Qualification: CIPD Level 5 Diploma in Applied Human Resources

Module Name: Clare Louise Berner

Contributing to Organisational Performance 5AIOP

LO1 Be able to provide information on performance management activities within the organisation

LO2 Be able to support line managers to deliver performance management activities within the organisation

LO3 Be able to assess the impact of performance management actives on organisational performance and make recommendations for enhancement

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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: Clare Louise Berner

Date: 11/11/2019

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EV01 Hywel Dda University Health Board Values and Behaviours Framework Staff Information Booklet
EV02 Hywel Dda University Health Board Recruitment Fastrack Process
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EV05 Hywel Dda University Health Board Organisational Induction Policy
EV06 Hywel Dda University Health Board Approved Employment Written Control Documents
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EV09 Hywel Dda University Health Board Performance Appraisal Development Review Cor PADR
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LO1 Be able to provide information on performance management activities within the organisation

1.1 Explain performance management policies and processes in the organisation and the roles and responsibilities of those involved in them.

According to Taylor, 2016;

> "High Performance Working concept can be defined as comprising of a bundle of practices that help to attract and hire talented and qualified workforce, which can be developed in order to achieve a high performing culture, which can help achieve a competitive advantage and a high performing organisation".

Within Hywel Dda University Health Board we have high-performance work systems (HPWS), which can be defined as a large bundle of policies and practices which can attract, retain and engage employees, which are also known as 'best practice'; encouraging employees to be committed in their own performance (Taylor, 2016). The health board has its own Values and Behaviours Framework, which staff should demonstrate on a daily basis, which is in our DNA please see **EV01** attached hereto (HDdUHB, 2019g).

The Employee Life Cycle begins before the employee enters the organisation from the recruitment stage, attached hereto is the Recruitment Fast Track Process in **EV02**, when employees enter the organisation, they go through Corporate Induction process, information on Corporate Induction can be found on the Intranet, copy of screenshot attached hereto as **EV03** (HDdUHB, 2019h) and **EV04** which is the Induction Catalogue (HDdUHB, 2015a) and a copy of the Organisational Induction Policy is attached as **EV05**, which sets out the framework for new recruits (HDdUHB, 2018h and HDdUHB, 2019i).

All employment written control documentation are standardised policies covering all four of our sites, which are online on our staff intranet site and can be accessed by staff when required. Screenshot of Hywel Dda University Health Boards (HDdUHB) Approved Employment Written Control Documents attached hereto as **EV06**, and the Form's Library for Managers, screenshot attached as **EV07**, (HDdUHB, 2019j) which forms part of the HPWS within Hywel Dda University Health Board (HdDUHB, 2019a).

Under performance management, there are numerous policies and procedures from Performance Appraisal and Personal Development Plan Policy attached hereto as **EV08** (HDdUHB, 2018a); Performance Appraisal Development Review Core PADR attached hereto as **EV09** (HDdUHB, 2019b); Learning and Development Policy (HDdUHB, 2018c); NHS Wales Managing Attendance at Work Policy (HDdUHB,2018b) **EV10** attached hereto; All Wales Disciplinary Policy and Procedure (HDdUHB, 2019c); All Wales Capability Policy (HDdUHB, 2018d); All Wales Grievance Policy (HDdUHB, 2019d); All Wales Dignity at Work Policy (HDdUHB, 2019e) along with a wide range bundle of other policies and procedures which form the HPWS; these can be seen in **EV06**, being the Approved Employment Written Control Documents screenshot. These policies are quite large to print all of them and form part of the HPWS.

HDdUHB (2018a) Performance Appraisal and Personal Development Plan Policy, **EV08** attached, notes that the policy is to be read in conjunction with other policies which link to it, namely:

- Equality and Diversity Policy (HDdUHB, 2017)
- All Wales Capability Policy (HDdUHB, 2018d)
- All Wales Grievance Policy (HDdUHB, 2019d)
- Learning and Development Strategy (HDdUHB, 2018g)
- Medical Staffing Appraisal Policy – currently draft
- Learning and Development Policy (HDdUHB, 2018e)
- All Wales Pay Progressions Policy (HDdUHB, 2015)
- Data Protection Act Policy (HDdUHB, 2018f)
- Freedom of Information Act Policy (HDdUHB, 2019f)

There are certain policies which relate to medical and non-medical staff or dental staff and all policies are reviewed every few years or if there are changes to legislation or feel that amendments are required, are updated accordingly. All health board staff are required to have a Performance Appraisal and Development Review Core PADR (HDdUHB, 2019b) **EV09** attached, in place to ensure that staff know their performance objectives and an agreed development plan, to support their roles which aligns with the All Wales Pay Progression Policy (HDdUHB, 2015). The policy is in line with the NHS Knowledge and Skills Framework (KSF) (Department of Health, 2004). The policy sets out the process, documentation and one to one meeting's that are required annually, the aims and objectives and principles of the performance appraisal and development review (HDdUHB, 2018a).

The Performance Appraisal and Development Review Core PADR is a 4-stage ongoing cycle of learning which reviews knowledge and skills and personal objectives to identify further learning needs; identifying and agreeing a timeframe for any learning needs and developing a Personal Development Plan (PDP) with date of next review. To action the learning and development requirements; evaluation of learning and development and reflection of how it's been applied to work. Line managers compile a chart of training needs for their department and forward this to the learning and development department via a Training Needs Analysis (TNA). Information is then compiled into an organisational training plan to ensure a robust budget of training needs is managed HDdUHB (2018a).

In a bureaucratic organisation, the control is of a top down approach. Everyone has a role to play within the policy. From the Chief Executives, Director or Workforce and Organisational Development, The Executive Directors, Senior Managers, Heads of Services, Heads of Department and Ward Managers to ensure policies are up-to-date, PADR compliance is reported which is a Tier 1 performance target (Wales NHS, 2011), ensuring that policies are underpinned by health board values, completed PADR's are reported on the employee staff records (ESR, n.d) this is a requirement in the Standard 22 of the Healthcare Standards for Wales (WAG, 2005). Costs of training needs are supported, following process for pay progressions via the PADR and whether the employee has delivered their objectives or knowledge and skills for pay progression; keeping line managers and HR up to date throughout the process HDdUHB (2018b).

The PADR provides each employee with continuous clear work objectives allowing feedback and a plan for the year ahead of new or ongoing objectives based on the individuals job description and Knowledge and Skills Framework (KSF's) for their post; which are the health boards strategic, operational and local service objectives. The appraisal also has the defined organisational values and behaviours which are expected of each employee embedded within; these are Dignity, Respect and Fairness; Integrity, Openness and Honesty; Caring, Kindness and Compassion; which underpin the health boards values in **EV01** and **EV12** annexed hereto (HDdUHB, 2019g and 2018b).

There are 10 strategic objectives of which 8 are measurable through service delivery plans and the other 2 objectives are financial; national performance target delivery and vision of key services to ensure a smooth and efficient and effective service, ensuring patient waiting is minimum and unnecessary traveling. Objectives are linked to organisational, departmental and team objectives which flow downwards, utilising SMART work objectives (Specific, Measurable, Achievable, Realistic and Timely) and SMILE objectives for PDP's (Specific, Measurable, Innovative (in a) Learning Environment), the Knowledge and Skills Framework has core and specific dimensions at 4 levels and mandatory training including e-learning is a core requirement which needs to be 100% compliant. I have attached **EV13** hereto, a copy of my current E-Learning/Mandatory Training Compliance and Competency (Taylor, 2016, HDdUHB, 2018b and ESR, n.d).

It is clear that the black box study of Purcell and the AMO model are present within HDdUHB. The black box study concluded that high performance policies and practices, companies' mission and vision are in place ensuring values are embedded within the policies and practices, along with effective line management. High performance working practices lead to superior business performance; the AMO model; Ability, Motivation and Opportunity to perform well; needed to be present; line managers are key in linking people performance. Increased performance can lead to improved organisational, team and individual performance which can release discretionary effort (Taylor, 2016).

The ACE model can be utilised by Ward Managers to set clear goals, understand the workforce's abilities in guiding and coaching. Performance management that invests in the workforce can lead to discretionary effort (Rees and Tymon, 2016).

All management within HDdUHB have a set process to follow in Performance Management which is a top down approach from the Executive Team down to the Ward Managers. In Bronglais Ward Managers enact and implement HR policies and practices and are crucial in performance management, in that they are able to execute processes. Core HR activities are carried out by Ward Managers which include recruitment, job design, objectives setting, salary progression and training and development and managing attendance at work/sick absence (HDdUHB,2018b). Ward Managers carry out PADR process with their staff annually and are supported in any training needs, coaching and mentoring or any issues that require addressing, such as under performance of an individual in their team, which may be a capability issue and may even progress to a disciplinary; the policies and procedures are there for them to own the policy. HR specialists work collaboratively with managers and are there to support them in all performance management activities and as described

above, Hywel Dda follow their own Performance Management Life Cycle; which links in with William Denning's 1965 Plan-Do-Check-Act Performance Management Cycle Model (Armstrong, 2010).

Being a Public Sector Organisation, there is heavy Trade Union presence. Trade Union Representatives are there to support their members in any issues that members have and in connection with under performance, organisational change, consultations and workplace concerns. They negotiate, help and support their members and can work collaboratively or against management whilst supporting their members (ACAS, n.dc).

1.2 Explain key sources of information, including legislation information, which underpin performance management activities

There is various guidance that HR and managers can follow for key sources of information on the ACAS website for Performance Management; which gives advice on what performance management is; why it is important to measure and manage performance in the workplace along with developing employees etc. (ACAS, n.d).

The ACAS Code provides guidance to employers, employees and their representatives in circumstances such as handling Grievance and Disciplinary procedures in the workplace or under performance as it is also known (ACAS, n.db).

HR also have access to the CIPD website the Professional Body for HR and people development, where they can search for information that they may require which includes factsheets, new developments, best practice and evidence-based practice etc (CIPD, 2019). HR and the Employer also need to take into consideration the various laws and legislations that are in place such as:

- Employment Act 2002
- Employment Act 2002 (Dispute Resolution) Regulations 2004
- Employment Relations Act 1999
- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work Act 1974
- Data Protection Act 2018
- Trade Union and Labour Relations (Consolidation) Act 1992

These may impact on their decisions within the workplace.

Other key sources of information that HR and managers should be aware of are national performance targets for PADRs and Managing Attendance, these are known as Tier 1 performance targets. At present the PADR Compliance Target for NHS Wales is 85%, Hywel Dda as a whole need to hit that target, which they are currently below and the All Wales Sickness Target is 4.79%. Since the new All Wales Managing Attendance Policy came into play, sickness within Hywel Dda has reduced but not hitting the target of 4.79% yet (HDdUHB, 2019k).

1.3 Provide timely and accurate information to colleagues regarding performance management activities

Having arranged a capability meeting verbally with the Union Representative in connection with LB; see email attached hereto dated 25th September 2018, as **EV014**. This demonstrates that a conversation has taken place between the Union Representative and myself and a quick and efficient response confirming that a verbal conversation has taken place and confirmation that the Capability Meeting will take place on the 30th October 2018 at 3.30pm in the Union Office. The email confirmation demonstrates that the email was sent straight after our conversation on the 25th September 2018. I had also sent an invite via the calendar system to the Senior Manager who line manages the member of staff **EV15** attached hereto, from my own line manager's diary confirming a pre-meet at 3pm with the Senior Workforce Manager and the employees Senior Manager before going into the formal capability meeting at 3.30pm which also confirms the venue. CIPD, (2019a) mentions that communication is vital for engagement between parties and that at some point in the employee lifecycle there may be a need for managers to manage poor performance and capability and Hywel Dda will follow their own policies and utilise the ACAS Code alongside the policy for best practice.

Email from the Senior Workforce Manager to myself asking to respond to the Hospital Head of Nursing with the query regarding information for a new starter **EV16** attached hereto. Senior Workforce Manager's email was sent at 13.19pm, I responded to the Hospital Head of Nursing at 13.33pm giving an effective and efficient response attaching the documentation that she required to enable the information to be forwarded on to the new starter.

Email received from the Workforce Advisor dated 25th April 2017 **EV17** at 10.39am asking me to provide information from our ESR system which I had not received training on at the time, as I was fairly new to the health board. The Hospital Head of Nursing required a commencement date and sick absence leave dates off our HR system to provide a reference for an employee. I emailed the Hospital Head of Nursing at 11.24am the same morning to explain that I was not trained on the system and would wait for the Workforce Advisor to return from her appointment and come back to her with the information. At 15:03pm the same day I forwarded the information that she required to complete the reference and the next day an email thanking me for the information.

LO2 Be able to support line managers to deliver performance management activities within the organisation

2.1. Analyse the types of support line managers in the organisation need from HR, in relation to performance management activities.

In Hywel Dda Health Board line managers have a great degree of responsibility. Line Managers are known as Ward Managers in the health board. They have a high degree of participation and involvement in managing the performance of staff as well as having their clinical roles, which involves improving performance efficiency and effectiveness on wards e.g. length of stays (LOS) and owning HR core tasks which are all part of the high-performance work systems (HPWS). Line managers/ward managers are involved in the performance of the entire employee lifecycle. Clinical work tends to take priority over their HR tasks due to the complexity of their role; but HR and business partners are there to support in any way they can. HR can advise on underperformance issues such as grievances, disciplinaries, dignity at work and capability; coaching and training of line managers; organise any Management Passport Training; guiding and training on new updated policies; go over anything they may need clarifying within a policy or process; training on a PC software package such as the Employee Staff Record, where they input all information regarding sick leave, personal information, guiding on where the PADR forms are located in the forms library and uploading of employees PADR's; annual leave calculations for new starters/leavers; sick absence reporting; any administrative support they feel they require e.g. compiling and sending correspondence to employees regarding sick absence, sick absence reviews and long terms sickness reviews; underperformance correspondence including hearing bundles; training on the Trac system which is the system for advertising a job role and interviews requests; support with job description changes and where these needs to be sent off to if they require an amendment/change, to ensure they are still in the correct banding for the job role; and any other general support needed. HR are there as a supportive mechanism and to ensure that all processes are followed in accordance with policies, procedures, legislation and if required liaison with Trade Union involvement (Taylor, 2016).

Directors and Senior Managers require a different level of support from the HR department. Underperformance, whereby grievance and disciplinary processes are requiring a more senior level involvement; these are cases that have gone through the first stage of the process and are now entering an appeal process. HR are there to be supportive in the whole aspect from preparing administrative documents such as letters, appeal bundles, hearing bundles and guidance on process, outcomes and whether the employee has any previous historical or current conduct on their record and what the likely penalty will be, due to the terms of reference that are drawn up for the process which states the case. HR are also involved in the process of drawing up a management statement of case from the previous hearing, with the investigating/disciplinary officer who would be a manager from the same service or department, but could be based in one of our 4 hospitals; to ensure that all areas are covered off and why they have come to the decision that they have made, in terms of the conduct outcome, with the supporting evidence.

The above activities that Directors, Senior Managers, line managers carry out, involve the entire employee lifecycle and illustrates the way line managers utilise hygiene factors; namely policies, procedures and practices of the organisation. Line managers are key in performance; in delivering organisational policies and practices which are crucial in motivating the workforce,

which in turn enhances their performance and wellbeing, which connects to Fredrick Herzberg's 1959 two-factor hygiene-motivational theory also the combination of the extrinsic and intrinsic motivation (MindTools, n.d).

2.2. Support line managers' capability to deliver performance management activities

I have in the past received telephone calls from numerous ward managers to ask for guidance on where the PADR forms are stored on the intranet to enable their staff to fully complete their PADR and for the ward managers to hold the PADR with their staff members. I fully explained that they were in the forms library and if they require any coaching or guidance not to hesitate coming back to me or my colleagues in HR. Within the Hospital environment, ward managers have been in their clinical/ward managers role for numerous years, they are fully competent in dealing with PADRs' and where to store them on the employee staff record (ESR) system. The main activities that ward managers and senior managers require is guidance on and dealing with underperformance issues of their staff and financial performance of their ward.

HR provide guidance and support in underperformance issues such as sickness and handle the case directly with the support of the line manager if in relation to a capability, grievance or disciplinary. This then taking pressure off the ward managers and to ensure that policies and procedures are followed, and cases are dealt with in the appropriate way and within timescale if they can, depending on the circumstances. When dealing with any underperformance issue, the specific policies are used as guidance which are NHS Wales Managing Attendance at Work Policy (HDdUHB,2018b), All Wales Disciplinary Policy and Procedure (HDdUHB, 2019c); All Wales Capability Policy (HDdUHB, 2018d); All Wales Grievance Policy (HDdUHB, 2019d); All Wales Dignity at Work Policy (HDdUHB, 2019e) along with the ACAS (2015) Code of Practice on Disciplinary and Grievance Procedures to ensure that processes are correctly followed and there is no come back via a tribunal; thus ensures that best practice is followed and in accordance with the CIPD, (2019c).

During November 2018, the All Wales Sick Absence Policy was revamped and developed into the Managing Attendance at Work All Wales Policy (HDdUHB, 2018b) which meant that training in the whole of Hywel Dda would need to be rolled out for all managers. The main amendment was the trigger points, these were changed and are now knowns as prompts, along with the amount of sickness prompts and the new documentation, which is used in conjunction with the policy, which is now linked within it, also making it user friendly with links to click. I was asked by the internal sickness audit team to send out emails to all managers in Bronglais General Hospital asking them to attend training sessions please see **EV18** attached hereto being the email sent to all managers within Bronglais General Hospital on the 21st February and 4th March 2019 asking managers to put forward their names and anyone who would require this new training. CIPD, (2019b) state that an effective absence management framework should be in place as this is a benefit to the organisations and its employees. Sick absence is an important measure in any organisation, as it is a considerable cost to organisations; when considering sick absence, it is also important to consider legislation affecting absence management, such as disability discrimination under the Equality Act 2010.

Also linked to stress and sickness is an email that I forwarded to all managers with the link to the HSE's Talking Toolkit – Preventing Work-Related Stress(HSE, n.d) which helps managers have those sometimes difficult conversations with employees that are off sick with stress, email dated the 21st February 2019 attached hereto as **EV19** and according to the CIPD, (2019) a stress risk assessment should be carried out; a recent survey on Health and Wellbeing mentions that management style and the way employees are approached needs to be considered. ACAS (n.d) also have advice and guidance for organisations or employees who required it.

I have effectively supported the General Manager in organising Performance/Financial Reviews for the remainder of the financial year with her Ward Managers. At these monthly Performance/Financial Reviews, they discuss their staff rosters; roster plan and budget spend and any staffing issues along with PADR plan, mandatory training etc. I have attached an email that I sent to ask the remaining managers to accept or decline their diary invites for their performance meeting with the General Manager, in order to rearrange if required. Email sent on the 12th July 2019 **EV20** attached hereto. Email dated 23rd July 2019 from the General Manager asking if we are ready for the August performance/financial reviews, I emailed stating I would chase the remainder of managers. Email back from the General Manager thanking me for my effective support in the process, email dated 23rd July 2019 **EV21**.

Copy of calendar invite attached to senior managers for their monthly Performance Reviews with the County Director and finance. Meeting are set up for the County Team, Unscheduled Care Team and the Bronglais General Hospital Management Team. This is where the County Director will go over the performance of their department, also looking at the financial state. This involves looking at budgets, financial savings, team objectives and whether these are currently on target and what work is required to enable targets to be achieved. Calendar invite dated 28th April 2020 attached hereto as **EV22**.

2.3. Work in conjunction with line managers in the provision of employee performance and development reviews

Calendar Invite dated the 22nd August 2019 to the Senior Occupational Health Nurse and Senior Workforce Manager with dates of sickness meetings that have been set up for 2019. These regular meetings are to enable the Senior Workforce Manager and Senior Occupational Health Nurse to meet and discuss any issues in relation to Occupational Health Referrals of employees with long terms sickness conditions or any case that they feel may benefit input. This is to enable an efficient service and help employees back to work. The meeting also helps to target referrals that have been missed and if there are issues with the Occupational Health Doctor; there is only one Doctor that covers all four sites. This enables long term sickness issues to be better controlled within Bronglais General Hospital and to help to work towards sickness targets. I have supported the process by setting up these meetings each month and calendar invite dated the 22nd August 2019 attached hereto as **EV23** with dates of scheduled meetings for 2019. According to an independent review by Waddell and Burton (2006) they concluded that work is better for your health and well-being than not being in work.

I emailed the Assistant Director of Workforce, Area Manager of Workforce and my Senior Workforce Manager on the 4th March 2019 to bring to their attention and notify them that I had been informed that a member of staff had been suspended from work on the allegation of stealing from another member of staff. This person was a porter who was working in one of our Community Hospitals, I was unsure whether the Workforce Managers/Assistant Director were aware of the suspension when I was notified. I emailed to let them know the situation and who had suspended the individual. I received an email back the same day from the Assistant Director of Workforce to explain he was aware but required the Suspension Checklist to sign off. I contacted the manager covering the porters, who was present at the time of suspension to ask for the completed Suspension Checklist to be forwarded to me, the manager did this, but the Suspension Checklist was the wrong version. I informed the manager verbally by telephone that this was the wrong Checklist. The manager came up to my office, whereby I printed the updated Suspension Checklist off for him and I also emailed a copy to him for future reference. I then emailed the Assistant Director of Workforce with the draft copy of the completed Suspension Checklist (wrong version) and had given the manager of the porters the updated version of it. Email back from the Assistant Director of Workforce thanking me, dated the 4th March 2019. I attach this as **EV24** hereto. According to ACAS (n.da) Suspensions are to be brief and may be necessary to seek an alternative to suspension; such as working supervised depending on the circumstances and seriousness of the misconduct.

Email **EV25** attached hereto dated the 2nd April 2019 attaching 2 draft witness investigation letters for approval and signature by the Investigating Officer in respect of an Investigation to be carried out in regard to the allegation of theft as above. Email sent back with the letters signed and approved for posting to the witnesses.

Email **EV26** attached hereto dated the 2nd April 2019 attaching a draft letter to the Investigating Officer for approval and signature to the employee in regard to the Disciplinary Investigation. Email received back same date, with signed letter and slight amendment thanking me.

Email **EV27** attached hereto dated 3rd May 2019 attaching Draft Minutes of a Facilitated Meeting and Actions that I sat in on with regards to conflict issues with management and staff members sent to the Head of Workforce Management West. Email back on the 3rd May 2019 from Head of Workforce West thanking me.

Email dated 28th March 2019 from the Senior Workforce Manger asking me to arrange and hold an Initial Assessment of Facts with a member of staff and the Manager of the porters. Attachment consisting of the template of the Initial Assessment of Facts and suggested questions to ask, also setting out the two complaints that were received **EV28** attached hereto. Various emails attached hereto as **EV29** sent to the manager to try and set up a meeting. Had a meeting with the manager of the porters to discuss the issues, what had happened and to talk through the fact-finding meeting and any questions he would like me to type up in readiness. Emails attached hereto trying to arrange a date and time. Initial Assessment of Facts was carried out on the 23rd April 2019, due to issues of trying to arrange a date and the manager being off sick and availability of Trade Union Representative. Email to manager to ask him to check the Draft Initial Assessment of Facts attached hereto as **EV29**. Initial Assessment of Fact was carried out in accordance to the All Wales Disciplinary Policy (HDdUHB, 2019c).

Witness Testimony from the Senior Workforce Manager in support stating that I provided effective and excellent support which is attached hereto as **EV30**.

LO3 Be able to assess the impact of performance management activities on organisational performance and make recommendations for enhancement

3.1 Evaluate the organisation's approach to performance management, including employee performance and development reviews

Hywel Dda University Health Board have high-performance bundles of policies, practices and procedures which creates high performance working across the organisations. These policies and procedures consist of underpinning HR and management principles which build a framework for best practice. They help build a performance culture of commitment, involvement and motivate and engage the workforce. The bundle of HR policies and practices are utilised in the entire employee lifecycle. From when the prospective employee is interviewed; attends an induction, to performance reviews and appraisals, underperformance and to when they leave or retire from the organisation (Taylor, 2016).

The organisations major emphasis is on performance, being a bureaucratic organisation with a top down approach in the public sector; it focuses on efficiency, financial performance and savings and achieving its strategic objectives. Staff live each day by the organisational values, which are part of its DNA and are key drivers in their behaviours. Companies mission and vision are in place and values are embedded within the policies and practices. Effective ward managers are crucial in implementing the policies, procedures and practices and are key in people performance. The AMO Model; Ability, Motivation and Opportunity to perform well are present within Hywel Dda University Health Board. Performance Reviews are completed on an annual basis these give the opportunity for everyone to develop, learn and grow within the health board. An example of that can be seen in nurses and health care support workers. It is of a great importance for nurses and health care support workers to develop, due to ongoing changing clinical requirements and needs of patients and also revalidating their professional practice. The ACE model can also be seen in the workforce. Staff work in efficient teams to provide excellent patient care; staff are motivated and see their job of great importance, also linking to the organisational strategy, thus feeling satisfied, motivated, engaged and committed in their work and show organisational citizenship, they have the ability to develop and improve thus also helping the staff recognise their abilities which then motivates them in going the extra mile. Herzberg's 1959 two-factor hygiene-motivational theory and a combination of the extrinsic and intrinsic motivation can be seen in Hywel Dda University Health Board (Taylor, 2016; Rees and Tymon, 2016 and MindTools, n.d).

The Performance Appraisal and Development Review (PADR) is a 4-stage ongoing cycle of learning which reviews knowledge and skills and personal objectives to identify further learning needs; identifying and agreeing a timeframe for any learning needs and developing a Personal Development Plan (PDP) with the date of next review. This linking in with William Denning's 1965 Plan-Do-Check-Act Performance Management Cycle Model (Armstrong, 2010).

The health board have to measure the Performance Appraisals on an annual basis, all staff within the health board have to complete a meaningful appraisal with their manager and their e-learning must be 100% compliant, otherwise they will not receive a pay increment, thus also affecting the manager increment. There has been a drive since the last pay rise to increase numbers of appraisal completions, the target being 85% which is the Welsh Government Target, which has not been met. The last Staff Survey in 2018, had an overall Engagement Index Score of 3.85, the overall Engagement Score for NHS Wales was 3.82, which Hywel Dda University Health Board is 0.3 higher that the NHS Wales Index Score. This also being higher than on previous years. There is limited training for managers, the only training is the Managers Passport programme which offers PADR training within. This is one area that could be improved upon. These figures can be seen in the Hywel Dda Annual Report and Accounts 2018/2019 referenced here (HDdUHB, 2019k).

3.2 Assess the extent to which performance management process support high performance working (HPW) and contribute to sustained organisational performance

Armstrong and Baron (2005) define performance management as;

> "A process which contributes to the effective management of individuals and team in order to achieve high levels of organisational performance. As such, it establishes shared understanding about what is to be achieved and an approach to leading and developing people which will ensure that it is achieved".

All activities should contribute to improved organisational performance, therefore individual performance should be managed and be a continuous process, whereby it measures, identifies and develops individuals and aligns with strategy (Rees and Tymon, 2016).

In Hywel Dda University Health Board have high-performance work systems which encompass large bundles of HR policies, practices and procedures which interlink with each other. High Performance Work systems are the cultural norm, there is a strong ethos with regards to performance due to the number of targets that need to be reported to Welsh Government. There is an extensive learning and development culture, to ensure that all members of staff have an opportunity to develop, learn and grow. Well-being is high on the agenda and a Staff Psychological Well-being Service has been developed (HDdUHB, 2018i). Also, performance such as sick absence, underperformance such as disciplinary, dignity at work and grievances are measured on an annual basis. On looking at the Workforce Business Partner Report **EV31**, short and long terms sickness have fallen below the target of 4.79%, the main factor which has driven the sickness below the All Wales Target, is the new Managing Attendance Sick Absence Policy which was rolled out in 2018 (HDdUHB, 2019k). What is concerning is the demographic age profile; clinical staff are able to retire when they are 55 years old, looking at the profile, there is a large headcount that are in that age bracket; there will be a need to develop a succession plan; there will also be a loss of expertise which is hard to replace. On looking at the disciplinary cases in Ceredigion;

these have reduced since 2016, there were 19 cases in 2016, 16 cases in 2017 and 16 cases in 2018, so there is a steady improvement. Overall the Hywel Dda University Health Board has reduced its cases by year on year. In 2017 there were a total of 108 disciplinary cases compared with 94 in 2018 **EV32**.

Staff PADR's are carried out as above on an annual basis and the Welsh Government Target which is 85% is currently not being met. The only form of training that manager have is the Managers Passport programme, which covers the PADR. Further, future trends of appraisals are showing that there is a need for more continuous feedback; thus, involves frequent conversations with staff. Many companies have done away and abandoned the traditional appraisals, because it is said they do not meet business needs. Armstrong and Taylor (2014) state that appraisals should be more future focussed, whereby the annual process tends to look towards the past year. The 2019 trends focus towards employee wellbeing; coaching and meaningful conversations on development and performance, ensuring they are embedded into the organisational culture. Technology companies like Microsoft, IBM and Dell led the way and Accenture, Deloitte, Gap and General Electric have followed suit in having more frequent informal conversations. An article by People and Strategy in which a Deloitte manager called the appraisal process "an investment of 1.8 million hour across their firm that didn't fit the business needs anymore". The biggest limitation of the annual appraisal was the emphasis on past performance. It is estimated that 70% of multi-national organisations are looking to utilise this model of regular meaningful conversations (Cappelli and Tavis, 2016).

3.3. Recommend ways for developing performance management processes to enhance their impact on organisational performance

After speaking with Matthew Willis, the Head of Service Development and Integration my recommendations are as follows:

- To propose that refresher training on PADR is carried annually, to ensure that all managers are confident in holding conversations with staff.
- HR to look at succession planning to ensure that there is a robust plan in place when staff retire and due to the rurality of our Hospital.
- To introduce more regular meaningful conversations with staff, although this is difficult for ward managers as their clinical roles come first.

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Employment Act 2002
Employment Relations Act 1999
Employment Rights Act 1996
Equality Act 2010
Health and Safety at Work Act 1974

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CIPD Candidate evidence matrix 5AIOP Contributing to Improving Organisational Performance (CEM1)

Candidate name: Louise Berner				CIPD Membership/registration No.: 53280348		
Qualification title: CIPD Level 5 Diploma in Applied Human Resources Apprenticeship				Unique Learner No. (ULN): 1810268		
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	Hywel Dda University Health Board Values and Behaviours Framework Staff Information Booklet	EV01		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Recruitment Fastrack Process	EV02		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Corporate Induction/Corporate Prospectus	EV03		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Induction Catalogue	EV04		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Organisational Induction Policy	EV05		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Approved Employment Written Control Documents	EV06		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Form's Library	EV07		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Performance Appraisal and Personal Development Plan Policy	EV08		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Performance Appraisal Development Review Cor PADR	EV09		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Learning and Development Policy	EV10		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board NHS Managing Attendance at Work All Wales Policy	EV11		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board Health Boards Values Heart	EV12		
5AIOP	Contributing to Improving Organisational Performance	1.1	Hywel Dda University Health Board E-Learning Compliance and Competency	EV13		
5AIOP	Contributing to Improving Organisational Performance	1.3	Email dated 25/09/18 re: Capability Meeting	EV14		
5AIOP	Contributing to Improving Organisational Performance	1.3	Calendar Invite to Capability Meeting on the 30/10/18	EV15		

CIPD

5AIOP	Contributing to Improving Organisational Performance	1.3	Email from Senior Workforce Manager asking to forward new starter Information to Hospital Head of Nursing	EV16		
5AIOP	Contributing to Improving Organisational Performance	1.3	Email to Hospital Head of Nursing with Information Request on start date and sick leave of STR 25/04/2017	EV17		
5AIOP	Contributing to Improving Organisational Performance	2.2	Emails dated 21/2/19 and 4/3/19 to managers asking to put forward names for training on the MAAW Core Update Training Session	EV18		
5AIOP	Contributing to Improving Organisational Performance	2.2	Email to managers sending the link to the HSE's Talking Toolkit – Preventing Work-Related Stress	EV19		
5AIOP	Contributing to Improving Organisational Performance	2.2	Emails to managers dated 12/07/19 asking to accept/decline calendar invite to performance reviews	EV20		
5AIOP	Contributing to Improving Organisational Performance	2.2	Emailed dated 23/07/19 from General Manager thanking me for my effective support in the performance review process	EV21		
5AIOP	Contributing to Improving Organisational Performance	2.2	Calendar invite to Senior Managers to attend performance/financial reviews with the County Director on the 28/04/2020	EV22		
5AIOP	Contributing to Improving Organisational Performance	2.3	Calendar invite dated the 22nd August 2019 to Senior Occupational Health Nurse with scheduled dates of sick absence meetings for 2019.	EV23		
5AIOP	Contributing to Improving Organisational Performance	2.3	Email trail dated the 4/3/19 to Assistant Director of Workforce notifying him of a suspension and attaching suspension checklist once received and thanking me.	EV24		
5AIOP	Contributing to Improving Organisational Performance	2.3	Email dated 2/4/19 attaching two witness letters for approval to the investigating officer and return	EV25		
5AIOP	Contributing to Improving Organisational Performance	2.3	Email dated 2/4/19 to investigating officer attaching draft letter to the employee notifying of Disciplinary Investigation for approval and return	EV26		
5AIOP	Contributing to Improving Organisational Performance	2.3	Email dated 3/5/19 attaching Draft Facilitated Meeting Minutes for approval to Workforce Management West, email back 3/5/19 thanking me	EV27		
5AIOP	Contributing to Improving Organisational Performance	2.3	Email from Senior Workforce Manager asking me to carry out an Initial Assessment of Facts	EV28		

5AIOP	Contributing to Improving Organisational Performance	2.3	Email trail 2/4/19 to the 23/4/19 regarding Initial Assessment of Facts and draft Initial Assessment of Facts being sent off to the manager	EV29		
5AIOP	Contributing to Improving Organisational Performance	2.3	Witness Testimony from Senior Workforce Managers dated the 14/10/19	EV30		
5AIOP	Contributing to Improving Organisational Performance	3.2	Workforce Business Partner Report up to end of August 2019	EV31		
5AIOP	Contributing to Improving Organisational Performance	3.2	Trend Analysis of Disciplinary Cases 2016/2017 and 2018 (Calendar Year) Reporting Period	EV32		

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:**	11/11/19

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.

