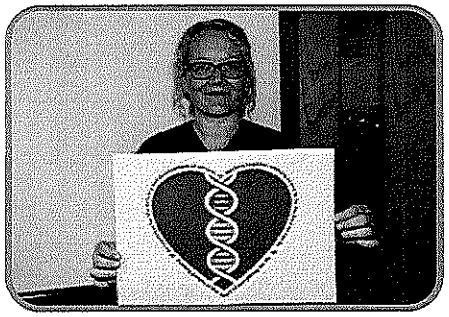
Our values cannot just be words on a page; they need to be in our DNA. They need to underpin everything that we do and should reflect the day to day behaviour of everyone in Hywel Dda.









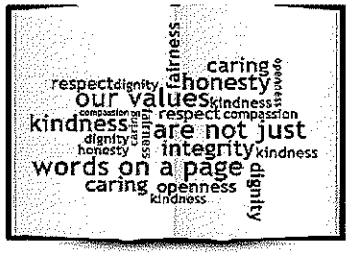


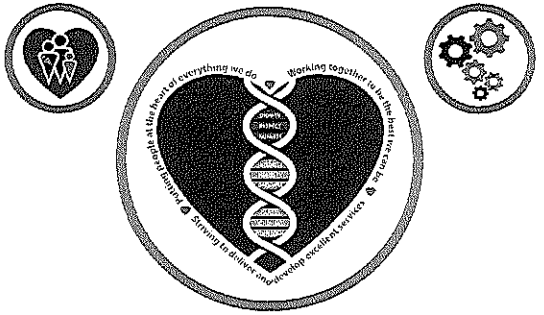


GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Help transform the lives of others and we'll help transform yours





They Are In Our DNA

www.hywelddahb.wales.nhs.uk/ItsInOurDNA

https://twitter.com/HywelDda_values

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

All Wales Capability Policy and Procedure

Policy Number:	203	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3		W&OD Committee	27/06/2018 5/7/2018	30/07/2018	27/06/2021

Brief Summary of Document:	The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary.
Scope:	This policy is applicable to all employees, employed in Hywel Dda University Health Board, except Medical and Dental staff where specific arrangements apply in cases of professional conduct or competence. It does not apply to bank workers (see bank register principles - June 2017), agency workers or self-employed contractors
To be read in conjunction with:	201 - Disciplinary Policy 138 - Sickness Absence Policy
Owning Committee/ Group	Welsh Partnership Forum Workforce & OD Committee

Executive Director:	Lisa Gostling	Job Title:	Director of W&OD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	
2	revised	April 2013
3	Revised Approved W&OD 5.7.2018	27/6/2018

Glossary of terms

Term	Definition

Keywords	capability

9

HYWEL DDA UNIVERSITY HEALTH BOARD

Capability Policy and Procedure

Approved by: **Welsh Partnership Forum**

Issue Date: **27 June 2018**

Review Date: **June 2021**

CONTENTS

1. Policy statement
2. About this policy
3. Principles
4. Rights of accompaniment
5. Identification of a capability issue
6. Initial assessment
7. Incapability to due to disability
8. Confidentiality
9. Redeployment/Downgrading
10. Timescales for achieving improvement
11. Notification requirements for formal capability hearings
12. Procedure at capability hearings
13. Stage 1 hearing: Improvement notice
14. Stage 2 hearing: Final written warning
15. Stage 3 hearing: Dismissal or redeployment
16. Appeals against action for poor performance
17. Training and/or Awareness Raising
18. Equality
19. General Data Protection Regulations 2018
20. Freedom of Information
21. Records Management
22. Review
23. Monitoring
24. Approval

1. Policy Statement

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

2. About this Policy

2.1 The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary.

2.2 It is Hywel Dda University Health Board's policy to ensure that concerns over performance are dealt with fairly and that steps are taken to establish the facts and to give employees the opportunity to respond at an initial informal discussion before any formal action is taken.

2.3 This policy is applicable to all employees, employed in Hywel Dda University Health Board, except Medical and Dental staff where specific arrangements apply in cases of professional conduct or competence. It does not apply to bank workers (see bank register principles - June 2017), agency workers or self-employed contractors.

Before considering any action in accordance with this policy, the relevant code of conduct and professional code of practice should be considered, and advice should be sought from the relevant professional lead.

2.4 Where an employee is either jointly employed or is not employed by Hywel Dda University Health Board but provides a service for Hywel Dda University Health Board, the capability issue will be addressed under the scope of the policy of the lead employer. The Health Board will still have an active

involvement in the management of the issue to ensure that the performance standards required by the Health Board are met.

2.5 Managers should be aware that, depending on the outcome of discussions at either the informal or formal stages, it may be appropriate to defer handling the issue under the Capability Policy and refer instead to the alternative appropriate policies, e.g. Disciplinary Policy or Sickness Absence Policy.

3. Principles

3.1. All employees should be treated fairly and with dignity and respect.

3.2 An appropriate Workforce and OD (W&OD) representative will be available to support managers and employees in the application of this policy.

3.3 Line Managers are responsible for ensuring that all new employees undertake both Health Board corporate and local induction on commencement of their new post. In addition, they will receive a job description and person specification and will be given a clear understanding of their duties and the standards expected. To support new or promoted employees, the line manager will also need to assess any immediate development needs which they may have and the timescales within which these need to be addressed. All employees will participate in a performance review at which a Personal Development Plan will be agreed on at least an annual basis, in line with the pay progression policy.

If an individual is in the formal stage of the capability policy at the beginning of sickness and/or maternity/adoption leave and there is evidence to show that they would be unlikely to have met their pay progression criteria, it may be possible to withhold their pay increment. However, advice must be sought from a relevant member of the W&OD team and such a decision must take account of any potential discrimination claims.

During the normal course of their duties, line managers should meet regularly with their employees and bring to their attention any issues relating to their performance. During an induction period, the expectation would be that the level of support required would be greater than once the employee has settled in.

4. Rights of accompaniment

All employees have the right to be accompanied by a Trade Union representative or a Health Board workplace colleague, at all formal hearing stages of the procedure. However, as long as a suitable alternative representative is available, unavailability of a preferred representative or workplace colleague should not delay the hearing taking place.

Where reference is made in this policy to the employee's "representative", this will refer to the Trade Union representative or work place colleague.

5. Identification of a Capability Issue

In the first instance, performance issues should normally be dealt with informally between the employee and their line manager as part of day-to-day management. Where appropriate, a note of any such informal discussions should be shared with the employee and placed on the employee's personal file.

Informal discussions may help:

a) clarify the required standards;

b) identify areas of concern;

c) establish the likely causes of poor performance and identify any training needs; and/or

d) set targets for improvement and a time-scale for review.

This procedure should be used for more serious cases, or in any case where an earlier informal discussion has not resulted in a satisfactory improvement.

6. Initial Assessment

6.1 If initial discussions have not resulted in a satisfactory improvement and if the Health Board has ongoing concerns or more serious concerns come to light about an employee's performance, an Initial Assessment will be undertaken, which may be by the line manager, to decide if there are grounds for taking formal action under this policy. The procedure involved will depend on the circumstances but may involve reviewing the employee's personal file including any appraisal records, gathering any relevant documents, monitoring the employee's work and, if appropriate, interviewing the employee and/or other individuals confidentially regarding the employee's work.

6.2 Managers need to consider in the light of relevant Health Board policies and procedures any underlying issue such as:

- Health and/or domestic issues;
- Bullying/harassment or feeling intimidated for any other reasons;
- Inadequate resources to do the job;
- Insufficient training or the need for further training;
- Changes in the job environment.

7. Incapability Due to Disability

7.1 Consideration will be given to whether poor performance may be related to a disability and, if so, whether there are reasonable adjustments that could be made to the employee's working arrangements, including changing duties or

providing additional equipment or training. Hywel Dda University Health Board has a duty under the Equality Act 2010 to make reasonable adjustments as appropriate.

7.2 If an employee wishes to discuss this or inform the Health Board of any medical condition the employee considers relevant, the employee should contact his/her line manager who may refer the employee to Occupational Health for assessment and support.

8. Confidentiality

8.1 The aim of the Health Board is to deal with performance matters sensitively and with due respect for the privacy of any individuals involved. All employees must treat as confidential any information communicated to them in connection with a matter which is subject to this capability procedure.

8.2 The employee and anyone accompanying the employee (including witnesses), must not make electronic recordings of any meetings or hearings conducted under this procedure.

8.3 The employee will normally be told the names of any witnesses whose evidence is relevant to the employee's capability hearing, unless there are exceptional circumstances in which the Health Board believes that a witness's identity should remain confidential.

9. Redeployment/Downgrading

If it is mutually agreed at any stage in the process that redeployment/downgrading is in the best interests of both the employee and the organisation, every effort will be made to find a suitable appointment. In particular, the following must be considered:

Temporary redeployment:

- The availability of opportunities;
- It will be for the manager and employee to agree a suitable trial period for these arrangements;
- Review arrangements whilst in the new post;
- Protection of all earnings would apply.

Permanent redeployment:

- The availability of opportunities;
- Protection of earnings will not be applied.

10. Timescales for Achieving Improvement

The timescales for achieving improvement will be dependent on various factors such as the risks of the role not being carried out competently within the Health Board, the impact on the service, the complexities of the job itself, and the availability of the necessary training and support. However, managers are responsible for setting SMART (Specific, Measurable, Achievable, Relevant,

Timely) targets for improvement. As a guideline the timescales to achieve the improvement should normally be a minimum of one month and no more than three months. During the period, there is an expectation that the manager and employee will have regular meetings to review performance. Periods of review may be paused if an employee is absent from work for an extended length of time in excess of 28 days, to cover the length of the absence where improvement cannot be monitored.

11. Notification requirements for formal capability hearings

If the Health Board considers that there are grounds for taking formal action over alleged poor performance, the Employee will be required to attend a capability hearing. The employee will be notified in writing of the concerns over their performance, the reasons for those concerns, and the likely outcome if it is decided after the hearing that the employee's performance has been unsatisfactory. The Health Board will also include the following where appropriate:

a) A summary of relevant information gathered as part of any investigation.

b) A copy of any relevant documents which will be used at the capability hearing.

c) A copy of any relevant witness statements, except where a witness's identity is to be kept confidential (which will only be in exceptional circumstances), in which case the employee will be given as much information as possible while maintaining confidentiality.

All documentation will be passed to the employee as soon as possible but no later than 21 calendar days prior to a capability hearing. Any additional information which the employee wishes to rely upon should be submitted as soon as possible but no later than 10 calendar days prior to the hearing. In exceptional circumstances, the employee may request to make a submission which has not been made available within the above timescale. The list of agreed witnesses will be provided no later than 14 calendar days before the hearing date.

1. **12. Procedure at capability hearings**

If the employee or their representative cannot attend the hearing they should inform the Health Board immediately and the Health Board will usually arrange an alternative time. The employee must make every effort to attend the hearing, and failure to attend without good reason may be treated as misconduct. If the employee fails to attend without good reason or is persistently unable to do so (for example, for health reasons), the Health Board may have to take a decision based on the available evidence including any written representations made by the employee.

The hearing will normally be held by the employee's line manager (save for at Stage 3 when it is likely that a more senior manager will hear the case) and it is likely that the manager will be supported by an appropriate professional advisor, and a member of the W&OD Department. The employee may bring an

employee representative to the hearing (see paragraph 4). The employee representative may make representations, ask questions, and sum up the employee's case, but will not be allowed to answer questions on behalf of the employee. The employee may confer privately with their employee representative at any time during the hearing.

The employee may ask relevant witnesses to appear at the hearing, provided sufficient notice is provided to arrange their attendance. The employee will be given the opportunity to respond to any information given by a witness and be permitted to cross examine witnesses in an appropriate manner.

The aims of a capability hearing will usually include:

a) Setting out the required standards that the Health Board believes the employee may have failed to meet and going through any relevant evidence that gathered.

b) Allowing the employee to ask questions, present evidence, call witnesses, respond to evidence and make representations.

c) Establishing the likely causes of poor performance including any reasons why any measures taken so far have not led to the required improvement.

d) Identifying whether there are further measures, such as additional training or supervision, which may improve performance.

e) Where appropriate, discussing targets for improvement and a time-scale for review.

f) If dismissal is a possibility, establishing whether there is any likelihood of a significant improvement being made within a reasonable time and whether there is any practical alternative to dismissal, such as redeployment (see section 9).

A hearing will be adjourned if the Health Board needs to gather any further information or give consideration to matters discussed at the hearing. The employee will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened.

The Health Board will inform the employee in writing of its decision and the reasons for it, usually within seven calendar days of the hearing.

13. Stage 1 Hearing

Where performance issues have not been resolved at an informal level, or where there is a failure to reach and sustain the required standard, a stage 1 hearing will be held.

Following a Stage 1 capability hearing, if it is decided that the employee's performance is unsatisfactory, the Health Board will give the employee an improvement notice, setting out:

a) The areas in which the employee has not met the required performance standards.

b) Targets for improvement.

c) Any measures, such as additional training or supervision, which will be taken with a view to improving performance.

d) A period for review (see section 10).

e) The consequences of failing to improve within the review period, or of further unsatisfactory performance.

The improvement note will normally remain active for six months from the end of the review period. After the active period the warning will remain permanently on the employee's personal file but will be disregarded in deciding the outcome of any future capability proceedings.

The employee's performance will be monitored during the review period and the Health Board will write to inform the employee of the outcome:

f) if the line manager is satisfied with the employee's performance, no further action will be taken at this stage but the improvement notice will remain active from the end of the review period;

g) if the line manager is not satisfied, the matter may be progressed to a Stage 2 capability hearing;

h) if the manager feels that there has been a substantial but insufficient improvement, the review period may be extended.

2. **14. Stage 2 Hearing**

If the employee's performance does not improve within the review period set out in an improvement note, or if there is further evidence of poor performance while the improvement note is still active, the Health Board may decide to hold a Stage 2 capability hearing. Written notification will be provided as set out in paragraph 11.

Following a Stage 2 capability hearing, if it is decided that the employee's performance is unsatisfactory, the Health Board will ordinarily give a final written warning, setting out:

a) the areas in which the required performance standards have not been met;

b) targets for improvement;

c) any measures, such as additional training or supervision, which will be taken with a view to improving performance;

d) a period for review; and

e) the consequences of failing to improve within the review period, or of further unsatisfactory performance.

A final written warning will normally remain active for 9 months from the end of the review period. After the active period, the warning will remain permanently on the employee's personal file but will be disregarded in deciding the outcome of future capability proceedings.

The employee's performance will be monitored during the review period and the Health Board will write to inform the employee of the outcome:

f) if the line manager is satisfied with the employee's performance, no further action will be taken;

g) if the line manager is not satisfied, the matter may be progressed to a Stage 3 capability hearing; or

h) if the manager feels that there has been a substantial but insufficient improvement, the review period may be extended.

3. **15. Stage 3 hearing**

Following the Stage 2 Hearing and subsequent review period, and where an improvement to the degree required has not been achieved, termination of employment will be considered. This will take account of all previous action that has been taken in an attempt to improve the employee's performance.

The decision maker at this stage should not have been involved previously and should have the authority to dismiss.

The Health Board may decide to hold a Stage 3 capability hearing if there is reason to believe:

a) the employee's performance has not improved sufficiently within the review period set out in a final written warning;

b) the employee's performance is unsatisfactory while a final written warning is still active.

Written notification of the hearing will be sent as set out in paragraph 11.

Following the hearing, if it is found that the employee's performance is unsatisfactory, a range of options will be considered including:

a) extending an active final written warning and setting a further review period (in exceptional cases where it is believed that a substantial improvement is likely within the review period);

b) giving a further final written warning;

A final written warning will normally remain active for 9 months from the end of the review period. After the active period, the warning will remain permanently on the employee's personal file but will be disregarded in deciding the outcome of future capability proceedings.

c) redeployment (subject to a trial period of a duration to be agreed but a minimum of 12 weeks) at the end of which the situation will be reviewed and if the redeployment has been successful for all parties, a permanent variation of contract will be put in place. If the redeployment has been unsuccessful in the view of any party, then a stage 3 hearing will be reconvened, and the likely outcome will be dismissal.

d) dismissing the employee;

Dismissal will be with full notice or payment in lieu of notice.

4. **16. Appeals against action for poor performance**

5.

6. **Should the employee feel that a decision about poor performance under this procedure is wrong or unjust the employee should appeal in writing, stating the full grounds of appeal, to the manager outlined in their letter within 14 calendar days of receiving the written notification.**

If appealing against dismissal, the date on which dismissal takes effect will not be delayed pending the outcome of the appeal. However, if the appeal is successful the employee will be reinstated with no loss of continuity or pay.

If an employee raises any new matters in the appeal, the Health Board may need to carry out further investigation. If any new information comes to light it will be provided to the employee with a summary including, where appropriate, copies of additional relevant documents and witness statements. The employee will have a reasonable opportunity to consider this information before the hearing.

The administrative arrangements will be put in place within 14 calendar days and wherever possible the appeal heard within 28 calendar days of the

notification of appeal being received. At least 7 calendar days before the Appeal Hearing the Appeal Officer must receive the nature of the appeal and all documentary evidence in support of it. Failure to comply may result in either the appeal being postponed or the appeal going ahead without this information.

There will be two levels of constitution of appeal hearings: -

For appeals against warnings short of dismissal, the appeal will normally be heard by a manager one level above the manager who imposed the penalty.

A Workforce representative will be in attendance in order to give advice and to support the Appeal Officer in ensuring that all aspects of the appeal are fully explored.

In cases of appeals against dismissal, the appeal will normally be heard by a senior officer nominated (by the Director of Workforce and Organisational Development), in line with the organisation's scheme of delegated authority.

The officers nominated to hear an appeal must not have been involved in the process at any earlier point.

The purpose of the appeal is to establish if the decision taken at the hearing was reasonable in light of the grounds raised by the employee. The appeal is not a re-hearing of the original evidence.

The appeal hearing must restrict itself to looking at the grounds of appeal made by the employee and ensuring that these grounds are adequately examined in order to reach a proper judgement on whether the appeal should be upheld.

The appeal hearing will consider specifically whether the action decided upon was fair and reasonable at the time that the action was taken. The appeal hearing may look at whether the procedure was applied correctly when deciding on the action.

The appeal will take account of any substantial new information cited in the grounds for appeal.

The decision reached by any level of appeal hearing is considered final. No further appeal mechanism will operate within the *"NHS Organisation."*

Where possible, the appeal hearing will be conducted by a [more senior] manager who has not been previously involved in the case. [A member of the W&OD Department AND/OR the manager who conducted the capability hearing] will also usually be present. The employee may bring an employee representative to the appeal hearing.

An appeal hearing will be adjourned if there is a need to gather any further information or give consideration to matters discussed at the hearing. The employee will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened.

Following the appeal hearing the Health Board will:

a) confirm the original decision; or

b) revoke the original decision; or

c) substitute with a different sanction.

The Health Board will inform the employee in writing of its final decision as soon as possible, usually within one week of the appeal hearing. There will be no further right of appeal.

17. Training and/or awareness raising

All staff will be made aware of this policy upon commencement with the Health Board. Copies can also be viewed on Health Board's intranet or obtained via the W&OD department. Training will be provided as appropriate.

18. Equality

Hywel Dda University Health Board recognises the diversity of its workforce. Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. Hywel Dda University Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed in September 2017.

19. General Data Protection Regulations 2018

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the Health Board's Data Protection Policy.

20. Freedom of Information Act 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the

Freedom of Information Act within Hywel Dda University Health Board may be found in the Health Board's publications scheme.

21. Records Management

All documents generated under this policy are official records of Hywel Dda University Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

22. Review

This policy will be reviewed in 3 years' time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

23. Monitoring

Details of all capability procedure outcomes will be monitored and reported as deemed appropriate by the employing organisation.

24. Approval

Signed on behalf of the Staff Side:

Signed:

Name: _____

Title: _____

Date: _____

Signed on behalf of the Management Side:

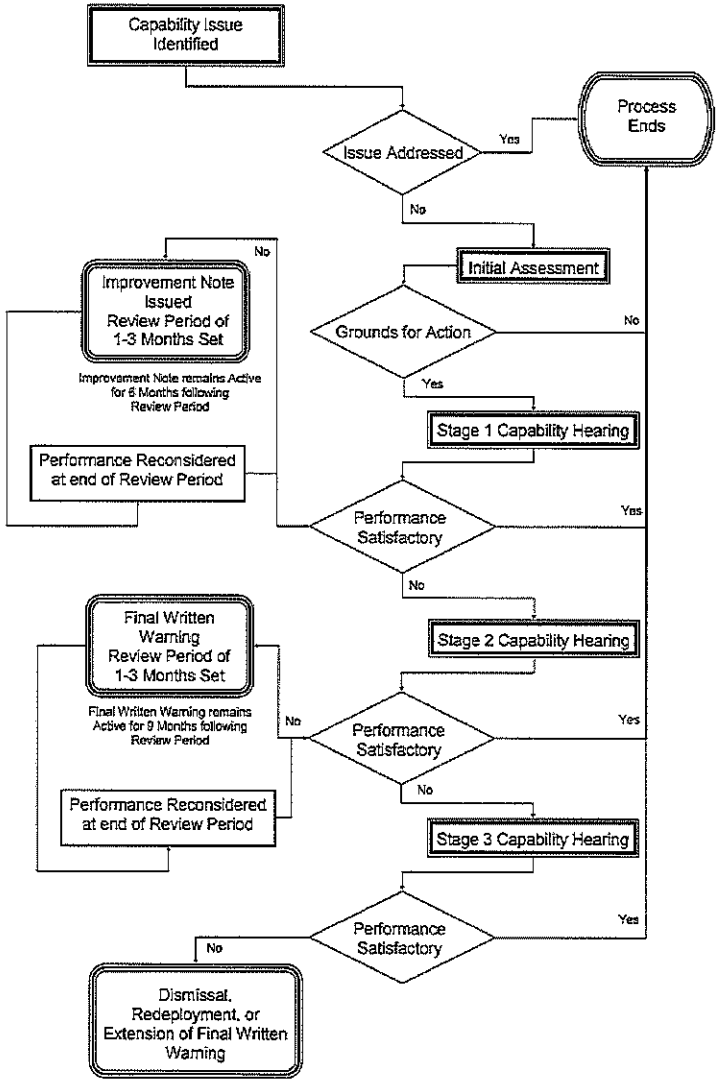
Signed:

Name: _____

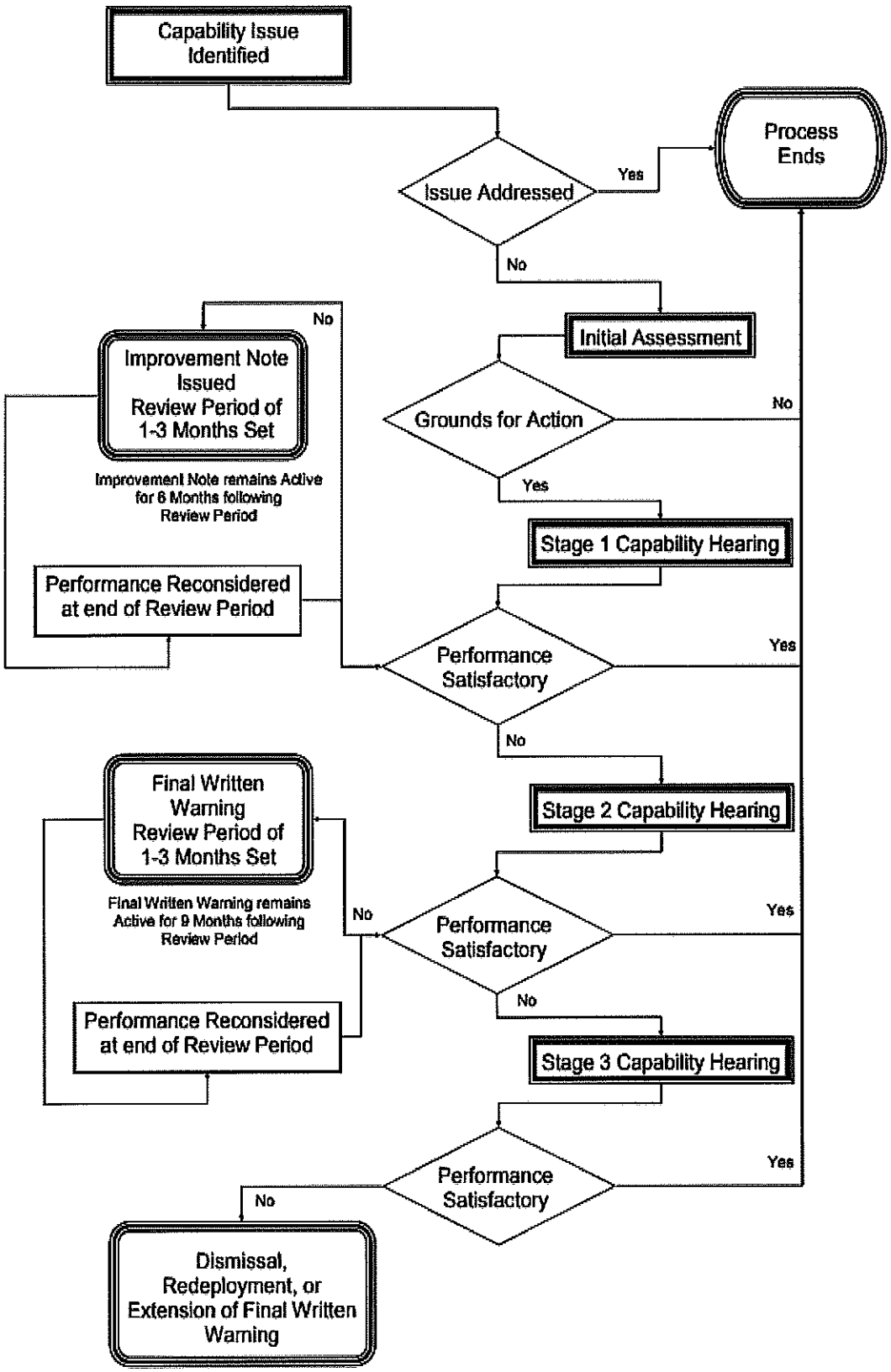
Title: _____

Date: _____

Appendix 1 – Capability Hearings Flowchart



Appendix 1 – Capability Hearings Flowchart





GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Managing Attendance at Work
All Wales Policy

Policy Number:	768	Supersedes:	138	Classification:	Employment
LOCSSIP reference:		NATSSIPS Standards:	List standard (NATSSIPS Standards)		

Version No	Date of EqIA	Approved by:	Date of Approval:	Date made Active:	Review Date:
V1		W&OD Committee	5.11.2018	22.11.2018	5.11.2021

Brief Summary of Document:	Outline what the document is for and what it covers. Be concise. Summary of Introduction.
Scope:	This policy and its how to Procedures apply to all employees in NHS Wales organisations
To be read in conjunction with:	
Patient Information:	

Owning Committee:	Workforce & OD Committee

Executive Director:	Lisa Gostling	Job Title:	Director of W&OD

HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New All Wales Policy	5.11.2018

10

1. Scope

This policy and its how to Procedures apply to all employees in NHS Wales organisations.

2. Aim

The aims of the policy are to:

- ensure that employees are treated according to their circumstances and needs
- outline the requirements of employees in respect of consistent and effective attendance at work to ensure continuity of service provision
- clearly set out the responsibilities of the employees and managers
- ensure fair treatment of employees with a disability and ensure that obligations in respect of the Equality Act 2010 are met
- adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work
- acknowledge an employee's right to sickness absence and pay, within the scope of the policy, when they are unable to work due to illness or injury
- to ensure managers support employees when they are

3. Objectives

The objectives of the policy are to:

- support the health and wellbeing of employees in the workplace
- support employees to return to work following a period of sickness absence safely and as quickly as possible
- support employees to sustain their attendance at work.

4. NHS Wales Managing Attendance At Work Policy

All Wales NHS Wales Managing Attendance at Work Policy

5. Responsibilities

Chief Executive

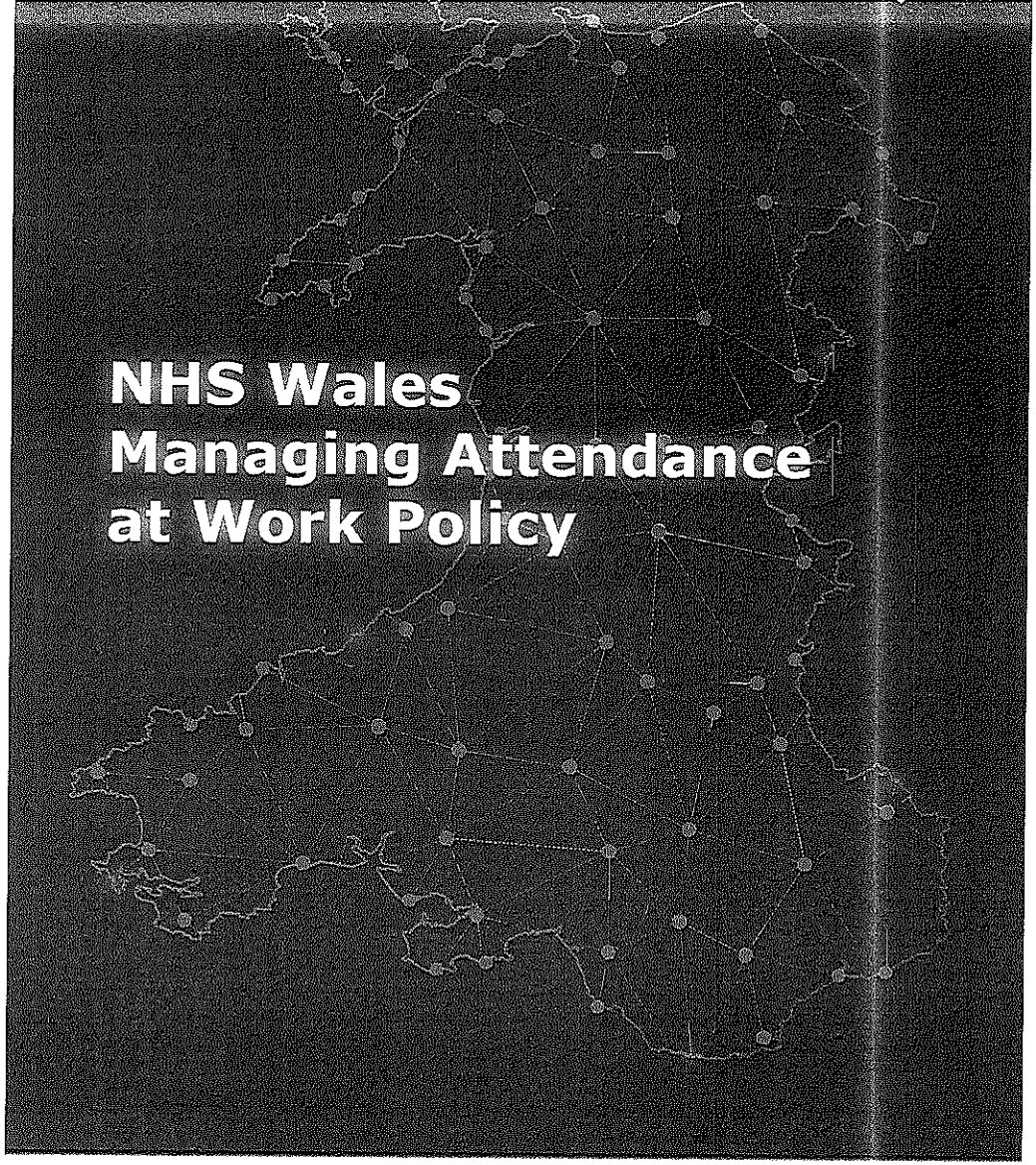
The Chief Executive holds overall responsibility for the effective management of organisational policies

Director of Workforce & Organisational Development

The Director of Workforce & OD has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Managers

Managers are responsible for ensuring they are aware of all employment policies and that they bring them to the attention of their staff.



NHS Wales Managing Attendance at Work Policy

GIG CYMRU NHS WALES

01 NHS Wales Managing Attendance at Work Policy

02 How to Procedure Notification and Certification

03 How to Procedure Managing Frequent Short Term Sickness Absence

04 How To Procedure Managing Long Term Sickness Absence

05 How to Procedure Occupational Health

06 How to Procedure Return to Work

07 How to Procedure Phased Return and Temporary Redeployment

08 How to Procedure Reasonable / Tailored Adjustments

09 Minimum Standards

GIG CYMRU NHS WALES

01

NHS Wales Managing Attendance at Work Policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: October 2018

Effective Date: October 2018

Review Date: 2021 (Quarterly evaluation)

CONTENTS **PAGE**

1.0 The Core Principles of NHS Wales **5**

2.0 Policy Aims, Objectives and Approach **6**
2.1 Policy Aims **6**
2.2 Policy Objectives **6**
2.3 Policy Approach - Supporting the Health and Wellbeing of Employees in the Workplace **6**
2.3.1 Physical Wellbeing **7**
2.3.2 Mental and Psychological Wellbeing **7**
2.3.3 Environmental and Social Wellbeing **8**
2.3.4 Financial Wellbeing **8**

3.0 Policy Scope, Responsibilities and Definitions **8**
3.1 Scope **8**
3.2 Responsibility **8**
3.2.1 Manager Responsibilities **8**
3.2.2 Employee Responsibilities **9**
3.2.3 Trade Union Responsibilities **9**

4.0 Definitions and Policy Framework **10**
4.1 Short Term Sickness Absence **10**
4.2 Long Term Sickness Absence **10**
4.3 Terminal Illness or Condition **10**
4.4 Planned Sickness Absence **10**
4.5 A Sickness Day **10**
4.6 Rolling Year **10**
4.7 Tailored Adjustments **10**
4.8 Reasonable Adjustments **10**
4.9 Work Related Absence **11**
4.10 Pregnancy Related Illness **11**
4.11 Notification of Sickness Absence **11**
4.12 Communication and Maintaining Contact **11**
4.13 Entitlement to Sick Pay **12**
4.14 Medical Appointments **12**
4.15 Occupational Health **13**
4.16 Rights of Accompaniment **13**

5.0 How to Procedures **13**

- Notification and Certification of Sickness Absence **15**
- Managing Frequent Short Term Sickness Absence **22**
- Managing Long Term Sickness Absence **30**
- Occupational Health **39**
- Return to Work **43**
- Phased Return and Temporary Redeployment **47**
- Reasonable / Tailored Adjustments **58**
- Equalities guide to support the use of discretion (to be developed)

6.0 Premature Retirement on Ill Health Grounds **13**
7.0 Help and Advice **14**
8.0 Review of Policy **14**

1 NHS Wales Managing Attendance at Work Policy

1.0 The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of employees.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support employees working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by employees in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with Trade Unions, employers and employees.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

This Policy and its How to Procedures must be applied equitably and with sufficient flexibility to ensure that the Core Principles of NHS Wales are not compromised. Managers are expected to use their *discretion in their application of this policy to promote and prioritise the values and behaviours of:

Hywel Dda University Health Board

2.0 Policy Aims, Objectives and Approach

2.1 Policy Aims

The aims of the policy are to:

- ensure that employees are treated according to their circumstances and needs
- outline the requirements of employees in respect of consistent and effective attendance at work to ensure continuity of service provision
- clearly set out the responsibilities of the employees and managers
- ensure fair treatment of employees with a disability and ensure that obligations in respect of the Equality Act 2010 are met
- adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work
- acknowledge an employee's right to sickness absence and pay, within the scope of the policy, when they are unable to work due to illness or injury
- to ensure managers support employees when they are unable to work due to sickness.

2.2 Policy Objectives

The objectives of the policy are to:

- support the health and wellbeing of employees in the workplace
- support employees to return to work following a period of sickness absence safely and as quickly as possible
- support employees to sustain their attendance at work.

2.3 Policy Approach – Supporting the Health and Wellbeing of Employees in the Workplace

A consistently good experience of work is recognised to be a positive health outcome: good work can truly be good for your health. However, a negative overall experience of work is considered by experts to have a greater impact on health than being unemployed. We recognise that our employees are our greatest asset and are essential to the sustainability of our organisation and our aim is to provide the highest possible clinical standards of care to the people of Wales.

The NHS Wales workforce is ageing and there is a recognised correlation between the age of the workforce and sickness absence. There will be an increasing need to retain older workers and therefore, we need an effective way to manage sickness absence whilst supporting the health and wellbeing of our employees, which is a national NHS priority.

Health and wellbeing incorporates a number of factors, which include physical, psychological, social, economic and environmental factors. If any of these are out of balance, then this can have a negative impact on wellbeing.

Every job brings certain pressures, demands and challenges and these can be motivating and satisfying. However, individuals react to circumstances both work related and personal in many different ways. These pressures may lead to a negative situation, which affects wellbeing. The NHS in Wales is committed to the introduction of strategies that support the maximisation of health and wellbeing in the workplace, including early interventions that support employees to maintain a healthy wellbeing.

The National Health and Wellbeing Programme Board, working in collaboration with Trade Union has launched new health and wellbeing products to support employees and managers. These signpost to information and resources to enable them to make choices with regards to their own health and wellbeing and that of others:

Our Wellbeing Matters
Manager Wellbeing Matters

NHS Wales is committed to improving arrangements for returning staff to work after illness including the consideration of rapid access and early referral of staff to certain key services; and work is underway to progress this for mental health and musculo-skeletal services.

2.3.1 Physical Wellbeing

A state of physical wellbeing is not just the absence of disease. It includes lifestyle behaviour choices to ensure health, avoid preventable diseases and conditions, and to live in a balanced state of body, mind, and spirit. Promoting good physical health and wellbeing among employees can reduce their levels of sickness, increase energy levels and boost levels of concentration.

Managers should encourage employees to undertake physical activity, take rest breaks, eat meals regularly, keep hydrated throughout the shift, and have opportunities to de-stress through talking to peers.

2.3.2 Mental and Psychological Wellbeing

In NHS Wales 27% of sickness absence is attributable to stress, anxiety and psychological conditions, managers need to be aware of the following key aspects of the work environment, to reduce workplace stressors where possible and ensure that appropriate supports are in place:

- the quality of and fairness of workplace relationships
- the implementation of organisational policies known to support health and wellbeing
- the way in which jobs are designed and work allocated
- the quality and health of the team and how it functions
- the quality and availability of social support
- the availability of information about the psychosocial demands within the workplace, including the range of common stressors
- follow recommendations on how to support employees following unusually challenging experiences and incidents
- supporting employees who experience stress resulting from employee relations process i.e. disciplinary, capability, grievance, suspension
- access to specialist support such as those offered by Workforce, the Employee Wellbeing Service and Occupational Health.

Further detail of these aspects can be found in the

Hywel Dda University Health Board

*Employee Health and Wellbeing Policy

2.3.3 Environmental and Social Wellbeing

Hywel Dda University Health Board

recognises that there may be times when employees require additional support in the workplace to maintain a safe working environment. Occupational Health/Health and Safety can advise on managing health related risks, ensuring compliance with HSE guidelines, concerning the following:

- Pregnancy
- Computer/Display Screen Equipment (DSE)
- Manual Handling
- Following diagnosis of a work-related injury and/or health condition

Employees may also require additional support in the form of time away from the workplace to respond to other pressures e.g. those arising from caring responsibilities where a few hours absence may be required whilst an issue is resolved. This is not sickness absence and both employees and managers should be honest in the categorisation of absence which isn't due to sickness.

A 'Borowing Leave' protocol is being developed as an additional approach to support employees when they are unable to utilise other arrangements such as annual leave, purchase additional annual leave, special leave, flexible working etc.

2.3.4 Financial Wellbeing

Hywel Dda University Health Board

understands the importance of how financial concerns can affect employee mental and physical health, as well as a recognition that, as income providers, we play a vital role in our employees financial lives.

Stress caused by debt, pay levels, or lack of financial awareness can have a detrimental impact on employee performance.

Employers can play an important role in addressing this challenge. Managers can signpost to financial advice through one of the following resources where they exist in the organisation, if they become aware of financial distress:
(add contact details)

- Our Wellbeing Matters
- NWSSP Payroll/Pensions department
- Credit Unions
- Citizens Advice Bureaux
- Money Advice Service - a free and impartial money advice, set up by government
- Trade Unions.

3.0 Policy Scope, Responsibilities and Definitions

3.1 Scope

This policy and its How to Procedures apply to all employees in NHS Wales organisations.

3.2 Responsibility

Sustaining health and wellbeing is considered to be a shared responsibility between the employee and the organisation.

3.2.1 Manager Responsibilities

a) The primary responsibility for the management of attendance rests with managers. The rationale for this approach is that our managers should "know their employees" and be familiar with the issues surrounding the attendance profile and needs of their employees.

b) *The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work/informal/formal stage meetings.

c) Managers are responsible for ensuring that employees are aware of the range of health and wellbeing support that is available to them in and out of the workplace. In addition, managers should make employees aware that support or advice may be available through trade union representatives if required.

d) Managers must consider the opportunities to return employees to work safely and at the earliest opportunity through the supportive mechanisms such as Phased Return and Temporary Redeployment / and Reasonable / Tailored Adjustments.

e) Managers are responsible for creating an environment, which is conducive to health and wellbeing, and in which a low sickness absence record and regular attendance at work is expected.

f) The manager is responsible for addressing employee sickness absence and managing it in accordance with this policy and associated How to Procedures.

3.2.2 Employee Responsibilities

a) Employees are responsible for their own health and wellbeing.

b) Employees should take up all reasonable opportunities to maximise and protect their own health and wellbeing.
c) Employees should seek medical advice and treatment as soon as possible to pport their own health and wellbeing.

d) Employees have a responsibility to attend Occupational Health appointments and sickness absence meetings when requested to do so.

e) Employees can self-refer to available services where they exist, i.e. Occupational Health, Physiotherapy, Employee Wellbeing, where this would be beneficial to their own health and wellbeing.

f) Employees have the responsibility for keeping in touch regularly with their manager when unwell.

g) Employees must consider whether there are any reasonable / tailored adjustments that may help them to remain in work or return to work at the earliest opportunity.

h) Employees have a responsibility to maximise attendance at work in line with their own contract of employment.

i) Employees have a duty to care for and support colleagues in doing the jobs they have agreed to do.

3.2.3 Role of Trade Union Representative

It is the role of trade union representatives to:

a) Support the individual member and their organisation in minimising absence from work caused by sickness.

b) Provide their members with advice on all aspects of the policy.

c) Ensure an appropriate trade union representative is available at all levels of the procedure should their member wish to be accompanied and to ensure that meetings can occur in a timely manner.

d) Work closely with managers and other groups to make the policy effective at organisational level, including being aware of all relevant legislation.

e) Maintain their competence in the application of the policy and in supporting their member through absence due to sickness.

f) Work with their individual member, the manager and Occupational Health to facilitate a return to work as soon as possible following a period of sickness.

The Minimum Standards for Managing Attendance at Work Policy outlines other responsibilities.

4.0 Definitions and Policy Framework

4.1 Short Term Sickness Absence - is regarded as any period lasting less than 28 calendar days.

4.2 Long Term Sickness Absence - is regarded as any continuous period of 28 calendar days or longer.

4.3 Terminal Illness or Condition - is a disease that cannot be cured or adequately treated and there is a reasonable expectation that the employee will die within a relatively short period of time.

Support for employees with a terminal illness should be given in line with the Welsh TUC 'Dying to work' charter.

Where an employee is diagnosed with a terminal illness or condition, they will be covered by Equality legislation. The absence figures for employees with terminal illness or condition, whilst also forming part of the overall sickness figures will also be reported separately.

4.4 Planned Sickness Absence - is a health condition that requires an operation or treatment programme which may have a recognised period of expected recovery or duration.

4.5 A Sickness Day - is when an employee becomes unwell and has been unable to undertake their daily hours of work / shift. Where an employee has carried out more than half their daily hours of work / shift, but is unable to complete the day / shift, this day will not count as a sickness day as far as sick pay is concerned. It must, however, be recorded as part of the Return to Work Meeting and may be taken into account when considering any accumulated pattern of sickness.

4.6 Rolling Year - if an episode of sickness occurs the manager should review the twelve-month period preceding the first day of that specific absence.

4.7 Tailored Adjustments – are changes that can help support the health and wellbeing of the employee to remain or return to work at the earliest opportunity. These could include a phased return to work, changes to working start finish times for a short period, changes to some duties, temporary redeployment. Further details are availble in the How to Procedure Reasonable / Tailored Adjustments.

4.8 Reasonable Adjustments
Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not put at a substantial disadvantaged when doing their jobs.

This would also apply to job candidates at the onset of the employment cycle. Further details are availble in the How to Procedure Reasonable / Tailored Adjustments.

4.9 Work Related Absence - when one or more of the absences are related to:

- an industrial injury, incident or accident at work (including psychological harm), which has been reported to the manager as close to the time it occurred as practicable and where an incident report has been completed
- or a serious condition acquired at work and which has been notified to the manager
- Diarrhoea and Vomiting (D&V) or similar infection, which is considered by Infection Control or Occupational Health to be associated with an outbreak in the working environment. Further information is available from the How to Procedure Notification and Certification

These periods of absence should normally be discounted when considering further action under the procedure for the management of frequent short term sickness absence.

Your local injury allowance procedure may be considered in conjunction with the above.

4.10 Pregnancy Related Illness

Where an illness is attributable to pregnancy, sickness absence will not be counted towards the review prompt of the management of sickness absence.

However, any such sickness will be managed in accordance with this policy to facilitate a return to work as soon as possible with any necessary support or adjustment to duties during the pregnancy.

As required, under the management of Health and Safety at Work Regulations 1999, written risk assessments should be undertaken regularly throughout the pregnancy.

Guidance can be obtained through the organisation's maternity policy, and through the HSE publications on New and Expectant Mothers at Work, A referral to the occupational health service for medical advice and support may be required.

If an employee is off sick due to pregnancy related illness on or after the fourth week before the expected week of confinement, their ordinary maternity leave will commence the day after their first completed day of sickness absence.

Where a pregnant employee suffers from non-pregnancy related sickness absence, these absences will count towards the management of sickness absence as usual.

4.11 Notification of Sickness Absence

On the first day an employee is unable to attend work due to sickness it is their responsibility to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy (as per their local procedure) as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. Further information is available from the (How to Procedure Notification and Certification.

4.12 Communication and Maintaining Contact

Hywel Dda University Health Board

will ensure that:

- this policy is easily accessible by all members of the organisation
- employees are notified of all changes to this policy.

The employee and their manager must communicate regularly to discuss their progress during the sickness absence, in order to ensure that any necessary additional support and / or expert advice can be sought that may aid a return to work. The frequency of contact will be mutually agreed at the beginning of the absence period and depend on the likely duration of the absence.

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. Further information is available from the How to Procedure Return to Work.

The following How to Procedures provide the detail on maintaining contact:-

How to Procedure Managing Long Term Sickness Absence

Appendix How to Procedure Managing Frequent Short Term Sickness Absence.

4.13 Entitlement to Sick Pay

Under the provisions of this policy there may be an entitlement to occupational sick pay. This is set out in the schedule of main terms & conditions of services issued to all employees on commencement of their employment. This does not automatically allow employees to remain in the employment of the organisation until the occupational sick pay is exhausted.

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession or where contributory negligence is proved, in accordance with the NHS Terms and Conditions Handbook.

4.14 Medical Appointments

Hywel Dda University Health Board

recognises that employees will need to make occasional visits to a dentist, GP or other health professional or may be required to attend a hospital or clinic for investigation and/or treatment. Wherever it is possible to do so, employees (both full and part time) must endeavour to arrange such appointments at a time that they are not scheduled to work or, if this is not possible, as near to the beginning or end of the working period as possible so as to minimise the absence from work and disruption to the service. Employees should not be refused permission to attend a pre-arranged appointment as long as reasonable notice has been given.

The manager must keep a record of any such appointments and must ask to see documentary confirmation of the appointment where this is available.

Where employees need to attend routine appointments (with GPs, Dentists, blood tests or hospital checkups) during work time, they will be required to make up the time taken at the earliest opportunity. Employees must discuss and agree with their manager how this will be achieved. The following are options that can be agreed

- arriving earlier or leaving later on the day of the appointment
- a temporary increase in hours over a short period
- unpaid leave
- annual leave
- time in lieu
- any other arrangement agreed with the manager.

Where a medical appointment involves treatment which results in an employee being unfit for work afterwards, the period of absence will be recorded as sick.

Where such appointments form part of an ongoing treatment programme for a serious health condition, or are related to a disability or long term health condition, or are for a work related disease or injury, the manager must discuss such appointments with the employee to plan any necessary support to be offered. Reasonable time off to attend such appointments as part of their programme of care and support will be given full consideration.

4.15 Occupational Health

In addition to the normal medical care provided by their dentist, GP or other health professionals an employee may be required to attend an assessment with Occupational Health when asked to do so. Time taken to attend such appointments will not be required to be worked back. Where employees are not currently in work due to sickness absence every reasonable effort must be made to attend Occupational Health appointments. Other sources of medical advice will be arranged as necessary by Occupational Health. Further information is available from the How to Procedure Occupational Health.

4.16 Rights of Accompaniment

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager / supervisor of a preferred gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings.

However, if requests to be accompanied by an official of a recognised trade union or employees organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

5.0 Policy Framework and how to use it - How to Procedures

This section of the policy highlights the procedures relating to the management of sickness and sickness related absence. It is particularly important that concerns regarding attendance and health and wellbeing are discussed and addressed at an early stage. Managers should discuss any concerns with their employee and fully consider everything that is relevant and respond appropriately.

Full details can be found in the following How to Procedures:

- Notification and Certification of Sickness Absence
- Managing Frequent Short Term Sickness Absence
- Managing Long Term Sickness Absence
- Occupational Health
- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

6.0 Premature Retirement on Ill Health Grounds

There are two tiers of ill health retirement:

Tier 1 - This is where an individual is unable to undertake their current job due to permanent ill health. In this case the employee's pension is based on accrued membership without reduction.

Tier 2 - This applies where an individual is unable to carry out regular employment due to permanent ill health. The employee's pension is based on accrued membership without reduction PLUS an enhancement of two-thirds of their prospective membership to normal retirement age.

