

Qualification: CIPD Diploma in Applied Human Resources

Module Name: Contributing to Organisational Performance

Word Count: 2000

Student Name: Lauren Davies

Student Number:

CIPD Membership Number:

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: L. Davies

Date: 05/06/2020

Unit Title	Assessment criteria number	Evidence	Evidence description
Contributing to Performance management	1.1	PTL	This evidence is of a performance documents used to evaluate serviced performance levels on a daily basis.
Contributing to Performance management	1.2	Referral to treatment time documents	This evidence is documents produced by Welsh Government explaining the referral to treatment time.
Contributing to Performance management	1.3	Letter from my Line manger Sarah Rees stating my involvement in RTT	This evidence is a letter from my line manager Sarah Rees stating my involvement in the RTT process.
Contributing to Performance management	1.3	Email to waiting list coordinator	This evidence is an email to my waiting list coordinator asking her to book patients in
Contributing to Performance management	1.3	Email to outpatient coordinator	This evidence is to my outpatient coordinator asking her to book patients in
Contributing to Performance management	1.3	Email from directorate General Manager evaluating my performance	This evidence is from the Women's and Children's general manager explaining my performance in relation to RTT.
Contributing to Performance management	2.1	HDUHB capability policy	This evidence is the capability policy within HDUHB
Contributing to Performance management	2.2	Letter from HR	This evidence is letter from our directorate HR advisor stating that he has helped me manage capability.
Contributing to Performance management	3.2	Demand and Capacity plan	This evidence is a demand and capacity plan which we use to evaluate our performance on a daily basis.
Contributing to Performance management	3.1	HDUHB PDR example	This evidence is an example of a PDR from HDUHB
Contributing to Performance management	3.2	HDUHB Old capability policy	This evidence is of the old capability plan in HDUHB
Contributing to Performance management	3.3	All Wales Pay enhancement policy	This evidence is of the proposed all Wales pay enhancement policy.

The CIPD (2016) define Individual and organisational performance as a big challenge to lever the relationship between the people working in the enterprise and the value that they deliver. Performance management is the attempt to maximise value creation and ensure that employees contribute to business objectives. The CIPD (2016) believe that performance should align with organisational strategy to suit the type of job.

LO1- Be able to contribute to the delivery of performance management activities within the organisation.

The Welsh Government set the NHS in Wales's targets every April to the next April to deliver 0 patients waiting in excess of 36 weeks for any treatment, outpatient appointment or procedure. The Welsh Government set all local health boards a target 95% of patients should be seen in 26 weeks. It's up to each individual service within the Health Board to manage the performance of their directorate.

A referral to treatment pathway covers the time waited from referral to hospital treatment in the NHS in Wales and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated. The waiting time is calculated from the date the referral to treatment was received until the point in the month where the data is requested for that month's statistics, when patient pathways are closed they are removed from this list and make up the data requested for the pathways closed each month.

The referral to treatment time statistics show monthly performance levels related to the number of people waiting and number of weeks waited at the end of each month for specific referrals to treatment. Local Health Boards within the NHS in Wales report on their monthly performance levels on the last Wednesday of every month.

For the whole of the Referral to treatment time year which runs from April 1st to March 31st we work off something called a PTL which is a tool which measures performance levels within each health board. All specialties within Hywel Dda Health Board are included in the PTL. As you start to treat patients the numbers start to drop off and the total number of patients waiting will decrease.

In April 2019 we started on 2772 patients waiting within Gynaecology and had to get to 0 patients waiting by March 31st 2020.

My role within Referral to Treatment Time is to manage the performance of my service. I manage the patient's journey from the moment there referral comes into our system until the moment that they have had the treatment that they require and are discharged from our care.

My role also involves managing the following members of staff that are crucial to managing our internal performance two waiting list coordinators

- Two outpatient coordinators
- 10 consultants

In order for us to reach our target of 0 I have to delegate some of the workload to the people at I manage.

At the start of each month I would send a list of all the patients that require an outpatient appointment to my outpatient coordinator to book them in. I would also do the same with all the patients requiring surgery I would send the list to my waiting list coordinator.

Every week I have to provide my performance figures to my colleagues within the Health Board. We use a channel called watch tower where each week we would present our weekly performance figures. In this meeting our figures get scrutinised by senior performance managers.

Total RTT Cohort to achieve 36 weeks by year end - March 2021

TC/Date	(All)
Locality	(All)
Consultant	(All)

Count of CRN	Column Labels			
	March 21 year end (36 wk) cohort			Grand Total
Row Labels	Stage 1	Stage 2 & 3	Stage 4	
100 - General Surgery	1516	827	1551	3894
101 - Urology	2195	581	1245	4021
103 - Breast	439	164	58	661
104 - Colorectal	751	450	272	1473
106 - Upper GI	1			1
107 - Vascular	375	119	11	505
110 - Trauma & Orthopaedics	3071	413	3034	6518
120 - ENT	3845	349	277	4471
130 - Ophthalmology	3138	161	2238	5537
150 - Neurosurgery	2			2
191 - Pain Management	890	37	209	1136
300 - General Medicine	376	142	34	552
301 - Gastroenterology	1190	927	789	2906
302 - Endocrinology	222	44		266
303 - Clinical Haematology	282	69	38	389
307 - Diabetic Medicine	207	20		227
311 - Clinical Genetics	2			2
314 - Rehabilitation		63		63
320 - Cardiology	2462	3723	87	6272
324 - Anticoagulation Service	20	16		36
328 - Stroke Medicine	22	22		44
330 - Dermatology	2717	403		3120
340 - Respiratory Medicine	1084	436	28	1548
341 - Respiratory Physiology		73		73
361 - Nephrology	152	15		167
400 - Neurology	1134	75	12	1221
401 - Clinical Neurophysiology	63	457		520
410 - Rheumatology	695	57	122	874
420 - Paediatrics	868	144	6	1018
430 - Geriatric Medicine	992	68	4	1064
502 - Gynaecology	2052	528	540	3120
822 - Chemical Pathology	21	24		45
Grand Total	30784	10407	10555	51746

May Summary Position

Please note that the monthly sign off will take place on 5th June

RTT cohort to be seen by end of May by stage - total numbers to be seen/treated to achieve 36 weeks (includes those that will be breaches over 52 weeks)

GroupedWeeks (All)		CurrentStage2		MainSpecialty		RTTTarget36					
DerivedSubSpecialtyName (All)		Stage 1		100 - General Surgery		101 - Urology		22/11/2007	21/11/2018	28/02/2019	2
DerivedSubSpecialtyLocalCode (All)		Stage 2 & 3		103 - Breast		104 - Colorectal		12/09/2019	23/09/2019	27/09/2019	1
TCIDate (All)		Stage 4		107 - Vascular		110 - Trauma & Orthopaedics		25/10/2019	08/11/2019	18/11/2019	2
Locality (All)		(blank)		120 - ENT		130 - Ophthalmology		26/11/2019	27/11/2019	29/11/2019	0
Consultant (All)								05/12/2019	09/12/2019	11/12/2019	1
								19/12/2019	20/12/2019	24/12/2019	2
								01/01/2020	02/01/2020	03/01/2020	0
								10/01/2020	11/01/2020	13/01/2020	1
								17/01/2020	18/01/2020	20/01/2020	2
								24/01/2020	27/01/2020	28/01/2020	2
								01/02/2020	02/02/2020	03/02/2020	0
								07/02/2020	08/02/2020	10/02/2020	1
								14/02/2020	15/02/2020	17/02/2020	1
								21/02/2020	23/02/2020	24/02/2020	2
								28/02/2020	02/03/2020	03/03/2020	0
								07/03/2020	08/03/2020	09/03/2020	1
								13/03/2020	16/03/2020	17/03/2020	1
								21/03/2020	22/03/2020	23/03/2020	2
								27/03/2020	28/03/2020	30/03/2020	3
								03/04/2020	04/04/2020	06/04/2020	0
								10/04/2020	12/04/2020	13/04/2020	1
								17/04/2020	18/04/2020	20/04/2020	2
								24/04/2020	25/04/2020	26/04/2020	2
								30/04/2020	01/05/2020	02/05/2020	0
								06/05/2020	07/05/2020	08/05/2020	0
								13/05/2020	14/05/2020	16/05/2020	0
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								03/06/2020	04/06/2020	06/06/2020	0
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								17/06/2020	18/06/2020	20/06/2020	0
								24/06/2020	25/06/2020	26/06/2020	0
								30/06/2020	01/07/2020	02/07/2020	0
								07/07/2020	08/07/2020	09/07/2020	0
								14/07/2020	15/07/2020	17/07/2020	0
								21/07/2020	23/07/2020	24/07/2020	0
								28/07/2020	02/08/2020	03/08/2020	0
								04/08/2020	05/08/2020	07/08/2020	0
								11/08/2020	12/08/2020	14/08/2020	0
								18/08/2020	19/08/2020	21/08/2020	0
								25/08/2020	26/08/2020	28/08/2020	0
								01/09/2020	02/09/2020	03/09/2020	0
								08/09/2020	09/09/2020	11/09/2020	0
								15/09/2020	16/09/2020	18/09/2020	0
								22/09/2020	23/09/2020	25/09/2020	0
								29/09/2020	30/09/2020	02/10/2020	0
								06/10/2020	07/10/2020	09/10/2020	0
								13/10/2020	14/10/2020	16/10/2020	0
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								27/10/2020	28/10/2020	30/10/2020	0
								03/11/2020	04/11/2020	06/11/2020	0
								10/11/2020	12/11/2020	13/11/2020	0
								17/11/2020	18/11/2020	20/11/2020	0
								24/11/2020	25/11/2020	26/11/2020	0
								30/11/2020	01/12/2020	02/12/2020	0
								07/12/2020	08/12/2020	09/12/2020	0
								14/12/2020	15/12/2020	17/12/2020	0
								21/12/2020	23/12/2020	24/12/2020	0
								28/12/2020	02/01/2021	03/01/2021	0
								04/01/2021	05/01/2021	07/01/2021	0
								11/01/2021	12/01/2021	14/01/2021	0
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								25/01/2021	26/01/2021	28/01/2021	0
								01/02/2021	02/02/2021	03/02/2021	0
								08/02/2021	09/02/2021	11/02/2021	0
								15/02/2021	16/02/2021	18/02/2021	0
								22/02/2021	23/02/2021	25/02/2021	0
								29/02/2021	02/03/2021	03/03/2021	0
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								04/06/2021	05/06/2021	07/06/2021	0
								11/06/2021	12/06/2021	14/06/2021	0
								18/06/2021	19/06/2021	21/06/2021	0
								25/06/2021	26/06/2021	28/06/2021	0
								02/07/2021	03/07/2021	05/07/2021	0
								09/07/2021	10/07/2021	12/07/2021	0
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								03/09/2021	04/09/2021	06/09/2021	0
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								17/02/2022	18/02/2022	20/02/2022	0
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								11/07/2022	12/07/2022	14/07/2022	0
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Hywel Dda University Health Board: Information Services

RTT

Referral to Treatment: Start clock – Stop Clock!
System Guidance ONLY

The purpose of this document is to support the use of
WPAS - Welsh Patient Administration System
(previously known as Myrddin) only.

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Pathway Management Event Codes

Function	Code	Description
Start	40	New referral received
Start	41	Decision to change pathway, treatment in the future
Start	42	Reinstatement on pathway
Start	47	Decision to change pathway, awaiting outcome of intervention
Start	48	Decision to change pathway with referral to diagnostics outside HB
Start	49	Decision to change pathway with referral to tertiary centre (Cardiology only)
Start	4A	Original start is unknown
Start	4D	Decision to change pathway with referral to Diagnostics
Start	4H	Decision to change pathway with referral to Therapy
Start	4W	Change to pathway with addition to elective list
Continue	50	No action - await further review
Continue	51	Refer to Diagnostics
Continue	52	Refer to Therapies
Continue	53	Added to waiting list for elective admission
Continue	54	Treatment proposed – delivery intended at future appointment
Continue	55	Diagnostic / Therapy completed – return to referring clinician
Continue	56	Hospital cancellation
Continue	57	Awaiting outcome of intervention
Continue	58	Awaiting outcome of diagnostic test (outside HB)
Continue	59	Referral to tertiary centre (Cardiology only)
Continue	5D	Awaiting clinical decision
Continue	5F	Added to follow-up WL
Continue	5T	Referral to Tertiary Centre (Same HB)
Continue	5I	No change to pathway
Continue	5X	Event unknown at present
Continue	5N	Could not Attend
Stop	60	Discharged / referred back to GP
Stop	61	Treatment commenced today
Stop	62	Active monitoring commenced today
Stop	63	Referred to another consultant
Stop	64	Admitted direct from clinic
Stop	65	Patient declined treatment
Stop	66	Patient treated elsewhere (including treatment as an emergency)
Stop	67	DNA / 2 nd CNA
Stop	68	Patient deceased
Stop	69	Referred to tertiary centre (not Cardiology)
Stop	6D	Patient journey ends
Stop	6H	Therapy treatment completes pathway
Stop	6M	Active monitoring previously commenced
Stop	6R	Condition Resolved
Stop	6N	Could not attend
Stop	6J	Refusal of reasonable offer
Stop	6X	Treatment has already taken place



1. Out-Patient

1.1 Patient A – Scenario 1: Can Not Attend (CNA)

Patient A is referred in to the Health Board by his GP to a Consultant Gastroenterologist as he has been complaining of stomach problems.

- A referral is entered on to Myrddin.