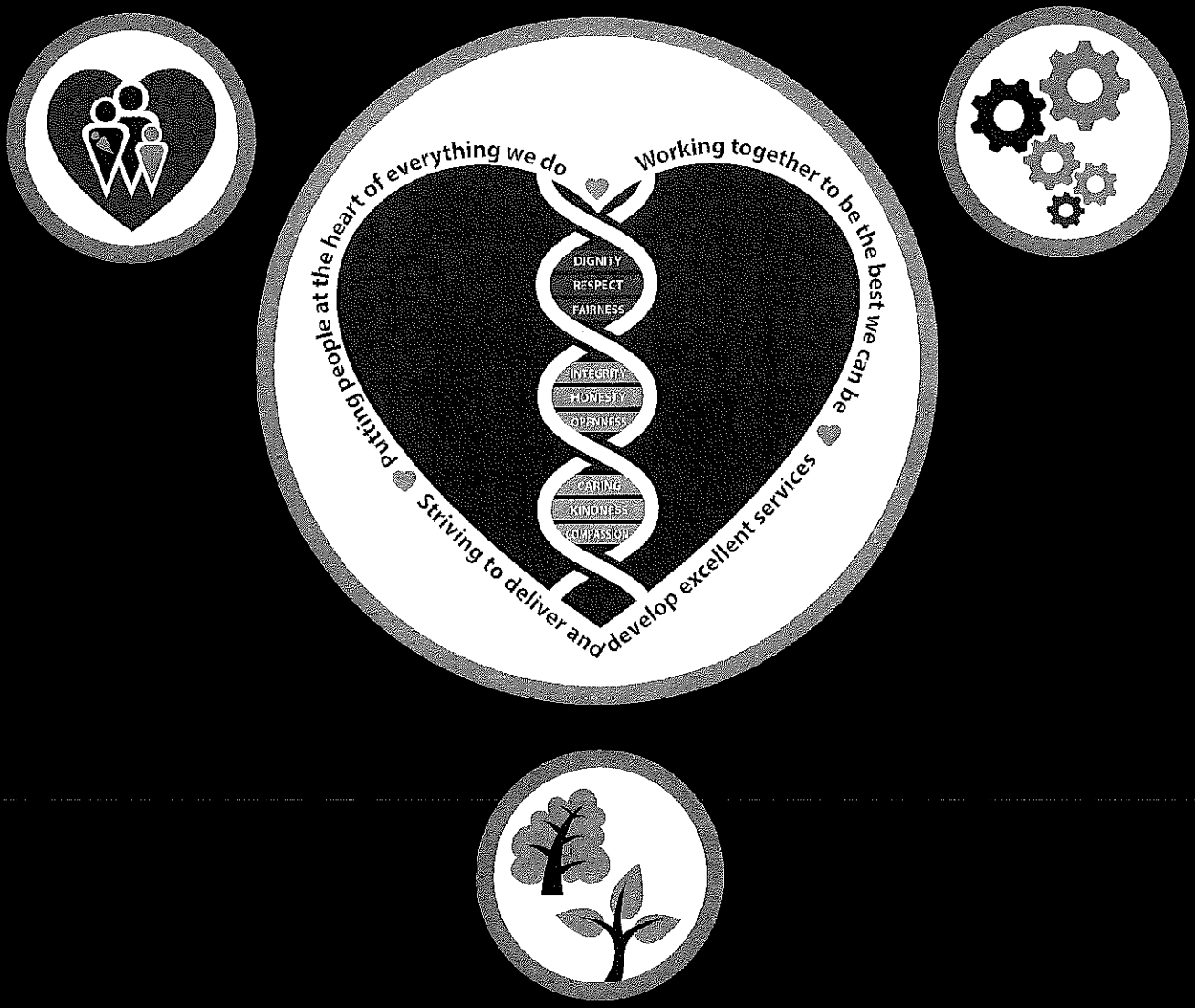
Whatever approach is employed candidates should be encouraged to complete these forms themselves and not expect assessors to do this for them.

APPENDICIES FOR LO1

EVO1

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 we'll help transform yours

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



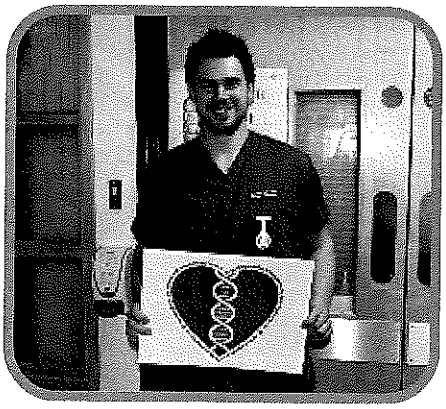


"I value my new house it's my first. I am really excited in making it somewhere I can call my own..."

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.

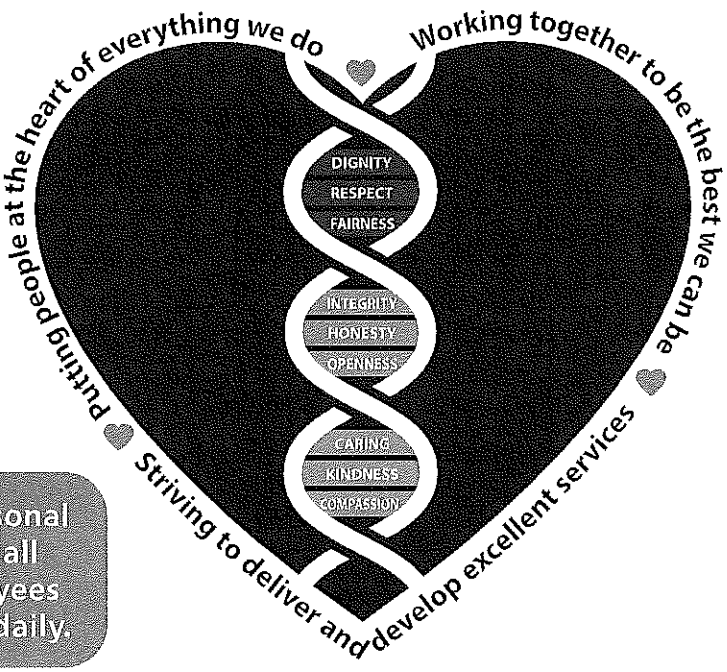
These values and behaviours will shape the way we plan and make decisions, the way we communicate and treat patients and each other.

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.

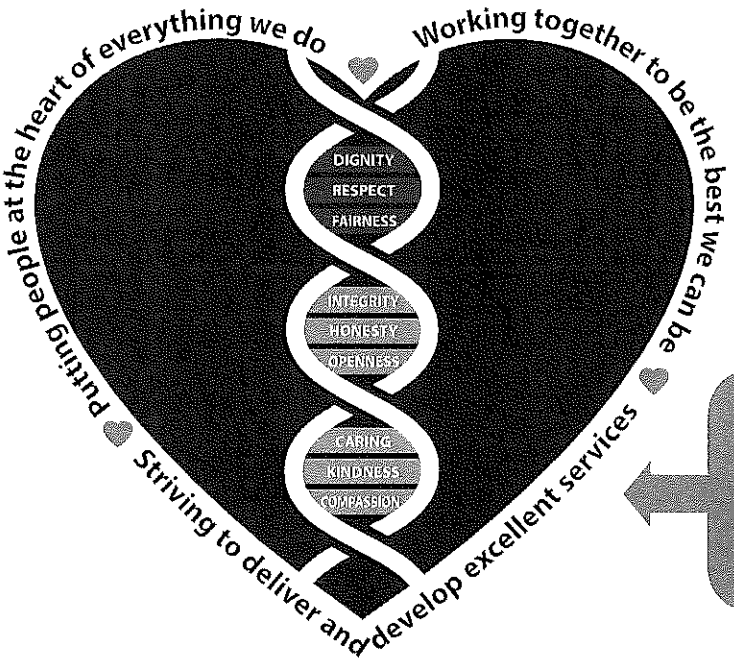
Being truthful in what we say and do.

Feeling and exhibiting concern and empathy for others.

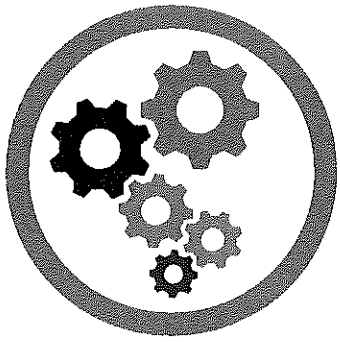
The quality or state of being kind.

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

Organisational Values

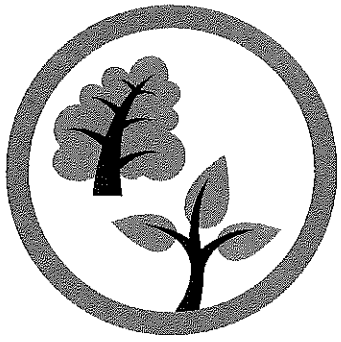


These are the organisational values that we at Hywel Dda are committed to.



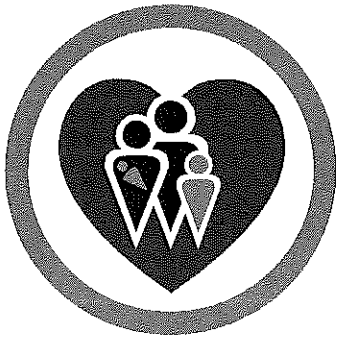
Working together to be the best we can be

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

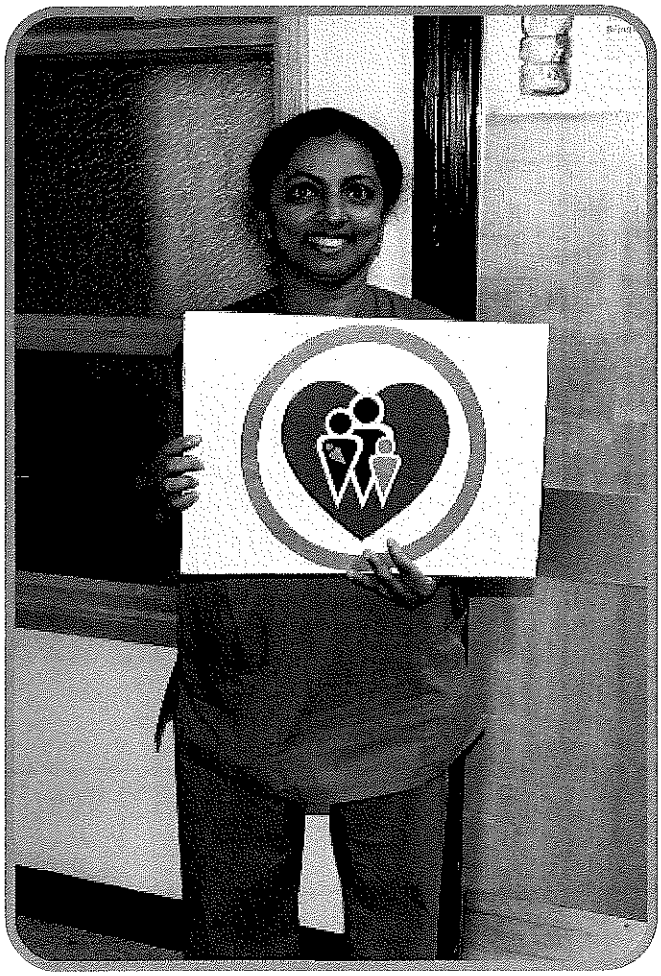
We will endeavour to continually improve and enhance the services we offer as a health care provider.



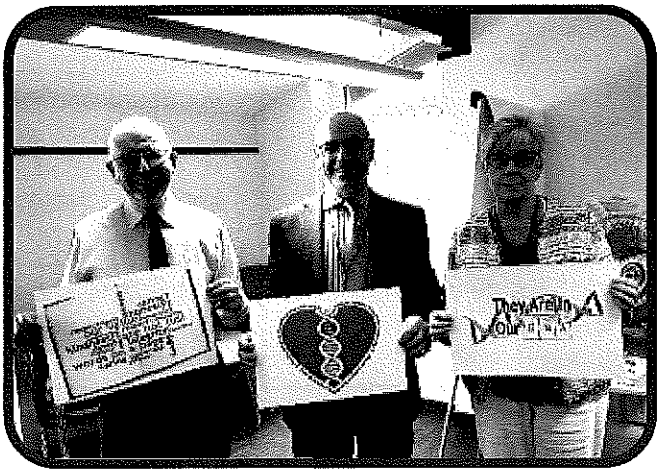
Putting people at the heart of everything we do

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.


Acute Stroke Unit
They are in
our DNA




They are in
our DNA



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?

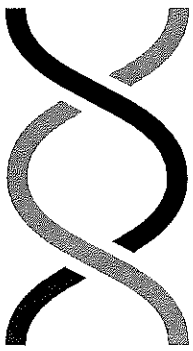
- It is expected that our managers will deliver excellence in all behavioral frameworks. These principles will be complimented by the Health Board's Manager's Standards and the Management and Leadership Development Programmes.
- Review them at your and your staff's annual Performance Appraisal Development 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:

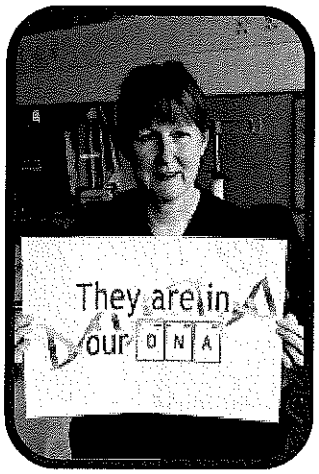
- Patients, their families and the public not getting the service they have the right to expect.
- The Health Board developing a poor reputation within the community.
- People feeling anxious and unconfident about dealing with us.
- Skilled but unhappy staff leaving – leading to increased costs in staff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





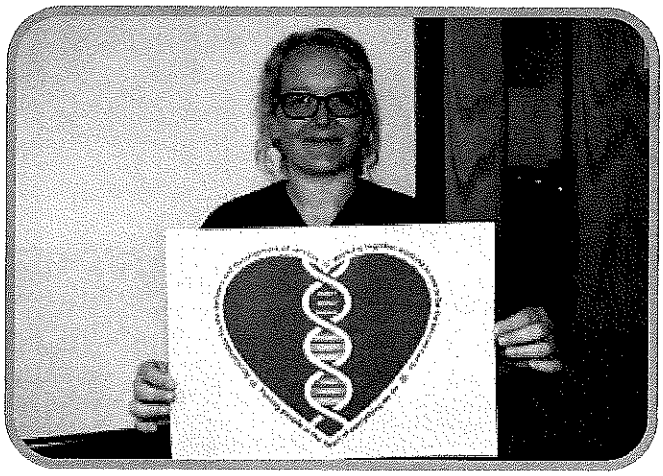
Our values cannot just be words on a page; they need to be in our DNA. They need to underpin everything that we do and should reflect the day to day behaviour of everyone in Hywel Dda.


They Are In
Our DNA


They are in
our DNA




They are in
Our DNA



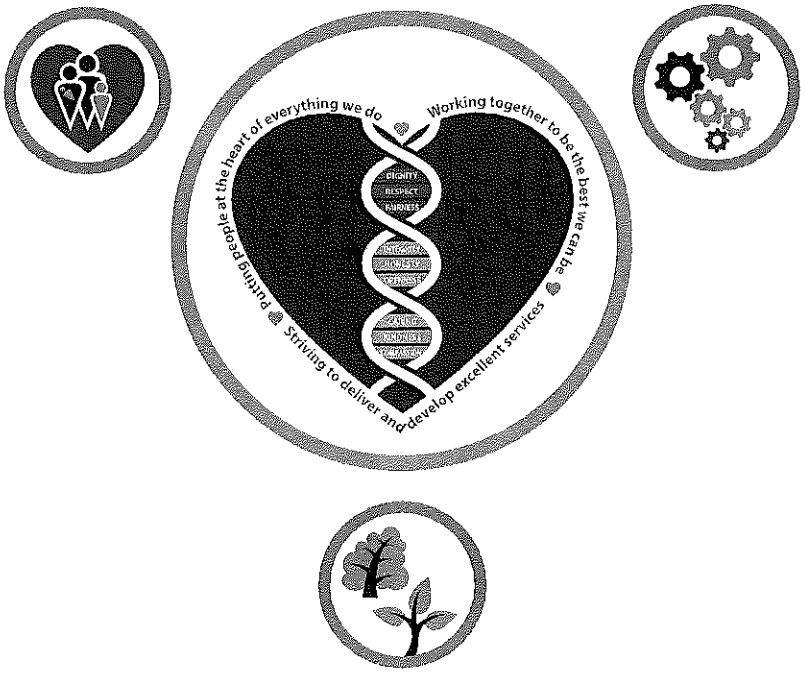


GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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





They Are In Our D N A

www.hywelddahb.wales.nhs.uk/ItsInOurDNA

https://twitter.com/HywelDda_values

Values - Introduction

This page in Welsh/Y dudalen hon yn Gymraeg

Gwerthoedd - Cyflwyniad

Introduction from Steve Moore, Chief Executive:



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

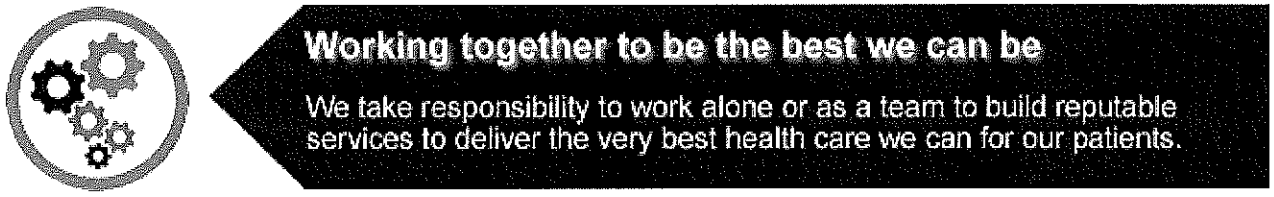
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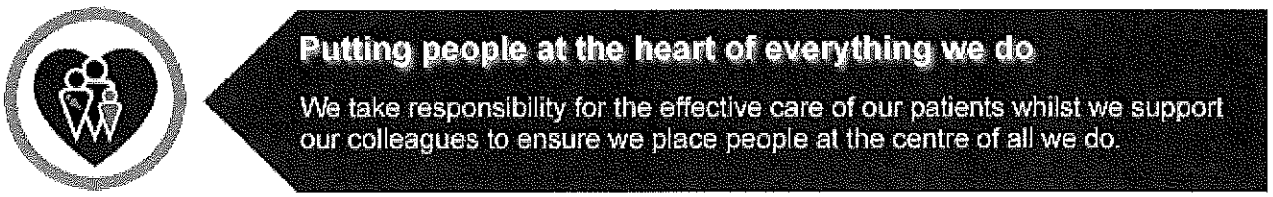
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There are three statements around the heart design that as an organisation I want incorporated as well as the personal values (shown below).

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."

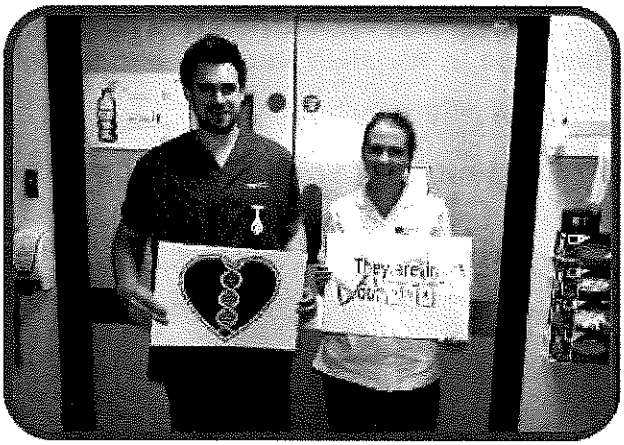












Download the 'Values and Behaviour Framework - Staff Information Booklet' here

Download the Values Heart Poster here

Download the Putting People First Poster here

Download the Striving to Deliver Poster here

Download the Working Together Poster here

~ Back to values home page ~

Follow us on **twitter.com/HywelDda_values**

Share:

Last updated: 31 May 2019

EV02

Recruitment Fast Track Process

Internal to Department

Manager verbally offer the post subject to pre-employment checks and completes interview outcomes on Trac

- Manager to complete interview outcome on Trac
- Recruitment will check their records for previous Pre Employment Check Information

Anticipated Onboarding Timeline: Interview to PECs completed - 5 working days unless a new DBS is required.
Recruitment to email appointment letter to appointee.

References • No new reference required	**DBS** • No new DBS required unless a) DBS not on file b) different level required for job
ID / Right to work • Not required if already on Recruitment systems	**OH** • Self declaration - implementation reliant on OH work stream
Qualifications • Not required if correct qualifications are available on recruitment system	**Registration** • Recruitment will undertake an online check where applicable to the post

Internal to Organisation

Manager verbally offer the post subject to pre-employment checks and completes interview outcomes on Trac

- Manager to complete interview outcome on Trac
- Recruitment will check their records for previous Pre Employment Check Information

Anticipated Onboarding Timeline: As above if all information available - 5 working days unless a new DBS is required. PEC required - up to 14 working days.
Recruitment to email appointment letter to appointee.

References • If reference not submitted with RTA Recruitment will request one from current line manager	**DBS** • No new DBS required unless a) DBS not on file b) different level required for job
ID / Right to work • Not required if already on Recruitment systems	**OH** • Self declaration - implementation reliant on OH work stream
Qualifications • Not required if correct qualifications are available on recruitment system	**Registration** • Recruitment will undertake an online check where applicable to the post

Internal to NHS Wales

Manager verbally offer the post subject to pre-employment checks and completes interview outcomes on Trac

- (Manager to complete interview outcome on Trac
- Recruitment will check their records for previous Pre Employment Check Information across Recruitment teams in Wales

Anticipated Onboarding Timeline: As above if all information available - 5 working days unless a new DBS or PEC required - up to 14 working days.
Recruitment to email appointment letter to appointee.

References • Recruitment will request one reference from current line manager	**DBS** • No new DBS required unless a) DBS not on file b) different level required for job
ID / Right to work • Not required if already on Recruitment systems	**OH** • Self declaration - implementation reliant on OH work stream
Qualifications • Not required if correct qualifications are available on recruitment system	**Registration** • Recruitment will undertake an online check where applicable to the post

External

Manager verbally offer the post subject to pre-employment checks and completes interview outcomes on Trac

- Manager to complete interview outcome on Trac. Recruitment will commence all pre employment checks.
- Appointee will book a pre employment checking meeting on Trac

Anticipated Onboarding Timeline: 20 working days.
Recruitment to email appointment letter to appointee.

References • Recruitment will request 2 reference covering a 2 year period	**DBS** • Full check to be undertaken where applicable to the post
ID / Right to work • Full check to be undertaken	**OH** • Full check to be undertaken
Qualifications • Full check to be undertaken where applicable to the post	**Registration** • Full check to be undertaken where applicable to the post

Benefits

- Reduce unnecessary re-checking whilst adhering to Safer Recruitment principles
- Speed up the start dates for new recruits
- Reduce agency and overtime costs
- Simple process for appointing Managers to follow

Outstanding Pre Employment Checks

- Any outstanding checks to be completed in a Pre employment check meeting to comply with NHS pre employment check standards

Appointee will book a pre employment check meeting via the Trac system

DBS—Key issue

Do Organisations require a time limit on DBS portability eg: 3 yearly check in line with junior Doctors

Where there is evidence of a DBS outcome being escalated due to the Certificate containing information, Recruitment will undertake a new DBS check.

EV03

Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Corporate Prospectus

Corporate Prospectus

These prospectus pages will be regularly updated, to provide a comprehensive catalogue of courses available to Hywel Dda staff.

For further information contact the Learning and Development team in your locality, or book onto a course via your ESR, telephone (WHTN 01720) 2511 (External 01437 772511) or e-mail to learning.development-hyweldda@wales.nhs.uk

e-Learning

All e-learning should now be accessed via your ESR.

For guides and helps see the Learning and Developments home page on the Intranet

Seach the Prospectus Alphabetically



To see all the courses sorted alphabetically click here



To see all the course sorted by sub category click here

Click here to see the latest course dates

Mandatory Training - Not sure what you need?

Please check your Compliance and Competency within your ESR

Course Categories

Customer Care Catalogue

Health and Safety Catalogue

Induction

Informatics Catalogue

Medical Equipment Catalogue

Occupational Knowledge & Skill Catalogue

Leadership & Management Development

Personal Development Catalogue

Postgraduate Medical Education

Resuscitation Catalogue

Risk Management Catalogue

Last updated: 24 July 2019

EVO4

Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Induction Catalogue

Please click on one of the links below to access that course:

- **Local Induction Procedure for Managers**

1. Welcoming Your New Member of Staff

Welcoming Your New Member of Staff A Resource Pack for Managers

Welcoming your New Member of Staff - A Resource Pack for Manager	**Induction Catagory**

Who Should Attend?
This Workshop is aimed at staff who have managerial responsibilities.

Course Description:
A workshop designed to assist supervisors/managers to understand their role at the Local Induction Day for newly employed staff.

Course Objectives:

- To show managers ways to help new employees to settle into their new environment (place of work).
- To guide Managers through the Resource Pack for Managers so they are aware of how to direct staff to the Health Board policies and procedures and complete form filling.
- To ensure Managers know how to assign a post outline and promote personal development reviews.

KSF Dimensions:
Core Dimensions:
- Communication Level 3
- Personal & People Development Level 3
- Health, Safety & Security Level 2
- Quality Level 2

Duration: 1½ Hours
Facilitator: Helen Martin - Learning & Development Dept.

Application Details: Learning & Development Department:
(Please ensure that you provide your payroll number when booking a course).
Tel: 01437 772511
Email: learning.development-hyweldda@wales.nhs.uk
Learning & Development Dept, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ

There are no dates at present for this course but please check again.

Return to the top of the page

Last updated: 24 December 2015

EV05

HYWEL DDA UNIVERSITY HEALTH BOARD



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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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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..

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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

- 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.

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

HYWEL DDA UNIVERSITY 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.

HYWEL DDA UNIVERSITY HEALTH BOARD

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 (√)

HYWEL DDA UNIVERSITY HEALTH BOARD

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	

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:

EV06

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Approved Employment Written Control Documents

Approved Employment Written Control Documentation

Below is a table of all Approved Employment Written Control Documentation that apply across the Hywel Dda University Health Board.

Click on the document title to open the document, click on the Equality Impact Assessment number (if available) to open it or Click on the title of the Downloadable Content to open each document.

If you cannot find what you are searching for please enter a key word in the search box at the top right hand corner of your screen. This will bring up a list of everything that contains the word you are searching for.

Tip: To search quickly for a document on the page - use the keyboard shortcut 'Control and F' which will bring up a search box at the top of the page. Type in the key word and press return and it will automatically highlight that word/number throughout the page.

If you are still unable to find the document you are searching for please email policies.hdd@wales.nhs.uk with the details of the document you are unable to find.

or if this is not what you were looking for please click to Return to the main written control documentation page.

