

Qualification: CIPD Diploma in Applied Human Resources

Module Name: 5A10P

Module Name: Contributing to Improving Organisational Performance

Word Count: 3748

Student Name: Natalie Thomas

Student Number: 1810239

CIPD Membership Number: **53274196**

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: N. Thomas

Date: 09/09/2020

CIPD Candidate evidence matrix (EXAMPLE)

(CEM1)

Candidate name: Natalie Thomas			CIPD Membership/registration No.: 53274196			
Qualification title: CIPD Diploma in Applied Human Resources						
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	I/V initials if sampled
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2, 1.3	LO1 - Personal statement - Be able to provide information on performance management activity within an organisation	EV1		
5A10P	Contributing to Improving Organisational Performance	2.1, 2.2, 2.3	LO2 - Personal statement - Be able to support line managers to deliver performance management activities within the organisation	EV2		
5A10P	Contributing to Improving Organisational Performance	3.1, 3.2, 3.3	LO3 - Personal statement - Be able to assess the impact of performance management activities on organisational performance and make recommendations for enhancement	EV3		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Job description template including person specification	EV4		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Interview template document	EV5		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	All Wales Capability policy	EV6		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Detailed flowchart of procedure for All Wales capability policy	EV7		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	All Wales Disciplinary policy	EV8		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Upholding Professional Standards Wales policy document	EV9		
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	All Wales managing attendance at work document	EV10		

CIPD

5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Guidance flowchart for managing attendance at work	EV11	
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Copy of return to work following sickness absence document	EV12	
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Wellbeing policy	EV13	
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	PADR document	EV 14	
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Facebook screenshot of HDUHB Facebook page congratulating staff for achieving the 'employee/team of the month award'	EV 15	
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Managers passport document	EV 16	
5A10P	Contributing to Improving Organisational Performance	1.1, 1.2	Performance and appraisal policy/document	EV 17	
5A10P	Contributing to Improving Organisational Performance	1.3, 2.2	Email trail of providing information and support in relation to sickness performance management	EV18	
5A10P	Contributing to Improving Organisational Performance	1.3, 2.2, 2.3	Email trail of providing information, advice, and support to managers in relation to performance management activities	EV19	
5A10P	Contributing to Improving Organisational Performance	2.3	Buddy/Mentor guidance document	EV20	
5A10P	Contributing to Improving Organisational Performance	3.1	Screenshot of mandatory training from my personal ESR assignment page	EV21	
5A10P	Contributing to Improving Organisational Performance	3.2	HDUHB Intermediate medium term 3 year plan	EV22	
5A10P	Contributing to Improving Organisational Performance	3.2	HDUHB annual plan	EV23	
5A10P	Contributing to Improving Organisational Performance				

Candidate declaration:

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

Signature:	N Thomas	Date:	09/09/2020
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Notes on candidate evidence matrices

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

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

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

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

Contributing to Improving Organisational Performance

Lo1 Be able to provide information on performance management activity within an organisation

Effective performance management can provide value to an organisation and is considered vital to an organisation's success. It should include numerous activities and processes that aims to improve individual and team performance directly linked with the organisation's objectives (CIPD 2019).

Explain performance management policies and processes in the organisation

Within Hywel Dda University Health Board (HDUHB), there are a number of robust performance activities in place, with expected behaviour, attributes and skills communicated to employees before they have even been appointed. Reviewing recruitment documents, it is evident that applicants/future employees are made aware of the standards expected of them in relation to behaviour, competencies, qualifications and performance via the Job Description and person specification documents (EV4). The standards of performance is further discussed as part of the interview process, allowing applicants' to review their personal suitability for the role and for medical staff, there is a question that is based on any outstanding performance/fitness to practise investigations (EV 5). Having a clear and sophisticated recruitment and selection process in place can encourage employee commitment and involvement, and aim to ensure that the correct individual is appointed (Taylor and Woodhams 2016).