6.1 It may be possible to move between the tiers after retirement where the medical advisers indicate a condition may meet Tier 2 requirements within 3 years of retiring or if the condition is such that it is not possible to determine at the outset whether the employee will recover sufficiently to undertake any regular work.

6.2 It is the employee's responsibility to apply for ill health retirement pension benefits.

6.2.1 In all cases where the employee may be eligible, via appropriate membership of the NHS pension scheme, the potential for application for premature retirement on the grounds of ill health should be discussed with the employee.

6.2.2 The employee must be made aware that the decision to terminate employment is not linked to or subject to ill health retirement and the decision on such retirement lies with the NHS Pension Agency and not:

6.2.3 The ending of employment will not necessarily be delayed in order for a pension application to be made and processed. It is therefore important that employees do not delay making a pension application once appropriate medical advice has been received and/or the decision to terminate employment is made.

6.2.4 The relevant section of Form AW33 should normally be completed by the employee's general practitioner, or a medical specialist.

7.0 Help and advice

Help and advice regarding the detail relating to the application and interpretation of this policy is available within the How to Procedures. Further advice can be sought from Workforce, recognised Trade Unions and Employee Organisations.

8.0 Review of policy

This policy will be subject to regular review at a frequency determined by the Welsh Partnership Forum.

02

How to Procedure Notification and Certification

2 How to Procedure - Notification and Certification

How To Procedure - Notification and Certification (includes workplace injury / illness and annual leave during sickness absence)

This How to Procedure provides the necessary information for both managers and employees and must be followed for reporting and notification of sickness absence.

Wherever there is reference to the number of days, this means calendar days whether or not the employee would be expected to work on that day.

Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. If an employee calls in late and / or without a satisfactory reason, their absence may be counted as unauthorised and considered as unpaid.

The employee must notify their manager themselves as above when they are unable to attend work due to sickness. Where in exceptional circumstances, this is not practicable a third party may notify on their behalf.

However, it is the employee's responsibility to ensure that this is done appropriately in accordance with the Departmental requirements for notification. Where the manager is unable to take the call personally he/she will ring the employee back as soon as is practicable.

During contact with the manager (or designated deputy in the manager's absence), the employee will be expected to advise them of the following:

- The first day of sickness.
- The reason for the absence.
- The likely duration of the illness and anticipated date / day of return or when they will be able to advise of the likely duration of the illness and anticipated date / day of return.
- Any intention of the individual to visit / contact their GP / Occupational Health and Wellbeing service.
- The next contact date if a date of return cannot be given.
- Confirmation of their telephone number and contact details for the duration of their period of sickness absence.

During the discussion with the employee, the manager should consider whether sick leave is the appropriate category for leave and whether in the circumstances a different category of leave should be applied i.e. special leave.

Where appropriate the manager should also consider any reasonable / tailored adjustments that could be made that would enable the employee to continue to work rather than having to take sick leave, full details are available in the How to Procedure Reasonable / Tailored Adjustments.

Additionally the manager should also consider whether an appointment should be made to any Occupational Health or Wellbeing services that are available which may assist the employee in their recovery. Full details are available in the How to Procedure Occupational Health.

All sickness absences must be recorded as soon as practicable via the agreed organisational process.

Fit Note Certificates

For any period of sickness absence between 1–7 calendar days an employee must complete a self-certification form unless already certified by a Fit Note or hospital certificate.

Employees must submit doctors Fit Note certificates for sickness absence from the 8th calendar day of sickness absence onwards. Ongoing medical certificates must be sent to the manager **within 3 days**, from the date of the expiry of the previous Fit Note. If this is not possible, the employee should telephone the manager to inform them of the situation. The organisation is not obliged to accept backdated Fit Notes and any gaps may be considered as unauthorised absence and therefore occupational sick pay will be withheld.

Hospital Certificates

When an employee is hospitalised, the hospital will provide certificates confirming that the employee is expected to be an inpatient for a certain period of time. Such certificates should be submitted to the manager in the normal way.

Employees are not required to provide additional self-certificates or Fit Notes from their GP when they are covered by a hospital certificate.

Planned Long Term Sickness Absence

Sickness absence can be planned where it is known that the employee will be undertaking a programme of clinical treatment that will be debilitating for a recognised period of time, for example, to undertake an operation or chemotherapy.

The manager and employee will meet prior to the absence and discuss the following:

- The likely period of time the employee will be absent;
- Agreed dates and times for maintaining regular contact, to update each other on work and progress of recovery;
- Agreed date and time for a formal meeting to start to plan a return to work;
- Any other issue of concern for either party;
- A mutually agreed plan must be drawn up and a copy kept by both parties;
- Support in the drawing up this plan can be obtained from the Occupational Health Department.

Undertaking other work whilst absent

Once reported as absent due to sickness, an employee should not undertake other work including, self-employment, without the prior written consent of the manager. Failure to do so may be considered as breach of contract and subject to disciplinary action, which may result in the involvement of the counter fraud department and / or dismissal. Such action will only be taken following advice from Workforce.

Medical exclusion following infectious / notifiable disease

Where the absence is the result of diarrhoea and vomiting or other relevant notifiable infectious disease and whilst the employee is suffering from the effects of the disease, the absence will be recorded as a period of sickness in the usual way and count towards review prompts.

The manager must obtain information regarding the nature of the illness and obtain advice, if necessary, from Occupational Health / Infection Control as to whether a period of further exclusion is required after the symptoms have subsided and the period of sickness has ended.

Where the advice requires the employee, for purposes of infection control to remain off work, this subsequent period will be regarded as medical exclusion with pay and not be recorded as sickness absence and will not count toward policy review prompts.

Occupational Health / Infection Control may require the employee to provide a specimen for microbiological examination in line with the Infection Control Policy.

Medical Suspension

When an employee is deemed unfit to work by their manager, due to reasons of ill health, the manager has the right to enforce a short term period of absence for no longer than 7 days in which time an employee must seek advice from their GP regarding their fitness to work. This absence will be counted as suspension from duty with pay for medical reasons. A risk assessment needs to be completed by the manager and advice sought from Workforce and Occupational Health.

Where

Hywel Dda University Health Board

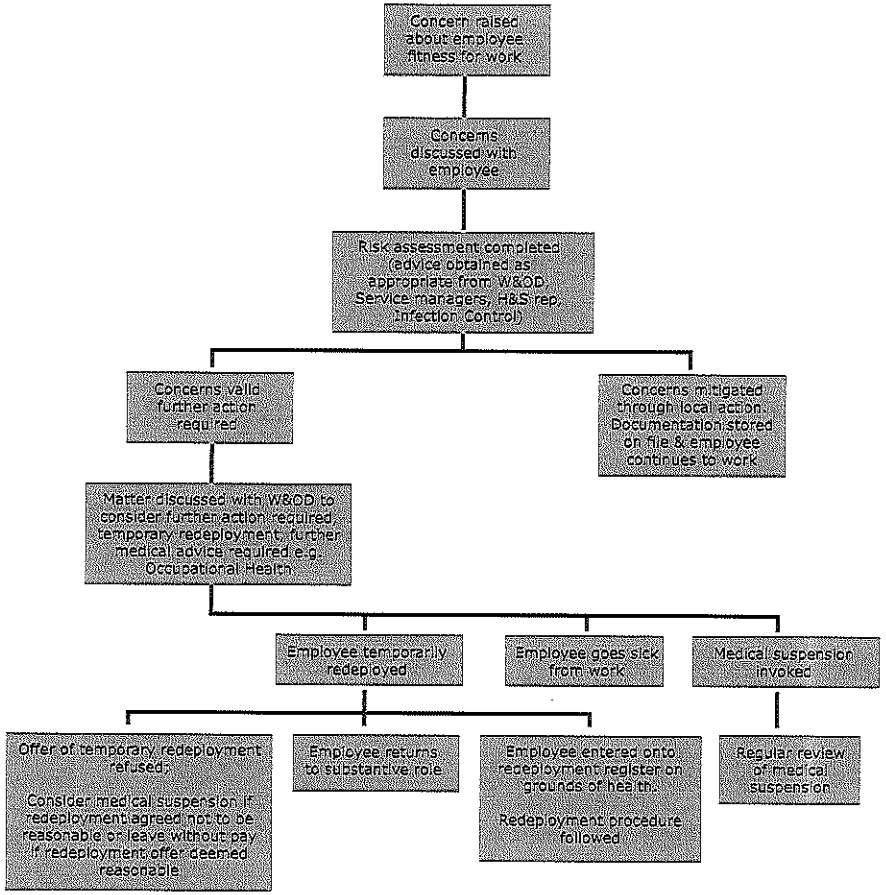
can demonstrate that the employee has refused a reasonable offer of alternative employment as an alternative to medical suspension, the employee will not receive pay for the period of medical suspension.

Where the employee's GP advice conflicts with that of Occupational Health

Hywel Dda University Health Board

will rely on its Occupational Health department's advice following discussions between the GP and Occupational Health.

The flowchart outlines how this process should flow:



Accidents involving a third party

In cases where employees are absent from work as a result of an injury sustained wholly or partly as a result of the actions of a third party against whom the employee has made a claim, any payments made to the employee by the organisation will be recoverable. The employee must notify the fact that they are making a claim to their manager at the commencement of the absence, or as soon as practicable. The manager should notify Payroll of this fact. Where an employee is unable to notify their manager personally because of, for example, serious injury, notification maybe undertaken by another party.

Sickness during period of annual leave

When an employee falls sick during annual leave they will be required to report that illness in line with normal notification procedures and produce a Fit Note covering the period from the first day of sickness.

Where an employee's sickness absence falls on a Bank Holiday (which wasn't a rostered work day and booked as leave), there is no entitlement to an additional day off.

In order to allow annual leave to be reinstated a satisfactory Fit Note must be received within 3 working days of the beginning of the illness (unless abroad). In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the certificate. (this includes leave booked that falls on a Bank Holiday).

Only in exceptional cases will a foreign medical certificate of more than one month be accepted for payment purposes. A U.K. Fit Note should be obtained on return to the country.

Annual leave / holidays during a period of sickness absence

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. However, employees on long term sickness absence must be given the opportunity to take annual leave during their sickness absence period.

The employee does not need to be signed fit to work during this period. Their records will continue to show as a continuous period of sickness absence and will be treated as one episode. Managers must notify Payroll of an employee's intention to take annual leave during a period of sickness absence.

Where employees are in receipt of a reduced level of occupational sick pay and / or Statutory Sick Pay, the salary will be 'topped up' to the value of the contractual occupational full pay.

An employee is likely to take paid annual leave at the same time as sickness absence if:

- the employee has been on sickness absence for a considerable period and sick pay has reduced
- the employee has been on long term sick absence and sick pay has ceased.

At no point, can any combination of annual leave pay, occupational sick pay and statutory sick pay exceed the normal full pay entitlement.

During a period of sickness absence employees are expected to be available to attend meetings /appointments in relation to their absence and consequently if they go away on holiday (either abroad or in the UK) they will be expected to obtain permission from their manager, this will be taken as annual leave.

Accrual / carry over of annual leave

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. Where staff are returning from long term sickness absence they should be expected to take any outstanding leave within the current leave year. This should be managed carefully taking account of the needs of the service and the practicalities of them being able to use up all of their entitlement in that leave year. Any annual leave accrued at the time of the return to work may also be taken, by agreement with the manager to allow the employee a more gradual return to work.

During an employee's sickness absence, annual leave continues to accrue. Every effort must be made to utilise the annual leave whilst absent as explained above. However, if the accrued annual leave spans over two or more leave years and the leave has not been utilised the employee may carry over to the new leave year. This annual leave is based on the statutory entitlement and not contractual. Therefore, the statutory entitlement of annual leave per annum is 20 days if working full time, and pro rata for part time staff.

03

How to Procedure Managing Frequent Short Term Sickness Absences

3 How to Procedure Managing Frequent Short Term Sickness Absences

The key purpose of this How to Procedure is to support the employee's attendance at work. Managers are required to proactively manage absence where the pattern or frequency of absence gives rise to concern, both for the health and wellbeing of the employee and the provision of service.

1. Management support for frequent short term absence

1.1 Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work.

Managers must make contact with the employee to ascertain the reason for the absence in circumstances where the employeel has reported sick to someone other than them. Further information is available from the How to Procedure Notification and Certification.

1.2 Within first seven days of absence

Evidence suggests that if someone is off sick for more than seven days, the absence is more likely to become prolonged. Managers should maintain contact with the employee during this time and consider all the support that may be appropriate to offer, including options to available to assist with a return to work.

Further information is available from the How to Procedures:

- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

2. Managing frequent short term sickness absences

2.1 Frequent short term Review Prompts

Following a period of sickness absence a return to work meeting will take place with the manager and the employee where the below reviews prompts will be considered and if met, when previous absences are taken into account, further management support may be required at the manager's *discretion. Managers may want to consider a number of factors e.g. the employee's previous sickness record, the nature of the absence etc. Further information is available from the How to Procedure Return to Work.

- three episodes of sickness absence of any length in any rolling 6-month period
- two or more absences totalling 10 calendar days or more in a rolling 12-month period
- recognisable patterns of absence, including any in previous years, which cause concern but may not meet other review prompts.

These review prompts include any episodes of short or long term sickness absence which occur within the rolling period.

The definition of the rolling period is the 6-month or 12-month period counted back from the first day of the episode of sickness being looked at.

There are specific absences that should be discounted for the purposes of review prompts in relation to work related absences and pregnancy related illness. Further information is available from the How To Procedure Certification and Notification.

3. Supporting attendance at work

3.1 Stages

The following stages are to be followed when managing frequent absences: informal discussion; first formal stage; second formal stage; and third / final formal stage. At each stage a meeting is held with the manager and the employee. Refer to Appendix 1.

*The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work / informal / formal stage meetings.

3.2 Meetings

3.2.1 Employee attendance

Employees must attend informal discussion and formal sickness meetings as requested by their manager. There is no notice requirement of attendance at return to work meetings or informal discussions, and if appropriate can be a combined meeting.

A minimum of seven calendar days' notice in writing will be given for attendance at formal meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance.

Following this, if the employee fails to attend the rearranged meeting without good reason, the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

The unavailability of an employee's preferred representative should not delay sickness meetings taking place, as long as a suitable alternative representative is available.

3.2.2 Right to be accompanied

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/ supervisor of the preferred same gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings, however, if requests to be accompanied by an official of a recognised Trade Union or Employees Organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

3.3 Purpose of meetings

The meetings, both informal and formal, are an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

The manager should consider the following during the meetings:

- frequency and pattern of sickness absence review prompts
- the nature and cause of the sickness absence
- the attendance record of the employee
- the content and outcome of the informal discussion and previous formal sickness meetings
- what opportunity has been given to improve health and wellbeing and attendance at work
- Reasonable / Tailored Adjustments that have been considered and / or introduced
- referral to Occupational Health
- all medical advice available
- whether there is a diagnosis of an underlying medical condition
- the likelihood of improvement in the foreseeable future
- redeployment which could prevent further absence as a short term measure
- impact on service continuity and delivery including sickness targets.

3.4 Setting levels of improvement – Review Period

It is important that the employee understands the level of improvement required and this must be explained at the meeting. The definition of the review period is 12 months running forward from the last date of the most recent episode of sickness that occurred before the sickness review meeting. It is the time period within which a further review prompt is met (which can be established by looking at the rolling period) may lead to escalation through the stages of the policy.

The review period may be paused if an employee is absent from work for a period in excess of 28 days, to cover the period where sickness absence cannot be monitored. The review prompts set out in Section 2.1 are used to measure improvement.

Thus, where no review prompt is met during the review period this will be regarded as an appropriate level of improvement. However, where a review prompt is met this will be regarded as an unacceptable level of improvement and a further meeting may be held.

The manager should arrange for review meetings to be undertaken every three months at each of the stages.

3.5 Overtime / Bank Working

Where the manager feels that continuing to work overtime or bank working, in addition to their contractual hours, may be contributing to an employee's sickness absence, managers can restrict employees from undertaking additional work / shifts following sickness.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness. Should this be included in the how to long term sickness.

3.6 Informal Discussion

This meeting will be between an appropriate manager and the employee only and as it is informal there is no requirement for a member of Workforce to be involved.

If there are no further review prompts met within the 12-month review period, then there will be no escalation, a meeting will take place, acknowledging the improvement and the employee will no longer be reviewed under the procedure.

If they meet a further review prompt within the review period the manager will apply *discretion on whether to move to the next stage. This discussion should be documented and shared with the employee. It may also be helpful to give the employee a copy of Appendix 1 for clarification.

3.7 Formal Sickness Meetings

If the employee's absence has met a review prompt, the manager will consider *discretion and make a decision whether to hold a First Formal Sickness meeting, it will be appropriate for the employee to be informed that they are now on the First Formal Stage of the procedure and a 12-month review period will be set. The employee must be informed that if a further review prompt is met during this review period, the manager will consider *discretion and make a decision regarding whether they should be asked to attend a Second Formal Meeting.

Where the manager decides not to place the employee on the next stage of the procedure the employee will be reminded of their personal responsibility to maintain attendance at work; their individual sickness record and sickness review prompts. The manager must also record on the personal file the rationale for applying discretion and their decision not to move through the procedure.

At the formal meetings, a member of Workforce may be in attendance, if required, however, must be in attendance at the Third / Final Formal Meeting. The information given at each of the meetings must be confirmed in writing to the employee and retained on the personal file.

Where one or more of the review prompts are met whilst on the Second Formal Stage, the manager will apply *discretion and make a decision whether to hold a Third / Final Formal Sickness meeting.

3.8 Third / Final Formal Sickness Meeting

If a further review prompt is met then it may be appropriate for the case to be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record of the employee
- the appropriateness and fairness of the previous stages applied
- any other meetings / counselling sessions undertaken
- the medical advice (where available) and whether any underlying condition has been identified
- what opportunity has been given to improve health and wellbeing and attendance at work
- the likelihood of improvement in the foreseeable future
- the needs of the service and difficulties caused by the absence
- any alternative action considered / offered including reasonable adjustments / tailored adjustments, permanent or temporary reduction in hours, redesign or modification of duties, redeployment or ill health retirement.

An appropriate member of Workforce must be in attendance at the Third / Final Formal Meeting.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the process and if the employee has reached this stage of the procedure it is only after a full and thorough review of all these matters has been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead ultimately to dismissal.

Employees must be advised of their right to appeal.

A decision to terminate employment must not be made without medical advice from Occupational Health or other specialist, unless the lack of such advice is caused by failure to attend Occupational Health appointments or other specialist medical appointments.

The employee should, in these circumstances, be advised that failure to attend may result in limited information being available to the manager, which may influence the decision made to the detriment of the employee.

Where, following full consideration of the circumstances, the manager decides that termination is not appropriate, the manager may decide to put in place a further 12-month review period, dated from the last day of the last episode that prompted the meeting.

4. Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based.

The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

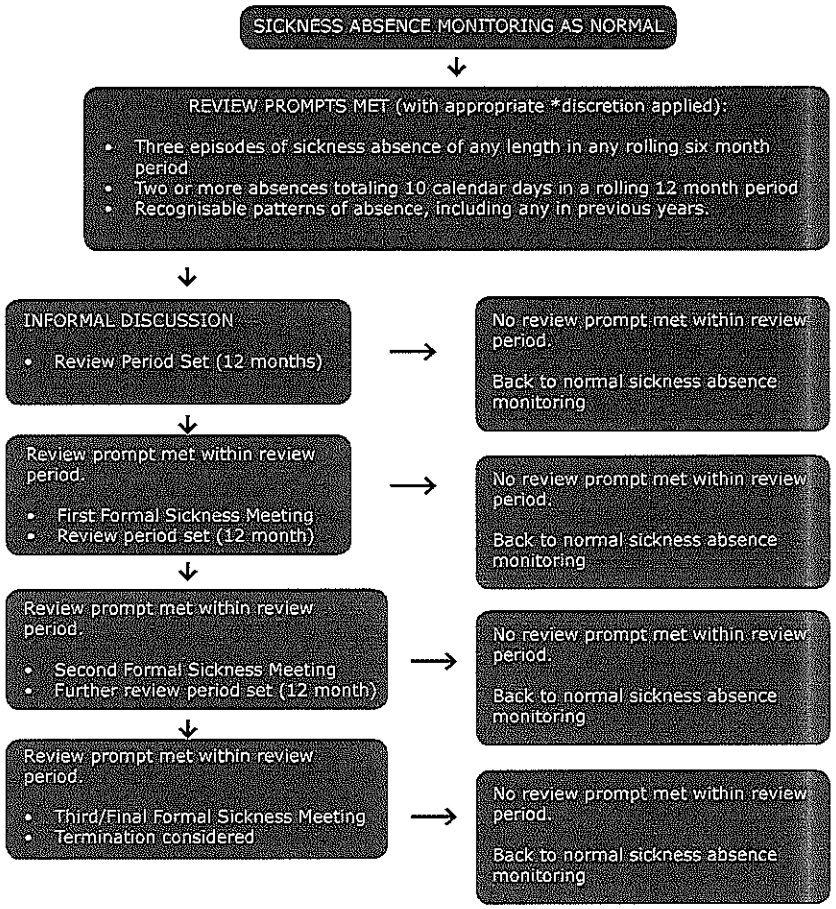
The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter
- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal
- if present, give the manager who made the decision to dismiss, the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary
- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within 7 calendar days. This exhausts all procedures within the organisation.

Appendix 1

FREQUENT SHORT TERM SICKNESS ABSENCE FLOWCHART



The review period is 12 months from the last day of the period of sickness that prompted the meeting.

A rolling period means that when an episode of sickness occurs the manager must look back from the first day of the absence for a period of 12 months to establish if the employee has met a review prompt.

04

How to Procedure Managing Long Term Sickness Absence

4 How to Procedure Managing Long Term Sickness Absence

How to Procedure Managing Long Term Sickness Absence

The key purpose of this how to procedure is to support employee's attendance at work and ensure any health conditions are effectively managed. The manager should look at options and practical ways to support absent employees to return to work, giving due consideration to both the wellbeing of the employee and the provision of service.

Employees absent due to long term sickness, will need help and support during their recovery and their return to work. An understanding and sensitive approach should be taken by the manager in all cases.

Help and advice regarding the procedure is available from Workforce, recognised Trade Unions and Employee Organisations.

Managers should at the earliest opportunity proactively and positively manage long term sickness, with the primary aim of supporting the employee and facilitating a return to work as soon as possible.

*The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the meployee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work / informal / formal stage meetings.

Throughout this process consideration needs to be given to any reasonable / tailored adjustments that may facilitate the employee returning to work. Before any management intervention, the manager must consider whether the employee's attendance record is directly attributable to a disability. Further information is available in the How to Procedure Reasonable / Tailored Adjustments.

1. Communication and Maintaining Contact

Regular contact allows the manager to keep track of the employee's recovery and progress and will also provide an important connection for the employee back to the world of work.

The aim of regular contact is to support the employee whilst they are absent and to facilitate the employee's return to work. Regular contact will also allow the manager to manage the employee's workload in their absence.

Managers should keep in touch and agree with the employee when and how frequent telephone or face-to-face catch ups should be and in what format. Arrangements for such contact should be agreed when the sickness is first reported and kept under review.

Weekly contact is usual within the first 28 calendar days, thereafter this frequency may change, i.e. when a Fit Note is extended or when interventions have taken place that could lead to improvement or a return to work.

It is expected that this contact will be two-way and that the employee will keep in touch to ensure that the manager is regularly updated on their condition / progress.

It is recognised that, for some employees, returning to work after a prolonged period of absence can be difficult. It is expected that managers will proactively and positively manage long term sickness so as to be able to offer appropriate help and support.

It is important that the manager maintains a written record of the date and content any communications.

There may be circumstances where it may be detrimental and difficult for the manager to attempt to contact the employee. In such cases advice should be sought from the Workforce and/or Occupational Health.

2. Long Term Sickness Meetings

During the employee's long term sickness absence, it will be necessary to arrange long term sickness meetings. Where appropriate, the meeting should ideally be held no later than the 28th day of absence.

This meeting is an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

Timescales for holding each long term sickness meeting will depend on individual circumstances and some sickness absence issues may be dealt with over a longer or shorter period than others.

Prior to holding, the employee should be written to, giving seven calendar days' notice, and invited to attend a long term sickness meeting to discuss their ongoing sickness absence.

In this letter, they should be notified of their entitlement to accompaniment. A Workforce representative may attend this meeting.

The employee should also be advised that their continued absence may lead ultimately to dismissal.

Permanent redeployment and ill health retirement options should formally be explored and agreed at a long term sickness meeting, if a return to their role or previous full duties is not possible.

Termination of employment may only be considered and agreed at a third / final formal meeting.

The main points discussed at the long term sickness meeting, including any further action to be taken, must be noted.

The manager should confirm to the employee in writing the outcome and main points of the long term sickness meetings.

2.1 Employee attendance

Employees must attend long term sickness meetings as requested by their manager.

A minimum of seven calendar days' notice in writing will be given for attendance at long term sickness meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance. Following this, if the employee fails to attend the rearranged meeting without good reason the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

2.2 Right to be accompanied

Employees requested to attend a long term sickness meeting will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/ supervisor of a preferred gender to carry out meetings under the procedure and this will be respected wherever it is practicable.

2.3 Meeting content

The discussion may cover the following issues (as appropriate to the particular case):

- any relevant work updates that have occurred in the employee's absence
- the nature and cause of the employee's sickness absence
- progress towards their recovery
- the prospect of a return to work in the foreseeable future
- the outcome of any previous sickness meetings during this period of absence
- any updated medical advice provided to the employee (or need for further advice)
- whether there is a diagnosis of an underlying medical condition
- the expiry of the employee's current / last Fit Note
- referral to Occupational Health.
- any phased return, reasonable / tailored adjustments and or redeployment, that have been considered and / or could be introduced that may facilitate a return to work, including any barriers to these
- if there is a need for any other support or assistance
- consideration to Premature Retirement on Ill Health Grounds (Occupational Health or Workforce advice required)
- annual leave
- impact on service continuity and delivery including sickness targets
- the frequency and arrangements for regular contact (including any concerns)
- agree future long term sickness meetings
- the employee should also be advised that their continued absence may lead ultimately to dismissal
- the employee must be made aware that the manager's decision to terminate employment is not linked to or subject to ill health retirement.

The ending of employment will not be delayed in order for a pension application to be made and processed.

3. Occupational Health

The absent employee may benefit from a referral to Occupational Health for an assessment of the effects of the illness or condition, the likely duration of the absence and whether or not there are any steps that the manager could take to facilitate the employee's return to work.

An employee does not need to be referred to Occupational Health before they can return to work. However, for more complex cases, you may wish to obtain advice to discuss the need for a phased return to work, varied duties / hours, redeployment or any other reasonable / tailored adjustments.

An Occupational Health referral must be obtained, before considering termination of employment (unless the employee has refused or failed to attend the Occupational Health appointment). Workforce can support management with advice on this.

Arrangements for implementing a referral to Occupational Health are covered in the How to Procedure Occupational Health.

4. Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager / team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work.

The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness.

5. Termination of Employment

Termination of Employment will only be considered when all options have been explored:

- a return to work in any capacity is unlikely in light of the medical evidence
- a return to work is not forth-coming despite medical advice that a return is possible
- redeployment
- there are no reasonable / tailored adjustments that would facilitate a return to work
- there is no prospect of suitable alternative work becoming available.

The case will be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance, it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record
- all communication and contact with and by the employee during their absence
- the content and outcome of any formal or informal meetings
- medical opinion (unless this is not available due to the lack of co-operation of the employee)
- the likelihood of returning to work (with or without reasonable adjustments)
- reasonable / tailored adjustments to the original post
- redeployment to an alternative post
- redesign or modification of duties (where possible)
- if the employee is permanently incapable of a return to this post, Premature Retirement on Ill Health Grounds
- any other relevant issues raised by the employee and/or their representative
- the needs of the service and for the work to be done.

Where termination of employment is being considered at a third / final meeting an appropriate member of Workforce must be in attendance.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the procedure and if the employee has reached this stage, it is only after a full and thorough review of all these matters have been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead to termination of employment.

A decision to terminate employment will not be taken without up to date medical advice (within previous three months), unless the lack of such advice is caused by failure to attend appointments or failure on the part of the employee to allow access to relevant medical reports. The employee should, in these circumstances, have been advised that failure to attend or allow access to their medical records may be to their detriment, and result in less information being made available to the manager to make their decision.

Where following full consideration of the circumstances, the manager decides that termination of employment is not appropriate, the manager may decide to put in place a further 12-month review period.

A decision to terminate employment will be confirmed in writing and shall be on the grounds of capability. This shall be the responsibility of the manager with the authority to terminate the employment of the employee concerned.

Any decision to terminate employment should not be based on sick pay entitlement and may occur prior to expiry of such pay in appropriate circumstances. Equally, where sick pay entitlement has expired, this will not automatically lead to termination of employment, as this will depend on the circumstances of the particular case.

Notice of termination of employment shall be given in accordance with statutory / contractual provisions, paid notice or payment in lieu of notice, whichever is the more appropriate.

If termination of employee is on the grounds of ill health, they must receive payment for accrued but untaken annual leave for the current leave year plus any previously accrued but untaken statutory annual leave.

5.1 Authority to dismiss

The decision to terminate will be made by the manager with the authority to terminate the employee's employment, in accordance with the organisations scheme of delegation.

5.2 Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based. The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter
- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal
- if present, give the manager who made the decision to dismiss the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary
- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within seven calendar days. This exhausts all procedures within the organisation.

Appendix A

Equality Act 2010

The Equality Act 2010 came into force on 1st October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give individuals greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act changes and extends certain concepts and definitions and recognises 6 forms of discrimination: direct; indirect; discrimination by perception; discrimination by association; harassment and victimisation.

The Equality Act 2010 Statutory Code of Practice on Employment provides a detailed explanation of the provisions of the Act relating to discrimination in employment and work-related activities. The Code may be downloaded from the Equality and Human Rights Commission's website

The following sections are taken from the Statutory Code of Practice on Employment (Chapters 2 and 6) and provide information on the protected characteristic of Disability and the legal duty to make reasonable adjustments.

Disability

Only a person who meets the Act's definition of disability has the protected characteristic of disability. In most circumstances, a person will have the protected characteristic of disability if they have had a disability in the past, even if they no longer have the disability.

The Act says that a person has a disability:

'if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.

Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Long-term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. Substantial means more than minor or trivial.

Where a person is taking measures to treat or correct an impairment (other than by using spectacles or contact lenses) and, but for those measures, the impairment would be likely to have a substantial adverse effect on the ability to carry out normal day to day activities, it is still to be treated as though it does have such an effect.

This means that 'hidden' impairments (for example, mental illness or mental health conditions, diabetes and epilepsy) may count as disabilities where they meet the definition of the Act.

Cancer, HIV infection and multiple sclerosis are deemed disabilities under the Act from the point of diagnosis. In some circumstances, people who have a sight impairment are automatically treated under the Act as being disabled.

Progressive conditions and those with fluctuating or recurring effects will amount to disabilities in certain circumstances.

For more on the concept of disability, see Appendix 1 of the Statutory Code of Practice on Employment. Guidance on matters to be taken into account in determining questions relating to the definition of disability is also available from the Office for Disability Issues

05

How to Procedure Occupational Health

How To Procedure Occupational Health

The best source of support an employee can get is from a manager who knows and cares about their individual needs and who is aware of the range of resources that are available to maintain health and wellbeing.

Occupational Health is one such resource, that when used appropriately, can provide expert advice to both managers and employees.

1.0 Referrals to Occupational Health

1.1 In order to provide support to employees and to ensure that managers can seek the necessary advice, managers can at any time request that an employee attends Occupational Health. Management referrals should always be discussed with the employee before the referral so the employee is fully aware of the reasons for the referral and the importance of attending. A copy of the completed referral form should be given to the employee by the manager making the referral.

1.2 In very rare circumstances the employee may not consent to the referral to Occupational Health. In this case, the manager should politely and clearly set out to the employee why a referral is required and give the employee an opportunity to discuss the referral with them. If the employee refuses to discuss the referral and continues to withhold their consent, or continues to withhold their consent after the discussion, then the manager can still make the referral without the employees consent.

If a referral is made without the employee consent the rationale for this must be set out on the referral form

1.3 An employee can self-refer to Occupational Health at any time.
A discussion will be held with the employee at the time of the consultation as to whether it is felt appropriate for a report to be sent to their manager and whether they give their consent for this or unless legal or professional / regulatory requirements override this.

2. When to refer

2.1 There is no set time when to refer to Occupational Health. The optimum time to refer will depend on the manager "knowing their employee" and their individual circumstances. A manager does not have to wait until the employee goes off sick before making a referral to Occupational Health for advice and not every episode of sickness will require a referral. It is, however, essential that when termination of employment is being considered on health grounds, up to date Occupational Health advice has been obtained.

2.2 A referral may also be considered in the following circumstances:

- where there are concerns that the work being undertaken may be impacting on a health condition (even where the employee is not absent)
  NB. this includes scenarios such as musculoskeletal issues / skin problems within a clinical role, symptoms of stress being demonstrated but as yet no sickness absence has occurred
- where there are general concerns regarding attendance

- after an employee has been, or is likely to be, absent for 28 calendar days where there is no clear return to work date
- where sensitive cases exist that are likely to be off long term, early referral should still be considered to access appropriate support and advice e.g. employees with cancer / long term condition
- if absence is due to stress and / or musculoskeletal / violence and aggression issues, an automatic referral to Occupational Health may not be required if the employee is able to access Wellbeing and / or Physiotherapy interventions and the manager is able to support the employee in the workplace. The manager may still make a referral to Occupational Health if advice on how to support the employee in the workplace is required
- referrals to Occupational Health in cases of short term absence are not routinely required, however, should be considered when guidance is required as to whether there is an underlying health condition impacting on frequent short term sickness absence
- where advice is required on reasonable / tailored adjustments not already in place, that can be implemented to reduce / remove the risk of aggravating an underlying health condition
- if health issues are impacting performance
- if there are concerns following medical suspension, injury, violence and aggression and ability to undertake elements of role
- in line with the Equality Act 2010
- routine, planned operations do not require an assessment unless there are complications or concerns about the employee's ability to return to work.

3.0 Referral process

3.1 Each NHS Wales Occupational Health Service will have its own referral pathway with unique forms and processes. Managers should ensure that they are aware of the Occupational Health referral process within their organisation.

3.2 Please be aware that employees have a legal right to request to see all documentation in their personal Occupational Health file including managerial referral forms.

3.3 When completing the referral form it is vital that the following is included:

- full name and date of birth
- correct telephone number for the employee
- information about the job and job tasks that are required to be undertaken
- factual background information regarding the situation. The Occupational Health professional assesses a case by taking into account the information from the manager, the information from the employee and the medical elements of the case. Information provided by the manager will ensure that the Occupational Health professional has sufficient information to undertake a full balanced assessment and to provide an effective report
- ask relevant questions, the referral report will address these to help the manager in managing the case.

3.4 This information is necessary to ensure time spent with Occupational Health is maximised, and that the assessment provided during the appointment can be used effectively by both the employee and the department.

3.5 Once an appropriately completed referral has been received by Occupational Health, it will be triaged by Occupational Health and an appointment will be arranged with the most appropriate professional / method.

3.6 The assessment will take place and a report will be generated responding to the questions raised in the referral. The Occupational Health professional will decide if further information is required from the employee's doctor, hospital specialist or other health professional to provide further guidance. In these cases the report may be delayed, but Occupational Health will always inform the manager if this applies.

3.7 The Occupational Health professional will confirm with the employee their consent, at the time of the assessment for the release of the report to the line manager. Under the General Medical Council (GMC) guidance, the employee has a right to view the report before it is sent to the manager. In these cases the report may be delayed, however, Occupational Health will always inform the manager if this applies.

3.8 The employee can request factual changes but the Occupational Health opinion will not be changed. If consent is not provided, Occupational Health will write to the manager explaining that consent has not been provided.

3.9 If the employee does not wish to see the report prior to its release to the manager, then they will receive a copy at the same time.

3.10 In some circumstances, the Occupational Health professional may arrange to review the employee. The manager may be requested to provide a written update on the situation in order to ensure that the Occupational Health professional has up to date information during this consultation.

4.0 Failure to attend Occupational Health

4.1 If the employee is unable to attend their allocated appointment they must notify the Occupational Health immediately so that another appointment can be arranged and the original appointment allocated to another employee.

4.2 Failure to attend without prior notice will be classified as a Did Not Attend (DNA) and the manager will be notified. According to NHS data each DNA can incur significant costs to the organisation. Therefore, it is essential that Occupational Health resources are utilised appropriately and the manager highlights the importance of attending the Occupational Health appointment when the referral is being made.

4.3 Failure to attend two consecutive appointments without notification will result in the referral process being stopped and the manager will be advised to seek Workforce advice and to manage the case without Occupational Health advice.

4.4 Failure to attend may result in limited information being available to the manager which may influence decisions and management of the absence to the detriment of the employee.

06

How to Procedure Return to Work

How to Procedure Return to Work

The return to work meeting is the single most important element in the management of sickness absence and it is important that it is undertaken consistently and appropriately after every period of absence. It is important that the return to work meeting is conducted on the first day of return or if that is not possible, as early as possible after their return. The form needs to be completed in full and dated. The return to work meeting is an excellent opportunity to review the employees' health and wellbeing and attendance record, offer any appropriate support and establish a plan to maximise future attendance.

The return to work meeting should be in the form of a supportive meeting and should not form part of any formal procedures. It should be carried out in a sensitive and considerate manner where the primary focus is ensuring that the employee is fit and well to carry out their duties required.

Return to work meetings should:

- be conducted in private, with sensitivity, and any issues should be explored in a caring and concerned manner
- be approached with an open mind, and give the employee the opportunity to discuss reason behind their absence
- not be judgmental and assumptions about the absence should not be made
- an opportunity for signposting to relevant support services
- consider whether any review prompt discussion is required

1. Notification of fitness for work

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. This is important and will ensure that both their sickness records and their remaining entitlement to sick pay provision are accurate. To ensure overall sickness rates are accurate managers must also ensure that employees are recorded as fit for work on the first day the employee reports as being fit for work, even if the employee is not due to work that day i.e. weekends or non-rostered day.

2. Preparing for the return to work meeting

The manager must ensure they have all the relevant facts and information in advance of the meeting. This may include:

- E-Roster / ESR record
- absence calendar / monitoring record
- the Managing Attendance at Work Policy review prompts
- The appropriate 'How to Procedure' to support the employees return to work
- medical advice
- previous absence related paperwork including reasonable / tailored adjustments agreements

3. When to hold the return to work meeting

The return to work meeting with the employee should take place on the first day back or as soon as possible following return. If this presents practical difficulties, it may be appropriate to conduct the meeting over the phone or for the manager to arrange to delegate the meeting to a nominated deputy. Regardless of the method, the return to work meeting should be completed no later than one week following return.

4. At the return to work meeting

4.1 Welcome

At the outset of the meeting, the manager should welcome the employee back to work and explain that it is routine to hold such a meeting and that it is in line with the Managing Attendance at Work Policy.

4.2 Discuss the Absence:

- ansure the employee is fit to work
- discuss the reasons for the absence and any relevant issues arising from it e.g. identifying any contributing factors (underlying health conditions / work related issues / domestic/ personal matters / pregnancy / menopause / breastfeeding etc.) and offering help, advice and/or signposting to relevant resources / services where appropriate
- assess the need for any reasonable / tailored adjustments to support their return to work
- consider whether the attendance record is directly attributable to a disability. Further information is available from the How To Procedure Reasonble / Tailored Adjustments.
- make the employee aware of their attendance record and whether the absence will necessitate a review prompt meeting, explaining the consequences and next steps in the process in line with the Managing Attendance at Work Policy
- consider if any further support is required, including Occupational Health, Employee Well Being Services, Our Wellbeing Matters / Manager Wellbeing Matters, Physiotherapy (where available).
- ensuring that they are proactively managing their health and wellbeing.

4.3 Documentation

The meeting should be documented on a Return to Work Form, along with a self-certification. If the episode of sickness results in a requirement for a review prompt meeting, the manager must apply *discretion regarding whether to instigate an informal / formal meeting as appropriate. The rationale with regards to escalation should be clearly documented. The form should be agreed with the employee and signed off by both parties as a fair record of what has been discussed. The form should be kept for future reference in the employees' personal file and a copy should be shared with them.

Enter the link to your organisations return to work form below:

http://www.wales.nhs.uk/sitesplus/862/opendoc/2183

Please copy and paste this link into your web browser to access your form.

4.4 Other policies

There may be occasions when consideration should be given to other Health Board / Trust policies and additional support offered to the employee. For example:-

- All Wales Dignity At Work Policy
- All Wales Special Leave Policy
- Alcohol and Drug/Substance Misuse Policy
- Flexible Working Policy

5. Returning from a long term sickness absence

Where an employee is returning from long term sickness absence any support needs or workplace adjustments are likely to have been identified and should have been addressed prior to this meeting. However, the manager will have the opportunity to welcome the employee back, give any relevant workplace updates and confirm any arrangements or modified work schedules. It is also an opportunity to facilitate their return back into the workplace.

07

How to Procedure Phased Return and Temporary Redeployment

How to Procedure Phased Return and Temporary Redeployment

A phased return to work is now one of the standard options on a Fit Note. GPs and Medical Advisors often recommend that managers implement a phased return to support an employee's return to work. A phased return to work is an effective means of assisting employees who have been on long term sickness (more than 28 calendar days), back to work. It is based on the principle that the employee is well enough to carry out some aspects of their work, and is likely, given time, to recover sufficiently to continue in their substantive role - with or without reasonable / tailored adjustments (further information is available from the How to Procedure Reasonable / Tailored Adjustments. A phased return to work will not be suitable in every situation and would not normally be recommended after short term illness.

What is a Phased Return?

A phased return is a period of time following long term sickness absence where an employee works fewer than their full contracted hours and / or undertakes partial duties, in order to have a moderate reintroduction to work.

Arrangements for a phased return to work will, by definition, involve a change from the employee's normal work hours and / or restricted duties. A phased return can alter working hours in several ways. For example, a reduced number of days / shifts per week; shortening of the working day, including working only mornings or afternoons or by working shorter hours outside peak commuting time; by altering working hours to ensure that support / supervision is available throughout the shift.

Consideration should be given to whether work could feasibly be undertaken in a different location, for example at the employee's home or another NHS office closer to home by agreement. Further consideration should be given to whether the duties to be undertaken could be adjusted to reduce physical and / or mental effort during the period of phased return. The employee's health condition will determine what type of phased return to work plan could help achieve a successful return to work.

Length of a Phased Return

The length of a phased return should be agreed in discussion with the employee. Managers are advised to consider all relevant factors, including medical advice (where available), on a case by case basis (see "Discussing a Phased Return"). The average length of a phased return is four weeks but can be shortened or lengthened as required. A phased return would be expected to last a minimum of two weeks and a maximum of six weeks.

Hours worked during a phased return

This should be agreed between the employee and their manager. However, it is anticipated that the employee will work at least 30% of their contracted hours during the first week, increasing to 100% over the agreed period of the phased return. Annual leave and Bank Holidays which fall during the period of phased return should not be counted as part of the period.

When should a phased return be considered?

A phased return will usually be recommended in a Fit Note from the employee's GP, or in the medical opinion from Occupational Health. In addition to ticking the "phased return to work" option, GPs are required to advise on any restrictions / limitations. Where a medical opinion has been provided, consideration should be given to all additional guidance provided. Whilst phased returns will usually occur in the above way, managers are advised not to unreasonably refuse a reasonable request for a phased return from the employee or their representative. Alternatively, managers may consider that a phased return is appropriate in the circumstances. The absence of medical opinion should not prevent a reasonable phased return to work plan being agreed.

NB. Employees should not be referred to Occupational Health solely for advice regarding a phased return, particularly if this will delay the employee from returning to work.

Discussing a phased return

Where an employee advises that they are considering returning from long term sickness absence, a face to face discussion would usually take place as part of a long term sickness meeting. At these meetings, employees may arrange to be accompanied by a Trade Union official or colleague. It may become necessary for a separate meeting to be arranged, to finalise the arrangements of the return to work plan.

As a guide the phased return to work meeting should consider the following points, along with any suggestions from the employee:

- when the phased return to work will commence
- the hours the employee will work during the phased return
- tailored adjustments that may be required during the phased return, further information is available in the How to Procedure Reasonable / Tailored Adjustments
- any further reasonable adjustments that might need to be made (for instance, a special chair or computer equipment to help counter the effects of any disability) and whether Access To Work might be able to assist, further information is available in the How to Procedure Reasonable / Tailored Adjustments
- at what location the employee will start the phased return (for example, at home or in the office)
- whether temporary redeployment needs to be considered and if so, whether it can be accommodated
- how long the phased return to work is expected to last
- what arrangements will be put in place to monitor the employee's progress and any difficulties encountered
- to whom the employee should report if they have any difficulties with the arrangements.

The manager should keep an open mind about what may be possible when discussing a phased return to work with the employee. It is important to consider suggestions from the employee. Where the employee's suggestions are not practicable, it is good practice for managers to recommend alternative practical proposals, rather than simply responding negatively.

If it is not possible to agree arrangements at the first meeting, due to more information being needed or further consideration of requests, a further meeting should be arranged. A record of the meeting(s) should be kept, along with agreed arrangements for the phased return.

Recording arrangements for a phased return

Phased return to work plans should be recorded on Appendix 1 Phased Return and Therapeutic Return Recording Form. The employee and manager should sign the form to agree the return to work plan. A copy should be retained by the employee as well as placed on the employee's personal file. If the agreement is reached during a long term sickness meeting, a long term sickness outcome letter may replace the form.

Monitoring the phased return

It is important that employee and manager monitor the phased return to ensure it is appropriate and supportive for the employee. In order to evaluate its success, targets should be set at the beginning of the phased return period and monitored at regular review meetings. The frequency of the reviews should be agreed prior to the commencement of the phased return, weekly meetings are advisable. If any problems are encountered the return to work plan may be adjusted accordingly and updated on the form.

Pay during phased return

Employees will be paid at their full contractual pay during an agreed period of phased return, including any contractual enhancements. Where an employee wishes to extend their phased return, beyond that agreed in the return to work plan this may be considered with utilisation of annual leave.

What happens if the phased return does not work?

If, despite all efforts, the phased return is unsuccessful, a further period of absence may be required.

A referral to Occupational Health should be considered with a view to obtaining further guidance on the likelihood of a successful return in future with or without reasonable / tailored adjustments and / or consideration to permanent or temporary redeployment. Further information is available in the How to Procedure Occupational Health.

Temporary Redeployment (up to 3 months)

If the employee is fit to attend work but not to their substantive post, or a phased return is attempted but is not successful, the manager may also consider whether or not there are any other posts that the employee can undertake in the organisation they are employed by or another NHS employer that is within their capabilities, if supported by Occupational Health advice.

In the first instance, temporary redeployment should be looked for within the employee's own organisation, however, in recognition of the varying sizes of NHS employers, geographical constraints, suitability of the redeployment and the nature of absence from work it should also be looked for in other relevant NHS organisations to see if temporary redeployment opportunities exist.

Every NHS employer within Wales should assign a named point of contact in Workforce who will be able to share the current list of vacancies that exist within the organisation. If a post is identified as suitable by Workforce the employee's line manager will be made aware and discussions will take place with the employee. If a suitable post is identified for a temporary period (up to 3 months) payroll will ensure that there is a transfer of salary and this should not be an impediment to a temporary relocation. When the redeployment is to a lower banded post the employee will not suffer a detriment in normal take home pay (in line with the phased return section of this policy).

The redeployment should be regarded as temporary, however, the time scales should be agreed between the employee (taking account of their specific circumstances), the substantive employer and the employer accepting the employee on a temporary basis for up to a period of 3 months. All aspects of the temporary redeployment should be discussed with the employee.

Temporary redeployment to another NHS organisation will be considered in conjunction with local redeployment protocols, not in conjunction with the All Wales Organisational Change Policy.

Steps in process:

1. Confirm if temporary redeployment is an option which the employee can agree to, in line with occupational health advice.
2. Are there suitable temporary redeployment opportunities with the employer (check with named contact in Workforce).
3. If the answer to 2. is no, establish what other NHS employers are suitable from a logistical point of view and obtain a list of opportunities from the named person in Workforce at these organisations.
4. If opportunities exist, the line manager and Workforce will initiate discussions to establish if the temporary redeployment can be agreed by the accepting employer and the employee in question.
5. Payroll will be informed and the necessary financial arrangements made.

Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager/team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work. The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

Appendix 1

PHASED RETURN

Name of Employee:

Date:

Time:

Venue:

IN ATTENDANCE

1:

2:

3:

4:

INTRODUCTION

Advise the employee that the meeting has been convened in accordance with the All Wales Managing Attendance at Work Policy.

NOTES OF DISCUSSION

Briefly review relevant documentation (fit notes/medical reports) and note discussion

Discuss advice regarding phased / therapeutic return

Ensure employee is aware of technical aspects of phased / therapeutic return, e.g. duration, pay

Discuss any adaptations needed to hours of work / work to be undertaken

Discuss whether therapeutic return might be helpful and how that could be accommodated

Agree any factors which need further consideration before phased / therapeutic return can be agreed

AGREEMENT

Outline the agreed phased return, ensuring that factors including timing, duration, hours of work each week, location, work to be undertaken / not undertaken, any agreed adjustments to be put in place, whether any therapeutic return is to take place, timing of regular reviews etc.

Identify any support / reasonable / tailored adjustments which may be required to enable the employee to undertake the phased return as set out above.

Employee and manager to sign below to agree above notes are a true record/and that the phased return has been agreed. Signed copy to be kept on the employee's personnel file and ESR updated.

Employee's signature		**Date**	
Manager's signature		**Date**	

PHASED RETURN REVIEW (use as required)

Review 1

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 2

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 3

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 4

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 5

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 6

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

08

How to Procedure Reasonable / Tailored Adjustments

8 How to Procedure Reasonable / Tailored Adjustments

How to Procedure Reasonable / Tailored Adjustments

Reasonable Adjustments

Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not disadvantaged when doing their jobs. This also apply to job candidates at the onset of the employment cycle.