Referrals [TESTER12] - TEST, TEST

Case No.: TESTER12 Birthdate: 15-Jun-1892 (124 years) Address: H M Prison
NHS No.: N/A Postcode: CF35 6AP Parc
Name: TEST, TEST Heol Hopcyn John
Coity

Core Information
Referral
Removal from List
Diagnosis
Case Load
Notes
Differ Audit
Clinical

Date of referral: [Date Picker]
Date Referral received: [Date Picker]
Management Intent: [Dropdown]
HealthCare Professional (HCP): [Dropdown]
Service: [Dropdown]
Location: [Dropdown]
Date Patient made aware: [Date Picker]
Source of Referral: [Dropdown]
Referrer: [Dropdown]
Referral Address (as applicable): [Text Area]
Category of Patient: [Dropdown]
Priority on Letter: [Dropdown]
HCP Priority: [Dropdown]
Clinical Condition: [Text Area]
GP Ref. No.: [Text Area]

Ref location: [Dropdown]
Ref clinic: [Dropdown]
Est LOS: [Dropdown] (Nights)
Commencement: [Dropdown]
Outcome: [Dropdown]
Plan Adm date: [Date Picker]
Referrer: [Text Area]
Referrer Comment: [Text Area]
Theatre Type: [Dropdown]
Anaes Type: [Dropdown]
Time in Theatre: [Dropdown] (Estimated)
Pathway management
Pathway: [Dropdown]
UPI: [Dropdown]
Event: [Dropdown]

OK Cancel

The Pathway Management shows the start date of when referral received in to the Health Board.

- This is the "Start" of the clock.

Myrddin Patient Record [TESTER12] - TEST, TEST

MPR QuickReports

Administ. Demographics Referrals Pathway Ma. Activity Caseloads Legal Status

Drag a column header here to group by that column

Start Date	End Date	Path ID	Description	Source
05/10/2016	05/10/2016	7A2145153	New Referral received	Referral via Myrddin

Target Date = 05-Apr-2017 Target needs to be met in 96 days

Event Date: [Date Picker] Description: [Text Area] Source of Event: [Dropdown]

05/10/2016 New Referral received Referral via Myrddin



The patient has contacted the Health Board to say that the appointment is no longer convenient but would like another one in the future.

- 'Outcome' should be recorded as "Could Not Attend"
- 'Local Reason' that is **relevant** should be entered at this stage.

The pathway Event will default to "Could Not Attend" (Code 6N).

The Pathway Management will "Stop" the clock as it was the patient that cancelled the appointment and Myrddin will automatically generated a new Pathway Event from the date that the patient rang to cancel appointment.

	Start Date	Stop Date	Path ID	Description
Demographics	21/10/2016		7A2145161	Decision to change pathway, treatment in the future
Referrals	Target Date = 21-Apr-2017 Target needs to be met in 112 days			
Pathway Ma.	Event Date	Description	Source of Event	
Activity	21/10/2016	Decision to change pathway, treatment in the future	Referral via Myrddin	
Casenotes	04/10/2016	21/10/2016	7A2145161	New Referral received
Legal Status	Target Date = 04-Apr-2017 Target was met with 165 days left			
Documents	Event Date	Description	Source of Event	
Audit	04/10/2016	New Referral received	Referral via Myrddin	
	21/10/2016	Could not attend	Outpatient via Myrddin	

1.2 Patient A – Scenario 2: Appointment not Required

Patient A is referred in to the Health Board by his GP to a Consultant Gastroenterologist as he has been complaining of stomach problems. Referral has been entered on to Myrddin as in Scenario 1, and the Pathway Management has opened a pathway. However, the patient has rang to decline any appointment and does not wish to be seen.

- The patient is removed from waiting list
- The 'Outcome' will be "Cancelled by Patient"
- 'Local Reason' that would be relevant to be completed at this stage.

Removal from:
Diagnosis:
Case closed:
Notes:
Offer Audit:
Clinical:
Decision:
Appointment inconvenient (Canc by patient) 28
Other - Patient (Canc by patient) 32
Pandemic Flu 24
Pre-op guidance not followed (Canc by patient) 27
Procedure not wanted (Canc by patient) 30
Unfit for procedure (Canc by patient) 29
Date to come in:
Appt Time:
Location:
Theatre plan:
Planned Op Date:
Pre-Op Details:
Date: 27/10/2016
Location:
Referrer Comments:
Pathway management:
Event: Patient Declined Treatment

The Pathway Management defaults to "Patient Declined Treatment" (Code 65). This will close the Pathway.

Pathway Management closed and "Clock" stopped.

Myrddin Patient Record [TEST - TEST] - TEST - TEST
MPR Quick Reports
Admin:
Demographics
Referrals
Pathway Ma
Activity
Casenotes
Legal Status
Documents
Drag a column header here to group by that column
Start Date Stop Date Patient ID Description Status
04/10/2016 10/10/2016 7A2145167 New Referral received Referral via Myrddin G
Target Date = 04-Apr-2017 Target was met with 136 days left
Event: Patient declined treatment



At this appointment the decision to prescribe medication was agreed as treatment for indigestion and the outcome is for a follow up appointment.

- Clock “stopped” as treatment commenced and it was agreed by the Clinician this was “Definitive Treatment”.
- The Pathway Event will default to “Active Monitoring Commenced Today”.

Amend Outpatient Appointment (TEST123456789)

Case No: TEST123456789 Birthdate: 15-Jun-1892 (124 years) Address: H.M. Prison
NHS No: N/A Postcode: CF35 6AP Parc: 1001 Hopcyn John
Name: TEST, TEST City:

Appointment Details

Attendance Date: 07/10/2016 Appointment Time: 08:45
Activity Type: Outpatient Appointment Clinician: R. J. Jones
Service: General Medicine Location: H.M. Prison
Intent: Outpatient consultation only

Source: Outpatient waiting list Category: 1. NHS patient - not formally referred
Appt. Discharge: Session Name: pph - Friday am Slot Name: Routine New
☒ Booking spread with Patient?

Timeclock (as applicable)

Arrival Time: 08:00 Treatment Time: 08:00
Time Clinician Ready: 08:00 Leaving Time: 08:00

What Happened to the Appointment?

Outcome details

Outcome: Follow-up outpatient appointment Local Reason: Late Referral
Late Referral: ☒ Send Letter to Patient ☒ Send Letter to GP
☒ Update Default PM Letter

Pathway Management

Pathway: 04/10/2016 (General Medicine) UPI: 1A21201462
Pathway Event: Active monitoring commenced today Service:

Other Information:

OK Cancel

Clock stopped on 7 October 2016

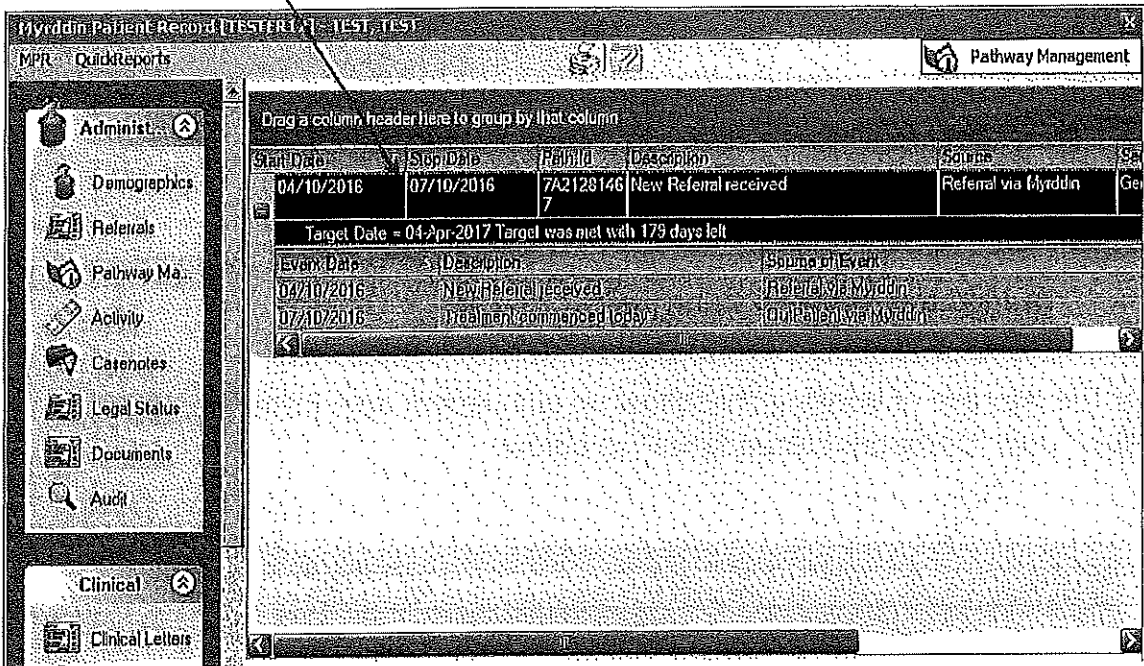
Myddin Patient Record (TEST123456789)

MPH: Quick Reports Pathway Management

Drop a column header here to group by that column

Start Date	Stop Date	Pathway	Description	Source
03/10/2016	07/10/2016	7A2120146	New Referral received	Referral via Myddin
Target Date = 04-Apr-2017 Target was met with 173 days left				
Event Date	Description	Source	Event	
04/10/2016	New Referral received	Referral via Myddin		
07/10/2016	Active monitoring commenced today	Outpatient waiting list		

Pathway Management will close as the admission to the ward is the “definitive treatment”.



The outcome of this appointment will be “Follow up outpatient appointment”, the Pathway Management Event will default to “Active Monitoring Commenced”.

- This **MUST** be changed to “No action – Await Further Review”. This can apply to as many follow-up outpatient appointments until “**definitive treatment**” commenced (In-patient admission for surgery).

Pathway management

Pathway: 04/10/2016 (General Medicine)

UPI: 7A21281471

Pathway Event: Active Monitoring Commenced

Service: General Medicine

Other Information: ☒

Default “Active Monitoring Commenced”

Next Offer Audit

Appointment Details

Attendance Date: 28/10/2016

Appointment Time: 10:30

Activity Type: Outpatient Appointment

Client: Best, W

Service: General Medicine

Location: PPH - 1st Floor Day Case Unit

Intent: Outpatient consultation only

Source: Follow-up outpatient appointment

Category: 1. NHS patient - not formally delayed

Appt Disactive: ☐

Session Name: pph - External feeding Review Clinic

Slot Name: Routine F&U

☒ Booking agreed with Patient?

Timesheet (as applicable)

Arrival Time: 00:00

Time Clinician Ready: 00:00

Treatment Time: 00:00

Leaving Time: 00:00

What happened to the appointment?

Outcome details

Outcome: Follow-up outpatient appointment

Local Review: ☐

Date Notified: ☐

☒ Send Standardised Letter

☒ Override Default DNA Letter

Override Letter: ☐

Pathway management

Pathway: 04/10/2016 (General Medicine)

UPI: 7A21281471

Pathway Event: No action - await further review

Discharge/Referral: ☐

Discharged / referred back to GP: 60

Event unknown at present: 64

Hospital Cancellation: 56

No action - await further review: 50

No change to Pathway: 61

The Pathway Management remains open.

Administrative

Demographics

Referrals

Pathway Ma...

Activity

Cases/Notes

Drag a column header here to group by that column

Seq	Date	Seq	Date	Ref ID	Description	Source
1	04/10/2016			7A21281471	New Referral received	Referral via Myddin
Target Date = 04-Apr-2017 Target needs to be met in 38 days						
Event Date	Description	Source of Event				
04/10/2016	New Referral received	Referral via Myddin				
07/10/2016	Added to waiting list (elective admission)	Referral via Myddin				
07/10/2016	Added to waiting list (elective admission)	Out Patient via Myddin				
28/10/2016	No action - await further review	Out Patient via Myddin				



1.6 Patient A – Scenario 6: Attended with Referral to Therapies

If patient A attended an appointment with the Clinician and at that appointment it was agreed they needed to have surgery but had to lose weight beforehand, a referral to the Dietitian will be made. As this is not definitive treatment the clock remains open.

- 'Outcome' is "Referral to Therapies"
- Pathway Management Event will default to "Event Unknown at Present"

Core Info: NHS No: N/A, Postcode: CF99 8UA, Gillfach Goch, Porth, Rhondda, cymon, taff

Attendance: Name: TEST, TESTER

Appointment Date: 04/11/2016, Source: Outpatient waiting list

Appointment Time: 09:00, Category: 1. NHS patient - not formally detained

Activity Type: Outpatient - TCI, App. Director: [blank]

Clinician: R. J. W., Session Name: pop - Enteral feeding Review Clinic

Service: General Medicine, Slot Name: Routine New

Location: Porth Goch Day Surgery, Booking agreed with Patient?

Intent: Outpatient consultation only

Timecheck (if applicable): Arrival Time: 09:00, Treatment Time: 09:00, Time Clinician Ready: 09:00, Leaving Time: 09:00

What happened to the appointment?

Outcome details: Outcome: Referred to Therapies, Outcome Code: 12

Local Reason: Patient fit for 23 hr stay, 2F

Date Nullified: Patient not fit for procedure, 9S

Override Letter: Referred to another consultant, 11

Other Information: Pathway: 04/10/2016 (General Medicine), UPI: 7A21281473, Pathway Event: Event unknown at present, Service: [blank]

The Pathway Management remains open.

Administrative: Demographics, Referrals, Pathway Ma., Activity, Cases/notes, Legal Status, Documents

Drag a column header here to group by that column

Event Date	Description	Source
06/10/2016	New Referral received	Referral via Myddin
04/10/2016	New Referral received	Referral via Myddin

Target Date = 06-Apr-2017 Target was met with 182 days left

Target Date = 04-Apr-2017 Target needs to be met in 85 days



2. In-Patient

2.1 Patient A – Scenario 7: Attended with outcome of In-patient Admission (non emergency)

If Patient A attended the initial appointment to see the Consultant for his stomach problems, a decision at that stage may be made for the patient to attend as an In-patient to have surgery.