For corporate policies please click link to Corporate Written Control Documentation Page

Appearance and Behaviour	**Conduct and Capability**	**Grievance**	**Leave – All Aspects**
Pay and Expenses	**Raising Concerns**	**Recruitment**	**Sickness Absence Management and Well-being**
Staff Development	**Work/Life Balance**	**Other**	

Appearance and Behaviour

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
130	All Wales Dignity At Work Policy	30/09/2015	30/09/2018		130 - What is bullying

	Currently Under Review		extended to 28/11/2019		and harrassment 130 - Dignity at Work Process - Flowchart
202	All Wales Dress Code **Currently Under Review**	05/02/2015	05/02/2018 extended to 28/11/2019		202 - Guidance for healthcare staff laundering uniforms workwear in the home 202 - supporting information
311	Violence Against Women, Domestic Abuse and Sexual Violence WorkPlace Policy	31/07/2017	31/07/2020	311 - EqIA	311-App1- Sources of Help 311-App2-Definitions 311-App3-Possible Signs of Violence Against Women Domestic Abuse & Sexual Violence
139	Uniform and Dress Code Policy For All Health Board Staff	22/05/2018	15/03/2021	139-EqIA	139-Guidance for healthcare staff laundering uniforms

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Conduct and Capability

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
203	All Wales Capability Policy	05/07/2018	27/06/2021	203-EqIA 203-EqIA (All Wales)	203 - App1 - Capability Hearings Flowchart
201	All Wales Disciplinary Policy & Procedure	19/05/2017	19/05/2020	201-EqIA	201 - Disciplinary Rules 201 - Disciplinary and Appeals Process Flowchart 201 - Equality Act 2010 201-Guide for External Witnesses Involved in Internal Hearings 201-Guide for Witnesses Involved in Internal Hearings
349	Referral of Staff to the Disclosure and Barring Service (DBS) formerly Independent Safeguarding Authority (ISA) Policy & Guidance	28/11/2016	28/11/2019		349-Restriction of Scope of Regulated Activities- Vulnerable Adults 349 - Disclosure & Barring Service Referral Form
558	Management of Nursing Midwifery Medication Errors/Near Misses Policy	18/05/2017	18/05/2020	558-EqIA	558-Risk Categorisation of Error 558-Drug Error Decision Tree 558 - Link to Incident Review Form 558 - Reflection & Learning Template 558-Template To

					Record Decision Following Review of Initial Facts 558 - Link to 268 - Medicines Policy 558 - Drug Administration Assessment
158	Redeployment Policy	15/03/2018	15/03/2021	158-EqIA	158-App1 - Registration onto Deployment Register 158-App2 - Employment Register 158-App3 - Email to Accompany Approved Vacancy Information To Staff 158-App4-Record of Trial Period
488	All Wales Upholding Professional Standards in Wales (Medical and Dental Staff) Upholding Professional Standards in Wales document	01/02/2016	01/08/2019		

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Grievance

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
142	All Wales Grievance Policy	31/03/2016	31/03/2019 extended to 28/11/2019	142-EqIA	142- Suggested Note Of Initial Informal Greivance 142- Individual and Collective Greivance Registration Form 142 - Greivance Hearing 142 - Greivance Hearing 142 - Request For Appeal Hearing for individual/collective grievance 142- Appeal 142 - Equality Act 2010

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Leave – All Aspects

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
111	Annual Leave Policy	17/05/2018	28/11/2019		111-App1-A4C- Annual Leave Entitlement Complete Years Excluding Statutory Bank Holiday 111-App2-A4C- Calculation Statutory Bank Holiday Entitlements 111- App3 - Leave Record Sheet 111-App4-Guidance

					Content Departmental Protocol on Annual Leave 111 - Annual leave calculator 2019-2020
128	Maternity, Adoption and Paternity Leave Policy and Procedure	05/11/2018	05/11/2021	128-EqIA	128-App1-Application For Maternity Leave 128-App2-Maternity Leave Scheme Options 128-App3-Application For Paternity Leave 128-App4 - Adoption Leave Application Form 128-App5-Surrogacy Application Form
767	New & Expectant Mothers Procedure	15/11/2018	15/11/2021	767-EqIA	767-App1 - Pregnancy Care Plan 767-App2 - Pregnancy Care Plan Form 2
127	Ordinary Parental Leave Policy	14/09/2018	14/09/2021	127-EqIA	127-App1-Request For Parental Leave 127-App2-Letter Postponing Parental Leave
438	Shared Parental Leave Procedure	24/05/2018	24/05/2021	438-EqIA	438 - FAQs Parental Leave 438-App1-Summary of Shared Parental Leave Application Process 438-App2-Curtailment Notice 438-App3 - Confirmation of entitlement to Shared Parental Leave 438-App4- Shared parental leave – notice of entitlement and intention - mother 438-App5 - Notice of entitlement and intention (partner) 438-App6 - Period of Leave Notice 438-App7 - Confirmation of Shared Parental Leave Booking 438-App8- Refusal of a Discontinuous Leave Booking
122	All Wales Special Leave Policy Special leave guidance notes	15/03/2018	15/03/2020		122- App1 - Application for special leave 122-App2-Legislation
313	Study Leave Policy for Medical Dental Staff	30/11/2016	30/11/2019	313-EqIA	313 - Travel & Subsistence Allowances
129	Time Off For	19/03/2019	19/03/2022	129-EqIA	

	Medical/Dental Appointments During Normal Working Hours Policy				
245	All Wales Employment Break Scheme	19/05/2017	19/05/2020	245-EqIA	245 - Employment Break Scheme Application Form 245-Case Studies - Application of the Policy

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Pay and Expenses

Please note that **protection of pay and earnings** is covered within the 573 - All Wales Organisational Change Policy

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
389	Expenses Policy	18/09/2017	18/09/2020	389-EqIA	
002	Recovery Of Overpayments Policy	15/03/2018	15/03/2021	002-EqIA	002-App1-Overpayment Letter - Current Employees 002-App2 - Reminder Letter - Current Employees 002-App3-Reminder Overpayment Letter - Current Employees 002-App4-OverPayment Letter - Ex Employee 002-App5 - Overpayment Agreement Letter 002-App6 - Authorisation
109	Time In Lieu Procedure	15/03/2018	15/03/2021		109-App1-Individual Time Owing Record
125	Re-Evaluation of Pay Band Policy and Procedure	18/07/2017	18/07/2020	125-EqIA	125-App1 - Current Job Description Template & Agreement Form
131	Flexi-Time Policy and Procedure	18/05/2017	18/05/2020	131-EqIA	131 - Flexi Time Record Sheet
443	All Wales Pay Progression Policy **Currently Under Review** Pay Progression Policy FAQs May 2016	29/06/2015	29/06/2018 extended to 28/11/2019	443-EqIA	443 - Legal issues 443 - Principles & best practice to be integrated into local appraisal processes
072	Submission of Information To Payroll For Payment	15/03/2018	15/03/2021		

	Of Staff For WOD				
099	Use of Overtime for all Employees Policy	15/05/2019	15/05/2022	099-EqIA	099 -App1- Overtime authorisation process 099-App2-Time in Lieu

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Raising Concerns

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
246	Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults	15/05/2019	15/05/2022	246-EqIA	246-App1- Safeguarding Children & Adults Risk Assessment Form 246-App2 - Allegations against HB Employees- Checklist for Reporting and Escalation 246-App3-Flowchart Following Strategy Meeting 246-App4-Info For Staff- When An Adult Safeguarding Concern Has Been Raised Involving You 246-App5-Ten Stages and Timescalesi n the Adult Protection Process 246-App6-Contact Details
435	All Wales NHS Staff to Raise Concerns Procedure	15/03/2018	15/03/2021	435-EqIA	435-App1-What is Whistleblowing 435-App2-Protection of Those Making Disclosures 435 -App3 - WB 1 Recording a concern raised under the procedure 435-App4- Summary of findings and outcome of investigation 435-App5-Flowchart of Raising Concerns Process

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Recruitment

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
100	Organisational Induction Policy	17/05/2018	18/05/2020	100-EqIA	100 - App 1- Welcoming Your New Member of Staff Resource Pack
284	Providing Employment References Policy	19/03/2019	19/04/2022	284-EqIA	
299	Registration and Re-Registration Of Health Professionals Policy	24/05/2017	18/05/2020	299-EqIA	299-App1-Registered Professional & Relevant Regulatory Body 299-App2-Process for Reminders Regarding

					Registered Renewals Nurses & Midwives 299-App3-Questions to Consider When Investigating Lapsed Registrations
121	Relocation Expenses Policy	27/06/2018	15/03/2021	121-EqIA	121-App1-List Of Relocation Expense Payable 121-App2-Application For Relocation Expenses Form 121-App3 - Reimbursement Of Agreed Relocation Costs Claim Form
499	NHS Wales NMC Revalidation and Registration Policy	01/04/2016	01/04/2019		
204	All Wales Secondment Policy	31/03/2016	31/03/2019 extended to 28/11/2019	204-EqIA	204 - Secondment agreement pro-forma 204 -Application For Release for secondment
042	Guidance On Starting Salaries	04/05/2016	04/05/2019	042-EqIA	042 Incremental Credit Application Form
572	All Wales Recruitment and Retention Payment Protocol	19/05/2017	19/05/2020	572-EqIA	572 - Proposal for a Recruitment and Retention Payment

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Sickness Absence Management and Well-being

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
336	Guidance on Referral of Employees to the Occupational Health Service **Currently Under Review**	17/05/2018	01/04/2016 extended to 30/09/2018	336-EqIA	
768	HDUHB Managing Attendance At Work Policy All Wales NHS Wales Managing Attendance at Work Policy	05/11/2018	05/11/2021	768-EqIA	To access all sickness record forms please follow link to the intranet page: **Employment Forms** Sickness Management Guidance Forms
786	Menopause All Wales Policy	19/03/2019	19/03/2022	786-EqIA	786 - Risk Assessment Checklist

	NHS Wales Menopause Policy				
340	Staff Psychological Well-Being Policy	14/09/2018	14/09/2021	340-EqIA	340-App1-The Business Case for Wellbeing 340-App2-Managers Guide to Promoting a Culture of Wellbeing 340-App3-Signs & Symptoms of Stress 340-App5-Individual Risk Assessment 340-App6-Individual Risk Assessment-Guidance Flowchart 340-App7-Action Monitoring Form 340-App8-Sources Of Support
464	Industrial Injury Claim Procedure	05/11/2018	05/11/2021	464-EqIA	464-App1- Injury Allowance Claim Form 464-App2 - Request for Review by Appeal Panel 464-App3-Injury Allowance Claim Process Flowchart 464-App4-FAQ

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Staff Development

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
603	EAGLE Strategy - Employer led Regulation & Registration System - Assistant Practice, Advanced Practice, Extended Roles, New Roles and Competence	15/03/2018	15/03/2021		
113	Learning and Development Policy	17/05/2017	18/05/2020	113-EqIA	113-App1 - Application for Study Leave & Funding 113-App2-Study Leave Guidance For Managers 113-App3-Higher Award Guidance
045	Performance Appraisal and Personal Development Plan Policy	18/05/2017	18/05/2020	045-EqIA	045-A Local Management Guidance for managers and staff on PADR
112	Preceptorship Foundation Policy For Newly Qualified Nurses **Currently Under Review**	20/10/2015	20/10/2018		112Form1 - Preceptorship Audit Tool

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Work/Life Balance

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
124	Retirement Policy	17/05/2018	15/03/2021	124-EqIA	124-App1- NHS Pension Retire & Return including Application Form
126	Work/Life Balance - Flexible Working Policy	15/03/2018	15/03/2021	126-EqIA	126-App1- Application for Flexible Working 126-App2-Job Sharing Principles & Procedure 126-App3-Home Working Principles & Procedure 126-App4-Work Break Principles & Procedure (see Policy 245 - All Wales Employment Break Scheme) 126-App5-Annualised Hours Principles
582	Term Time Working Policy	18/09/2017	18/09/2020	582-EqIA	582-App1-Working Out Term Time Hours and Salary 582-App2-Application for Term Time Working

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Other

Policy No	Policy Title	Active Date	Review Date	Equality Impact Assessment	Downloadable Forms
001	Adverse Conditions Policy	05/11/2018	05/11/2021	001-EqIA	001-App1 - Adverse Condition Reporting Form
283	Alcohol and Drug/Substance Misuse Policy	19/03/2019	19/03/2022	283-EqIA	
247	Dealing With Anonymous Letters and Other Anonymous Communications Regarding Members Of The Workforce	15/03/2018	15/03/2021	247 - EqIA	
748	General Data Protection Employees Policy - Workforce related employee data	14/09/2018	14/09/2021	748-EqIA	748-App1-Privacy Notices for Employees
713	Honorary Contracts Procedure	12/03/2019	09/10/2021	713-EqIA	713-App1-Indemnity Query Form 713-App2-Honorary Contract Process 713-App3-Request For Honorary Contract
573	All Wales Organisational	17/12/2018	30/03/2020	573-Eqia	573-App1-Procedure for managing Filling Posts

	Change Policy				During Organisational Change Flowchart 573-App2-All Wales Redundancy Policy 573-App3-Arrangements for Managing Seconded Acting Up & Fixed Term Employees 573-App4 - Transfer to a New Employer 573-App5-AW Redeployment Policy
291	Personnel Employee Records Management Policy	05/11/2018	05/11/2021	291-EqIA	291-App1-Guidance For Managers 291-App2-ESR Common Operating Framework 291 - App3 - Index Card 291-App4-Request For A File 291-App5-Employee Moves Department
334	Personal Relationships at Work Policy	15/05/2019	15/05/2022	334-EqIA	
315	Flexible Deployment Of Staff Procedure Internal Deployment Procedure: Managers' Deployment Guide	05/11/2018	05/11/2021	315-EqIA	315-App1 - Individual Staff Information 315-App2 - Confirmation Deployment Letter
348	All Wales Reserve Forces Training and Mobilisation Policy	10/03/2016	10/03/2019 extended to 28/11/2019	348 - EqIA	348-Exemption & deferral from mobilisation 348-Designated NHS Organisation contacts
436	Rostering Policy **Currently Under Review**	14/04/2015	14/05/2018 extended until 30/09/2018	436-EqIA	
350	Supporting Transgender Staff Policy	17/05/2018	28/11/2019		350-Legal Framework Expanded - Discrimination 350-Recruitment & Selection 350 - Gender Terminology 350-Frequently Asked Questions for Transgender Staff 350-Frequently Asked Questions for Managers
465	All Wales Social Media Policy **Currently Under Review**	04/06/2018	28/02/2019 extended to 28/11/2019		

447	Staff Immunisation & Screening Policy	02/08/2016	02/08/2019	447-EqIA	447-Health Clearance per Clinical group general information 447-Requisite vaccination regime
107	Volunteers Policy	14/09/2018	14/09/2021	107-EqIA	107-App1-Managing Volunteers 107-App2-Definitions of Volunteer Centres 107-App3-Procedure For Recruiting & Supporting Volunteers 107-App4-Volunteer Driving Procedures 107-App5 - Volunteer Agreement 107-App6- Volunteer Code of Confidentiality

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Share:

Last updated: 27 June 2019

EV07

Hywel Dda University Health Board operates a smoke free environment. Please do not smoke anywhere on our sites

Forms Library - Updated

Employment Forms	Informatics Forms	Global Email Request Form
Recruitment forms New Starters Forms Change Forms Expenses Forms Work/Life Balance Forms Leave Purchase Scheme Leave Forms (including Study Leave) Carry Over of Leave Application Occupational Health Forms Standards of Behaviour Forms Managing Attendance Guidance Forms Termination Forms Exit Questionnaires and Fact Sheets PADR Forms Registration onto Redeployment Register	IT Forms	
Risk Management Forms	**Clinical Forms**	**Other Forms**
	Podiatry Forms Dental Forms Pain Relief Team Referral Form Smoking Clinic Referral Form Clinical Audit Forms Mental Capacity Act (MCA) Forms	Request for additional / Alternative accommodation (Withybush Site) Surplus equipment form

Employment Forms

Recruitment Forms

Link to Recruitment Forms and Processes
Job Analysis Questionnaire (JAQ)
Job Description Template & Agreement Form - July2019 (for new posts and re-banding applications)

Job Description Template & Agreement Form - July2019 Welsh (for new posts and re-banding applications)
Review Information Template and Agreement Form
Equality Impact Assessment Forms

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New Starters

These forms must all be printed, completed and sent to Payroll for all new starters.
Commencement Form July 2017
Guidance notes for completion of Commencement forms
NHS Pensions New Employee Questionnaire
HMRC Starter Checklist 2019 to 2020

User Access Request/Termination/Change Form (electronic form)
Set Up Maintain User Access From - ESR Self Service PDF Version
Set Up Maintain User Access From - ESR Self Service Word Version
Car Pass Application Ceredigion
Car Pass Application GGH & PPH
ID Badge Request Form PDF Version
ID Badge Request Form Word Version
Uniform Request Form - July 2015

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Change Forms

Change Form (NEW)
Guidance Notes for Completion of Change Forms

Registration onto Redeployment Register

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Expenses Forms

On Call Claim Forms
Additional Duty Claim Form Medical & Dental Staff
E-Expenses User Guides
E-Expenses Account Request Form

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Work/ Life Balance Forms

Application for a Work Break Form
Flexible Working Form
Secondment Agreement Pro-Forma
Application for Release of Secondment/Secondment Extension
Request for Time Off for Trade Union Activities Form

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Leave Forms

Leave Record Sheet
Application for Maternity Leave Pay
Application for Paternity Additional Paternity Leave
Transfer of Additional Paternity leave to Partner
Adoption Leave Application Form
Study Leave Application Form

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Occupational Health Forms

Vision Express VDU Voucher
Individual Workplace Stress Risk Assessment
Occupational Health Managers Referral Form
Occupational Health Self Referral Form

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Standards of Behaviour Forms

Gifts, Hospitality and Sponsorship Registration Form
Register of Staff Interest Form

Register of Members Interest Form

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768-Managing Attendance At Work Policy-V1

NHS Wales Managing Attendance at Work Policy

Phased Return Temporary Redeployment Form
Reasonable Tailored Adjsustment Agreement Form
Sickness Absence Reasons For ESR Form
Diarrhea & Vomiting Sheet Form
Self Referral to Occupational Health Form
Occupational Health Referral Form
Return To Work Discussion Form
Stress Risk Assessment Form
Employees Sickness Record
NHS Terms & Conditions of Service-Sickness Absence
Absence Notification Form
Frequent Short Term Sickness Absence Flowchart
Consent Form For Medical Records
Self Certification Sickness Form

(updated 08.01.2019)

Managing Attendance - Initial Discussion

Invitation to Informal Discussion

STS Informal Discussion Form

(updated 14.11.2018)

Managing Attendance - Formal Sickness Meetings

Phased Return Temp Redeployment

Reasonable Tailored Adjs Agreement

Frequent Short Term Sickness Absence Flowchart

Invitation to 1st Formal Sickness Meeting
Invitation to 2nd Formal Sickness Meeting
Invitation to 3rd Final Formal Sickness Meeting.
1st and 2nd Formal Sickness Meeting Record
3rd Final Formal Sickness Meeting Record
Outcome of 1st Formal Sickness Meeting
Outcome of 2nd Formal Sickness Meeting
Outcome of 3rd Final Formal Sickness Meeting DISMISSAL
Outcome of 3rd Final Formal Sickness Meeting NO TERMINATION

(updated 08.01.2019)

Long Term Sickness

Occupational Health Management Referral Form
Return to Work Discussion Form
Phased Return and Temporary Redeployment Form
Reasonable Tailored Adjs Agreement
Formal Sickness Meeting Template
Invitation First and Subsequent Long Term Sickness Meeting
Invitation Final Formal Long Term Sickness Meeting
Outcome of Final Long Term Sickness Meeting
Outcome of First and Subsequent Long Term Sickness Meeting

(updated 14.11.2018)

Failure to Notify

Management Action For Failure To Notify Absence

Letter -01 Failure to Notify Absence

Letter 02 Failure to Notify Absence Reminder
Letter 03 Failure to Notify Absence Final

(updated 14.11.2018)

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Termination Forms

Termination Form and Guidance Notes

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Exit Questionnaires and Fact Sheets

Exit Questionnaire Welsh
Exit Questionnaire Fact Sheet 1 - Management - Welsh
Exit Questionnaire Fact Sheet 2 - Employee - Welsh
Exit Questionnaire English
Exit Questionnaire Fact Sheet 1 - Management - English
Exit Questionnaire Fact Sheet 2 - Employee - English

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PADR Forms and Supporting Information

Core PADR Form
PADR Leadership Form
PADR Manager Guidance
PADR Checklist For Managers
PADR Staff Guidance
PADR Checklist For Staff
PADR Appendix 1 - Revalidation Form
PADR Appendix 2 - Mentorship

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IT Forms

User Access Request/Termination/Change Form (electronic form)
IT Equipment Request Form (for Non-Standard Items)
Information Technology (IT) Equipment Request - (electronic form)
Request - Remote Access Token (RSA)
Request - USB Encrypted Memory Stick
Request a NEW Shared Drive
Request - Bring Your Own Device (electronic form)
Mobile Phone Request Form
Adhoc Office Moves / Network / Telecoms Requests

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Risk Management Forms

Risk Management Forms
Risk Assessment Form Risk Scoring Matrix

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Global Email Form

Global Email Request Form
Global Email/Hywel Dda Today Request Form

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Clinical Forms

Podiatry Forms
Podiatry Appointment Request - Inpatients

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Dental Forms
Community Dental Service Referral Form

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Pain Team Referral Form
Hywel Dda Pain Team – Referral Form for In-Patients

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Smoking Clinic Referral Form
Smoking Clinic Referral Form

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Clinical Audit Forms
Clinical Audit Proposal Form Clinical Audit Action Plan Form

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Mental Capacity Act (MCA) Forms
Mental Capacity Act Team Referral Form All other forms can be access on the MCA Page here

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Other Forms
Request for additional / alternative accommodation (Withybush Site) Surplus Equipment and Furniture Form

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Last updated: 07 August 2019

EV08

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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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.

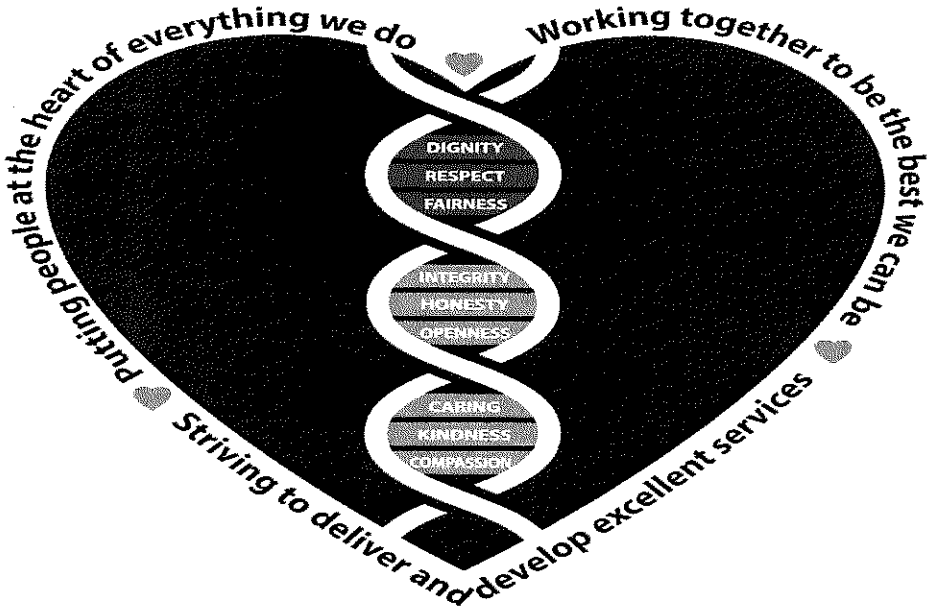
18. MONITORING

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.

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.

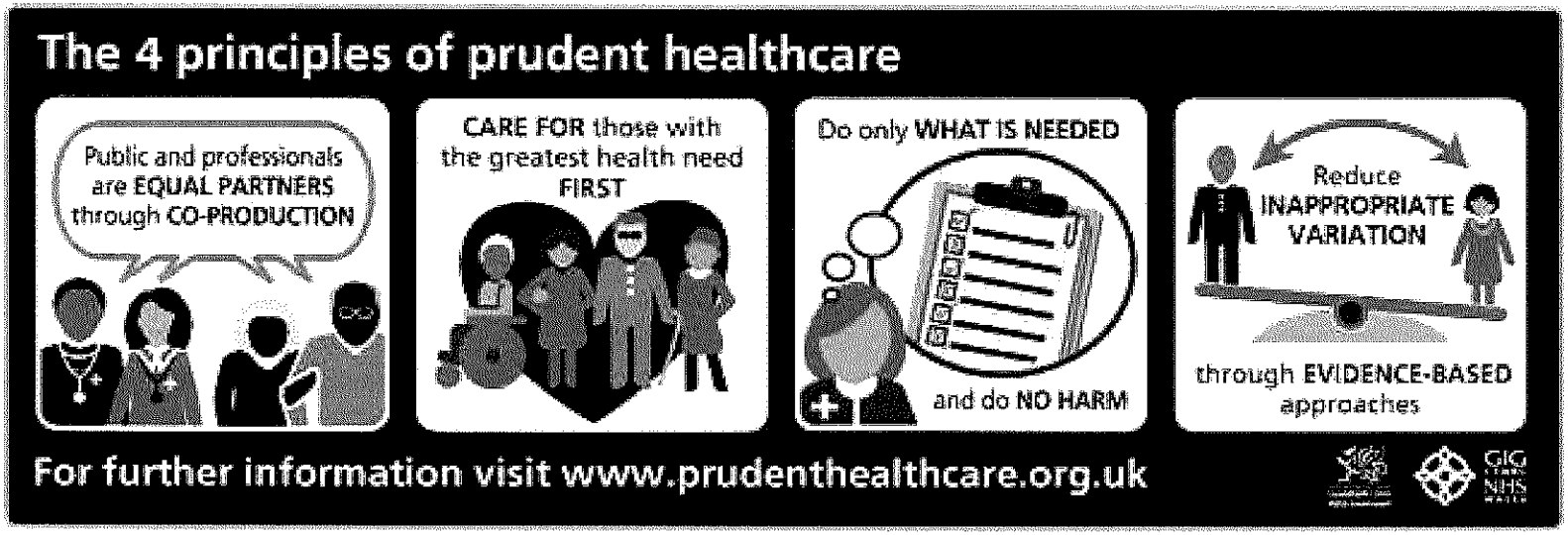
Why PADR is Important

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:

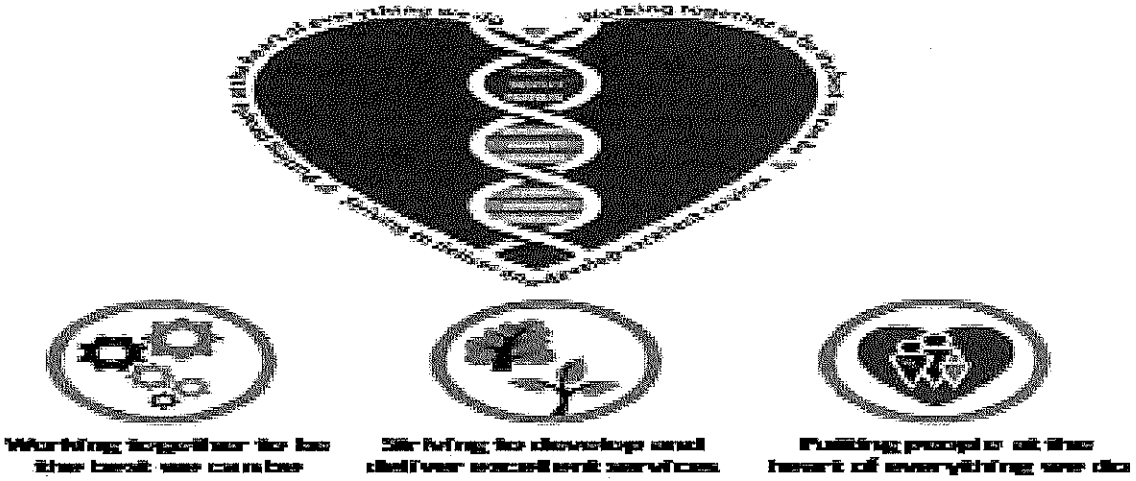
'the appraisee objectives have been discussed and agreed and they will have had feedback from their line manager either formally or informally during the year prior to the PADR meeting where the feedback during the year is reflected formally using the UHB documentation'

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. 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.	EXCELLENT Values are embedded in our culture and become habit. We lead 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 internal/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.

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.	EXCELLENT Values are embedded in our culture and become habit. We lead by example and evidence what we do.	Examples of behaviours that fail to Dignity, Respect and Fairness
• 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 employee/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. • Criticises 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.

Expected Our required behaviours	Staff should seek to demonstrate these behaviours	Aspirational These behaviours are required by employees looking to develop and those in senior or managerial positions	Examples of behaviours that fail to demonstrate Caring, Kindness and Compassion

√ 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%2021Apr16.pdf

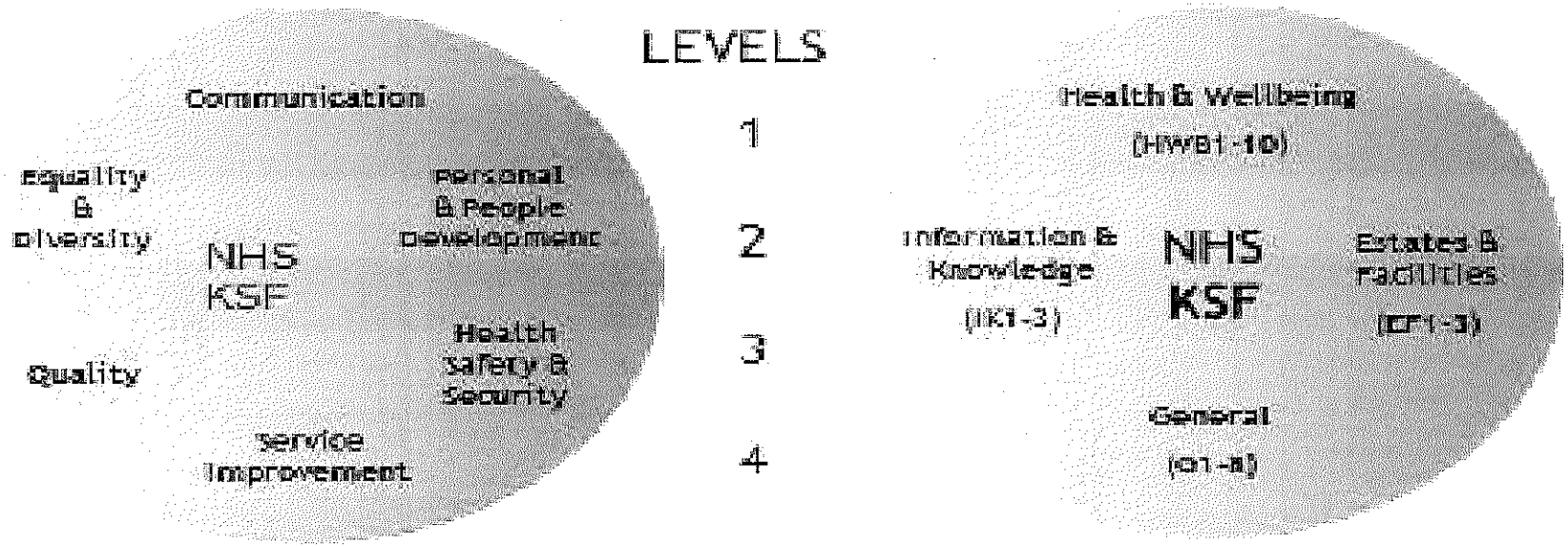


Copy of Mandatory Training Grid 21Apr1

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				

KSFDIMENSIONS

These can be found on the LEED intranet site



Core Dimensions

Specific Dimensions

ANNUAL PERSONAL APPRAISAL AND DEVELOPMENT PLAN

Personal Details			
Name		Job Title	
AfC Band		Payroll No	
Department		Directorate / Locality / County	
Date of Next NMC Revalidation/Other professional (if applicable)		Length of Service: NHS : UHB: Welsh Language level of competence:	
Review Type		Is 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. MEET POLICY /ORGANISATIONAL POLICY AND DELIVER TIER 1 TARGETS (these are primarily for managers but many have joint responsibility for the team so can be added to individual staff objectives)	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)				
	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/ROLE)	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 OUTOME 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 6TI

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 THE 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:.....

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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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.

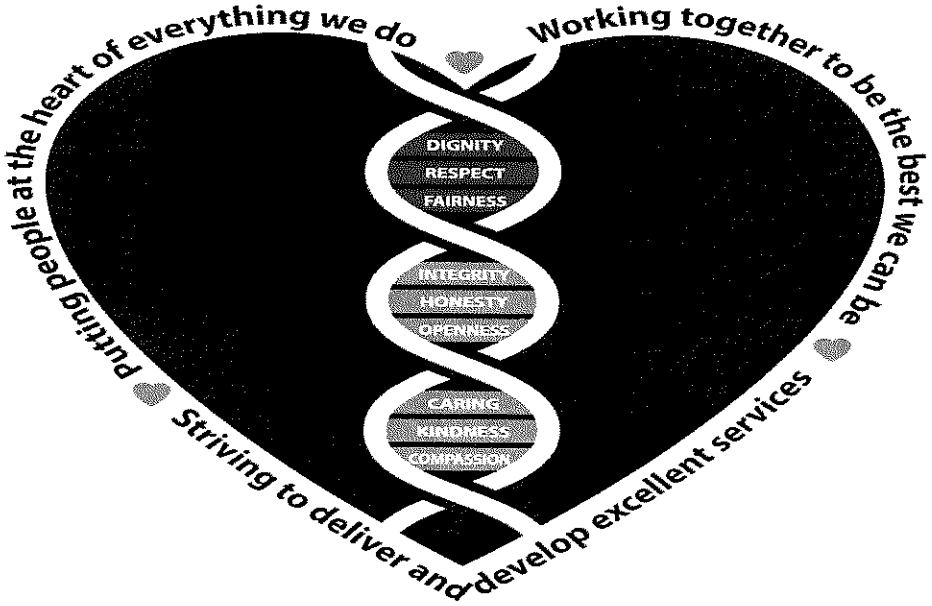
18. MONITORING

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.

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.