The Equality Act 2010 defines a disability as an impairment that has a long term and substantial adverse effect on a person's ability to undertake normal day to day activities. Long term means that it must be expected to last for 12 months or more.

People with progressive conditions can be classed as disabled. A progressive condition is one that gets worse over time. You automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, Cancer or Multiple Sclerosis.

Tailored Adjustments

Not all illnesses are disabilities, however, if an employee is asking for support with a health and wellbeing condition, it is best to provide support accordingly, assuming it is proportionate to do so. There are many benefits of this including supporting the employee back into work and to remain in work.

Tailored adjustments are short to medium term changes that can help support the health and wellbeing of the employee. Tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee.

This can be arranged through discussion between a manager and an employee that is having difficulty with a known health and wellbeing condition. Tailored adjustments could include changes to working hours for a short period, changes to duties etc.

Why should managers make work based adjustments?

Beyond legal requirements for disabled employees, evidence has shown that good work is beneficial for health and wellbeing and that work can aid recovery for employees with physical and mental health conditions.

The proactive management of employees' mental and physical health can produce a range of benefits including greater employee engagement and productivity, reduction of sickness absence and reduced employee turnover.

Making small adjustments (reasonable / tailored adjustments) to enable an employee to remain in work during personal difficulties or when experiencing mild-moderate conditions that impact upon health and wellbeing in work.

Tailored adjustments are changes which can be agreed for varying reasons and periods of time based on individual needs that can be agreed through discussion between the manager and employee.

We recognise that managers should have a good understanding, and be familiar with the individual needs of their employees and any associated health and wellbeing conditions or disabilities that may affect their work. To support employees, reasonable / tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee remain in work or reduce the need for sickness absence / aid an earlier return to work after a period of absence. Managers should consider such options when assessing an employee's health and wellbeing in situations where there is a reasonable expectation of improvement or where reasonable / tailored adjustments may prevent a deterioration. This proactive approach should enable an employee to maintain wellness at work and reduce the need for sickness absence.

2.0 Examples of reasonable/ tailored adjustments

In many cases, simple and cost-effective workplace adjustments can make a big difference and enable people with health conditions and disabilities to remain in work and live healthy and productive lives. The adjustment needed could be a change in practice or workload. Some examples of reasonable / tailored adjustments might include:

- allowing additional breaks for an employee with a musculoskeletal difficulty to undertake self-management exercises
- temporarily reduced duties to enable an employee with anxiety to manage their working day effectively
- changing an employee's equipment, for instance providing an adapted keyboard if they have arthritis or providing a specialist chair because of back problems.

The aim of the adjustment is to minimise or reduce the impact of the health condition for the employee and enable them to carry out their job / duties. Contacting Workforce or Occupational Health may be required to discuss any conditions and a referral to Occupational Health should be considered if a specialist opinion is required, further information is available in the How To Procedure Occupational Health.

2.1 General approach

Wherever possible, the organisation will support employees that have a known health and wellbeing condition or disability. This support may be a legal requirement under the Equalities Act 2010, or good practice in supporting employees with mild-moderate health conditions. An employee with a health and wellbeing condition / disability can expect:

- a discussion with their manager
- for the matter to be dealt with confidentially and sensitively
- everything that is relevant to be considered
- all possible options and outcomes to be considered
- implementation of the identified and appropriate options, where they are reasonable and proportionate
- regular reviews.

2.2 Declaration of a Health and Wellbeing Condition / Disability

2.2.1 Where an employee with a health and wellbeing condition / disability reports that they are experiencing health difficulties it is important to respect their right to confidentiality and ensure on-going discussion.

2.2.2 The manager should meet with the employee in order to discuss their condition(s). The manager should seek to put in place any short term reasonable / tailored adjustments to ensure that the employee is not placing themselves at risk.

This may include conducting a risk assessment in order to identify any potential short-term adjustments. Completion of the Reasonable / Tailored Adjustment Agreement should be undertaken at this stage (Appendix 1).

2.2.3 If following the implementation of reasonable / tailored adjustment agreement, or where specific advice is required, the manager may consider making a referral to Occupational Health. The referral should include details of the discussion with the employee and a copy of the tailored adjustment agreement that has been put in place. A copy of the referral to Occupational Health should be discussed with the employee prior to submission. Further information is available from the How To Procedure Occupational Health.

2.2.4 On completion of the Occupational Health referral, the manager will receive a report advising in respect of any further suggested restrictions or adjustments that need to be considered. The manager should then meet with the employee in order to discuss and consider the Occupational Health report to enable a more informed discussion to be undertaken.

2.2.5 The purpose of the discussion is to consider the advice and what further reasonable / tailored adjustments could be put in place to enable the employee to continue undertaking the duties and responsibilities of their role and whether the adjustments are deemed reasonable.

2.2.6 Where there are barriers to progress, all parties have a duty to consider how these may be overcome; support from Workforce, Trade Union representatives, Equality Advisors and Occupational Health may be required. Ultimately it is the decision of the manager to determine whether any proposed reasonable / tailored adjustment can be accommodated.

3.0 Disability / Health and Wellbeing Condition Leave

Disability / Health and Wellbeing Condition leave is reasonable paid time off for a reason related to someone's known health and wellbeing condition and /or disability as part of a programme of care. Disability / Health and wellbeing condition leave is not disability related sickness absence. Effectively, it is a form of special leave and will usually be requested by the employee and approved by the manager in advance. Disability/ Health and wellbeing condition leave should be recorded on ESR. Typical examples of Disability / Health and wellbeing condition leave may include regular hospital and medical appointments / treatments / follow up assessments in respect of a known disability / health and wellbeing condition. Disability leave will typically apply to part, or the whole, of one working day.

4.0 Reasonable / Tailored Adjustment Agreement

4.1 The Reasonable / Tailored Adjustment Agreement is an on-going record of tailored adjustments agreed between an employee with a disability / health and wellbeing condition and their manager. In the case of reasonable adjustments it is anticipated these will continue to apply if the employee changes roles wherever possible.

The purpose of this agreement is to:

- Ensure that the employee and the manager, have an accurate record of what has been agreed.
- Minimise the need to re-negotiate reasonable adjustments every time the employee changes jobs, is re-located or assigned a new manager.
- Provide the employee and their manager with a basis for discussion about tailored adjustments at future meetings.

4.2 This is a live document and should be reviewed regularly by both the employee and manager and updated as appropriate. Specialist advice from third parties, such as Occupational Health and other practitioners may be needed. Managers who need help in deciding whether or not an adjustment is reasonable can contact Workforce for advice.

4.3 New managers of employees with agreed reasonable / tailored adjustments should accept the adjustments outlined in the agreement as reasonable and ensure that they continue to be implemented unless this causes significant operational difficulties, in which case further discussion will be necessary.

4.4 Reasonable / Tailored Adjustment Agreement will need to be reviewed and amended when changes occur. Where employees are moving to new roles / departments, they should make their new manager aware of any agreement in place and be prepared to discuss it.

4.5 The agreement allows the employee to:

- explain the impact of the disability / health and wellbeing condition on them at work
- suggest adjustments that will make it easier to do their job
- explain any change in their circumstances.

4.6 The agreement allows the manager to:

- understand how an employee's disability / health and wellbeing affects them at work
- explain the needs of the Organisation
- review the effectiveness of the adjustments already agreed
- explain any change in the employer's circumstances.

Advice on Reasonable / Tailored Adjustment Agreements are available from Workforce.

NHS Wales Managing Attendance at Work Policy
Reasonable / Tailored Adjustments Agreement

Employee's Name	
Job Title	
Department	
Manager's Name	

Reasonable / Tailored Adjustments

Requests for reasonable adjustments must be considered for staff who have conditions which could potentially be defined as a disability under the Equality Act 2010. Tailored adjustments should be considered to support employees with a health and wellbeing condition which may not be a disability as described above. Wherever possible, agreed adjustments should be implemented at the earliest opportunity to help the employee maintain wellness, remain in work and reduce the need for sickness absence. They may also aid an earlier return to work after a period of absence.

The purpose of this agreement is to:

- help an employee maintain wellness, remain in work, reduce the need for sickness absence and may aid an earlier return to work after a period of absence;
- ensure that both the employee and the employer have an accurate record of what has been agreed;
- minimise the need to renegotiate reasonable / tailored adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation; and
- provide the employee and their manager with the basis for discussions about reasonable / tailored adjustments at future meetings.

This agreement may be reviewed and amended as necessary with the agreement of both parties:

- at any regular one-to-one meeting;
- at a return to work meeting following a period of sickness absence;
- at 6-monthly and / or annual PADR's;
- before a change of job, duties or work location, or the introduction of new technology or ways of working; or
- before or after any change in circumstances for either party.

Employee	
My health and wellbeing condition and / or disability* in the workplace is: *you are not obliged to give details of your disability, impairment or health and wellbeing condition, only how this affects you in your working life.	
My disability and / or health and wellbeing condition has the following impact on me at work:	
I require the following agreed reasonable/ tailored adjustments: • *Detail what adjustments are required:*	Date Manager agreed /implemented:
Where reasonable / tailored adjustments requested cannot be agreed and implemented, the reasons should be recorded below:	
Reasonable/tailored adjustment requested	**Reason if cannot be accommodated**

I will let you know if there are changes to my disability / health and wellbeing condition that have an effect on my work and / or if the agreed reasonable / tailored adjustments are not working. We will then meet confidentially to discuss any further reasonable / tailored adjustments or changes that should be made.

If you notice a change in my performance, behaviour or attendance at work or feel that these reasonable/tailored adjustments are not working, I would be happy to meet you confidentially to discuss what needs to be done.

Employee's signature	
Date	
Employer's signature	
Date	

FREQUENTLY ASKED QUESTIONS

Q What is the reasonableness of a Reasonable Adjustment?

Answer: This is difficult to define and is open to interpretation, managers must ensure they consider a range of aspects to determine whether or not an adjustment is reasonable and proportionate, these could include: the cost of the adjustment and the organisation's resources, the practicality of the adjustment, the efficiency of the adjustment in preventing the disadvantage, the disruption to the organisation and effects on others caused by the adjustment, health and safety considerations, the length of service of an employee, the amount of help and support already provided. This is not an exhaustive list but could be part of the considerations.

Q What is the difference between Tailored Adjustments and Reasonable adjustments?

Answer: Tailored Adjustments are an option Managers can consider and if reasonable implement to support an employee with a known health and wellbeing condition/disability to remain in work during a period of difficulty. Reasonable Adjustments are a legal obligation on an Organisation.

Q. Do employees need to tell their employer that they have a health and wellbeing condition / disability?

Answer: There is no obligation on an employee or a job applicant to disclose their disability to their employer. However, when supporting employees with their absence or a health and wellbeing condition a manager should make reasonable enquiries to find out if an employee has a disability.

A manager could do this through discussion with the employee and if required with support from Occupational Health. Even if an employee isn't classed as having a disability, considering and implementing tailored adjustments will help employees to maintain wellness and remain in work.

Q. Does the reasonable / tailored adjustment agreement apply to employees who do not have a health and wellbeing condition that is considered as a disability?

Answer: The manager can consider and implement appropriate tailored adjustments to employees to help support their health and wellbeing.

Q What does a manager do if they cannot support specific tailored adjustments that have been suggested?

Answer: Where possible these adjustments should be supported and full consideration given to their implementation, however, if it is considered by the manager not to be reasonable, then further discussion with the employee is necessary to consider if there are any alternative adjustments that could be put in place as an option to aid the employee, the decisions why the adjustment cannot be accommodated should be documented and where this is not possible please contact Workforce for further advice.

Q What does a manager do if they cannot support specific reasonable adjustments that have been suggested?

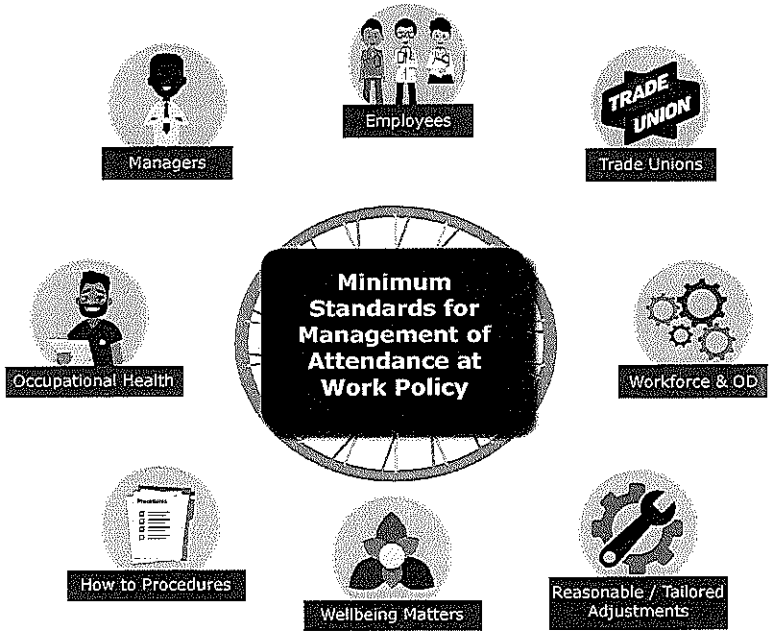
Answer: There is a legal duty to consider requests for reasonable adjustments from employees whose disability/health and wellbeing condition may be covered by the Equality Act 2010. Every attempt should be made to accommodate these adjustments, further advice should be sought from Workforce.

Q What happens if an employee is no longer able to do their current job because of their health and wellbeing condition/ disability?

Answer: If an employee is no longer able to do their job even with all possible reasonable / tailored adjustments in place, please contact Workforce for advice.

09

Minimum Standards



Minimum Standards

of Employees in the Management of Attendance at Work

GIG CYMRU NHS WALES

To be responsible for your own health and wellbeing.

When you are unwell keep in touch regularly with your manager. (Click on the "Keep In Touch" icon to access the How to Procedures Notifications and Certification.)

Seek medical advice and treatment as soon as possible to support your health and wellbeing.

Consider any reasonable / tailored adjustments that may help you remain or return to work. (Click here to access How to Procedure Reasonable / Tailored Adjustments).

Attend occupational health appointments and sickness absence meetings when requested to do so.

We support all our colleagues in doing the jobs they have agreed to do, and to attend work in line with their contract of employment.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Managers in the Management of Attendance at Work

- Actively promote and encourage the health and wellbeing of all employees.
- Keep in touch regularly with the employee who is unwell, keeping accurate records. Ensure fit notes are received and absences are recorded on ESR. (How to Procedure - Notifications and Certification)
- Signpost employees to wellbeing support services. Click here to access "Our Wellbeing Matters".
- Consider and discuss any reasonable / tailored adjustments to support an employee's return to work (How to Procedure Reasonable / Tailored Adjustment).
- Refer to Occupational Health where appropriate and review any advice.
- Maximise the impact on NHS services by supporting employees in doing the jobs they have agreed to do and through the Managing Attendance at Work Policy, using a proactive and preventative approach.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Occupational Health in the Management of Attendance at Work

- Provide confidential support and guidance to employees regarding their health and wellbeing and signpost employees to the full range of services available for support and assistance.
- Provide written advice to managers regarding the impact of the employee's illness on their fitness to work and advise of any reasonable / tailored adjustments that my support them in attending work regularly and / or returning to work after a period of sickness.
- Provide advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.
- Access advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.
- Work with the employee and manager and where relevant the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.
- Provide and support multi-disciplinary Occupational Health/Wellbeing education and training to the wider organisation.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Trade Unions in the Management of Attendance at Work

- Support the employee "member" and organisation in minimising absence of work caused by sickness.
- Ensure trade union representation is available at all levels of the procedure should the member wish to be accompanied and ensure that this is achievable in a timely manner.
- Provide the member with advice on all aspects of the policy and ensure knowledge and understanding of the equality act, specifically in relation to disability and reasonable / tailored adjustments, and how this is applied in practical terms.
- To ensure that the member understands the wider impact of their absence on NHS services.
- To actively encourage the member to participate in intervention in a timely manner, e.g. attendance at occupational health appointments, and engaging with services available and self-help action.
- To actively participate in a multi-disciplinary approach to the delivery of the Health Board/Trust sickness absence training.

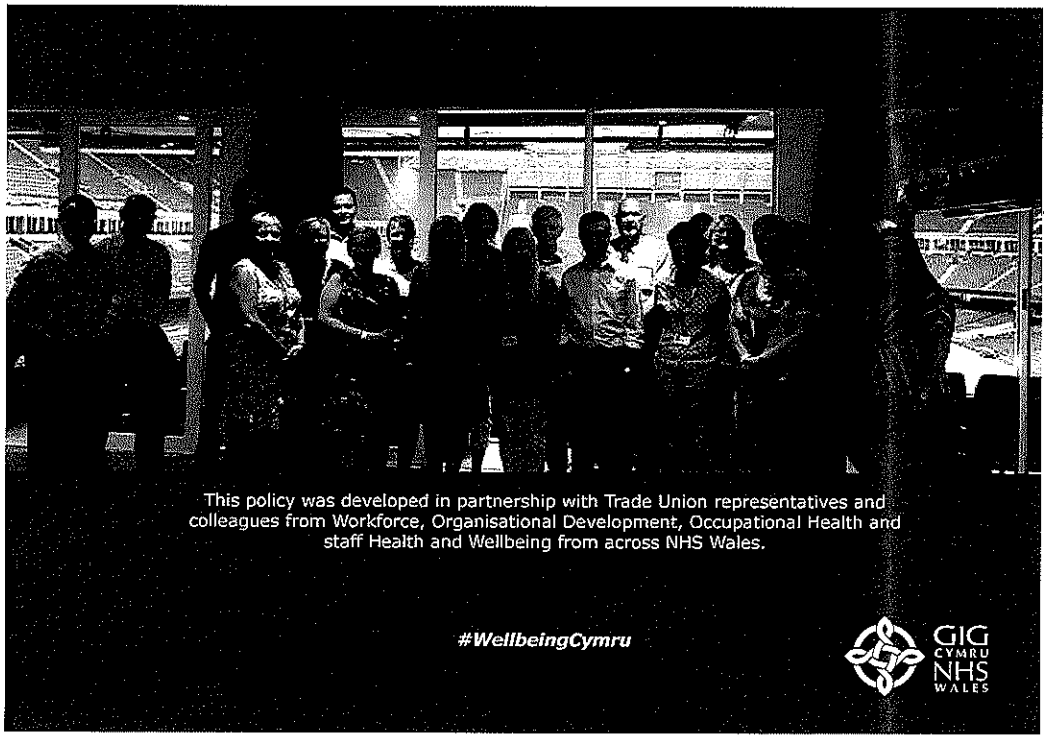
Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Workforce and OD in the Management of Attendance at Work

- To foster good working relationships and high levels of interpersonal trust, supporting managers through coaching and development activities.
- Develop a positive working environment and foster a culture of support for staff.
- Provide specialist advice, training and support on managing sickness absence, e.g. reasonable / tailored adjustments (How to Procedure - Reasonable / Tailored Adjustments.
- Working with managers and trade union representatives to achieve consistent application of the policy and fair and acceptable outcomes.
- Support the management of sickness through the collation of information and provision of data to enhance decision making and workforce planning.
- Undertake periodic audits to monitor the implementation and effectiveness of the policy and procedure and to provide information as necessary.

Minimum Standard for Managing Attendance at Work Policy



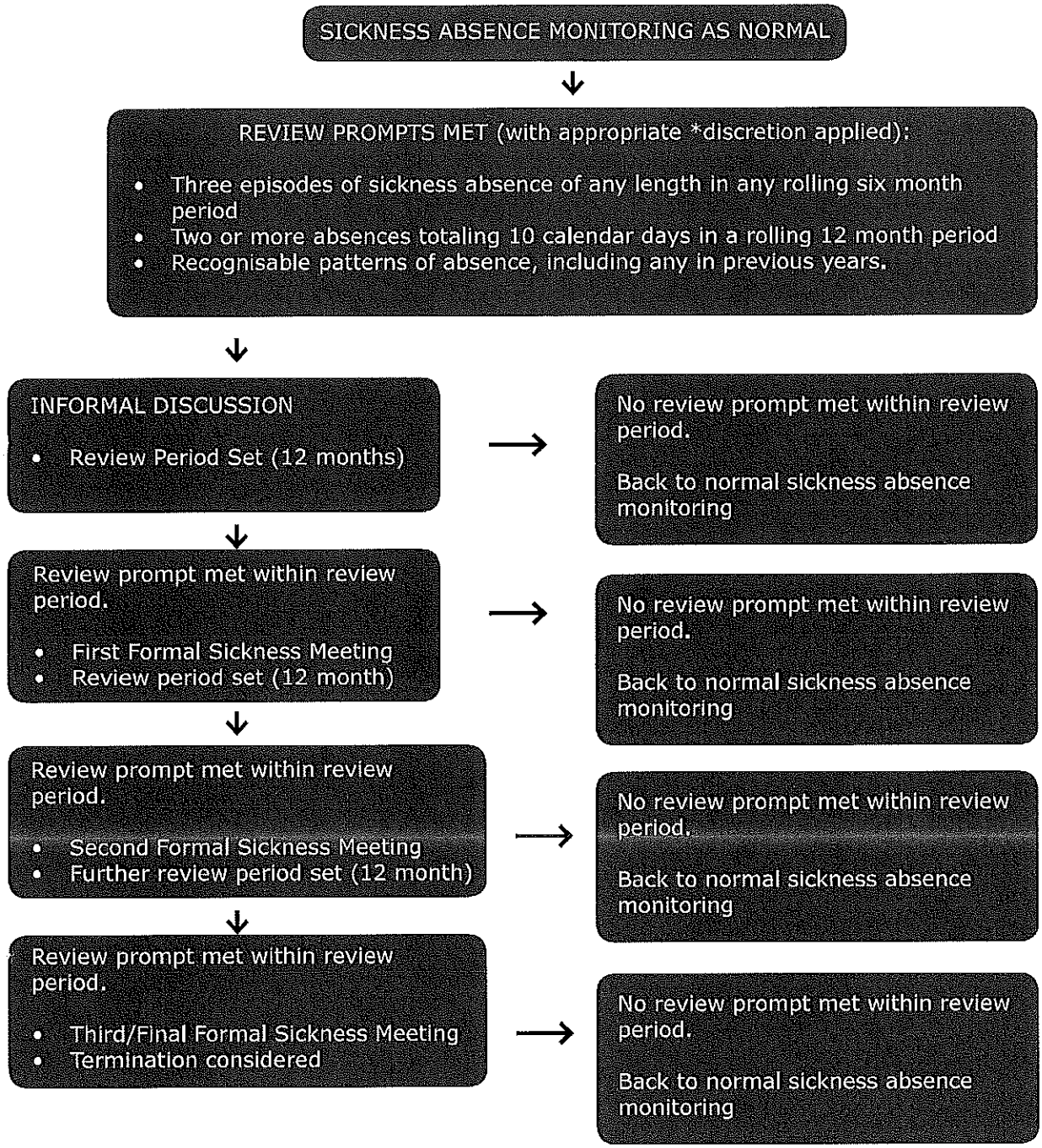
This policy was developed in partnership with Trade Union representatives and colleagues from Workforce, Organisational Development, Occupational Health and staff Health and Wellbeing from across NHS Wales.

#WellbeingCymru

GIG CYMRU NHS WALES

Appendix 1

FREQUENT SHORT TERM SICKNESS ABSENCE FLOWCHART



The review period is 12 months from the last day of the period of sickness that prompted the meeting.

A rolling period means that when an episode of sickness occurs the manager must look back from the first day of the absence for a period of 12 months to establish if the employee has met a review prompt.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

All Wales Disciplinary Policy and Procedure

Policy Number:	201	Supersedes		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
5		Workforce & OD Group	19/05/2017	31/07/2019	March 2020

Brief Summary of Document:	The Policy ensures that fair and effective arrangements exist for dealing with disciplinary issues and to ensure that expected standards of conduct and behaviour are observed. The policy should be regarded as a valuable tool to promote good employee relations and to correct standards of behaviour, and not as a punitive measure against staff.
Scope:	This is the disciplinary policy and procedure to be used for all employees within NHS Wales unless specific alternative contractual arrangements are in place. All staff, students, trainees, volunteers and other employees who work on Hywel Dda University Health Board premises but are not directly employed by the organisation will be subject to the Health Boards standards of conduct and behaviour at work but will be dealt with under the scope of their own employer's Disciplinary Policy
To be read in conjunction with:	

Owning Committee	Welsh Partnership Forum Workforce & OD Committee

Executive Director:	Lisa Gostling	Job Title	Director of Workforce & OD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	
2	Revised	21.7.2011
3	Revised	8.7.2014
4	Revised	Going to W&OD 19.5.2017
4	Page 31/32 – changed NHS organisation to Hywel Dda University Health Board	Uploaded 23.5.17
5	Section 4 includes the sentence 'An employee may respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings' under section 4 of the policy.	

Keywords	Disciplinary

12

"NHS Organisation"

Disciplinary Policy and Procedure

Approved by: Welsh Partnership Forum

Issue Date: March 2017

Review Date: March 2020

CONTENTS

1. Policy Statement
2. Aims and Objectives
3. Scope
4. General Principles
5. Awareness
6. Rights to be Accompanied
7. Informal Discussions
8. Potential Criminal Offences including Fraud, Corruption and Bribery
9. Procedure for Dealing with Alleged Misconduct
10. Formal Investigation
11. Alternatives to Suspension / Temporary Deployment During Period of Investigation
12. Suspension from the Workplace
13. Procedure for reporting to Disclosure and Barring Service (DBS)
14. Procedure for Reporting to Professional Regulatory Bodies
15. Arrangements for the Disciplinary Hearing
16. The Disciplinary Hearing
17. Notification of Disciplinary Action
18. Expiry of Warnings
19. Debrief/Lessons Learnt
20. Employment Monitoring
21. Appeals
22. Authority to Dismiss
23. Equality
24. Policy Review
25. Help and Advice
26. Agreement

Appendix 1 – Disciplinary Rules
Appendix 2 – Equality Act 2010
Appendix 3 – Disciplinary and Appeals Process Flowchart

1. Policy Statement

1.1 The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together

so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

2. Aims and Objectives

The principal aims of this policy are to:

2.1 Improve and protect standards of care by providing an orderly means of correcting inadequate standards of conduct, attendance or behaviour at work.

2.2 Provide a mechanism for dealing with any disciplinary issues that arise in a way that is fair, consistent, without discrimination and as quickly as possible.

2.3 Ensure that managers, employees and their representatives are aware of their rights, responsibilities and obligations within the disciplinary process.

2.4 Maintain the relationship between the employee and their manager.

2.5 Ensure that no disciplinary action against an employee is taken until the case has been appropriately investigated.

2.6 Ensure that all cases of suspected fraud or corruption are reported at the earliest opportunity to the *"NHS Organisation"* Local Counter Fraud Specialist (LCFS) or to the NHS Counter Fraud Service Team (CFS Wales).

2.7 Ensure that where an issue is identified that relates to the protection of vulnerable adults (POVA) or the protection of children (POCA) it will be dealt with in accordance with inter-agency protocols and any relevant external and/or regulatory bodies as appropriate.

3. Scope

3.1. This is the disciplinary policy and procedure to be used for all employees within NHS Wales unless specific alternative contractual arrangements are in place.

3.2. All staff, students, trainees, volunteers and other employees who work on *"NHS Organisation"* premises but are not directly employed by the

organisation will be subject to the *"NHS Organisation"* standards of conduct and behaviour at work but will be dealt with under the scope of their own employer's Disciplinary Policy.

3.3. Where disciplinary action is being contemplated against a Trade Union Official, the appropriate full time officer or senior lay official will be notified, prior to any action being taken.

3.4. The policy does not apply in cases of absence attributed to sickness which will be addressed through the relevant Sickness Policy or in cases of poor performance which can be attributed to capability and which will be addressed through different mechanisms, except where there is evidence of a wilful breach of the relevant procedures.

3.5. In accordance with the principles of clinical governance, disciplinary action would not normally result from reporting incidents, mistakes or near misses, but other procedures may apply. However, issues which may lead to disciplinary action would include criminal or malicious activities (including malicious reporting), acts of gross misconduct or gross negligence, and repeated unreported errors or violations of procedure.

3.6 All disciplinary matters relating to the protection of vulnerable adults (POVA) and the protection of children (POCA) are covered by this policy, but will be dealt with in accordance with inter-agency protocols and any relevant external and/or regulatory bodies as appropriate.

3.7 This policy should be supported by the ACAS Guide to Conducting Workplace Investigations (Oct 15).

4. General Principles

The following principles will be taken into account in the application of this policy:

- The right of all employees subject to this policy to be treated fairly and with dignity and respect.
- The process is based on a series of escalating and linked responses to disciplinary matters. The appropriate levels of response will be determined by the circumstances of the case and the seriousness of the alleged offence(s). It is a fundamental principle that all cases are examined on their merits and no prejudgement is made at any stage of the process. Equally the principle of the policy and the manner in which it is applied must be consistent and show no differential for grade/ band or position.
- No disciplinary action will be taken against an employee until the case has been appropriately investigated.
- Each step of the disciplinary process will be taken as quickly as possible on the part of the *"NHS Organisation"*.
- The timing and location of meetings will be reasonable and accessible.

- All parties will be given the opportunity to explain their position during meetings arranged as part of the investigation process.
- There is a commitment to implementing the policy in a way which promotes the fair and equal treatment of all employees and eliminates discrimination on the grounds of race, disability, gender, gender reassignment, age, sexual orientation, pregnancy and maternity religion and belief, language, human rights, trade union membership and whistleblowing. It is the responsibility of managers and employees to ensure that they implement this policy/procedure in a manner that recognises and respects the diversity of the workforce and the different needs of all employees.
- When a disabled employee is involved in this process, the *"NHS Organisation"* and the employee will work together to identify any reasonable adjustments that may be put in place to ensure the employee is not disadvantaged in any way.
- Other access issues, such as the need for linguistic support will be addressed to ensure that all employees are able to fully participate in the process.
- At every stage in the process the employee will be advised of the nature of the allegations made against them and will be given the opportunity to state their case before any decision is made.
- No employee will be dismissed for a first breach of discipline except in the case of gross misconduct, where the penalty could be dismissal without notice or payment in lieu of notice.
- Disciplinary warnings cannot be issued to an employee outside of this policy and procedure.
- Staff should adhere to strict standards of confidentiality at all times and should not discuss the investigation or its nature with anyone other than the Investigating Officer, their Trade Union representative or the Workforce and OD Department. This applies to all parties including any party that has made a complaint, any party that is the subject of an investigation and any witness.
- An employee may respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings.

5. Awareness

Employees will be made aware of the disciplinary rules and of the expected standards of conduct and behaviour when they join the organisation. They will be made aware of how they may access information on any subsequent changes. Every employee is encouraged to familiarise themselves with the detailed content of the policy and to ensure that they understand their responsibilities under it.

6. Right to be Accompanied

6.1 This policy allows all employees to be accompanied at formal investigation meetings. However, as long as a suitable alternative representative is available, unavailability of a preferred representative or workplace colleague should not delay the investigation meeting taking place.

6.2 All employees have the right to be accompanied by a Trade Union representative or a *NHS Organisation* workplace colleague, at all formal hearing stages of the procedure. However, as long as a suitable alternative representative is available, unavailability of a preferred representative or workplace colleague should not delay the hearing taking place.

Where reference is made in this policy to the employee's "representative", this will refer to the Trade Union representative or work place colleague.

6.3 At an investigation meeting the representative will be allowed to:

- confer with the employee
- request an adjournment
- seek clarification of the questions

The representative does not, however, have the right to:

- answer questions on behalf of the employee,
- address the meeting if the employee does not wish it, or
- prevent the employee from explaining their case.

6.4 At the disciplinary or appeal hearing the representative will be allowed to:

- address the hearing
- put or sum up the employee's case
- respond on behalf of the employee to any views expressed at the meeting
- confer with the employee during the hearing
- question witnesses
- request an adjournment
- seek clarification of the panel

The representative does not, however, have the right to:

- answer questions on behalf of the employee,
- address the hearing if the employee does not wish it, or
- prevent the employee from explaining their case.

7. Informal Discussions

7.1 The immediate manager should deal with minor conduct/standards of behaviour issues on an informal basis as appropriate. This may involve advising the employee as to expected standards of behaviour or conduct.

7.2 This is not part of the disciplinary process, but may be used to improve performance and prevent the need for future disciplinary action. It should be a two-way discussion, undertaken in a constructive manner, clarifying the

standard of future conduct/behaviour expected of the employee, together with the way in which improvement will be monitored.

7.3 The employee should be advised that failure to improve may lead to action being taken under the Disciplinary Policy. A note of the discussion may be placed on an employee's personal file and a copy should be given to the employee for their records. Such a note should only be used as confirmation of the discussion and/or outcome and managers should ensure that such notes are not routinely retained on an employee's personal file. They should be removed following noted improvement which should not be longer than 12 months. Where there is no such improvement, then the note may form part of a discussion regarding the matter being escalated to the formal process.

7.4 Where more serious or continued concerns arise on conduct/standards of behaviour the appropriate manager must consider, having taken advice from (W&OD/HR), whether the Disciplinary Policy should be invoked.

7.5 If, at any stage during the informal discussion process, additional information comes to light and the manager believes it is no longer appropriate to deal with the matter by informal discussion, the meeting must be adjourned and the formal disciplinary process must be instigated.

8. Potential Criminal Offences including Fraud, Corruption and Bribery

8.1 Where there is a reasonable suspicion that fraud or corruption may have occurred, the Local Counter Fraud Specialist (LCFS) or the NHS Counter Fraud Service Team (CFS Wales) must be notified immediately.

8.2 Where the initial assessment indicates that other criminal offences may have been committed, these matters should be discussed with the appropriate senior manager and reported to the Police.

8.3 In such circumstances, the *"NHS Organisation"* shall not be precluded from taking disciplinary action in accordance with this policy so long as it is not prejudicial to any potential criminal investigation.

8.4 The *"NHS Organisation"* is not required to wait until after a criminal trial to proceed with its own investigation, though on occasion it may be prudent to do so. Where a criminal offence has been allegedly committed by an employee inside or outside work, an investigation of the facts and circumstances surrounding the case as it relates to their employment will be conducted, unless a request from the Police or LCFS/CFS Wales has been made that to do so may be detrimental to a criminal investigation. The investigation will seek to establish whether, on the balance of probability, the incident/misconduct occurred. There is a need for close co-operation with the person taking forward the parallel criminal investigation.

8.5 Where an investigation appears to indicate that an incident or misconduct has occurred, the suitability of the employee for continued employment must be considered. Disciplinary action may be appropriate, but will depend on a number of factors. These include:

8.5.1 The relevance of the offence to the job for which the employee is employed, whether or not it impinges upon the contract of employment.

8.5.2 Whether there is the potential of risk to patients, public, and other employees or to the employee themselves.

8.5.3 The risk of serious damage to the reputation of/or public confidence in the organisation.

8.5.4 Whether the alleged offence will be required to be reported to a professional and/or regulatory body.

8.6 Following the outcome of any criminal investigations and prosecutions, and subsequent criminal proceedings, an employee, subsequently found not guilty, has no further right of appeal in respect of any internal disciplinary action. However, in very exceptional circumstances, a former employee may wish to make representation to the NHS Organisation if they have evidence that the outcome of the criminal case has a material impact on the original decision. There is no automatic right to reinstatement but the NHS Organisation will give full consideration to the representation made.

9. Procedure for Dealing with Alleged Misconduct

9.1 Where the manager becomes aware that an incident or misconduct has apparently occurred, the following procedure should be followed. It is expected that the employee will be afforded due courtesy and sensitivity at all stages, and that the procedure will be followed with appropriate promptness.

9.2 Initial Assessment

The purpose of the initial assessment is for the manager to determine, on the information available at that time, what the next appropriate course of action might be. This fact finding assessment will involve discussing the alleged incident/misconduct with the employee as well as obtaining other preliminary pieces of information as necessary. A request for representation will not normally be refused. Following the assessment, the manager may decide that:

- No further action is necessary because there is no evidence to support the allegation that an incident or misconduct occurred.
- Given the minor nature of the misconduct, informal discussion is a more appropriate measure than formal disciplinary action. (Paras 7.1 to 7.5 refer).
- The fast track Disciplinary process may be appropriate because the employee has admitted misconduct or where prima facie evidence exists. Fast tracking can only occur in incidents where it appears that the nature of the misconduct would only warrant a verbal or first written warning as a maximum. A letter will be issued to advise the employee of this decision and outline the allegation.

- A formal investigation will be required, with due consideration given to the need to suspend the employee without prejudice or deploy him/her whilst the investigation is ongoing. A letter will be issued to advise the employee of this decision and outline the allegations (see appendix 3).
- Application of a different policy may be more appropriate, e.g. capability.

9.3 Fast Track Disciplinary Process

9.3.1 The fast track disciplinary process allows for cases to be dealt with in a timely manner, within one month of the initial assessment, unless there are exceptional circumstances. There will not be any need for a formal investigation report although a thorough examination of the known facts will take place. An investigating officer will not, therefore need to be appointed.

9.3.2 Those situations where fast track may be suitable are as follows:-

- Incidents that are regarded as 'Misconduct' which would normally result in either a verbal or first written warning.
- The employee against whom the allegations are made has admitted to them in full.

9.3.3 If the manager feels that the fast track approach is appropriate, they must, in the first instance, discuss this with an (W&OD/HR) advisor. A review of the information will be undertaken in conjunction with the manager, the employee and his/her representative and a decision taken as to whether the fast track process should be adopted. **This must be agreed by all parties in writing.**

9.3.4 If the decision has been made to fast track then the following process should be followed:

- The Disciplining Officer will ensure (if not done already) that there is a written statement from the individual who reported the incident and also from the employee involved, together with any supporting information gathered.
- The Disciplining Officer will write to the employee involved asking them to attend the fast track disciplinary hearing, and will provide a copy of all information gathered plus the date, time and venue of the hearing (this should be sent no less than 7 calendar days before the hearing). The employee will be given the right to be accompanied if they so wish.
- The Disciplining Officer will be supported by a (W&OD/HR) Advisor and professional advisor, where appropriate (The Hearing Panel). The employee and their representative will also be present. No witnesses will be called.

9.4 The procedure for the fast track hearing is as follows:

- Introductions are made.
- The Disciplining Officer outlines the nature of the allegation(s) and advises that it (they) may result in disciplinary action up to and including a written warning.
- The Disciplining Officer confirms with the employee that they admit to the allegations previously stated or confirms the evidence available.
- The employee or their representative will have the right to put forward any comments or statements relating to the incident (including any mitigation).
- The Hearing Panel may wish to question the employee.
- The Hearing Panel will adjourn briefly to give full consideration to the case.
- After reaching a decision the Hearing Panel will reconvene.
- The Disciplining Officer will then communicate their decision to the employee and their representative. The penalty, if any, will not exceed a verbal or first written warning.
- The Disciplining Officer will send a letter confirming the decision of the Hearing to the employee, advising them of their right of appeal. The record of any warning will be kept on the employee's personal file.

9.5 If an issue arises as part of the fast track process, which warrants a full investigation, a full investigation will be instigated.

10. Formal Investigation (see flowchart at appendix 3)

10.1 Where the case is not suitable for a fast track hearing, an Investigating Officer should be appointed to undertake a full investigation.

The Manager must ensure that the Investigating Officer is provided with sufficient support in terms of time, administrative facilities and reallocation of their work responsibilities, and adequately trained to be able to demonstrate the necessary competencies to be able to carry out a careful and thorough investigation in a timely manner.

Regular verbal or written updates on progress will be provided by the Investigating Officer to the manager and the employee and their representative.

10.2 The investigation is commissioned by and conducted on behalf of the employee's manager.

10.3 It is not the role of the Investigating Officer to make any judgement about the case but only to produce a factual report. The investigation should limit itself to evidence in respect of the charges being placed before the Disciplining Officer and should not include references to previous allegations, related to these allegations or otherwise.

10.4 The report will be considered by the Disciplining Officer who will make a decision about the appropriate course of action. Once the report is accepted

by the Disciplining Officer this decision will be made within 10 days. Any delay should be communicated to the employee with reasons.

10.5 The Investigating Officer should normally be appointed from a different department to that in which the employee works. The Investigating Officer should have the specialist skills and/or knowledge relevant to the case being investigated. In exceptional circumstances, this may be an individual from another NHS Organisation, or where appropriate an independent external investigator may be commissioned, who will be expected to familiarise themselves with the content of the policy.

10.6 The employee must be made aware of all the allegations made against them and be interviewed as part of the investigation process. They may be accompanied by their representative at this meeting, the aim of which is to establish, impartially, all the key points pertinent to the investigation that can be provided by the employee. The employee should be allowed to offer any information that they feel is relevant during this interview as it may affect the decision about whether to proceed with a disciplinary hearing. A written record of the interview should be made and signed by the employee as an accurate record.

The investigation will also make enquiries of relevant witnesses and collect documentary evidence as necessary. Such evidence must be copied to the employee and their representative, as part of the investigation report.

Should the Investigating Officer establish evidence which would suggest that the terms of reference for investigation and/or the allegations against the employee need to be widened, they should draw this to the attention of the Disciplining Officer. If the Disciplining Officer concludes that further allegations need to be investigated, the terms of reference issued to the Investigating Officer will be re-issued and the employee will be formally notified that additional/amended allegations are to be considered.

10.7 If an employee becomes unwell during the disciplinary process, the investigation may continue, albeit in a sensitive and considerate manner. Advice from the occupational health department may be sought, if appropriate.

10.8 The Investigating Officer will be given advice on the process by a (W&OD/HR) Advisor who would not then be part of a disciplinary panel. Where the Investigating Officer requires secretarial support, then the Manager must take this into account when instigating the investigation.

10.9 Once the investigation is complete the Investigating Officer will prepare a report of their findings, providing documentary evidence of the facts, and all witness statements.

On receiving the Investigating Officer's report and if satisfied with the content, the Disciplining Officer will determine, within 10 calendar days what further action should be taken. i.e.

- no case to answer

- to proceed via informal discussion as outlined in 7.1 to 7.5
- to proceed to a disciplinary hearing
- to proceed through an alternative procedure (e.g. capability)

If, on receipt of the report, the Disciplining Officer decides further work is needed, the Investigating Officer will be asked to revisit the report, e.g. reference an additional policy, and resubmit.

Where a decision is made to proceed to a disciplinary hearing, this should take place as soon as possible after the decision is made.

10.10 The Investigating Officer will attend the disciplinary hearing to present an overview of their report and to answer any points of clarification required.

10.11 Where the allegation is of a potentially serious nature, in the interests of minimising unnecessary delay it may be advantageous to arrange, a provisional date for a disciplinary hearing at the outset of an investigation. This is a practical measure that does not, in any way, attempt to prejudge whether such a disciplinary hearing will be deemed necessary.

10.12 Witnesses

10.12.1 All employees of the "*NHS Organisation*" have a duty to co-operate with management in disciplinary proceedings. Witnesses who have provided statements should be advised of the fact that a hearing may take place and of their being required to attend, that their statement will form part of the investigation report, and that if a hearing is necessary, the panel and the employee will have sight of them.

10.12.2 The employee or their representative must make the Disciplining Officer aware of those staff they wish to call as witnesses.

10.12.3 The Disciplining Officer will arrange to call all witnesses required after having discussed and agreed these with the employee and his/her representative.

10.12.4 Witnesses who are employees of "*NHS Organisation*" are obliged to attend if requested to do so by the Disciplining Officer.

10.12.5 Arrangements will be made for witnesses to be released from their duties to enable them to attend the hearing. They may bring a representative or workplace colleague with them for personal support if desired.

10.12.6 People not directly employed by "*NHS Organisation*" may be called to attend the hearing as a witness but cannot be compelled to do so.

11. Alternatives to Suspension / Temporary Deployment During Period of Investigation

11.1 In some circumstances it may be appropriate to suspend the employee or to deploy the employee to another post/work pattern or to another work place on a temporary basis. Where alternatives to suspension are being considered, this would only be done following a discussion with the employee and their Representative and would take into account its reasonableness in all the

circumstances. LCFS / CFS Wales should always be advised of any decision to suspend or deploy an employee when the employee is under investigation by the LCFS/ CFS Wales.

11.2 If an employee, as an alternative to suspension, is deployed to another post / work pattern or to another workplace there should be no loss of earnings i.e. night allowance, weekend allowance and regular overtime. Excess travel and parking fees will apply where additional mileage is incurred as a result of a change n base.

11.3 If suitable temporary deployment is offered, the employee will be expected to accept.

12. Suspension from the Workplace

12.1 Suspension is not a disciplinary penalty and is without prejudice. Suspension from the workplace will be with pay, in accordance with Paragraph 12.3.2 of this Policy. Suspension may be considered appropriate where keeping the employee in the workplace after the incident/ misconduct may:

- Compound the offence.
- Interfere with or prejudice the investigation.
- Jeopardise the safety or well being of patients and / or employees.

12.2 If the decision to suspend is taken by the manager (in consultation with a senior (W& OD/HR) Advisor or, where not available, another manager of equivalent seniority) the employee should be told of this decision immediately. The employee should be asked about any other organisation that they are engaged by, paid or voluntary, and these organisations will be advised of the suspension accordingly. Where possible the employee should be given the opportunity to be accompanied at the meeting when they are informed of their suspension if they so wish.

12.2.1 Unavailability of a preferred representative or workplace colleague will not, however, delay the meeting from taking place.

12.2.2 The employee should be given information regarding the support available to them e.g. Occupational Health.

12.3 During suspension the employee must not (unless as a patient or to access sources of help e.g. to meet with their Representative) enter "*NHS Organisation*" premises or their normal place of work without the express permission of their manager. Details of the suspension will be confirmed in writing giving the reason(s) for this course of action by the manager.

12.3.1 An employee who is suspended from duty should not undertake any other work, within or outside the NHS, without consulting their line manager beforehand and receiving authorisation to do so. It is the responsibility of NHS organisations to advise other employers (where known) of the suspension.

12.3.2 Pay during suspension will be calculated according to the normal duty roster worked by the employee and during this period the employee will

be recorded as on authorised paid leave in order to maintain confidentiality.

12.3.3 Employees who are suspended must make themselves available to attend meetings and interviews as part of the disciplinary process.

12.4 If an incident occurs, or is reported out of hours and an employee's manager or an appropriate member of the (W&OD/HR) Department is not available, an appropriate senior member of staff can make a decision to send an employee home on the basis that there is a risk to themselves and/or others if they were to stay in work. The employee will be asked to report to their manager on a specified day. This decision will not constitute suspension but is required in order that the facts of the case are reviewed as soon as reasonably possible. The employee will be recorded as on authorised paid leave and paid as per their normal shift.

12.5 The manager must ensure that the period of suspension is kept to a minimum and that the investigation takes place as swiftly as possible. The manager should review the suspension regularly but at least monthly, this should be recorded and any cases that continue beyond four months should be reported to the Board of the "*NHS Organisation*", together with information on the expected completion of the investigation. Regular summary reports should be made to Board meetings or an appropriate Board committee detailing the number of current suspensions and their duration. Information identifying individual employees should not, however, be presented in open Board meetings.

12.6 If an employee wishes to book annual leave during the period of their suspension they must apply to the manager giving due notice. Such applications will be considered sympathetically but may reasonably be refused if the leave would delay the resolution of the disciplinary matter. Annual leave booked prior to the suspension will be honoured and will be deducted from the employees total annual leave entitlement.

12.7 If the employee is on sick leave this does not preclude the Investigating Officer from continuing with the investigation. However, advice may need to be sought from Occupational Health if there are concerns about the employee's ability to continue to participate in the process.

13. Procedure for Reporting to Disclosure and Barring Service (DBS)

13.1 All organisations have a legal duty to refer any information about employees who could pose a risk of harm to children and vulnerable adults to the DBS who will assess the information and make a barring decision.

A referral should not be made when an allegation is first made. An investigation and evidence gathering should be first undertaken by the person or organisation that would normally refer to the DBS. This is in order to establish if the allegation has foundation, for example as part of an internal disciplinary process. Without evidence or substance to the claims many

allegations will quickly be identified as unjust as there will be no foundation on which the DBS can proceed.

13.2 'Harm' is stated as being physical, sexual, emotional, neglect or financial. Neglect could include a failure to act or an omission.

13.3 Where a person / organisation has a legal duty to refer, there are two main conditions which should be met for a referral to be made, these are;

1) They have permanently removed a person from 'regulated activity' through dismissal or permanent transfer from 'regulated activity' (or would have if the person had not left, resigned, retired or been made redundant); and
2) They believe the person has
   a. Engaged in 'relevant conduct', or
   b. Satisfied the 'harm test' (i.e. no action or inaction occurred but the present risk that it could was significant), or
   c. Received a caution or conviction for a 'relevant offence' (a list of these offences is available on the DBS website, or from calling the helpline for advice).

14. Procedure for Reporting to Professional Regulatory Bodies

14.1 It will be the responsibility of the Head of Profession to contact the appropriate professional regulatory body at the point at which it is decided that there is evidence of a concern relating to fitness to practice. The decision on when this occurs should be taken in discussion with the appropriate body.

15. Arrangements for the Disciplinary Hearing

15.1 Once the investigation has been completed and the report with all the appendices is submitted, the Disciplining Officer will then decide if the investigation has established that there is sufficient evidence to support the allegations.

15.2 The Disciplining Officer will determine within 10 days of accepting the report what further action should be taken. Where a hearing is being convened the employee must be informed in writing confirming the allegations and that they have the right to be accompanied at the hearing and will have the right to state their case; where the allegation(s) are considered gross misconduct the letter must also outline that disciplinary action may include dismissal.

15.3 The Disciplining Officer conducts the hearing and makes the decision as to whether the allegations are proven. All members of the disciplinary panel will act with neutrality and objectivity at all times. In the event that the employee has any concerns over the composition of the panel, they should make their concerns known, with evidence, to the W&OD/HR adviser. The Disciplinary Panel will comprise:

15.3.1 The Disciplining Officer

It is important that the Disciplining Officer is of sufficient seniority to make the decision on the appropriate penalty. This is critical in those cases where dismissal is a possible outcome.