- 'Outcome' of appointment will be recorded as "Inpatient List " and the 'Pathway Event' automatically defaults to "Added to Waiting List for Elective Admission"
- Referral generated for In-patient List that would be used to book the admission.

Name: TEST, TEST		Coity	
Attendance Notes New! Offer Audit			
Appointment Details			
Attendance Date:	21/10/2016	Source:	Outpatient waiting list
Appointment Time:	13:30	Category:	1. NHS patient - not formally delayed
Activity Type:	Outpatient - TCI	Appl Directive:	
Clinician:	Prof JW	Session Name:	pph - Enteral feeding Review - Fit PM
Service:	General Medicine	Slt Name:	Routine New
Location:	PPH 6 (Pulmonary & Hospital)		☒ Booking agreed with Patient?
Intent:	Outpatient consultation only		
Timecheck (if applicable)			
Arrival Time:	00:00	Treatment Time:	00:00
Time Clinician Ready:	00:00	Leaving Time:	00:00
What happened to this appointment?			
Outcome details		Pathway management	
Outcome:	Inpatient list	Pathway:	04/10/2016 (General Medicine)
Local Reason:		UPI:	7A21453219
Date Notified:	15/10/2016	Pathway Event:	Added to waiting list for elective
	☒ Send Patient a Letter	Description:	Event type
	☒ Override Default CMA Letter	Active monitoring commenced today	62
Override Letter:		Active monitoring previously commenced	6M
		Added to Follow Up WL	6F
		Added to waiting list for elective admission	53
		Admitted direct from clinic	64

The Pathway Management remains open until date of admission and surgery completed.

Event Date	Event Description	Source of Event
04/10/2016	New Referral received	Referral via Muddin
21/10/2016	Added to waiting list (Oral hygiene education)	Referral via Muddin
21/10/2016	Added to waiting list (Oral Referral)	Oral Referral via Muddin



3. Day Case

3.1 Patient A – Scenario 8: Attended with outcome of Diagnostic Procedure Event

If Patient A attended the initial appointment to see the Consultant for his stomach problems, a decision at that stage may be made for the patient to attend as a Day Case to have a diagnostic procedure.

- ‘Outcome’ of appointment will be recorded as “Day Case List”
- Pathway Event will default to “Added to Elective Waiting List” which will generate a referral to be used to book Day Case appointment with.

Amend Outpatient Attendance [TESTER12]

Core Info: Case No. TESTER12, Birthdate: 15-Jun-1892 (124 years), Address: H M Prison, NHS No. N/A, Postcode: CF35 6AP, Name: TEST, TEST, Parc, Heol Hopcyn John, Cofy.

Appointment Details: Attendance Date: 07/10/2016, Appointment Time: 08:00, Activity Type: Outpatient Attendance, Clinician: Dr W. Rees, Service: General Medicine, Location: Prince Philip Hospital, Intent: Outpatient consultation only, Source: Outpatient waiting list, Category: 1. NHS patient - not formally delayed, Appl. Description: , Session Name: pph - Friday am, Slot Name: Routine New, Booking agreed with Patient? [X]

Timesheet (as applicable): Arrival Time: 08:00, Treatment Time: 08:00, Leaving Time: 08:00, Time Clinician Ready: 08:00.

What happened to the appointment? Outcome details: Outcome: Day case list, Local Reason: , Date Notified: 15/10/2016, Override Default DHA Letter: [X] Override Letter: . Pathway management: Pathway: 04/10/2016 (General Medicine), UPI: RA21201465, Pathway Event: Added to waiting list for elective, Service: . Other Information: .

By completing the above, a referral is generated ready for Waiting List Team to use.

Hywel Dda Patient Record [TESTER12 - TEST, TEST]

MPR Quick Reports Referrals

Drag a column header here to group by that column

Type	Status	Ref Date	Date Rec	Health Care Pn	Service	Letter Ref	Notes	Location
DC	Waiting	07/10/20	07/10/2016	Dr W. Rees	General M		Patient was referred to Prince Philip Hospital	Prince Philip Hospital
OP	Treated	03/10/20	04/10/2016	Dr W. Rees	General M		Patient was referred to Prince Philip Hospital and booked as an Outpatient for 07/10/2016.	Prince Philip Hospital



Pathway Management: **Pathway:** 04/10/2016 (General Medicine) 
UPI: 7A2128466
Pathway Event: Active monitoring commenced 

Referrals [254396] - TESTER, TEST	
Core Information - Referral - Removal from - Diagnosis - Caseload - Notes - Offer Audit	Case No.: 234396 Birthdate: 08-Aug-1992 (24 years) Address: Brooklyn Idole NHS No.: 496-511-4868 Postcode: SA32 8DD Carmarthen Name: TESTER, TEST Carmarthenshire
Clinical	☒ Off waiting list Reason: Day case admission Local Reason: Offlist date: GP Letter: Patient Letter: ☒ Pre-Op Details Date: Location: Referral Comments This referral was created automatically from an Attendance on 07/10/2016. Pathway management Event: Awaiting outcome of intervention
Booking ☒ Theatre booking using diary Date to come in: 14/10/2016 Appt Time: 09:00 Location: BPH Day Ward Theatre block: Planned Op Date: ☒ Confirmation letter Letter:	

Myrddin Patient Record [TESTER] [2] [TEST] [TEST]

MHR QuickReports Pathway Management

Admin

- Demographics
- Referrals
- Pathway Man.
- Activity
- Cases Notes
- Legal Status
- Documents
- Audit

Drag a column header here to group by that column

Start Date	Stop Date	R-Unit	Description	Source	S
04/10/2016		7A2128146	New Referral received	Referral via Myrddin	G
Target Date = 04-Apr-2017 Target needs to be met in 109 days					
Event Date	Description	Source of Verif			
04-Apr-2016	New Referral Received	Referral via Myrddin			
07-Apr-2016	Admission via Inpatient Supervision Unit	Referral via Myrddin			
07-Apr-2016	Admission via Inpatient Supervision Unit	Referral via Myrddin			
29-Apr-2016	Admission via Inpatient Supervision Unit	Referral via Myrddin			

From the follow-up outcome of the Day Case a “Dummy” date is created to make a further out-patient appointment to discuss findings of Patient A’s recent diagnostic procedure.

Myrdin Patient Record [TESTER12] - TEST, TEST

MPR QuickReports Activity

Administ. Demographics Referrals Pathway Ma. Activity Casenotes Legal Status Documents Audit

Diag a column header file to group by list column

Type	Initial HCP	Initial Date	App. Time	Initial Service	Initial Location	Notes	Initial Date
OT	Dr W Rees	31/12/2016	0000	General Medicine	PPH - Outpatient		
Outpatient: Due to Attend Confirm Letter: Default Confirmation of Appointment Letter (Blue)							
AD	Dr W Rees	21/10/2016	0000	General Medicine	PPH - Day Ward		06/01/2017
Admission: (to Prince Philip Hospital) Discharged on 16/12/2016 from PPH - Day Ward, Prince Philip Hospital by Dr W Rees (General Medicine). The Outcome was Follow-up outpatient appointment Other information: This referral was created automatically from an Attendance on 07/10/2016.							
OA	Dr W Rees	07/10/2016	0845	General Medicine	Prince Philip Hospi		07/11/2016
Outpatient: Attended with an outcome of Day case list This Session Name: pph - Friday am Confirm Letter: Default Confirmation of Appointment Letter (Blue) Next Appl Preferred Session: pph - Friday am							

Once Patient A attends this appointment to discuss findings of diagnostics (and this is the “definitive treatment”) the ‘Outcome’ completed is “follow-up outpatient appointment” the ‘Pathway Event’ defaults to “Active Monitoring Commenced Today”. This will stop the clock as definitive treatment commenced. Pathway Management is now closed.

Amend Outpatient Attendance [TESTER12]

Case No: TESTER12 Birthdate: 15-Jun-1892 (124 years) Address: H M Prison
NHS No: N/A Postcode: CF35 6AP Parc:
Name: TEST, TEST Heol Hopcyn John
City:

Attendance Date: 16/12/2016 Source: Inpatient
Appointment Time: 09:30 Category: 1: NHS patient - not formally detained
Activity Type: Outpatient - YCI Appl Director:
Clinician: Dr W Rees Session Name: pph - Friday am
Service: General Medicine Slot Name: Rptn F/U
Location: Prince Philip Hospi
Intent: Outpatient consultation only
☒ Booking agreed with Patient?

Timecheck (as applicable)
Arrival Time: 00:00 Treatment Time: 00:00
Time Clinician Ready: 00:00 Leaving Time: 00:00

What happened to the appointment?

Outcome details
Outcome: Follow-up outpatient appointment
Local Reason:
Date Modified:
☒ Cancelled date reference

Pathway management
Pathway: 04/10/2016 (General Medicine)
UPI: ZA21281466
Pathway Event: Active monitoring commenced today
Service:



3.2 Patient A – Scenario 9: Patient Discharged from Day Case Attendance

If Patient A attended for his diagnostic procedure as a Day Case and the findings of that attendance resulted in him being discharged as the clinician agreed “Definitive treatment” at that time:-

- ‘Outcome’ would be “Discharged” and the ‘Pathway Event’ will default to “Discharged / Referred Back to GP”. This will close the pathway and stop the clock.

Pathway will be closed.

Myrdin Patient Record [TESTER12] - TEST, TEST

MPR QuickReports



Pathway Management

Drag a column header here to group by that column

Ref Date	Stop Date	Referral	Description	Source	Status
04/10/2016	05/12/2016	7A21459823	New Referral received	Referral via Myrdin	Ga

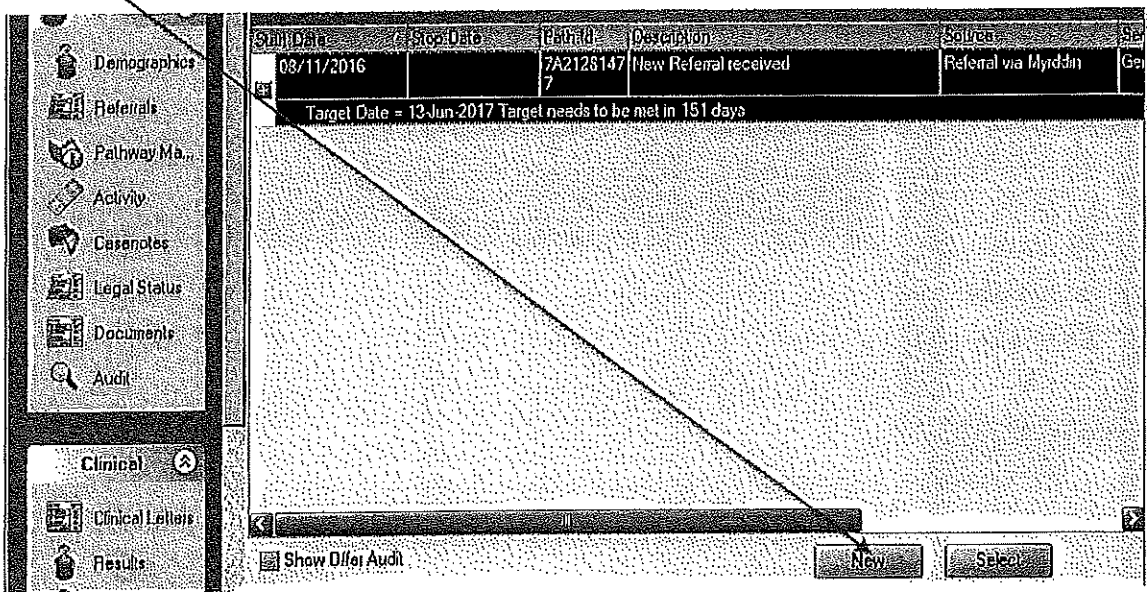
Target Date = 04-Apr-2017 Target was met with 120 days left

Event Date	Description	Source of Event
04/10/2016	New Referral received	Referral via Myrdin
04/10/2016	Added to waiting list for elective admission	Referral via Myrdin
04/10/2016	Added to waiting list for elective admission	Referral via Myrdin
05/12/2016	Treatment commenced today	Admission via Myrdin
05/12/2016	Discharged / referred back to GP	Admission via Myrdin

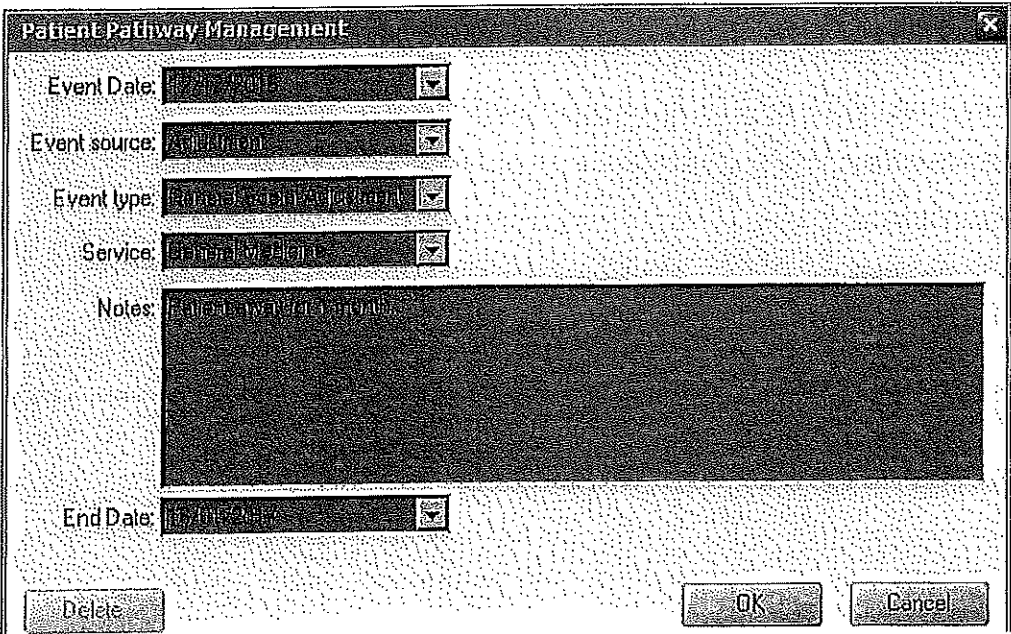


Adjustment on Myrddin

To enable an adjustment, go in to ‘Pathway Management’, select the correct open pathway and click new.