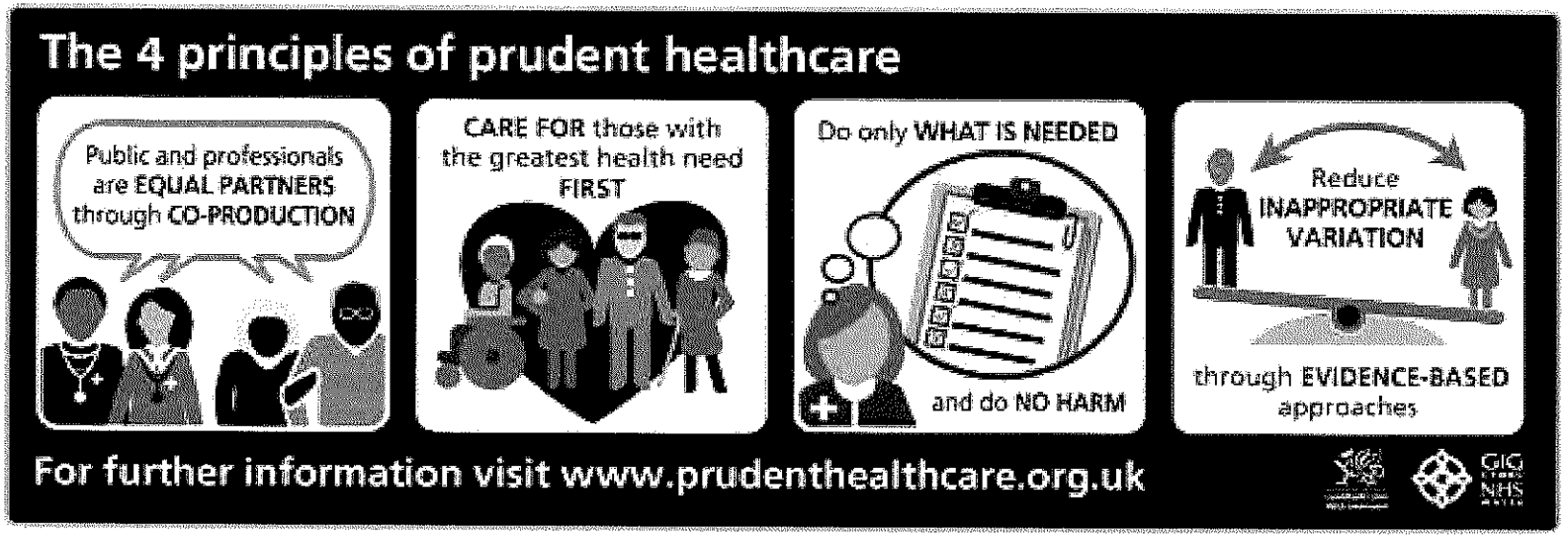
Why PADR is Important

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:

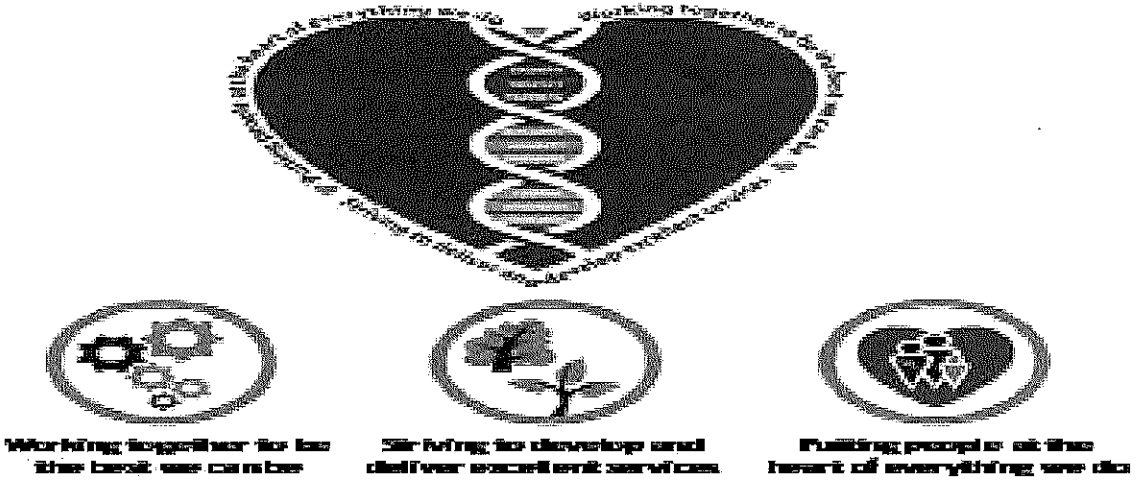
'the appraisee objectives have been discussed and agreed and they will have had feedback from their line manager either formally or informally during the year prior to the PADR meeting where the feedback during the year is reflected formally using the UHB documentation'

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. 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.**	EXCELLENT **Values are embedded in our culture and become habit. We lead by example and evidence what we do.**	**Examples of behaviours that fall 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 internal/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.

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.	EXCELLENT Values are embedded in our culture and become habit. We lead by example and evidence what we do.	Examples of behaviours that fail to Dignity, Respect and Fairness
• 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 employee/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. • Criticises 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.

Expected Our required behaviours	Staff should seek to demonstrate these behaviours	Aspirational These behaviours are required by employees looking to develop and those in senior or managerial positions	Examples of behaviours that fail to demonstrate Caring, Kindness and Compassion

√ 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.

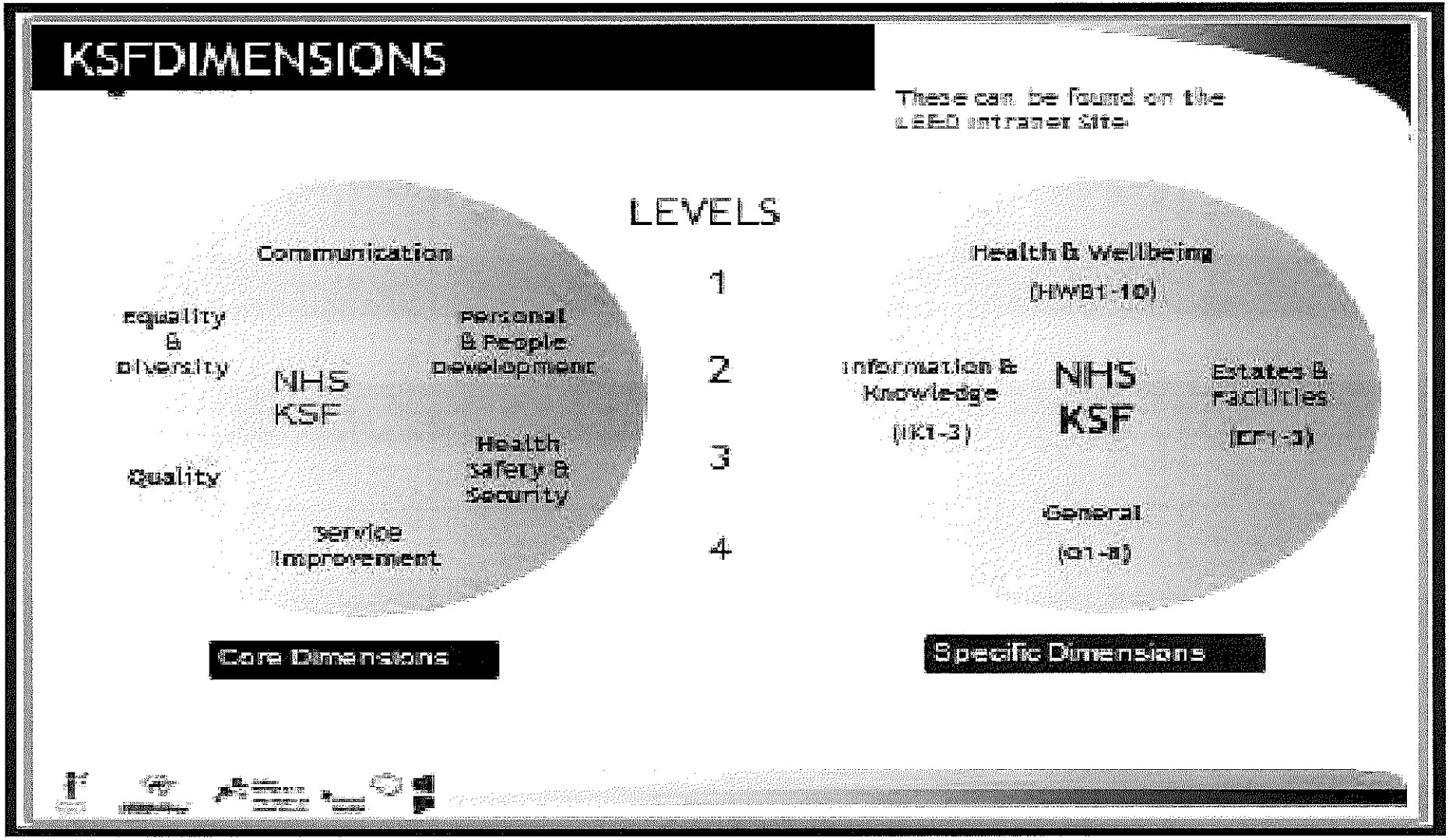
Specific	Even though this objective is ambitious which means that it may or may not be successful, the intent of what you are trying to achieve, still needs to be SPECIFIC so that you can still assess whether or not it has worked
Measurable	You must be able to measure the extent to which an objective 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%2021Apr16.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				


KSFDIMENSIONS
These can be found on the LEED intranet site
LEVELS
1
2
3
4
Communication
Equality & Diversity
NHS KSF
Personal & People Development
Health Safety & Security
Quality
Service Improvement
Core Dimensions
Health & Wellbeing (HWB1-10)
Information & Knowledge (IK1-3)
NHS KSF
Estates & Facilities (ef1-3)
General (g1-8)
Specific Dimensions

ANNUAL PERSONAL APPRAISAL AND DEVELOPMENT PLAN

Personal Details			
Name		Job Title	
AfC Band		Payroll No	
Department		Directorate / Locality / County	
Date of Next NMC Revalidation/Other professional (if applicable)		Length of Service: NHS : UHB:	Welsh Language level of competence:
Review Type		Is 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. MEET POLICY /ORGANISATIONAL POLICY AND DELIVER TIER 1 TARGETS (these are primarily for managers but many have joint responsibility for the team so can be added to individual staff objectives)	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)				
	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/ROLE)	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 OUTOME 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 6TI

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 THE 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

PERFORMANCE APPRAISAL DEVELOPMENT REVIEW EV09

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 of Objectives– to be completed during the discussion
a) What has gone well for me this year?
b) What could have gone better this year?

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

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
Link to NHS Knowledge & Skills Framework

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.
What are my career aspirations for the next 12 months?

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:	

EV10

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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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:

HYWEL DDA UNIVERSITY HEALTH BOARD

Name: .....

Title: .....

Date: .....

HYWEL DDA UNIVERSITY HEALTH BOARD

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				

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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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

HYWEL DDA UNIVERSITY HEALTH BOARD

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:

EVII

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

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

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

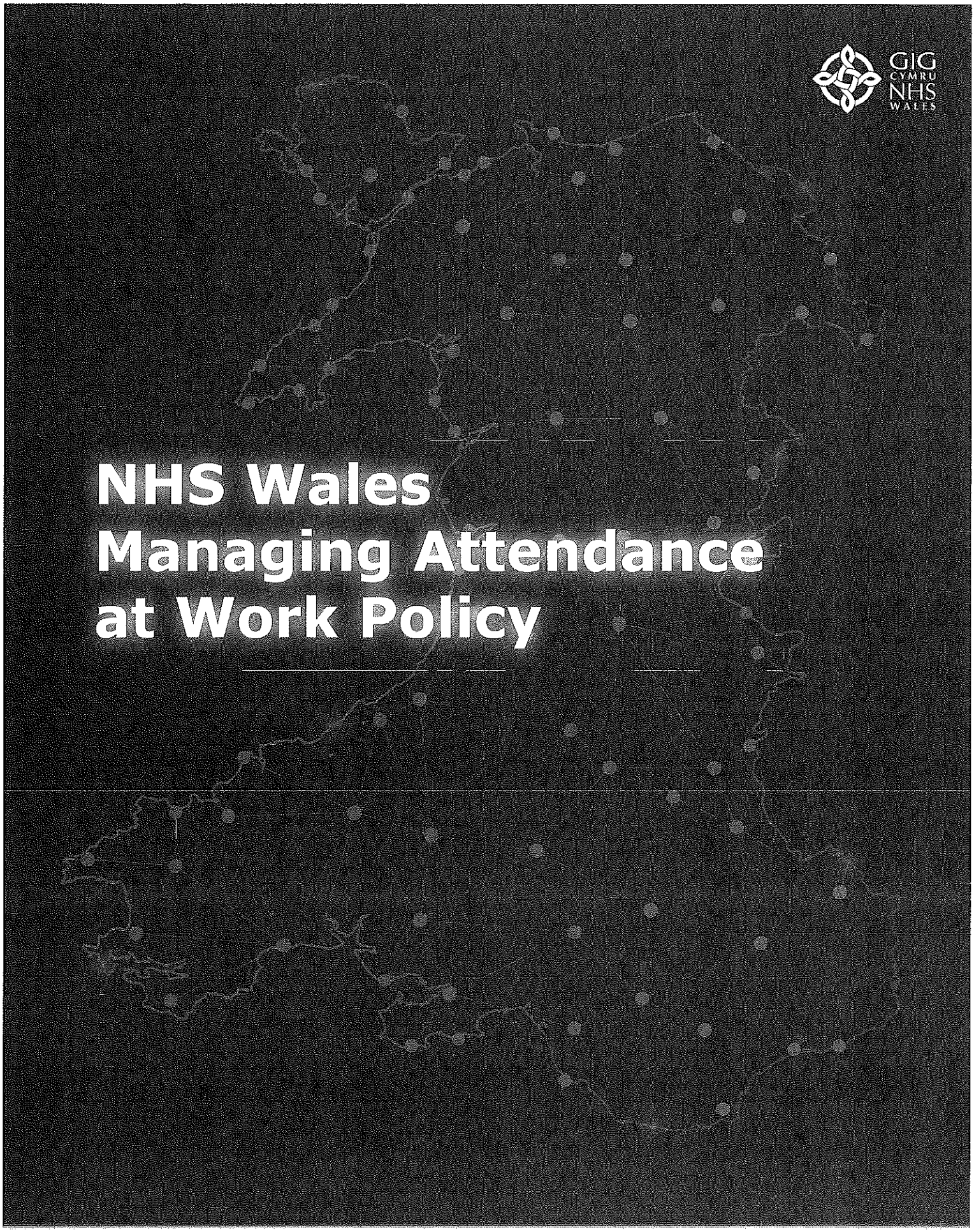
The Chief Executive holds overall responsibility for the effective management of organisational policies

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

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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)

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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

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*Employee Health and Wellbeing Policy

2.3.3 Environmental and Social Wellbeing

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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

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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

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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:

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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

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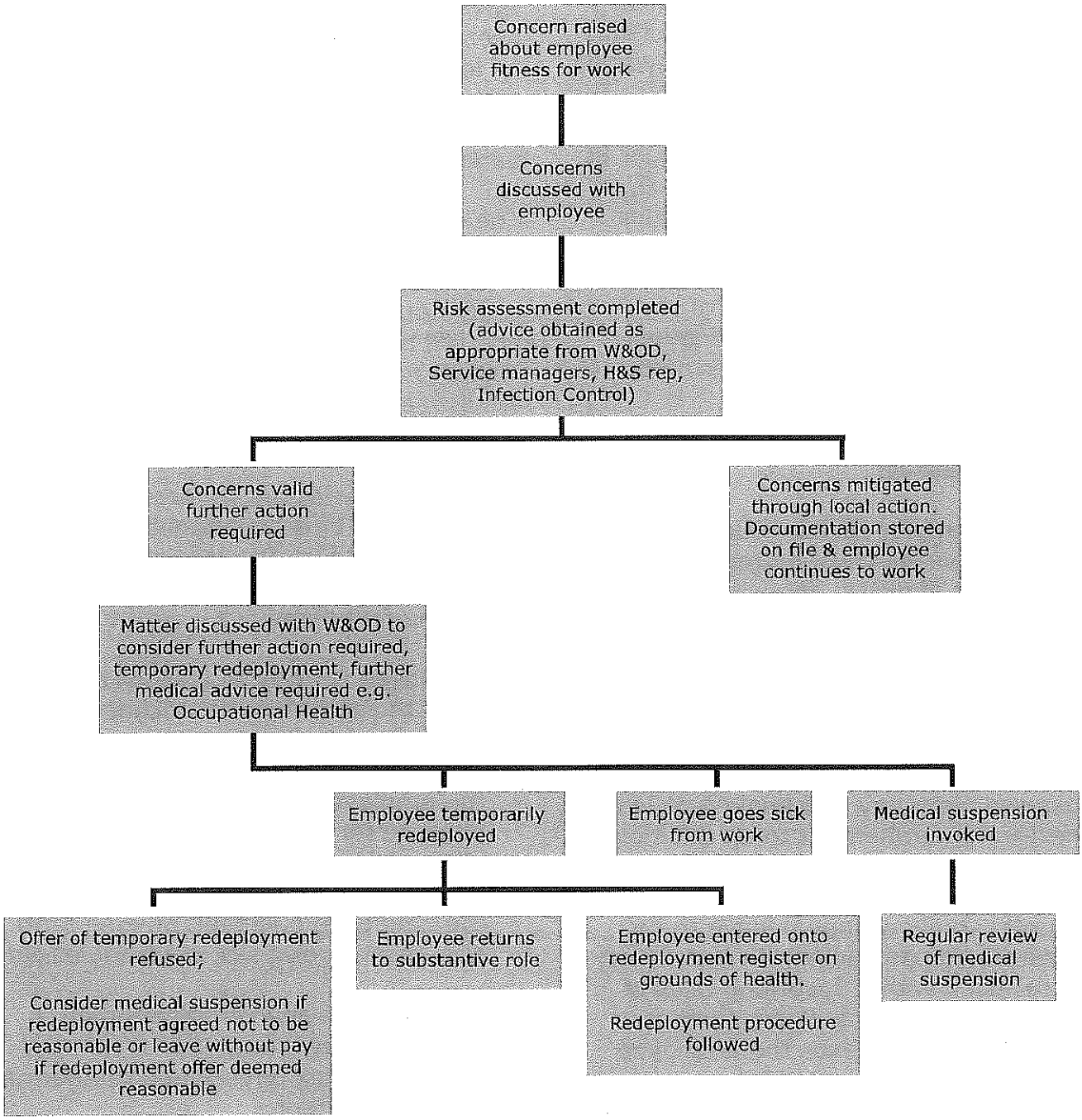
can demonstrate that the employee has refused a reasonable offer of alternative employment as an alternative to medical suspension, the employee will not receive pay for the period of medical suspension.

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

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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

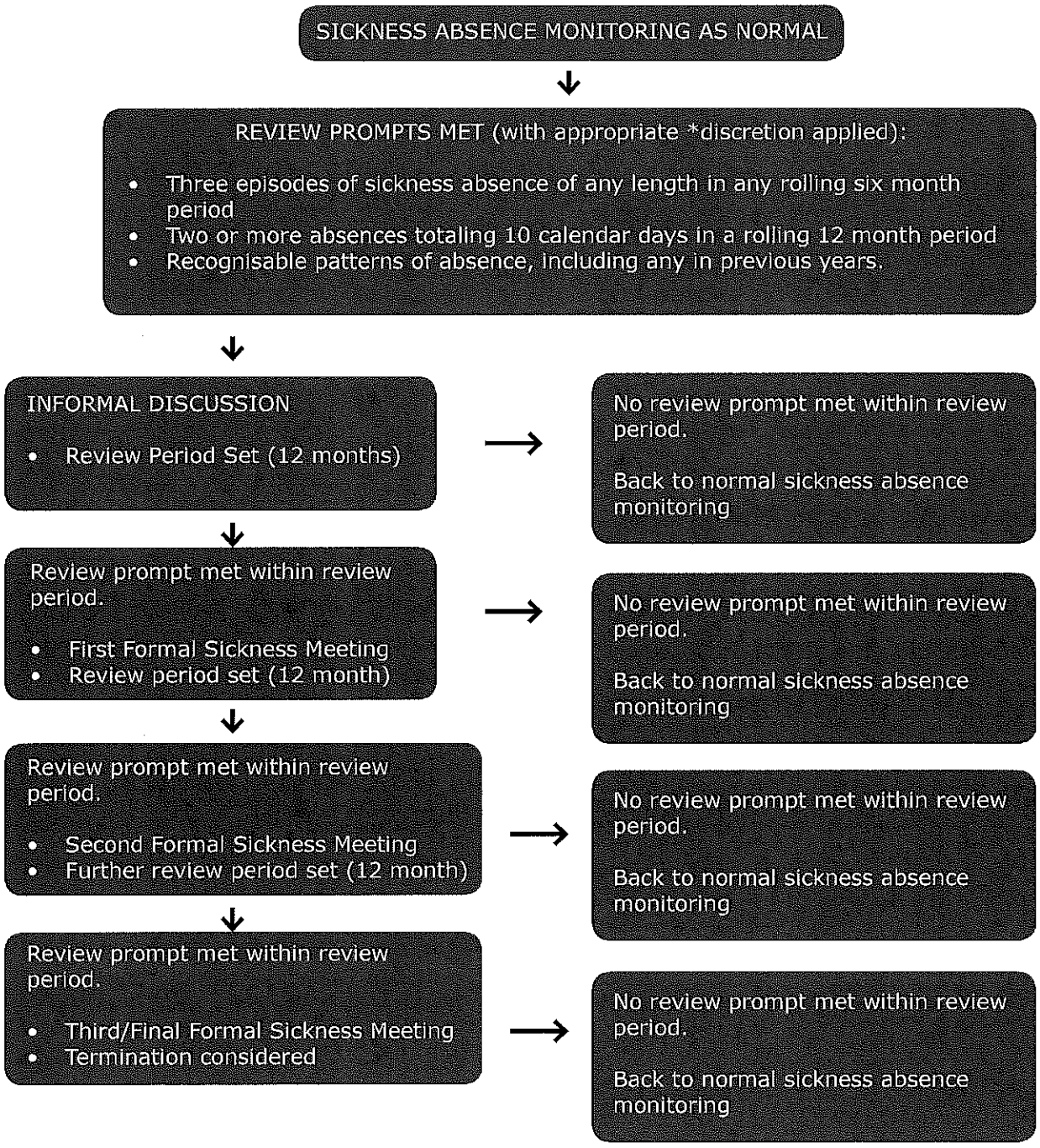
- if present, give the manager who made the decision to dismiss, the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary

- 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

5 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

6 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

7 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

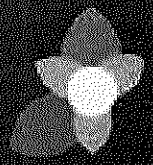

Managers
Employees
TRADE UNION
Trade Unions
Occupational Health
Minimum Standards for Management of Attendance at Work Policy
Workforce & OD
Procedures
How to Procedures
Wellbeing Matters
Reasonable / Tailored Adjustments



Minimum Standards

of Employees in the Management of Attendance at Work

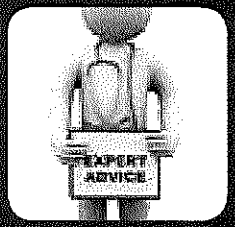
GIG NHS



To be responsible for your own health and wellbeing.



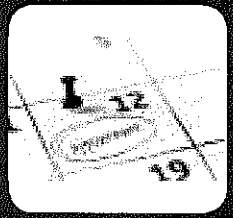
When you are unwell keep in touch regularly with your manager. (Click on the "Keep In Touch" icon to access the How to Procedures Notifications and Certification.)



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.

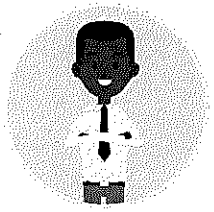


We support all our colleagues in doing the jobs they have agreed to do, and to attend work in line with their contract of employment.



Minimum Standard for Managing Attendance at Work Policy





Minimum Standards

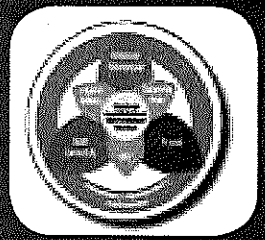
of Managers in the Management of Attendance at Work



Actively promote and encourage the health and wellbeing of all employees.



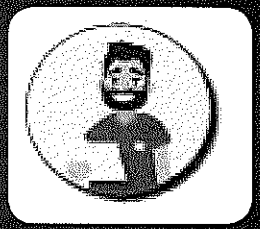
Keep in touch regularly with the employee who is unwell, keeping accurate records. Ensure fit notes are received and absences are recorded on ESR. (How to Procedure - Notifications and Certification)



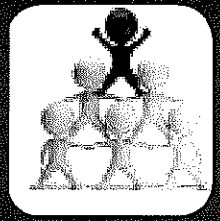
Signpost employees to wellbeing support services. Click here to access "Our Wellbeing Matters".



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.



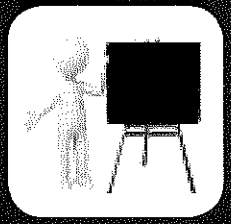
Provide advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.



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



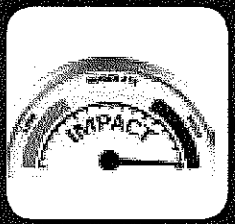
Support the employee "member" and organisation in minimising absence of work caused by sickness.



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

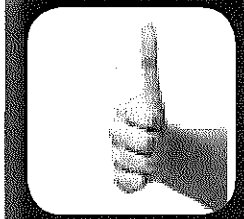


Minimum Standards

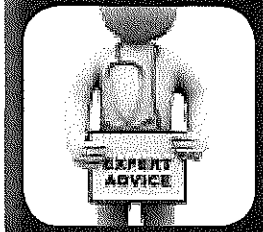
of Workforce and OD in the Management of Attendance at Work



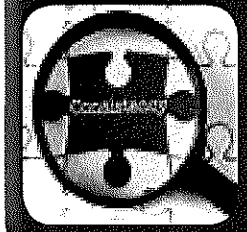
To foster good working relationships and high levels of interpersonal trust, supporting managers through coaching and development activities.



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

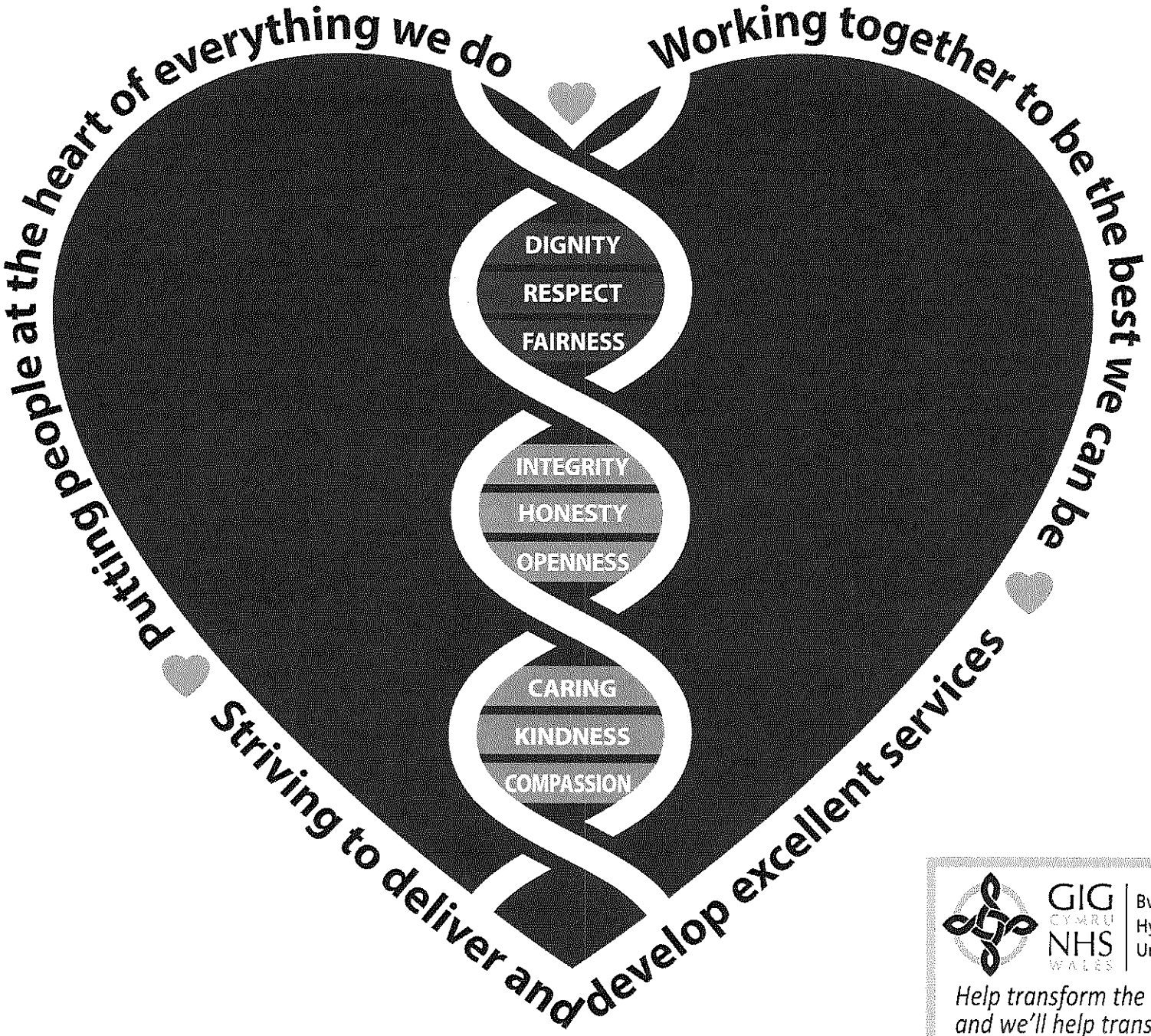


This policy was developed in partnership with Trade Union representatives and colleagues from Workforce, Organisational Development, Occupational Health and staff Health and Wellbeing from across NHS Wales.

#WellbeingCymru

GIG CYMRU NHS WALES

EV12



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

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

EV13

Compliance and Competency

Employee Name **Berner, Mrs. Clare Louise (Louise)**

Employee Number [redacted]

Compliance | All Competencies | Awaiting Approval

TIP To view compliance for any additional assignments, select assignment from drop down and press Go

25855648-2 - PA to Director Mid Wales Healthcare Collaborative Compliance Percentage **100.0%**

☐ Required Competencies Only

TIP To view required competencies only, tick the checkbox and press Go

Details	Competency Name	Competence Level	Min Req	Essential	Expiry Date	Compliance Status	Find Learning	Edit
	100|LOCAL|Fire Safety Level 1 - 2 Years|General			N	15-Jul-2020			
	NHS|CSTF|Equality, Diversity and Human Rights - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Mar-2020			
	NHS|CSTF|Fire Safety - 1 Year|	1 - Assessed			16-Jul-2019			
	NHS|CSTF|Health, Safety and Welfare - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Mar-2020			
	NHS|CSTF|Infection Prevention and Control - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Mar-2020			
	NHS|CSTF|Information Governance (Wales) - 2 Years|	1 - Assessed	1 - Assessed	Y	18-Mar-2021			
	NHS|CSTF|Moving and Handling - Level 1 - 2 Years|	1 - Assessed	1 - Assessed	Y	18-Mar-2021			
	NHS|CSTF|Resuscitation - Level 1 - No Specified Renewal|	1 - Assessed	1 - Assessed	Y	No Expiry			
	NHS|CSTF|Safeguarding Adults - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Mar-2020			
	NHS|CSTF|Safeguarding Adults - Level 2 - 3 Years|	1 - Assessed			13-Mar-2020			
	NHS|CSTF|Safeguarding Children - Level 1 - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Mar-2020			
	NHS|CSTF|Safeguarding Children - Level 2 - 3 Years|	1 - Assessed	1 - Assessed	Y	13-Mar-2020			
		1 - Assessed	1 - Assessed	Y	No Expiry			

	NHS|CSTF|Violence and Aggression (Wales) - Module A - No Specified Renewal|							
	NHS|CSTF|Violence and Aggression (Wales) - Module B - No Specified Renewal|	1 - Assessed	1 - Assessed	Y	No Expiry			
	NHS|LANG|Listening/Speaking Welsh|	1 - Entry/ Mynediad		Y	No Expiry			
	NHS|LANG|Reading Welsh|	1 - Entry/ Mynediad		Y	No Expiry			
	NHS|LANG|Writing Welsh|	1 - Entry/ Mynediad		Y	No Expiry			
	NHS|MAND|Dementia Awareness - No Renewal|			Y	No Expiry			
	NHS|MAND|Display Screen Equipment - No Renewal|			N	No Expiry			
	NHS|MAND|Improving Quality Together - Bronze Level|			Y	No Expiry			
	NHS|MAND|Mental Capacity Act - 3 Years|			Y	18-Mar-2021			
	NHS|MAND|Violence Against Women, Domestic Abuse and Sexual Violence - 3 Years|			Y	01-Feb-2020			

Show Key

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Switch to Mobile

EV14

Louise Berner (Hywel Dda UHB - Team Secretary)

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 25 September 2018 13:22
To: [redacted] (Hywel Dda UHB - Nursery Nurse)
Cc: Gina Callanan (Hywel Dda UHB - Workforce Manager)
Subject: Capability Meeting LB

Hi [redacted]

Just to confirm, further to our telephone conversation the Capability Meeting with LB will be held on the 30th October at 3.30pm in the Union Office.

Kind Regards

Louise

Louise Berner
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Rhif ffon/Tel no 01970 635782
EXT: 5782
Rhif ffacs/Fax no 01970 635599

E-bost/E-mail: louise.berner2@wales.nhs.uk

EV15

Louise Berner (Hywel Dda UHB - Team Secretary)

Subject:	Capability with LB
Location:	Union Office
Start:	Tue 30/10/2018 15:00
End:	Tue 30/10/2018 17:00
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	[redacted] (Hywel Dda UHB - Workforce Manager)
Required Attendees:	[redacted]r (Hywel Dda UHB - Directorate SupportManager); [redacted] (Hywel Dda UHB - Workforce Manager)

Hi Both

A pre-meeting at 3pm in Gina's Office with the Capability Meeting in the Union Office at 3.30pm.