15.3.2 W&OD (HR) Advisor

An appropriate member of the (W&OD/HR) Department, (with no previous involvement in the case), who advises the hearing on procedure and employment issues and can assist the Disciplining Officer in establishing the facts of the case.

15.3.3 Panel Member

When appropriate, the Disciplining Officer may also be supported by a senior manager from outside the line management chain of the employee who is able to provide specialist, professional or technical expertise.

15.4 Practical arrangements for holding the Disciplinary Hearing will be made as soon as possible. Notes must be taken at all hearings. Electronic recordings should only be made with the prior consent of all participants. Also, anyone attending the hearing including anyone accompanying the employee (including witnesses) must not make covert electronic recordings of any meetings or hearings conducted under the procedure.

15.5 The employee must attend a disciplinary hearing when requested to do so. Where he/she is unable to attend for any reason they must notify the manager in order that the meeting can be rearranged.

Where an employee has a justifiable reason for failing to attend a disciplinary hearing, such as an accident or personal emergency, the hearing should be adjourned in the first instance and rearranged as soon as possible. The employee must be warned if they fail to attend for a second time, the hearing will be held in their absence and a decision may therefore be made on the information available to the panel at that time.

15.6 All documentation supporting the allegation/s will be passed to the employee as soon as possible but no later than 21 calendar days prior to a disciplinary hearing. This will include the investigation report which will contain interview notes, any witness statements and all other documentary evidence that is to be considered. Any additional information which the employee wishes to rely upon should be submitted to the Disciplining Officer as soon as possible but no later than 10 calendar days prior to the hearing. In exceptional circumstances, the employee may request to make a submission which has not been made available within the above timescale.

15.7 At the same time, the list of agreed witnesses will be provided no later than 14 calendar days before the hearing date.

15.8 The Disciplining Officer will make arrangements for the attendance of all appropriate witnesses required at the hearing.

16. The Disciplinary Hearing

16.1 The Hearing is an opportunity to examine the evidence and allows the employee concerned the proper opportunity to comment on the evidence and make any representations or offer their views concerning the allegations. The Hearing must consider all the evidence and give the employee a fair opportunity to make their views known whilst at the same time ensuring that all evidence is examined thoroughly so that an appropriate decision can be reached. No new written evidence may be produced by either party after the exchange of case papers without the agreement of all parties.

16.2 The Disciplinary Hearing itself should normally follow the sequence described below, requiring the designated Disciplining Officer to:

16.2.1 Introduce those present

16.2.2 Explain the purpose of the Hearing, i.e. indicate that it is a disciplinary hearing convened in accordance with the *"NHS Organisation's"* Disciplinary Policy to address the allegation(s) as detailed and (where applicable and appropriate) to consider a report concerning the issue(s), together with all other documentation to be relied upon as evidence.

16.2.3 Outline the nature of the Hearing, i.e. that the allegation(s) is/are viewed most seriously and may result in disciplinary action, including dismissal, where appropriate.

16.2.4 Refer to the principles which govern the hearing:

- that full and fair consideration will be given to all issues pertinent to the case.
- that all evidence will be considered, and
- that the employee or their representative will have the opportunity to deny, or to defend themselves/the employee against the allegation(s).

16.2.5 Describe the procedure to be followed at the Hearing (and ensure this is understood by the employee).

16.2.6 A (W&OD/HR) Advisor is available to attend the disciplinary hearing to support and advise the investigating officer but will not answer questions directly on their behalf.

16.3 Order of proceedings

- In the first instance, the Investigating Officer will present an overview of their report and clarify any points raised.

- Witnesses shall be asked by the panel to clarify any issues as appropriate. The witness(es) will then answer questions from the employee or his representative.

- The employee or their representative will then be invited to make statements and present evidence, whether oral and/or written, to explain, deny, and offer mitigating circumstances or otherwise comment upon the allegations made against them.

- The employee will then answer questions from members of the disciplinary panel.

- Witnesses called by the employee or his representative shall first be questioned by the employee or their representative and thereafter may be questioned by members of the disciplinary panel.

- An opportunity will then be given to the Investigating Officer to restate the key points if the panel deems it necessary, and the employee or their representative to sum up their case and make any final comments or ask any final questions. The employee and/or their representative will speak last. No new information may be introduced at this stage.

16.4 General Principles

- The Disciplinary Panel members shall have the right to ask questions of anyone present, at any time during the proceedings.

- The employee or their representative shall have the right to ask questions of any witness.

- The Investigating Officer shall remain in attendance throughout the hearing. Their role will be to present an overview of their report and to clarify points as required by the Disciplining Officer, the employee, or their representative. They will not have the right to ask questions.

- No witnesses called either by the Disciplining Officer or the employee may be present at the hearing before giving evidence. After giving evidence witnesses may be asked to remain available for clarification purposes, but shall not remain in attendance.

16.5 Once the hearing has examined all the evidence provided for in the report or presented at the hearing the panel will adjourn, to give full consideration to the case.

16.6 At this stage, further information may be requested if appropriate, in which case the hearing will reconvene once the additional investigations have been completed.

16.7 The Disciplining Officer with the advice of the panel then reaches a conclusion as to whether the evidence supports the allegation based on the balance of probabilities. They must be satisfied that the investigation and hearing have

been conducted in accordance with this policy, that the disciplinary rules have been appropriately considered and applied and that the penalty is reasonable, and reflects the seriousness of the offence.

16.8 After reaching a decision the Hearing will reconvene and the employee will be advised of the Disciplining Officer's decision as to whether the allegations have been proven, on the balance of probability, and the nature of the penalty imposed, if any.

16.9 The decision should be conveyed to the employee verbally on the same day; or, if a decision cannot be made on the day of the hearing, the employee should be informed of the decision within 7 calendar days. If the decision is likely to take longer for some reason, then the employee must be contacted by the Disciplining Officer and informed of this fact, along with the reasons for the delay.

16.10 The letter to the employee confirming the outcome of the case and any disciplinary action should be sent to the employee no later than 7 calendar days after the notification of the outcome of the hearing. The letter should confirm the date, time, and place of the disciplinary meeting and of those present. If the employee declined to be accompanied this should be noted in the letter.

16.11 The letter should also:

- Confirm the allegations that were considered and specify those found unproven and, on the balance of probability, those that were found proven.
- State clearly the nature of misconduct or failure to reach the required standards.
- State the rationale for the decision.
- Specify the disciplinary action being taken and, if a warning is being imposed, state how long the warning will remain "live".
- Outline any recommendations, training or support that must be actioned, within a reasonable timeframe, to improve conduct or behaviours in future or any management recommendations as appropriate.
- Where a warning is imposed, confirm that committing any further related offences or, failing to improve performance, could result in more serious disciplinary action, up to and including dismissal.
- Remind the employee that they have the right of appeal within 14 calendar days of receipt of written notification of the disciplinary action and state to whom the appeal should be made.
- Reference that the appeal should be directed to the manager one level above the manager taking the disciplinary action.

All such letters should be sent out by a recorded method of delivery.

16.12 Where the investigation arises from a recent series of different incidents or a recent series of minor incidents of the same nature, they may be accumulated and taken into account at the same disciplinary hearing and dealt with by the

same disciplinary action. The employee must have been informed of this in the original letter confirming the disciplinary hearing date.

16.13 Where the incident that leads to disciplinary action being taken occurs during a period when a warning is already in operation, this warning may be taken into consideration in deciding the appropriate action, so long as the most recent incident is of a similar nature to that for which the warning was imposed.

16.14 Where appropriate, the Disciplining Officer shall, in discussion with the Professional Advisor on the Panel inform the employee's professional body and/or the DBS of the outcome of the hearing.

17. Notification of Disciplinary Action

Below is a summary of the possible penalties resulting from a disciplinary hearing. They are not necessarily sequential and their application will depend on the particular circumstances of the case.

Formal Disciplinary Process Begins	
Verbal Warning	Minor Misconduct
First Written Warning	Misconduct or further offence
Final Written Warning	Serious misconduct or further offence
Dismissal*	Gross misconduct or further offence

Other formal action, short of dismissal	There may be a situation where dismissal is justified, but where the disciplining officer believes the circumstances are such that he/she wishes to offer alternative employment, in conjunction with a final written warning, as an alternative to dismissal. This may be to a lower pay band (to the top of the band provided this does not lead to an increase in salary) and/or to another area and would not attract protection of salary or excess travel. The employee would have the opportunity to consider this option and respond in writing within 7 calendar days accepting this variation in their terms and conditions as an alternative to dismissal. Accepting alternative employment does not remove the employee's right of appeal against the original decision to dismiss.

17.1 Verbal Warning

17.1.1 If conduct or performance does not meet acceptable standards, the employee can be issued with a verbal warning. The employee will be told of the reason for the warning and that it is the first stage of the formal procedure.

17.1.2 Where, a verbal warning is considered necessary, this will be active for 6 months. The record of the hearing (as provided to the employee) will be placed on the employee's personal file, and confirmation that a warning has been issued will be forwarded to the employee (and their representative if requested by the employee).

17.1.3 Provided that no further verbal warnings have been issued during the specified period, the verbal warning is considered to be spent and cannot be used in order to warrant an escalation in the penalty. All subsequent offences whether or not they are identical to the 'spent' offence are considered entirely on their own merits and the process starts from the beginning again.

17.2 First Written Warning

17.2.1 If the offence is of a more serious nature, or if conduct has not improved as a result of a verbal warning, the Disciplining Officer may decide that a formal written warning is appropriate.

17.2.2 The written warning will be active for a period of 12 months. The record of the hearing (as provided to the employee) will be placed on the employee's personal file, and confirmation that a warning has been

issued will be forwarded to the employee (and their representative if requested by the employee).

17.2.3 Provided that no further written warnings have been issued during the warning period, the written warning will then be considered to be spent and cannot be used in order to warrant an escalation in the penalty. All subsequent offences whether or not they are identical to the 'spent' offence are considered entirely on their own merits and the process starts from the beginning again.

17.3 Final Written Warning

17.3.1 A final written warning will be issued where:

- There is a failure to reach the required standards, which normally will have been set out in previous warnings.
- Serious misconduct has taken place.

17.3.2 Written notification will be as outlined above, but in addition, the letter to the employee confirming the final written warning should also indicate:

- Reference to previous relevant disciplinary action, where appropriate.
- Confirmation that further misconduct of a similar nature will lead to dismissal. The written warning is considered active for 24 months.

17.3.3 If the misconduct or failure to meet standards is of a serious nature then a final written warning may be implemented without previous warnings having been issued.

17.3.4 The record of the hearing (as provided to the employee) will be placed on the employee's personal file, and confirmation that a final written warning has been issued will be forwarded to the employee (and their representative if requested).

17.4 Dismissal

17.4.1 Dismissal is normally considered to be the appropriate action:-

- Following an act of gross misconduct or a serious continued failure to meet required standards.
- Where there is a failure to reach the required standards which have been specified in previous warning(s).

17.4.2 Where an employee is dismissed for continued failure to reach the required standard the appropriate period of notice or pay in lieu of notice along with other entitlements should be made. In cases of gross misconduct, the employee will be summarily dismissed without payment in lieu of notice and without notice (right of appeal and reinstatement if found to be justified still apply).

17.4.3 A letter must be given to the employee in person or sent by a method of recorded delivery within 7 calendar days confirming the dismissal and should also state:

- Date, time, place of disciplinary meeting and those present
- The reason(s) for dismissal and effective date of termination
- The appropriate period of notice or pay in lieu of notice or in cases of summary dismissal, that no notice will be paid. Any other rights, for example, annual leave due should be included in the final pay arrangements
- Where appropriate, that the relevant professional body and/or the DBS will be informed
- The right of appeal, including time limits, and that the appeal should be made to the manager one level above the manager taking the disciplinary action.

Dismissal where there has been no previous warning regarding conduct is a penalty only applicable in cases of gross misconduct or breach of contract as outlined in the Disciplinary Rules. No employee will be dismissed for a first offence outside those categorised as gross misconduct or breach of contract.

18. Expiry of Warnings

18.1 The warning becomes "spent" following the specified period of the warning. The NHS Organisation will put in place a system to ensure the employee is informed when the warning is "spent". There may be occasions, however, when an employee's conduct is satisfactory throughout the period the warning is in force only to lapse soon thereafter. In these circumstances, where a pattern of behaviour emerges, the Disciplining Officer can take the employee's full disciplinary record into account when deciding the length of any new warning that is to be imposed.

18.2 Periods for which warnings will be active may be extended if an employee is absent from work for an extended period, whereby performance/conduct cannot be monitored, to cover the length of the absence.

19. Debrief/Lessons Learnt

19.1 Following the completion of the internal disciplinary process, a formal debriefing session may be convened by the Disciplining Officer to review the case, any lessons learnt and any further agreed action required, e.g. training needs, policy or procedural issues emerging, relationships have been affected and mediation or redeployment may be necessary. Present at the discussion should be the Investigating Officer, other panel members as appropriate and staff side representatives.

20. Employment Monitoring

An accurate record of all disciplinary events should be maintained on the Electronic Staff Record (ESR), to enable the organisation to consider whether there are any issues that may be contributing to unintended discrimination. This information must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that disciplinary processes are fair and equitable for all employees and groups, and to demonstrate that the *"NHS Organisation"* is meeting its employment equality monitoring duties.

21. Appeals

21.1 All employees have the right to appeal against disciplinary action or dismissal.

21.2 The person to whom an appeal is made must be specified in the letter informing the employee of the outcome of the disciplinary hearing and/or the disciplinary action to be taken.

21.2.1 An employee who wishes to appeal (appellant) against disciplinary action or dismissal must lodge their intention to appeal within 14 calendar days of receiving written notification of the disciplinary action taken.

21.2.2 This notification of intention to appeal should indicate the grounds on which this appeal is based. The employee should be explicit as to whether this is an appeal against the judgement of the disciplining officer, against the disciplinary penalty imposed, or against the process of the disciplinary investigation and hearing itself.

21.3 An Appeal Officer will be appointed and the administrative arragements put in place within 14 calendar and wherever possible the appeal heard within 28 calendar days of the notification of appeal being received. The appeal panel will consist of an Appeal Officer and (W & OD/HR) Advisor and where appropriate a further panel member. In exceptional circumstances it may be necessary to extend this deadline with the agreement of both parties but every effort should be made to hear the appeal promptly.

21.4 At least 7 calendar days before the Appeal Hearing the Appeal Officer must receive the nature of the appeal and all documentary evidence in support of it. Failure to comply may result in either the appeal being postponed or the appeal going ahead without this information.

21.5 There will be two levels of constitution of appeal hearings.

21.5.1 For appeals against disciplinary warnings short of dismissal, the appeal will normally be heard by a manager one level above the manager who imposed the penalty. If organisational structures allow, the Appeal Officer should be from a separate directorate/locality in line with best practice.

21.5.2 The (W & OD/HR) Advisor will be in attendance in order to give advice and to support the Appeal Officer in ensuring that all aspects of the appeal are fully explored. The Appeal Officer must ensure they have access to appropriate professional advice, where necessary.

21.5.3 In cases of appeals against dismissal, the Appeal Officer will be a senior officer nominated (by the Director of Workforce and Organisational Development), in line with the organisation's scheme of delegated authority. Where appropriate, the Appeals Officer may be supported by a second senior manager who will provide any necessary professional advice.

21.6 The officers nominated to hear an appeal must not have been involved in the disciplinary process at any earlier point.

21.7 The purpose of the appeal is to establish if the decision taken at the disciplinary hearing was reasonable in light of the grounds raised by the employee. The appeal is not a re-hearing of the original evidence.

21.8 The appeal hearing must restrict itself to looking at the grounds of appeal made by the employee and ensuring that these grounds are adequately examined in order to reach a proper judgement on whether the appeal should be upheld.

21.9 The appeal hearing will consider specifically whether the disciplinary action decided upon by the disciplining officer was fair and reasonable at the time that the action was taken. The appeal hearing may look at whether the procedure was applied correctly when deciding on the disciplinary action.

21.10 The appeal will take account of any substantial new information cited in the grounds for appeal.

21.11 The decision reached by any level of appeal hearing is considered final. No further appeal mechanism will operate within the *"NHS Organisation."*

21.12 Conduct of the appeal

The Appeal Officer will act as Chair of the appeal hearing and will introduce those present and state the order of proceedings which is as follows:

21.12.1 Both the disciplining officer and the appellant and his/her representative will remain present throughout the proceedings until the panel adjourn to deliberate in private.

21.12.2 The appellant or his/her representative shall confirm their grounds of appeal and provide information supporting their case.

21.12.3 The disciplining officer will have the opportunity to ask questions of the appellant.

21.12.4 The members of the appeal panel shall have the opportunity to ask questions of the appellant.

21.12.5 The disciplining officer will present the justification for the decision that they took at the disciplinary hearing.

21.12.6 The appellant or representative shall have the opportunity to ask questions of the disciplining officer.

21.12.7 The members of the appeals panel shall have the opportunity to ask questions of the disciplining officer.

21.12.8 The disciplining officer will have the opportunity to sum up. New information must not be introduced at this stage.

21.12.9 The appellant or representative will have opportunity to sum up. New information must not be introduced at this stage.

21.12.10 The appeal panel may, at its discretion, adjourn the appeal hearing in order that further information may be sought and reviewed.

21.12.11 The appeal panel shall deliberate in private only, recalling both parties to clarify any points of uncertainty on evidence already given. If a recall is necessary both parties shall return.

21.12.12 When a decision is reached by the Appeal Officer they should inform the appellant and disciplining officer of the outcome immediately or within 7 calendar days. In either case, the decision will be notified to all parties in writing within 7 calendar days of the appeal.

The decision of the Appeal Officer is final.

22. Authority to Dismiss

The level of manager with the authority to dismiss will be determined by the *"NHS Organisation"* in its scheme of delegation.

23. Equality

The NHS Organisation recognises the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The NHS Organisation recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights.

24. Policy Review

All policies are subject to ongoing review to ensure they are entirely compliant with all aspects of equalities and human rights legislation, best practice and the ACAS Code. This policy will be subject to full review at intervals to be determined by the Welsh Partnership Forum.

25. Help and Advice

Help and advice on the application of this policy and procedure can be obtained from the (W&OD/HR) Department.

26. Agreement

The policy and procedure has been agreed in partnership and has been ratified by the Welsh Partnership Forum.

Appendix 1 - Disciplinary Rules

Introduction

The aim of the *"NHS Organisation"* is to provide first class healthcare to the general public. In order to maintain high standards it is essential that all employees conform to the standards set by the *"NHS Organisation"* to ensure an efficient and safe environment for staff, patients and visitors and to maintain good relations within the workplace.

Whilst it is acknowledged that the vast majority of staff conform to these required standards, it is important that all employees are made aware of the standards expected of them and the consequence of failing to adhere to them and clearly understand their rights and obligations.

The Disciplinary Policy is written in accordance with the principles set out in the policy which include:

- The employee is treated consistently and fairly
- The organisation, other employees, patients and members of the public are protected
- The employee understands the standards/behaviour expected of them

The lists provided below should not be regarded as exhaustive or comprehensive and can only serve as a guide as it is impossible to cover every eventuality. In addition many departments /directorates have specific rules and failure to observe these could result in disciplinary action.

Every case will be considered on its own merit, including the particular circumstances of the case and its seriousness but will also have full regard for the principle of consistent treatment of every employee. Due consideration will therefore be given to any mitigating circumstances in each case.

Repeated minor misconduct or misconduct offences can accumulate and employees may be dismissed if it is clear that warnings have had no effect on the employee's behaviour. In these cases, it is not the nature of the offences that is held to be of primary concern, rather that the employee has shown themselves to be incapable of responding appropriately to the warnings and to have failed to improve their behaviour accordingly.

Examples of Misconduct

Misconduct (including minor misconduct)

This list is not exhaustive, but examples of offences which might lead to recorded verbal or first written warning warnings, would include:

1. Lateness for duty without reasonable explanation.
2. Failure to report for duty without reasonable explanation.

3. Minor instances of discourtesy/rudeness to patients, visitors or other members of staff.
4. Failure to wear correct uniform or protective clothing where provided or unsatisfactory condition or appearance related to personal hygiene.
5. Poor attendance record/capabilities, but only where the use of the NHS Organisation's staff performance policy is inappropriate.
6. Failure to meet required standards of performance and behaviour as expected within the employee's role and responsibilities.
7. Minor insubordination and /or failure to carry out a reasonable instruction.
8. Failure to comply with local or department rules relating to performance, safety or conduct.
9. Smoking in areas designated as 'No Smoking'.
10. Outside employment- employees engaging in employment in off duty hours must ensure that such employment does not adversely affect their work in the *"NHS Organisation"*. The disciplinary procedure may be used if the *"NHS Organisation"* feels that the employee's performance is thereby affected.

Serious Misconduct

Failure to respond to previous warnings could result in a final warning, but additionally certain types of conduct could lead directly to this form of disciplinary action. Included in this category might be:

1. Failure to respond to minor misconduct warnings.
2. Unauthorised absence without reasonable cause whilst purporting to be on duty.
3. Failure to comply with conditions of service or working procedures.
4. Refusal to carry out reasonable instructions given by an authorised person.
5. Failure to maintain registration with relevant mandatory professional body.
6. Serious instances of professional misconduct.
7. Personal behaviour conducted either inside or outside of work or working hours that, results in bringing the NHS Organisation or any of its employees into disrepute.
8. Serious failure to meet required standards of performance and behaviour as expected within the employee's role and responsibilities.

Gross Misconduct

It is misconduct that strikes at the root of the employment relationship with *"NHS Organisation"* and confidence that must exist for the contract of employment to be effective. In most cases the result will normally be summary dismissal without notice or payment in lieu of notice.

An employee who commits such an offence will therefore be regarded as having

fundamentally breached his or her contract of employment and can expect to be summarily dismissed in accordance with the "*NHS Organisation*" Disciplinary policy. Summary dismissal, will be the normal action taken against an employee on the first occasion on which any of these offences is committed.

The action taken will reflect the seriousness of the offence. The seriousness of the offence (and therefore the culpability of the employee) will depend on the individual circumstances and consequences of each case, but particular consideration will be given to the implications or resultant consequences of the offence; whether the offence is persistent; or whether a previous warning has been issued for the same or related offence(s), for example negligent performance in respect of safety as a first offence may result in a final written warning but where this jeopardises patient care or places others at risk, dismissal may result.

Examples of what might lead to summary dismissal for gross misconduct are as follows:

1. **Disclosure Of Confidential Information** - to unauthorised persons particularly in relation to a member of staff or patient.

2. **Assault** – any assault, fighting or threatening behaviour directed at a patient, member of the public or fellow employee.

3. **Theft** – unauthorised or unlawful possession of property of "*NHS Organisation*" (including patient related documents), fellow employees or members of the public.

4. **Fraud** – any deliberate attempt to defraud the employer, fellow employees or members of the public.

5. **Corruption** – this refers to any receipt of money, goods, favours in respect of services rendered.

6. **Wilful Or Malicious Damage** – the intentional causing of damage to the *"NHS Organisations"* property or property of fellow employees, patients or members of the public.

7. **Unfit For Duty** – this could result from being under the influence of alcohol or drugs which have been self inflicted and not prescribed by a person qualified to do so.

8. **Gross Negligence** – any action or failure to act which could result in serious damage to property or equipment, or endanger the health and safety of others. Failure to give appropriate care and protection to patients within the "*NHS Organisations*" care.

9. **Gross Insubordination** - including wilful refusal to carry out a reasonable instruction or behaviour or other display of attitude which seriously undermines management's authority.

10. **Misrepresentation** - falsification or failure to declare relevant information on medical questionnaires, application or enrolment forms that is fundamental to the contract. This may also constitute a criminal offence.

11. **Sexual, Racial Or Other Forms Of Harassment** - serious cases of racial or sexual harassment or bullying against other employees, patients or visitors either as an offender, or manager failing to take appropriate action after an incident is brought to his/her attention. N.B. Issues of this nature will be dealt with in accordance with the "*NHS Organisation's*" Dignity at Work policy.

12. **Unacceptable Behaviour** - towards, staff, patients, visitors or public in the course of work or on *"NHS Organisation"* premises.

13. **Misuse Of Information Technology** - unauthorised and improper use "*NHS Organisation"* information technology systems.

14. **Destroying/Concealing Evidence Of Malpractice** – the intentional destruction or concealment of evidence of malpractice.

15. **Victimisation Of Whistleblowers** - where employees raising concerns under the Whistle blowing Policy (Public Interest Disclosure Act 1998) are subject to victimisation by managers, colleagues or other "*NHS Organisation"* staff.

16. **Non Compliance With The Declaration Of Interest** - Unauthorised possession of property belonging to the NHS Organisation (or its contractors), patients, members of the public or staff.

17. **Unauthorised Use or Misuse of NHS Organisation Facilities or Property**- Use of NHS Organisation vehicles, plant machinery, tools facilities, or property. Misuse of telephones or internal / external post.

18. **Serious Acts Of Insubordination Or Personal Behaviour That Results In Bringing The "*NHS Organisation*" Into Disrepute** - Wilful acts which seriously undermine the "*NHS Organisation's*" professional standing or that of its employees.

19. **Failure to Meet Required Standards** - Gross failure to meet required standards of performance and behaviour as expected within the employee's role and responsibilities.

20. **Gross Areas of Professional Misconduct**

21. **Withdrawal of DBS registration** – withdrawal of an individual's DBS registration can be considered gross misconduct

22. **Breach of Contract of Employment** - Any fundamental breach of the Contract of Employment which makes continuation of employment impossible. This category may include:

- Failure to meet statutes concerning Professional Registration.
- It may also apply to the removal of a driving licence from staff for whom driving is an essential part of their work, or wilful failure to obtain a DBS check, or work permit.
- Withholding information which has a serious bearing on the offer of or continuation of employment, e.g. a conviction or dismissal from a previous employer that the employee fails to disclose
- Conviction for a criminal offence committed in or out of work which renders the employee inappropriate or unavailable for continued employment
- Where information comes to light that would render the employee inappropriate for the post they occupy

Appendix 2 – Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give employees greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics under the Act are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act recognises 6 forms of discrimination: direct; indirect, discrimination by perception; discrimination by association; harassment and victimisation. The Act changes and extends certain concepts and definitions and introduces new forms of unlawful discrimination including:

Association Discrimination

This means that employers cannot directly discriminate against someone because they are associated with another person who possesses a protected characteristic. Employers need to be mindful of this extension to the law when dealing with employees who are carers of elderly relatives or disabled children as they will be protected against discrimination or harassment in relation to the person they care for. Consideration is particularly relevant when dealing with flexible working applications from carers, or when subjecting an employee to a disciplinary procedure because of their persistent lateness where the employee may have a caring responsibility.

The Equality and Human Rights Commission has prepared Codes of Practice on employment, services, public functions and associations and equal pay. The purpose of these Codes is to explain the new statutory provisions of the Act. The Codes were laid before Parliament on 12 October 2010 and will remain in draft form until the Government makes the Order bringing them into force. The Codes will be available to download from the Equality and Human Rights Commission at www.equalityhumanrights.com

2. The Duty to Make Reasonable Adjustments

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured; the removal of physical barriers and/or providing additional support for a disabled employee. This is the duty to make reasonable adjustments. The duty aims to make sure that a disabled person has the same access to everything that is involved in getting and doing a job as a non-disabled person, as far as is reasonable.

When the duty arises, employers are under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles a disabled worker or job applicant faces. In particular the need to make reasonable adjustments for an individual employee or job applicant must:

- not be a reason not to appoint someone to a job or promote them if they are the best person for the job with the adjustments in place
- be considered in relation to every aspect of a person's job
- not be a reason to dismiss an employee.

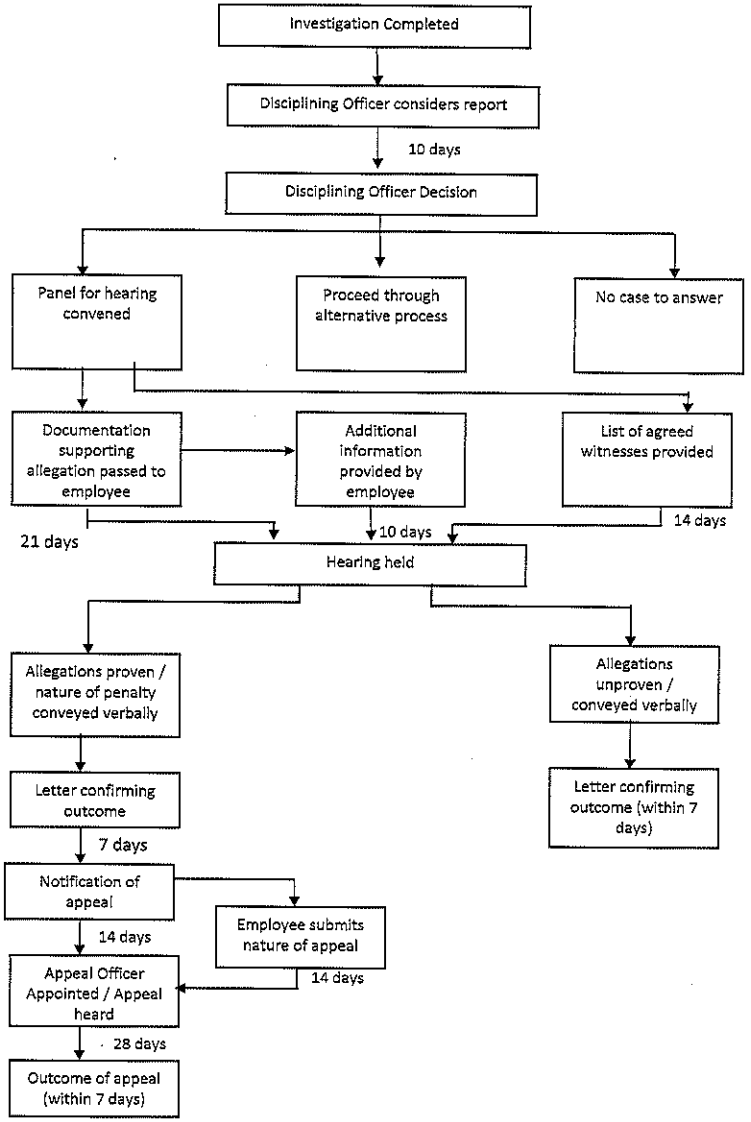
Less favourable treatment of a disabled person for a reason related to their disability cannot be justified where the reason for the treatment can be removed or made less than substantial by a reasonable adjustment.

Where a disabled employee is subject to the disciplinary policy, advice on the duty to consider reasonable adjustments may be sought at any stage of the process from a human resources advisor, the Occupational Health Department or from trade union or professional organisation representatives.

The Disability Advisory Service (Access to Work) can advise on work place adjustments and where necessary possible alternative employment options and in certain cases will contribute to the purchase of specific equipment or other workplace adjustments, which will enable the person to continue in employment. The employee will be involved in all of the above processes.

Only equality law is referenced above. There are other laws which you need to comply with to ensure that the disciplinary process is fair. You can find out more from the ACAS Code of Practice on Disciplinary Procedures at www.acas.org.uk

Appendix 3 – Disciplinary and Appeals Process Flowchart



Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Alcohol and Drug/Substance Misuse Policy

Policy Number:	283	Supersedes:		Classification	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Sub Committee	19/3/2019	2/4/2019	19/3/2022

Brief Summary of Document:	This policy supports the Health Board's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by helpful and useful policies to promote healthier lifestyles.
Scope	This policy applies to all Health Board employees and anyone working on Health Board premises. (Here after referred to as employees).
To be read in conjunction with:	768 – Attendance at Work All Wales Policy 336 - Guidance on Referral of Employees to the Occupational health Service 201 – All Wales Disciplinary Policy 340 - Staff Psychological Wellbeing Policy 203 – All Wales Capability Policy 010 - Health and Safety Policy. Professional bodies guidance and Upholding professional standards for Medical and Dental staff. 142 – Grievance Policy
Patient information:	Include links to Patient Information Library

Owning Committee	W&OD Sub Committee

HYWEL DDA UNIVERSITY HEALTH BOARD

Executive Director	Lisa Gostling	Job Title	Director of W&OD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	April 2012
2	Review – minor amendments	24.5.2016
3	Minor amendment to PRISM Contact details page 8	30.8.2017
4	Full review	19/3/2019

Glossary of terms

Term	Definition

Keywords	Alcohol, Drugs, misuse

CONTENTS

1. INTRODUCTION 4
2. POLICY STATEMENT 4
3. SCOPE 4
4. AIMS 4
5. PROCEDURE 4
6. ROLES AND RESPONSIBILITIES 5
6.1. CHIEF EXECUTIVE 5
6.2. DIRECTOR OF W&OD 5
6.3. MANAGERS ROLE 5
6.4. EMPLOYEES ROLE 6
6.5. OCCUPATIONAL HEALTH DEPARTMENT ROLE 6
6.6. WORKFORCE ROLE 6
6.7. STAFF SIDES ROLE 6
7. IDENTIFYING ALCOHOL, DRUG AND SUBSTANCE MISUSE 6
8. EMERGENCY ATTENDENCE AT WORK 6
9. DISCIPLINARY ACTION 7
10. APPEALS 7
12. SOURCES OF HELP 7
13. REVIEW 7

HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

The Health Board recognises its duty to take care of the health, safety and welfare of employees who have alcohol or drug/substance misuse problems which can have a detrimental effect on work safety, performance and behaviour. The Health Board is committed to providing assistance to employees with drug, alcohol or substance misuse issues. The Health Board also has a responsibility to protect other employees, patients and members of the public and to ensure that any risk is minimised. If an employee is observed in the workplace in a potentially unfit state due to alcohol, drug or substance misuse they could be the subject of disciplinary action.

2. POLICY STATEMENT

This policy supports the Health Board's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by helpful and useful policies to promote healthier lifestyles.

3. SCOPE

This policy covers alcohol, drug/substance misuse problems.

This policy applies to all Health Board employees and anyone working on Health Board premises. (Here after referred to as employees).

This policy replaces all previous local agreements/policies on alcohol and drug/substance misuse related problems operating within the Health Board and applies to all employees.

4. AIMS

The aim of the policy is to ensure the Health Board provides assistance to employees with alcohol and drug/substance misuse related problems ensuring that employees are treated according to their circumstances and needs

The organisation will also balance a disciplinary approach to instances of misconduct with a more understanding attitude of cases of dependency the Health Board will comply with the legislative provisions relating to disability.

5. OBJECTIVE

This policy will ensure that the principles of equity and consistency are applied when dealing with employees who may have alcohol and drug/substance misuse related problem and to support the Health and Wellbeing of those employees.

Alcohol or substance misuse problems will be treated as employee health problems and individuals will be treated sympathetically and offered support and assistance in overcoming the problem.

6. PROCEDURE

Should an employee be observed in work in what their manager or colleagues consider to be potentially in an unfit state due to alcohol, drug or substance misuse, their manager will consider the situation, seeking Occupational Health advice as appropriate and if necessary send them home. Which may constitute a suspension under the 201 – All Wales Disciplinary Policy.

The Health Board must ensure that the employee returns home using a safe method of transport. Check appropriate support is available as far as is reasonably practicable.

If a Manager suspects an employee may have an alcohol, drug or substance misuse problem they should firstly undertake a private and confidential interview with the employee and ensure that clear records are kept of this meeting.

If a worker is a contractor or agency worker then the manager in the area the worker is working must report their concern to the external contractor/agency manager.

As soon as it becomes apparent that an employee has alcohol, drug or substance misuse related problem, the manager must seek the assistance of a Workforce Advisor in order that consultation takes place with the employee. Actions may need to be taken immediately to ensure the safety of patients, staff and the employee which may include suspension from work.

The employee must be referred to the Occupational Health Department as soon as possible to advise on the extent of any alcohol drug or substance misuse related problem and to determine the potential effect on the individual's role.

The Occupational Health Department is responsible for supporting and assisting employees with alcohol, drug or substance misuse related problems.

An employee with alcohol, drug and substance misuse related problems will be required to co operate fully with any referral or treatment recommended by the Occupational Health Department.

When employees with alcohol, drug and substance misuse related problems have been identified, the manager will meet formally with the employee. This meeting will be followed up in writing to the employee highlighting details of support options available.

The manager will consider Occupational Health advice and will decide whether the employee will remain in work taking into consideration the risk involved and the extent of the alcohol, drug and substance misuse related problem.

7. ROLES AND RESPONSIBILITIES

7.1. CHIEF EXECUTIVE

Has overall responsibility for the implementation of all Health Board Policies

7.2. DIRECTOR OF W&OD

Has responsibility for ensuing that this policy is monitored and reviewed on a 3 yearly basis.

7.3. MANAGERS ROLE

- Ensure that all staff are aware of and adhere to this policy and understand its implications.
- Ensure they treat all alcohol, drug and substance misuse related cases confidentially and with sensitivity.
- Support employees at work and encourage them to seek help voluntarily in the first instance.
- Ensure they are aware of the health, safety and welfare of their staff.

HYWEL DDA UNIVERSITY HEALTH BOARD

7.4. EMPLOYEES ROLE

- Seek appropriate support and advice from their manager, Occupational Health Department, Workforce or their GP as appropriate if a problem is identified personally or concerns arise regarding a colleague.
- Avoid covering up for or colluding with colleagues with alcohol, drug and substance misuse related problem.
- Advise their manager if a work colleague has a suspected alcohol, drug and substance misuse related problem that is endangering the safety of other staff, patients or the public.
- Seek help themselves if they have alcohol and drug related problem

The Health Board expects staff to behave responsibly about consuming alcohol or substances and to remember that they must comply with their professional codes of practice at all times.

7.5. OCCUPATIONAL HEALTH DEPARTMENT ROLE

- Provide support, guidance and advice to managers and staff
- Respond to referrals from Managers
- Provide an impartial, confidential service to staff which includes advice or referral/signposting to another agency.
- Make Staff aware of this policy and actively promote health promotion initiatives in relation to alcohol, drug and substance misuse.

7.6. WORKFORCE ROLE

- Co ordinate the monitoring of the effectiveness of this policy.
- Provide advice, guidance and support when required.
- Ensure fairness and consistency in the treatment of all employees.
- Refer employees to external bodies where appropriate.
- Advise on the appropriateness of invoking disciplinary procedures.

7.7. STAFF SIDES ROLE

- Encourage their members to seek help where appropriate.
- Inform members of their rights and responsibilities under this policy.

8. IDENTIFYING ALCOHOL, DRUG AND SUBSTANCE MISUSE

Employees should be alert to the possible early signs of alcohol or drug/substance misuse to allow every individual every opportunity to overcome their difficulties. Causes for concern are likely to be:

- Increased Absenteeism
- Increase in the number of accidents
- Reduced performance
- Changes in conduct, behaviour and appearance
- Interpersonal issues

This is not an exhaustive list but any changes in a person's behaviour, conduct, their appearance, their ability to do their job and their behaviour towards their colleagues could signify a problem with alcohol, drug and substance misuse.

9. EMERGENCY ATTENDENCE AT WORK

It is recognised that employees may unexpectedly be called into work to cover staff shortages or to respond to a major incident. Employees will be expected to behave responsibly and if they had consumed alcohol or substances, they must not report for duty and must inform their

line manager that they are unable to fulfil their duties. They would then not be in breach of this policy.

10. DISCIPLINARY ACTION

In line with the 201 - All Wales Disciplinary Policy, the following will be regarded as gross misconduct;

- Attending work or carrying out work duties under the influence of alcohol, drugs or any other substance.
- Consumption of alcohol or the inappropriate use of drugs or other substances whilst at work or on duty.

11. APPEALS

Any appeal arising from the application of this policy will be dealt with under the 142 - All Wales Grievance Policy.

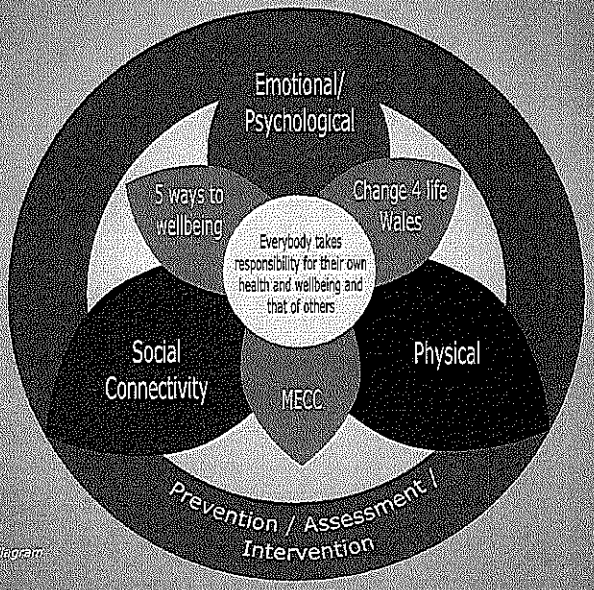
12. SOURCES OF HELP

- Manager
- Occupational Health Department
- Workforce
- Trade Union Representatives
- GP
- National Helplines such as: Alcoholics Anonymous on 0845769 7555, National Drugs Helpline on 0800 776600
- PRISM – Drug and Alcohol Support Services - The telephone number for the Single Point of Contact for drug and alcohol services is: 03303639997

13. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Our Wellbeing Matters



Please click on the diagram to navigate

#WellbeingCymru

www.wales.nhs.uk/sitesplus/documents/1064/Cheers%20Health%20and%20Wellbeing.pdf

1

Our Wellbeing Matters

Emotional / Psychological - What do I need to do to keep well?

1. 5 Ways to Mental Wellbeing
2. Mindfulness
3. Resilient Mind - Building Resilient Communities
4. Resilient Mind - How to Manage Stress
5. 7 Stress positives for a better life
6. Wellness Action Plans

Emotional / Psychological - Take action where do I get help?

1. Sleep
2. Anxiety & Depression - Mind
3. Anxiety & Depression - NHS Choices Moodzone
4. Anxiety & Depression - NHS Direct Wales
5. Suicide
6. Bereavement - Cruse
7. Money Matters
8. C.A.L.L.



2

14

Our Wellbeing Matters

GIG CYMRU NHS WALES

change 4 life

Eat well Move more Live longer

1. Change 4 life Wales

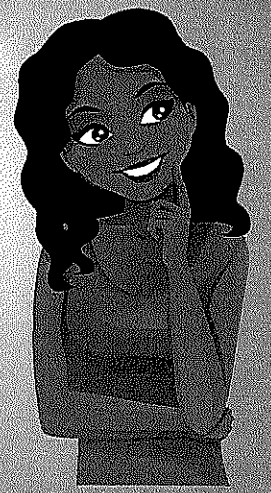


Our Wellbeing Matters

GIG CYMRU NHS WALES

Physical - What do I need to do to keep well?

1. Hydrated
2. Tips for Eating Well
3. Physical Activity
4. Travel Immunisation
5. Public Immunisation
6. Sexual Health
7. Screening
8. Breastfeeding
9. Back Pain - Don't Take Back Pain Lying Down
10. Back Pain - Living With Back Pain
11. Back Pain - Healthy Working Wales
12. Back Pain - Musculoskeletal Disorders



Our Wellbeing Matters

Physical - Take action where do I get help

- Tobacco
- Alcohol & Substance misuse
- Obesity
  - Lose Weight NHS Choices
- A-Z of diseases – NHS Wales Encyclopaedia
- BMI Calculator
  - Underweight Adults
- Carers NHS Choices
  - Carers NHS Direct Wales
- Teenagers
- Ageing Workforce
  - Older People in Wales
- Womens Health NHS Choices
  - Womens Health in Wales
- Mens Health NHS Choices
  - Mens Health Live Well
- CAIS
- NHS Live Well Fitness
- Youth Workers
- Dementia

Our Wellbeing Matters

Physical - Menopause

The menopause is traditionally seen as a private matter. Recognition of how the menopause affects women can help support women in the workplace and provide additional considerations for its workers.



Problems that women experience	Potential solutions
Feeling hot / hot flushes / skin irritation	Sit by window Use fans Use ventilation systems Consider additional wellbeing break Allowing staff to leave meeting for a few moment if required Having change of clothes areas Access to cold water
Fatigue / poor sleep / night sweats	Consider flexing working pattern e.g. later shifts / reduction in hours
Urinary frequency / heavy periods	Toilet facilities close at hand Understand need for more frequent toilet breaks
Irritability / depressed mood / anxiety / panic attacks / Forgetfulness / loss of concentration / Palpitations	Workload considerations Wellness actions plans Stress risk assessments Avoid over use of performance management
Headaches	Consider additional wellbeing break to allow medication to take affect
Joint aches	Change of posture at work for sedentary workers Consider reducing manual handling activity / loads if joints are aggravated

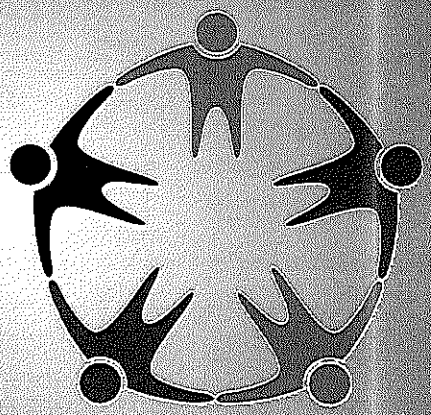
HOME

Our Wellbeing Matters

Making Every Contact Count (MECC)

The MECC approach can help you to use everyday conversations in a way that may support someone to make positive wellbeing choices.

1. **ASK** – when the opportunity arises
2. **ADVISE** – brief advice on the lifestyle issue
3. **ACT** – signposting



HOME

Our Wellbeing Matters

Social Connectivity

1. Connect for Mental Wellbeing
2. Mental Health Services
3. Public Health Network Cymru - find out what's going on in your local area
4. Worklife Balance
5. NHS Wales Core Principles
6. Health Boards / Trusts Staff Support Services



HOME

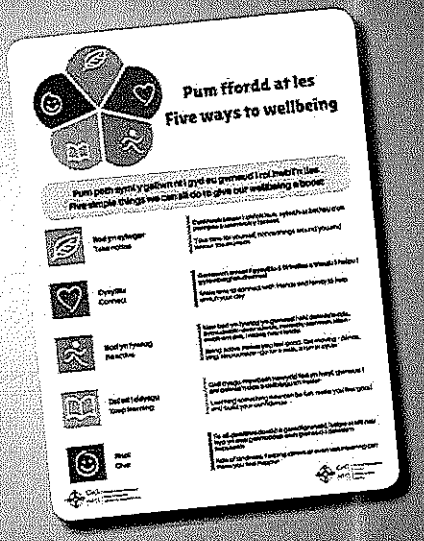
Our Wellbeing Matters

GIG CYMRU NHS WALES

1. MIND 5 Ways to Wellbeing
2. NHS Confederations 5 Ways to Wellbeing
3. 5 Ways to Mental Wellbeing
4. 5 Ways to Mental Wellbeing Cymru
5. 5 Ways to Mental Wellbeing Public Health Wales
6. Steps Towards Health and Wellbeing

For more information and evidence click here

NEW ECONOMICS FOUNDATION



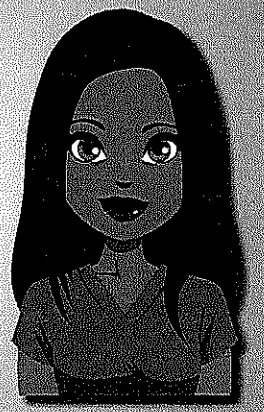
HOME

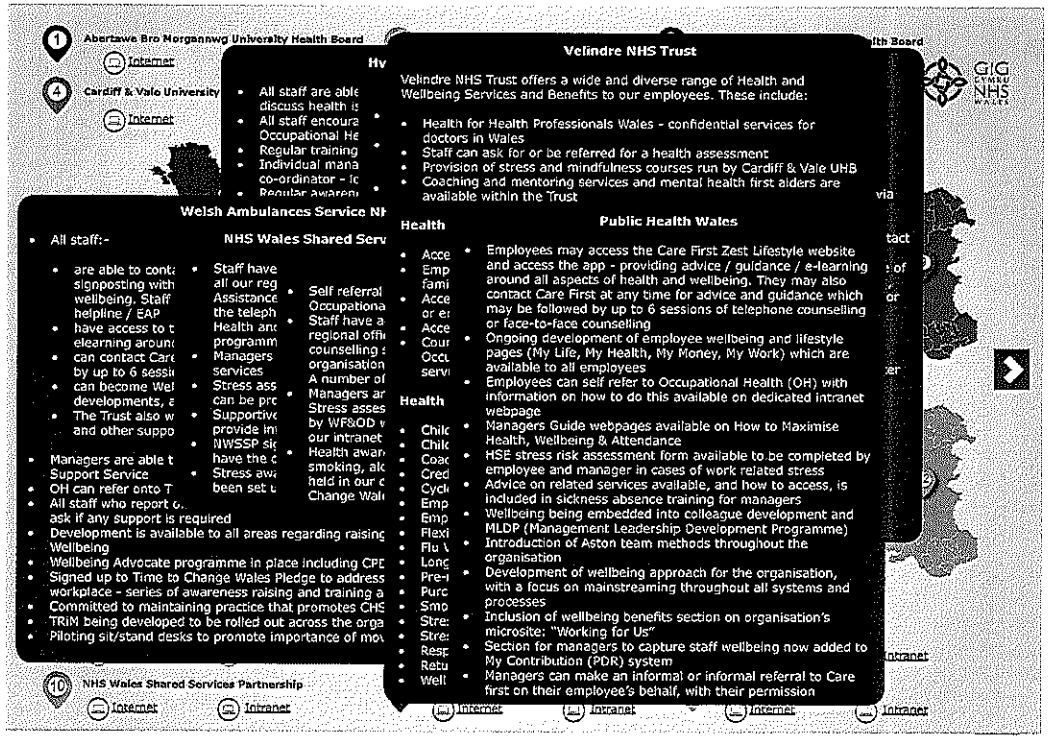
Our Wellbeing Matters

GIG CYMRU NHS WALES

Prevention / Assessment / Intervention

1. NHS Direct Health and Wellbeing Resources
2. Health and Safety Executive
3. HSE Risk Assessment
4. Wellness Action Plan
5. Wellness Action Plan (Welsh Version)
6. Corporate Health Standard
7. Health Improvement Welsh Government
8. Public Health Wales
9. Health in Wales
10. Public Health Network Cymru
11. Dewis Cymru





HOME

Our Wellbeing Matters

Contacts

Email: Claire.Smith10@wales.nhs.uk
Email: Catherine.Evans@wales.nhs.uk
Email: Claire.Radley@wales.nhs.uk
Email: Claire.Whiles@wales.nhs.uk
Email: Claire.Butler4@wales.nhs.uk
Email: Debbie.Rees-Adams@wales.nhs.uk
Email: Gavin.Jones@wales.nhs.uk
Email: Adrian.Neal@wales.nhs.uk
Email: Jack.Jackson@wales.nhs.uk
Email: Jackie.Jones8@wales.nhs.uk
Email: Vanessa.Davies2@wales.nhs.uk
Email: James.Moore2@wales.nhs.uk
Email: Jane.Rees8@wales.nhs.uk
Email: Karen.Vaughan@wales.nhs.uk
Email: Nicola.Bevan3@wales.nhs.uk
Email: Paul.Dunning@wales.nhs.uk
Email: Robert.Blake2@wales.nhs.uk
Email: Sarah.Brooks2@wales.nhs.uk
Email: Sarah.Wynne-Jones@wales.nhs.uk
Email: Sian.Griffiths6@wales.nhs.uk





Our Story

Introducing our Network

Over time, there has been a series of networks, project groups and workstreams focusing on Health and Wellbeing in NHS Wales. We are fully aware that we need to build on the successes and learn from previous groups. To help this, we have a simple focus to improve the health and wellbeing of NHS Wales colleagues. Many people are involved in this, but our uniqueness is from being a willing collaborative of people (relationships) with ideas and enthusiasm as to how we can work together to achieve our goal.