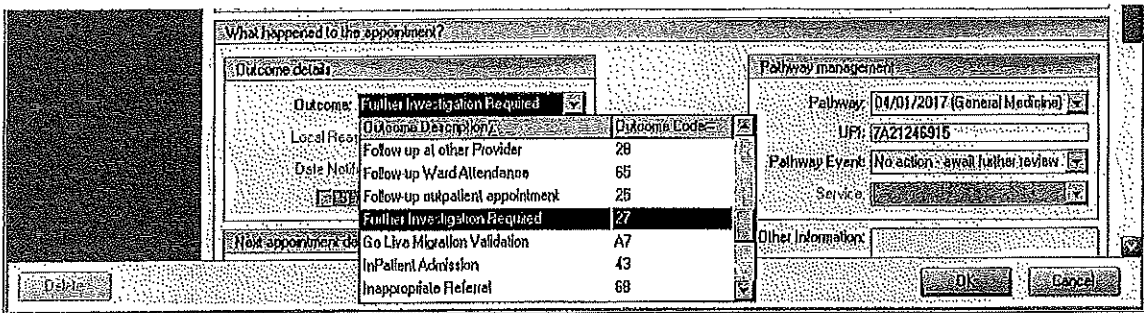
Enter the details of the required adjustment and remember to enter an “End Date” to the adjustment and any explanatory notes.



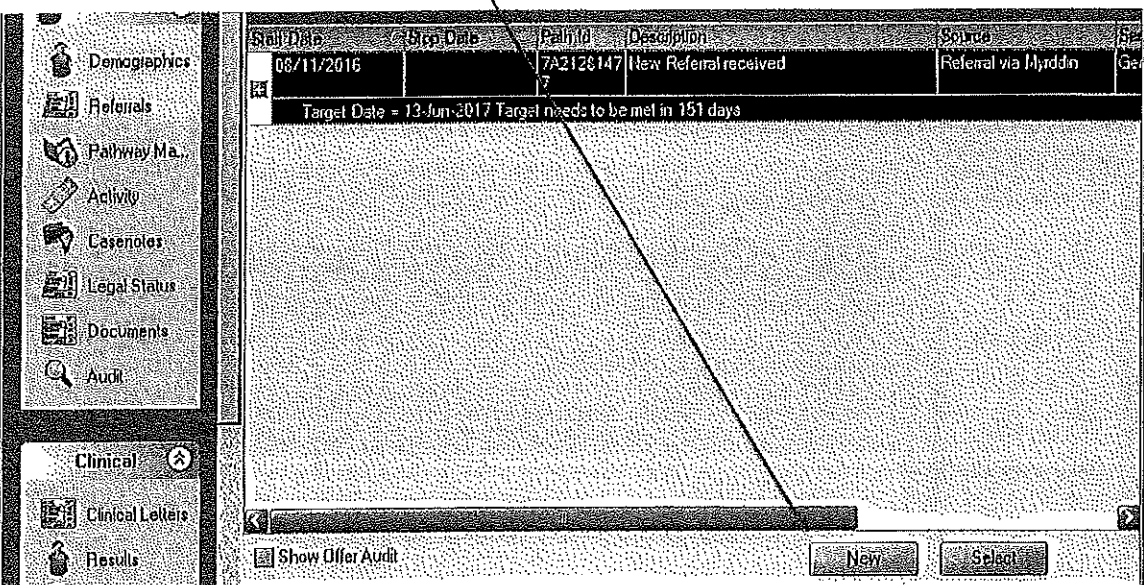
Non Myrddin Events

If a patient has attended a clinic appointment and the Consultant is waiting for test results before deciding on intervention:-

- ‘Outcome’ is “Further Investigation Required”. The ‘Pathway Event’ will default to “No Action – await further review”.



Once the results have been checked by the Clinician, you need to go in to the ‘Pathway Management’ and create a “Non Myrddin Event” by highlighting the correct pathway and selecting ‘New’.



Addendum

Pathway Management on WPAS (Myrddin) needs to be completed by *all services and for all patients*, the completion of which facilitates the national mandatory reporting of RTT and its compliance.

INCLUSIONS AND EXCLUSIONS

Some Services are excluded from RTT:

- Obstetrics
- Mental Health
- Paediatrics (Community)
- Palliative Care
- Sexual health
- Emergency Care

Some Therapy Services are included in RTT: Some Therapy Services are excluded in RTT:

- Dietetics
- First Issue Adult Hearing Aid
(at point of fitting)
- Occupational Therapy
- Speech and Language Therapy
- Physiotherapy
- Podiatry

- Orthoptics
- Orthotics

Some Diagnostic Tests are included in RTT: Some Diagnostic Tests are excluded in RTT:

- Barium Enema
- CT Scans
- Echocardiogram (Echo)
- Electromyography (EMG)
- Endoscopy
- Exercise Stress Test
- Fluoroscopy
- MRI Scan
- Nerve Conduction Studies (MCS)
- Non Obstetric Ultrasounds (NOUS)
- Nuclear Medicine
- Pathology
- Plainfilm X-rays
- Urodynamic Pressure and Flows
- Vascular Investigation

- Lung Function Tests
- Surveillance Endoscopy
- Visual Field Studies
- Sleep Studies



To whom it may concern,

I can confirm that Lauren has contributed to performance management within our organisation in relation to Referral to Treatment time where we manage our organisations performance on a weekly basis.



Many Thanks
Mrs Sarah Rees
Senior Nurse Manager for Gynaecology
Hywel Dda Health Board

Page 1 of 1

Swyddfeydd Corfforaethol
Adelliad Ystwyth
Hafan Derwen
Parc Dewi Sant
Heol Ffynnon Job
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

Corporate Offices
Ystwyth Building
Hafan Derwen
St. David's Park
Job's Well Road
Cardiff
Cardiff
SA31 3BB

Cadeirydd / Chair
Mrs Maria Battle

Chief Executive
Prif Weithredwr
Mr Steve Moore

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

Lauren Davies (Hywel Dda UHB - Service Support Manager)

To: Sandra Rogers (Hywel Dda UHB - Waiting List Coordinator)
Subject: February 2020 patients

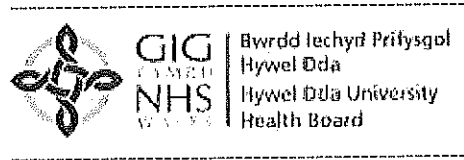
Hi Sandra,

Can you please book the following patients into this month. Can you let me know how you get on with it

E1072726	Hywel Dda Health Board	Carmarthenshire
208703	Hywel Dda Health Board	Carmarthenshire
E1171777	Hywel Dda Health Board	Carmarthenshire
411576	Hywel Dda Health Board	Carmarthenshire
E7057132	Hywel Dda Health Board	Carmarthenshire
E1082389	Hywel Dda Health Board	Carmarthenshire
E7075756	Hywel Dda Health Board	Carmarthenshire
E1084595	Hywel Dda Health Board	Carmarthenshire
H4537494	Hywel Dda Health Board	Carmarthenshire
E7832611	Hywel Dda Health Board	Carmarthenshire

Many Thanks
Lauren

Lauren Davies
Service Support Manager For the Women and Children's Directorate
Bwrdd Iechyd Prifysgol Hywel Dda/Hywel Dda University Health Board
Adeiladau Teilo/Tello Buildings
Ysbyty Cyffredinol Glangwili General Hospital
Caerfyrddin/Carmarthen SA31 2AF
Rhif ffon/Tel:01267 283197- EXT 1797
E-bost/E-mail:Lauren.davies13@wales.nhs.uk



Lauren Davies (Hywel Dda UHB - Service Support Manager)

To: Louise Jones (Hywel Dda UHB - waiting list clerk)
Subject: February 2020 patients- Hyst lits

Hi Louise

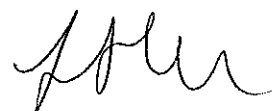
Can you please book the following patients into this month. I know there is a lot of patients to treat but we really need to get them all booked in

E1088924	Hywel Dda Health Board	Llanelli
C4263148	Hywel Dda Health Board	Llanelli
H8570425	Hywel Dda Health Board	Llanelli
E1047193	Hywel Dda Health Board	Llanelli
H0188792	Hywel Dda Health Board	Llanelli
E1074151	Hywel Dda Health Board	Llanelli
E7092298	Hywel Dda Health Board	Llanelli
E1178162	Hywel Dda Health Board	Llanelli
E7153172	Hywel Dda Health Board	Llanelli
C1236807	Hywel Dda Health Board	Llanelli
E1167594	Hywel Dda Health Board	Llanelli
C7240429	Hywel Dda Health Board	Llanelli
C6282061	Hywel Dda Health Board	Llanelli
C2223028	Hywel Dda Health Board	Llanelli
C6196729	Hywel Dda Health Board	Llanelli
E7711097	Hywel Dda Health Board	Llanelli
E7189613	Hywel Dda Health Board	Llanelli
C2121413	Hywel Dda Health Board	Llanelli
E1060266	Hywel Dda Health Board	Llanelli
E1064567	Hywel Dda Health Board	Llanelli

Many Thanks

To whom it may concern,

I can confirm that Lauren has contributed to performance management within our organisation in relation to Referral to Treatment time. Lauren delivers effective performance objectives on a weekly basis to senior managers within the organisation and does it in an accurate and timely manner.



Many Thanks
Lisa Humphrey
General Manager
Women's and Children's Directorate
Hywel Dda Health Board

Page 1 of 1

Swyddfeydd Corfforaethol
Adeilad Ystwyth
Hafan Derwen
Parc Dewi Sant
Heol Ffynnon Job
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

Corporate Offices
Ystwyth Building
Hafan Derwen
St. David's Park
Job's Well Road
Carmarthen
Carmarthenshire
SA31 3BB

Cadeirydd / Chair
Mrs Maria Battle

Chief Executive
Prif Weithredwr
Mr Steve Moore

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

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

According to the CIPD (2016) to deliver good people management line managers themselves need to be managed by a strong supportive framework to enable a robust sense of their own role within an organisation.

The CIPD (2016) believe that in order for line managers to be successful in performance management HR teams will need to support and develop the line manager. The line managers play in enabling employee performance and well-being.

According to HR Today (2018) line managers might need support from HR in relation to performance management. HR can supports line mangers by doing the following:-

- Give advice/information
- Coaching
- Training
- Direct involvement of HR
- Developing systems
- Documentation
- Administrative support
- Record keeping
- Analysis of outcomes

HR can also support performance and development reviews by reviewing performance objectives and setting new objectives. HR can also support line managers by helping to identify development needs and can help to plan personal and learning needs.

By supporting line managers capability People management (2017) believe that it allows line managers to ensure that work gets completed in a timeframe that suites both the employee and the organisation, ensure that tasks are aligned with organisational goals and empower the employees within the organisation, Line managers can develop employees by stretching their abilities while giving them the support that they need to develop. The CIPD (2016) suggest that well-managed line managers are more likely to go on to lead high-performing teams.

To assist line managers within Hywel dda to assess employee's performance we have our organisational PDR which should identify to managers if the employee is following both the team and organisational objectives set by the Health Board. This will allow managers to see who is under performing or even over performing within their teams. Then following the PDR managers take the results to HR and seek advice and support.

In Hywel Dda University Health Board when managing employee's performance we use the all Wales capability policy. The aim of the policy is to provide managers a framework where managers can work with their employees to maintain performance. It's up to managers within Hywel Dda to ensure that concerns over performance are dealt with in a fair way and that the right steps are taken to establish the facts and give the employee an opportunity to respond to the initial informal discussion before any formal action involving HR is taken.

It's important that managers understand that when dealing with performance management issues all employees must be treated fairly with dignity and respect shown at all times. An appropriate member from HR will be available to support and guide managers through the process.

In Hywel Dda University Health Board it is advised by HR that managers take an informal approach to performance management in the first instance. HR advise that the manager has a conversation with the employee to discuss their performance before going down a capability route. When a manager takes an employee down a capability route it should not be the first time an employee hears that they are going to be performance managed. HR will help managers to constantly review the individual and be available for managers to ring for any advice related to performance. Within Hywel dda if employees are still not performing through the capability policy HR will advise line managers if re-deployment could be an option if employees are still under performing.

Within my directorate in the organisation we use benchmarking to evaluate our performance on a weekly basis. We meet 3 times a week to evaluate how our performance that week increased or decreased. We do this every week until the last week of the month where we then have to present our end of month figure to Welsh Government with a justification to the figure. The reason why this month we performed better or the reason why we didn't perform so well and what the barriers were.

In the NHS we face many barriers that can hinder our performance mainly in my directorate when trying to deliver performance these are the following barriers that we face:-

- Bed shortages
- Cost
- Illness
- Volume of patients waiting to be seen
- Recruitment vacancies

All of the above factors contribute to our monthly performance and have sometimes have a drastic effect on what we present.