Kind Regards

Louise

Louise Berner
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Rhif ffon/Tel no 01970 635782
EXT: 5782
Rhif ffacs/Fax no 01970 635599

E-bost/E-mail: ***louise.berner2@wales.nhs.uk***

EV16

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 02 October 2018 13:33
To: [redacted] (Hywel Dda UHB - Hospital Head of Nursing); Gina Callanan (Hywel Dda UHB - Workforce Manager)
Subject: FW: induction
Attachments: New Staff Leaflet Bronglais.pdf; Recruitment.docx

Hi Dawn

Here is what we have and I am chasing to see if we can get an up-to-date organisational chart.

Kind Regards

Loise

Louise Berner
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Rhif ffon/Tel no 01970 635782
EXT: 5782
Rhif ffacs/Fax no 01970 635599

E-bost/E-mail: louise.berner2@wales.nhs.uk

From: [redacted] (Hywel Dda UHB - Workforce Manager)
Sent: 02 October 2018 13:19
To: Louise Berner (Hywel Dda UHB - Team Secretary); Dawn Jones (Hywel Dda UHB - Hospital Head of Nursing)
Subject: FW: induction

Hi Louise
Can you send what we have to Dawn for her new starter

kind regards

[redacted]

[redacted]
Uwch Rheolwr y Gweithlu /Senior Workforce Manager

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Bronglais General Hospital

Caradog Road
Aberystwyth SY23 1ER
Rhif Ffon / Telephone: 01970 635658
Ext: 5658
Rhif Ffacs/Fax Number 01970 635599
E-bost / E-mail: mailto:gina.callanan@wales.nhs.uk

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

From: [redacted]s (Hywel Dda UHB - Hospital Head of Nursing)
Sent: 02 October 2018 09:33
To: [redacted] (Hywel Dda UHB - Workforce Manager)
Subject: induction

[redacted] – do you have any generic hospital information and a organisational chart for Louise induction pack

Many Thanks

[redacted]

[redacted]
Acute Hospital Nurse Manager
Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Bronglais Aberystwyth
Hywel Dda University Health Board, Bronglais Hospital Aberystwyth
Rhif Ffon / Telephone: 01970 635846
E-bost / e-mail: dawn.jones@wales.nhs.uk

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

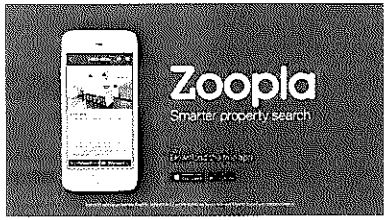
Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg /
Hywel Dda University Health Board operates a smoke free environment

Helpwch arbed papur - oes angen i chi printio'r e-bost yma? / Help save paper - do you need to print this e-mail?

Accommodation

Here's a list to help find your NEW home.....

PrimeLocation.com



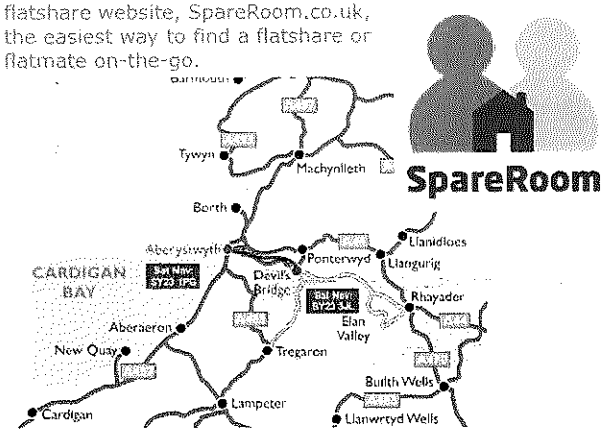
Lettings & Estate Agents in Aberystwyth

MS Properties
23 Chalybeate St, Aberystwyth, SY23 1HX
☎: 01970 617979
www.msproperties.co.uk

Padarn Property Management and Letting Agency
10 Eastgate, Aberystwyth, SY23 2AR
☎: 01970 627350
www.padarn-letting.co.uk

***There are more Estate Agents within easy reach in Aberystwyth Town.**

The free Android and iPhone app from the UK's number 1 flatshare website, SpareRoom.co.uk, the easiest way to find a flatshare or flatmate on-the-go.



General Registrations

Don't forget to register with the following.....

Doctors Surgery

Meddygfa Padarn Surgery
Penglais Road
Aberystwyth, SY23 3DU
☎: 01970 624545
Mon - Fri 8.30am-6.00pm

Ystwyth Medical Group
Parc Y Llyn, Aberystwyth,
Ceredigion, SY23 3TL
☎: 01970 613500
Mon – Fri 8:30am–12pm / 2–5:30pm

Pharmacies

Lloyds Pharmacy
Padarn Hc, Penglais Rd,
Aberystwyth SY23 3DU
☎: 01970 612694

Dentist

Portland Street Dental Practice
23 Portland St, Aberystwyth SY23 2DX
☎: 01970 612581

Opticians

Vision Express
31 Great Darkgate St, Aberystwyth SY23 1DE
☎: 01970 612209

Clive Williams Opticians
15 Baker St, Aberystwyth SY23 2BJ
☎: 01970 611555

Child Care Services

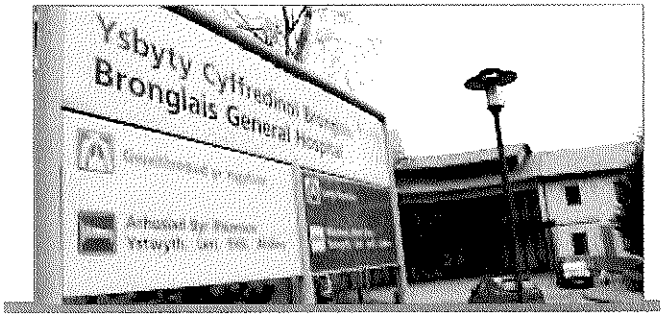
Visit our local council website www.ceredigion.gov.uk for further information regarding child care and school registration or visit:

daynurseries.co.uk

Gwasanaethau Gwybodaeth i Deuluoedd
Family Information Services

GIG NHS | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

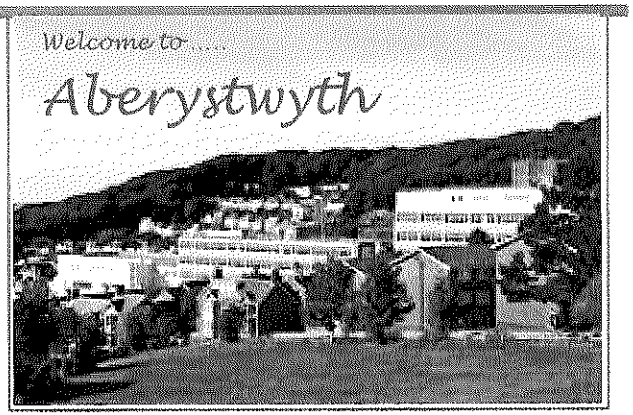
Bronglais General Hospital



Caradoc Road
Aberystwyth
Ceredigion
SY23 1ER

Website:
wales.nhs.uk





A new Starter Guide Just for you!

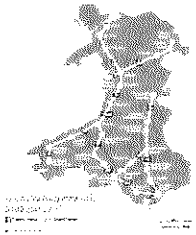
Local Transport

Visit Ceredigion's council website for more information on bus & train timetables.....

traveline .cymru

TrawsCymru

Teithio am ddim ar fysiau lleol Ceredigion
Free travel on bus travel



For more Information on Travel routes, destinations and travel deals visit Traveline.cymru or Traws Cymru.



Bus Number: X28 (Lloyds Coaches)

(From Aberystwyth Local Area passing through to Bronglais General Hospital)

Walking distance from Aberystwyth Town/ Bus station to Bronglais General Hospital estimated time of 10mins.

Local Taxi Services

Eddies Taxis - 01970 828642

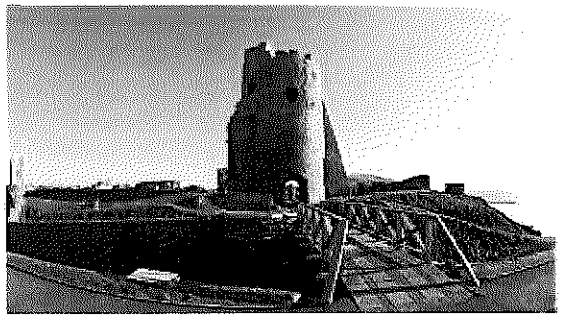
Abba Taxi - 07412 671946

Castle Taxi's - 07497 877195

Dragon cabs - 07977 990646

Things to do.....

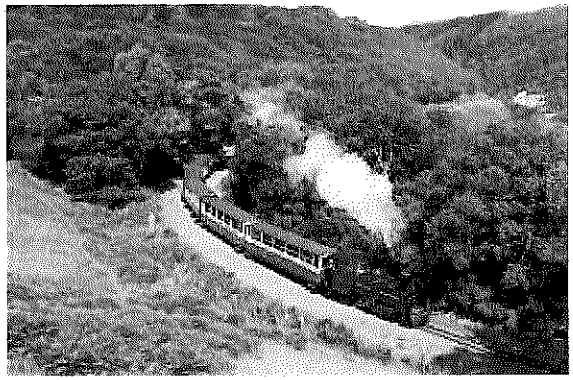
Enjoy your free time to enjoy your new surroundings...



Aberystwyth is a university town and tourist destination and forms a cultural link between North Wales and South Wales. Access to panoramic views and to other attractions Aberystwyth still retains much of its Georgian-Victorian character.

Although the town is relatively modern, there are a number of historic buildings, including the remains of the castle and the Old College of Aberystwyth University nearby.

It is an ideal base to explore the Wales Coast Path along Cardigan Bay and with so much to do, you will be spoilt for choice.



Vale of Rheidol Railway

tripadvisor®

Ceredigion

Local Food Shopping

Supermarkets or local food stores are surrounded within easy reach...

TESCO
Park Ave,
Aberystwyth SY23 1PB
Opening Hours 06:00 – 22:00

Lidl
4, Rheidol Ret Pk, Alexandra Rd,
Aberystwyth SY23 1LL
Opening Hours 08:00 – 21:00
(most days)

Morrisons
2 Ffordd Parc y Llyn,
Llanbadarn Fawr,
Aberystwyth SY23 3TL
Opening Hours 06:00 – 22:00
(most days)

Aldi Store
Aberystwyth Rd,
Cardigan SA43 1NA
Opening Hours 08:00 – 22:00
(most days)

Bank Accounts.....

You will need to make an appointment with a bank of your choice to set up an account for your wages to be paid into. You will need to take 2 forms of identification. This could be Your Passport & your job offer letter, you will also need to have a supporting visa and a photograph (Passport size) of yourself. Please double check with your chosen bank for their requirements.

Santander
1 Great Darkgate St,
Aberystwyth SY23 1DE
Opening Hours: 09:00 – 16:30

Barclays Bank Plc
26 Terrace Rd, Aberystwyth SY23 2AE
Opening Hours: 09:30 – 16:30

HSBC
19 Great Darkgate St, Aberystwyth
SY23 1DE
Opening Hours: 09:00 – 17:00

EV17

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Hospital Head of Nursing)
Sent: 26 April 2017 08:07
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Cc: [redacted] (Hywel Dda UHB - Human Resource Officer)
Subject: RE: STR

Many Thanks

[redacted]

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 25 April 2017 15:03
To: [redacted] (Hywel Dda UHB - Hospital Head of Nursing)
Cc: [redacted] (Hywel Dda UHB - Human Resource Officer)
Subject: RE: STR

Hi [redacted]

Start Date: 1st September 2002 and left 1st January 2016. 13 yrs 4 months service

Not sure where you want to go from with the sickness, but from 2011:

26 Sept 2011 – 27 Sept 2011	-	2 days
21 Dec 2011	-	1 day
5 April 2012 – 6 May 2012	-	32 days
26 Sept 2012 – 27 Sept 2012	-	2 days
14 March 2013 - 24 March 2013	-	11 days
12 Nov 2013 - 25 Nov 2013	-	14 days
28 May 2015 – 27 July 2015	-	61 days

Kind Regards

Loise

Louise Berner
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Rhif ffon/Tel no 01970 635782
EXT: 5782
Rhif ffacs/Fax no 01970 635599

E-bost/E-mail: ***louise.berner2@wales.nhs.uk***

From: [redacted] (Hywel Dda UHB - Hospital Head of Nursing)
Sent: 25 April 2017 12:14
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Subject: RE: STR

Many Thanks

[redacted]

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 25 April 2017 11:24
To: [redacted] (Hywel Dda UHB - Hospital Head of Nursing)
Subject: RE: STR

Hi [redacted]

I will need [redacted] guidance with the request. I haven't had training yet on ESR and will speak to [redacted] on her return. She's out of the office a present but it is in hand.

Kind Regards

Loise

Louise Berner
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

Rhif ffon/Tel no 01970 635782
EXT: 5782
Rhif ffacs/Fax no 01970 635599

E-bost/E-mail: ***louise.berner2@wales.nhs.uk***

From: Dawn Jones (Hywel Dda UHB - Hospital Head of Nursing)
Sent: 25 April 2017 10:53
To: [redacted] (Hywel Dda UHB - Human Resource Officer); [redacted] (Hywel Dda UHB - Team Secretary)
Cc: [redacted] (Hywel Dda UHB - Workforce Manager)
Subject: RE: STR

Thank you

[redacted]

From: [redacted] (Hywel Dda UHB - Human Resource Officer)
Sent: 25 April 2017 10:39
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Cc: [redacted] (Hywel Dda UHB - Workforce Manager); [redacted] (Hywel Dda UHB - Hospital Head of Nursing)
Subject: FW: STR
Importance: High

Hi Louise

Could you go onto ESR and provide [redacted] with the information she is requesting please, if you have any problems please let me know.
KR
[redacted]

From: [redacted] (Hywel Dda UHB - Hospital Head of Nursing)
Sent: 25 April 2017 08:03
To: [redacted] (Hywel Dda UHB - Workforce Manager); [redacted] (Hywel Dda UHB - Human Resource Officer)
Subject: STR
Importance: High

Dear both – I have been asked to provide a reference for [redacted] – would it be possible to give me dates of employment and sick leave

Many Thanks

[redacted]

[redacted]
Acute Hospital Nurse Manager
Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Bronglais Aberystwyth
Hywel Dda University Health Board, Bronglais Hospital Aberystwyth
Rhif Ffon / Telephone: 01970 635846
E-bost / e-mail: dawn.jones@wales.nhs.uk

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

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg /
Hywel Dda University Health Board operates a smoke free environment

Helpwch arbed papur - oes angen i chi printio'r e-bost yma? / Help save paper - do you need to print this e-mail?

APPENDICIES FOR LO2

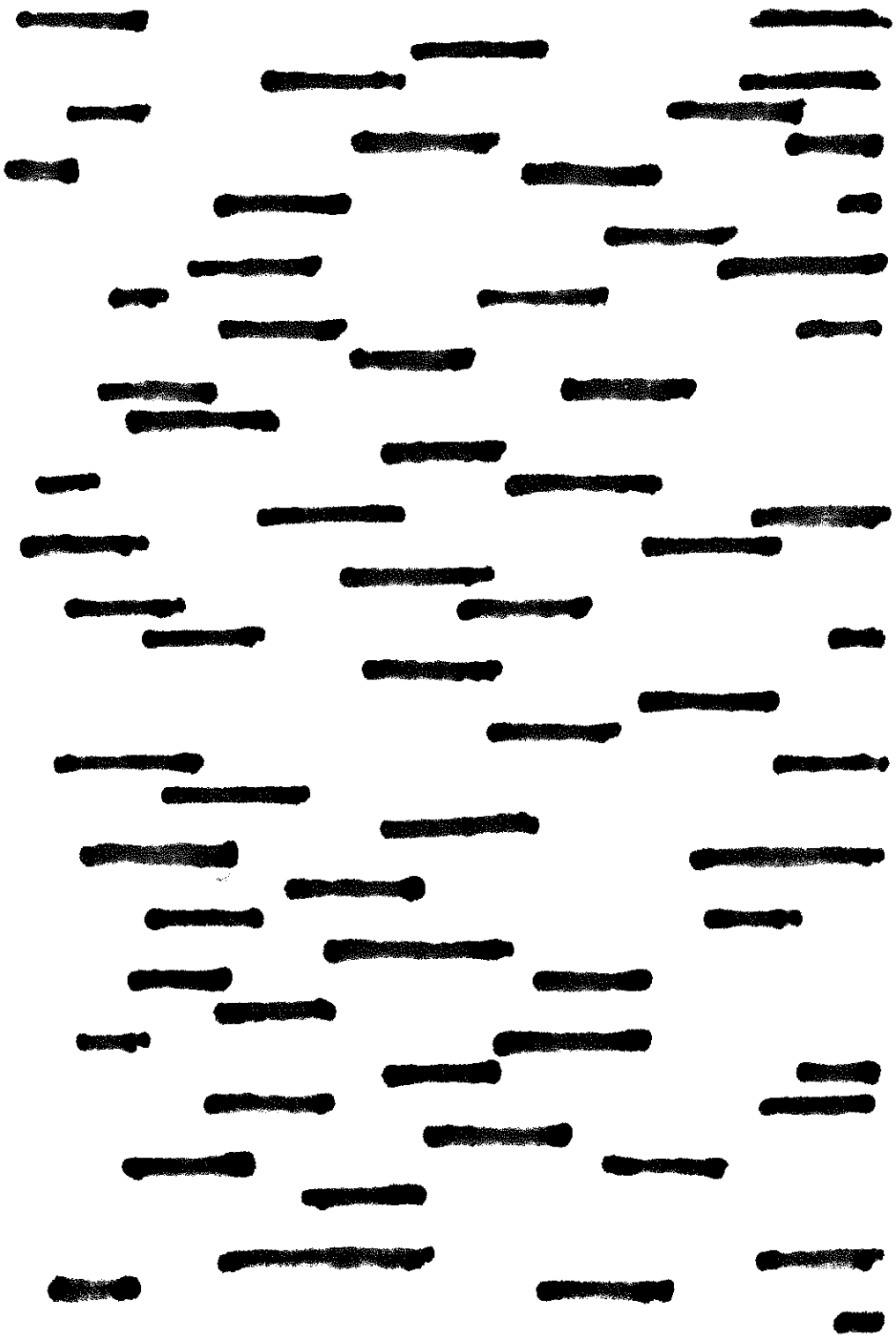
EV18

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 04 March 2019 10:50
To: [redacted] (Hywel Dda UHB - Assistant Specialist Services Manager); [redacted] (Hywel Dda UHB - Junior sister); [redacted] (Hywel Dda UHB - SDm - USC); [redacted] (Hywel Dda UHB - Staff Nurse); [redacted] (Hywel Dda UHB - Jr Sister); [redacted] (Hywel Dda UHB - Ceredigion Service Manager); [redacted] (Hywel Dda UHB - BMS2); [redacted] (Hywel Dda University Health Board - Sister EUCC); [redacted] (Hywel Dda UHB - Catering Coordinator); [redacted] (Hywel Dda UHB - Continence Nurse Advisor); [redacted] (Hywel Dda UHB - Sister - EUCC); [redacted] (Hywel Dda UHB - Clinical Nurse Specialist - Stroke); [redacted] (Hywel Dda UHB - Service Manager); [redacted] (Hywel Dda UHB - Senior Ward Sister); [redacted] (Hywel Dda UHB - Job Title); [redacted] (Hywel Dda UHB - Senior Nurse Manager); [redacted] (Hywel Dda UHB - Clinical and Operational Lead Midwife); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Staff Nurse); [redacted] (Hywel Dda UHB - Cardiac Rehabilitation Nurse Specialist); [redacted] (Hywel Dda UHB - Pharmacy Site Manager); [redacted] (Hywel Dda UHB - PA to Hospital Management Team); [redacted] (Hywel Dda UHB - Clinical Lead Nurse); [redacted] (Senior Sister - Hywel Dda UHB); [redacted] (Hywel Dda UHB - Midwife); [redacted] (Hywel Dda UHB - Health Records Supervisor); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda UHB - Medical & Dental Education Manager); [redacted] (Hywel Dda UHB - Sister); [redacted] (Hywel Dda UHB - Head of Medicines Management); [redacted] (Hywel Dda UHB - Clinical Lead Physiotherapist); [redacted] (Hywel Dda UHB - Cancer Services); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Occupational Therapist); [redacted] (Hywel Dda UHB - Endoscopy and Theatres Manager); [redacted] (Hywel Dda UHB - Medical Staffing Rota Co-ordinator); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] - Hywel Dda UHB - Senior Nurse); [redacted] (Hywel Dda UHB - Remote email account); [redacted] (Hywel Dda UHB - Hotel Services Manager); [redacted] (Hywel Dda UHB - CLN South); [redacted] (Hywel Dda UHB - Information Manager); [redacted] (Hywel Dda UHB - Operating Dept Practitioner); [redacted] (Hywel Dda UHB - Community Midwife); [redacted] (Hywel Dda UHB - Midwife); [redacted] (Hywel Dda UHB - Team Manager South Ceredigion CMHS); [redacted] (Hywel Dda UHB - Lead Research Nurse); [redacted] (Hywel Dda UHB - Senior Sister); [redacted] - Hywel Dda (Junior Sister); [redacted] (Hywel Dda UHB - Head Porter); [redacted] (Hywel Dda UHB - Ward Sister Ceredig); [redacted] (Hywel Dda UHB - Health Records Supervisor); [redacted] (Hywel Dda UHB - Clinical Supervisor for Midwives); [redacted] (Hywel Dda UHB - Junior Sister); [redacted] (Hywel Dda Health Board - Borth Medical Practice); [redacted] (Hywel Dda UHB - Clinical Lead Physiotherapist)
Cc: [redacted] (Hywel Dda UHB - HR Advisor); [redacted] (Hywel Dda UHB - Workforce Advisor); [redacted] (Hywel Dda UHB - Workforce West); [redacted] (Hywel Dda UHB - Human Resource Officer)
Subject: FW: Further Dates for MAAW Core Update training session

Importance: High

Dear All



Further to me email below, are any of you interested in attending the core training session on the Managing Attendance at Work Policy on Friday 8th March 11am – 1.30pm and 2pm – 4.30pm, if you could let [redacted] and [redacted] know please.

Kind Regards

Louise Berner

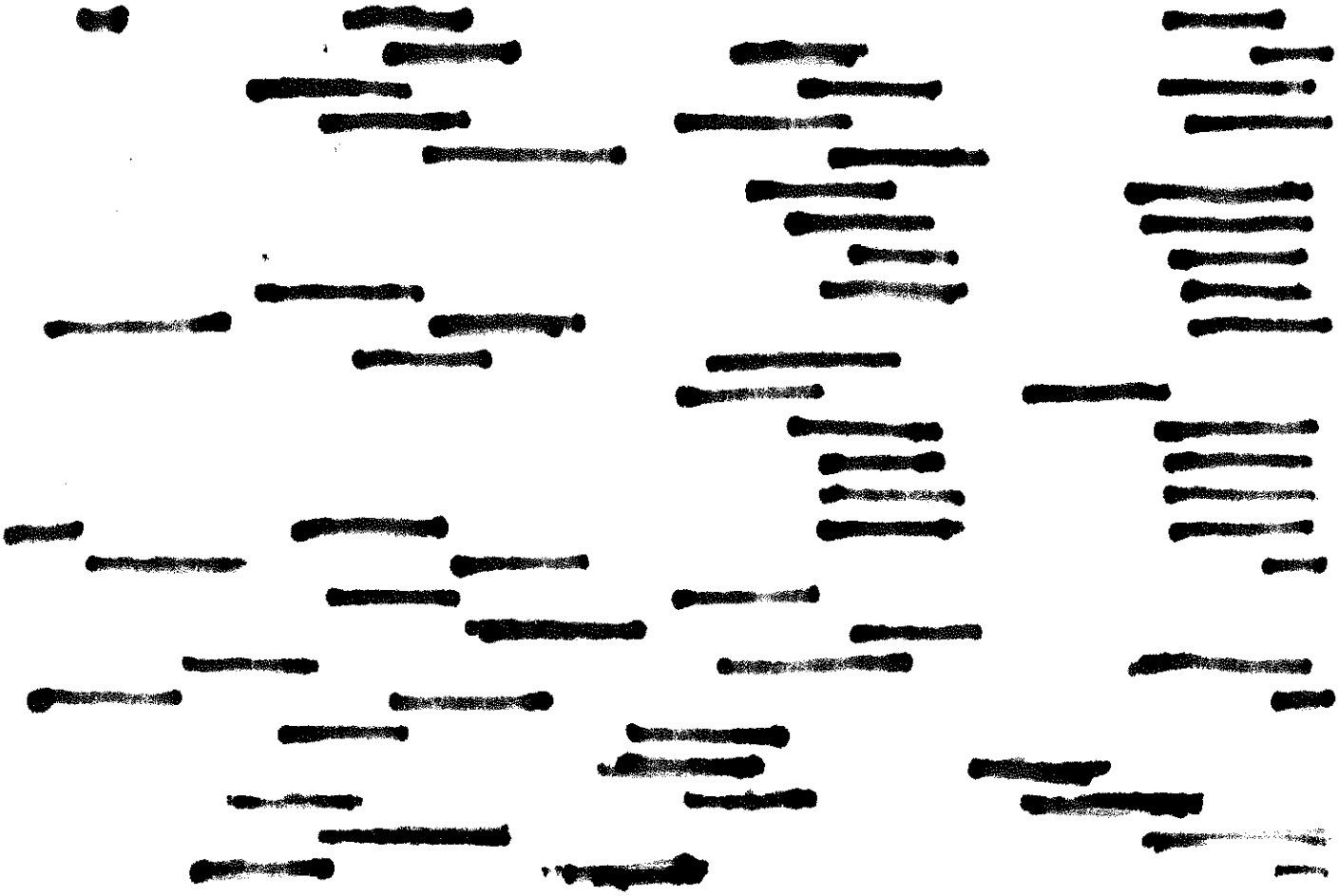
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 21 February 2019 16:33
To: [redacted]



UHB - Cancer Services) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Occupational Therapist) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Unit Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Medical Staffing Rota Co-ordinator) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Service Delivery Manager) <[redacted]@wales.nhs.uk>; [redacted] - Hywel Dda UHB - Senior Nurse) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Remote email account) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Hotel Services Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - CLN South) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Information Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Operating Dept Practitioner) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Community Midwife) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Midwife) <[redacted]@wales.nhs.uk>; Sara [redacted] (Hywel Dda UHB - Team Manager South Ceredigion CMHS) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Lead Research Nurse) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior Sister) <[redacted]@wales.nhs.uk>; [redacted] - Hywel Dda (Junior Ward Sister) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Head Porter) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Ward Sister Ceredig) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Health Records Supervisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Supervisor for Midwives) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Junior Sister) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda Health Board - Borth Medical Practice) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Lead Physiotherapist) <[redacted]@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - HR Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>
Subject: FW: Further Dates for MAAW Core Update training session
Importance: High

Dear All

If you are yet to attend the core training session on the Managing Attendance at Work Policy, there are some additional dates below. If you could forward your names to [redacted] and [redacted] directly please, so they can book you onto one of the sessions. If there is anyone in your teams who would benefit from this training, please let them know, so that they can book onto one of the training sessions. The dates for Bronglais are as follows, but would be beneficial if we could get some of you on to the March training:

BGH
8th March 11am – 1.30pm and 2pm – 4.30pm
18th April 11am – 1.30pm and 2pm – 4.30pm
3rd May 11am – 1.30pm and 2pm – 4.30pm

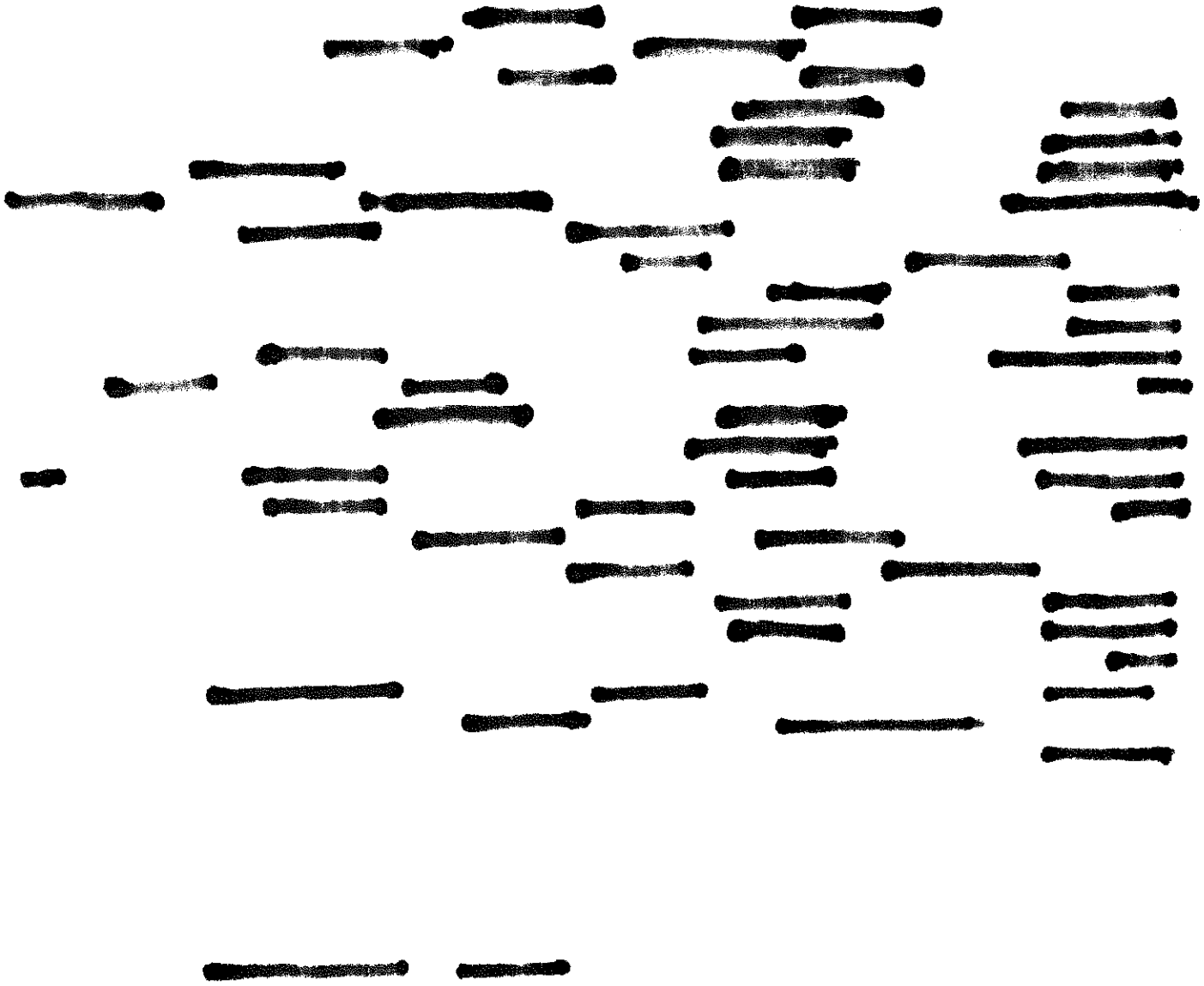
All sessions in the Old Library, Post Grad

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER



☎ Rhif ffon/Tel no 01970 635782 [Ext] 5782
E-bost/E-mail: louise.berner2@wales.nhs.uk

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

From: [redacted] (Hywel Dda UHB - HR Advisor) <[redacted]@wales.nhs.uk>
Sent: 11 February 2019 11:28
To: [redacted] (Hywel Dda UHB - HR Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Human Resource Officer) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - HR Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - HR Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Personnel - PPH) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior Human Resource Adviser) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce Management) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda Health Board - HR) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce East Senior Team) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior HR Advisor) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West Senior Team) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - workforce management) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>
Subject: RE: Further Dates for MAAW Core Update training session