If you wish to contact the network please **Email**: Claire.Smith10@wales.nhs.uk

Our purpose and outcomes

The purpose of our group is to:

- Increase peer support for Health and Wellbeing leads
- Reduce duplication of activities
- Help increase focus within NHS Wales organisations on developing health and wellbeing (prevent rather than cure)
- Support NHS Wales organisations to more easily achieve their Corporate Health Standards
- Increase sharing of successes and learning between NHS Wales organisations and beyond
- Increase access to resources across organisational boundaries
- Increased collaborative developments and projects across NHS Wales

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PERFORMANCE APPRAISAL AND PERSONAL DEVELOPMENT PLAN POLICY

Policy Number:	045	Supersedes:		Classification:	Employment

Version No:	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Group	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	To ensure staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles
Scope:	This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place but the principles of this policy also apply to medical and dental staff.
To be read in conjunction with:	133 - Equality and Diversity Policy 203 – All Wales Capability Policy 142 – All Wales Grievance Policy Learning and Development Strategy 314 - Medical Staff Appraisal Policy – in draft currently 113 - Learning and Development Policy 443 - All Wales Pay Progression Policy 225 – Data Protection Act Policy 173 – Freedom of Information Act Policy

Owning Group:	W&OD Policy Group		
Executive Director:	Lisa Gostling	Job Title:	Director of Workforce & Organisational Development

HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	08/03/2010
2	Revised	04/04/2013
3	Minor changes to reflect new process	18/5/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – section 14	17.5.2018

Glossary of terms

Term	Definition
PADR	Performance Appraisal & Development Review
KSF	Knowledge and Skills Framework
CPD	Continuous personal and professional development
HIW	Health Inspectorate for Wales
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency

Keywords	PADR, PDP, Performance Appraisal, Personal Development Plan

CONTENT

1. INTRODUCTION 4
2. POLICY STATEMENT 4
3. DEFINITIONS 4
4. SCOPE 4
5. AIM & OBJECTIVES 5
6. PRINCIPLES OF PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW 5
7. PROCESS OF PADR COMPLETION 5
8. HEALTH BOARD GUIDANCE 6
9. APPEALS PROCEDURE 6
10. DOCUMENTATION 6
11. ROLES AND RESPONSIBILITIES 6
11.1. Chief Executive 6
11.2. Director of Workforce and Organisational Development 6
11.3. Executive Directors 7
11.4. Senior Managers, Heads of Services 7
11.5. Heads of Department and Ward Managers 7
11.6. Reviewer 8
11.7. Reviewee 8
11.8. Learning and Development Department 8
12. PERFORMANCE INDICATORS 8
13. EQUALITY 9
14. DATA PROTECTION ACT 1998 / GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQENT LEGISLATION TO THE SAME EFFECT 9
15. FREEDOM OF INFORMATION ACT 2000 9
16. RECORDS MANAGEMENT 9
17. REVIEW 9
18. MONITORING 9
19. DISCIPLINE 9
20. APPENDIX 1 - PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW (PADR) 10

HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

1.1 It is the policy of Hywel Dda University Health Board that all staff, with the exception of staff employed on short- term contracts or locums, have an annual Performance Appraisal & Development Review (PADR) or appraisal, at which an associated agreed Personal Development Plan should be developed.

1.2 The majority of staff fall under the terms and conditions of the Agenda for Change National Agreement, which includes the Development Review, and forms part of the Agenda for Change national agreement.

1.3 Consultant medical staff are subject to annual appraisal as set out in Advance Letter (MD)W5/2001. Other grades of medical staff within the organisation will receive an annual appraisal; this will be carried out using the pro forma and process described in the above Advance Letter.

1.4 Hywel Dda University Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human right, gender reassignment, marriage and civil partnership and pregnancy and maternity. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from these groups. Managers must check with individual staff what their needs are.

2. POLICY STATEMENT

This policy applies to all staff (as in 1.1 above) regardless of the type of review / appraisal they are required to undertake. It is imperative that the Organisation's Performance Appraisal & Development Review (PADR) process is operated effectively, so that staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles and to align with the requirements of the All Wales Pay Progression Policy.

This policy has been written in line with the requirements of the NHS Knowledge and Skills Framework (KSF) however it is to been noted that this policy does not exclude other appraisal systems in place within the organisation for specific staff groups e.g. Medical Appraisal

3. DEFINITIONS

For the purposes of this policy the term PADR refers to the process, documentation and one to one meeting required by the Health Board between every member of staff and their line manager or identified supervisor on an annual basis, or as often as is required, to ensure a competent workforce who are developed and supported to realise their full potential.

4. SCOPE

This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place.

5. AIM & OBJECTIVES

The aim of the policy is to define the systems, processes, documentation and associated training which support the delivery of an effective PADR system within the Health Board and the roles and responsibilities of all staff.

6. PRINCIPLES OF PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW

This policy is underpinned by a number of principles which reflect the organisational approach in relation to learning, development and education. These principles are cited below:

- **Commitment:** Hywel Dda University Health Board as a learning organisation, supports lifelong learning through, continuous personal and professional development (CPD). Hywel Dda University Health Board highly values the concept of learning as part of daily work. The role and contribution of managers at all levels is crucial to the development of staff and occurs as an integral part of working life. The commitment of staff to continually develop within their roles within available resources is paramount.
- **Responsive to organisational need:** The provision of learning, training, development and education opportunities must be fully responsive to organisational need and reflect the learning priorities of the organisation. In view of the rigours of Quality and Governance, Health Care Standards for Wales, Health Inspectorate for Wales (HIW) the National Institute for Clinical Excellence (NICE), National Patient Safety Agency (NPSA), Professional revalidation requirements, the KSF and individual professional accountability, it is essential that Hywel Dda University Health Board adheres to a formal and systematic scheme.
- **Development needs are identified and agreed in partnership:** The PADR is a partnership process, undertaken between the individual member of staff (reviewee) and the reviewer. Both parties take specific responsibility for agreed parts of the PADR process. All staff will have an active, agreed Personal Development Plan.
- **Equity of opportunity and access:** Hywel Dda University Health Board will ensure equity of access to appropriate learning and development interventions, and will adhere to the organisation's Strategic Equality Plan and objectives..
- **Consistent approach to funding:** Hywel Dda University Health Board will adopt a consistent approach to the allocation of resources throughout all parts of the organisation Appropriate resources should be made available to enable a member of staff to develop and apply their knowledge and skills to meet the demands of their current post and to progress in their career should they so wish.

7. PROCESS OF PADR COMPLETION

All staff must have at least one annual performance appraisal development review, at which a personal development plan should also be developed. For staff under the agenda for change agreement, this should be based on their job description individual KSFoutline and work objectives, and comply with the terms and conditions of the agenda for change KSF and associated development review process. Further guidance can be found in 'the NHS knowledge and skills framework (NHS KSF) and the development review process' October 2004. This is available within departments or to download from http://www.dh.gov.uk/assetroot/04/09/08/61/04090861.pdf

The Performance Appraisal & Development Review process is based on an ongoing cycle of learning. It consists of four stages

- Reviewing how individuals are applying their knowledge and skills to meet the

demands of the current post and personal objectives and identifying whether they have any development needs.

- Agreeing a Personal Development Plan (PDP), detailing the learning and development to take place within an agreed timeframe, and the date of the next review.
- Undertaking the learning and development identified.
- Evaluating the learning and development and reflecting on how it has been applied to work.

PADRs/PDPs will need to be planned and completed throughout the year. Department managers should collate agreed development needs into one Departmental Training Plan. This plan needs to be submitted to the Learning and Development Department via the Training Needs Analysis. The Learning & Development Department will to collate the information into an Organisational Training Plan. By undertaking this process on a yearly cycle, the learning and development budgets can be managed equitably and in a robust, cost effective way.

8. HEALTH BOARD GUIDANCE

The Hywel Dda University Health Board has developed a guidance booklet for managers and staff explaining the process and providing a clear explanation of the process and associated documentation (see Appendix 1).

Staff who fall outside of the Agenda for Change Agreement (i.e. Directors, Medical and Dental staff) should still follow the principles of the guidance in this document, excluding the references to All Wales Pay Progression Policy.

9. APPEALS PROCEDURE

All staff will have the right to appeal against any decision where the manager has proposed to halt pay progression.

10. DOCUMENTATION

Copies of the Guidance For Managers and Staff including the PADR documentation are available on the Hywel Dda Intranet, and from the Learning & Development Department. (A4C Staff)(Appendix 1).

Identified and agreed development needs arising from individual personal development plans must be collated into a department training plan, and forwarded to the Learning & Development Department, as part of the Training Needs Analysis Process

11. ROLES AND RESPONSIBILITIES

11.1. Chief Executive

The Chief Executive holds overall responsibility for the effective management of Organisational Policy.

11.2. Director of Workforce and Organisational Development

It is the Director of Workforce and Organisational Development's responsibility to ensure that;

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- PADR compliance is monitored and reported as a Tier 1 target to the Board.

11.3. **Executive Directors**
Executive Directors have responsibility to ensure that

- All staff within their responsibility are aware of and comply with the Policy.

11.4. **Senior Managers, Heads of Services**
It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments
- All levels of staff within their department or professional group adhere to this policy in all respects
- The Tier 1 target is attained within their services through compliance with this policy by ensuring all staff have an annual PADR and PDP/
- The quality of the PADR is audited to ensure that the policy is applied and underpinned by the organisational values.
- This information will also be recorded within ESR to inform accurate corporate and service level information (Identification of the number of staff who have had a PADR within the previous 12 months is required in Standard 22 of the Healthcare Standards for Wales).
- Where Development Plans have associated costs identified to support learning and development authorisation processes are clear within the team
- The required Health Board process is followed within the Health Board Guidance Documentation (Appendix 1) at reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected.
- Payroll is notified in a timely manner using the defined Health Board Process and documentation if a member of staff should not progress through Pay Progression.
- All identified reviewers have the requisite skills and knowledge to undertake a reviewer role. (A reviewer may not necessarily be the reviewee's line manager, but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through Personal Development Plans into a Local service Training Plan as part of the Training Needs Analysis process.

11.5. **Heads of Department and Ward Managers**
Ward Managers and Heads of Department are responsible for:

- The ratio of reviewers to reviewees is sufficient for the department (ideal ratio = 1:7, maximum ratio of 1:10).
- The reporting of the number of PADRs undertaken and Personal Development Plans (PDPs) is recorded in the Electronic Staff Record (ESR) to enable accurate corporate reporting monthly to the Board
- Ensuring all staff have an annual PADR and PDP
- Monitoring compliance of PADRs and PDPs locally with their team recording
- Following required Health Board process within the Health Board Guidance Documentation (Appendix 1) at reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected, and notifying line manager and HR team throughout the process
- All identified reviewers have the requisite skills and knowledge to undertake a reviewer role. (A reviewer may not necessarily be the reviewee's line manager, but must supervise them sufficiently on a regular basis).

- Collating all training needs identified through Personal Development Plans into a Departmental Training Plan, which should be submitted to the Service manager for information/authorization and then Learning and Development Department as part of the Training Needs Analysis process.

11.6. **Reviewer**
Nominated reviewers must be identified by the Head of Services to undertake this role and must undertake the required training prior to undertaking a review.

The Reviewer will act in a line management or supervisory capacity and undertake certain elements of the review (review of objectives, objective setting, KSF post outline review and PDP formulation) however, the signing off of some elements of the Personal Development Plans may be subject to the subsequent agreement of the Head of Department where there are associated cost implications or limited access to programmes.

All decisions to defer pay progression must always involve the Head of Department.

11.7. **Reviewee**
All staff are responsible for taking ownership of their own PADR in terms of assuming responsibility for:

- Preparing for the Performance Appraisal & Development Review meeting.
- Maintaining a personal development /CPD portfolio.
- Meeting work/performance objectives, and speaking with their line manager if they are having difficulties in a timely manner so that they can be supported to deliver them/discuss the situation/provide support.
- Seeking opportunities to learn and develop in the post to meet the KSF.
- Outline/objectives and take ownership of career development aspirations.
- Reviewing progress in their role, proactively discussing development needs with their reviewer and taking action to meet development goals.
- Ensuring development is also in accordance with their professional and regulatory bodies.

11.8. **Learning and Development Department**
The Learning and Development team department are responsible for ensuring that:

- The policy is published, reviewed, updated and held on the Health Board intranet site.
- Training for reviewers will be available for all staff within Management Passport Programme and additional monthly sessions for all staff who are required to undertake a Performance Appraisal and Development Review. It is essential that only staff who have received the training should undertake reviews.
- Records of attendance at training will be held on the Health Board ESR record.

12. **PERFORMANCE INDICATORS**

- 85% of staff have undertaken a Performance Appraisal & Development Review with their nominated reviewer in a 12 month period.
- 85% of staff have a Personal Development Plan in place.
- TNA completed annually from all areas.
- Number of staff passing through pay progression.
- Number of Consultant and non-consultant career grade Appraisals undertaken.

13. **EQUALITY**
The Health Board recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Health Board recognises that equality impacts on all aspects of its day to day operations. All policies and procedures will be assessed using the Health Board integrated impact assessment tool.

14. **DATA PROTECTION ACT 1998 / GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQENT LEGISLATION TO THE SAME EFFECT**
All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the Health Board's 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

15. **FREEDOM OF INFORMATION ACT 2000**
All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

16. **RECORDS MANAGEMENT**
All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

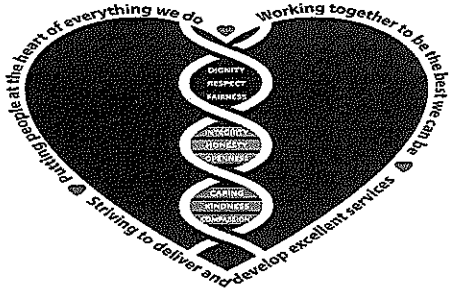
17. **REVIEW**
This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

18. **MONITORING**
Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the Health Board Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

19. **DISCIPLINE**
Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the Health Board's disciplinary procedure.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

20. APPENDIX 1 - PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW (PADR)
A LOCAL MANAGEMENT GUIDANCE FOR ALL MANAGERS AND STAFF



Hywel Dda University Health
Performance Appraisal and Development Review (PADR)
A Local Management Guidance for Managers and Staff

Performance Appraisal and Development Review (PADR)?

To help us give the best possible care and services, whatever our role, it is important that we understand what is expected of us and how our personal contribution helps out team and the organisation to achieve its aims.

A PADR is the ongoing continuous cycle providing all staff with clear agreed work objectives, feedback on how they are doing in their job and a personal development plan for the year ahead with new/ongoing work objectives. Everyone should have a meeting during their first week in the workplace with their line manager to set objectives when they start in a job or join a new team. Then their progress is managed during the year and annually, formally reviewed through a PADR meeting which is then recorded. A summary of their performance over the previous 12 months (the review period) against the objectives set is developed and agreed and then held in their personal file.

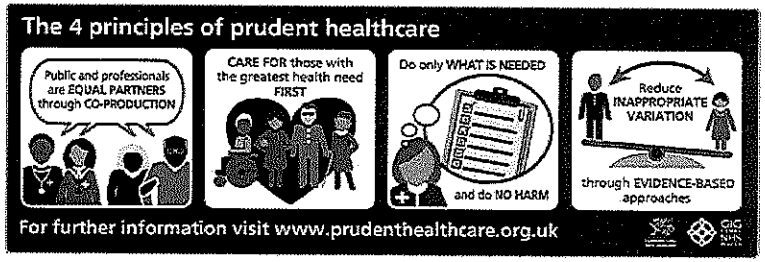
Why PADR is Important

PADR is important because:

- It provides feedback on how we have done which should be honest, constructive and timely and where possible should include feedback from a range of people we work with (e.g. colleagues, stakeholders, patients, project managers)
- It should ensure each of us agree and understand what is expected of us, and how we should be doing things i.e. what we need to deliver and the behaviours and ways of working that are expected of us
- It ensures that we develop ourselves to do things better and/or move to another role and have a plan of what learning we are going to do.

Prudent Healthcare in Appraisal

The principles of prudent healthcare underpin all objectives set across the HB, any service or individual providing a service should apply these principles when setting service and personal objectives:



What Happens at the Review

The PADR meeting involves reviewing and evaluating performance, planning and agreeing future work and developmental objectives for individuals against the demands of their posts as described in their Job Description. This is supported by the Knowledge and Skills Framework outlines for their post and informed by the Health Board strategic and operational objectives and local service objectives. The review will also include feedback on how to do your job as well as what you do. The HB has defined our organisational values and behaviours and identified the behaviours which we would wish to see as well as those which would be seen as unacceptable – they are included in this guide.

Some staff (Nurses, Therapists, Scientists etc) have specific professional criteria which define how they need to evidence their Continuous Professional Development in order to retain their Professional Registration and may have additional specific documentation to complete.

Recording the Review
A record of the date the PADR has been undertaken must be recorded in the Health Board Electronic Staff Record. This is so that the HB has information to show that the PADR has been undertaken and that the information can be reported to the Board and Welsh Government. Copies can go into personal file/portfolios on an e-basis via ESR or paper. The information on training needs will inform the development of departmental Training Needs Analysis which in turn helps the education and development team to plan programmes.

Planning for a PADR
It is important that the appraiser meets briefly with the staff to give them a copy of this document before the appraisal date is set, so they have an opportunity to read through the paperwork. The appraisal date should where possible be planned for a minimum of 3-4 months prior to incremental pay date. By meeting for a brief chat it gives the appraiser and staff member time to review the paperwork, any objectives set from the previous year and consideration of any development opportunities each may wish to raise at the PADR meeting. The documentation can be completed on line or printed out and completed by hand, but the emphasis in the meeting should be a face to face discussion with documentation completed at the end. The forms can either be uploaded into ESR once completed or held in the personal file. A checklist for managers is included within the Appendices.

NHS Wales Pay Progression Policy and link with PADR Hyperlink to AW Pay Progression Policy: http://www.wales.nhs.uk/sitesplus/documents/862/443-AllWalesPayProgressionPolicy.pdf

A new pay progression policy for NHS Wales was agreed by the Welsh Partnership Forum on 4 June 2015 and the development and implementation of the policy was one of the elements agreed as part of the 3 year deal agreed with trade unions.
The policy came into effect from 1 April 2015 and in future pay progression will be based on individuals demonstrating the requisite knowledge, skills and competencies for their role and achieving the required level of performance against objectives during the period through annual performance review (PADR).

This very simple guidance is to provide managers with five core key principles which support the delivery of a 'successful' appraisal, and they are based upon one key assumption:

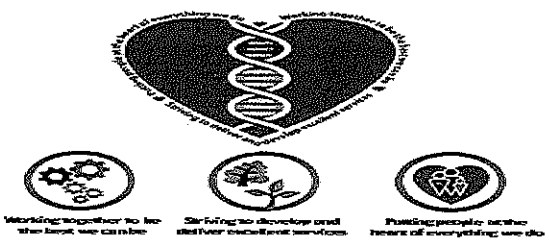
'the appraisee objectives have been discussed and agreed and they will have had feedback from their line manager either formally or informally during the year prior to the PADR meeting where the feedback during the year is reflected formally using the UHB documentation'

The five key principles are:

- PADR is undertaken annually,
- where the appraisee manages a team, compliance with PADR, mandatory training attendance, and effective management of sickness absence will be agreed as core key objectives for staff who supervise/manage teams prospectively
- that all objectives must have been discussed, recorded and agreed within the year prior, and performance managed during the year through regular meetings to PADR
- There are no surprises for the appraisee at the PADR
- The PADR dates are recorded in ESR

If a PADR has not been undertaken during the year due to absence, or because the manager has failed to arrange the appraisal; the manager must ensure that the appraisee progresses through the incremental point.
On rare occasions a PADR may affect pay progression, in these circumstances the HB had defined the expectations of managers through a defined and very specific process. The details of this process and associated documentation are in the Appendices. The section explains clearly the process which will be applied across the HB should the result of a PADR potentially effect Pay Progression; the expectations in terms of the evidence to support any recommendation from the appraiser, the role of the service manager and the documentation required.

Our Health Board Organisational Values, Mission Statement and Objectives



The principles which underpin our organisational values were defined by our own staff and they identified the 3 themes below.

Dignity, Respect and Fairness

This value group ensures that people are treated in way that supports their self respect. That there is a due regard to people's feelings, wishes and beliefs. Everyone counts and people are treated in a way that is right and reasonable.

CORE: What we do day to day and is expected of all staff, integral to the DNA of the organisation	ADVANCED: How we change the way we work to create a culture of excellence. Demonstrate a positive impact on patient and services	EXCELLENT: values are embedded in our culture and become habitual led by example and evidence what we do	Examples of behaviours that fail to Dignity, Respect and Fairness
• Take time to build professional relationships with colleagues, patients and stakeholders. ✓ Trust colleagues to act responsibly and are accountable for your actions. ✓ You respect people as individuals and are considerate. ✓ You understand how your role contributes to the wider organisations strategy, patients and people. ✓ You actively listen to others – showing you value and respect their input. ✓ You communicate respectfully, openly and Professionally. ✓ You provide information to patient or colleagues in a timely manner.	✓ Understand how your behaviours could be interpreted and consider the impact they can have on others. ✓ Encourage others to act Responsibly. ✓ You drive the diversity of teams and working groups. ✓ You recognise and value colleague's contributions and the users of our services. ✓ You engage with inter/external stakeholders ensuring a full range of views are taken into account. ✓ You are positive in all communications. You reflect and consider your communication the importance of sound communication and its impact on those around you. ✓ You ensure that timescales are relevant and are met.	✓ You look to understand other people and their behaviours, and use this knowledge to adapt your approach for effective working relationships within and beyond Hywel Dda. ✓ You instigate changes in behaviour to improve the use of Health Board resources. You lead change in others and teams. ✓ You are a role model for an inclusive leadership style; respecting colleagues and partners. You are able to evidence your impact and create a culture of diversity. ✓ You display a clear appreciation of your colleagues and teams efforts and support them when there are difficulties with evidence that you have embedded into your routine and the services you provide. ✓ You involve and gain agreement from those affected by decisions and actions. ✓ You utilise many different types of communication to ensure messages are sensitive and appropriate. You understand the contribution it makes to the importance of high quality safe care. ✓ You manage shifting timescales to allow information to be timely.	• You allow disrespectful or discriminatory behaviour to take place. • You are disrespectful, insensitive or unhelpful to patients or colleagues and your manner causes upset to others. You deliberately exclude others from activities when you know they could benefit from being involved. • You make little or no effort to understand things from your patient or colleagues point of view. • You don't say 'thank you' when it's appropriate to. • You knowingly use the health boards' resources for personal gain.

Integrity, Openness and Honesty

This values group ensures that we choose to do the right thing every time. We are transparent and accountable for our actions and plans and that we are truthful in what we say and do.

• Propriety, truthfulness and a sense of decency is your motive in all you do. • You are confident to be able to report and acknowledge mistakes and ensure that you learn from them so they are not repeated. • You are open to improvement and change for the better and foster trust in patients and colleagues. • You share ideas and knowledge to help support colleagues and create a sense of cohesion. • You share appropriate communication with patients and colleagues. • You look to gain regular feedback on performance to improve your contribution to the organisation. • You feel confident to be able to discuss any personal or professional issues within an environment of trust that may impact on your work.	• You have courage to speak up and raise concerns to the relevant personnel. • You foster an environment that supports colleagues to reflect, learn and improve. • You impart trust and ownership of changes and improvements that are made by the organisation. • You demonstrate an understanding where shared knowledge can benefit patients and other services. • You look to ensure that communication is fed appropriately to internal services to improve communication strategies. • You reflect and look to build on any constructive feedback to further develop your skills and those of whom I work with. • You facilitate a sense of belonging and create solutions collectively to issues impacting on work so that you and your colleagues feel supported.	• You promote a culture of openness and ensure it is part of the culture within your team and the organisation, and this is recognised and appreciated. • You set an example that encourages openness and honesty in reporting adverse incidents and near misses and you actively foster a culture of learning and improvement from these. You are able to evidence this positive culture. • You actively seek ways to develop individuals and services to improve patient care and the organisation creating a culture of trust. • You create a culture of knowledge sharing throughout teams and services for the benefit of organisational development and a sense of togetherness. • You build networks locally, regionally and nationally to help provide support and expertise by driving agendas, shaping services and addressing concerns and the impact is evidenced. • You create a culture of regular feedback which promotes personal development through a number of sources and organisations. • You apply an open door policy where employees feel comfortable to talk and you can evidence positive outcomes of this policy for the organisation and those you work with.	• admit to when mistakes are made. • You allow personal issues to have a detrimental effect on your performance without seeking support. • There is a withholding of information that could damage employer/patient and public's confidence in the health board. • There are no open and honest relationships which can lead to mistrust and a lack of respect. • Sticks relentlessly to own agenda with no regard to others thoughts or opinions. • Individual's performance needs are not measured and discussed so they do not gain suitable development for their career aspirations which would benefit the organisation. • There are no appropriate challenges to anyone who behaves outside of these Hywel Dda values, so there is no opportunity for them to change these behaviours to those we expect. • Criticise for the sake of it and offers judgemental feedback

Caring, Kindness and Compassion

This values group allow us to feel and show concern and empathy for people that need support. Where you feel sorrow and regret for the suffering and misfortune for patients, colleagues and teams, with a desire to help them in any way you can.

√ Decency is integral in all you do. You provide individual care and treat others as you would expect to be treated. √ You share compliments with colleagues. √You care to listen when people are speaking to you and are attentive and understanding of their views. √ You care that people are safe within the organisation and that you always consider their wellbeing. √ You offer support to your colleagues when it appears it is needed. √ You care about the public perception of the organisation.	• Courage to speak up when others are not treating someone to the level we expect. • Forward compliments and successes to relevant personnel. • Ensures that timescales are relevant and are met. • You should be able to give full concentration to what is being said. • Proactively manage the environments I work in to ensure peoples safety. • To pro actively think of times where support will be advantageous to colleagues. • Ensures that a true reflection of the health board is shared to help promote organisation.	• Ensures a culture where everyone is treated with kindness and compassion and manage anyone who does not demonstrate these behaviours. • You recognise, celebrate and build on individual and team successes. • Manages shifting timescales to allow information to be timely. • You will not use mobile phones or laptops to email or work on at meetings when others are speaking. Always ensuring you are actively participating in that meeting. • You manage the environments to ensure a safe environment is maintained at all times. • When issues do happen that threaten safety then these are risk assessed and appropriate actions are taken. • You recognise and celebrate individual and team successes. • Proactively seeks opportunities to promote the work the organisation completes to build a balanced reputation for Hywel Dda.	• You provide care that is inappropriate to the patient. • You ignore colleagues who need support. • You withhold positive comments that would benefit others. • There are times where information is late in being communicated. • You do not take responsibility to ensure a safe environment for people. • Individual's or/and teams are not recognised for the work they complete. • There is no support for people. • Do not play an active part at events/meetings.

Our Organisational Objectives

The Health Board has developed 10 strategic objectives which frame the Integrated Medium Term Plan. 1 to 8 are a measurable set of targets against which we can monitor our progress within services and each has a specific delivery plan bringing together, for the first time, all of our work across Primary Care services, the Integrated Care Fund, national delivery plans, Together for Health plans and our local Population Health Programme work streams.
Strategic Objectives 9 and 10 differ from the others in that their focus is on addressing our underlying financial position, delivering on national performance targets, addressing the fragility of many of our key services and bringing to life that part of our vision which seeks to ensure our services are efficient and effective and that we do not ask patients to travel unnecessarily or wait unduly.

The 10 Strategic Objectives:

1. To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in **risk taking behaviours.**
2. To reduce **overweight and obesity** in our local population.
3. To improve the prevention, detection and management of **cardiovascular disease** in the local population.
4. To increase survival rates for **cancer** through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.
5. To improve the early identification and management of patients with **diabetes**, improve long term wellbeing and reduce complications.
6. To improve the support for people with established **respiratory illness,** reduce acute exacerbations and the need for hospital based care.
7. To improve the **mental health and wellbeing** of our local population through improved promotion, prevention and timely access to appropriate interventions.
8. To improve early detection and care of **frail** people accessing our services including those with **dementia** specifically aimed at maintaining wellbeing and independence.
9. To improve the **productivity and quality** of our services using the **principles of prudent health care** and the opportunities **to innovate and** work with **partners.**
10. To deliver, as a minimum requirement, **Outcome and Delivery Framework Targets** and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a **sound financial footing** over the lifetime of this Plan.

OBJECTIVES should be linked to organisational, departmental and team objectives, should reflect prudent healthcare, be written using these principles and must always be agreed not imposed.

SMART (WORK OBJECTIVES) & SMILE (FOR PDP)

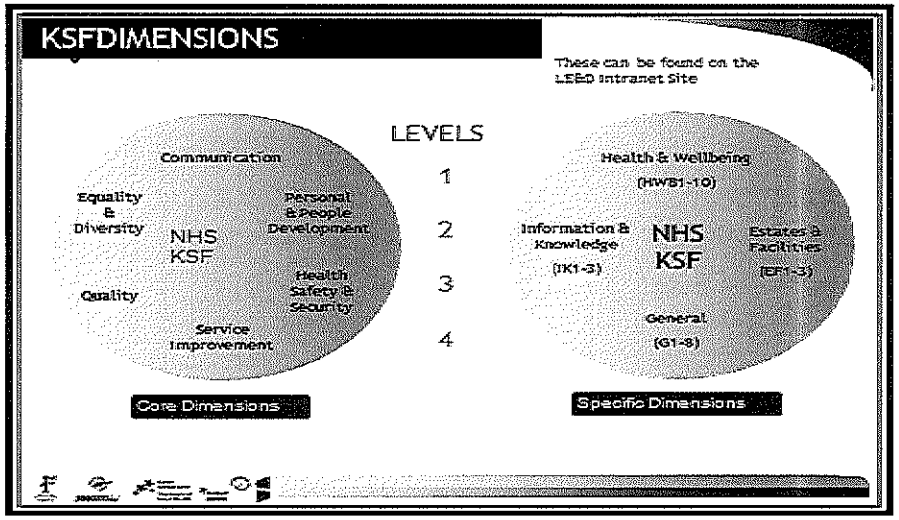
Specific	The action, behaviour or outcome must be linked to a rate, number, percentage or frequency. 'Answer the telephone quickly' is not specific and allows for a subjective judgement to be made about whether the outcome has been achieved. In contrast, 'answer the telephone within 5 rings' is very specific.
Measurable	You must be able to measure the extent to which an objective has been achieved If you've successfully created a specific objective linked to a rate, number, percentage or frequency, this will be easier.
Achievable	Put simply, an objective is achievable if, with a reasonable amount of effort and application, it can be achieved. Deciding what constitutes a realistic amount of effort and application calls for a subjective judgement to be made, which is one reason why objectives should be mutually agreed, and not 'set' by the reviewer.
Realistic	This means that the outcome sought must be something the individual can actually impact upon. The key question her are: Does the individual have the necessary knowledge, skill and authority to complete this objective?
Timely	This means quite simply: is there a timeframe within which the objective should be undertaken? If there is no timeframe, the objective is not SMART.

Specific	Even though this objective is ambitious which means that it may or may not be successful, the intent of what you are trying to achieve, still needs to be SPECIFIC so that you can still assess whether or not it has worked
Measurable	You must be able to measure the extent to which an objective has been achieved, so even though the objective is ambitious, it needs to be measureable to assess whether it has worked or not.
Innovative	Being innovative is, about trying a new idea, device, or method with the potential for doing things better.
(in a) Learning Environment	Being able to try out ambitious objectives needs the right conditions. A learning environment is one in which: - Staff feel safe to try out new things - There is no such thing as failure, only learning - Openness and a sense of curiosity - Willingness to learn from others both inside and outside of the NHS - Time to think

The table below represents the annual mandatory training required programmes, the level of the training differs according to the role as does the refresher timeframe. This information is available here in the mandatory training grid or via the hyperlink if preferred. HYPERLINK TO THE MANDATORY TRAINING GRID
http://howis.wales.nhs.uk/sitesplus/documents/862/Copy%20of%20Mandatory%20Training%20Grid%2021Apr15.pdf

Copy of Mandatory Training Grid 21Apr1

MANDATORY PROGRAMME	LEVEL REQUIRED	DATE COMPLETED	REFRESHER DUE	NOTES
INFORMATION GOVERNANCE				
FIRE SAFETY				
TREAT ME FAIRLY				
HEALTH & SAFETY				
VIOLENCE AND AGGRESSION				
MANUAL HANDLING				
IMPROVING QUALITY TOGETHER				
INFECTION PREVENTION AND CONTROL				
SAFEGUARDING ADULTS				
SAFEGUARDING CHILDREN				
RESUSCITATION				
ANAPHYLAXIS				
WELSH LANGUAGE AWARENESS				
DEMENTIA AWARENESS				



ANNUAL PERSONAL APPRAISAL AND DEVELOPMENT PLAN

Personal Details					
Name		Job Title			
AfC Band		Payroll No			
Department		Directorate / Locality / County			
Date of last NMC Registration (Other professional if applicable)		Length of Service - NHS:	UHB:	Welsh Language level of competence:	
Review Type		6 Pay Progression affected? Yes / No			
Review Period					
From		To			
Reviewer Details					
Appraiser Name/ Confirmer Name (RGN)		Job Title			
Department		Directorate / Locality / County			
Date of Review					

PROFORMA FOR USE IN FIRST YEAR USING NEW DOCUMENTATION TO CAPTURE

REVIEW OF OBJECTIVES SET IN PREVIOUS 12 MONTHS

OBJECTIVES AGREED IN LAST PADR	PERFORMANCE DURING THE YEAR	OBJECTIVES IDENTIFIED FOR 'ROLL OVER INTO NEXT YEAR
How do you feel you have performed in your job using the values we now have in place?		

STAFF COMMENTS
Please summarise how you feel the last 12 months has gone.

SUMMARY (TO BE COMPLETED BY REVIEWER)
Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

HYWEL DDA PROFORMA FOR DOCUMENTING WORK OBJECTIVES

ORGANISATIONAL OBJECTIVE	LOCAL SERVICE OBJECTIVE	PERSONAL OBJECTIVES		TIMESCALE	YEAR END REVIEW
	1. ENSURE ALL TEAM ACHIEVE MANDATORY TRAINING UPDATES WITHIN YEAR TO DELIVER SAFE EFFECTIVE SERVICE (ENSURE MANAGER AWARE THAT YOU NEED TIME TO ATTAIN COMPETENCY)				
1. MEET POLICY /ORGANISATIONAL POLICY AND DELIVER TIER 1 TARGETS (these are primarily for managers but many have just some responsibility for the team so can be added to individual staff objectives)	2. ENSURE ALL TEAM HAVE PADR (BE RESPONSIBLE FOR ASKING FOR A PADR) , FEEDBACK ON PROGRESS AND A PERSONAL DEVELOPMENT PLAN				
	3. MANAGE SICKNESS ABSENCE WITHIN THE HB TARGET IN YEAR AND APPLY THE PRINCIPLES OF THE ALL-WALES SICKNESS ABSENCE POLICY CONSISTENTLY				
	4. ENSURE 'TEAM BRIEF' IS DELIVERED ON A REGULAR BASIS				
	ORGANISATIONAL VALUES				
2. MEET ORGANISATIONAL BEHAVIOURS AND VALUES IN DELIVERING YOUR JOB	1.APPLY THE ORGANISATIONAL VALUES WITHIN WORKING PRACTICES (EVERYONE)				
	2.EXHIBITS BEHAVIOURS AT WORK AND ACTIVLY ENSURE OTHERS BEHAVE APPROPRIATELY WITHIN WORK (EVERYONE)				
	PERSONAL WORK OBJECTIVES				

HYWEL DDA PROFORMA FOR DOCUMENTING DEVELOPMENT PLAN

Before any additional development is undertaken the member of staff MUST have attained their minimum mandatory training

PERSONAL DEVELOPMENT NEED IDENTIFIED (PLEASE CROSS REFERENCE WITH WORK OBJECTIVE/PDCP)	IMPACT UPON EFFECTIVE DELIVERY OF ROLE	DEVELOPMENT/ TRAINING AGREED INCLUDING TIMESCALE	FUNDING/OR STUDY LEAVE AGREED (PLEASE NOTE SOURCE OF FUNDING AND TRAINING INSTITUTION IF EXTERNAL)	EXPECTED OUTCOME FROM THE INVESTMENT IN DEVELOPMENT	EVALUATION FOLLOWING ATTENDANCE/DEVELOPMENT (PLEASE NOTE HOW YOU WILL SPECIFICALLY EVALUATE THE RETURN ON THE INVESTMENT IN DEVELOPMENT)

Signature of Appraisee: .....
Signature of Appraiser: .....
Date:

SPECIFIC NURSING & MIDWIFERY DOCUMENTATION TO SUPPORT NMC

Review of Practice-related Feedback	
Number of episodes of feedback reviewed	
Practitioner's Reflective Summary:	

Review of Continuing Professional Development			
Total CPD Hours		Participatory Hours	
Practitioner's Reflective Summary:			

Participatory CPD = learning done WITH OTHERS eg. classroom, clinical supervision, mentoring, meetings etc
Non-participatory CPD = learning undertaken ON YOUR OWN eg. E-learning, reflection, reading articles etc

Summary of Reflective discussion with another NMC Registrant - usually line manager or Professional lead (if line manager is not NMC registered)	
Number of written reflective accounts reviewed	
If CONFIRMATION is taking place during this PADR then please complete this summary on the NMC REFLECTIVE DISCUSSION FORM	
This summary should be written by the line-manager / professional lead	

MENTORSHIP	
Are you a Mentor?	Yes / No *(If yes please answer questions below)*
How many students have you mentored in the last year	
How have you kept up to date with mentorship? *(please indicate)*	
Attend annual update	Yes / No
Online Update	Yes / No
Portfolio	Yes / No
Providing Evidence	Yes / No
Link Mentor	Yes / No
Other *(please give details)*	

MENTORSHIP TRIENNIAL REVIEW	
Every three years you are required to have a formal review of your mentorship. You need to have had contact with at least 2 students, have attended an annual update and be keeping your mentorship portfolio up to date.	
DATE OF LAST TRIENNIAL REVIEW	
DATE NEXT TRIENNIAL REVIEW DUE	

APPENDICES

HB Process where a PADR (Appraisal) could result in a potential recommendation to halt Pay Progression

The following key points are key to all supervisors/managers undertaking PADR which inform any decision and the process to stop pay progression:

- If a PADR has not been undertaken during the year the impact will not fall upon the member of staff, the manager must ensure that they progress through the incremental point

- The decision to halt progression **is not based solely on the annual PADR meeting** but is supported by documentation **during the year** which reflects the following:
  - Regular meetings where the line manager has raised concerns in relation to any/all of the following:
    - Delivery of agreed key objectives within agreed time scales
    - Attitude/behavioural issues through assessment against the HB Values Competence
    - Any active conduct or issue related to any disciplinary process
  - How the manager has offered support to the individual during the year in order to address issues either through training, mentorship, coaching or additional resources.
  - The manager has involved local Operational HR team to support and may have commenced application of capability policy

- Where there is evidence that meetings have taken place during the year and development either training/coaching/ mentoring/shadowing agreed with the member of staff to support potential weaknesses in practice, there will also need to be evidence that this has happened, been discussed and developmental objectives achieved. If for any reason the agreed development has not taken place the appraisee will pass through pay progression

In order to stop Pay Progression, the PADR and all supporting evidence must be discussed with the Professional Head of Service/Senior Manager who will review the evidence to ensure that there is sufficient evidence of continued support/assessment prior to preventing Pay Progression to next incremental point and will countersign the documentation. It is possible that W&OD operational HR team will have been supporting the manager already if the capability policy has been cited during the year.

There are 3 potential issues which would be most likely to effect the outcome of the PADR:

- failure to achieve objectives without reasonable justification/rationale
- capability in terms of performance in the delivery of the requirements of the post behavioural issues/conduct related to compliance with HB Values or any live disciplinary warnings
- attendance – where formal warnings or expected improvement have been issued during the review year

In all cases the line manager and the member of staff should be aware that issues have been raised, plans identified to support the member of staff through training/coaching/mentoring etc if required, and clear objectives and support mechanisms agreed and recorded during the year.

In all such cases, it is important that the senior manager is informed during the year if no improvement is seen against issues discussed as the senior manager will be required to review documentation and to counter sign/authorise the proforma requesting the postponement of pay progression.

If pay progression is to be stopped the proforma must be completed and signed off by the 1st of the month when the incremental pay rise would have occurred e.g. incremental increase due in June pay on 20th, proforma required by 1st June.

The proforma is below embedded and as a hard copy



V2 Pay Progression Policy form JUNE 6TH

PAY PROGRESSION POLICY FORM

TO BE COMPLETED by LINE MANAGER with EMPLOYEE.
email an authorised scanned form to inbox.payroll.hdd@wales.nhs.uk

The fields marked with an Asterisk * are mandatory and therefore must be completed.
Please note hand-written, incomplete or out of date forms will be returned to the Manager

SECTION A - EMPLOYEE DETAILS	
ASSIGNMENT NUMBER*	
SURNAME *	
FORNAME *	
NATIONAL INSURANCE NUMBER *	
SECTION B - ASSIGNMENT DETAILS* All fields are mandatory	
WARD/DEPARTMENT *	
JOB TITLE *	
CURRENT SALARY *	
HOURS/SESSIONS *	
BAND OR GRADE *	

SECTION C - INCREMENTAL POSTPONEMENT

INCREMENTAL DATE TO BE POSTPONED	Enter Date	FOR XX MONTHS / FULL	Please note that this postponement is only valid for 12 months. (For example

SECTION D - ANNUALLY EARNED POINTS BAND 8C, 8D & 9 ONLY

EFFECTIVE DATE OF CHANGE	Enter Date	NEW SALARY	

Please note that Annual Earned Salary point uplifts are only valid for 12 months

SECTION E - COMMENTS/ADDITIONAL INFORMATION

Confirm that additional supporting information has been reviewed by senior manager and note the core documents reviewed relating to decisionfor any pay progression change here.

SECTION F - EMPLOYEE CONFIRMATION * All sections are mandatory

I declare that I understand the information on this form and that it impacts upon my pay progression.

SIGNATURE OF EMPLOYEE *		DATE *	

SECTION G - MANAGER CONFIRMATION AND AUTHORISATION * All sections are mandatory

I confirm that the changes on this form have been authorised.
I am an authorised signatory for my ward/department. I understand that if I knowingly authorise false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Hywel Dda University Health Board (HDUHB) and NHS Protect for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

SIGNATURE OF MANAGER *		DATE *	
PRINT FULL NAME & DESIGNATION*		EMPLOYEE NUMBER *	
SIGNATURE OF SENIOR MANAGER*		DATE*	
PRINT FULL NAME & DESIGNATION*		EMPLOYEE NUMBER *	
EMAIL ADDRESS FOR QUERIES *		PHONE NUMBER FOR QUERIES *	

Please Note: This form will be returned to you and payment will be delayed if these changes are not completed accurately and in full. ALWAYS DOWNLOAD THE LATEST VERSION FROM YOUR INTRANET

PADR Checklist for Line Managers

1) Preparation

- Have you booked a time and place that is convenient for you and your team member?
- Have you given the team member a pack?
- Have you reviewed last year's PADR- any agreed objectives?
- It may be useful to be aware of the following documents: job descriptions, study leave policy, pay progression guidance.
- Use the guidance to prepare for an outline of your conversation.

2) Conversation

- Your main job is to listen and ask a few questions, so prepare yourself to actively listen!
- You may find it useful to use the OSCAR coaching method.
- Ensure that any objectives set follow the SMART principle.
- Be confident that both you and your team member understand what will happen next.
- Agree a review date – this is likely to be within 6 months. This will help ensure progress towards the objectives and provide any 2 way feedback.
- Agree the date of the next PADR – this should be 11-12 months from the date of the PADR.

3) Record

- The date of the PADR on ESR
- Ensure that both of you have a copy of the conversation is kept using the PADR form
- In the rare times you need to, contact Payroll if someone's increment needs to be held back

How to enter PDR dates in to ESR Management Self Service (Managers Only)

You will need to go in to MANAGER OR SUPERVISOR access to be able to carry out this task. You will not be able to do this via Administrator access.

- Appraisals on main menu
- Click Appraisal tab top left hand corner of screen
- Go to right hand side of screen-click the GO button (all staff are behind this button)
- Click on ACTION button for the member of staff you are appraising
- Fill in the form-:
  - Type of review
  - Dates you are reviewing form and to (one year later)
  - Click magnifying glass-type in KSF to the empty field and click GO
  - Choose the KSF Review template, double click the yellow quick select icon and it will go in to the field for you.
  - Manually Delete the review date as it will have deferred to today's date and put in the date you undertook the review.
  - You don't have to fill in date of next review if you don't know it.
  - Click Next
  - Click Next again
  - Click Save and Proceed (to save the dates)
- Scroll down to the bottom of the page and left hand side you will see a link RETURN TO SUMMARY click this and it will take you back to the first screen where you will see this recorded.

Repeat the above for all PDRs your have undertaken already or are in the planning stage.

PADR MONTHLY MONITORING REPORT
(ONLY FOR MANAGERS NOT ON ESR SELF SERVICE)

Please complete all sections update and return by email to Carolyn.Jones3@wales.nhs.uk

Reviewers name.....

Reviewers Pay Number.....

Details of reviews undertaken this period

Employee Staff Number	Employee name	Date of Actual Review (PADR)	Review Period Start Date	Review Period End Date	Next Review (8 weeks prior to incremental date of employee)

Form completed by:.....

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

16

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

CORE PADR

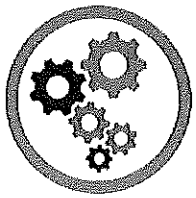
My Details / My Manager's Details			
My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐ Review ☐ Final Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
Review Period Start Date:		Review Period End Date:	
Manager Name::		Manager Job Title	
Date:		My Pay Number:	

Personal Review – to be completed during the discussion
a) What has gone well for me this year?
b) What could have gone better this year?
c) What are my career aspirations for the next 12 months?

How have my behaviours supported the Health Board's Values during this review period? *(click here Hywel Dda University Health Board | Hywel Dda Values - It's In Our DNA for further guidance)*




Progress against KSF Dimensions and Levels (see assigned KSF Job Outline)				
Core Dimensions	**Foundation Gateway Level**	**Current Level***	**Final Gateway Level**	**Comments/ Evidence**
(C1)Communication				
(C2)Personal & People Development				
(C3)Health Safety & Security				
(C4)Service Improvement				
(C5)Quality				
(C6)Equality & Diversity				
Specific Dimensions (identify the 3-6 specific dimensions in KSF Job Outline)				

Objective Setting
What are my **SERVICE** objectives for the next year? (Max 8 key objectives)
What are my **TEAM** objectives for the next year? (Max 8 key objectives)
What are my **PERSONAL** objectives for the next year? (Max 8 objectives). How do they relate to the Organisational Values? (*click here Hywel Dda University Health Board | Values - Introduction for further guidance)*
Putting people at the heart of everything we do 
Striving to develop and deliver excellent services 
Working together to be the best we can be 

Personal Development Plan
Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives
Mandatory Training *(click here Mandatory Training Matrix for further guidance)*

Development to meet objectives *(click here for Hywel Dda e-Prospectus)*identify category (Health Board Priority / CD1 / CD2)

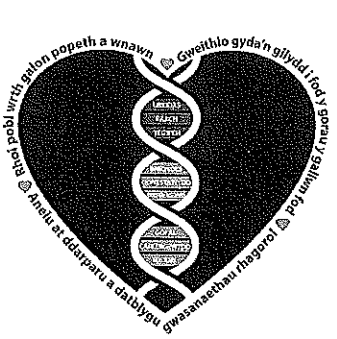
NMC Revalidation		
Are you on the NMC register?	Yes ☐	No ☐
If 'yes' please refer to Appendix 1		

Mentorship		
Are you completing this PADR as part of the mentorship process?	Yes ☐	No ☐
If 'yes' please refer to Appendix 2		

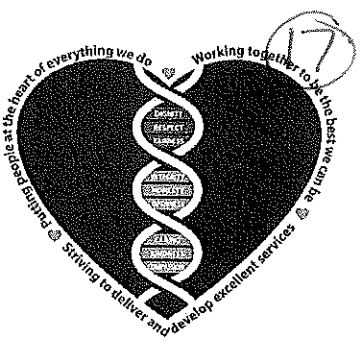
General Comments
Please summarise how you feel the last 12 months has gone.