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

All Wales Capability Policy and Procedure

Policy Number:	203	Supersedes:		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V3		W&OD Committee	27/06/2018 5/7/2018	30/07/2018	27/06/2021

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

Owning Committee/Group	Welsh Partnership Forum Workforce & OD Committee
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Executive Director:	Lisa Gostling	Job Title	Director of W&OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	
2	revised	April 2013
3	Revised Approved W&OD 5.7.2018	27/6/2018

Glossary of terms

Term	Definition

Keywords	capability
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HYWEL DDA UNIVERSITY HEALTH BOARD

Capability Policy and Procedure

Approved by: Welsh Partnership Forum

Issue Date: 27 June 2018

Review Date: June 2021

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1. Policy Statement

The Core Principles of NHS Wales are:

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

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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

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

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

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

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

2. About this Policy

- 2.1 The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary.
- 2.2 It is Hywel Dda University Health Board's policy to ensure that concerns over performance are dealt with fairly and that steps are taken to establish the facts and to give employees the opportunity to respond at an initial informal discussion before any formal action is taken.
- 2.3 This policy is applicable to all employees, employed in Hywel Dda University Health Board, except Medical and Dental staff where specific arrangements apply in cases of professional conduct or competence. It does not apply to bank workers (see bank register principles - June 2017), agency workers or self-employed contractors.

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

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

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

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

3. Principles

- 3.1. All employees should be treated fairly and with dignity and respect.
- 3.2 An appropriate Workforce and OD (W&OD) representative will be available to support managers and employees in the application of this policy.
- 3.3 Line Managers are responsible for ensuring that all new employees undertake both Health Board corporate and local induction on commencement of their new post. In addition, they will receive a job description and person specification and will be given a clear understanding of their duties and the standards expected. To support new or promoted employees, the line manager will also need to assess any immediate development needs which they may have and the timescales within which these need to be addressed. All employees will participate in a performance review at which a Personal Development Plan will be agreed on at least an annual basis, in line with the pay progression policy.

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

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

4. Rights of accompaniment

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

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

5. Identification of a Capability Issue

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

Informal discussions may help:

- a) clarify the required standards;
- b) identify areas of concern;
- c) establish the likely causes of poor performance and identify any training needs; and/or
- d) set targets for improvement and a time-scale for review.

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

6. Initial Assessment

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

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

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

7. Incapability Due to Disability

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

8. Confidentiality

- 8.1 The aim of the Health Board is to deal with performance matters sensitively and with due respect for the privacy of any individuals involved. All employees must treat as confidential any information communicated to them in connection with a matter which is subject to this capability procedure.
- 8.2 The employee and anyone accompanying the employee (including witnesses), must not make electronic recordings of any meetings or hearings conducted under this procedure.
- 8.3 The employee will normally be told the names of any witnesses whose evidence is relevant to the employee's capability hearing, unless there are exceptional circumstances in which the Health Board believes that a witness's identity should remain confidential.

9. Redeployment/Downgrading

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

Temporary redeployment:

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

Permanent redeployment:

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

10. Timescales for Achieving Improvement

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

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

11. Notification requirements for formal capability hearings

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

- a) A summary of relevant information gathered as part of any investigation.
- b) A copy of any relevant documents which will be used at the capability hearing.
- c) A copy of any relevant witness statements, except where a witness's identity is to be kept confidential (which will only be in exceptional circumstances), in which case the employee will be given as much information as possible while maintaining confidentiality.

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

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

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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

The aims of a capability hearing will usually include:

- a) Setting out the required standards that the Health Board believes the employee may have failed to meet and going through any relevant evidence that gathered.
- b) Allowing the employee to ask questions, present evidence, call witnesses, respond to evidence and make representations.
- c) Establishing the likely causes of poor performance including any reasons why any measures taken so far have not led to the required improvement.
- d) Identifying whether there are further measures, such as additional training or supervision, which may improve performance.
- e) Where appropriate, discussing targets for improvement and a time-scale for review.
- f) If dismissal is a possibility, establishing whether there is any likelihood of a significant improvement being made within a reasonable time and whether there is any practical alternative to dismissal, such as redeployment (see section 9).

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

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

13. Stage 1 Hearing

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

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

- a) The areas in which the employee has not met the required performance standards.
- b) Targets for improvement.
- c) Any measures, such as additional training or supervision, which will be taken with a view to improving performance.
- d) A period for review (see section 10).
- e) The consequences of failing to improve within the review period, or of further unsatisfactory performance.

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

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

- f) if the line manager is satisfied with the employee's performance, no further action will be taken at this stage but the improvement notice will remain active from the end of the review period;
- g) if the line manager is not satisfied, the matter may be progressed to a Stage 2 capability hearing;
- h) if the manager feels that there has been a substantial but insufficient improvement, the review period may be extended.

2. **14. Stage 2 Hearing**

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

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

- a) the areas in which the required performance standards have not been met;
- b) targets for improvement;
- c) any measures, such as additional training or supervision, which will be taken with a view to improving performance;
- d) a period for review; and
- e) the consequences of failing to improve within the review period, or of further unsatisfactory performance.

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

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

- f) if the line manager is satisfied with the employee's performance, no further action will be taken;
- g) if the line manager is not satisfied, the matter may be progressed to a Stage 3 capability hearing; or
- h) if the manager feels that there has been a substantial but insufficient improvement, the review period may be extended.

3. **15. Stage 3 hearing**

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

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

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

- a) the employee's performance has not improved sufficiently within the review period set out in a final written warning;
- b) the employee's performance is unsatisfactory while a final written warning is still active.

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

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

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

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

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

- d) dismissing the employee;

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

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

5.

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

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

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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

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

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

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

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

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

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

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

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

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

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

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

Following the appeal hearing the Health Board will:

- a) confirm the original decision; or
- b) revoke the original decision; or
- c) substitute with a different sanction.

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

17. Training and/or awareness raising

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

18. Equality

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

19. General Data Protection Regulations 2018

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

20. Freedom of Information Act 2000

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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

21. Records Management

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

22. Review

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

23. Monitoring

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

24. Approval

Signed on behalf of the Staff Side:

Signed:

Name: _____

Title: _____

Date: _____

Signed on behalf of the Management Side:

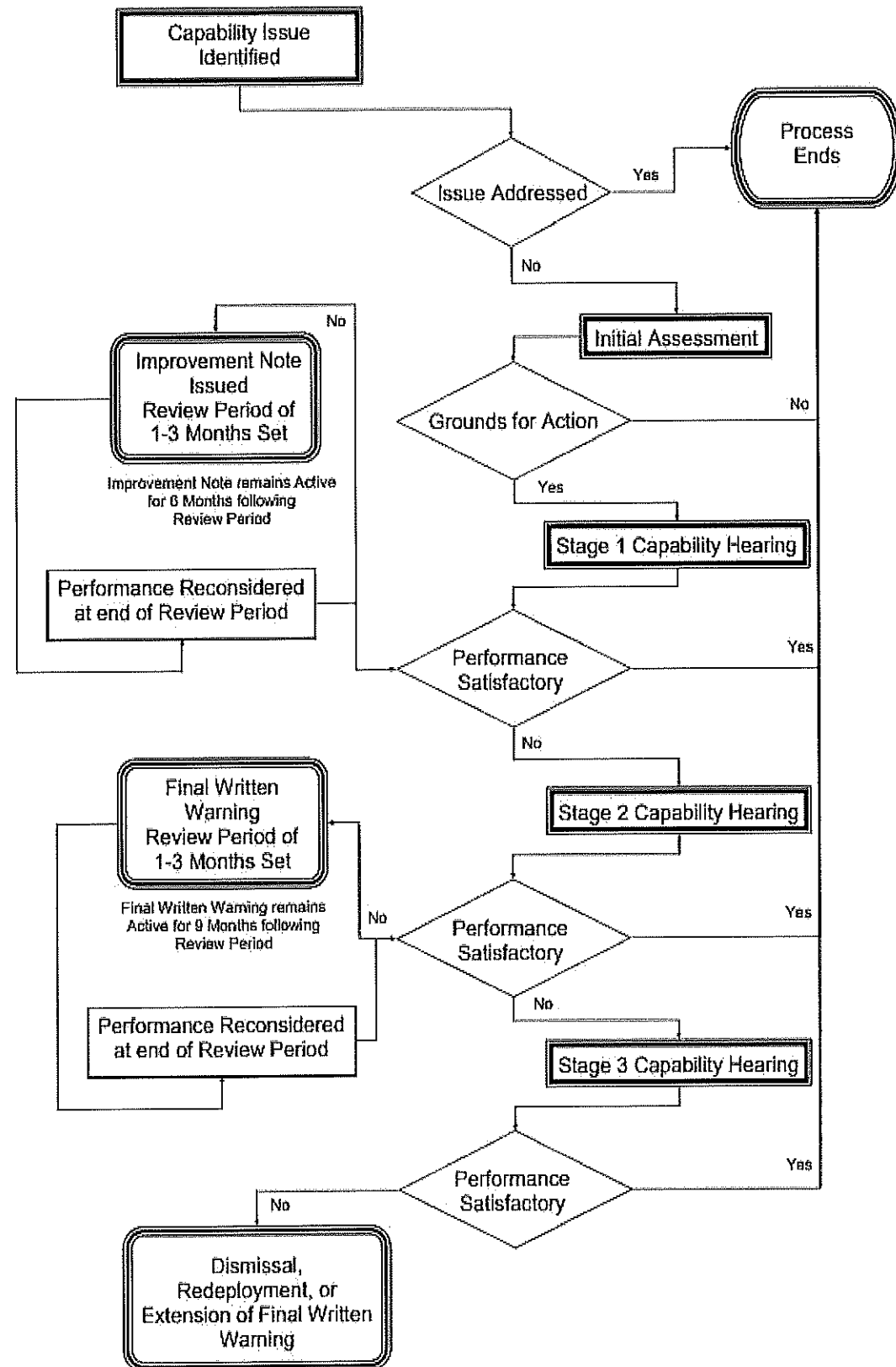
Signed:

Name: _____

Title: _____

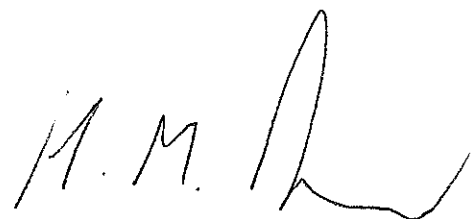
Date: _____

Appendix 1 – Capability Hearings Flowchart



To whom it may concern,

I can confirm that Lauren has followed the Health Boards Capability policy in relation to managing performance within the Women's and Children's Directorate.



Many Thanks
Huw Davies
HR Advisor
Hywel Dda Health Board

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Swyddfeydd Corfforaethol
Adeilad Ystwyth
Hafan Derwen
Parc Dewi Sant
Heol Ffynnon Job
Caerfyrddin
Sir Gaerfyrddin
SA31 3BB

Corporate Offices
Ystwyth Building
Hafan Derwen
St. David's Park
Job's Well Road
Carmarthen
Carmarthenshire
SA31 3BB

Cadeirydd / Chair
Mrs Maria Battle

Chief Executive
Prif Weithredwr
Mr Steve Moore

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

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

In 2018 the All Wales capability policy changed in all Health Boards across Wales. In new policy that was created is much more formal than the old policy which was created in April 2013 which is more supportive towards staff that have performance issues. The old policy which was more informal involved the line manager having more than one in formal conversation with the employee and finding out if there were any underlying issues with the employee for example anything that troubling them or any problems in their personal life. The old capability policy would then require involvement with HR and an initial meeting with the employee and the line manager. This policy was very supportive as it gave employees an opportunity on more than one occasion to speak with their manager informally whereas the new policy which was made available in 2018 is more punitive and very formal. Following the new All Wales capability managers have one opportunity to speak to the employee informally before it becomes formal.

Once the line manager has had the opportunity to speak informally to the employee to discuss performance management the line manager then needs the involvement of HR. After HR have completed an initial assessment of facts instead of having a meeting with HR and the line manager, employees now have to face a hearing panel which is made up of the line manager, HR representative, HR Manager and the employees representative.

Following the initial hearing if the employee's performance has still not improved a stage 1 hearing will then be held and the employee will be invited to attend along with their representative.

The new All Wales policy that has been brought into the Health Board is a lot more formal than the old policy and can make employees feel extremely stressed and vulnerable as the wording has changed from meeting to hearing. The new policy has a lot more people involved than the old policy where as it was just the employee, the line manager and the HR adviser.

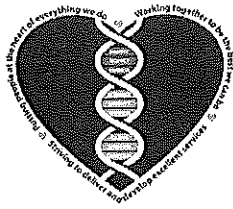
According to Belt and Giles (2009) High performance working is defined as 'a general approach to managing organisations that aims to stimulate more effective employee involvement and commitment to achieve high levels of performance.

The All Wales Capability policy does support high performance working as it is inclusive of appraisals, training and selection and is designed to improve employee performance. However within Hywel Dda University Health Board we do not do 360 degree feedback as it's not imbedded within our culture in the organisation.

We do within the organisation undertake yearly appraisals also known as PDRS. However some managers and employees see it as a tick box exercise and that the appraisals are not meaningful due to having to meet nation targets within the NHS.

Managers have to hit national PDR targets and have to account for their PDR rate within their department so some managers just see this as a tick box exercise and something that they just have to do. This makes our organisational PDR not meaningful and can be seen as a criticism of our organisation.

A recommendation for change within my organisation would be to make the PDR process more meaningful. Within Hywel Dda University Health Board we are looking into creating a pay enhancement system which would mean that instead of having pay increments every year it would mean that employees would need to work towards a set target to receive their pay increase. This will mean that employees would be more engaged with the organisation and would be motivated to do more. This would also make our PDR process more meaning full as it would highlight to managers if an employee was over performing or under performing.



PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

LEADERSHIP/MANAGEMENT PADR

My Details / My Manager's Details

My Name:		My Job Title:	
Department:		County:	
Review Type:	Foundation Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
	Review ☐		
Review Period Start Date:	Final Gateway ☐	Review Period End Date:	
Manager Name::		Manager Job Title	
Date:		My Pay Number:	

Personal Objectives Review – to be completed during the discussion

a) What have been the successes for me this year?

b) What have been the challenges for me this year?

How have my personal behaviours aligned to the Health Board's Values & Behaviours Framework during the last 12 months?*(click here Hywel Dda University Health Board / Hywel Dda Values - It's In Our DNA for further guidance)*

DIGNITY

RESPECT

FAIRNESS

INTEGRITY

HONESTY

OPENNESS

CARING

KINDNESS

COMPASSION

Objective Setting

What are my **SERVICE** objectives for the next year?

What are my **TEAM** objectives for the next year?

Working together
to be the best we
can be

Striving to Develop
& deliver excellent
services

Putting People at the
heart of everything
we do

What are my PERSONAL objectives for the next year (Max 8 objectives)? Use SMART Guidance (Appendix 3). How do they relate to the Organisational Values?
(click here Hywel Dda University Health Board | Values - Introduction for further guidance)

Objectives	Expected outcome/measure of achievement	Target date	Support/action by Manager/others	Progress Review date
1.Ensure Welsh Government's Tier 1 leadership standard objectives are completed throughout the year (see guidance notes)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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*) Refer to Appendix 5

Nursing Midwifery Council (NMC) Revalidation

Are you completing this PADR as part of the re-validation process? Yes ☐ No ☐

If 'yes' please refer to Appendix 1

Mentorship (Nursing Staff only)

Are you a mentor of a pre-registered nurse? Yes ☐ No ☐

If 'yes' please refer to Appendix 2

General Comments

General comments regarding this review period

What are my career aspirations for the next 12 months?

Summary (To be completed by Appraiser)

Provide a summary of your overall assessment of the individual's performance during the review period, including any areas requiring improvement.

[illegible]

I am committing to this by signing :

Date:

My manager agrees by signing :

Date:

Date of Next Review:

All Wales Capability Policy

Policy Number:	203	Supersedes:	All previous Capability Policies	Standards for Healthcare Services Nq/s	22 and 26
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Version No:	Date Of Review	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
2	March 2013	All Wales		All Wales Partnership Forum	April 2013	April 2016
	June 2016		Extension whilst full review takes place	Chair: W&OD	13.6.2016	13.9.2016
			Extension whilst review finalised	W&OD	18/7/2017	31/12/2017

Brief Summary of Document:	Policy to deal with capability issues in a fair and consistent manner
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To be read in conjunction with:	Disciplinary Policy Sickness Absence Policy
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Classification:	Employment	Category:	Policy	Freedom Of Information Status:	Open
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Authorised by:	Janet Wilkinson	Job Title:	Director of Workforce and OD	A signed copy of this policy is stored with Corporate Services	
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Document Implementation Plan			
How Will This Policy Be Implemented?	Intranet		
Who Should Use The Document?	All Staff		
What (if any) Training/Financial Implications are Associated with this document?	None		
What are the Action Plan/timescales for implementing this policy?	Action	By Whom	By When
	Approved Policy sent for signing by Exec	Policy Coordinator	
	Signed Policy Made Active on Intranet	Policy Coordinator	
	Active Policy Advertised to all staff via Hywel Dda Today email	Policy Coordinator	

1. POLICY STATEMENT

It is the policy of the Hywel Dda Health Board to promote good employee relations between the Hywel Dda Health Board, the entire staff and their staff side organisations and trade unions.

It is the policy of the Hywel Dda Health Board to ensure effective arrangements exist to deal with capability issues in a fair and consistent manner, where the emphasis will not be punitive, but will help employees to undertake their work to the required standard. Every effort will be made to achieve the required standards of work whilst retaining the employee's employment status within the organisation. It is recognised that careful recruitment, an appropriate level of induction, training, performance review and support for employee development will help to minimise the risk of poor performance and that managers are integral to ensuring that this is provided.

The Hywel Dda Health Board is committed to implementing the policy in a way which promotes the fair and equal treatment of all employees and eliminates discrimination on the grounds of race, disability, gender, gender reassignment, age, sexual orientation, religion and belief, language and human rights. It is the responsibility of managers and employees to ensure that they implement this policy/procedure in a manner that recognises and respects the diversity of the workforce and the different needs of all employees.

In addition, the Hywel Dda Health Board has a legal duty to make any reasonable adjustments to the workplace, or to the way the work is done, to ensure that a disabled employee is not substantially disadvantaged. This should include exploring with the employee any reasonable adjustments that may support their achieving and sustaining the required standards of performance.

2. DEFINITION

Section 98 (3)(a) of the Employment Rights Act 1996 states that "capability, in relation to an employee, means his capability assessed by reference to skill, aptitude, health or any other physical or mental quality." Section 98 (2) (a) of the Act also indicates that "incapability must relate to the work or the kind of work that the employee was employed by the employer to do."

This must be determined in accordance with the current contractual obligations of the employee.

This policy and the procedures detailed below are designed to deal with those cases where the employee is lacking in some area of knowledge, skill or ability, resulting in a failure to be able to carry out the required duties to an acceptable standard.

This policy is to be used where genuine capability issues exist, rather than a deliberate failure on the part of the employee to perform to the standards of which they are capable. In the event of a deliberate failure by the employee, reference will be made to the organisation's Disciplinary Policy.

These arrangements will not deal with capability matters relating to ill health or legal restriction which will be covered under the organisation's Sickness Absence Policy in accordance with guidance issued from ACAS.

The duty to carry out reasonable adjustments will be fully adhered to whenever appropriate.

The Hywel Dda Health Board expects managers to review employees' progress in accordance with the Knowledge and Skills Framework and the Hywel Dda Health Board's development and review process. The Hywel Dda Health Board will ensure that employees receive training or support to undertake this.

The Hywel Dda Health Board will support employees in a number of ways, e.g. training, mentoring, retraining, coaching, supervised placement, secondment etc, to address any performance issues. This list is not exhaustive.

Healthcare is subject to continuous change – clinical, organisational, financial and technological. From time to time this results in changes to the roles and contents of jobs either in part or in full. Development needs arising from these changes will need to be identified and a plan to address these needs agreed by the manager and employee.

Line Managers are responsible for ensuring that all new employees undertake both Hywel Dda Health Board and local induction on commencement of their new post. In addition, they will receive a job description and person specification and will be given a clear understanding of their duties and the standards expected. To support new or promoted employees, the line manager will also need to assess any immediate development needs which they may have and the timescales within which these need to be addressed. Where applicable, in line with the introduction of the Knowledge and Skills Framework, all employees will receive a KSF outline from their Line Manager and will be expected to participate in a PADR at which they will agree a Personal Development Plan on at least an annual basis.

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

5. RIGHTS OF ACCOMPANIMENT

All employees have the right to be accompanied by a trade union representative or a workplace colleague, at all formal stages of the procedure.

Where reference is made in this policy to the employee's "representative", this will refer to the trade union representative or workplace colleague.

6. IDENTIFICATION OF A CAPABILITY ISSUE

It is the responsibility of the line manager to establish if an issue exists, before deciding on the most appropriate course of action.

The following examples may indicate that the employee is not meeting the requirements of the job.

- Have there been complaints about or criticisms of the employee's work from colleagues, suppliers, visitors, patients etc?
- Has an investigation identified issues which need to be addressed under this policy?
- Is there evidence of inadequate performance such as poor results?
- Does the manager's own observation of the employee at work indicate poor performance?

During the meeting, the manager must:

- Clarify the level of performance expected and explain what has been identified, exploring any difficulties they may be having;
- Explore the reasons why the standard of performance is not being achieved; and explain the reasons why the improvements are needed.
- Explain the difficulties/issues the unsatisfactory performance is causing and identify any ongoing issues which may affect the employee's ability to meet the required standards.
- Agree, with the employee, an action plan to address any issues which will include appropriate support arrangements e.g. mentoring, retraining, coaching, supervised placement, secondment, temporary redeployment, change in working patterns and restrictions on clinical practice etc or any other reasonable adjustment. The manager and employee will agree how and when the performance will be reviewed. This action plan must be signed and retained by each party.

The employee must be informed that where the required improvement is not forthcoming, they will progress to the First Formal Interview stage of this procedure.

The full extent of the procedure, including all the stages and the implications of failing to improve to and sustain the required standards, must be fully explained to the employee. It must be stated that exhaustion of this procedure may ultimately lead to redeployment, downgrading or termination of employment.

8. FIRST FORMAL INTERVIEW

Where performance issues continue after the initial discussion, or where there is a failure to reach and sustain the required standard, a formal interview will be held. At this stage, the procedure may be referred to a more senior manager within the directorate (see Appendix B).

Because the interview is of a formal nature, the employee must be reminded, in advance, of their right to be accompanied by an official of a recognised trade union or staff organisation or by a workplace colleague. Fourteen calendar days written notice will be provided of the arrangements, together with all notes of previous discussions where the employee has failed to meet the agreed standards. (A member of HR staff may also be present at the interview).

Reference should be made in the letter (see Appendix E for template) to the fact that there has been a failure to improve to the required standard despite previous discussions.

During the meeting, the manager must:

- Clarify the level of performance expected and explain what has been identified, exploring any the difficulties they may be having;
- Explore the reasons why the standard of performance is not being achieved; and explain the reasons why the improvements are needed.
- Explain the difficulties/issues the unsatisfactory performance is causing and identify any ongoing issues which may affect the employee's ability to meet the required standards.
- Review, with the employee, progress against the action plan. If progress is satisfactory, the manager and employee will agree how and when the performance will next be reviewed.

At the conclusion of the interview, it must be made clear that failure to attain and maintain the improvement required may result in redeployment, downgrading or termination of employment being considered.

The outcome of this meeting will be confirmed in writing within seven calendar days of the meeting and a copy retained on the employee's personal file. It must be made clear to the employee that this is not a disciplinary meeting but is a record of a formal interview that has taken place.

10. REDEPLOYMENT/DOWNGRADING

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

10.1. Temporary redeployment

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

10.2. Permanent redeployment

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

11. TIMESCALES FOR ACHIEVING IMPROVEMENT

The timescales for achieving improvement will be dependent on various factors such as the risks of the role not being carried out competently within the Hywel Dda Health Board, the impact on the service, the complexities of the job itself, and the availability of the necessary training and support. However, managers are responsible for setting clear and measurable standards with realistic targets for improvement. As a guideline the timescales to achieve the improvement should normally be no more than three months.

12. REVIEW PERIODS

Where an employee's performance improves to the required standard(s) and is sustained for an agreed period of up to six months following the initial discussion or formal process, then the review process will cease.

Where the review periods have come to an end and the employee has maintained the required performance improvements, the manager may meet with the employee but will confirm in writing to the employee that the Hywel Dda Health Board is now satisfied with the employee's performance and that they are no longer subject to the review process outlined in this procedure. A copy of this confirmation will be placed on the personal file.

13. TERMINATION OF EMPLOYMENT

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

15. TRAINING AND/OR AWARENESS RAISING

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

16. EQUALITY

The Hywel Dda Health Board recognises the diversity of its workforce. Our aim is therefore to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The Hywel Dda Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed on 5 October 2010. The equality impact assessment outcome report is available to download at

17. DATA PROTECTION ACT 1998

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

18. FREEDOM OF INFORMATION ACT 2000

All Hywel Dda Health Board's 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 Hywel Dda Health Board may be found in the Hywel Dda Health Board's publications scheme.

19. RECORDS MANAGEMENT

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

20. REVIEW

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

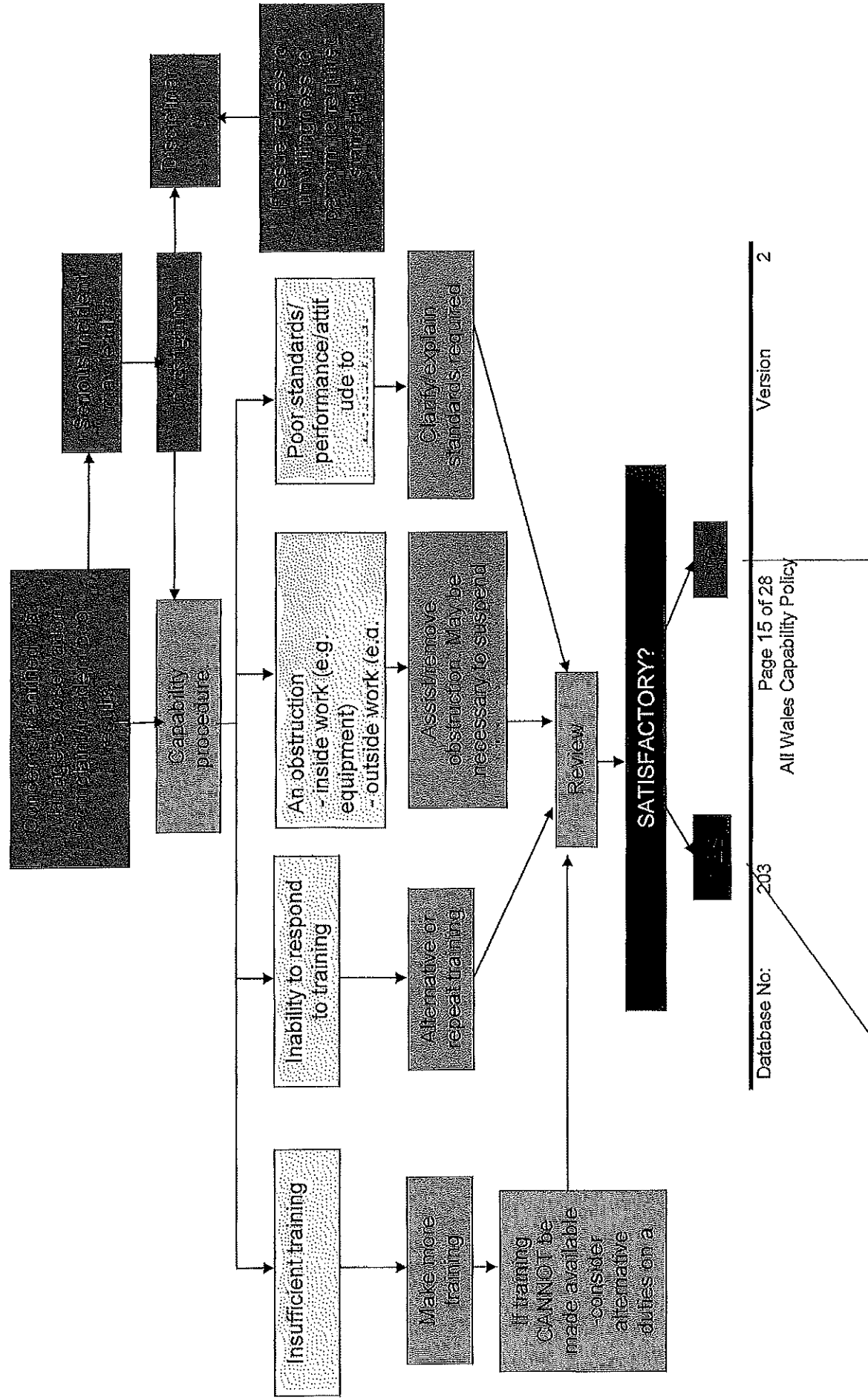
21. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the Senior Management Team and Board.