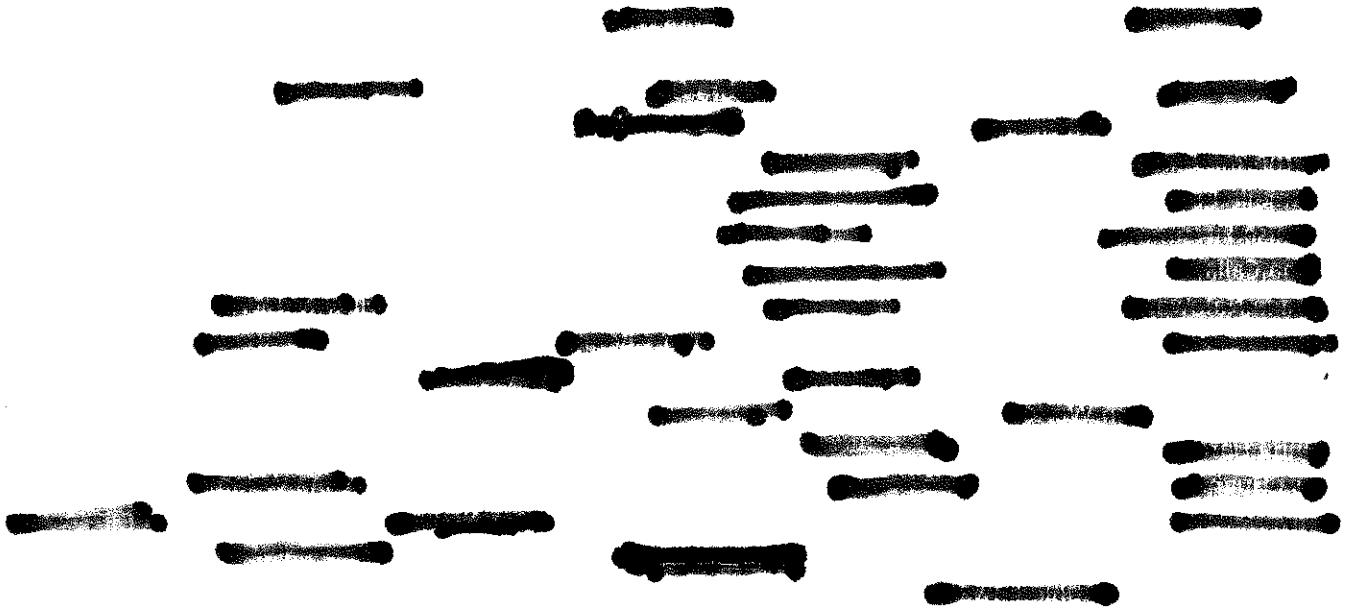
Dates now added for BGH

BGH
8th March 11am – 1.30pm and 2pm – 4.30pm
18th April 11am – 1.30pm and 2pm – 4.30pm
3rd May 11am – 1.30pm and 2pm – 4.30pm

All sessions in the Old Library, Post Grad

Kind regards

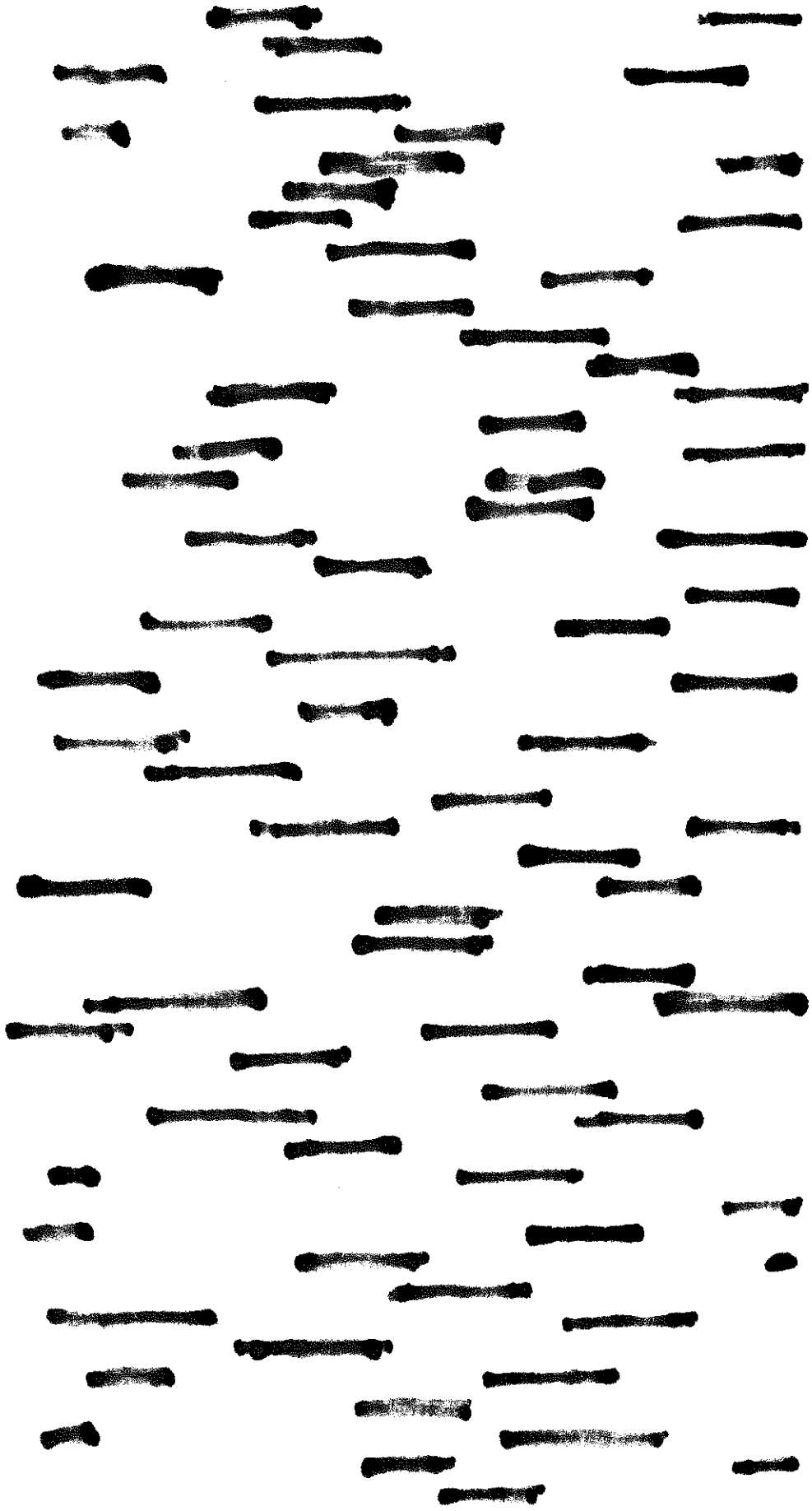
[redacted]



EV 19 EV 19

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 21 February 2019 17:02
To: [redacted] (Hywel Dda UHB - Junior Ward Sister); [redacted] (Hywel Dda UHB - Senior Clinical Nurse Specialist in Diabetes); [redacted] (Hywel Dda UHB - Job Title); [redacted] (Hywel Dda UHB - Hospital Services Manager); [redacted] (Hywel Dda UHB - Domestic Supervisor); [redacted] (Hywel Dda UHB - Blood Sciences Laboratory Manager); [redacted] (Hywel Dda UHB - Estates); [redacted] (Hywel Dda UHB - Sister); [redacted] (Hywel Dda UHB - St David's Hospital Mental Health Services Division); [redacted] (Hywel Dda UHB - Midwife); [redacted] (Hywel Dda UHB - Team Leader); [redacted] (Hywel Dda UHB - Clinical Engineering Department); [redacted] (Hywel Dda UHB - Ward Administrator); [redacted] (Hywel Dda UHB - Ward Sister); [redacted] (Hywel Dda UHB - Clinical Site Manager); [redacted] (Hywel Dda UHB - Lead radiographer BGH); [redacted] (Hywel Dda UHB - Admin Coordinator / Manager); [redacted] (Hywel Dda Health Board - Executive Project Manager); [redacted] (Hywel Dda UHB - Ceredig Ward); [redacted] (Hywel Dda UHB - Pharmacy Technician); [redacted] (Hywel Dda UHB - Gorwelion CMHT Manager); [redacted] (Hywel Dda UHB - Crisis Team Manager); [redacted] (Hywel Dda UHB - Clinical Lead Nurse); [redacted] (Hywel Dda UHB - SSN); [redacted] (Hywel Dda UHB - Team Leader); [redacted] (Hywel Dda UHB - Senior Nurse Manager); [redacted] (Hywel Dda UHB - District Nurse); [redacted] (Hywel Dda UHB - Assistant Specialist Services Manager); [redacted] (Hywel Dda UHB - Junior sister); [redacted] (Hywel Dda UHB - SDm - USC); Angela Harries (Hywel Dda UHB - Staff Nurse); [redacted] (Hywel Dda UHB - Jr Sister); [redacted] (Hywel Dda UHB - Ceredigion Service Manager); [redacted] (Hywel Dda UHB - BMS2); [redacted] (Hywel Dda University Health Board - Sister EUCC); [redacted] (Hywel Dda UHB - Catering Coordinator); [redacted] (Hywel Dda UHB - Continence Nurse Advisor); [redacted] (Hywel Dda UHB - Sister - EUCC); [redacted] (Hywel Dda UHB - Clinical Nurse Specialist - Stroke); [redacted] (Hywel Dda UHB - Service Manager); [redacted] (Hywel Dda UHB - Senior Ward Sister); [redacted] (Hywel Dda UHB - Job Title); [redacted] (Hywel Dda UHB - Senior Nurse Manager); [redacted] (Hywel Dda UHB - Clinical and Operational Lead Midwife); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Staff Nurse); [redacted] (Hywel Dda UHB - Cardiac Rehabilitation Nurse Specialist); [redacted] (Hywel Dda UHB - Pharmacy Site Manager); [redacted] (Hywel Dda UHB - PA to Hospital Management Team); [redacted] (Hywel Dda UHB - Clinical Lead Nurse); [redacted] (Senior Sister - Hywel Dda UHB); [redacted] (Hywel Dda UHB - Midwife); [redacted] (Hywel Dda UHB - Health Records Supervisor); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda UHB - Medical & Dental Education Manager); [redacted] (Hywel Dda UHB - Sister); [redacted] (Hywel Dda UHB - Head of Medicines Management); [redacted] (Hywel Dda UHB - Clinical Lead Physiotherapist); [redacted] (Hywel Dda UHB - Cancer Services); [redacted] (Hywel Dda UHB - Joint Head of Dietetics / Ceredigion Therapy Representative); [redacted] (Hywel Dda UHB - Occupational Therapist); [redacted] (Hywel Dda UHB - Unit Manager); [redacted] (Hywel Dda UHB - Medical Staffing Rota Co-ordinator); [redacted] (Hywel Dda UHB - Service Delivery Manager); [redacted] - Hywel Dda UHB - Senior Nurse); [redacted] (Hywel Dda UHB - Remote email account); [redacted] (Hywel Dda UHB - Hotel Services Manager); [redacted] (Hywel Dda UHB - CLN South); [redacted] (Hywel Dda UHB - Information Manager); [redacted] (Hywel Dda UHB - Operating Dept Practitioner); [redacted] (Hywel Dda UHB - Community Midwife); [redacted] (Hywel Dda UHB - Midwife); [redacted] (Hywel Dda UHB - Team Manager South Ceredigion CMHS); [redacted] (Hywel Dda UHB - Lead Research Nurse);



To: [redacted] (Hywel Dda UHB - Senior Sister); [redacted] - Hywel Dda (Junior Ward Sister); [redacted] (Hywel Dda UHB - Head Porter); [redacted] (Hywel Dda UHB - Ward Sister Ceredig); [redacted] (Hywel Dda UHB - Health Records Supervisor); [redacted] (Hywel Dda UHB - Clinical Supervisor for Midwives); [redacted] (Hywel Dda UHB - Junior Sister); [redacted] (Hywel Dda Health Board - Borth Medical Practice); [redacted] (Hywel Dda UHB - Clinical Lead Physiotherapist)

Cc: [redacted] (Hywel Dda UHB - Workforce West); [redacted] (Hywel Dda UHB - HR Advisor); [redacted] (Hywel Dda UHB - Workforce Advisor)

Subject: FW: HSE Talking Toolkit - Preventing Work-related stress

Follow Up Flag: Follow up
Flag Status: Flagged

Dear All

Please see email and link below to the HSE's talking Toolkit.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

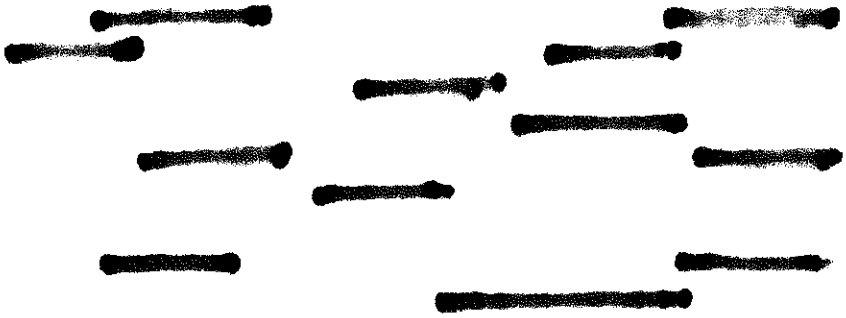
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Ysbyty Cyffredinol Bronglais General Hospital
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SY23 1ER

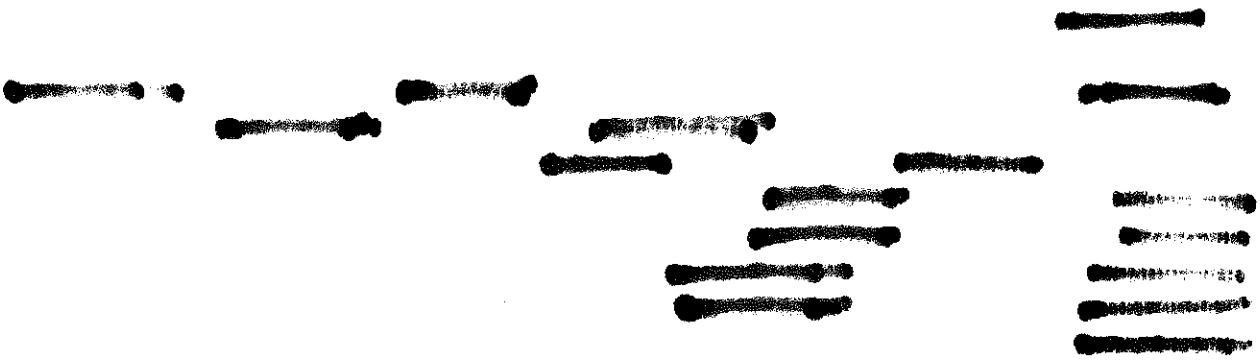
☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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

From: [redacted] (Hywel Dda UHB - HR Advisor) <Debra.Dyke@wales.nhs.uk>
Sent: 21 February 2019 15:16
To: [redacted] (Hywel Dda UHB - Workforce Management) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West Senior Team) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce East Senior Team) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Senior Human Resource Adviser) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - workforce management) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Consultant Clinical Psychologist) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Occupational Health Adviser) <[redacted]@wales.nhs.uk>
Subject: HSE Talking Toolkit - Preventing Work-related stress

Hi All





Below is a link to the HSE's talking Toolkit. It helps to provide a structured approach to conversations to discuss topics which can be the cause of stress – its a pre-cursor if you like to the stress risk assessment.

Just thought it may be helpful for some managers particularly if they have staff who don't want to engage in the full SRA, but may feel comfortable having this type of conversation which could actually still help form a support plan.

[redacted] – you may already be aware of this. I couldn't see it on your intranet page so not sure if it would be relevant to upload as addition support tool?

http://www.hse.gov.uk/gohomehealthy/assets/docs/StressTalkingToolkit.pdf?utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

Kind Regards

[redacted]

[redacted]
Workforce Advisor | Cynghorydd Gweithlu

Hywel Dda University Health Board
Withybush General Hospital,
Fishguard Road,
Haverfordwest
SA61 2PZ

Bwrdd Iechyd Prifysgol Hywel Dda
Ysbyty Cyffredinol Llwynhelyg,
Fishguard Road,
Hwlffordd
SA61 2PZ

[redacted]@wales.nhs.uk
01437 773177
ext (3177)

01437 773177
est (3177)

Hywel Dda Health Board operates a Smoke Free Environment. Please do not smoke anywhere on our site.
Mae Bwrdd Iechyd Hywel Dda yn amgylchedd di-fwg. Peidiwch ag ysmygu unrhyw le ar ein safleoedd.

Please consider the environment before printing this email

EV 20

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - General Manager)
Sent: 12 July 2019 10:32
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead); [redacted] (Hywel Dda UHB - Junior Ward Sister); [redacted] (Hywel Dda UHB - Junior sister); [redacted] (Hywel Dda UHB - Ward Sister Ceredig); [redacted] (Hywel Dda UHB - Sister - EUCC)
Cc: [redacted] (Hywel Dda UHB - Senior Nurse Manager); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - Clinical Site Manager)
Subject: RE: Financial Reviews with [redacted] and Finance 23.7.19

Thank you all.

This will be a supportive meeting to ensure you have all the skills and tools you need to manage your budgets and the links to your rosters. If you need any support or training we can sort that.

Please bring your rosters, your roster plan and be prepared to talk about budget spend for your wards plus staffing issues – PADR plan, mandatory training etc.

Thanks

[redacted]

[redacted]
Ysbyty Rheolwr Cyffredinol/Hospital General Manager
Hywel Dda University Health Board
(Based at Bronglais General Hospital, Aberystwyth)

PA: [redacted]
Tel: 01970 635922
Mobile: 07811 769341

[redacted]@wales.nhs.uk

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 12 July 2019 09:16
To: [redacted] (Hywel Dda UHB - Junior Ward Sister) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Junior sister) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Ward Sister Ceredig) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Sister - EUCC) <[redacted]@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - General Manager) <[redacted]@wales.nhs.uk>
Subject: Financial Reviews with [redacted] and Finance 23.7.19

Dear All

Can you confirm or decline your Financial Review appointment for the 23rd July please. If you are unable to make the date, please let me know and we can arrange an alternative.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
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SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV21

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - General Manager)
Sent: 23 July 2019 17:36
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)
Subject: RE: Financial Reviews with [redacted]s and Finance 23.7.19

Thanks Louise so much for your help with this. Today went well by the way - much thanks to you.

[redacted]

[redacted]
Ysbyty Rheolwr Cyffredinol/Hospital General Manager
Hywel Dda University Health Board
(Based at Bronglais General Hospital, Aberystwyth)

[redacted]
Tel: 01970 635922
Mobile: 07811 769341

[redacted]s@wales.nhs.uk

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 23 July 2019 13:47
To: [redacted] (Hywel Dda UHB - General Manager) <[redacted]@wales.nhs.uk>
Subject: RE: Financial Reviews with [redacted]s and Finance 23.7.19

Hi [redacted]

This is next Months, I will chase the 5 that haven't responded.

2019 Ward	Ward Manager	August	Time	RESPONSES
Dyfi	[redacted]	13.08.19	10:00	
Rhiannon	[redacted]	13.08.19	10:20	
Ystwtyh	[redacted]	13.08.19	10:40	
Meurig	[redacted]	13.08.19	11:00	**Rearranged 8.8.19 2pm**
Ceredig	[redacted]	13.08.19	11:20	**Rearranged 23.08.19 at 2.30pm**
Y Banwy	[redacted]	13.08.19	11:40	**Yes**
A&E	[redacted]	13.08.19	12:00	

Non-Ward				
Medical Variable Pay	[redacted]	13.08.19	12:20	Yes
Medical Secretaries	[redacted]	13.08.19	12:40	Yes
Specialist Nurses	[redacted]	13.08.19	13:00	
Patient Flow	[redacted]	13.08.19	13:20	Yes

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

From: [redacted] (Hywel Dda UHB - General Manager) <Hazel.Davies@wales.nhs.uk>
Sent: 23 July 2019 13:02
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Subject: RE: Financial Reviews with [redacted] and Finance 23.7.19

Thanks Lou. Going well so far with small adjustments. [redacted] can be there for A&E as currently she manages them AND site / flow team. However she is on leave so will go through that with her next week when she is back.

Are we ok for next month's now? H

[redacted]
Ysbyty Rheolwr Cyffredinol/Hospital General Manager
Hywel Dda University Health Board
(Based at Bronglais General Hospital, Aberystwyth)

[redacted]
Tel: 01970 635922
Mobile: 07811 769341

[redacted]@wales.nhs.uk

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 18 July 2019 09:18
To: [redacted]s (Hywel Dda UHB - General Manager) <Hazel.Davies@wales.nhs.uk>
Subject: RE: Financial Reviews with Hazel Davies and Finance 23.7.19

Hi [redacted]

These are the replies so far I'm just waiting for A&E and [redacted]. I thought [redacted] is separate to A&E.

KR

Louise

2019				
Ward	Ward Manager	July	Time	RESPONSES
Dyfi	[redacted]	23.07.19	Cancelled	Rearranged for 24/07 @ 11.30am
Rhiannon	[redacted]	23.07.19	10:20	Yes
Ystwtyh	[redacted]	23.07.19	10:40	Yes
Meurig	[redacted]	23.07.19	11:00	Yes
Ceredig	[redacted]	23.07.19	Cancelled	Rearranged for 24/07 @ 12noon
Y Banwy	[redacted]	23.07.19	10:00	Yes
A&E	[redacted]	23.07.19	12:00	



















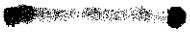














Non-Ward				
Medical Variable Pay	[redacted]	23.07.19	12:20	Yes
Medical Secretaries	[redacted]	23.07.19	12:40	Yes
Specialist Nurses	[redacted]	23.07.19	13:00	Yes
Patient Flow	[redacted]	23.07.19	13:20	Not here now

Finance	[redacted] **attending instead of** [redacted]	Yes

From: [redacted] (Hywel Dda UHB - General Manager) <[redacted]@wales.nhs.uk>
Sent: 17 July 2019 17:16
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Site Manager) <[redacted]y@wales.nhs.uk>
Subject: RE: Financial Reviews with [redacted] and Finance 23.7.19

[redacted] were you coming along with A&E? If so, I can do that on my own and [redacted] can step out on this occasion. [redacted]

[redacted]
Ysbyty Rheolwr Cyffredinol/Hospital General Manager
Hywel Dda University Health Board
(Based at Bronglais General Hospital, Aberystwyth)

[redacted]
Tel: 01970 635922
Mobile: 07811 769341

[redacted]@wales.nhs.uk

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 17 July 2019 16:02
To: [redacted] (Hywel Dda UHB - Clinical Site Manager) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - General Manager) <[redacted]@wales.nhs.uk>
Subject: RE: Financial Reviews with Hazel Davies and Finance 23.7.19

Hi [redacted]

Are you able to do another day that week, the following day 24th July at 11am?

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee

Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
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Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

From: [redacted]y (Hywel Dda UHB - Clinical Site Manager) <[redacted]@wales.nhs.uk>
Sent: 16 July 2019 15:10
To: [redacted] (Hywel Dda UHB - General Manager) <[redacted]s@wales.nhs.uk>; Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <[redacted]@wales.nhs.uk>
Subject: RE: Financial Reviews with[redacted] and Finance 23.7.19

Hi
Just to advise/confirm that I will not be here on 23rd July
Kind regards

[redacted]
Clinical Lead Nurse – Clinical Hospital Site & Emergency Care BGH
Bronglais General Hospital
01970 613972
[redacted]@wales.nhs.uk

From: [redacted] (Hywel Dda UHB - General Manager) <Hazel.Davies@wales.nhs.uk>
Sent: 12 July 2019 10:32
To: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>; [redacted]s (Hywel Dda UHB - Junior Ward Sister) <[redacted]s@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Junior sister) <[redacted]i@wales.nhs.uk>; Sue [redacted] (Hywel Dda UHB - Ward Sister Ceredig) <[redacted]@wales.nhs.uk>; [redacted]s (Hywel Dda UHB - Sister - EUCC) <[redacted]@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - Senior Nurse Manager) <[redacted]@wales.nhs.uk>; Dawn Jones (Hywel Dda UHB - Hospital Head of Nursing) <[redacted]s@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Clinical Site Manager) <[redacted]@wales.nhs.uk>
Subject: RE: Financial Reviews with [redacted] and Finance 23.7.19

Thank you all.

This will be a supportive meeting to ensure you have all the skills and tools you need to manage your budgets and the links to your rosters. If you need any support or training we can sort that.

Please bring your rosters, your roster plan and be prepared to talk about budget spend for your wards plus staffing issues – PADR plan, mandatory training etc.

Thanks

[redacted]

[redacted]
Ysbyty Rheolwr Cyffredinol/Hospital General Manager
Hywel Dda University Health Board
(Based at Bronglais General Hospital, Aberystwyth)

[redacted]
Tel: 01970 635922
Mobile: 07811 769341

[redacted]@wales.nhs.uk

From: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead) <Louise.Berner2@wales.nhs.uk>
Sent: 12 July 2019 09:16
To: [redacted] (Hywel Dda UHB - Junior Ward Sister) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Junior sister) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Ward Sister Ceredig) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Sister - EUCC) <[redacted]@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - General Manager) <[redacted]@wales.nhs.uk>
Subject: Financial Reviews with [redacted] and Finance 23.7.19

Dear All

Can you confirm or decline your Financial Review appointment for the 23rd July please. If you are unable to make the date, please let me know and we can arrange an alternative.

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

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Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV22

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

Subject: Financial Review - County/BGH/USC
Location: PS office, Management Offices, BGH

Start: Tue 28/04/2020 10:00
End: Tue 28/04/2020 15:00
Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Committee Programme Lead)

Required Attendees: [redacted] (Hywel Dda UHB - USC Lead); [redacted] (Hywel Dda UHB - Senior Finance Business Partner (Unscheduled Care); [redacted] (Hywel Dda UHB - Hospital Head of Nursing); [redacted] (Hywel Dda UHB - General Manager); [redacted] (Hywel Dda Health Board - Carmarthenshire Locality Office); [redacted] (Hywel Dda Health Board - General Manager Community Primary Care); [redacted] (Hywel Dda UHB - Finance Business Partner); [redacted] (Hywel Dda Health Board - Head of Financial Planning); [redacted] (Hywel Dda UHB - Ceredigion); [redacted] (Hywel Dda UHB - Finance Business Partner WGH Unscheduled Care); [redacted] (Hywel Dda UHB - County Director Ceredigion); [redacted] (Hywel Dda UHB - Head of Community Nursing - Ceredigion)

Dear All

Please see schedule below detailing who is required for each section and at what time.

County 10am – 12noon	USC 12noon – 1pm	BGH 1pm – 3pm
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
	[redacted]	
	[redacted]	
	[redacted]	
	[redacted]	
	[redacted]	
	[redacted]	
	[redacted]	

Kind Regards

Louise

Louise Berner

PA to Peter Skitt County Director Ceredigion/Programme Director Mid Wales Joint Committee
Cynorthwy-ydd Personol i Peter Skitt Cyfarwyddwr Sirol Ceredigion/Cyfarwyddwr Rhaglen Cyd-Bwyllgor Canolbarth Cymru

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Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635819 [Ext] 5819**
E-bost/E-mail: louise.berner2@wales.nhs.uk

EV23

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

Subject: Sick Absence Meeting
Location: Occie Health

Start: Thu 22/08/2019 14:00
End: Thu 22/08/2019 15:30

Recurrence: (none)

Meeting Status: Meeting organizer

Organizer: Louise Berner (Hywel Dda UHB - Team Secretary)
Required Attendees: [redacted] (Hywel Dda UHB -); [redacted] (Hywel Dda UHB - Workforce Manager)

Dear Both

I have put these dates together for the Sick Absence Meetings for 2019. If any of these are unsuitable due to annual leave or other work commitments we can change them. I will send out a dairy invite for each of them.

Sick Absence Meeting Dates 2019

24th January	14.00pm - 15.30pm
21st February	14.00pm - 15.30pm
21st March	14.00pm - 15.30pm
25th April	14.00pm - 15.30pm
23rd May	14.00pm - 15.30pm
20th June	14.00pm - 15.30pm
25th July	14.00pm - 15.30pm
22nd August	14.00pm - 15.30pm
26th September	14.00pm - 15.30pm
24th October	14.00pm - 15.30pm
21st November	14.00pm - 15.30pm
19th December	14.00pm - 15.30pm

Kind Regards

Loise

Louise Berner
Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital

EV24

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Workforce West)
Sent: 05 March 2019 08:41
To: [redacted] (Hywel Dda UHB - Assistant Director of Workforce and OD); [redacted] (Hywel Dda UHB - Workforce Management)
Cc: Louise Berner (Hywel Dda UHB - Team Secretary)
Subject: RE: Suspension of a member of staff in Tregaron

Hi [redacted]
Yes I will follow up on this today
Regards
[redacted]

From: [redacted] (Hywel Dda UHB - Assistant Director of Workforce and OD) <[redacted]@wales.nhs.uk>
Sent: 04 March 2019 17:40
To: [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce Management) <[redacted]@wales.nhs.uk>
Cc: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Subject: FW: Suspension of a member of staff in Tregaron

Hi Both,
Please see attached. Please can you ensure that the correct form is used and that it's properly set out.
Many thanks Louise.
Steve

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 04 March 2019 16:50
To: [redacted] (Hywel Dda UHB - Assistant Director of Workforce and OD); [redacted] (Hywel Dda UHB - Workforce Management); [redacted] (Hywel Dda UHB - Workforce West)
Subject: RE: Suspension of a member of staff in Tregaron

Hi [redacted]

I've been in touch with Steve James, the copy of the Suspension Checklist is attached in draft version. I've given [redacted] a copy of the new updated Checklist. He said that Elen wanted to complete a new tidy copy.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

From: [redacted] (Hywel Dda UHB - Assistant Director of Workforce and OD) <[redacted]@wales.nhs.uk>
Sent: 04 March 2019 14:48
To: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - Workforce Management) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>
Subject: RE: Suspension of a member of staff in Tregaron

Thanks Louise,
I had heard and have emailed Gina and Kim. I understand that Gina isn't there today though. Not to worry but I will need to see the Suspension checklist asap as I am supposed to sign off any request to suspend so I need to see the facts etc. Hopefully Kim will be in touch if she picks up the emails. No worries with this one though I appreciate that it was over the weekend but we do need to see the checklist tomorrow latest. Thanks for emailing.
Steve

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 04 March 2019 14:39
To: [redacted] (Hywel Dda UHB - Workforce Management); [redacted] (Hywel Dda UHB - Workforce West); [redacted] (Hywel Dda UHB - Assistant Director of Workforce and OD)
Subject: Suspension of a member of staff in Tregaron

Hi All

I'm not sure if you have already been made aware that [redacted] and an [redacted] (he didn't know the surname) suspended a [redacted] yesterday in who is a [redacted] in Tregaron Hospital. Apparently he stole a mobile phone that was left on a table by a member of staff and the police were called and CCTV apparently showed him taking it. [redacted] had a call off [redacted] this morning and now [redacted] has called me, so I asked him to send me all the information he has by email. I asked who authorised him to suspend and he said [redacted]. I have no further information until he emails me back. I thought I'd let you know.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
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SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda Health Board

ALL-WALES DISCIPLINARY POLICY SUSPENSION TOOLKIT

(applies to all staff groups except medical and dental)

Version Three

For use by members of the County Workforce Teams

Prepared by
Annmarie Thomas
County Head of Workforce (Carmarthenshire)
Updated Sep 2014
Version 3

Contents

1. CHECKLIST TO ASSIST DECISION MAKING
2. SAMPLE SCRIPT FOR SUSPENSION MEETING
3. SAMPLE LETTER TO CONFIRM SUSPENSION
4. IMPLEMENTATION CHECKLIST

CONSIDERING OPTIONS AND SUSPENSION CHECKLIST

Failure to give detailed consideration to suspension and possible alternatives could result in claims for constructive dismissal or costly applications for injunctions being brought by the employee to prevent the suspension from taking effect.

CASE LAW:

1) A recent Court of Appeal decision has highlighted how important it is that employers consider alternatives before imposing periods of suspension on employees. The potential for suspension to cause damage to an employee's reputation and wellbeing must be balanced against the potential harm the employer is seeking to avoid during the investigatory process.

Crawford and another v Suffolk Mental Health Partnership NHS Trust [2012] EWCA Civ 138 CA concerned the dismissal of two nurses in connection with allegations of gross misconduct made against them about their method of restraining a patient who suffered from dementia. The nurses were suspended for six months during the disciplinary investigation into the allegations and were ultimately dismissed.

The Court of Appeal expressed concern that suspension is too frequently being used by employers as a "knee-jerk" or "automatic" reaction to allegations of the kind the case concerned and highlighted that it will be a breach of trust and confidence where suspension has been used in this way. The Court of Appeal was unconvinced that suspension is often in the best interests of employees, instead citing the potential for psychological damage and the fact that suspended employees will often feel "belittled and demoralised by the total exclusion from work and the enforced removal from their work colleagues". The focus should be on whether or not there is a real risk that the conduct in question will be repeated or there is a threat to the investigatory process.