Summary (To be completed by Reviewer)
Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

I am committing to this by signing :	**Date:**
My manager agrees by signing :	**Date:**
Date of Next Review:	



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



PERFORMANCE APPRAISAL DEVELOPMENT REVIEW (PADR)

CHECKLIST FOR MANAGERS

1) Preparation

a) Have you approached your staff member to arrange a time and place that is convenient for both of you? ☐

b) Have you given your team member an appraisal pack including;
- Blank PADR form to complete ☐
- Guidance notes and checklist to help with their preparation. ☐
- A copy of last year's review. ☐

c) Have you reviewed last year's PADR and any agreed objectives ☐

It may be useful to be aware of the following documents: job descriptions, study leave policy, pay progression guidance

d) Use the PADR Guidance for Manager's to prepare for an outline of your conversation ☐

e) If you are a nurse manager have you had sight of the staff members nursing portfolio (1 week prior to the review) ☐

2) The Conversation

a) Your main job is to listen and ask a few questions, so prepare yourself to actively listen! You may find it useful to use the OSCAR coaching method ☐

b) Ensure that any objectives set follow the SMART principle ☐

c) Be honest and open with each other. Acknowledge and praise the staff member for any achievements/successes. ☐

d) Discuss any areas for improvement/development ☐

e) Be confident that both you and your team member understand what will happen next ☐

f) Agree a review date – this is likely to be within 6 months. This will help ensure progress towards the objectives and provide any 2 way feedback ☐

g) Agree the date of the next PADR – this should be 11-12 months from the date of the PADR ☐

3) Recording

a) The date of the PADR on ESR ☐

b) Ensure that both of you have a copy of the completed PADR form ☐

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Learning and Development Policy

Policy Number:	113	Supersedes:		Classification:	Employment

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5		W&OD Sub Committee	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	Outlines the process and management of learning and development opportunities in relation to study leave
Scope:	This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements
To be read in conjunction with:	443 - AW Pay Progression Policy Degree and Higher Award Policy 045 – PADR Policy 248 - Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship 203 – All Wales Capability Policy 201 – All Wales Disciplinary procedure 192 – Records Management Policy 225 – Data Protection Act Policy
Owning Group:	Workforce & OD Group

Executive Director:	Lisa Gostling	Job Title:	Director of Workforce & Organisational Development

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	15/2/2011
2	Revised	4/4/2013
3	Revised	18/05/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – SECTION 21	17.5.2018
5	Amendment to higher award level	March 2018

Glossary of terms

Term	Definition
PADR	Personal and Development Review
CSTF	Core Skills Training Framework
CT1	Continuing Development 1
CT2	Continuing Development 2
KSF	Knowledge and Skills Framework
NHS KSF	NHS Knowledge and Skills Framework
CPD	
ROI	Return on Investment
TNA	Training Needs Analysis
ESR	Electronic Staff Record
HR	Human Resources

Keywords	Study Leave, Education, Training, Learning, Development

CONTENTS

1. INTRODUCTION 5
2. POLICY STATEMENT 5
3. SCOPE 5
4. AIM AND OBJECTIVE 5
5. DEFINITIONS OF TRAINING 5
5.1. Statutory /Mandatory 5
5.2. Essential 5
5.3. University Health Board Priority 5
5.4. Continuing Development 1 (CD1) 5
5.5. Continuing Development 2 (CD2) 6
5.6. Study Leave 6
5.7. Time Away from the workplace 6
6. NHS KNOWLEDGE AND SKILLS FRAMEWORK (KSF) 6
7. KEY PRINCIPLES 6
8. ROLES AND RESPONSIBILITIES 7
8.1. Individual's Responsibility 7
8.2. Manager's Responsibility 7
8.3. Director of Workforce and Organisational Development 8
8.4. Hywel Dda University Health Board 8
8.5. Local Trainers 9
9. ANALYSIS OF TRAINING NEED 9
10. STUDY LEAVE ENTITLEMENT 9
11. QUALITY, EVALUATION AND RETURN ON INVESTMENT 11
12. TIME OFF 11
13. REIMBURSEMENT OF EXPENSES 11
14. WITHDRAWAL OF FUNDING 11
15. TRADE UNION EDUCATION AND TRAINING 11
16. OVERSEAS STUDY LEAVE 12
17. COMMERCIAL SPONSORSHIP FOR ATTENDANCE AT COURSES AND CONFERENCES 12
18. PROCESS FOR APPROVAL OF STUDY LEAVE AND FUNDING 12
18.1. Approval of attendance at Internal Programmes 12
18.2. Applications for external study leave and funding 12
18.3 Applications to undertake a Higher Award 13
19. TRAINING AND AWARENESS RAISING 14
20. EQUALITY 14

HYWEL DDA UNIVERSITY HEALTH BOARD

21. DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT 15
22. FREEDOM OF INFORMATION ACT 2000 15
23. RECORDS MANAGEMENT 15
24. REVIEW 15
25. MONITORING 15
26. DISCIPLINE 15
27. APPROVAL 15
28. APPENDIX 1A – APPLICATION FOR STUDY LEAVE AND FUNDING (EXAMPLE ONLY – PAPER VERSION USED WITH COPY) 17
29. APPENDIX 1B - GUIDELINES FOR COMPLETION OF APPLICATION FOR APPROVAL OF STUDY LEAVE AND FUNDING FORM 19
30. APPENDIX 2 STUDY LEAVE GUIDANCE FOR MANAGERS 22
ALLOWANCES FOR TRAVEL, SUBSISTENCE, AND ACCOMMODATION EXPENSES 23
31. APPENDIX 3 HIGHER AWARD GUIDANCE 24

1. INTRODUCTION

Hywel Dda University Health Board (HDUHB) is committed to delivering the highest standard of service and care to the population it serves. To achieve and maintain a first class service and appropriate levels of Clinical Governance, it is the responsibility of the organisation and its managers to ensure that members of staff have a clear direction and purpose regarding their role and are developed to meet the knowledge, skills and understanding they require to perform their role competently.

2. POLICY STATEMENT

HDUHB is committed to personal and professional development for all staff, and constantly seeks to improve the opportunities available to enable staff to reach their full potential in line with the Organisational Values. A robust and systematic, sustainable and prudent approach is taken to the planning and prioritisation of learning needs, ensuring these needs are linked to organisational priorities to deliver the best possible patient care.

3. SCOPE

This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements. The policy is applicable only to all development programme up to graduate level all Post Graduate, Masters or Phd level have a separate policy.

4. AIM AND OBJECTIVE

This aim and objective of the policy is to define the systems and processes which support the HDUHB commitment to equitably and prudently support all staff access to personal and professional development to reach their full potential within their role and deliver a high quality service for the healthcare community.

5. DEFINITIONS OF TRAINING

5.1. Statutory /Mandatory

These are training interventions required by statute (law) or mandate. There are core mandatory programmes which are defined for all staff across the NHS in the Core Skills Training Framework in addition there is also specific mandatory training identified for specific staff groups/roles .

5.2. Essential

These are training interventions which have been identified as absolutely necessary or extremely important for specified staff in addition to the CSTF statutory/mandatory training.

5.3. University Health Board Priority

Study identified as an organisational need that is essential to delivering the agreed service strategy. Training and development objectives can be planned to map the course content with work and service delivery objectives and continuous professional development, and identified through PADR process and collated within the Departmental Training Needs Analysis.

5.4. Continuing Development 1 (CD1)

CD1 is study considered to have some relevance to the individual's current job or aspirational job role, and for which there are some benefits to the HDUHB in investing in development of the individual. This development must be identified on the individual's PADR, and the Departmental Training Needs Analysis and agreed at County Management Team (Executive Level for Corporate services) as appropriate.

5.5. Continuing Development 2 (CD2)

All other personal development for which study leave might be requested.

5.6. Study Leave

For the purposes of this document, Study Leave is defined as time away from the normal work location granted by the organisation for the purpose of undertaking formal or informal learning and development activity. Staff who are invited to give a presentation to an outside body are subject to the terms contained in this policy. A working day is defined as 7 1/2 hrs.

5.7. Time Away from the workplace

Any period of time when the employee is away from the workplace to attend training. This can be paid, unpaid or a combination of both.

6. NHS KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

Learning and Development within HDUHB is underpinned by the principles of the KSF, which lie at the heart of the career and pay progression strand of Agenda for Change. The KSF applies across the NHS and is designed to:

- Identify the knowledge and skills that individuals need to apply in their post.
- Help guide the development of individuals though a structured approach to appraisal and personal development planning.
- Provide a fair and objective framework on which to base review and development for all staff.
- Provide the basis for career development and pay progression in the service.
- Provide a link to relevant occupational standards.

The NHS Knowledge and Skills Framework (NHS KSF) and Performance Appraisal and Development Process Handbook can be found at
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090845

7. KEY PRINCIPLES

This policy is underpinned by the following principles

- To ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.
- The effectiveness of direct and indirect patient service delivery remains the basis for staff learning and development.
- Individuals will be developed in the post in which they are employed, so that they can be effective at work. Managers will enable staff to develop within their post and meet the demands of the KSF outline for some programmes, a learning contract between the individual, the manager, the Learning & Development Department and the HDUHB will be in place.
- Staff and managers fully support the Knowledge and Skills Framework and the associated Performance Appraisal and Development Review process and agree a Personal Development Plan in partnership
- Staff are accountable for their activity and practice and will be supported to develop so that they are fully able to perform their roles competently, and achieve their annual objectives effectively. Individuals take personal responsibility for their own development.
- Staff actively contribute to the learning and development culture by coaching, mentoring and developing other staff throughout their careers
- Individuals and teams, have access to effective learning and development opportunities, with all members of staff being supported to learn throughout their careers and develop in a variety of ways, offering opportunities to broaden experience and encourage career progression.

8. ROLES AND RESPONSIBILITIES

8.1. Individual's Responsibility

All staff must take responsibility for identifying their own learning and development requirements via the Performance Appraisal and Development Review process, which should be undertaken at least once annually. This will result in the development of a Personal Development Plan (PDP) which satisfies personal, departmental and organisational objectives. Staff are equal partners in meeting their personal learning and development requirements. As such, they are responsible for:

- Actively participating in appraisal and personal development processes, self-assessing their achievements and competencies in order to inform their personal development plans.
- Identifying their own development needs, including where appropriate, CPD for ongoing professional registration, ensuring that personal practice is up to date so that patient care and service delivery is based on current evidence and best practice.
- Accessing appropriate learning opportunities.
- Ensuring they attain the required mandatory updating as defined within the Core Skills TrainingFramework for their job role.
- Attending and completing all identified study days and courses.
- Providing feedback on the quality and effectiveness of learning activities.
- Evaluating and sharing learning opportunities with colleagues, the wider organisation and the NHS as a whole.
- Notifying their line manager and training provider if they are unable to take up a previously arranged training place or are experiencing difficulties with current study programmes

8.2. Manager's Responsibility

The manager is responsible for the identification of need and development of all staff within their area of responsibility. This responsibility includes:

- Identifying learning and development needs to meet the needs of the organisation, department and the individual through annual PADR.
- Providing a training needs analysis annually to inform the planning of prioritised training programmes.
- Ensuring that agreed personal development plans are deliverable within planned timescales. This includes completion and / or scheduling of identified mandatory training programmes, prior to agreeing all other requests / study leave applications for training.
- Ensuring all staff have equal opportunity to access learning and development activities.
- Ensuring all staff complete booked training, and that departmental records of attendance at training are maintained.
- Liaising with employees at regular intervals in addition to the annual Personal Development Review to review progress and offer any support, if the employee is experiencing difficulties.
- Recording evidence of the examples of application of knowledge and skills for staff which demonstrate evidence against the KSF outline.
- Ensuring that all staff undertake a PADR at least annually, and reporting when this has taken place through the PADR and monitoring process.
- Collating information from PDPs, to develop departmental training needs analysis.
- Feeding departmental needs into service and Organisational training needs into the organisational Training Needs Analysis (TNA).
- Ensure that staff are given the opportunity to provide feedback on the quality of the training undertaken.
- Provide the Leadership, Education & Development Department with an annual evaluation of the return on investment (ROI) by brief report on initiatives, changes in practice, service developments which have arisen following development of staff knowledge and skills.

8.3 Leadership, Education & Development Department

The leadership, education and development department will support the organisation in achieving a learning culture that supports and encourages development. The department will:

- Develop and maintain a live web page, to promote learning and development activity throughout the organisation. This will include information on accessing programmes, policies and procedures relating to learning and development, and will house the e-learning portal.
- Administer and facilitate all internal learning and development activity
- Provide evidence of the effectiveness of the education delivered, and return on investment on internal and external learning and development activities in the pursuit of improved patient care.
- Promote and facilitate the involvement of managers and staff in developing the strategic approach and contribution of learning, training, development and education within the organisation
- Provide development opportunities within the workplace, class base and e-learning programmes which can be accessed locally wherever possible
- Regularly review the organisational strategy and action plans for the continuous development of staff.
- Regularly review and develop training, education and development policies and processes.
- Foster the promotion of innovation and best practice in all areas of training, development and education, internally and externally.
- Produce the results of the annual training needs analysis process and produce a learning and development prospectus, which is informed by the TNA process.
- Maintain central electronic records relating to attendance at training, and provide reports to managers and the Board on a quarterly basis.
- Build relationships with education providers, informing curriculum development to reflect service and patient needs.
- Monitor equality of opportunity and provision throughout the HDUHB

8.3. Director of Workforce and Organisational Development

The Director of Workforce and Organisational Development is responsible for:

- Ensuring provision and delivery of the learning and development function across the organisation.
- Providing adequate resources to support learning and development, including statutory and mandatory requirements.
- Ensuring that progress is being made against the organisation's Education Strategy.

8.4. Hywel Dda University Health Board

HDUHB has ultimate responsibility for the continuous development of its staff ensuring that the provision of care and related services for patients are safe and clinically effective.

As such, the HDUHB is responsible for:

- Monitoring the equality of access to and Learning and Development activity information for all programmes.
- Ensuring that the UHB has adequate resources to deliver the required education and training in line with the Education and Training Strategy.
- Developing and aligning the strategy for education, learning and development with the IMTP and service plans within the organisation.

8.5. **Local Trainers**

- Many trainers work within the corporate, operational and service structures/teams and as such, have a key responsibility for the translation of the Learning and Development Policy at all levels In relation to their role, they must:
  - Ensure that any training opportunities developed locally reflect the strategic priorities.
  - Ensure staff are aware of the outcomes and content for training sessions prior to commencement and that the level of the learning content is appropriate.
  - Liaise with the Learning and Development department, and provide written course descriptions, identifying the aims, objectives and any assessment criteria, for inclusion in the corporate prospectus.
  - Maintain professional and technical competence in terms of personal updating relating to both teaching skills and area of specialist knowledge.
  - Ensure quality and effectiveness of locally delivered programmes.
  - Record all training activity on registers and send to the Learning and Development Department for recording on the electronic staff record(ESR) to enable effective reporting of activity against Tier 1 targets.
  - Ensure evaluation of all training in terms of impact on patient care and feed this back to local managers and the Learning and Development department.
  - Participate in the development of an annual training report, reflecting activity and evaluation data.
  - Ensure that they inform line manager of any resource issues promptly in order to mitigate
  - any impact on service provision

9. ANALYSIS OF TRAINING NEED

Learning and Development needs will be identified through the annual Training Needs Analysis (TNA) process.

- Staff members identify their learning needs, through the PADR process, during which a personal development plan (PDP) is agreed jointly by the individual and reviewer / manager.
- The service managers are responsible for collating the identified training needs and submitting them to their senior manager, for approval prior to submission. The completed plans should then be submitted to the Education and training Department by end May annually to then be collated and included in a corporate TNA, which is used to inform the provision of internal training, and resource allocation for external programmes.

10. STUDY LEAVE ENTITLEMENT

The following guidance should be applied:

Definition	Amount of Course Fee paid by HB	Paid time away from the workplace*	Travel/ Accommodation **	Other Costs
Statutory / Mandatory - Training required for the role to meet statutory obligations and training which is designated as mandatory by HDUHB Policy to meet the needs of the service/role	100%	100%	100%	NA
HDUHB Priority– Study identified as an organisational need, that is essential to delivering the agreed service strategy. Training and development objectives can be set linking the course content with work objectives, and are identified on the Departmental Training Plan, and agreed at service management level (Executive Level for Corporate Departments).	100%	100%	100%	Negotiated in view of service position
Continuing Development 1 (CD1)- study that is considered to have some relevance to the individual's current job or aspirational job role, and for which some benefit to the HDUHB can be quantified through training and development objectives. This development must be identified on the individual's PDP, and the Departmental Training Plan and agreed at County Level (Executive Level for Corporate Departments).	50%	0%	0%	Negotiated in view of service position
Continuing Development 2 (CD2)- - All other personal development for which study leave might be requested	Not usually supported	Not usually supported	Not usually supported	Not usually Supported

One full day study leave is considered to be a shift of 71/2 hours.

11. QUALITY, EVALUATION AND RETURN ON INVESTMENT

Evaluation is an essential part of the ongoing PADR process. The success of learning and development activities should be discussed and assessed as part of this process and the extent that the investment in the individual has been applied within the workplace. Evaluation of all learning and development programmes will be undertaken, e.g. programme evaluation form and follow up methods, including manager feedback and focus groups.

12. TIME OFF

See Study Leave Guidance for Managers in Appendix 1.

13. REIMBURSEMENT OF EXPENSES

Reasonable expenses will be reimbursed in accordance with Agenda for Change guidance. The budget holder together with the applicant will determine and agree what is reasonable prior to the commencement of the study leave. Expenses can only be reimbursed on the production of receipts. Such expenses have to be applied for and must be reasonable in the circumstances.

Travelling expenses will be agreed by the budget holder and the applicant and could be:

- Full rates per mile travelled in accordance with the applicant's conditions of employment and at public transport rates.
- A set sum.
- No travelling expenses paid at all

The maximum amount of expenses payable are those set out in the Agenda for Change terms and conditions handbook. Applicants will be advised by the budget holder what expenses have been agreed in each case.The total cost of the study leave must be decided at the time of application.

14. WITHDRAWAL OF FUNDING

In exceptional circumstances the organisation reserves the right to withdraw some or all of the funding for the continuance of approved study leave e.g. failure to complete the work within the prescribed framework, failure to complete the course or to attend in accordance with the requirements of the course.

Funding would not under any circumstances be unilaterally withdrawn.

Full discussions with senior staff, the applicant and the Assistant Director of Workforce and OD (OD)/ Assistant Director of Nursing (Workforce)/ Assistant Director of Therapies and Health Science would take place prior to the notice of withdrawal of funding being issued. The final decision rests with the budget holder.

15. TRADE UNION EDUCATION AND TRAINING

Trade Union education and training is not study leave under the terms of this policy. However, it is included here for completeness in relation to granting leave with pay and, therefore, a study leave form must be filled in.

Leave with pay may be granted to recognised Trade Union Representatives for Trade Union activities and courses. This must be agreed by the Manager/Department Head/Professional Head of Service or County Director

16. OVERSEAS STUDY LEAVE

A member of staff may be granted leave with pay and expenses in attending a conference or undertaking a study tour overseas where it can be seen to benefit the organisation. Similarly if such conferences or study tours constitute an essential part of an educational programme, leave may be granted.

For overseas study leave, submission of an application form should be at least 3 months in advance and should be approved by an Executive Director of the HDUHB.

17. COMMERCIAL SPONSORSHIP FOR ATTENDANCE AT COURSES AND CONFERENCES

Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the staff member seeks permission in advance from their senior manager and the senior manager is satisfied that acceptance will not compromise purchasing decisions in any way.

Any sponsorship/hospitality related to Post Graduate Medical Education must be approved and signed off by the Associate Medical Director who has responsibility for Post Graduate Education and Training.

Any sponsorship/hospitality related to other learning and development activity must be approved and signed off by the Assistant Director of OD who has responsibility for organisational learning, education and development.

18. PROCESS FOR APPROVAL OF STUDY LEAVE AND FUNDING

All learning and development activity must be identified through the PADR process and the development of a jointly agreed PDP.

18.1. Approval of attendance at Internal Programmes

Staff wishing to attend in-house learning and development programmes must have agreement with their manager, who will check that the individual has undertaken mandatory training prior to approval of any additional development. The manager should reserve a place on the programme using ESR self service, using the Learning and Development department e-prospectus for reference. Confirmation of a place will be given at this time, and managers and staff are equally responsible for ensuring attendance at the programme.

A number of in-house programmes incur a charge to the organisation, therefore cancellations within 24 hours of the programme will be cross- charged to the department if a suitable replacement cannot be found. Managers are however able to substitute a member of staff at very short notice without incurring this charge.

18.2. Applications for external study leave and funding

All staff must complete an 'Application for Study Leave and Funding' form (Appendix 1a), in according with the 'Guidelines for completion of application for study leave (Appendix 1b).

Managers should prioritise all study leave applications into one of the following categories, Statutory/Mandatory, HDUHB Priority, Continuing Development 1 (CD1), or Continuing Development 2 (CD2). Applications must be signed by the immediate line manager, and countersigned by the senior service manager/general manager/director (as appropriate), or his / her nominated representative and professional head where appropriate. The application should then be forwarded to the Learning and Development Department at Withybush Hospital for final authorisation. This includes applications where no fee for the course is incurred.

Applications should be received by the Learning and Development Department at least 6 weeks prior to the development taking place. No staff should attend external training without receiving written confirmation of approval.

Under no circumstances will back-dated applications be considered.

18.3 Applications to undertake a Higher Award (e.g., Degree, Post graduate diploma, Masters Degree, PhD)

The Higher Awards process is managed separately from the routine study leave application process, and is concerned with studies at level 6 or above, and study at levels 4 and 5 as part of enrolment towards a first (Bachelors) Degree per academic year.

All applicants wishing to be considered for paid or unpaid study leave, and /or funding support to undertake a higher award must complete the usual study leave application, and a supporting statement (Appendix 3) by the **30th April** each year, prior to the commencement of courses in September of that year.

The line manager, Professional Head (if appropriate) and General Manager/ County or Assistant Director must sign the study leave form and supporting statement, clearly indicating if they are approving the requested study leave time on a paid or unpaid basis, and how the additional knowledge will be utilised within the workplace.

Funding

Submission of an application for higher award studies, does not guarantee funding. An Executive led panel will consider all applications on individual merit, and award / agree any funding for the academic year, according to available resources.

All applications for academic studies directed to charitable funds will be treated as unusual or novel and hence will need to be reviewed by the Charitable Funds Subcommittee and decisions reported to the full Committee.

Applications for funding must be made on a yearly basis and subsequent funding is not guaranteed.

For programmes leading to awards of more than 30 credits in one academic year, the maximum Health Board funding support available is 75%. Staff enrolling for higher awards are expected to contribute a minimum of 25% of the course fees. This includes staff who have studied via a modular route. For example, staff who have studied for a masters degree (180 credits at level 7) through a modular approach, the 25% contribution would equate to the costs for 45 x level 7 ('M' level) credits. An interest free loan, payable through salary for the remaining amount is offered to all staff. Full details of this process are available through the learning and development department.

The amount of paid study time must be agreed with the manager prior to application. No backfill should be used to support staff release. The maximum paid study leave that will be supported per year to undertake a higher award is 32 days.

Managers must not agree to support staff to undertake higher awards outside of this process, including as part of the recruitment process.

18.3. Fee Repayment Requirement

Where a contribution of the fees for an individual's higher award have been paid for by Hywel Dda Health Board; the member of staff will be required to pay back a proportion of the amount received if they leave the employment of the said Health Board within a specified period of completion, according to the following schedule:

Leaving Health Board employment	Fees Pay-Back
Before completion of qualification	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

Whilst it is unusual for staff to embark on a course and then to withdraw immediately or not to make any attempt to progress, this can happen and, depending on the situation, the Health Board reserves the right to request staff to repay the fees already incurred.

Each case will be reviewed individually and agreed by the Learning and Education Department; the individual's General Manager (or equivalent) and the appropriate Executive Director. The individual may appeal to the Executive Director should they not agree the outcome of the decision. Individual decisions will be made in respect of re payment in full or in instalments.

Each individual will be required to sign an agreement prior to the commencement of such a course which outlines the above; failure to sign the agreement will bar the student from accessing Health Board funding for the course.

19. TRAINING AND AWARENESS RAISING

All staff will be made aware of this policy upon commencement with the HDUHB at either the HDUHB or the departmental induction. Copies can also be viewed on the HDUHB's Intranet or obtained via the HR department. Training will be provided as appropriate depending on the complexity of the policy. Training may be provided at HR training sessions which all staff will be informed of via internal communication channels or their line manager in advance or via newsletters.

20. EQUALITY

Hywel Dda University Health Board recognises the diversity of its workforce. Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. Hywel Dda University Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights. The equality impact assessment outcome is available to download with this policy.

21. **DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT**

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

22. **FREEDOM OF INFORMATION ACT 2000**

All HDUHB records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the HDUHB may be found in the Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

23. **RECORDS MANAGEMENT**

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the HDUHB and will be managed and stored and utilised in accordance with the 192 - Records Management Policy.

24. **REVIEW**

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

25. **MONITORING**

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the HDUHB. The database will include equality monitoring data, which will be reviewed and presented to the HDUHB's Equality and Human Rights Steering Group.

26. **DISCIPLINE**

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the 201 – All Wales Disciplinary Procedure.

27. **APPROVAL**

Signed on behalf of the Staff Side:

Signed:

Name: _____

Title: _____

Date: _____

Signed on behalf of the Management Side:

Signed:

Name: _____

Title: _____

Date: _____

28. APPENDIX 1A – APPLICATION FOR STUDY LEAVE AND FUNDING (EXAMPLE ONLY – PAPER VERSION USED WITH COPY)

Full Name:	Job Title:	Department: Directorate: Tel. No: Payroll No:
Address for Correspondence: (Work address only)	Name and Full Address of Course Provider:	Start Date of Course:
		Paid / Unpaid Leave Required: (Please circle) If Paid state number of working days:
Course Title: Venue:		Applicant Signature: ..... Print Name: ..... Date: .....
Indicate Priority: Statutory ☐ Mandatory ☐ HB Priority/Essential ☐ CPD1 ☐ CPD2 ☐		Manager Signature: ..... Print Name: ..... Date: .....
Is this development identified on your PDP? Yes ☐ No ☐ Have you completed your Core Skills (Mandatory) training? Yes ☐ No ☐ Give the date of your most recent PDR:		Assistant/Acute/ County Director Signature: (or nominated representative) ..... Print Name: ..... Date: .....
How will this learning be shared with colleagues / other staff? How will this learning support personal objectives? How does this learning support organisational objectives?		This application is: Approved ☐ Not approved ☐ Authorised Signatory: ..... on behalf of ADW&OD Date: .....

To be completed by applicant	Cost	Pre-Paid by applicant	VAT if applicable	Total	Total approved	Financial Code
Course Fee						
Travel						
Accommodation						
Other						
Financial code *(to be completed by budget holder for work area)*			Central Study Leave Budget	Department Budget	Employee Pays	Charitable Funds
Course Fee						
Travel			[redacted]			

PLEASE NOTE
- All applications must be submitted at least 6 weeks prior to the course.
- Retrospective applications will not be considered for funding from the central study leave budget.
- Receipts will be required when submitting claim to payroll for accommodation and other expenses.
- Approval must be obtained before attendance at any programme.

Accommodation	[redacted]				
Other					

All applications should be sent directly to the Locality Manager/Executive Director to approve the application, and then forward to the Learning & Development Business Manager, L&D Dept, Sealyham, Withybush General Hospital. Staff must not attend courses, prior to receiving written confirmation of approval from the L&D department.

29. APPENDIX 1B - GUIDELINES FOR COMPLETION OF APPLICATION FOR APPROVAL OF STUDY LEAVE AND FUNDING FORM

This is a carbonised form - please press hard when completing and keep all copies together. The bottom copy [white] will be returned to the applicant when the form has been authorised. The pink copy will be returned to the applicant's Manager and the yellow copy will be retained by Learning and Development Department for their records. The top white copy will be sent to Payroll.

Failure to complete all sections will result in the application being returned to you.

This form should be used only for the approval of Study Leave and Funding related to the study. Claims for reimbursement of expenses should be made through Payroll in the usual way.

When you have completed your form and it has been approved by your Manager, please send it together with any booking forms, and where appropriate, a Request for Charitable Fund Expenditure form

The bottom copy of the form will be returned to the applicant when the application has been approved. Please do not book anything until approval has been given.

The Application for Study Leave and Funding Form can be obtained from the procurement department using a stock requisition.

FULL NAME – The name that appears on your contract of employment.

JOB TITLE - Your official job title as it appears on your contract of employment.

ADDRESS FOR CORRESPONDENCE -The address that any study leave related correspondence (i.e. approval etc) should be sent to. This would normally be your work base.

DEPARTMENT - The department within the organisation and where you are based.

TELEPHONE NO. - The number at work where we can contact you in the event of a query.

STAFF/PAYROLL NUMBER - Your staff number (you will find this on your payslip). We need this to identify you uniquely in our database.

COURSE DETAILS AND VENUE - The name of the course/conference/study day etc and where it is being held.

DATE OF COURSE -The date(s) the course is being held.

CLOSING DATE FOR APPLICATIONS - The last date that the course provider will accept applications.

NAME AND FULL ADDRESS OF COURSE PROVIDER - These details will be used for payment purposes and it is therefore imperative that they are correct. If you do not attach a completed booking form to your Study Leave application, an order will not be raised and you will be responsible for the payment of your course fee. This may be claimed back through Payroll.

PAID / UNPAID LEAVE REQUIRED - Delete whichever is not applicable.

NO. OF WORKING DAYS - The number of days that you will be away from the workplace. This includes travelling time and any time that will be taken in lieu of weekend courses. PRIORITY - Place a tick or cross in the box next to the relevant priority. (Discuss this with your manager).

PDP / PDR - Indicate if this development is identified on your PDP, and give date of most recent PDR

OBJECTIVES TO BE MET - These should be in line with those identified in your PDR.

APPLICANT SIGNATURE - Please sign and print your name and give the date of the application.

MANAGER SIGNATURE - Support should be sought from your line manager in the first instance.

N.B. line management support does not necessarily mean that your application will be funded by the organisation, as the relevant County Director or Executive Director must support any applications before forwarding to the Learning and Development Department for authorisation of funding.

AUTHORISED SIGNATORY – Assistant Director of OD

COURSE FEE - The fee that is being charged by the course provider for attendance. This figure will sometimes include accommodation and meals and therefore needs to be separated.

TRAVEL - The amount it is going to cost to travel to and from your course. You will not be able to claim for anything other than has been approved on your Study Leave form. Actual mileage must be shown and the amount you claim must adhere to Agenda to Change or organisationally agreed rates of pay.

ACCOMMODATION - The amount your accommodation is going to cost. This will sometimes be included in your course fee and should be shown separately. These costs should be contained within the Agenda for Change terms and conditions limits. If accommodation is not included in the course fee or provided by the course provider, contact the Learning and Development Department who will advise you on the process to follow regarding the contracted travel agent. In the event that you pay for accommodation yourself, you will have to claim reimbursement through Payroll. You will not be able to claim for anything other than has been approved.

OTHER COSTS - Staff on Agenda for Change terms and conditions will be reimbursed up to the maximum amount specified in the Agenda for Change agreement. Receipts are required at all times.

TOTAL APPROVED - This column to be completed by the Authorised Signatory.

FINANCIAL CODE - This column to be completed by your Manager if the costs of the course are to be met by his/her own departmental budget or a Charitable Fund. If costs are to be met by Charitable Funds, a completed Request for Charitable Funds Expenditure form must be attached to the study leave application.

TO BE COMPLETED BY MANAGER - This section must be completed by your Manager and will identify the budget / fund the expenditure is being requested from.

TOTAL MILES - The total mileage that you will be claiming. ENGINE CAPACITY - eg. 1500cc

30. APPENDIX 2 STUDY LEAVE GUIDANCE FOR MANAGERS

The following guidance has been issued for the approval of funding and time away from the workplace relating to study leave in light of current financial restraints. The recommendations are intended to ensure consistency and equity throughout Hywel Dda Health Board.

Definition	Amount of Course Fee paid by HB	Paid time away from workplace*	Travel / Accom-modation**	Other Costs
Statutory / Mandatory - Training required for the role to meet statutory obligations and training which is designated as mandatory by Health Board Policy to meet the needs of the service/role	100%	100%	100%	Negotiated in view of service position
Health Board Priority– Study identified as an organisational need that is essential to delivering the agreed service strategy. Training and development objectives can be set linking the course content with work objectives, and are identified on the Departmental Training Plan, and agreed at County Level (Executive Level for Corporate Departments).	100%	100%	100%	Negotiated in view of service position
Continuing Development 1 (CD1)- study that is considered to have some relevance to the individual's current job or aspirational job role, and for which some benefit to the Health Board can be quantified through training and development objectives. This development must be identified on the individual's PDP, and the Departmental Training Plan and agreed at County Level (Executive Level for Corporate Departments).	50%	0%	0%	Negotiated in view of service position
Continuing Development 2 (CD2)- - All other personal development for which study leave might be requested.	Not usually supported	Not usually supported	Not usually supported	Not usually supported

*One full day study leave is considered to be 7.5 hours. **Travel to and from the study is not to be included in study leave time.
Due to the current financial position, the Health Board is only able to financially support study leave applications which fall within a

Mandatory or Health Board Priority category, unless the developments are supported through the use of Charitable Funds. This position will remain until further notice.

Current Funding Arrangements
Funding from the Health Board's central education budgets will be granted for the payment of the **course fee only**. All external study leave for which there is a cost must be identified on departmental training plans, and submitted to the Learning and Development Department through the annual training needs analysis process. It remains the discretion of the department / locality manager and their devolved authorised signatories to approve all other expenses, in accordance with the previous guidance.

In all cases, the County Director or relevant Executive Director must counter sign all applications, however, this does not guarantee that funding from the central education budgets will be available. A copy of all completed, county approved study leave applications must be forwarded to the, Learning & Development Business Manager, Learning & Development Department, Withybush Hospital at least 4 weeks prior to the study. Staff must not attend development, prior to receiving written confirmation of approval. No retrospective applications will be considered.

ALLOWANCES FOR TRAVEL, SUBSISTENCE, AND ACCOMMODATION EXPENSES

** Where travel, subsistence, accommodation and other expenses are necessary, these must adhere to the Terms and Conditions of the Agenda for Change

APPENDIX 3 - HIGHER AWARD GUIDANCE

APPLICATION FOR STUDY LEAVE AND FUNDING SUPPORT TO UNDERTAKE HIGHER AWARD STUDIES

Staff wishing to be considered for paid or unpaid study leave, and/or funding support to undertake a higher award must complete this application form in full, and return to the Learning and Education Department by 30st **April**. Late applications are unable to be considered after this date due to University commissioning and enrolment requirements.

Please complete this application form and submit to your manager with the relevant course information for completion and signing. Your manager will then need to forward electronically to the General Manager/Professional Head/Assistant Director/County Director for appropriate signatory who will then forward electronically to the study leave account studyleaveHDd@Wales.nhs.uk.

Please note all application forms need to be completed in word format. Adobe (PDF) or hard copies sent through the post will not be accepted and will be returned to applicant.

Applications not fully completed will NOT be considered.

All of the below will need to be fully completed in order for the application to be considered.

- ✓ Higher Award study leave application
- ✓ Management questionnaire
- ✓ Full details of the programme – including a copy of the course details e.g. brochure/ leaflet showing title, cost per year, length of course, qualification awarded.

The authorising manager (budget holder) must sign this supporting statement and complete the management questionnaire, and also indicate if they are approving the requested study leave time on a paid or unpaid basis.

Submission of an application for higher award studies, does not guarantee funding. An Executive panel, will consider all applications in June annually on individual merit, and award any funding for the academic year, according to available resources. Applications for funding must be made on a yearly basis. Subsequent year(s) funding is not guaranteed.

Fee repayment requirement: the need to adopt fiscally responsible budgets.

Where the fees for an individual's higher award i.e. Bachelor degree level or higher, have been paid for by Hywel Dda Health Board; the member of staff will be required to pay back a proportion of the fees if they leave the employment of the said Health Board within a specified period of completion, according to the following schedule:

Leaving Health Board Employment	Fees Pay-back
Before completion of qualification	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

HYWEL DDA UNIVERSITY HEALTH BOARD

SECTION ONE – PERSONAL DETAILS			
1. Name			
Title:	First name:	Surname:	Payroll No.
2. Email Address (work)			
3. Post/Job Title			4. Grade:
5. Department		6. Base:	
7. Directorate			

SECTION TWO – COURSE DETAILS
8. Course Title:
9. Full Details/Address of Course Provider:
10. Date(s) of Course

From:	To:	Total Days Attendance Required:	Total Days Paid Requested:	Total Days Unpaid Requested:

11. Category of training (please tick below and give further details)	
☐Statutory/Mandatory (identify legal requirement)	
☐ Essential (identify standard/framework)	
☐ Other (eg CPD)	

Item	Amount	Budget Code	Total Agreed by Panel
Course Fee (Yearly Only)			
Travel Costs (public transport)			
Travel Costs (car –mileage/parking)			
Subsistence (as per Agenda for Change)			
Accommodation: (as per Agenda for Change)			
Total			

SECTION THREE – SUPPORTING STATEMENT Please support your application with reference to the questions detailed below, using no more than 500 words	
1. Award (e.g. Degree, MSc, MSc Module, PhD)	
2. University/Educational Institution	
3. Identify which year of study you will be undertaking during academic year (e.g. first, second, third)	
4. Course Information *Attach (scan) the course brochure/information including course fees for relevant academic year to this application or paste internet link*	
5. Total length of the programme.	

6. Date of your most recent PADR?	/ /
7. Is your mandatory training compliant (Core Skills level 1 minimum)	Yes / No *(if no please complete the e-learning modules via ESR)*

8. Indicate the development need, how it was identified and confirm that it is part of your agreed Personal Development Plan for 2018/2019

9. How will the development need be met? Please specify course aim and objectives, and method(s) of delivery.

10. Describe how the development: (max 500 words)

- Will benefit patient care
- Will improve your individual performance
- Will be applied to the workplace
- Will benefit and influence others within the organisation

11. If known, on what topic area will your work based project, summative assignment or dissertation focus? Explain how this will relate to your work area, and personal and professional development?

12. Indicate how this development will contribute to service priorities and objectives.

13. Have you explored / received alternative sources of funding? If yes please give details

Signature of Applicant	
Print Name	
Date	
Contact Number and Email	

SECTION FOUR – MANAGER/PROFESSIONAL HEAD SUPPORT	
The authorising manager (budget holder) must sign this supporting statement, and also indicate if they are approving the requested study leave time on a paid or unpaid basis.	
Signature of Manager	
Print Name	
Date	
Contact Number and Email	
Is the requested study leave time on a paid basis supported	Yes/ No (please indicate)
Signature of General Manager/Professional Head/Assistant Director/County Director	
Print Name	
Date	
Contact Number	
Is the requested study leave time on a paid basis supported	Yes/ No (please indicate)

LINE MANAGER'S STATEMENT IN SUPPORT OF A HIGHER AWARD APPLICATION

Why is this academic study being requested?	
Is the study linked to the Transforming Clinical Services Programme – if yes please give details	
If this higher award study was not supported, What would be the impact on patients?	

In relation to the service, please give details in relation to your support for this study – ie, what are the anticipated service benefits to be realised through this investment (please include qualitative and quantitative outcomes)	
How will the learning from this programme be directly utilised in practice within the service area?	

Are the activities and development/qualification described within the current JD as an essential criteria? *If yes, please identify why the post-holder does not currently hold the qualification required.*	YES (please give further details) NO
Add any additional supporting information	

Please confirm that no backfill will be required to enable any agreed release of staff to attend this programme of study.

Signed Manager (e-signature):

Date:

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Subject: Re: ESR Sickness Reporting

From: Amanda Glanville <amanda.glanville@wales.nhs.uk
Date: 10 July 2019 at 11:42 BST
To: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
CC: Emma Jones <Emma.jonen121@wales.nhs.uk>
Subject: Re: ESR Sickness Reporting

Hi Lee

Further to today's conversation, there is a clear pattern. I suggest that you carry out a formal sickness meeting. As per policy, you need to give them seven days notice in writing. If sort out a room and times, Emma can sort out the letter for you. It does explain it in the letter, but they will have the right to be accompanied. I am happy to come and take notes and talk you through this is you want.

Give me a ring and I'll give you my availability and talk through this some more if you want.

Thanks

Amanda

DW I'N DYSGU CYMRAEG

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724

16



From: Amanda Glanville <amanda.glanville@wales.nhs.uk
Date: 9 July 2019 at 09:40 BST
To: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Subject: Re: ESR Sickness Reporting

Hi Lee
That's not great that she has had another day off. Yes please, and then phone me after the return to work.
Thanks
Amanda

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724



From: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Date: 9 July 2019 at 09:18 BST
To: Amanda Glanville <amanda.glanville@wales.nhs.uk >
Subject: Re: ESR Sickness Reporting

Hi Amanda
She has been off again today, but this time saying she has a migraine. I did the informal review last time. I will email you and let you know if she is back tomorrow. Do I do her normal return to work tomorrow?
Thanks
Lee

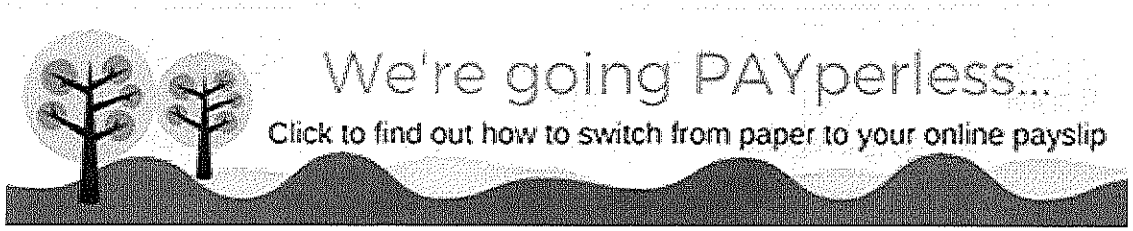
Mrs Lesley (Lee) Oldale
Swyddog Gweithlu'r Dyfodol
Hafan Derwen, Parc Dewi Sant
Heol Jobs Well
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

Future Workforce Officer
Hafan Derwen, St. Davids Park
Jobs Well Road
Carmarthen
Carmarthenshire
SA31 3BB

Fon/Phone: 01267 239695
lesley.oldale@wales.nhs.uk

Dyddmarth/Mercher/Iau/Gwener 8.00 – 17.00
Tuesday/Wednesday/Thursday/ Friday 8.00 - 17.00





From: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Date: 14 June 2019 at 12:22BST
To: Amanda Glanville <amanda.glanville@wales.nhs.uk >
Subject: Re: ESR Sickness Reporting

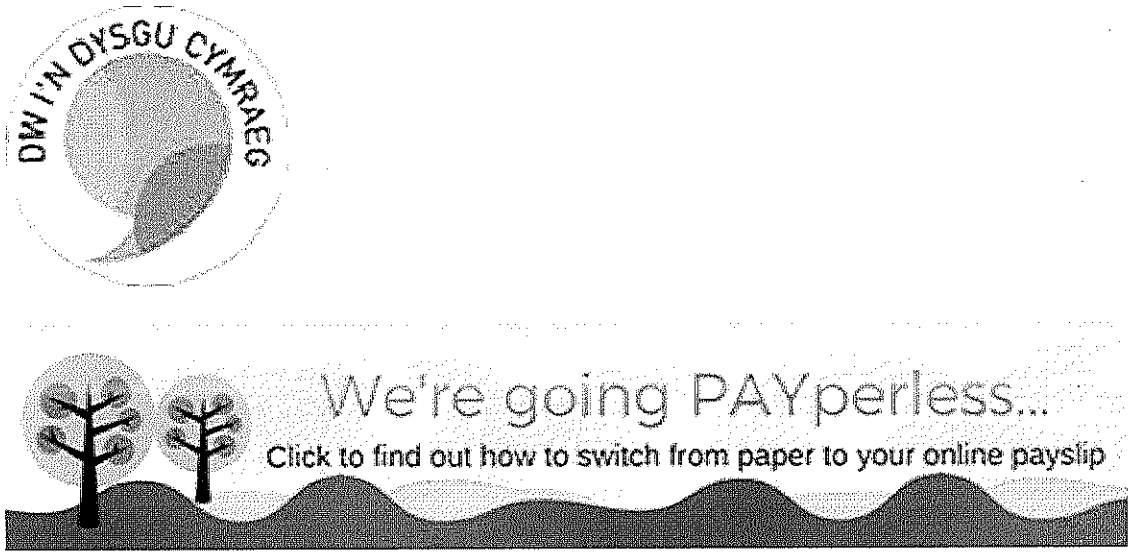
Hi Amanda
Thanks

Mrs Lesley (Lee) Oldale
Swyddog Gweithlu'r Dyfodol
Hafan Derwen, Parc Dewi Sant
Heol Jobs Well
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

Future Workforce Officer
Hafan Derwen, St. Davids Park
Jobs Well Road
Carmarthen
Carmarthenshire
SA31 3BB

Fon/Phone: 01267 239695
lesley.oldale@wales.nhs.uk

Dyddmarth/Mercher/Iau/Gwener 8.00 – 17.00
Tuesday/Wednesday/Thursday/ Friday 8.00 - 17.00



From: Amanda Glanville <amanda.glanville@wales.nhs.uk
Date: 14 June 2019 at 11:10BST
To: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Subject: Re: ESR Sickness Reporting

Hi Lee
It was good to speak to you again. As discussed today, I have attached the absence Policy for you. In the case we discussed, it suggests that these are all individual days, so take a look at Appendix 1, on page 29. Read from pages 22 onwards as it is really useful to understand the process.
You need to have an informal discussion, with the staff member, just you and them. You need to talk about their absence and if appropriate, explain an improvement is required.
On the phone it suggests that they seem to have Monday's off, equating to the first Monday of the month. This is a concern, as you suggest that they come in on the Tuesday fully well. You also mentioned that each occasion related to and D&V, have they spoken to the doctor about this as that's a pattern of sickness.
Carry out the informal meeting, they don't need notice and don't have a right to be accompanied.
Suggest improvement is needed and let me know if there are any more absences.
Thanks
Amanda

<Managing Attendance at Work All Wales Policy.docx>

DW I'N DYSGU CYMRAEG

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724



From: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Date: 14 June 2019 at 10:21BST
To: Amanda Glanville <amanda.glanville@wales.nhs.uk >
Subject: Re: ESR Sickness Reporting

Hi Amanda

We spoke several months ago and I would be grateful if you could help me again as one of my staff members has hit the trigger on the return to work form and advise me what to do. My number is Ext: 4342.

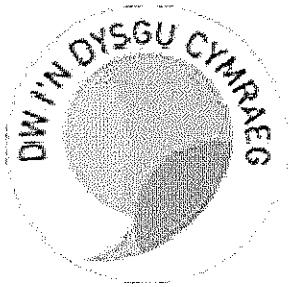
Thanks
Lee

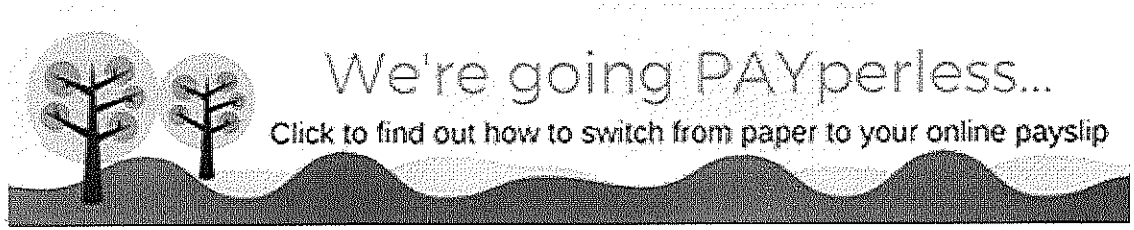
Mrs Lesley (Lee) Oldale
Swyddog Gweithlu'r Dyfodol
Hafan Derwen, Parc Dewi Sant
Heol Jobs Well
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

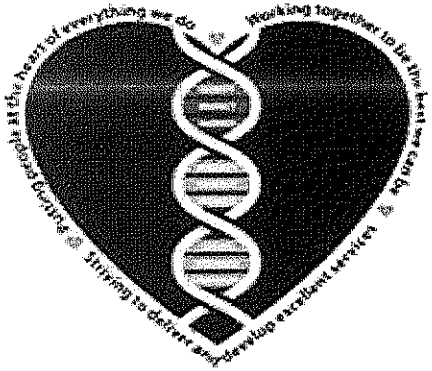
Future Workforce Officer
Hafan Derwen, St. Davids Park
Jobs Well Road
Carmarthen
Carmarthenshire
SA31 3BB

Fon/Phone: 01267 239695
lesley.oldale@wales.nhs.uk

Dyddmarth/Mercher/Iau/Gwener 8.00 – 17.00
Tuesday/Wednesday/Thursday/ Friday 8.00 - 17.00







From: Amanda Glanville <amanda.glanville@wales.nhs.uk
Date: 4 December 2018 at 09:48BST
To: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Subject: Re: ESR Sickness Reporting

Hi Lee
As per telephone call, here is the return to work sickness form. I have also included a copy of the Managing Attendance at Work Policy.
Let me know if you want any more help.