22. DISCIPLINE

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

24. APPENDIX A – CAPABILITY PROCEDURE FLOWCHART



25. APPENDIX B - DESIGNATED LEVEL OF RESPONSIBILITY FOR TAKING ACTION

STAGE	LINE MANAGER (at a level no less than)
Initial discussion	One level above
First formal interview	One level above
Second formal interview	Two levels above
Termination of employment	Two levels above
Appeal	To be nominated by Director of Workforce and OD

NOTE: In certain situations it may be necessary to appoint a nominated deputy to avoid unnecessary delays.

No termination of employment will be made without advice from an appropriate HR representative and prior to all dismissals, a senior HR manager must be informed of the key elements of the case.

27. APPENDIX D – LOG FOR USE AT INITIAL DISCUSSION, FIRST FORMAL INTERVIEW, AND SECOND FORMAL INTERVIEW

STAGE

DATE.....

- To be completed by the Manager with the member of staff and placed on the employee's file. Information to be considered in line with the guidelines highlighted in the Organisation's Capability Policy

NAME NAME OF MANAGER	JOB TITLE JOB TITLE
-------------------------	------------------------

Details of discussion (Identify areas of poor performance and any underlying causes or reasons which are explored, this may include highlighting areas where training / development maybe required as well as offers of any further support)
--

27.1. Action Plan						
27.1.1. <u>Objective - to achieve required improvement</u>	<u>How this can be achieved</u>	Action to be taken by postholder	Date undertaken	Support to be provided/action to be taken by Manager	Date undertaken	Date achieved

HYWEL DDA LOCAL HEALTH BOARD

28. APPENDIX E – TEMPLATE LETTER FOR INVITE TO FIRST FORMAL INTERVIEW

REF
DATE
TEL NO
FAX NO
EMAIL ADDRESS
DEP/DIRECTORATE

Private & Confidential
NAME
ADDRESS

Dear **SALUTATION**,

Re: First Formal Interview

Further to our initial discussion on (DATE) and the follow up review meeting that was held on (DATE).

At the meeting you were informed that you would progress to the next appropriate level of the Capability Policy if your performance did not reach a satisfactory level or if further concerns about your work arise.

It has been decided to convene a First Formal interview in accordance with the Capability Policy; I have enclosed a copy for your information.

The matters of concern are:

(state concerns, including any specific examples).

I have enclosed copies of relevant documentation (i.e. notes of previous informal counselling and any appropriate documents to highlight concerns).

The purpose of the meeting is to consider the matters highlighted above and to discuss how we can support you to achieve a satisfactory standard of performance. The meeting will be held on (DATE) at (TIME) in (VENUE). Present at the meeting will be (e.g. Line Manager, HR).

As this is a formal meeting you have the right to be accompanied by an official of a recognised trade union or staff organisation or by a workplace colleague.

Please can you contact me to confirm your attendance at the meeting.

Yours sincerely

LINE MANAGER

cc. HR

Enc. Capability Policy

HYWEL DDA LOCAL HEALTH BOARD

31. APPENDIX H – TEMPLATE LETTER FOR OUTCOME OF SECOND FORMAL INTERVIEW

REF
DATE
TEL NO
FAX NO
EMAIL ADDRESS
DEP/DIRECTORATE

Private & Confidential
NAME
ADDRESS

Dear SALUTATION,

Re: Outcome of Second Formal Interview

Further to your Second Formal interview on (DATE) which was held in accordance with the Capability Policy.

At this meeting it was agreed that that you would be placed on the Second Formal stage of the policy for a period of (TIMESCALE). A copy of this letter will be retained on your personal file.

During the meeting I informed you that I had continued concerns in relation to your performance and that you still weren't meeting the standards required for your role. We discussed a number of concerns, which are enclosed for your information.

You were of the view that (insert any issues raised by employee).

We agreed that you would (specify targets to be achieved by employee, including timescales) and that I would (specify any actions to be taken by the line manager, e.g. arranging training, coaching, mentoring, etc).

To assist you further we agreed that we would meet to discuss your progress on a (insert frequency, e.g. weekly/fortnightly/monthly) basis.

A review meeting has been arranged for (DATE) by which time I hope your performance will have reached a satisfactory standard. However, in the event that you fail to attain and maintain the improvement required for your role, I should advise that there may be no alternative option than to consider redeployment, downgrading or termination of your employment.

I hope that our meeting and this letter have helped to clarify the standards expected of you in future and the support available in assisting you to improve your work performance to an acceptable level.

If you have any queries, please do not hesitate to discuss them with me.

Yours sincerely

RELEVANT MANAGER

HYWEL DDA LOCAL HEALTH BOARD

32. APPENDIX I – TEMPLATE LETTER FOR INVITE TO TERMINATION INTERVIEW

Private & Confidential
NAME
ADDRESS

REF
DATE
TEL NO
FAX NO
EMAIL ADDRESS
DEP/DIRECTORATE

Dear **SALUTATION**,

Re: Termination of Employment Interview

Further to your Second Formal Interview on (DATE) and the follow up review meeting that was held on (DATE).

At the meeting you were informed that you would progress to the next appropriate level of the Capability Policy if your performance did not reach a satisfactory level or if further concerns about your work arise.

It has been decided to convene a Termination of Employment interview in accordance with the Capability Policy, I have enclosed a copy for your information.

The matters of concern are:
(state concerns, including any specific examples. Guidance is on page 11 of the Policy).

I have enclosed copies of relevant documentation (i.e. notes of previous meetings and any appropriate documents to highlight concerns).

The purpose of the meeting is to consider termination of employment on the grounds of capability. The meeting will be held on (DATE) at (TIME) in (VENUE). Present at the meeting will be (e.g. Line Manager, HR).

A decision regarding your continued employment with the organisation will only be reached after I have considered all the information including any further details, which you are able to provide at the meeting.

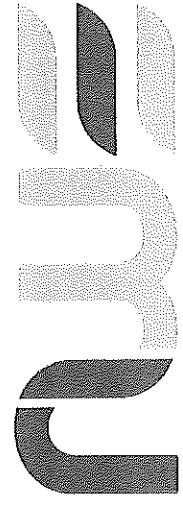
As this is a formal meeting you have the right to be accompanied by an official of a recognised trade union or staff organisation or by a workplace colleague.

Please can you contact me to confirm your attendance at the meeting.

Yours sincerely

SENIOR MANAGER

cc. HR
Enc. Capability Policy



NHS Wales Employers
Cyflogwyr GIG Cymru

NHS Wales Agenda for Change – Pay agreement and contract refresh 2018



THE **WELSH NHS CONFEDERATION**
CONFFEDERASIWN **GIG CYMRU**

NHS Wales Employers is hosted by and operates as a part of the Welsh NHS Confederation

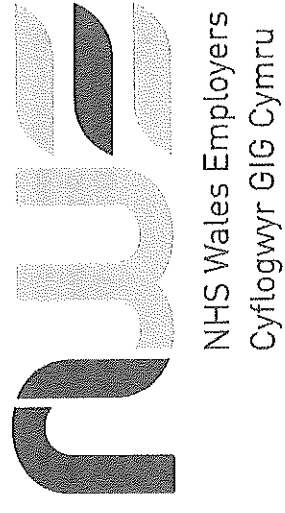
Context

- AfC 2004
- Job Evaluation
- Public Sector Pay Freeze/Pay restraint
- Negotiations/Discussions – England then Wales
- 3 year agreement – 1st April 2018 – 1st April 2021

Key Objectives (1)

- To help the NHS attract and recruit new staff
 - *increasing starting pay in every pay band*
 - *support the growing use of apprenticeships in the NHS*
- To help the NHS retain staff
 - *by increasing basic pay for the 50 per cent of staff who are at the top of pay bands and speeding up progression to the top of the pay band*
- To ensure the NHS is better able to recruit and retain staff in the lower pay bands
 - *A new minimum rate of £17,460, closure of band 1 and staff reach top of band 2 and 3 in 2 years*

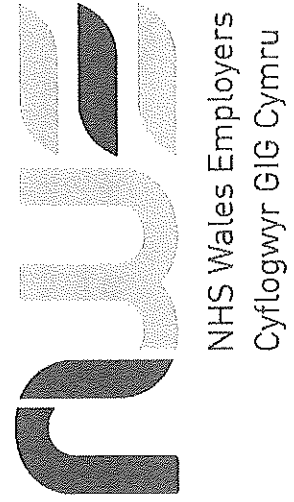
1. To help the NHS attract and recruit new staff



The new pay structure will:

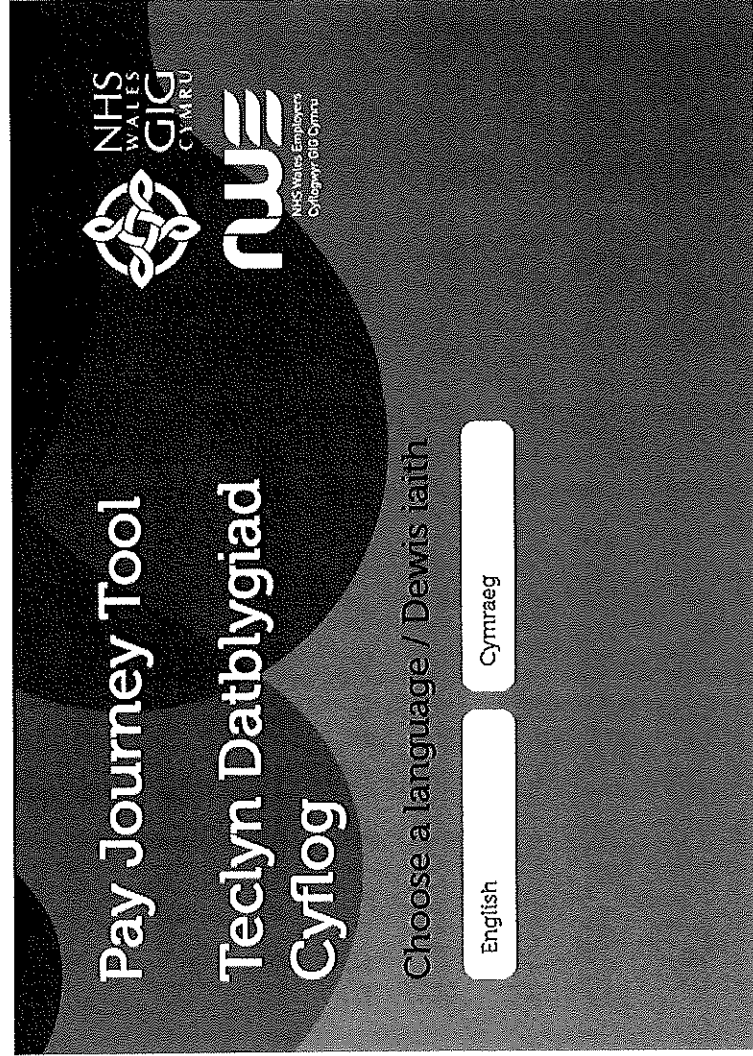
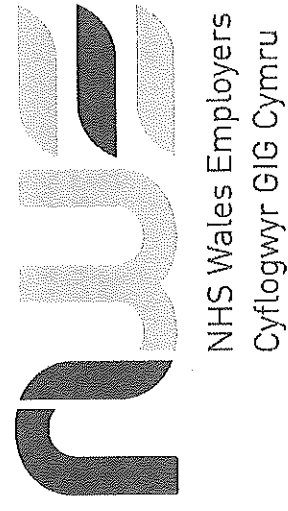
- increase starting salaries across all pay bands
- reduce the number of pay points
- shorten the amount of time it takes to reach the top of the pay band for most staff

Pay Uplifts – Top of Pay Bands



Band 2	7.7% increase over 3 years plus a 1.1% (£209) non-consolidated lump sum in April 2019
Band 3 – 8b	6.5% increase over 3 years plus a 1.1% non-consolidated lump sum in April 2019 (range £229 -£671)
Band 8c	5.5% increase over 3 years plus a non-consolidated lump sum of £799 in April 2019
Band 8d	4.4% increase over 3 years plus a non-consolidated lump sum of £799 in April 2019
Band 9	3.4% increase over 3 years plus a non-consolidated lump sum of £799 in April 2019