2) In the case of **Gogay v Hertfordshire County Council**, the Court of Appeal awarded damages for the psychiatric injury suffered by Gogay after the council suspended her. Gogay worked in a Hertfordshire Council children's home as a care assistant. She worked with a child with learning difficulties, who had been severely abused by her parents and tended to act in a sexually provocative way. Gogay requested she was not left alone with the child and was commended by the area manager for handling the situation professionally. Subsequently, however, the child made comments which could have been construed as allegations of abuse by Gogay. The council suspended her, telling her she was suspected of abuse. An inquiry found no case to answer and reinstated Gogay but she was, by then, unable to work due to clinical depression, caused substantially by the suspension. She brought a claim against the council for damages and loss of earnings resulting from a breach of her contract of employment. The court found the council had,

in suspending Gogay, breached the implied duty of trust and confidence between employer and employee. The council appealed on two counts. First, that the suspension was not, in and of itself, a breach of the implied duty of trust and confidence. Second, that even if there was a breach, there could not be an award of damages for injury, since this was a breach of contract claim, and damages for injury to feelings and/or mental distress cannot be awarded in those circumstances (the case of Addis v Gramophone Co Limited established this in 1909). The Court of Appeal dismissed the council's argument, holding there had been a breach of the implied duty of trust. Furthermore, it said, there is "all the difference in the world between hurt, upset and injury to feelings" and a "recognised psychiatric illness". Consequently, there was nothing to prevent the trial judge awarding damages for clinical depression and the losses arising from it; this case was distinguishable from the earlier cases on hurt feelings. The facts of Gogay were unusual. The decision to suspend Ms Gogay was taken against the background of the statutory duties of local authorities in cases where a child is perceived to be at risk of significant harm. Gogay's employer concluded it had no choice but to suspend her. It was this "no choice" decision that the Court of Appeal criticised as a knee-jerk reaction, one which failed to strike the right balance between the needs of the child and the council's duty to preserve the trust and confidence of its employee. The case was also unusual for the extreme reaction suffered by the employee as a result of the suspension. Nevertheless, some of the comments made by the Appeal Court judges suggest that the case could still be of far-reaching effect. If a "psychiatric illness" can be established, then the case establishes that damages can, and should, be awarded.
Even in highly sensitive situations, an employer who assumes they can exercise a contractual right to suspend without reflecting on the possible consequences for the employee is at risk of acting in breach of contract. The Court of Appeal suggested other options such as a temporary transfer or a period of leave should be considered first. This invites all employers to think twice before suspending any employee, regardless of the circumstances.

Both cases place emphasis of the employee's record and the risk of the incident happening again.

The purpose of suspension is to protect the interests of patients or other staff and/or to assist the investigative process where there is a clear risk that the employee's presence would impede the gathering of evidence. Suspension should be used only in exceptional circumstances and alternatives should always be considered (for example, amending or restricting the employee's duties).

Use the table below to record thoughts/decisions in respect of what was considered when making a decision whether to suspend or not. There is a need to demonstrate that we have fully considered these issues and to support our reasoning with documentation. If you are attending a Safeguarding Adults or Safeguarding Children strategy meeting it would be helpful to take a 'part' of 'fully' completed checklist with you so you can

IMPLEMENTATION CHECKLIST

Consider	Checked	Notes
Does the employee have a lease car?		NOTIFY FINANCE IMMEDIATELY.
Does the allegation relate to any computer related issues – if so seek advice from IT re access issues/removal of PC, suspend access to network etc *(Employers should think carefully before suspending an employee's access to their computer network or email system. The employee may be able to argue that the employer has prejudged the outcome of the investigation and disciplinary process. Therefore, employers should have good grounds for believing that an employee could pose a threat to the business if he or she had access to their systems before suspending this access)*		NOTIFY COUNTER FRAUD IMMEDIATELY.
LCFS/CFS should always be advised of any decision to suspend or transfer an employee when the employee is under investigation by the LCFS/CFS Wales		NOTIFY COUNTER FRAUD IMMEDIATELY
Liaise with Safeguarding Children and Safeguarding Adults lead if decision to suspend or transfer the employee is potentially a Safeguarding Children or Safeguarding Adults case – discuss any immediate input required from the police if evidence needs urgent review		
Does the allegation breach any rules/regulations of a professional body?		DISCUSS WITH PROFESSIONAL LEAD RE INFORMING RELEVANT BODY DO ISA NEED TO BE INFORMED
Notify immediate line manager if not involved in the decision to suspend.		
Notify Bank Nurse Administrator if the member of staff is a nurse.		
Obtain annual leave sheet		INDIVIDUAL WILL NOT BE CONTACTED DURING THESE TIMES
		NOTIFY RELEVANT

Does the employee have any Health Board keys?		DEPARTMENTS
Does the employee have any additional contracts? e.g. part time, bank etc?	Yes	Tregaron
Does the employee work for another NHS Health Board?	NO	
Does anybody else need to be informed of the suspension?	NO	
Is the manager clear as to what should be stated on the Variation Sheet? –recorded as paid leave of absence		
Advise manager to send payslips to home address.	✓	
Prepare suspension script.	✓	
Allocate named individual to provide support.		
Make file note of suspension meeting.		
Think about back-fill/cover arrangements – ensure equal opps are applied if we need someone to act up on a higher band	✓	
Advise OH and SPWBS		
Advise payroll that status on ESR needs to read 'suspended'		

approach the discussion around the need for suspension with some preparation having taken place in advance.

No.	Question/Consideration	Comments
1.	Is the alleged offence thought to constitute serious or gross misconduct? – must conduct preliminary consideration of the facts available. Initial assessment of all facts available is critical prior to reaching a decision as to whether suspension is appropriate in the circumstances. Do you have reasonable grounds to believe the allegation at this stage? Give careful consideration to your grounds of justifiable belief and note your decisions. Has the employee admitted to the alleged misconduct and shown remorse? Does the employee strongly deny the allegation(s)? Does the employee have a long-serving unblemished record in terms of assessing future risk? What is the employee's length of	Stole a mobile phone -CCTV footage Classed as Theft. CCTV footage Spoken to Col for advice - Who has spoken to Ben on Call. Has spoken to supervisor + GCH Police Present + mobile phone obtained from Has stated has apologise. No prior Concerns in 9yrs

	service? Are there any issues in terms of the context of the ward area/department at the time of the alleged incident? Is there a real risk of the misconduct being repeated?	No previous allegations made ~~Allegations~~ Alleged Allegation Committed in public area Unknown at this point
2.	Nature of offence in terms of whether restricted duties/can be considered e.g. non-clinical duties/limited access to patient systems	[redacted] N/A
3.	Options for alternatives to suspension considered Alternative/restricted duties – same department Alternative duties/restricted - different department Alternative duties/restricted – different site	n/a n/a n/a
4.	Is the employee required to be registered by a professional body? Is there any guidance in the professional code of practice linked to the allegation being considered? How serious is the issue?	NO
5.	Could there by any external	

	interest/influence e.g press, WG. Is there a possibility that the allegations if proven may bring the employer into disrepute e.g criminal prosecutions	Police are involved -> voluntary interviews y s/h
6.	If the employee was to remain in work what are the risks: To the individual's safety or position? To other staff (avoid intimidation of witnesses) (protect a victim of alleged harassment To patients To property In terms of hindering or interfering with the investigation (preserving evidence)	Breach of trust compromised nil.
7.	Liaise with Safeguarding Children and Safeguarding Adults lead if decision to suspend or transfer the employee is potentially a Safeguarding Children or Safeguarding Adults – discuss any immediate input required from the police if evidence needs urgent review LCFS/CFS should always be advised of any decision to suspend or transfer an employee when the employee is under investigation by the LCFS/CFS Wales	n/a
8.	The employee's suspension and the circumstances around it should be kept confidential as far as possible. The employer should carefully consider the message that it conveys to the rest of its employees regarding the suspension, with the aim of limiting damage to the employee's reputation. Wherever possible, the information explaining the employee's absence to colleagues	we have spoken to the Police's owner + asked [redacted] to remain Professional + not discuss matter. He claims to be unaware who alleged accused is.

	should be agreed with him or her in advance.	We discussed it as leave of absence as no fixed dates at present to be given
Completed by (manager and HR representative)		
Review Date: *In all circumstances, the initial rationale for suspending an employee should be reviewed at regular intervals, particularly if new evidence has come to light.*		

EV25

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - HOTEL_SERVICES)
Sent: 02 April 2019 16:54
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Subject: RE: MS Witness Letters
Attachments: Witness Investigation Letter SJ DRAFT JR.docx; Witness Investigation Letter CL DRAFT JR.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Louise,
Thank you for this,
Signed letters attached.
Many thanks for all your help, much appreciated,
[redacted]

From: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Sent: 02 April 2019 16:05
To: [redacted] (Hywel Dda UHB - HOTEL_SERVICES) <[redacted]@wales.nhs.uk>
Subject: MS Witness Letters

Hi [redacted]

Please find attached witness letters for your approval. Please let me know if anything needs amending or if they are ok to send and I will send them from here.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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

Ein cyf/Our ref:
Gofynnwch am/Please ask for:
Rhif Ffôn /Telephone:
E-bost/E-mail:
Dyddiad/Date: 02.04.19

Private and Confidential

[redacted]

Dear [redacted]

I write to advise you that a formal investigation has been initiated in relation to allegations made against [redacted].

It is felt that you may be able to provide information that will be useful to my investigation and therefore I would like to meet with you to conduct an interview. I have scheduled this interview for 29th April 2019 at 10:30am in the First Floor Meeting Room, Management Building, Bronglais General Hospital.

[redacted] Workforce Advisor, will also be in attendance and you are, of course, entitled to be accompanied by your Trade Union representative or a work colleague at this meeting. You may also wish to contact the Health Board's Occupational Health Department on 01437 773217 for further support.

I would like to remind you that this investigation is confidential and should not be discussed with anyone other than your union representative or nominated work colleague, the investigation team or Occupational Health.

Can you please confirm your attendance at the interview by informing [redacted], Workforce Advisor on 01970 635315 or via email to [redacted]@wales.nhs.uk.

Yours sincerely



[redacted]
Investigating Officer

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

Ein cyf/Our ref:
Gofynnwch am/Please ask for:
Rhif Ffôn /Telephone:
E-bost/E-mail:
Dyddiad/Date: 02/04/19

Private and Confidential

[redacted]

Dear [redacted]

I write to advise you that a formal investigation has been initiated in relation to allegations made against [redacted].

It is felt that you may be able to provide information that will be useful to my investigation and therefore I would like to meet with you to conduct an interview. I have scheduled this interview for 29th April 2019 at 10am in the First Floor Meeting Room, Management Building, Bronglais General Hospital.

[redacted] Workforce Advisor, will also be in attendance and you are, of course, entitled to be accompanied by your Trade Union representative or a work colleague at this meeting. You may also wish to contact the Health Board's Occupational Health Department on 01437 773217 for further support.

I would like to remind you that this investigation is confidential and should not be discussed with anyone other than your union representative or nominated work colleague, the investigation team or Occupational Health.

Can you please confirm your attendance at the interview by informing [redacted], Workforce Advisor on 01970 635315 or via email to [redacted]@wales.nhs.uk.

Yours sincerely



[redacted]
Investigating Officer

EV26

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - HOTEL_SERVICES)
Sent: 02 April 2019 16:51
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Cc: [redacted] (Hywel Dda UHB - Workforce West)
Subject: RE: MS Investigation
Attachments: letter from IO to MS JR changes.doc

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Louise,

Thank you for this.

I have made one slight change (tracked) and added my signature.

Hope that's ok,

Many thanks,

[redacted]

From: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Sent: 02 April 2019 16:24
To: [redacted] (Hywel Dda UHB - HOTEL_SERVICES) <[redacted]@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>
Subject: MS Investigation

Hi [redacted]

Please find attached letter to MS for approval. Please let me know if there are any amendments required.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ein cyf/Our ref:
Gofynnwch am/Please ask for:
Rhif Ffôn /Telephone:
Ffacs/Facsimile:
E-bost/E-mail:
Dyddiad/Date: 02.04.19

Ysbyty Cyffredinol Bronglais
Heol Caradog, Aberystwyth,
Ceredigion, SY23 1ER
Rhif Ffôn: 01970 623131

Bronglais General Hospital
Caradog Road, Aberystwyth,
Ceredigion, SY23 1ER
Tel: 01970 623131

Private and Confidential

[redacted]

Dear [redacted]

DISCIPLINARY INVESTIGATION

Further to the letter of the 12th March, you received from [redacted], Disciplinary Officer informing you that an investigation is being conducted, I wish to inform you that I have been appointed as the Investigating Officer responsible for undertaking an internal investigation in accordance with the All Wales Disciplinary Policy into the allegation that:

On 2nd March 2019 you took unlawful possession of a phone from the canteen, which belonged to a fellow employee and did not return it or notify that it had been found.

I attach the terms of reference that I am working towards for your attention. The purpose of the investigation will be to gather relevant information to determine whether or not there appears to be evidence that misconduct has occurred.

I would like to meet you on the 29th April at **1pm** in 1st Floor Meeting Room, Management Building, Bronglais General Hospital.

A Trade Union Representative or a work colleague may accompany you at the meeting. The interview will be recorded in writing and taped and you will be required to approve as accurate (or amend as required) and which will subsequently form part of my report to be submitted to the Disciplining Officer for your case.

I would be grateful if you would confirm your ability to attend this meeting as soon as possible by contacting Catherine Ruff on 01970 635315 or by email at [redacted]@wales.nhs.uk.

Yours sincerely



[redacted]
Investigating Officer

EV27

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Workforce Management)
Sent: 03 May 2019 13:34
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Cc: [redacted] (Hywel Dda UHB - Workforce West)
Subject: RE: Draft Facilitated Meeting Minutes

Thanks Louise for doing this they look fine I will send them now onto [redacted] and [redacted]
Regards
[redacted]

From: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Sent: 03 May 2019 13:18
To: [redacted] (Hywel Dda UHB - Workforce Management) <[redacted]@wales.nhs.uk>
Cc: [redacted] (Hywel Dda UHB - Workforce West) <[redacted]@wales.nhs.uk>
Subject: Draft Facilitated Meeting Minutes

Hi Kim

Please find attached the draft Facilitated Meeting Minutes with Action Re: LQ.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
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Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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Ev 28

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Workforce West)
Sent: 28 March 2019 14:11
To: [redacted] (Hywel Dda UHB - Head Porter); Louise Berner (Hywel Dda UHB - Team Secretary)
Subject: IAF.docx
Attachments: IAF.docx

Hi
Can you both discuss – and arrange to hold this initial fact find
Ive put together some questions around both incidents- you can ask more if you see fit- as he will not doubt have lots to say
Regards
[redacted]

APPENDIX 1 - **Template to record decision following review of 'initial assessment of facts'**

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.

Name of employee(s)	
Representation	A request for representation will not normally be refused.
Incident	See below
Date of Incident	
Manager undertaking assessment of facts	[redacted] Louise [redacted]
Key points noted	Make a file note of the key issues/reasons for reaching this decision. The following are points which you may wish to demonstrate you have considered – the list is not exhaustive. • Facts of the incident • Compliance with HDHB policy/procedures • Individuals' degree of openness / awareness that an 'incident' had occurred/informing appropriate managers/colleagues. • Degree of systemic vs individual conduct/ performance, non compliance etc (if applicable) • Personal circumstances/context at the time of incident • Intention of individual(s) involved in incident • Involvement in: Any previous similar/related incidents (and if so, compliance with previously agreed actions/outcomes) First Incident complaint from radiographer 25/02/19. At around 3am, I was called to do a pelvis, humerus x-ray on a patient who had an unwitnesed fall in the ward. As the examination involved a pelvis post trauma, I asked them to send the patient in a trolley to facilitate appropriate imaging in a safe manner. The referrer was fine with it. However, the porter on duty, [redacted] was not very keen in bringing the patient down on a trolley. I explained to him the rationale for doing such

examinations on a trolley. He commented that he was busy with no other staff to assist.
I was called 30 minutes later by the Nurse practitioner on duty about this patient. I explained to her that the patients needs to come on a trolley for safe imaging. She was fine with it.
Two porters [redacted] and [redacted] came to fetch the trolley. [redacted] was expressing his dissatisfaction in having to bring the patient on a trolley and the additional workload it entails for them. He was mentioning about how short staffed portering department is etc.
I feel it is inappropriate for me to be talked down by a porter for doing my duty in a safe way, both for myself and the patient.

1/ Tell us about the incident
2/ why did you feel that you needed to make your suggestion to the clinical staff in question
3/ were the needs of the patient at the forefront of your mind
4/ why did you tell the xray department you are shortstaffed – do they need to know that
5/ what way did you talk to the radiographer

2nd incident

I am contacting you as [redacted] one of the porters displayed what may be regarded as inappropriate behaviour in front of a patient this afternoon.
I was closing the curtains in X-Ray across the corridor to protect the privacy and dignity of the 2 patients in the corridor on trolleys.
[redacted] was clearly not impressed and stated he did not agree with the curtains and added "what about the privacy and dignity of everybody else in the hospital ?"
the privacy and dignity of the patients in X-Ray is our duty and our responsibility whilst they are visiting us and the curtains form part of the privacy and dignity process.
[redacted] went on to have a conversation whereby he gave his opinions which he is entitled to, but NOT in front of a patient.
I should not have to stand in the corridor trying to protect a patient's dignity defending what is right to a porter who is of a different mind set.
I thought I should bring this matter to your attention. We take patient privacy and dignity very seriously and that should be respected at all times.

	1/Tell us about this incident 2/ why did you discuss this in front of a patient 3/ what tone did you use 4/ why do you think it is appropriate to discuss patient dignity in front of a patient
Decision	Make a note of the decision reached based on the above. Make a note of the decision reached based on the above – provide explanation where required as to why various options were considered inappropriate e.g. if fast track considered inappropriate please state why. If informal discussion not appropriate please state why. • 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. • Application of a different policy may be more appropriate, e.g. capability. Consider: • Suspension from duty* • Restricted practice imposed*

Does the nature of the incident suggest the police need to be involved?	[redacted] as MD is the Accountable Officer for Controlled Drug issues and has a duty to report to the Local Intelligence Network (LIN).
Does the Information Governance Dept need to be informed?	The IG Dept may advise that the employee be informed of a potential referral to the Information Commissioner's Office in cases of alleged breaches of patient confidentiality.
Does a named point of contact of support for the employee need to be identified at this point	
Form completed by (name & job title)	
Date	

* See HDHB All Wales Disciplinary Policy Suspension Tool Kit.

03.11.17 version

EV29

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: [redacted] (Hywel Dda UHB - Head Porter)
Sent: 08 April 2019 17:20
To: Louise Berner (Hywel Dda UHB - Team Secretary)
Subject: RE: MISILLANEOUS

Hi thank you for that i will phone you tue 9-4-19

Thank you

[redacted]

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 08 April 2019 16:57
To: [redacted] (Hywel Dda UHB - Head Porter)
Cc: [redacted] (Hywel Dda UHB - Workforce West)
Subject: RE: MISILLANEOUS

Hi [redacted]

I am in all week except Wednesday. I work 10am – 5pm, so anytime in between is fine for me, except the Wednesday. If you could let me know the date of the meeting and I can come down to see you beforehand.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
Management Building
Ffordd Caradoc/Caradog Road
Aberystwyth
SY23 1ER

☎ **Rhif ffon/Tel no 01970 635782 [Ext] 5782**
E-bost/E-mail: louise.berner2@wales.nhs.uk

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Bwrdd Iechyd Prifysgol Hywel Dda Hywel Dda University Health Board

From: [redacted] (Hywel Dda UHB - Head Porter) <Steve.James2@wales.nhs.uk>
Sent: 04 April 2019 19:13
To: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Subject: RE: MISILLANEOUS

Hi Louise i am sorry i have been off work from last fri but back to day will have a chat on fri this week, i have had a

97 year old ill at home 6 foot and 15 stone, i am so happy to be back in work 

Thank you

[redacted]

From: [redacted]ise Berner (Hywel Dda UHB - Team Secretary)
Sent: 02 April 2019 16:53
To: [redacted](Hywel Dda UHB - Head Porter)
Subject: FW: MISILLANEOUS

Hi[redacted]

I'm not in now until 10am on Thursday. If you can give me a call when you are free so that we can set a date and time.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

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E-bost/E-mail: louise.berner2@wales.nhs.uk

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From: [redacted](Hywel Dda UHB - Domestic Supervisor) <[redacted]@wales.nhs.uk>
Sent: 02 April 2019 10:48
To: [redacted] (Hywel Dda UHB - Head Porter) <[redacted]@wales.nhs.uk>
Cc: Louise Berner (Hywel Dda UHB - Team Secretary) <Louise.Berner2@wales.nhs.uk>
Subject: MISILLANEOUS

Hi [redacted],
I phoned Louise today and she is not sure if she is in work tomorrow, please phone her beforehand,
Kind Regards,
[redacted].

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 11 April 2019 15:05
To: [redacted] (Hywel Dda UHB - Head Porter)
Subject: AR Wednesday 17.4.19

Hi [redacted]

I have tried to phone you back regarding Wednesday next week, that's fine for 10.30am, I've put it in my diary and swop my day off, no problem.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
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Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 15 April 2019 09:21
To: [redacted] (Hywel Dda UHB - Head Porter)
Cc: [redacted] (Hywel Dda UHB - Workforce West)
Subject: FW: AR Wednesday 17.4.19

Hi [redacted]

Further to my email below, can you forward any other questions you have that you would like to ask [redacted] and I'll type them up, you mentioned you might have some last week. Can you confirm that the meeting is still going ahead on Wednesday as well please.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
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SY23 1ER

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E-bost/E-mail: louise.berner2@wales.nhs.uk

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

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 11 April 2019 15:05
To: [redacted] (Hywel Dda UHB - Head Porter) <Steve.James2@wales.nhs.uk>
Subject: AR Wednesday 17.4.19

Hi [redacted]

I have tried to phone you back regarding Wednesday next week, that's fine for 10.30am, I've put it in my diary and swop my day off, no problem.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board

Ysbyty Cyffredinol Bronglais General Hospital
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💻 **E-bost/E-mail:** louise.berner2@wales.nhs.uk

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Hywel Dda University Health Board

EV29

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 23 April 2019 14:27
To: [redacted] (Hywel Dda UHB - Head Porter)
Subject: IAF AR
Attachments: IAF DRAFT 23.4.19.docx

Importance: High

Hi [redacted]

Please add amend as some of it I don't understand in case I have missed bits out.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
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Hywel Dda University Health Board

Louise Berner (Hywel Dda UHB - PA to Ceredigion County Director / Mid Wales Joint Comm

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 23 April 2019 14:31
To: [redacted] (Hywel Dda UHB - Workforce West)
Subject: FW: IAF AR
Attachments: IAF DRAFT 23.4.19.docx

Importance: High

Hi [redacted]

I have typed up the IAF and have asked [redacted] to amend and add bits in case I missed something out. He didn't really ask the questions you had put.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
Ysbyty Cyffredinol Bronglais General Hospital
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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda
Hywel Dda University Health Board

From: Louise Berner (Hywel Dda UHB - Team Secretary)
Sent: 23 April 2019 14:27
To: [redacted] (Hywel Dda UHB - Head Porter) <Steve.James2@wales.nhs.uk>
Subject: IAF AR
Importance: High

Hi [redacted]

Please add amend as some of it I don't understand in case I have missed bits out.

Kind Regards

Louise Berner

Ysgrifenyddes Tim/ Team Secretary
Gweithlu/Workforce & OD

Bwrdd Iechydd Prifysgol Hywel Dda / Hywel Dda University Health Board
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Bwrdd Iechyd Prifysgol Hywel Dda
Hywel Dda University Health Board

APPENDIX 1 - **Template to record decision following review of 'initial assessment of facts'**

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.

Name of employee(s)	[redacted]
Representation	[redacted]
Incident	See below
Date of Incident	
Manager undertaking assessment of facts	[redacted] Louise Berner
Key points noted	Make a file note of the key issues/reasons for reaching this decision. The following are points which you may wish to demonstrate you have considered – the list is not exhaustive. • Facts of the incident • Compliance with HDHB policy/procedures • Individuals' degree of openness / awareness that an 'incident' had occurred/informing appropriate managers/colleagues. • Degree of systemic vs individual conduct/ performance, non compliance etc (if applicable) • Personal circumstances/context at the time of incident • Intention of individual(s) involved in incident • Involvement in: Any previous similar/related incidents (and if so, compliance with previously agreed actions/outcomes) First Incident complaint from radiographer 25/02/19 At around 3am, I was called to do a pelvis, humerus x-ray on a patient who had an unwitnesed fall in the ward. As the examination involved a pelvis post trauma, I asked them to send the patient in a trolley to facilitate appropriate imaging in a safe manner. The referrer was fine with it. However, the porter on duty, [redacted] was not very keen in bringing the patient down on a trolley. I explained to him the rationale for doing such

	examinations on a trolley. He commented that he was busy with no other staff to assist. I was called 30 minutes later by the Nurse practitioner on duty about this patient. I explained to her that the patients needs to come on a trolley for safe imaging. She was fine with it. Two porters [redacted] and [redacted] came to fetch the trolley. [redacted] was expressing his dissatisfaction in having to bring the patient on a trolley and the additional workload it entails for them. He was mentioning about how short staffed portering department is etc. I feel it is inappropriate for me to be talked down by a porter for doing my duty in a safe way, both for myself and the patient. 1/ Tell us about the incident 2/ why did you feel that you needed to make your suggestion to the clinical staff in question 3/ were the needs of the patient at the forefront of your mind 4/ why did you tell the xray department you are shortstaffed – do they need to know that 5/ what way did you talk to the radiographer This is a fact finding meeting into 2 issues that you have been involved in. Introduced Louise who is from HR. The complaint was read out, [redacted] responded by asking if he could stop [redacted] there to say that this was bullshit. [redacted] had an 89 year old patient who required a bed and we were awaiting a bed. There were 2 porters on which always are and he never said that the department was short staffed. This is [redacted] you are talking about isn't it. [redacted] explained that he didn't know who made the complaint. [redacted] said that he was with [redacted] who had an 89 year old patient that required a bed. [redacted] rang Ceredig, patient had to be on a trolley as Radiography don't do path slides. [redacted] went on another job. I went up to Radiology and [redacted] was miffed, said should be

	more staff on. I said [redacted] we don't path slide now, it was his attitude. [redacted] was the one who was miffed, I had a polite conversation and didn't agree regarding path slide. [redacted] comes down with a nurse or NA. [redacted] and I went to get the patient thought nothing of it. [redacted] was there – he's a witness. I want witness statements from [redacted] and from [redacted]. We waited 15-20 minutes for a bed. [redacted] is the boss I listen to [redacted] [redacted] asked if it required 2 people to push a bed. [redacted] also asked if [redacted] would push a bed on his own. To which he replied no, but would do, but are not meant to as it contradicts manual handling. [redacted] phoned the ward and both went to get a trolley. [redacted] asked why it required both to get a trolley, [redacted] said [redacted] said both of us. [redacted] asked why it was mentioned that the department was short staffed. [redacted] didn't say that to [redacted], that the department was short staffed, why would he say it when we were at normal capacity of 2 staff during a shift. I think a 3rd porter for violence and aggression part of things, but this was nothing to do with X-Ray. [redacted] originated the conversation and as he was miffed in waiting. [redacted] asked was the issue getting the trolley to transfer her, was that the reason why? [redacted] said he was tied up at that moment, but went for the trolley after.

2nd incident

I am contacting you as [redacted] one of the porters displayed what may be regarded as inappropriate behaviour in front of a patient this afternoon.
I was closing the curtains in X-Ray across the corridor to protect the privacy and dignity of the 2 patients in the corridor on trolleys.
[redacted] was clearly not impressed and stated he did not agree with the curtains and added "what about the privacy and dignity of everybody else in the hospital ?"
the privacy and dignity of the patients in X-Ray is our duty and our responsibility whilst they are visiting us and the curtains form part of the privacy and dignity process.
[redacted] went on to have a conversation whereby he gave his opinions which he is entitled to, but NOT in front of a patient.
I should not have to stand in the corridor trying to protect a patient's dignity defending what is right to a porter who is of a different mind set.
I thought I should bring this matter to your attention.
We take patient privacy and dignity very seriously and that should be respected at all times.

1/Tell us about this incident
2/ why did you discuss this in front of a patient
3/ what tone did you use
4/ why do you think it is appropriate to discuss patient dignity in front of a patient

Second incident was read out by [redacted].

A student nurse had been waiting 45 minutes for X-ray, she started to draw the curtains and said these are a joke. The girl helper on X-Ray butts in on our conversation and starts on about protecting patients. There were 2 patients sitting there and patients could hear her conversation and explanation of why the curtains were there.

	[redacted] disagreed that it would be better down the side. [redacted] spoke about patient privacy and that in a gown you can see everything, so it's to protect patient's dignity. [redacted] said that if the helper hadn't have jumped into a conversation that was between [redacted] and a student nurse, the conversation wouldn't have happened. The student nurse said the patients are there, why it is taking so long. She was angry. There would be more privacy for patients around the corner. [redacted] explained that the needs of the patients is what we are here for. [redacted] agreed. [redacted] explained that porters don't like the trolley and that no one should be talking over patients. [redacted] said that [redacted] jumped in. [redacted] explained why the curtains were there; there was a discussion with [redacted], [redacted] and [redacted] that the curtains weren't always used when patients' were waiting. Sitting in X-Ray and waiting for 45 minutes and the curtains hadn't been pulled previously. [redacted] said that he'd put a Datix in previously regarding running down the corridor with a patient for ICU and were told take them around. Datix was thrown out by [redacted]. [redacted] explained that the beds cannot go down the side as it would be too congested 2 or 3 beds cannot go down there and they cannot be taken around due to automatic doors, matted carpet and then another two set of doors, beds cannot be pushed that way. [redacted] said that patients are dragged backwards and forwards.

	[redacted] also mentioned that transporting in lifts, floor surfaces and X-Ray doesn't feel it's in the best interest, path slide there. [redacted] explained that policies and procedures cannot be questioned and also health and safety side as well. [redacted] explained that [redacted] has to open up the top X-Ray that's why [redacted] was miffed. [redacted] called the ward and I went with her – had to get the trolley. She said she would go up and once [redacted] said it was clear we can go. [redacted] went to Ceredig ward, I went to get a trolley, I told him he had to open the top one – casualty was busy, he didn't want to open the top one, so he couldn't argue with that. [redacted] said that there is a different reason from everyone. [redacted] has a bad back so doesn't path slide, [redacted] god knows, he usually works in ultra sound and works weekends. We had a run in a couple of years ago but that was dealt with at the time.
	[redacted] Having a go at a [redacted], what you were told to do? [redacted] yes wouldn't go see a band 8, moving a trolley not a big deal. [redacted] Iorwerth transfer? [redacted] Took patient over with [redacted] and patient walks to it, they are not meant to move. [redacted] will be you speaking to [redacted] and [redacted]? [redacted] yes I will be speaking to [redacted] and a band 8 will need to speak with [redacted]. [redacted] he was miffed, but he didn't wait long. [redacted] some of these complaints that come in are petty. [redacted] you can see all the staff in the viewing room waiting for a form.

	[redacted] explained that 2 are working, 2nd and a 3rd year student, ultra sound, Room 4 that was Room 3 and all of CT operate out of that room. [redacted] Every time we get a trolley – ask radiographer – go to the ward – nurses' phones radiographer. [redacted] you need to write a letter of complaint if there are issues which is a better way of doing things. [redacted] I have done a Datix previously. [redacted] started the conversation. [redacted] explained that what you need to look at is what is on file and how far it goes, this is what you need to look at. [redacted] I am aware. If patients get mistreated and I did a datix, had a bullshit answer from [redacted] [redacted] you need to look at the alternative routes. Will you question him? [redacted] he sees you as a porter you need to write a letter if you have any issues. [redacted] that won't achieve anything, it was thrown back at me in a disciplinary. The student nurse was going to do a datix and I asked her and she said it was a waste of time doing a datix.
Decision	Make a note of the decision reached based on the above. Make a note of the decision reached based on the above – provide explanation where required as to why various options were considered inappropriate e.g. if fast track considered inappropriate please state why. If informal discussion not appropriate please state why. • 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. • Application of a different policy may be more appropriate, e.g. capability. Consider: • Suspension from duty* • Restricted practice imposed*
Does the nature of the incident suggest the police need to be involved?	[redacted] as MD is the Accountable Officer for Controlled Drug issues and has a duty to report to the Local Intelligence Network (LIN).
Does the Information Governance Dept need to be informed?	The IG Dept may advise that the employee be informed of a potential referral to the Information Commissioner's Office in cases of alleged breaches of patient confidentiality.
Does a named point of contact of support for the employee need to be identified at this point	
Form completed by (name & job title)	
Date	

* See HDHB All Wales Disciplinary Policy Suspension Tool Kit.