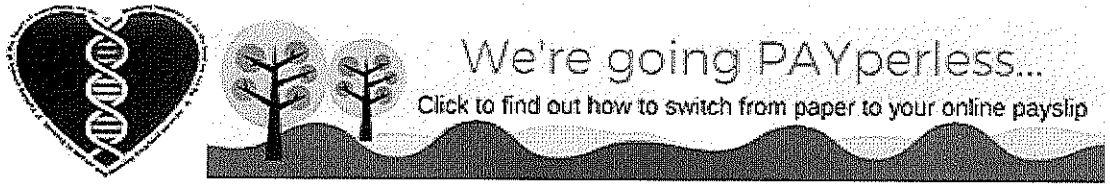
Thanks
Amanda
<Managing Attendance at Work All Wales Policy.docx>
<Staff Return To Work Form.docx>

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724



From: Lesley Oldale <Lesley.oldale@wales.nhs.uk>
Date: 4 December 2018 at 08:28BST
To: Amanda Glanville <amanda.glanville@wales.nhs.uk >
Subject: Re: ESR Sickness Reporting

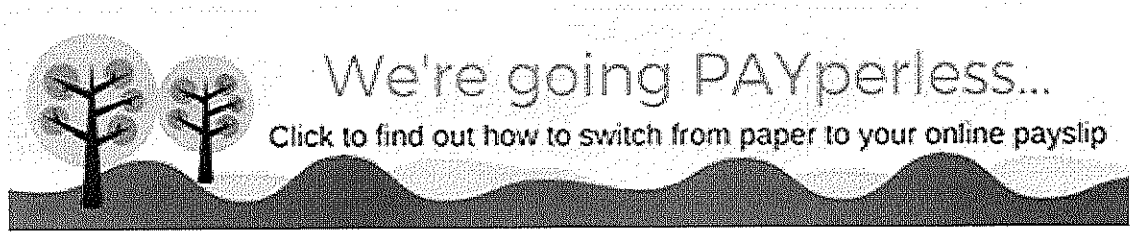
Hi Amanda
I was given your name by Andrea Williams as I need to record that my staff member sickness in ESR and as I haven't been a manager for long, not sure how I enter this. I would be grateful if you could give me a call on Ext: 4342.
Thanks
Lee (Lesley)

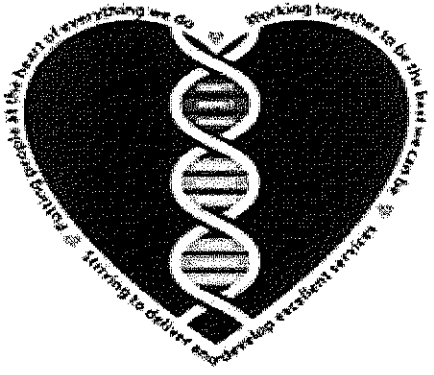
Mrs Lesley (Lee) Oldale
Swyddog Gweithlu'r Dyfodol
Hafan Derwen, Parc Dewi Sant
Heol Jobs Well
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

Future Workforce Officer
Hafan Derwen, St. Davids Park
Jobs Well Road
Carmarthen
Carmarthenshire
SA31 3BB

Fon/Phone: 01267 239695
lesley.oldale@wales.nhs.uk

Dyddmarth/Mercher/Iau/Gwener 8.00 – 17.00
Tuesday/Wednesday/Thursday/ Friday 8.00 - 17.00




Working together to be the best we can be
Putting people at the heart of everything we do
Striving to deliver and develop excellent services

Confidential

06 - RETURN TO WORK DISCUSSION FORM

A Return to Work discussion should be held either shortly before the employee returns to work, on their first day back at work (this may be by phone, if appropriate or conducted by a nominated deputy) but no later than one week following return.

Ensure you have read and are familiar with the details in the NHS Wales Managing Attendance At Work Policy and the How To procedure Return to Work before the discussion.

- Managers must meet with an employee who returns to work after any length of sickness absence
- This form should be signed off by both parties and the completed form held on the employee file.

Name of employee		Job Title	
Department		Directorate	

Date of Discussion			Conducted by	
Method of discussion	Face to face		Telephone	

Dates of Sickness Absence	From:		To:	
First date back in work		Total number of ***calendar*** days absent		
		Total number of hours lost		

Reason For Absence (As stated by employee)

Notification and contact requirements complied with?	Yes / No
Self Certificate completed as necessary?	Yes / No
Have GP Fit Notes been submitted as required?	Yes / No
Is the employee fit enough to return to work and undertake their full range of duties?	Yes / No
Is the employee on any medication that may affect their work?	Yes / No
If yes, note here the impact and any agreed adjustments	
Is the absence due to a work related incident / injury? *If yes, ensure DATIX has been completed*	Yes / No

Is this absence pregnancy related? *(If absence is pregnancy related a risk assessment must be undertaken)*	Yes / No
Was the absence related to any previous absence? Please give details	Yes / No
Is there a likelihood of re-occurrence?	Yes / No
Does the Employee consider they have a disability?	Yes / No
Is the current absence attributable to the disability?	Yes / No
Do any reasonable / tailored adjustments need to be considered?	Yes / No
Note any adjustments here and complete the Reasonable / Tailored Adjustment Agreement if appropriate:	
What steps has the employee taken to reduce their absence from work? eg. sought advice from a GP / other health professional etc	
What support / assistance has the manager given to the employee to help reduce their absence from work?	
Are there any underlying problems relating to the absence and can any assistance be given to the employee by the Health Board? Please give details	Yes / No
Ensure employee is aware of local services available to them – Wellbeing; Physio; Occupational Health; Dietician; Smoking cessation etc	
Does the employee have any comments to make about work related concerns which may have a bearing on the sickness absence?	Yes / No

Has a pattern of absence been identified that is a cause for concern? *Eg. where absence precedes or follows annual leave, bank holidays, night duty etc*	Yes / No

Referral to Occupational Health required? *If yes, please discuss the reasons for referral with the employee and complete the relevant referral form*	Yes / No

Has the employee met an NHS Wales Managing Attendance review prompt ?	Yes / No

Detail below the review prompt met, the implications of this (eg. the stage meeting now due - informal / first formal / second formal / third formal); discretion to be applied (y/n and reason); the consequences of further absences in line with the policy

Review Prompt Met	**Y / N**
3 episodes in any rolling 6 month period	
2 or more absences totalling 10 calendar days or more in a rolling 12 month period	
Recognisable patterns of absence	

Stage Meeting Due	**Y / N**	**Discretion Applied** Y/N (Provide detailed reasons below)
Informal Discussion		
First Formal Meeting		
Second Formal Meeting		
Third / Final Formal Meeting		

Additional notes of discussion / summary of meeting

Ensure all appropriate support mechanisms have been discussed and any agreed actions noted below. If no additional support is required make a note here

Agreed Actions
Employee: Manager:

Declaration
I confirm that:- **a) I have not undertaken any other paid or unpaid work, including self-employment without prior written consent from my manager.** **b) I have not taken part in any activity not consistent with the reasons given for my absence or that would result in any delay in my return to work.** **c) I am now fit to return to work.** **d) I understand the issues and actions described above** **e) I understand any contravention of the NHS Wales Managing Attendance At Work policy may result in investigation by the NHS Counter Fraud Service and I may be liable for criminal prosecution, disciplinary action and loss of any sick pay entitlement.** **f) The information given on this form is a fair record of the return to work discussion.** **g) I understand the above information will be used for the purposes or recording and monitoring sickness absence and may be shared with Occupational Health, Human Resources and my line managers**

Signed Employee	Date
Signed Manager	Date

A copy of this form may be given to the employee

PEOPLE PERFORMANCE MANAGEMENT TOOLKIT



skillsforcare

NHS Employers

PEOPLE PERFORMANCE MANAGEMENT | WHERE SHOULD I START? | REVIEWING EMPLOYEE PERFORMANCE | MANAGING DIFFERENT TYPES OF PERFORMANCE | CONVERSATIONS ABOUT PERFORMANCE | SCENARIOS | HELP IN A HURRY

ABOUT THIS TOOLKIT

1. People performance management (PPM) matters and how well we do it has a huge impact on the quality of care that people who use our services receive.
2. This toolkit for line managers in health and social care aims to encourage and enable good PPM in practice. Use the left and right arrows on each page to work through the seven main sections, or go straight to the section you need using the icons at the top and bottom of each page.
3. The principles of PPM in any care setting are the same, but the context may differ. This resource is intended for your organisation regardless of whether it is small or large, and whether it is commercial, voluntary sector, local authority or NHS.
4. The information contained in the toolkit is for general guidance purposes only. It should not be relied upon as a substitute for advice on specific facts or matters and we recommend that you contact your usual HR contact or employment law adviser for detailed advice on the facts of the case. We assume no responsibility for the contents of linked websites and we have no control over the availability of the linked pages.
5. The toolkit and the supporting scenarios are a guide for managers on PPM. They do not replace organisational policies and procedures where they exist and should be treated as an additional resource. Where organisational policies and procedures conflict with the content of the toolkit, the organisational policies and procedures take precedence.

This toolkit is interactive. Use the icons at the top of each page to navigate and hover over sections in the toolkit to reveal more information.

HELPFUL HINT We have used ACAS guidance as a reference in the preparation of this resource. ACAS provides free and impartial information and advice to employers and employees on all aspects of workplace relations and employment law. For more information visit ACAS website.

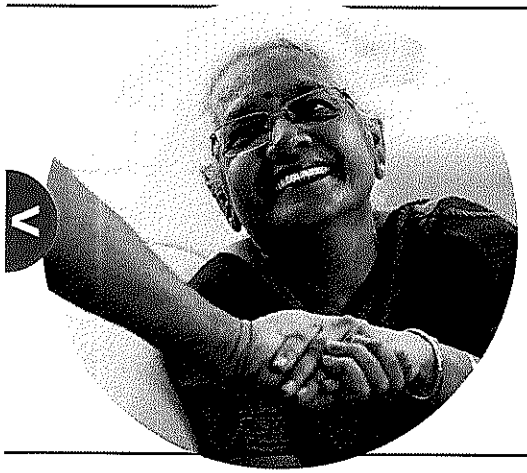
skillsforcare

NHS Employers and the National Skills Academy for Social Care or Skills for Care would like to give special thanks to the reference groups of employers, employees and managers and the many other contributors from across health and social care involved in the development of this toolkit.

NHS Employers

First two slides as Carers Over 100 pages Absolute

21



WHAT IS GOOD PEOPLE PERFORMANCE MANAGEMENT?

How you lead and manage your employees from the moment they join your team, can make a big difference to them and to the people they are providing with care and support.

The essentials

People performance management (PPM) is important and how well we do it has a big impact on the quality of care that people who use our services receive.

As a line manager you are responsible for leading and managing an individual or team of people and the quality of the service they deliver. The way you recruit, supervise and develop your employees will make a difference to how they feel about their job and their ability to work to the right standard.

Your leadership will also set the tone and help to create conditions for a positive workplace culture that is focused on delivering high-quality care. Good leaders create a positive environment for employees so that they feel engaged and are focused on caring for others.

Prof Michael West at Lancaster University Management School has undertaken research into the factors that determine the effectiveness of individuals, teams and organisations at work. His blog Cultures of Engagement explores the creation of high-quality cultures of care.

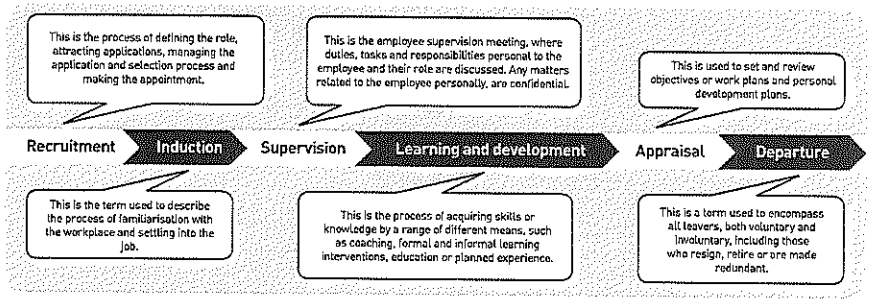
PEOPLE PERFORMANCE MANAGEMENT
WHERE SHOULD I START?
REVIEWING EMPLOYEE PERFORMANCE
MANAGING DIFFERENT TYPES OF PERFORMANCE
CONVERSATIONS ABOUT PERFORMANCE
SUMMARIES
HELP IN A HURRY

Get it right from the start

Every time you discuss work with your employee you are managing their performance, so people performance management is really just one long conversation that starts on day one of employment and continues until the employee leaves your team.

People work best in an environment that encourages openness and honesty in a positive, constructive and professional way. They also work well when communications are two-way, involving a balance of feedback and active listening from both manager and employee.

The performance management conversation begins when you decide on the duties and responsibilities of a job and then continues through each step in an employee's journey (hover over the helpful hints below for more information):



22.

Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Learning Education and Development Home Page - New

This page in Welsh/Y dudalen hon yn Gymraeg

Dysgu a Datblygiad



NEW DATES Web Prospectus

Click here to see the latest course dates

< previous | next >

Welcome to the Learning and Development Homepage



Our vision is that all staff should be developed to fulfil their role to maximum capacity and, where appropriate, to fulfil new and different roles for the future. Training and development opportunities need to be available to staff, to allow them to develop to their full potential.

Use the links below to explore the Learning and Development pages:



Course Information

- Prospectus
- New dates on the Prospectus



E-Learning and classes within ESR

To access your ESR please use the ESR and E-Learning icon on your desktop or log into your Citrix Xenapp icon on your desktop to find the ESR login icon

- E-Learning Step-By-Step Guide
- Guide to help search for e-course
- E-Learning FAQs
- Class booking guide
- ESR / E-Learning 10 Top Tips
- ThinkGlucose Access Guide (Virtual College) from Work Machines
- ThinkGlucose Access Guide (Virtual College from Home
- Information on other e-courses



Manuals Forms and Guides

- Study Leave Compliance Form
- Manuals, Forms and Guides



Clinical Development

- Level 4 Certificate in Health Care
- Resuscitation and Clinical Skills
- Reach
- Connect



Development

- Coaching
- Leadership and Management Development



Improvement

- IQT Silver Learning Material



Useful Links

- Contact us
- Useful Links



Study Leave

- Study Leave

(HDUHB, 2019)

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

Hi Tina

As per conversation, it is really important that as TE is a wheelchair user and has a disability, you need to ensure that her errors and speed are not due to her disability. I would suggest you have an informal discussion, suggesting she may want to consider an Occupational Health Referral if she thinks it is due to her health as discussed. Please read the attached Referral to Occupational Health guidance, especially Section 7.1 of the capability policy as we may be able to make reasonable adjustments to support her within her role.

If you need any help of want to talk through this, please phone me.

Thanks

Amanda

DW I'N DYSGU CYMRAEG

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724



-----Original Message-----
From: Tina Williams (Hywel Dda UHB - Future Workforce Assistant (Work Experience))
Sent: 15 June 2019 14:30
To: Sally Owen (Hywel Dda UHB - Strategic Resourcing Manager)
Cc: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Subject: RE: hospital work experience

Hi Amanda

I spoke to her and she was didn't know that she was making errors. I have provided her with training. The only problem is that she is still making mistakes.

Can you phone me please?

Thanks

Tina

Tina Williams

Bwrdd Iechyd Prifysgol Hywel Dda
Gwithlau Datblygu Sefydliadol
Hafan Derwen
Parc Dewi Sant
Heol Jobs Well
Caerfyrddin
Sir Caerfyrddin

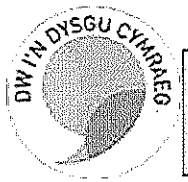
Hywel Dda University Health Board
Workforce & Organisational Development
Hafan Derwen
St David's Park
Jobs Well Road
Carmarthen
Carmarthenshire

SA31 3BB SA31 3BB

Rhif Ffôn / Telephone No: 01267 239695 (0 1825 4695)
E-mail/e-bost: tina.williams2@wales.nhs.uk

Dydd Llyn - Dydd Mercher 8 - 4 o'gloch
Monday - Wednesday 8am to 4 pm

Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda Local Health Board





Ysgrifennwch ataf yn Gymraeg neu Saesneg
Please write to me in Welsh or English

-----Original Message-----
From: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Sent: 03 June 2019 13:52
To: Tina Williams (Hywel Dda UHB - Future Workforce
Cc:
Subject: FW: hospital work experience

Hi Tina

Thanks for coming to see me today in relation to the performance issue. I just wanted to drop you an email to outline the main points:

- You need to speak to the staff member and make her aware that she is making lots of errors.
- You need to ensure with any performance issues, these are bought to the attention of the employee as soon as possible.
- Carry out a informal one to one meeting.
- Offer training and support in relation to the errors and record this, even if it is by email.

I have included the All Wales Capability Policy, please read the sections I have highlighted. Let me know if this does not solve the problem.

Thanks

Amanda

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724



HYWEL DDA LOCAL HEALTH BOARD

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

GUIDANCE ON REFERRAL OF EMPLOYEES TO THE OCCUPATIONAL HEALTH SERVICE

Policy Number:	336	Supersedes:	All previous guidance	Standards For Healthcare Services No/s	22, 26

Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
1	September 2012	Vanessa Davies	Approval	W&OD sub committee	April 2013	April 2016
	March 2016	Kim Warlow	Extension whilst review takes place	W&OD	4.5.2016	31/12/2016
		Kim Warlow	Extension whilst review is finalised	W&OD	18/7/2017 15.3.2018	31/12/2017 30.9.2018
2	April 2018	Bob Mander	Data Protection Act changes (section9)	W&OD Committee Chair	17.5.2018	18.5.2018

Brief Summary of Document:	This document aims to provide guidance on how employees and managers may access the occupational health service of Hywel Dda Health Board

To be read in conjunction with:	Sickness Absence Management Policy (All Wales) Redeployment Policy

Classification:	Employment	Category:	Policy	Freedom Of Information Status	Open

HYWEL DDA LOCAL HEALTH BOARD

Authorised by:	Janet Wilkinson	Job Title	Director of Workforce and OD	Signature:	A signed copy is kept in Corporate Services

Responsible Officer/Author:	Vanessa Davies		Job Title:	Head of Occupational Health
Contact Details:	Dept	Occupational Health Service	Base	Glangwilli General Hospital
	Tel No	01267 227429	E-mail:	Vanessa.davies2@wales.nhs.uk

Scope	ORGANISATION WIDE	✓	DIRECTORATE		DEPARTMENT ONLY		COUNTY ONLY	

Staff Group	Administrative/ Estates	✓	Allied Health Professionals	✓	Ancillary	✓	Maintenance	✓
	Medical & Dental	✓	Nursing	✓	Scientific & Professional	✓	Other	✓

CONSULTATION	Please indicate the name of the individual(s)/group(s) or committee(s) involved in the consultation process and state date agreement obtained.			
	Individual(s)	Steve Morgan Dr Rosalyn Wort	Date(s)	September 2012
	Group(s)	HR Policy Review Group	Date(s)	September 2012
	Committee(s)	Workforce & OD Integrated Governance Sub Committee	Date(s)	4th April 2013

RATIFYING AUTHORITY (In accordance with the Schedule of Delegation)	KEY		COMMENTS/ POINTS TO NOTE
NAME OF COMMITTEE	A = Approval Required FR = Final Ratification	Date Approval Obtained	
Workforce and OD Sub Committee	FR	04/04/13	

Date Equality Impact Assessment Undertaken	22-2-13	Group completing Equality Impact assessment	Ceri Wlliams, Bob Mander and Jackie Hooper

Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Occupational Health Service, Referral

HYWEL DDA LOCAL HEALTH BOARD

Document Implementation Plan			
How Will This Policy Be Implemented?	Available on the intranet		
Who Should Use The Document?	All managers referring staff to Occupational Health and All staff who wish to access Occupational Health services		
What (if any) Training/Financial Implications are Associated with this document?	N/A		
What are the Action Plan/Timescales for implementing this policy?	**Action**	**By Whom**	**By When**
	Approved Policy sent for signing by Exec	Policy Coordinator	May 2013
	Signed Policy Made Active on intranet	Policy Coordinator	May 2013
	Active Policy Advertised to all staff via Hywel Dda Today email	Policy Coordinator	May 2013

HYWEL DDA LOCAL HEALTH BOARD

CONTENTS

1. STATEMENT 5
2. AIMS 5
3. SCOPE 5
4. RESPONSIBILITIES 5
5. REFERRAL PROCEDURE 5
6. WHO WILL CONDUCT THE ASSESSMENT? 6
   6.1. Occupational Health Physician 6
   6.2. Occupational Health Nurse Advisor 6
7. AN OCCUPATIONAL HEALTH ASSESSMENT WILL ADDRESS THE FOLLOWING AREAS: 7
8. THE APPOINTMENT 7
9. MANAGEMENT COMMUNICATION 7
10. GENERAL MEDICAL COUNCIL GUIDANCE 7
11. FAILURE TO ATTEND AN APPOINTMENT 8
12. EQUALITY 8
13. TRAINING 8
14. IMPLEMENTATION 8
15. MONITORING 8
16. REVIEW 8

HYWEL DDA LOCAL HEALTH BOARD

1. STATEMENT

The Health Board recognises the pivotal contribution that its employees make to ensuring that a high quality, timely, cost effective and safe service is delivered. It further recognises that employees wish to make a consistent contribution to the work of their local organisations, but that, from time to time, will themselves become ill and be unable to work. It is essential that the organisation has in place comprehensive and effective policies which identify its responsibilities to provide a healthy working environment, support the employee when ill and to facilitate their timely return to work. In return, the employee must take responsibility for the maintenance of their health with a view to minimizing the time they spend away from work through sickness.

2. AIMS

To ensure appropriate health advice and support is available for all staff and to and offer guidance regarding the referral of individuals to the occupational health service.

3. SCOPE

The Occupational Health Service of the Hywel Dda Health Board is available to support and advise employees throughout the Organisation.

4. RESPONSIBILITIES

- All staff have a responsibility to ensure they are making suitable efforts to maintain their own health.
- Under the Sickness Absence Policy (All Wales), managers are responsible for ensuring that their staff are medically fit for employment. All new staff must undergo health assessment but this only ensures that staff are fit for work at the time of the assessment.
- Throughout their employment with the Health Board, staff may experience health problems or changes in their fitness to work which they or their manager may identify. When doubt exists about an employee's fitness for work or when there are reported changes in the health or well-being of a member of staff the advice of the Occupational Health Service should be sought.

COMMON REASONS FOR MANAGEMENT REFERRAL

- Frequent absences due to sickness
- Long term absence due to sickness
- Sickness following maternity or other leave
- Following an injury at work
- Employees performance at work is causing concern
- Concern that work related matters may be adversely affecting the employees health
- Onset of a diagnosed disease or disability
- Where ill health retirement is considered

5. REFERRAL PROCEDURE

- Any member of staff can seek the confidential support of the occupational health service. In these circumstances the service will not usually divulge information to any other party without the express consent of the individual, including whether an individual has chosen to seek the service support. This is unless the individual reports an issue which can have serious implications either for their own, patients, staff or the

organisation's safety. In these circumstances the occupational health practitioner will discuss the potential implications, document the information in the clinical records and actively encourage the individual to either take appropriate action to escalate and seek a resolution or permit the occupational health practitioner to do so. If there are circumstances such as a an individual developing a notifiable disease then all action indicated by relevant guidance or legislation will be followed

- When a line manager wishes to refer an individual to the service they must ensure that the employee is fully aware of the reason for the referral.
- The manager should complete the relevant referral documentation (found in the forms library on the intranet). It is crucial that this document is completed accurately and fully, if the referring agency wishes to obtain the most pertinent advice.
- In exceptional circumstances an appointment can be arranged before a referral form is received if the Manager speaks directly to the senior occupational health practitioner for that department. However, the Employee's must be informed for the reason for the appointment before the occupational health practitioner can undertake a consultation with the employee.
- All referrals should be sent to the local Occupational Health Department.
- The effectiveness of advice and support for the referring Manager depends on the quality of communication between the Occupational Practitioner and the Manager. If a Manager wishes to raise any specific questions about an employee these should be made clear on the referral form or dealt with in a covering letter.

6. WHO WILL CONDUCT THE ASSESSMENT?

6.1. Occupational Health Physician

The Occupational Health Physician provides specialist medical advice for those staff who have been referred and require a Medical opinion/advice/concerning fitness for work. These cases would include:

- All medical conditions that require diagnosis, management advice and prognosis in relation to fitness for work.
- At the onset of a diagnosed disease or disability, especially if this meets the criteria of the Equality Act 2010
- Complex surgical and orthopaedic cases
- Any individual who requires referral to another medical practitioner or health professional
- Those being considered for ill-health retirement
- Any case which may potentially progress to compensation claims or future litigation against the Health Board
- Work related injuries or illnesses

6.2. Occupational Health Nurse Advisor

The Occupational Health Nurse Advisors, when in possession of the relevant occupational health qualification and experience, are able to offer advice on the management of sickness absence in the following cases:

- Minor mental health disorders, including anxiety, stress or short term depression
- Frequent short term absence for minor illnesses, such as colds, migraine, diarrhoea and vomiting etc.
- Those members of staff who require adjustment to rehabilitate into the workplace.
- Minor surgical procedures
- Medical conditions which are well controlled by relevant medication
- Social or family difficulties affecting ability to work

- Work related stress, especially bullying, harassment and professional relationships at work or if an individual employee's performance at work is causing concern.
- Health problems during or after pregnancy, which may affect fitness for work
- Skin problems, which affect fitness for work
- To facilitate referral to other specialist services.

7. AN OCCUPATIONAL HEALTH ASSESSMENT WILL ADDRESS THE FOLLOWING AREAS:

- How long is the employee likely to be absent from work?
- Could they return to work sooner if adjustments/restrictions were made to their work? If yes, what adjustments/restrictions should apply and for how long?
- Is there an underlying medical condition affecting the employee's fitness for work?
- Is redeployment recommended on medical grounds? If so, what type of work would be appropriate and for how long?
- Do any aspects of the job affect the employee's health? If so, what can be done about this?
- The likelihood of ongoing episodes of sickness absences
- whether such absences will be of long or short duration

8. THE APPOINTMENT

The Employee will be notified in writing of his/her appointment by the occupational health department and the manager should be copied into the appointment letter. Managers are asked to plan ahead and where possible, discuss a referral with the member of staff as soon as possible so that the occupational health department has time to schedule in the appointment with due priority. The departments have a system that incorporates urgent appointments into its diary. Such appointments are available on discussion with the senior clinical practitioner in the occupational health department but are not always available.

9. MANAGEMENT COMMUNICATION

- The occupational practitioner will send a written report to the referring Manager. The contents of the report are discussed with the Employee, who is also given a copy of the report as a matter of good practice. Under the terms of the Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect, Employees have a right to see their occupational health records. The report is written in terms of advice on functional ability, i.e. the ability of the Employee to carry out the duties of their employment.
- Medical details about an employee can not be disclosed to management without the consent of the employee, who would have in the first instance only consented to attend for an assessment.
- The Employee may wish to see a report before it is released to management.
- Occasionally the occupational practitioner may, when requested, telephone or meet with the Manager to clarify specific information but again this would require the consent of the Employee.

10. GENERAL MEDICAL COUNCIL GUIDANCE

The occupational health service is required to comply with the General Medical Council advice regarding information being provided to managers when an employee is absent due to sickness. The recommendations are that any employee who has attended a consultation with and where advice to managers will be offered, the occupational health practitioner should:

- Inform the employee that they are entitled to see the occupational health advice, should they choose to before the referring agency and can at any stage decline to allow the occupational health service to provide that advice.
- Gain written consent for the release of the information

All occupational health practitioners will endeavour to ensure that the employee understands the importance of clear communications between all parties, but occasionally waiting for the employee to consent for the release of information can lead to delays.

11. FAILURE TO ATTEND AN APPOINTMENT

A non-attendance notification letter is sent to Managers, following managerial referral. It is then a management responsibility to arrange another appointment for the employee, if required. No further appointments will be issued when an individual 'does not attend' and fails to advise the service of the reasons for this.

12. EQUALITY

Hywel Dda Health Board recognises the diversity of its workforce. Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. Hywel Dda Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights. The equality impact assessment outcome is available to download with this policy.

13. TRAINING

All staff will be made aware of the existence of policies at Induction. Copies of policies can also be viewed on the Health Board's Intranet or obtained via the Workforce and Organisational Development Department. Learning and development opportunities will be provided as appropriate depending on the complexity of the policy. These may be provided at training sessions which all staff will be informed of in advance via internal communication channels, their line manager.

14. IMPLEMENTATION

- Managers are responsible for raising awareness of the policy to all employees.
- The policy will be advertised in Health Board publications/briefings and will be made available on the Intranet.
- Managers who require training as a result of this policy should contact their Learning and Development Department.

15. MONITORING

Monitoring of the use of and compliance with this policy will be undertaken periodically by the Head of Occupational Health and reported on to the Health at Work Group.

16. REVIEW

This policy will be reviewed in three years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

From: Jackie Wright (Hywel Dda UHB - W&OD staff experience)
Sent: 28 January 2019 13:34
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor); Cheryl Raymond (Hywel Dda UHB - Staff Development); Suzanne Tarrant (Hywel Dda UHB - Consultant Clinical Psychologist)
Cc: Robert Blake (Hywel Dda UHB - Senior Organisational Development Manager)
Subject: MPP Programme 6 - Managing Yourself

Hi All,

The Managers Passport Programme 6 – Managing Yourself is due to run in May 2019. Please view the programme below for your date & time slot. If you have any updated presentations you wish to be uploaded please send them to me in advance or alternatively bring them along on a memory stick.

I will confirm the number of attendees nearer the time.

Many thanks for your continued support with the programme.

MODULE MANAGING YOURSELF – Wed 8th May 2019 Day 1 - Venue: Rm 3, Alun Block, Hafan Derwen	SPEAKER/S	Day 1 Time Slot
Welcome and warm up	Facilitator	9.00am – 9.30am
Coaching	Amanda Glanville	9.30am – 10.30am
Coffee		
Coaching	Amanda Glanville	10.45am – 12.30pm
Lunch		
Building a Culture of Well-being & Resilience	Suzanne Tarrant	1.15pm – 2.30pm
Coffee		
Building a Culture of Well-being & Resilience	Suzanne Tarrant	2.45pm – 4.30pm
MODULE **MANAGING YOURSELF – Thurs 9th May 2019** **Day 2 -Venue: Rm 3, Alun Block, Hafan Derwen**	**SPEAKER/S**	**Day 2 Time Slot**
Welcome and warm up	Facilitator	9.15am-9.30am
Effective communication	Rob Blake/ Jackie Wright	9.30am – 10.45am
Coffee		
Effective Communication	Rob Blake/ Jackie Wright	11.00am – 12.00pm
lunch		

Delivered Coaching & mentoring.

Presentation Skills	Rob Blake/ Jackie Wright	12.45pm – 2.15pm
Coffee		
Influencing	Rob Blake/ Jackie Wright	2.30pm – 4.30pm
Shared learning and next steps	OD team	4.30pm – 5.00pm

Kind Regards

Jackie

Jackie Wright
OD Project Support Manager/Rheolwr Cefnogi Prosiect
Hywel Dda Health Board/Bwrdd Iechyd Hywel Dda
Hafan Derwen/Canolfan Derwen
Tel/Rhif ffon: 01267 239701 Ext: 4701
Fax/Ffacs: 01267 239860
E-mail/E-bost: jackie.wright@wales.nhs.uk

Join us on LinkedIn

Don't forget, we publish regular briefings that inform you of the latest developments within the Workforce and OD Directorate. They can be found on the 'Working for Us' section on the Intranet headed 'Your Briefings'. To access our briefings please click here - http://howis.wales.nhs.uk/sites3/page.cfm?orgid=880&pid=31841

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

To: Jackie Wright (Hywel Dda UHB - W&OD staff experience); Claire Bird - (Hywel Dda UHB - Assurance Officer); Debbie Stone (Hywel Dda UHB - Senior Risk Coordination Officer); Keith Jones (Hywel Dda Health Board - Head of Financial Planning); Lez Thompson (Hywel Dda UHB - Associate Director of Quality Improvement); Phil Lloyd (Hywel Dda UHB - Security Manager); Roger Smith (Hywel Dda Health Board - Ombudsman Liaison Officer); Sally Owen (Hywel Dda UHB - Strategic Resourcing Manager); Stephanie Muir (Hywel Dda Health Board - Interim Head of Quality & Governance); Susan Powell (Hywel Dda UHB - Head of Management Accounting (Acute Services))); Tim Harrison (Hywel Dda UHB - Risk/Health and Safety Manager); Tracy Walmsley (Hywel Dda UHB - Senior Workforce Development Manager)

Subject: RE: MPP Programme P6 - Managing Services

From: Jackie Wright (Hywel Dda UHB - W&OD staff experience)
Sent: 11 January 2019 11:09
To: Claire Bird - (Hywel Dda UHB - Assurance Officer); Debbie Stone (Hywel Dda UHB - Senior Risk Coordination Officer); Keith Jones (Hywel Dda Health Board - Head of Financial Planning); Lez Thompson (Hywel Dda UHB - Associate Director of Quality Improvement); Phil Lloyd (Hywel Dda UHB - Security Manager); Roger Smith (Hywel Dda Health Board - Ombudsman Liaison Officer); Sally Owen (Hywel Dda UHB - Strategic Resourcing Manager); Stephanie Muir (Hywel Dda Health Board - Interim Head of Quality & Governance); Susan Powell (Hywel Dda UHB - Head of Management Accounting (Acute Services))); Tim Harrison (Hywel Dda UHB - Risk/Health and Safety Manager); Tracy Walmsley (Hywel Dda UHB - Senior Workforce Development Manager); Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Subject: FW: MPP Programme P6 - Managing Services

Hi All,

The Managers Passport P6 – Managing Services is due to run in March 2018. Please view the programme below for your date & time slot. If you have any updated presentations you wish to be uploaded please send them to me in advance or alternatively bring them along on a memory stick.

I will confirm the number of attendees nearer the time.

Many thanks for your continued support with the programme.

See overleaf.

MODULE MANAGING SERVICES - Wed 6th March 2019 Day 1 –Venue: Rm 3, Alun Block, Hafan Derwen	SPEAKER/S	Day 1 Time Slot
Welcome and Expectations of the Programme	OD team	9.00am – 9.30am
Working Safely	Tim Harrison & Phil Lloyd	9.30am – 10.30am
Coffee		
Working Safely Cont/d...	Tim Harrison	10.45am – 12.30pm
Lunch		

26

Risk Assessment/ Action Planning	Debbie Stone/ Claire Bird	1.00pm – 2.45pm
Coffee		
Patient Safety/Datix Incident Investigations	Stephanie Muir	3.00pm – 4.30pm
MODULE MANAGING SERVICES – Thurs 7th March 2019 DAY 2 - Venue: Rm 3, Alun Block, Hafan Derwen	**SPEAKER/S**	**Day 2 Time Slot**
Welcome and warm up	Facilitator	9.00am - 9.30am
Introduction to Financial Framework	Keith Jones	9.30am - 11.00am
Coffee		
Managing Budgets	Keith Jones	11.15am – 12.30 noon
Lunch		
Patient Experience	Lez Thompson and Roger Smith	1.15pm – 2.45pm
Coffee		
Patient Experience	Lez Thompson and Roger Smith	3.00pm – 4.00pm
MODULE MANAGING SERVICES - Fri 8th March 2019 DAY 3 - Venue: Rm 3, Alun Block, Hafan Derwen	**SPEAKER/S**	**Day 3 Time Slot**
Welcome and warm up	Facilitator	9.00am - 9.30am
Workforce planning	Amanda Glanville	9.30am – 11.00am
Coffee		
Getting the right people	Sally Owen/ Resourcing Team	11.15am – 12.45pm
Lunch		
Getting the right people	Sally Owen/ Resourcing Team	1.15pm – 2.45pm
Coffee		
Getting the right people	Sally Owen/ Resourcing Team	3.00pm – 4.00pm
Shared learning and next steps	OD team	4.00pm – 4.30pm

Delivered Workforce Planning

Kind Regards

Jackie

Jackie Wright
OD Project Support Manager/Rheolwr Cefnogi Prosiect
Hywel Dda Health Board/Bwrdd Iechyd Hywel Dda
Hafan Derwen/Canolfan Derwen
Tel/Rhif ffon: 01267 239701 Ext: 4701
Fax/Ffacs: 01267 239860

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

From: Jackie Wright (Hywel Dda UHB - W&OD staff experience)
Sent: 04 April 2019 09:12
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor); Ben Helliwell (Hywel Dda UHB - Workforce West); Cheryl Raymond (Hywel Dda UHB - Staff Development); Gina Callanan (Hywel Dda UHB - Workforce West); James Webber (Hywel Dda UHB - E Rostering Advisor); Julie Bassett (Hywel Dda UHB - Senior Human Resource Adviser); Kathryn Williams (Hywel Dda UHB - E Rostering Advisor); Rhian Evans (Hywel Dda UHB - Senior Equality & Diversity Officer); Robert Blake (Hywel Dda UHB - Senior Organisational Development Manager); Gina Callanan (Hywel Dda UHB - Workforce West)
Subject: Managers Passport P7 - Managing People

Dear Colleague,

The Managers Passport P7 – Managing People is due to run in **July 2019**. Please view the programme below for your date & time slot. If you have any updated presentations you wish to be uploaded please send them to me in advance or alternatively bring them along on a memory stick.

Gina – Could you confirm who will be running the Employment policies session on 10th, many thanks

I will confirm the number of attendees nearer the time.

MODULE P7 MANAGING PEOPLE – Tues 9th July 2019 Day 1 - Venue: Rm 3, Alun Block, Hafan Derwen	**SPEAKER/S**	**Day 1 Time Slot**
Welcome and warm up	Facilitator	9.00am – 9.15am
Values Framework	Rob Blake/Jackie Wright	9.15am – 11.00am
Coffee		
Compassionate Leadership	Rob Blake/Jackie Wright	11.15am – 12.15am
Lunch		
Equality Impact Assessment	Rhian Evans	12.45pm – 1.45pm
PADR/performance management	Rob Blake/ Cheryl Raymond	1.45pm- 3.30pm
Coffee		
Rostering	Kathryn Williams / James Webber	3.45pm-4.45pm
MODULE P7 MANAGING PEOPLE – Wed 10th July 2019 Day 2 - Venue: Rm 3, Alun Block, Hafan Derwen	**SPEAKER/S**	**Day 2 Time Slot**
Welcome and warm up	Facilitator	9.00am – 9.30am
Employment policies	Julie Bassett	9.30am – 10.30am

See overleaf.

	Coffee	
Employment policies	Julie Bassett	10.45am – 12.30pm
	Lunch	
Managing Change	Amanda Glanville	1.00pm -3.00pm
	Coffee	
Managing Change	Amanda Glanville	3.15pm – 4.15pm
MODULE P7 **MANAGING PEOPLE – Thurs 11th July 2019** **Day 3 - Venue: Rm 3, Alun Block, Hafan Derwen**	**SPEAKER/S**	**Day 3 Time Slot**
Welcome and warm up	Facilitator	9.15am – 9.30am
Building relationships	Rob Blake/Jackie Wright	9.30am – 11.15am
	Coffee	
Managing conflict	Rob Blake/Jackie Wright	11.30am – 1.00pm
	Lunch	
Difficult Conversations	Rob Blake/Jackie Wright	1.30pm – 3.30pm
	Coffee	
Shared learning and next steps	OD team	3.30pm – 4.15pm

Delivered Change management to line managers.

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

From: Jackie Wright (Hywel Dda UHB - W&OD staff experience)
Sent: 06 June 2019 12:19
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor); Leony Charlotte Davies (Hywel Dda UHB - Health Intervention Coordinator)
Cc: Robert Blake (Hywel Dda UHB - Senior Organisational Development Manager)
Subject: MPP+ P6 Managing People
Attachments: Attendance Register MPP+ P6 MP.docx

Hi All,

Thank you for agreeing to deliver at the forthcoming **Managers Passport Plus – Managing People Module,** which is due to run 19th – 20th June 2019. Please view the programme below for your time slots. Should you have any presentations you wish to be uploaded please email them to me in advance of the day or alternatively bring them along on a memory stick.

There are 11 confirmed delegates, Copy of attendees list attached. Any queries give me a call.

MODULE: MANAGING PEOPLE – Day 1 – Wednesday 19th June 2019 Venue Alun Building, Room 3, Hafan Derwen	SPEAKER/S	Day 1 Time Slot
Welcome and Warm Up	Facilitator	9.15am – 9.30am
Build culture of Learning and Well Being	Leony Davies	9.30am - 10.30am
	Coffee	
Build culture of Health and Well Being	Leony Davies	10.45am – 12.30pm
	Lunch	
Teamwork	Amanda Glanville	1.00pm -3.00pm
	Coffee	
Teamwork	Amanda Glanville	3.15pm – 4.30pm
MODULE: MANAGING PEOPLE – Day 2 – Thursday 20th June 2019 Venue Alun Building, Room 3, Hafan Derwen	**SPEAKER/S**	**Day 2 Time Slot**
Welcome and Warm Up	Facilitator	9.15am -9.30am
Hybrid	Rob Blake/Jackie Wright	9.30am – 11.00am
	Coffee	
Hybrid	Rob Blake/Jackie Wright	11.15am – 12.45pm
	Lunch	

Delivered Teamwork module to line managers ✓✓

28

Psychological Safety	Rob Blake/Jackie Wright	1.15pm – 3.00pm
Coffee		
Psychological Safety	Rob Blake/Jackie Wright	3.15pm – 4.30pm

Kind Regards

Jackie

Jackie Wright
Rheolwr Cefnogi Prosiect / OD Project Support Manager
Bwrdd Iechyd Hywel Dda / Hywel Dda Health Board
Canolfan Derwen / Hafan Derwen
Rhif ffon / Tel: 01267 239701 Ext: 4701
Ffacs / Fax: 01267 239860
E-bost / E-mail: jackie.wright@wales.nhs.uk
Rhowch wybod i mi os hoffech gael gohebiaeth ebost yn Gymraeg

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

To: Jackie Wright (Hywel Dda UHB - W&OD staff experience); Cheryl Raymond (Hywel Dda UHB - Staff Development); James Webber (Hywel Dda UHB - E Rostering Advisor); Kathryn Williams (Hywel Dda UHB - E Rostering Advisor); Rhian Evans (Hywel Dda UHB - Senior Equality & Diversity Officer); Petra Newman (Hywel Dda UHB - Workforce West Senior Team)
Cc: Gina Callanan (Hywel Dda UHB - Workforce West); Robert Blake (Hywel Dda UHB - Senior Organisational Development Manager)
Subject: RE: ***Reminder***Managers Passport P6 Managing People

---

From: Jackie Wright (Hywel Dda UHB - W&OD staff experience)
Sent: 03 April 2019 08:13
To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor); Cheryl Raymond (Hywel Dda UHB - Staff Development); James Webber (Hywel Dda UHB - E Rostering Advisor); Kathryn Williams (Hywel Dda UHB - E Rostering Advisor); Rhian Evans (Hywel Dda UHB - Senior Equality & Diversity Officer); Petra Newman (Hywel Dda UHB - Workforce West Senior Team)
Cc: Gina Callanan (Hywel Dda UHB - Workforce West); Robert Blake (Hywel Dda UHB - Senior Organisational Development Manager)
Subject: ***Reminder***Managers Passport P6 Managing People

Dear All,

Thank you for agreeing to deliver at the forthcoming **Managers Passport – Managing People Module,** which is due to run next week 10th-12th April 2019. Please view the programme below for your time slots. Should you have any presentations you wish to be uploaded please email me in advance or alternatively bring them along on a memory stick.

There are 24 confirmed delegates. Any queries give me a call.

MODULE MANAGING PEOPLE – Wed 10th April 2019 Day 1 - Venue: Rm 3, Alun Block, Hafan Derwen	SPEAKER/S	Day 1 Time Slot
Welcome and warm up	Facilitator	9.00am – 9.15am
Values Framework	Rob Blake/Jackie Wright	9.15am – 11.00am
Coffee		
Compassionate Leadership	Rob Blake/Jackie Wright	11.15am – 12.15am
Lunch		
Equality Impact Assessment	Rhian Evans	12.45pm – 1.45pm
PADR/performance management	Rob Blake/Jackie Wright - Cheryl observing	1.45pm- 3.30pm
Coffee		

See over.

Rostering	Kathryn Williams / James Webber	3.45pm-4.45pm
MODULE **MANAGING PEOPLE – Thurs 11th April 2019** **Day 2 - Venue: Rm 3, Alun Block, Hafan Derwen**	**SPEAKER/S**	**Day 2 Time Slot**
Welcome and warm up	Facilitator	9.00am – 9.30am
Employment policies	Petra Newman	9.30am – 10.30am
	Coffee	
Employment policies	Petra Newman	10.45am – 12.30pm
	Lunch	
Managing Change	Amanda Glanville	1.00pm -3.00pm
	Coffee	
Managing Change	Amanda Glanville	3.15pm – 4.15pm
MODULE **MANAGING PEOPLE – Fri 12th April 2019** **Day 3 - Venue: Rm 3, Alun Block, Hafan Derwen**	**SPEAKER/S**	**Day 3 Time Slot**
Welcome and warm up	Facilitator	9.15am – 9.30am
Building relationships	Amanda Glanville	9.30am – 11.15am
	Coffee	
Managing conflict	Amanda Glanville	11.30am – 1.00pm
	Lunch	
Difficult Conversations	Amanda Glanville	1.30pm – 3.30pm
	Coffee	
Shared learning and next steps	OD team	3.30pm – 4.15pm

Delivered Managing Change,
Building relationships
Managing Conflict
& Difficult Conversations

Kind Regards

Jackie

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	07/06/2019
Name (Optional)	DAVID EVANS	Role	SENIOR ODP

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

ALL RELEVANT TO MY ROLE... EXCEPT FOR FINANCIAL FRAMEWORK / BUDGETS. BALANCE OF DELIVERY WAS EXCELLENT.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
WORKFORCE PLANNING + GETTING THE RIGHT PEOPLE. VERY RELEVANT TO MY PRESENT POSITION.
2 x "EXCELLENT" PRESENTORS!

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
MANAGING BUDGETS – AS I DON'T MANAGE A BUDGET - BUT APPRECIATED THE INSIGHT INTO IT.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
INCLUDE... HOW TO PRESENT A BUSINESS PLAN FOR SUBMISSION?

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7.6.19
Name (Optional)	Jane Whalley	Role	Perinatal Nurse Specialist

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework	✓				
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People					

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Thought me days were going to be dry, but thoroughly enjoyed me days, good with use of real life cases

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
Really enjoyed patient experience and will look at how we gather patient feedback - will have with Louise Lloyd Friday - Recruitment/Workforce - fabulous thank you

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
managing budgets - although very interesting & am not yet a budget holder

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
No thoroughly enjoyable - thank you

8

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19

Name (Optional)		Role	District Nurse

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework			✓		
Managing Budgets			✓		
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

The two marked as average were down to their presentation skills, not the content

Question 3 Which part of this module has proved the most valuable to you and why?

Comment Work force Planning - has given me the insight and tools to look at how to support future planning. Getting the Right People - Really helpful, even though I have been using TRAC

Question 4 Which part of this module has proved the least valuable to you and why?

Comment

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	07/06/19

Name (Optional)	CLIVE CORP	Role	PROJECT MANAGER

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework	✓				
Managing Budgets	✓				
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People					

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

HAPPY WITH THE RELEVANCE & DELIVERY. & BALANCE PROVIDED A VERY GOOD INSIGHT INTO THE ORGANISATIONS POLICIES & PROCEDURES & CONTACTS TO GET SUPPORT A GREAT OPPORTUNITY TO MEET COLLEAGUES & PEERS

Question 3 Which part of this module has proved the most valuable to you and why?

Comment FINANCE & WORKFORCE PLANNING. BETTER UNDERSTANDING OF MANAGING BUDGETS. MORE INSIGHT INTO WORKFORCE PLANNING & SUPPORT AVAILABLE

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
WORKING SAFELY. AWARE OF MOST OF THE PRESENTATION FROM MANDATORY E-LEARNING MODULES. STILL HELPFUL THOUGH.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7.6.19
Name (Optional)	Jennie Welton.	Role	Speech + Lang Therapy

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments	✓				
Patient Safety/Datix incident Investigations		✓			
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience		✓			
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

This module is less relevant to my role as I don't manage a service, but do manage people.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
Very useful to complete a risk assessment + discussions re managing concerns locally.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
Finance - I don't manage a budget.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
N/A

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19
Name (Optional)	Catherine Blackmore	Role	Locality Nurse

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
		✓			

Day 3 Managing services was excellent.

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments		✓			
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience		✓			
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

These specific sessions should be delivered as mandatory to any new band 7 and above ~~to~~ appointed to HDUHB within the 1st month of employment. ADB if new to HDUHB

Question 3 Which part of this module has proved the most valuable to you and why? U. Cant

Comment
Health board - then this should be included at end of induction or within 1st month. If ~~already~~ already in HDUHB then complete within 1 month if not already done so This is important regarding management training & highlighting structure of HDUHB.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
The finance module was interesting but not delivered as well as it could have been. The financial example could have been more relevant to that was given.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
1/ As stated initially this should be completed by any new band 7 or above within a month of starting new role.

2/ The course needs to be run as required by service for internal candidates - year waiting list is too long.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19
Name (Optional)	Rachel Baxter	Role	Ward sister / ITU.

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments		✓			
Patient Safety/Datix Incident Investigations	✓				
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

I feel that it Maybe benifical to divide the groups between clinical + non clinical managment.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment I Enjoyed workforce Planning + Getting it Right. Interview Process was very Benifical. The enthusiasm of Both Amanda + Sally was inspiring.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment As Junior sister having a background of Financial framwerk was good but I felt it was very umbarella and not benifical to me as it could have been as clinical nurse. Such things. buisness Plans, Fraud, ordering.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment I feel Separating into Clinical + non clinical managment or throughat the course always give clinical Example. As Junior sister, some terminology and Procedures / Policys are new and unable to understand.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	07/06/2019
Name (Optional)		Role	Junior Sister

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments		✓			
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework			✓		
Managing Budgets			✓		
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

It gave me an overall view of the HDUHB is managed

Question 3 Which part of this module has proved the most valuable to you and why?

Comment Risk Assessments, Workforce Planning, Getting the Right People the module is very informative & practical

Question 4 Which part of this module has proved the least valuable to you and why?

Comment None finance, too generic

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment Can finance be adapted for clinical areas

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7-6-19.
Name (Optional)	Bridget M Lewis	Role	Ward Sister

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments		✓			
Patient Safety/Datix incident Investigations					
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience		✓			
Workforce Planning	✓				
Getting the Right People					

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?