Pay Journey Tool



<http://www.nhsconfed.org/regions-and-eu/welsh-nhs-confederation/nhs-wales-employers/our-work/terms-and-conditions/pay-deal-2018/pay-tool-2018>



3. To ensure the NHS is better able to recruit and retain staff in the lower pay bands

- A new rate of £17,460 will be introduced from 1 April 2018 – single spot salary for Band 1
- Band 1 will be closed to new entrants from 1 December 2018
- Upskilling of Band 1 roles to Band 2 roles will be completed by 31 March 2021 – those unwilling or unable to move into new Band 2 roles are able to remain in their current Band 1 role
- As of 1 April 2020 Band 2 and Band 3 will have two step points and will take a minimum of two years to progress to the top of their band. For the next three years the unsocial hours % rates will be reduced
- Foundation Living Wage will continue to be considered on an annual basis

4. Pay Progression



NHS Wales Employers
Cyflogwyr GIG Cymru

New Pay Structure – Time to reach top of Pay Band

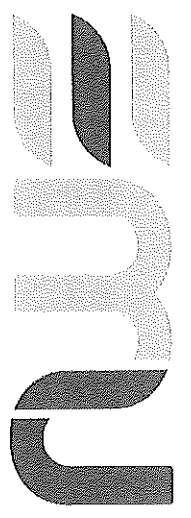
	Current system	New system
Band 1	1 year	N/A
Band 2	7 years	2 years
Band 3	6 years	2 years
Band 4	6 years	3 years
Band 5	7 years	4 years
Band 6	8 years	5 years
Band 7	8 years	5 years
Band 8a	5 years	5 years
Band 8b	5 years	5 years
Band 8c	5 years	5 years
Band 8d	5 years	5 years
Band 9	5 years	5 years



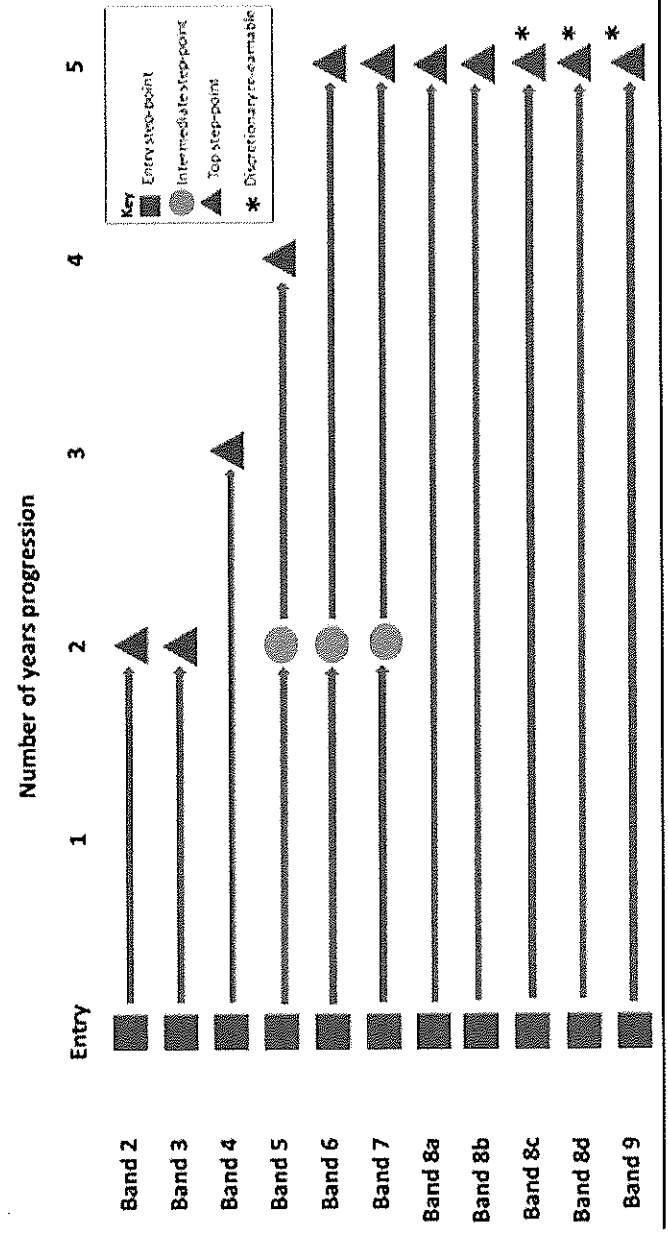
THE **WELSH NHS** CONFEDERATION
CONFFEDERASIWN **GIG CYMRU**

NHS Wales Employers is hosted by and operates as a part of the Welsh NHS Confederation

Pay progression structure



NHS Wales Employers
Cyflogwyr GIG Cymru



5. To help support the service and members of NHS staff



- Focus on staff health and wellbeing at a national and local level
 - A new approach to attendance management with a new policy to be agreed and implemented by 30 September 2018.
 - A greater emphasis on the prevention of illness by improving staff health and wellbeing;
 - Improved arrangements for returning staff to work after illness including the consideration of rapid access and early referral of staff to certain key services.
 - The development and implementation of a joint training programme in support of the new policy approach so as to equip managers with the necessary tools and skills to support staff and maintain attendance.
 - The monitoring of sickness absence data in partnership.
 - Aligning approaches to flexible working, re-deployment and other workplace policies to ensure that they support the aims of supporting staff in work.
 - The development of a NHS Wales Menopause Policy
- explore what scope there is for a collective framework agreement on bank and agency working
- The NHS Wales agreement on the reimbursement of travel costs will continue to apply based on the HMRC approved mileage allowance payments (AMAP rates)

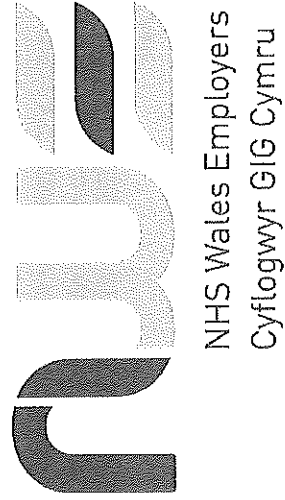
Annex C - Terms and Conditions Changes

- Unsocial pay enhancements will continue to be paid to staff absent due to sickness, provided that the NHS Wales sickness absence level is below the agreed target of 4.5% by December 2018 and 4.2% by the end of March 2019.
- If the target is not met, with effect from 1 April 2019, the unsocial hours payments (enhancements) will not be paid for any staff earning above £18,160 for the first three months of any sickness absence.
- Enhancements will be reinstated following a period of 3 months continuous sickness absence and where an individual receives a diagnosis that they have a time specified terminal illness, any allowances or payments linked to working patterns will be paid/backdated to the first day of sickness

6. To encourage greater consistency of terms & other changes

- A NHS Wales approach to guarantee access to annual leave and time off in lieu (TOIL) provisions set out in the NHS Terms and Conditions of Service Handbook.
- A new provision detailing the pay for Apprentices will be negotiated by the NHS Staff Council
- New provisions will be added to the NHS Terms and Conditions of Service Handbook to give staff access to consistent child bereavement leave, enhanced shared parental leave (extension of statutory) and a national framework for buying and selling annual leave
- Section 2 of the handbook will be adjusted to introduce new percentage rates for Bands 1, 2 and 3. The new percentages will reflect the increase to basic salary levels while preserving the value of the current payment tiers – ‘no loss’ protected percentages in place.

Unsocial Hours Enhancement Rates – in circular Annex B



Enhancement Table Band 2 2018/19

Point	Salary	Saturdays/ Weekdays 8 pm - 6 am	Sundays/ Public Holidays
1	17460	43%	85%
2	17460	43%	85%
3	17460	43%	85%
4	17460	43%	85%
5	17460	43%	85%
6	17460	43%	85%
7	17787	43%	85.6%
8	18702	43%	85%

Enhancement Table Band 2 2019/20

Point	Salary	Saturdays/ Weekdays 8 pm - 6 am	Sundays/ Public Holidays
1	17652	42%	84%
2	17652	42%	84%
3	17652	42%	84%
4	17652	42%	84%
5	17652	42%	84%
6	17983	42.3%	84.7%
7	19020	42%	84%
8	19020	42%	84%

Enhancement Table Band 2 20/21

Point	Salary	Saturdays/ Weekdays 8 pm - 6 am	Sundays/ Public Holidays
1	19337	41%	83%
2	19337	41%	83%
3	19337	41%	83%
4	19337	41%	83%
5	19337	41%	83%
6	19337	41%	83%
7	19337	41%	83%
8	19337	41%	83%

Enhancement Table Band 3 2018/19

Point	Salary	Saturdays/ Weekdays 8 pm - 6 am	Sundays/ Public Holidays
6	17787	36%	72%
7	17787	36%	72%
8	18429	36%	72.2%
9	18608	36.5%	72.8%
10	19122	36.4%	72.9%
11	19700	36.6%	73.0%
12	20448	36%	72%

Enhancement Table Band 3 2019/20

Point	Salary	Saturdays/ Weekdays 8 pm - 6 am	Sundays/ Public Holidays
6	18813	35%	70%
7	18813	36%	71%
8	18813	36%	72.2%
9	19332	36%	72.1%
10	19917	36%	72%
11	20795	35.4%	70.8%
12	20795	35.4%	71%

Enhancement Table Band 3 2020/21

Point	Salary	Saturdays/ Weekdays 8 pm - 6 am	Sundays/ Public Holidays
6	21142	35%	69%
7	21142	35%	69%
8	21142	35%	69%
9	21142	35%	69%
10	21142	35%	69.55%
11	21142	35%	69.55%
12	21142	35%	69.55%

The Core Principles of NHS Wales – we value all work for the NHS: “we support all our colleagues in doing the jobs they have agreed to do”.

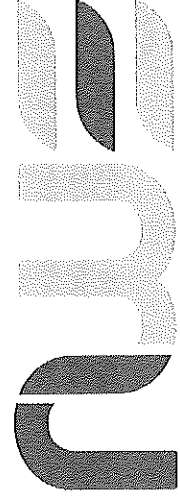
A Healthier Wales: our Plan for Health and Social Care – quadruple aim “to enrich the wellbeing, capability and engagement of the health and social care workforce”, “to make NHS Wales an exemplar employer in its support for wellbeing at work and healthy workforce”.

Managing Attendance at Work Policy - objectives:

- 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.

Next steps

- Promote the new approach and policy
- Jointly developed and delivered training
- Rapid Access for Staff to Mental Health and Musculo-Skeletal Services
- Menopause Policy
- Monitoring improvement



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Framework Agreement Area	Current Position	Actions	Group/Responsibility	WPF action	Timeframe
1.3 Apprentice Pay	Working group in place in NHS Wales. Overarching framework agreed. UK Staff Council group to be set up	Representatives to be identified for UK Staff Council working group.	Apprenticeship Group	To liaise with Staff Council Secretariat on proposals and representation from NHS Wales	End October 2018
2.1 and 2.2 Pay Awards	New pay arrangements being implemented	-Work being undertaken by NWSSP with IBM to ensure uplift in October pay and back pay in November. -Resources and communication materials available on NHS Wales Employers website	NWSSP	To note progress	October payroll



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Framework Agreement Area	Current Position	Actions	Group/Responsibility	WPF action	Timeframe
5.1 Improved Attendance	Sickness Absence Review group established and membership and brief extended.	-Attendance management policy to be in place before end of September 18 -Menopause policy in place by end November 18; -Organisations to locally implement action plans to take forward "Rapid access to treatment and rehabilitation for NHS Wales staff" guidance	Sickness Absence Review Group	Implementation and monitoring of revised policy Liaise with Staff Council Secretariat on proposals for the review of the agreement on absence management and Annex 26. Discuss representation from NHS Wales for associated working groups.	Ongoing from 1 October 18
5.1 Monitoring of sickness absence data	Baseline data established in Framework Agreement	-Regular partnership review process to be established	WPF Business Committee	Establish review group and mechanism	From October 18



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Questions

Column1	stage 1	removal rate	stage 2&3	removal rate2	stage 4	removal rate
29/07/2019	689		218		132	
05/08/2019	640	49	192	26	132	0
12/08/2019	608	32	167	25	131	1
19/08/2019	580	28	151	16	130	1
27/08/2018	558	22	148	3	123	7
02/09/2019	540	18	159	-11	118	5
09/09/2019	520	20	123	36	117	1
16/09/2019	504	16	117	6	113	4
23/09/2019	479	25	119	-2	102	11
30/09/2019	451	25	112	7	99	3
07/10/2019	428	25	110	2	89	10
14/10/2019	405	23	111	-1	93	-4
21/10/2019	348	57	134	-23	89	4
28/10/2019	308	40	122	12	87	2
04/11/2019	295	13	92	30	82	5
11/11/2019	275	20	86	6	81	1
18/11/2019	257	18	58	28	74	7
25/11/2019	235	22	52	6	74	0
02/12/2019	230	5	51	1	70	4
09/12/2019	221	9	46	5	66	4
16/12/2019	216	5	39	7	61	5
23/12/2019	201	15	22	17	61	5
30/12/2019	195	6	11	11	60	5
06/01/2020	180	15	17	-6	53	5
13/01/2020	159	21	15	2	48	5
20/01/2020	118	41	30	15	45	5
27/01/2020	108	10	15	15	40	5
03/02/2020	98	10	0	15	35	5
10/02/2020	50	10	11	15	32	5
17/02/2020	45	10	5	15	24	5
24/02/2020	3	10	39	15	21	5
02/03/2020	-7	10	24	15	16	5
09/03/2020	-17	10	9	15	11	5
16/03/2020	-27	10	-6	15	6	5
23/03/2020		10	-21	15	1	5
30/12/2020		10		15	-4	5