EV30

Witness testimony

I confirm that Louise Berner has provided effective and excellent support in the following areas

Disciplinary,
Arranged dates, room bookings, put together bundles for hearings for those on the panels and sent out documentation to the parties involved
Typed up the notes of the hearings for use at appeals
Involved at Initial fact finding and typed up the notes afterwards
Arranged dates, room bookings and put together bundles for appeal hearings for those on the panels and sent out documentation to the parties involved
Sent letters to witness involved in the processes
After the hearing, managed the disciplinary files, to ensure that they were complete and had all the necessary documentation contained which is required in case of SAR.
Updated the electronic files for each disciplinary and appeal.

Grievance
Arranged dates, room bookings, put together bundles for hearings for those on the panels and sent out documentation to the parties involved
Typed up the notes of the hearings for use at appeals
Arranged dates, room bookings and put together bundles for appeal hearings for those on the panels and sent out documentation to the parties involved
Sent letters to witness involved in the processes
Updated the electronic files for each grievance and appeal.

Capability
Updated the electronic files for each capability
Set up meetings for Managers, employee and Human Resources

Sickness
Arranged dates, room bookings, for sickness review meetings and sent out documentation to the parties involved – shadowed Workforce Advisor in Sickness review meetings to learn the process
Typed up the notes of the meetings
Arranged dates, room bookings and put together bundles; for appeals to terminations due to ill health for those on the panels and sent out documentation to the parties involved
Updated the electronic files for each sickness review meeting.
Edit entire Health Board reports to resize for ease of use- email edited reports to managers for their information

Signed Gina Callanan
Senior Workforce Manager

Date 14.10.19

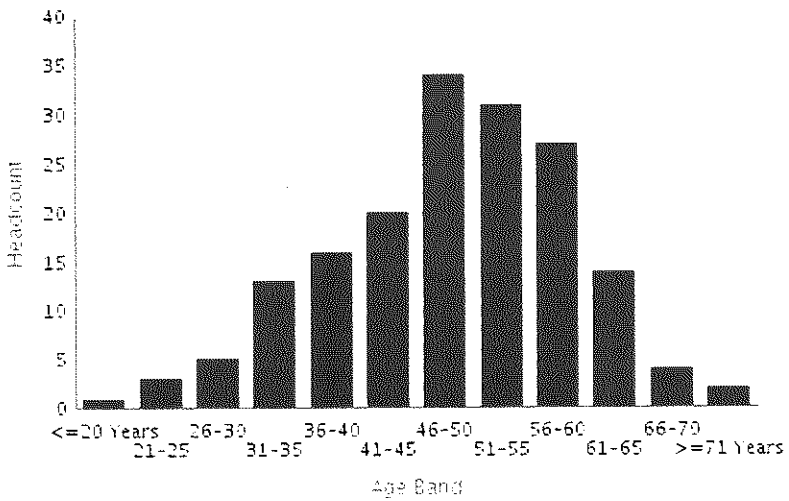
APPENDICIES FOR LO3

EV31

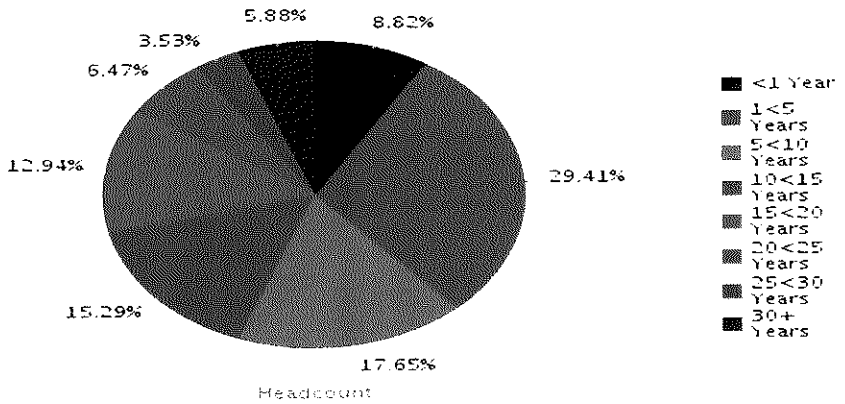
Workforce Business Partner Report - Demographics

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Age Profile

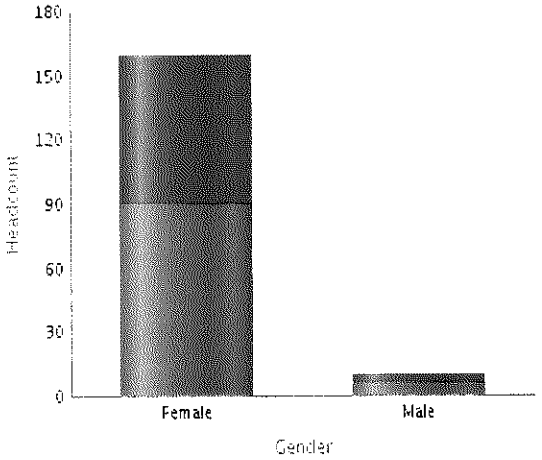


Length of Service in Current Employment



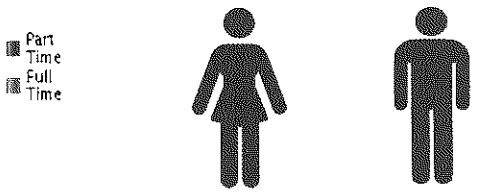
Staff Group	Headcount	FTE
Add Prof Scientific and Technic	6	5.00
Additional Clinical Services	35	28.03
Administrative and Clerical	16	13.87
Allied Health Professionals	1	1.00
Medical and Dental	3	1.91
Nursing and Midwifery Registered	109	94.72
Grand Total	**170**	**144.52**

Part Time/Full Time by Gender



For the Directorate 5.3% of staff by FTE are aged 30 or under compared to 16.8% within the whole Health Board and 24.9% are over 55 years old; the figure for the

Female / Male split - Ceredigion Director (Health Board)



94.1% **(77.5%)**

5.9% **(22.5%)**

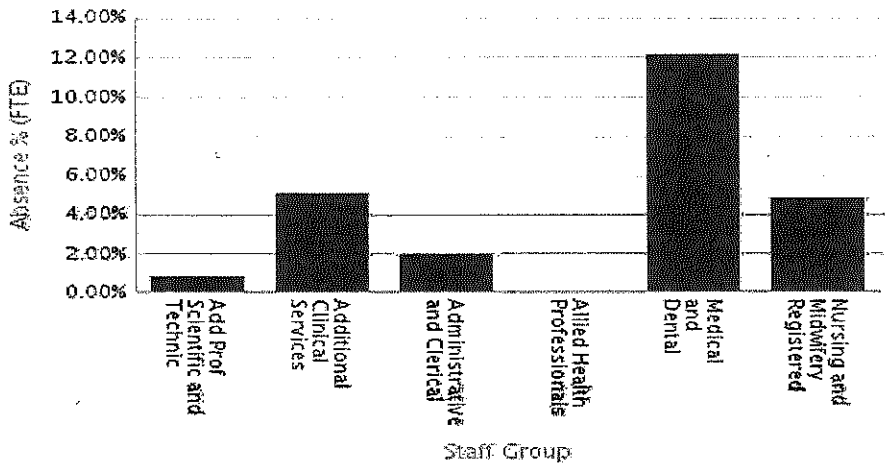
EV31

Workforce Business Partner Report - Health and Wellbeing

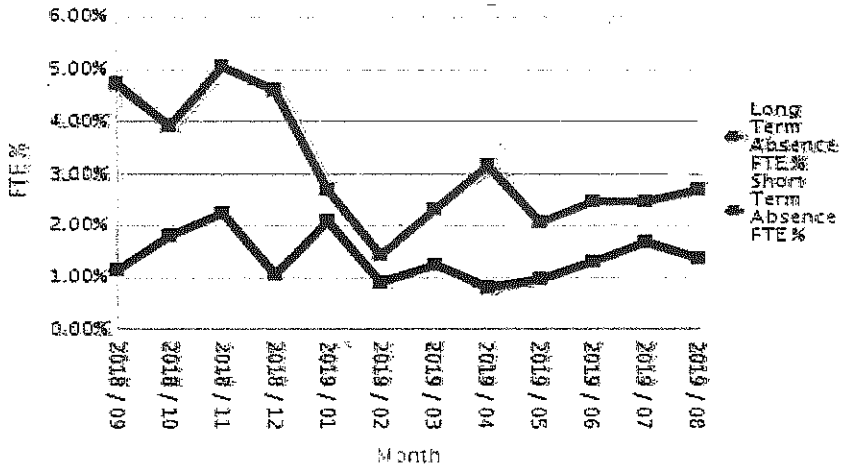
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Data for period September 2018 to August 2019

Absence Rate by Staff Group



Absence Long Term / Short Term



Sickness Absence Trend (Highest and Lowest 30* values highlighted)

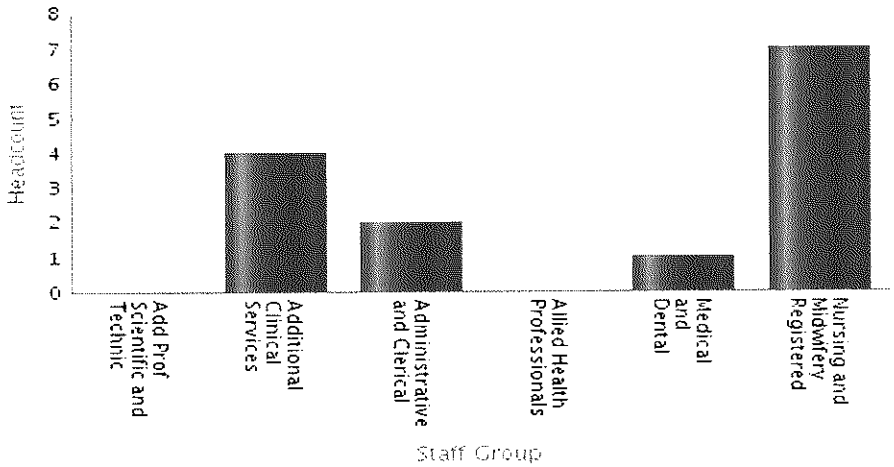
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September 2017	7	6	6	8	7	6	7	8	7	7	7	7	8	6	6	6	6	6	8	8	7	8	8	8	9	8	9	10	11	11	
October 2017	11	13	12	12	11	10	10	10	12	12	11	11	11	11	11	11	11	11	10	10	9	9	11	10	10	11	9	9	9	10	10
November 2017	11	11	10	10	10	10	9	7	7	7	7	8	9	10	11	10	9	7	8	9	10	11	11	12	10	11	9	10	9	8	
December 2017	8	8	8	8	8	8	9	10	8	8	10	10	10	11	11	10	10	12	12	13	13	14	13	13	13	13	15	16	16	12	13
January 2018	13	13	15	15	13	13	13	12	13	13	14	14	12	13	15	16	15	14	14	11	11	9	9	9	10	9	11	12	11	13	12
February 2018	12	12	12	12	13	15	17	18	16	11	10	10	10	10	8	9	8	8	8	8	8	8	8	7	7	7	8	8			
March 2018	8	7	7	7	6	7	8	8	7	6	6	7	6	6	7	7	6	6					6	6	6	8	8	8	7	7	7
April 2018	7	7	8	7	6	6	7	7	6	8	7	8	6			8	8	7	6	6	6			6	6	6	7	6	6	6	
May 2018	6							7	7	6				6	7	7	6	6	6	6	6	6	6	6	6				6	7	8
June 2018	8	7	7	6		6				6	6		6	6	6	6	6	6	6	6	6	6		6	6	6	6	6	6	6	
July 2018	6	7	9	8	7	6	6					6	6	6	6	6	7	6	7	6			7	7	7	7	7	6	6	6	6
August 2018						8	8	8	7	7	7	8	8	9	11	11	9	8	8	10	11	11	11	11	11	11	11	12	12	12	11
September 2018	11	11	11	12	12	13	13	13	12	13	14	13	14	14	12	12	12	11	12	12	11	9	9	9	9	9	9	9	9	9	
October 2018	8	9	9	10	11	11	11	12	11	11	10	10	11	11	10	9	9	9	9	9	10	11	11	11	12	11	11	9	10	9	10
November 2018	10	10	9	9	10	11	13	14	14	14	14	16	16	16	15	15	14	14	15	14	14	13	13	13	13	14	13	12	13	12	
December 2018	9	8	10	11	11	12	12	11	11	12	11	10	10	10	9	9	9	10	10	11	10	8	8	8	8	8	9	9	9	8	8
January 2019	7	7	7	7	7	7	8	11	10	9	9	9	10	10	10	10	11	12	10	10	9	6	6	6	6	6		7			
February 2019								6			7	6	7														6	8			
March 2019	8	6	6	6	7	8	8	8	7	7	8	8	9	8	8	8	9	6	6	6	6	6	6	6	6	6			6	6	
April 2019	6	6	8	9	8	8	8	8	8	8	8	8	8	8	9	9	8	7	8	7	7	6	7	7	6	6	6	6	7	7	
May 2019	8	7	7	7	7	7	6							6									6	8	8	8	8	8	8	9	9
June 2019	7	7	8	7	8	8	8	7	7	6	6	7	7	8	8	8	9	9	8	8	8	7	7		7	8	9	6	6	6	
July 2019	6	6	6	6	7			8	8	9	8	10	8	8	8	9	8	7	8	7	7	8	9	10	10	10	9	9	7	7	7
August 2019	7	7	7	7	6	6	6	6	7	6	6	6	7	8	8	8	7	7	9	8	8	8	8	8	9	9	8	8	8	8	8

*True Figure can be greater than 30 where there are a large number of dates with the same value

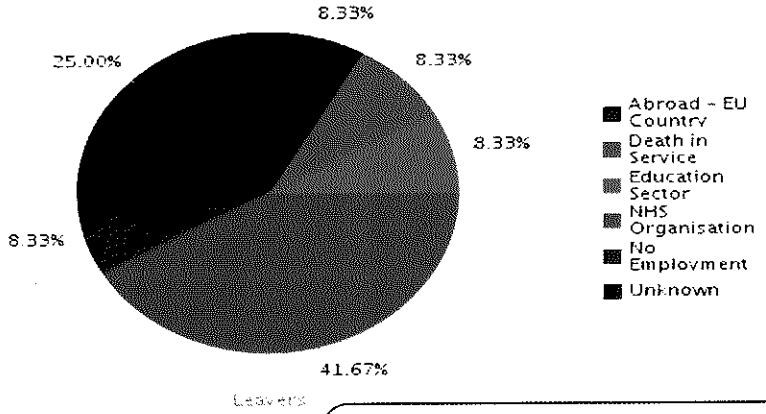
Workforce Business Partner Report - Recruitment and Retention

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hires by Staff Group

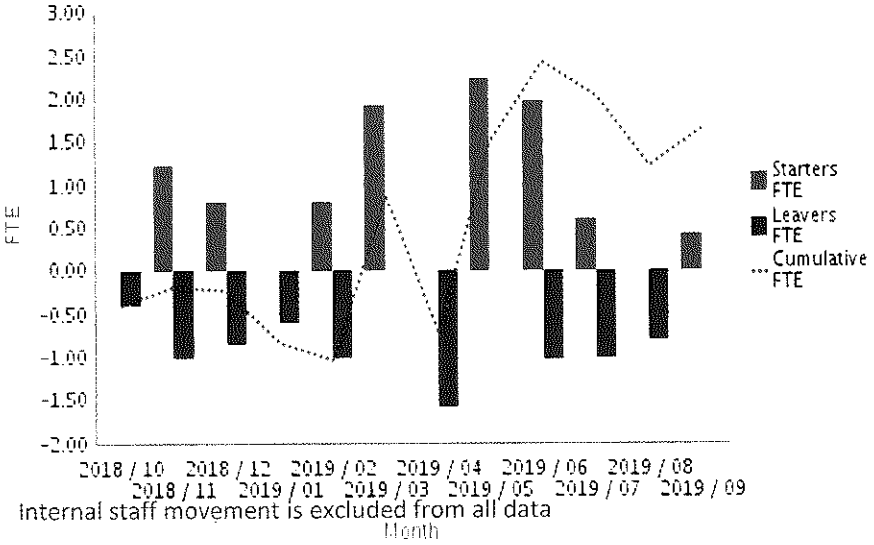


Leavers Summary



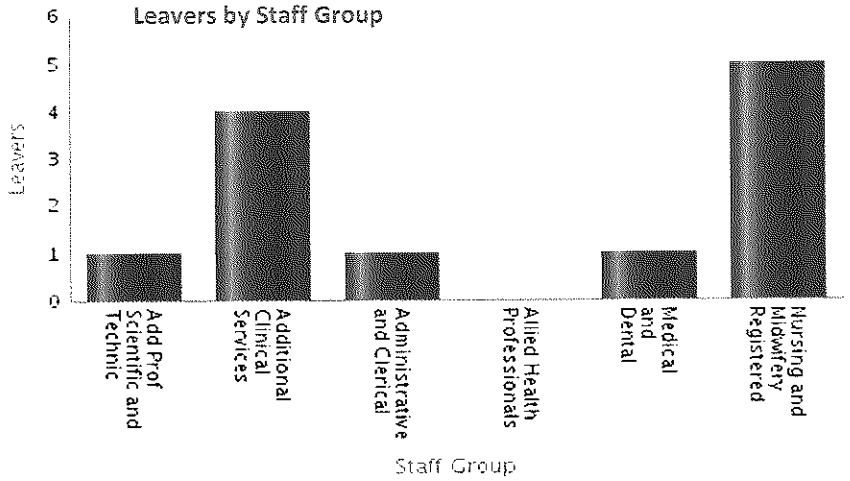
For the Directorate ...

Starters / Leavers by Month



Internal staff movement is excluded from all data

Leavers by Staff Group



Workforce Business Partner Report - Monthly Staff in Post (SIP)

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

	FTE by Month											
Department/Ward	**2018 / 10**	**2018 / 11**	**2018 / 12**	**2019 / 01**	**2019 / 02**	**2019 / 03**	**2019 / 04**	**2019 / 05**	**2019 / 06**	**2019 / 07**	**2019 / 08**	**2019 / 09**
100 CER ABERN Aberaeron Wards 0434	0.72	0.72	0.72	0.72	0.72	0.72	0.72	0.72	1.72	1.72	1.72	1.72
100 CER BGH Acute Response Team 1214	9.00	9.00	9.00	9.00	9.00	9.80	10.80	10.80	11.80	12.00	10.20	11.00
100 CER BGH Ceredigion CRT North 1620	1.00	1.00	1.00	7.43	7.43	8.03	7.43	7.43	7.43	8.23	8.23	7.43
100 CER BGH County Management Team 1257	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	5.00	5.00	5.00	5.00
100 CER BGH County Primary Care Team 1279	3.00	3.00	3.00	3.00	3.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
100 CER BGH District Nursing North Group 0442	35.75	35.35	34.35	29.72	28.72	27.12	27.12	27.92	27.12	27.12	26.12	25.12
100 CER BGH District Nursing South Group 0444	35.03	36.03	34.43	33.52	34.12	35.03	34.83	34.16	35.16	35.16	35.53	35.53
100 CER BGH Palliative Care 1259	6.40	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60
100 CER BGH Specialist Nurse Community 1296	10.43	10.85	10.68	10.68	10.08	10.08	9.16	8.36	8.36	8.96	8.96	9.96
100 CER CARD Cardigan Wards & OPD 0431	11.37	11.37	12.12	11.12	11.12	11.12	11.12	10.55	9.92	9.92	10.12	11.92
100 CER TRGRN General Office 0429	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
100 CER TRGRN Medical Staff 0427	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.91	0.82	0.91	0.91	0.91
100 CER TRGRN Tregaron Wards & OPD 0432	15.08	14.88	15.28	15.28	15.28	16.28	15.88	17.88	18.29	17.29	18.33	17.33
100 PEM WGH Health Psychology 0999	7.60	6.60	6.60	6.60	6.60	6.60	6.00	8.00	8.00	8.00	7.00	7.00
Grand Total	**141.28**	**141.31**	**139.68**	**139.58**	**138.58**	**141.28**	**139.56**	**142.32**	**145.22**	**145.91**	**143.72**	**144.52**

EV32

TREND ANALYSIS OF DISCIPLINARY CASES IN THE 2016/17 AND 2018 (CALENDER YEAR) REPORTING PERIOD

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Trend Analysis of Disciplinary Cases in the 2016/2017 & 2018 (Calender year) Reporting Period

1. Background

The Workforce Team is responsible for managing the disciplinary process on behalf of the health Board in accordance with the All Wales Disciplinary Policy.

A trend analysis has been completed to compare findings over a three year period i.e. for 2016/2017 & 2018. Tables have been prepared to highlight any key trends between the reporting periods.

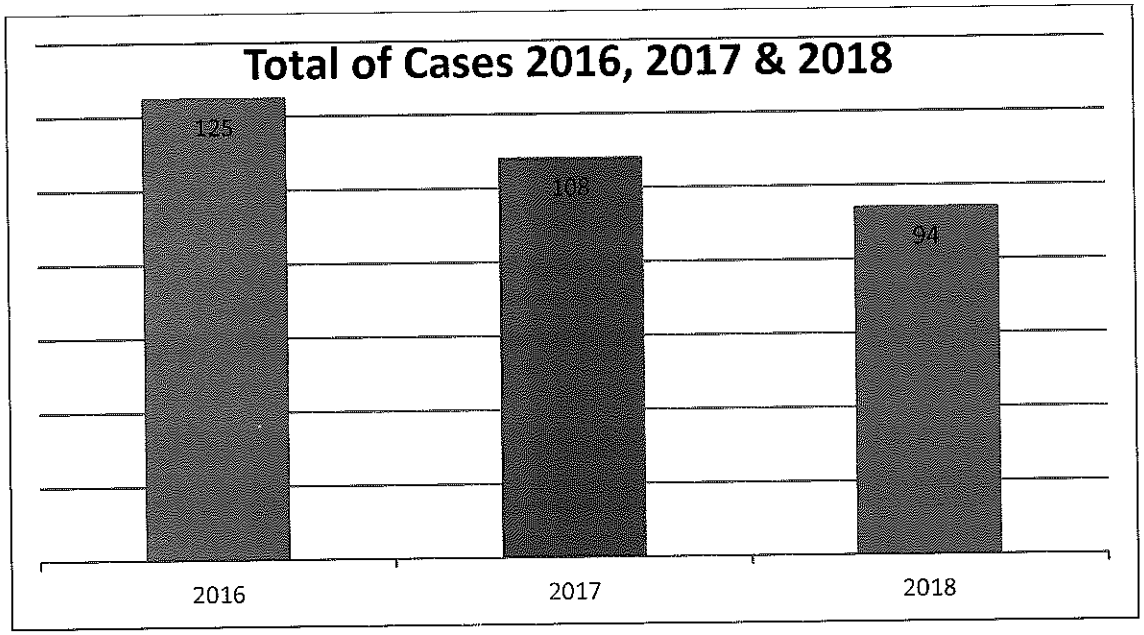
2. Findings

2.1 Cases by County (volume)

Three year comparison

Over the two years the Health Board managed a total of 327 cases. 125 in 2016 a total of 108 in 2017 and 94 cases in 2018. Carmarthenshire recorded 79 in 2016, 69 in 2017 and 50 in 2018. Pembrokeshire recorded a total of 27 in 2016, 23 in 2017 and 28 in 2018. Ceredigion recorded a total of 19 in 2016, 16 in 2017 and an equal number (16 cases) in 2018.

Table A displays the number of cases over the three years.



Comparison:

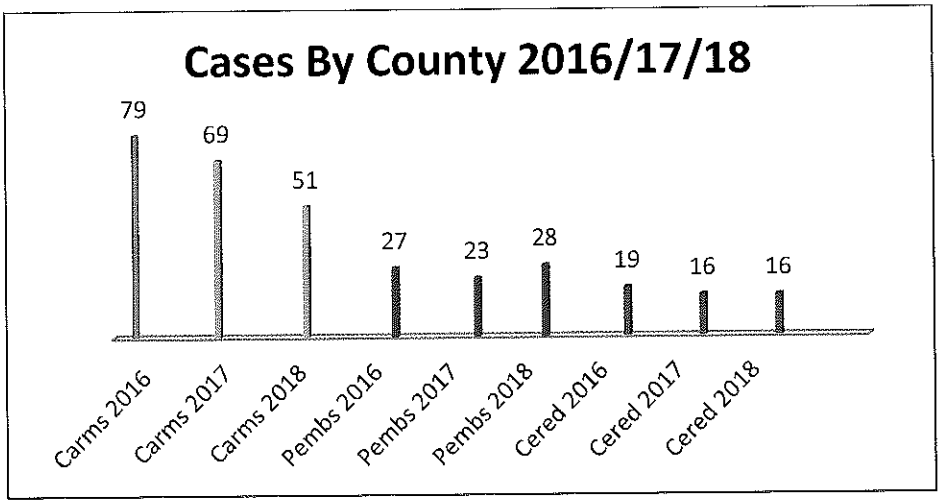
The findings indicate that from 2016 to 2017 there was a reduction in disciplinary cases (17) which represents a decrease overall of 13.6% and an additional decrease in cases from 108 cases in 2017 to 94 cases in 2018, a decrease of 13%.

In 2017 compared to 2016, Carmarthenshire recorded a decrease of 10 cases equating to a reduction of 12.75%, Pembrokeshire a reduction of 4 cases = 18.5%, and Ceredigion a decrease of 3 cases = 15.8%.

The cases in 2018 (94) compared to cases in 2017 (108) indicates a decrease in cases between the 2 years of 13%. Carmarthenshire recorded a decrease of 19 cases equating to a reduction of 27.5%, Pembrokeshire a reduction of 5 cases 17% and Ceredigion had an equal amount 16 cases in 2017 and 2018.

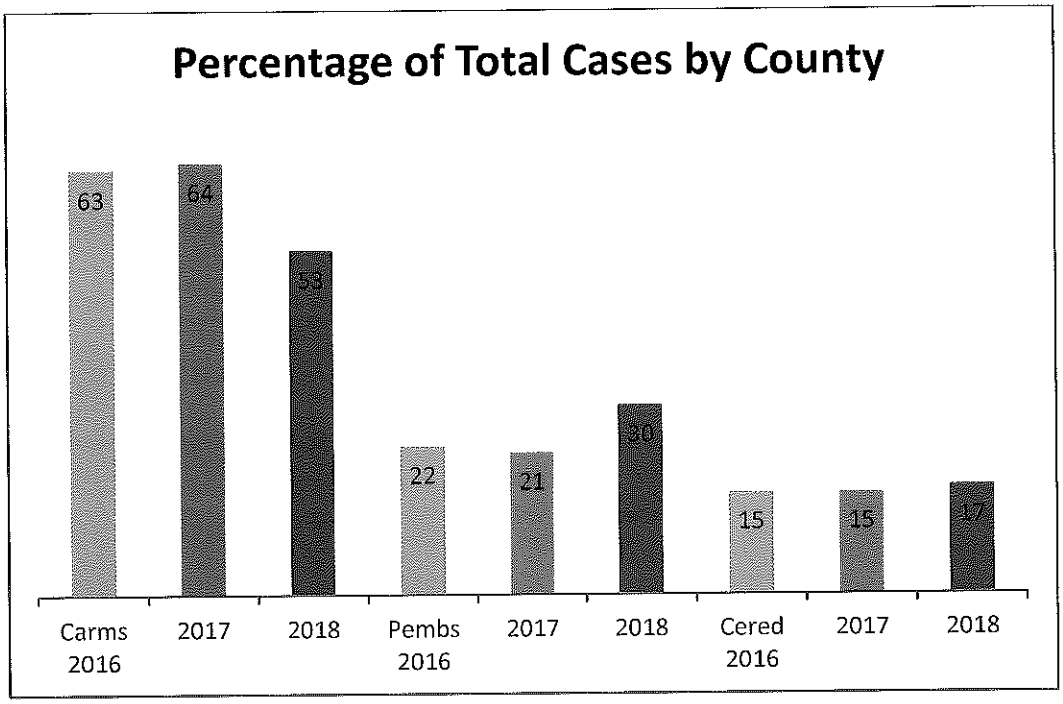
Table B – Case Activity By County

Table B sets out the case activity by County. The table demonstrates that there has been a decrease in disciplinary cases in 2017 compared to the disciplinary cases recorded in 2016. And also a further decrease in 2018 compared to 2017.



	Carms	Pembs	Cered
2016	**79**	**27**	**19**
2017	**69**	**23**	**16**
2018	**51**	**28**	**16**

Table C - Percentage of total cases by County

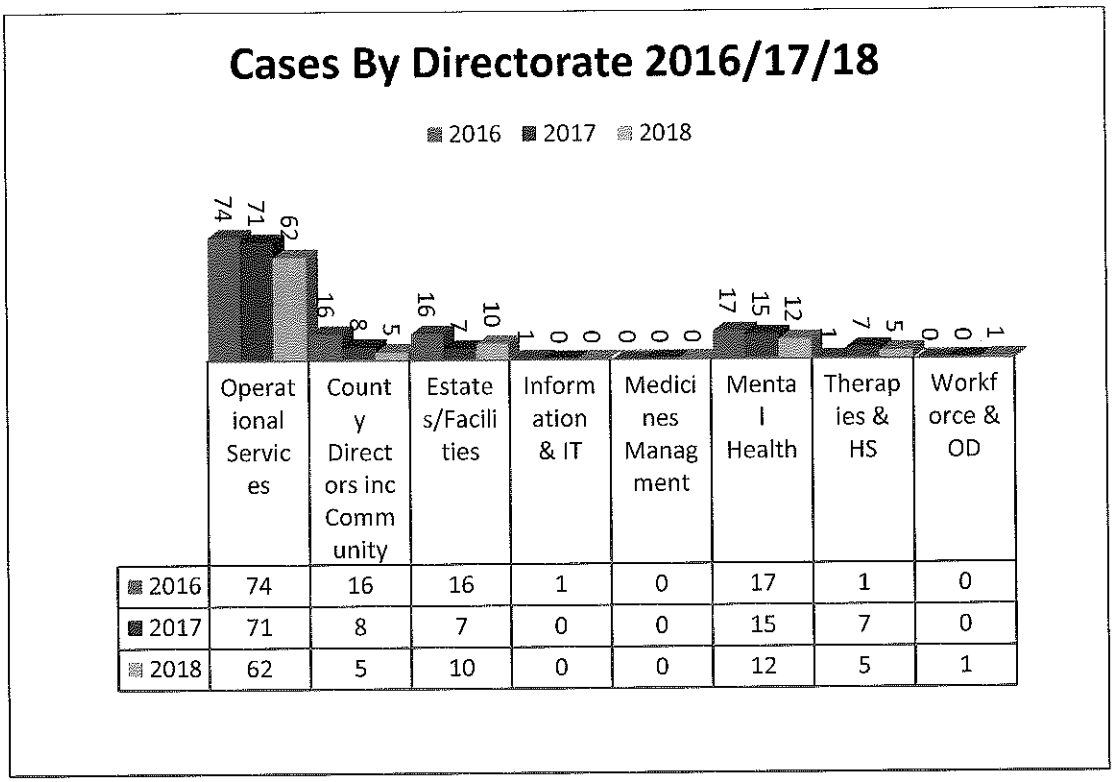


	Carms	Pembs	Cered
2016	**63%**	**22%**	**15%**
2017	**64%**	**21%**	**15%**
2018	**53%**	**30%**	**17%**

Over the last few years we have tended to use the ratio of total number of staff split into counties as approximately 50:30:20 (Carms:Pembs:Cered). Therefore, the disciplinary cases in 2016/17/18 correlates to the ratio of staff across the three counties.

2.2 Cases by Directorate

Table D



	Operational Services	County Directors inc Community	Estates/Facilities	Information & IT	Medicines Management	Mental Health	Therapies & HS	Workforce & OD
2016	74	16	16	1	0	17	1	0
2017	71	8	7	0	0	15	7	0
2018	62	5	10	0	0	12	5	1

Table **D** illustrates cases recorded by Directorate. The Operational Services Directorate unsurprisingly has the largest number of cases (207 or 63% of all cases) however this Directorate also has the highest proportion of staff. County Directors (All Community services) has 29 cases (9%). Mental Health & Learning Disabilities has 44 cases (13.5%). Information & IT 1 case in 2017 (0.30%) Estates/Facilities Directorate has 33 cases (10%). Therapies & HS 13 cases (4%) and WF & OD has 1 case (0.30%).