Comment: Workforce planning very Informative Lots learnt from presentation.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment: All relevent to practice.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment: no.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19
Name (Optional)		Role	

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
		✓			

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments				✓	
Patient Safety/Datix incident Investigations				✓	
Introduction to Financial Framework			✓		
Managing Budgets			✓		
Patient Experience		✓			
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Finance information needs to be updated to the most current information for the presentation. Presentation skills of Risk Assessment & Patient Safety Officers needs improvement.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment: Patient Experience is an area that I have not been involved in - this is the area of most value for me, and workforce planning + Recruitment.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment: Finance - I came from an Accountancy background.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment: Current information - Old outdated information is not of value and shows a lack of care.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19.

Name (Optional)	Francesca Pascoe.	Role	Midwife.

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Every session was very informative however for my role I won't be managing budgets so although useful to have a basic understanding it was a bit too in depth for my needs.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
It has all been valuable but specifically for my role I found risk assessments, DATIX, workforce planning + interviewing the most valuable

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
Managing budgets as this is not really relative to my role.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
No.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19

Name (Optional)	LUCA EVANS	Role	HEALTH TEAM LEAD.

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework	✓				
Managing Budgets	✓				
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Well presented by all trainers. Timescales | Managing time for breaks etc appropriate.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
Workforce planning + getting the right people - excellent training given, new + relevant knowledge gained

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
✓

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
No.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	07.06.2019

Name (Optional)	MANON RICHARDS	Role	SLT

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
		✓			

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓	✓		
Risk Assessments		✓			
Patient Safety/Datix incident Investigations		✓			
Introduction to Financial Framework		✓			
Managing Budgets	✓				
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

All speakers have been good, keeping the information that had to be delivered as interesting as possible by using examples, anecdotes + humour. Days 2 & 3 have been more relevant to my role as I am involved in interviewing and am keen to further develop patient experience. Handouts were helpful

Question 3 Which part of this module has proved the most valuable to you and why?

Comment Patient experience was very interesting and informative. Patient story examples were good and thought provoking. More information re. how to capture positive Patient Experience would have been useful. Workforce planning - very informative. Getting the Right People - again useful + informative

Question 4 Which part of this module has proved the least valuable to you and why?

Comment working through ~~examples~~ examples of writing risk assessment could have been more beneficial using prepared scenarios before trying to complete a risk assessment individually (although this was helpful).

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment The speakers who shared ~~knowledge~~ their presentation or handouts as part of the sessions helped me, as I was able to make notes as they delivered information

Many thanks - very enjoyable 3 days, and very informative.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	5,6,7 | 6 | 19

Name (Optional)	Gwawr Davies	Role	Junior Sister Community

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments			✓		
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Risk Assessments → Possibly showing an example of an already filled out form would have been better as this is not something I was familiar in doing, so filling the form out was challenging!

Excellent presentation on Workforce Planning + Recruitment - very inspiring + motivating.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment Datix investigation as this is a large part of my current role.

Patient experience → dealing with complaints and providing good patient experience is integral to my role.

Workforce Planning → very inspiring talk which has motivated me to think more about staff development.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment Budget as I'm not a budget holder in my current post, but it was useful to make me aware of the financial aspect of the HB.

Health + Safety as this is already part of mandatory training.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment Finance → Example of budget slippage - would have been better possibly with a live example on screen rather than make-up paper copy

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19
Name *(Optional)*	NICOLA DAVIES	Role	ART SISTER

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
		✓			

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments		✓			
Patient Safety/Datix incident Investigations		✓			
Introduction to Financial Framework		✓			
Managing Budgets	✓				
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?

Comment

workforce planning + getting the right people. relevant.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment

Managing budgets - very interesting but above my pay grade.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment No all very well organised and kept to time

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19
Name *(Optional)*	Kelly Dara	Role	Resp nurse cns

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework	✓				
Managing Budgets	✓				
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?

Comment

- working safely
- patient experience
- workforce planning
- Getting the right people.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment

I did enjoy financial framework, however I do not control the budget or order eat. So did not find it as beffical as oder topics

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	fri 7th June.

Name (Optional)	TANYA HOWELLS	Role	RESPIRATORY / OXYGEN NURSE.

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments	✓				
Patient Safety/Datix incident Investigations		✓			
Introduction to Financial Framework			✓		
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				
	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

managing budgets - would have been better if presenter had electronic interactive drop down sheets to go through and an actual "real" report.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
PALS team - good to know how to deal with complaints - the process + how to draft a letter in response.
workforce planning - scope for alternative staff retention / training etc -

Question 4 Which part of this module has proved the least valuable to you and why?

Comment Initial part of working safely - HSA - we do this module online as mandatory ESR - so may not need this recap.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment financial - outlines on where we can apply for funds was confusing more info on completing business plans / financial applications

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7.06.2019

Name (Optional)	Patrycja Duszynska	Role	Head of IG

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓				
Introduction to Financial Framework	✓				
Managing Budgets	✓				
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

The training is brilliant and gives me the knowledge I need. Thank you, and looking forward to the next sessions in July.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
All of them ☺

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
All were relevant!

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
Nothing to add ☺

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	5-7 JUNE 2019

Name *(Optional)*		Role	

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
			✓		

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments			✓		
Patient Safety/Datix incident Investigations			✓		
Introduction to Financial Framework				✓	
Managing Budgets				✓	
Patient Experience		✓			
Workforce Planning					
Getting the Right People					

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

GOOD TASTER FOR EACH MODULE HOWEVER NEED TO HAVE REFRESHED SLIDES / INFO

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
PATIENT EXPERIENCE – PUTS INFO INTO CONTEXT INCLUDING WITH COMPLAINTS
– EXCELENT PRESENTATIONS

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
FINANCE – LACK OF ENTHUSIASM FROM PRESENTER,
INFO OUT OF DATE
NO AWARENESS OF TURNAROUND & CURRENT SITUATION

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
TRAIN PRESENTERS IN PRESENTATION & FACILITATION SKILLS
ENSURE PRESENTERS DISCUSS / PROVIDE UP TO DATE INFO

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7-6-19.

Name *(Optional)*		Role	

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely		✓			
Risk Assessments		✓			
Patient Safety/Datix incident Investigations		✓			
Introduction to Financial Framework			✓		
Managing Budgets			✓		
Patient Experience		✓			
Workforce Planning		✓			
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

All very interesting + have enjoyed.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
'Getting the Right People' – good information – especially as about to interview.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
Possibly the 'finance' elements.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing Services	Date	7/6/19
Name *(Optional)*	Jon Wilson	Role	Principal Clinical Technologist

Question1 Overall, how did you rate the MPP Managing Services module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Working Safely	✓				
Risk Assessments	✓				
Patient Safety/Datix incident Investigations	✓	✓			
Introduction to Financial Framework		✓			
Managing Budgets		✓			
Patient Experience	✓				
Workforce Planning	✓				
Getting the Right People	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Some Topics Not Directly Relevant, Although Fascinating For Further Understanding Of Clinical Areas.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment

Risk Assessments + Datix Incidents, As Relevant To What We Do Day On Day, And Better Understand The System Memos.
Also Getting The Right People, To Help Understand Ways Of Asking Questions (Managing Staff)

Question 4 Which part of this module has proved the least valuable to you and why?

Comment

None

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment

Some Of The Finance Module, There Were Questions Asked That Either Weren't Answered, Or, Were Wooly Responses.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	10/4 – 12/4

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework		✓			
Compassionate Leadership	✓				
Equality Impact Assessment		✓			
PADR/Performance Management					
Rostering	N/A				
Employment Policies	✓				
Managing Change	✓				
Building Relationships		✓			
Managing Conflict		✓			
Difficult Conversations		✓			

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Very relevant to my role.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
employment policies + compassionate leadership
difficult conversations managing conflict

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
All relevant and valuable.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
NO. Really enjoyed these sessions.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	13.4.19

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Equality Impact Assessment	✓				
PADR/Performance Management		✓			
Rostering	NA				
Employment Policies		✓			
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Everything relevant
Wouldn't change anything

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
- Hard to say as all with ability improve my practice but to revisit everything regularly as you soon slip back into old ways!

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
NA.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
Room/location.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12/4/19

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework		✓			
Compassionate Leadership		✓			
Equality Impact Assessment		✓			
PADR/Performance Management		✓			
Rostering	—				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?
Comment
Employment policies + managing change.

Question 4 Which part of this module has proved the least valuable to you and why?
Comment
N/A.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment
found all aspects relevant and informative.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	10. 4. 19.

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
		✓			

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework		✓			
Compassionate Leadership		✓			
Equality Impact Assessment		✓			
PADR/Performance Management					
Rostering n/a.					
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation
Very useful to get up to date info on Siânnes policy. Presentations all useful.

Question 3 Which part of this module has proved the most valuable to you and why?
Comment
Managing Change as we're going through a challenging period.

Question 4 Which part of this module has proved the least valuable to you and why?
Comment
N/a - all useful.
Rostering as don't do rosterly, but we did not do this anyway.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment
N/a.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12/9/19

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
		✓			

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework		✓			
Compassionate Leadership	✓				
Quality Impact Assessment	✓				
PADR/Performance Management	✓				
Rostering Didnot cover					
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?
Comment Managing change, Managing conflict
Difficult Conversations.

Question 4 Which part of this module has proved the least valuable to you and why?
Comment

Values framework.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12/4/19

Name (Optional)	Sian George	Job Role	SLT.

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Person Centred Care		✓			
PADR/Performance Management		✓			
Employment Policies		✓			
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Even though people don't like role play, it helped to keeping the group engaged & it was really useful.

Question 3 Which part of this module has proved the most valuable to you and why?
Comment
Managing conflict & difficult conversations.

Question 4 Which part of this module has proved the least valuable to you and why?
Comment Employment policy - it is something I've had to learn through reading & doing, and it is difficult to process all of the information.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment
I think its a really well thought out programme.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12-04-19.
Name (Optional)	ALISON THOMAS	Job Role	INTERIM HEAD OF ADULT SPEECH & LANGUAGE THERAPY

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Person Centred Care	✓				
PADR/Performance Management	✓				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

All speakers were excellent - enjoyed everyone & everything was relevant to my role.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
All of it but specially the managing conflict module - My nemisis!

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
Nothing - all valuable

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
Please don't change the speakers - all really good

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	10 - 12th April
Name (Optional)		Job Role	9

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Person Centred Care	✓				
PADR/Performance Management	✓				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?

Comment
Compassionate Leadership

Question 4 Which part of this module has proved the least valuable to you and why?

Comment
None

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment
Would be good to cover flexi - working / HR policies

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	10-12 April 2019

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership		✓			
Equality Impact Assessment	✓				
PADR/Performance Management	✓				
Rostering					
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

All very good. I got more out of this 2nd 3 days than the 1st 3 days.

Question 3 Which part of this module has proved the most valuable to you and why?
Comment: Discussing the importance of 1-1 and developing relationships

Question 4 Which part of this module has proved the least valuable to you and why?
Comment: All good, but I think I use compassionate leadership already

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment: No, not really.

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12-4-2019

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Equality Impact Assessment	✓				
PADR/Performance Management	✓				
Rostering	✓				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Fantastic, wish it could be longer as it is very important.

Question 3 Which part of this module has proved the most valuable to you and why?
Comment
- Compassionate leadership
- Conflict management

Question 4 Which part of this module has proved the least valuable to you and why?
Comment

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment: - If resources were available, this could be delivered to all Managers - General managers - Consider a refresher in 5 years to ensure modern management practices are implemented

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12/4/19

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Equality Impact Assessment	✓				
PADR/Performance Management	✓				
Rostering	Not applicable.				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Question 3 Which part of this module has proved the most valuable to you and why?
Comment
Employment Policies as it highlighted areas I was unaware of. Also, building Relationships, Managing Conflict + Difficult Conversations. Its given me the Confidence + Courage to take this back to workplace.

Question 4 Which part of this module has proved the least valuable to you and why?
Comment
Nil.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment
No.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12/4/19

Name (Optional)		Job Role	

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Person Centred Care	✓				
PADR/Performance Management	✓				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation
Some of the role play situations I could not see the relevance of.

Question 3 Which part of this module has proved the most valuable to you and why?
Comment
Compassionate Leadership – as there is no positive leadership within my department it gives me some direction to follow.

Question 4 Which part of this module has proved the least valuable to you and why?
Comment
None.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?
Comment

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	10th - 12th April

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Equality Impact Assessment	✓				
PADR/Performance Management		✓			
Rostering					
Employment Policies		✓			
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Although day 1 was disjointed - found this a really good day.
Excellent.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment Compassionate Leadership.
Managing Change - was really well delivered

Question 4 Which part of this module has proved the least valuable to you and why?

Comment All has been of value.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment Time Keeping. (First day)
would have been good to incorporate, strategies for pushing back things above to enable us not to Pass the targets etc to team. (compassionate Leader)

What an uplifting 3 days - has made me feel much more confident to undertake my Role - ☺

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12.4.19.

Name (Optional)	Alison Howells.	Job Role	BAND 6 RN.

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2 Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Person Centred Care	✓				
PADR/Performance Management					
Employment Policies					
Managing Change					
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

I joined today as a Stad alone day for I missed previously therefor only 12.4.19. Cancelled.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment All relevant + I would say again as previously stated this should be mandatory training.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment ✓

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment ✓

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Leadership, Education & Development

MANAGERS PASSPORT PROGRAMME

Module	Managing People	Date	12/04/19
Name (Optional)	PATRICIA BARRETT	Job Role	Snr. Charge Nurse

Question1 Overall, how did you rate the MPP Managing People module?	Excellent	Good	Average	Poor	Very poor
	✓				

Question2
Please indicate using the scale below how you rate the individual sessions

Topic	Excellent	Good	Average	Poor	Very poor
Values Framework	✓				
Compassionate Leadership	✓				
Person Centred Care	✓				
PADR/Performance Management	✓				
Employment Policies	✓				
Managing Change	✓				
Building Relationships	✓				
Managing Conflict	✓				
Difficult Conversations	✓				

We would appreciate any specific comments in relation to the above topics i.e. balance of the delivery style, relevance to you/your role etc, overall presentation

Very high quality & highly recommend.

Question 3 Which part of this module has proved the most valuable to you and why?

Comment

Reflective Practice - gave me many ideas to take back to work.

Question 4 Which part of this module has proved the least valuable to you and why?

Comment

All parts were very valuable.

Question 5 Do you feel there are any improvements that could be made to this module of the programme?

Comment

Course was excellent & highly recommended.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

32

Ein cyf/Our ref: AO/GB
Gofynnwch am/Please ask for: Angie Oliver
Rhif Ffôn /Telephone: 01267 239744
Ffacs/Facsimile: 01267 239860
E-bost/E-mail: Angie.oliver@wales.nhs.uk
Dyddiad/Date: 9th January 2019

Hafan Derwen, Parc Dewi Sant,
Heol Jobs Well, Caerfyrddin,
Sir Gaerfyrddin SA31 3BB

ADRAN GWEITHLU A DATBLYGU SEFYDLIADOL
WORKFORCE & OD DEPARTMENT

Hafan Derwen, Parc Dewi Sant,
Jobs Well Road, Carmarthen,
Carmarthenshire, SA31 3BB

PERSONAL

Dear Amanda

Re: Compliance and Support – PADR Process

On behalf of the board, I wanted to thank you for your hard work and commitment in relation to increasing PADR compliance across the Health Board.

It was very important to the board that we increased our performance towards this area and, following the significant work undertaken by you, we have been able to report a much more positive picture.

The success of your effort is reflected in the quality of the completed appraisals, as well as in the motivation and gratitude showed by the line managers that you supported.

Thank you, Amanda for all your hard work, which has been undertaken in addition to your substantive role.

Yours sincerely

Angie Oliver
Assistant Director of Organisational Development
Cyfarwyddwr Cynorthwyol Datblygu Sefydliadol

Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)

To: Amanda Glanville (Hywel Dda UHB - Senior Workforce Advisor)
Subject: FW: courses

From: Nicola Evans (Hywel Dda UHB - Admin Coordinator/Manager)
Sent: 06 April 2019 12:47
To: Amanda Glanville (Hywel Dda UHB - Organisational Development Officer)
Subject: FW: courses

Hello

How are you?

I just wanted to say a big thank you for spending so much time with me the other week. I have done all my PADR's now and it was a much better experience.

A few loved the idea of a change agent, and they were really motivated. Two were not interested, but they said that they will buddy up with the two new started and support their development, taking on more responsibility.

Many thanks

Nicola xx

From: Amanda Glanville <amanda.glanville@wales.nhs.uk
Date: 11 March 2019 12:14
To: Nicola Evans (Hywel Dda UHB - Admin Coordinator/Manager)
Subject: Re: ESR Sickness Reporting

HI Nicola

I am around in the office anytime over the next few days, give me a ring and we can plan something in.

Thanks

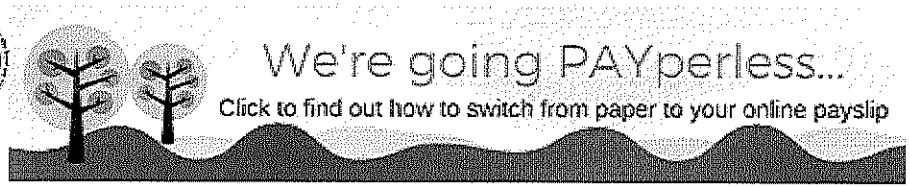
Amanda

Mrs Amanda Glanville
Uwch Gynghorydd Gweithlu
Bwrdd Iechyd Prifysgol Hywel Dda
Hafan Derwen, Parc Dewi Sant
Heol Fynnon Jôb
Caerfyrddin SA31 3BB

☎Ext: 4724
☎External: 01267 239724

Senior Workforce Development Advisor
Hywel Dda University Health Board
Hafan Derwen, Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

☎ Est: 4724
☎ Allanol: 01267 239724



From: Nicola Evans (Hywel Dda UHB - Admin Manager)
Sent: 11 March 2019 11:38
To: Amanda Glanville (Hywel Dda UHB - Organisational Development Officer)
Subject: FW: courses

Hi Amanda

I am about to start my staff PADR's and I really need support to come up with something to motivate the team. I never have any development for them and the objectives are usually basically carry on doing what your doing, although a little posher! Can I please come and see you for support?

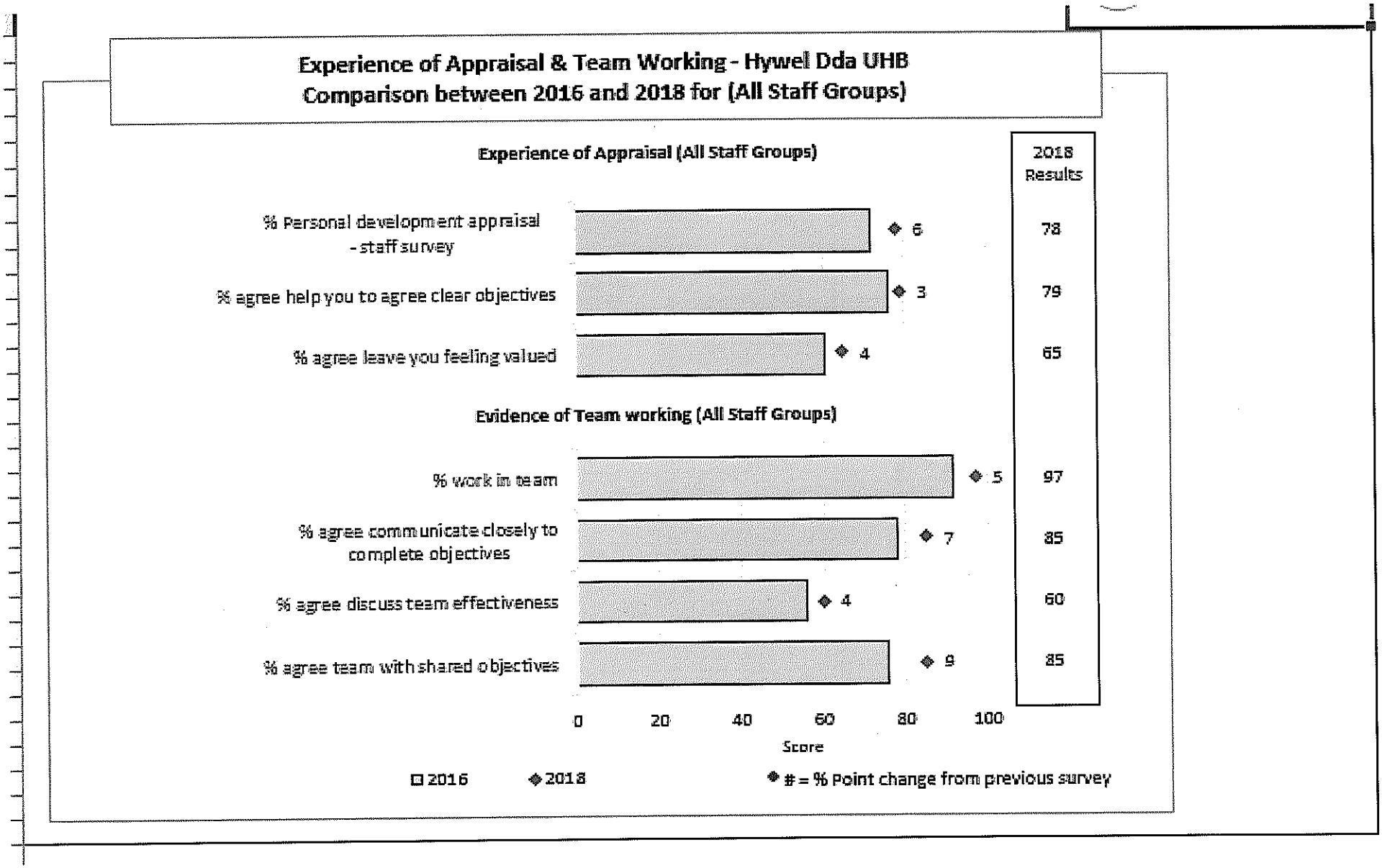
Mrs Nicola Evans
Cydgysylltydd Gweinyddol/Rheolwr
Administration Co-ordinator/Manager
Gwasanaethau Iechyd Meddwl ac Anableddau Dysgu/Mental Health & Learning Disabilities Directorate
Bwrdd Iechyd Prifysgol Hywel Dda/ Hywel Dda University Health Board
Ysbyty Tywysog Philip/Prince Philip Hospital, Llanelli, SA14 8QF

Rhif Ffon/Telephone Number: 01554 779384
Ebost/Email: nicola.evans4@wales.nhs.uk

Diwrnodau gwaith yw/working days are:-
Llun, Mawrth, Mercher 9.00 y.b-5.00 y.p
Mon, Tues, Weds 9-5 pm

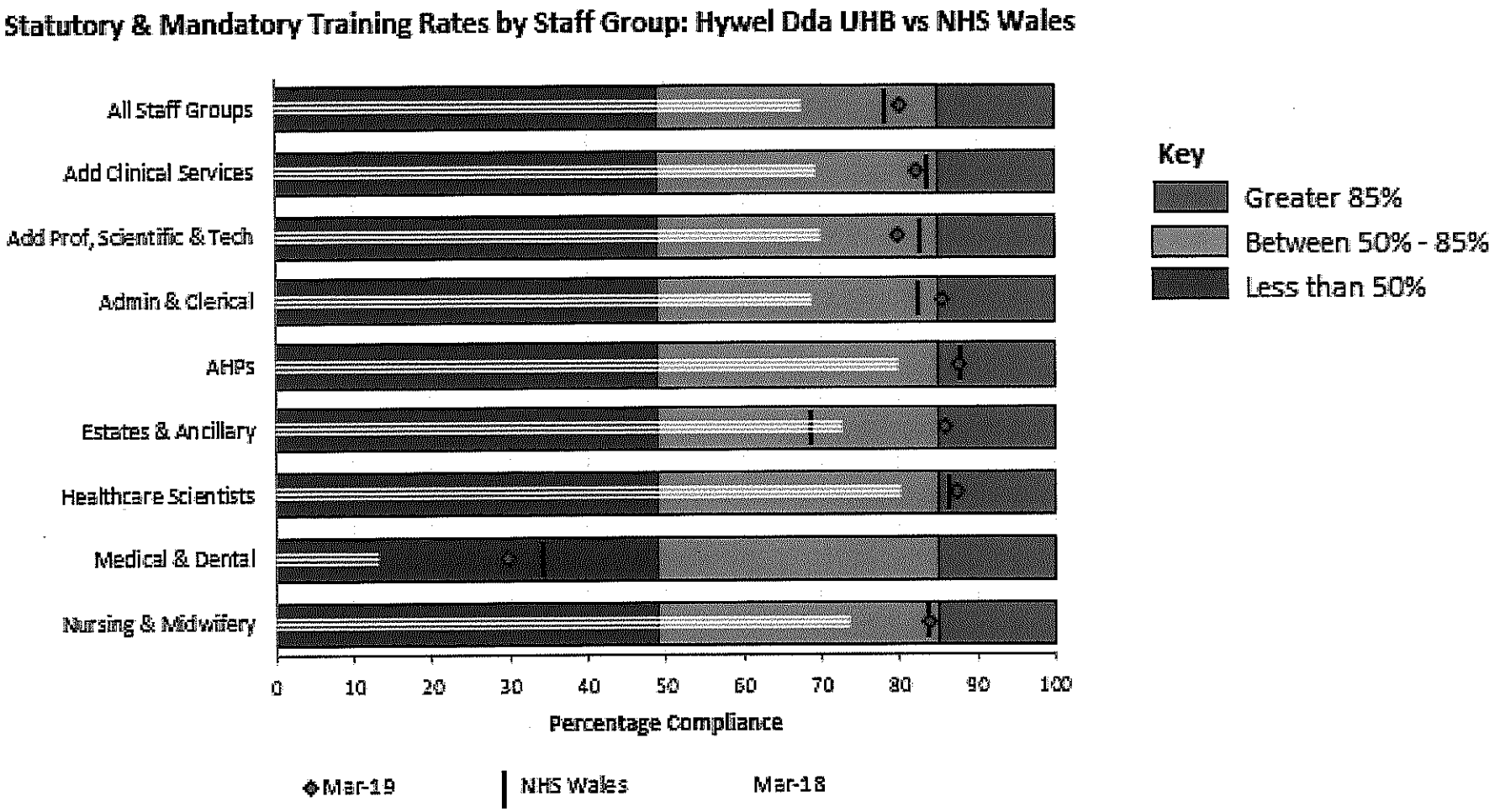
Gall yr e-bost hwn gynnwys gwybodaeth gyfrinachol. Os ydych yn credu eich bod wedi derbyn yr e-bost hwn trwy gamgymeriad, a wnewch chi dderbyn ein hymddiheuriadau. Peidiwch â datgelu, anfon ymlaen, printio na dosbarthu'r wybodaeth yn yr e-bost hwn na gwneud unrhyw beth gan ddibynnu ar ei gynnwys - gwaherddir hyn yn llwyr a gall fod yn anghyfreithlon. Rhowch wybod i'r anfonwr bod y neges wedi mynd ar grwydr cyn ei ddileu. Gall cynnwys yr e-bost hwn fod yn agored i ddatgeliad cyhoeddus o dan Côd y GIG ar fod yn Agored neu'r Ddeddf Rhyddid Gwybodaeth 2000. Felly ni ellir sicrhau cyfrinachedd y neges hon, y cynnwys nac ychwaith unrhwy ateb iddi.

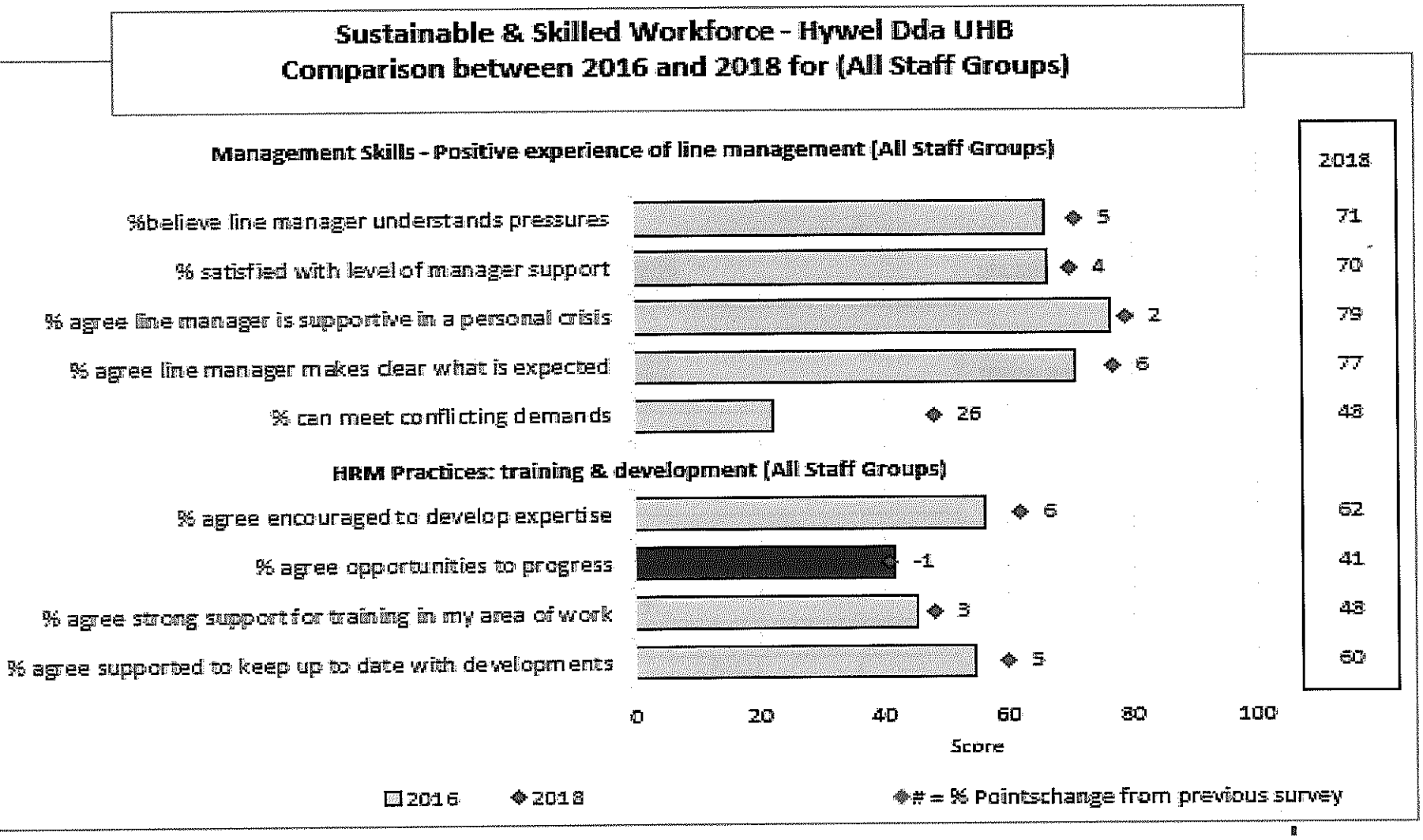
This e-mail may contain confidential information. If you believe that you have received this e-mail in error please accept our apologies. Please do not disclose, forward, print, copy or distribute information in this e-mail or take any action in reliance of its contents - to do so is strictly prohibited and may be unlawful. Please inform the sender that the message has gone astray before deleting it. The contents of this e-mail may be subject to public disclosure under the NHS Code of Openness or the Freedom of Information Act 2000. The confidentiality of this message, contents and any reply cannot therefore be guaranteed.


Experience of Appraisal & Team Working - Hywel Dda UHB
Comparison between 2016 and 2018 for (All Staff Groups)
Experience of Appraisal (All Staff Groups)
2018 Results
% Personal development appraisal - staff survey
6
78
% agree help you to agree clear objectives
3
79
% agree leave you feeling valued
4
65
Evidence of Team working (All Staff Groups)
% work in team
5
97
% agree communicate closely to complete objectives
7
85
% agree discuss team effectiveness
4
60
% agree team with shared objectives
9
85
0
20
40
60
80
100
Score
2016
2018
= % Point change from previous survey

Analysis 1:

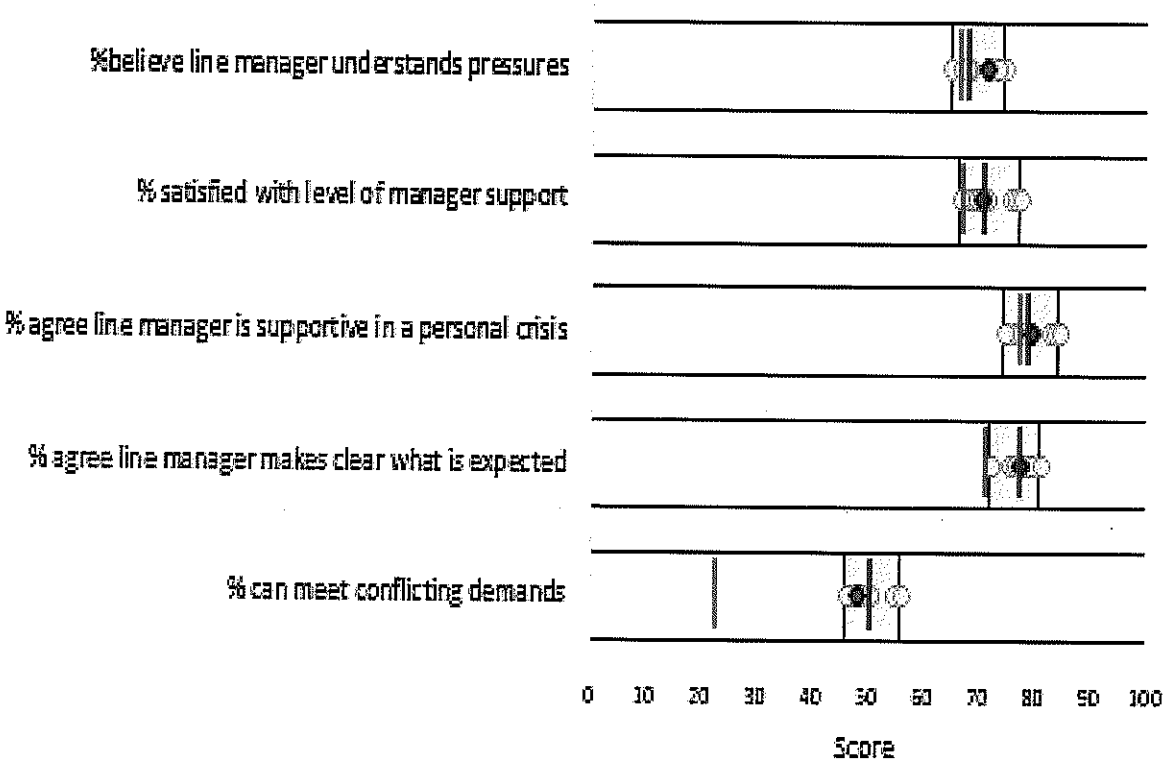
This graph shows the Statutory & Mandatory Training compliance rate by staff group. The **GREY** horizontal lines shows the rate a year ago, the **BLUE** diamond shows the most current rate and the vertical **BLACK** line shows the rate for NHS Wales. The graph is split into three sections indicating the **RAG** rating for the performance target.




Sustainable & Skilled Workforce - Hywel Dda UHB
Comparison between 2016 and 2018 for (All Staff Groups)
Management Skills - Positive experience of line management (All Staff Groups)
%believe line manager understands pressures
% satisfied with level of manager support
% agree line manager is supportive in a personal crisis
% agree line manager makes clear what is expected
% can meet conflicting demands
5
4
2
6
26
HRM Practices: training & development (All Staff Groups)
% agree encouraged to develop expertise
% agree opportunities to progress
% agree strong support for training in my area of work
% agree supported to keep up to date with developments
6
-1
3
5
2018
71
70
79
77
48
62
41
48
60
0
20
40
60
80
100
Score
2016
2018
= % Pointschange from previous survey

Sustainable & Skilled Workforce (2016 & 2018)

Management Skills - Positive experience of line management (All Staff Groups)

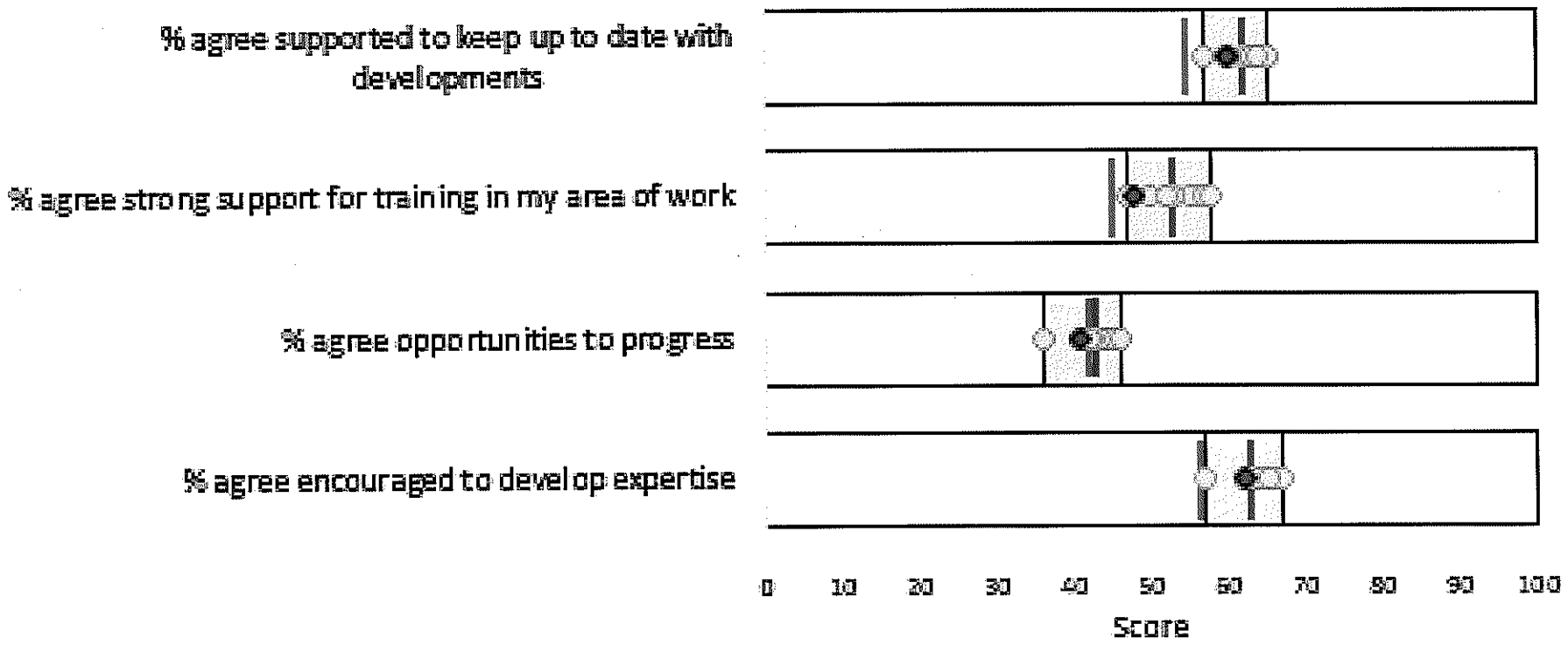


KEY

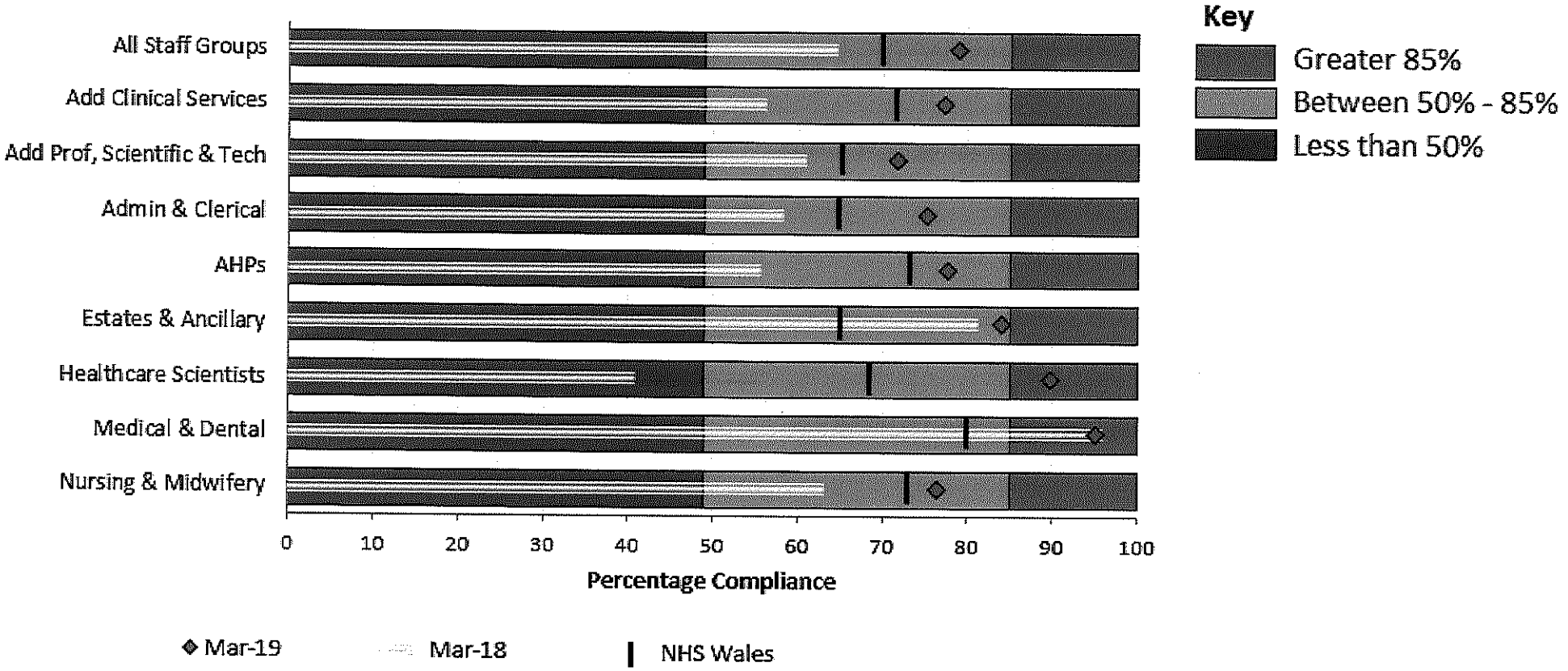
- Range
- Other Orgs
- 2018 - Hywel Dda UHB (All Staff Groups)
- 2018 - NHS Wales (All Staff Groups)
- 2016 - Hywel Dda UHB (All Staff Groups)

score

HRM Practices: training & development (All Staff Groups)



Appraisal Rates by Staff Group: Hywel Dda UHB vs NHS Wales



Bibliography

- ACAS, 2018. ACAS: Good performance management needs good line managers. [Online] Available at: **http://www.acas.org.uk/index.aspx?articleid=3667** [Accessed 10 April 2019].
- ACAS, 2019. Publications and Support. [Online] Available at: https://www.acas.org.uk/index.aspx?articleid=608 [Accessed 01 August 2019].
- Appelbaum, E., Bailey, T., Berg, P. and Kalleberg, A.L. (2000) Manufacturing Advantage: Why High Performance Work Systems Pay Off, Cornell University Press, New York.
- Armstrong, M. & Baron, A., 2005. Managing Performance: Performance management in action. London: CIPD.
- Armstrong, M., 2015. Armstrong' handbook of performance management: an evidence-based guide to delivering high performance. 5 ed. London: Kogan Page.
- Available at: https://www.cipd.co.uk/knowledge/fundamentals/people/performance/factsheet [Accessed 02 Auguat 2019].
- Available at: https://www.nhsemployers.org/case-studies-and-resources/2019/04/people-performance-management-toolkit [Accessed 14 July 2019].
- Cappelli, P. & Tavis, A., 2016. The performance management revolution. [Online] Available at: **https://hbr.org/2016/10/the-performance-management-revolution?autocomplete=true** [Accessed 18 June 2019].
- CIPD, 2013. HR Analytics. [Online] Available at: **https://www.cipd.co.uk/knowledge/strategy/analytics/factsheet** [Accessed 14 July 2019].
- CIPD, 2013. Talent analytics and big data – the challenge for HR. [Online] Available at: **https://www.cipd.co.uk/knowledge/strategy/analytics/hr-challenge-report** [Accessed 10 July 2019].
- CIPD, 2018. Employee engagement and motivation. [Online] Available at: **https://www.cipd.co.uk/knowledge/fundamentals/relations/engagement/factsheet** [Accessed 08 July 2019].
- CIPD, 2018. Management Development. [Online] Available at: https://www.cipd.co.uk/knowledge/strategy/development/management-factsheet [Accessed 03 August 2019].
- CIPD, 2018. The role of line managers in HR and L&D. [Online] Available at: **https://www.cipd.co.uk/knowledge/fundamentals/people/hr/line-managers-factsheet** [Accessed 29 June 2019].
- CIPD, 2019. Performance Management: An introduction. [Online]
- CIPD, 2019. Strategic human resource management. [Online] Available at: **https://www.cipd.co.uk/knowledge/strategy/hr/strategic-hrm-factsheet** [Accessed 23 June 2019].

- CIPD, 2019. Well-being at work. [Online] Available at: Good health and well-being can be a core enabler of employee engagement and organisational performance. [Accessed 29 June 2019].
- Combs, J., Liu, Y., Hall , A. & Ketchen, D., 2006. How much do high performance work practices matter?. Personnel Psychology, 59(3), pp. 501-528.
- Della Torre, E. (2012) 'High performance work systems and workers' well-being: a sceptical view', Int. J. Work Innovation, Vol. 1, No. 1, pp.7–23.
- Fleetwood, S. & Hesketh, A., 2010. Explaining the performance of human resource management. Cambridge: Cambridge University Press.
- Gallup, 2002. Overview of the Gallup Organization's Q-12 Survey. [Online] Available at: **https://www.hr.com/portals/hrcom/events/ShanklandHandout_Gallup%20Q12%20summary%20-%20what%20is%20engagement.pdf** [Accessed 19 July 2019].
- Gifford, J., 2018. Performance Management: An introduction. London: CIPD.
- Harter, J., Schmidt, F. & Hayes , T., 2002. Business-unit-level relationship between employee satisfaction, employee engagement and business outcomes. Journal of Applied Psychology, 87(2), pp. 268-279.
- HDUHB, 2017. Managers Passport & Passport Plus. [Online] Available at: http://howis.wales.nhs.uk/sitesplus/862/home [Accessed 30 July 2019].
- HDUHB, 2019. Annual Quality Statement, Carmarthen: Hywel Dda University Health Board.
- HDUHB, 2019. Annual Report 2018/2019, Carmarthen: Hywel Dda University Health Board.
- HDUHB, 2019. Learning and Development. [Online] Available at: http://howis.wales.nhs.uk/sitesplus/862/home [Accessed 31 July 2019].
- HDUHB. (2019, August 19). Learning and Development. Retrieved July 31, 2019, from Hywel Dda Intranet: http://howis.wales.nhs.uk/sitesplus/862/home
- Holbeche, L., 2005. High Performance Organization: Creating a dynamic stability and sustainable success. London: Routledge.
- **Https://www.cipd.co.uk/podcast/rethink-staff-inductions**
- Huselid, M., 1995. The impact of human resource management on turnover, productivity and corporate financial performance. Academy of Management Journal, 38(3), pp. 635-672.
- IES, 2013. The Engaging Manager, Brighton: Institute of Employment Studies.
- Marchington, M., Wilkinson , A., Donnelly, R. & Kynighou, A., 2016. High-Commitment HRM Policy and Practice. In: Human Resource Management at work. London: CIPD, pp. 55-80.
- NHS Employers, 2019. People Performance Management Toolkit. [Online]
- NHS Wales, 2018. Staff Survey. [Online] Available at: http://www.wales.nhs.uk/sitesplus/documents/956/NHS%20Wales%20Informatics%20Service%20Staff%20Survey%20Results.pdf [Accessed 02 August 2019].
- NHS Wales, 2018. Statistics and Data. [Online] Available at: http://www.wales.nhs.uk/statisticsanddata/sourcesofdata [Accessed 01 August 2019].

- Nursing & Midwifery Council, 2019. Regulations under the NMC. [Online] Available at: https://www.nmc.org.uk/ [Accessed 25 July 2019].
- Owen, S., 2019. Recruitment within Hywel Dda University Health Board [Interview] (05 March 2019).
- Peccei, R., Van De Voorde, K. & Van Veldhoven, M., 2013. HRM, well-being and performance: a theoretical and empirical review. Chichester: Wiley.
- Phillips, J. & Phillips, P., 2014. Developing a human capital Strategy in today's changing environment: Eight Forces shaping HC strategy. Strategic HR Review, pp. 130-134.
- Purcell, J., Kinnie, N. and Hutchinson, S. (2003) Understanding the people and performance link: unlocking the black box. London: Chartered Institute of Personnel and Development. Available on the HR and L&D database at: http://www.cipd.co.uk/hr-resources/ database-search.aspx
- Rees, G & French, R (eds) 2013, *Leading, managing and developing people*. 4th edn, CIPD Publications, London
- Reilly, P., 2016. Performance Management - Making it work, s.l.: Institute for Employment Studies.
- TAMKIN, P. (2004) High performance work practices [online]. Falmer, Brighton: Institute for Employment Studies. Available at : http://www.employment-studies. co.uk/system/files/resources/files/mp36.pdf
- Taylor , S. & Woodhams, C., 2016. Human Resource Management: People in Organisations. 2nd ed. London: CIPD.
- Taylor, S. & Wilkinson, K., 2016. Business Issues and the Context of Human Resources. In: s.l.:s.n.
- Taylor, S. & Woodhams, C., 2016. Studying Human Resource Management. 2nd ed. London: CIPD.
- Taylor, S., 2014. Resourcing and Talent Management. London: CIPD.
- Truss, K., 2001. Complexities and controversies in linking HRM with organisational outcomes. Journal of Management Studies, pp. 1121-1149.
- Workforce, Education and Development Services, 2015. Developing Excellence in Healthcare: An NHS Wales Skills and Career Framework for Healthcare Support Workers, supporting Nursing and the Allied Healthcare Professionals. Cardiff: Shared Services.