There are numerous performance related policies and procedures in place that aim to provide overall guidance for the management of performance and support employees and managers and produced by senior HR managers. The All Wales Capability policy and procedure (EV 6). The policy is detailed and provides clear guidance in relation to both informal, and formal procedures for managing performance, as well as a detailed flow charts (EV 7) which can guide managers through the capability process and ensure the correct procedure is being

followed. The policy discusses that where appropriate; issues should be dealt with informally via the individual's line manager, and should include regular one to one meetings to discuss, monitor any progress and outcomes. At the informal stage, training and development needs are considered as a possibility to improve performance and the necessary steps are undertaken to arrange this for employees. For medics in particular, the education (post grad) department can provide assistance in arranging this. In the event that it is identified the issue needs to be further investigated formally, managers are advised to contact the HR department for support and guidance and initial steps are taken to identify ways forward, including an initial assessment of facts, and appointing other relevant parties such as an independent Investigating Officer (IO), employee representatives etc to the case.

In circumstances where it has been identified that there is a behaviour/conduct issue, the All Wales disciplinary policy (EV 8) is adhered to. The policy is devised to ensure fair and effective treatment for those with disciplinary issues and to ensure the correct standards of conduct and behaviour are upheld. HDUHB are clear in their approach on when it is appropriate to apply the policy and states "the policy should be regarded as a valuable tool to promote good employee relations and to correct standards of behaviour, and not as a punitive measure against staff" (All Wales Disciplinary policy 2018).

Medical staff (doctors) are also governed by terms and conditions under the GMC and Upholding Professional Standards (UPSW) policy (EV 9). The aim of the policy is to inform doctors of their individual responsibilities as a medical professional and their conduct. It is also to provide information for managers to be able to monitor performance effectively by providing a framework that medical professionals are expected to follow.

Performance management takes many forms and can become necessary for many reasons including poor attendance for individual employees. HDUHB implements and adheres to the All Wales Managing attendance at work policy (EV 10). The policy has recently been updated in 2019 and now provides clear guidance in different sections dependant on the situation and what information is trying to be located, as well as flowcharts on how to deal with the situation appropriately (EV11). It includes information around sick pay entitlements and which circumstances 'trigger' the policy. It is easy to follow for both employees' and line managers, and ensures that managers are responsible for managing attendance within their directorate with HR involvement only necessary at the 2nd formal meeting. It can also provide

opportunities for employees to communicate any personal issues which may be affecting their performance and absence record through the 'Return to Work' document that needs to be completed upon the individual's return to work (EV 12). It is suggested that having consistent and fair sickness and wellbeing policies in place is important to employees and can have an effect on individual's ability to carry out their role effectively. Offering benefits such as enhanced sick pay entitlements can support employee engagement which can result in increased productivity and individual performance (Palmer, K 2019).

As a result of following the managing attendance at work policy, it can identify reasons why individual performance has been affected directly associated with wellbeing. HDUHB have a Staff Psychological and wellbeing policy (EV 13) in place which aims to provide information and guidance to employees and managers in relation to promoting wellbeing and support employees who may be experiencing difficulties and prioritise employee health and wellbeing. Understanding the effect health and wellbeing can have on employees can assist the organisation in ensuring the relevant support is in place to encourage any necessary changes to improve the individuals work-related struggles (Mind). This can enable improved performance for the individual and department, and ultimately result in improved patient satisfaction, improved organisational performance and reduced absence/sickness rates (Personnel Today 2017).

All of the above policies and guidance flowcharts are available on the internal Intranet page at any time by any employee. Managers are also responsible for conducting the annual PADR (EV 14) which looks at individual employees' performance over the last 12 months. The PADR document is produced with the organisational values at the forefront and aims to identify any past success, and look at any future needs for the professional development of individuals. It also provides an opportunity for managers to review performance in a more formal setting, and discuss career aspirations on a one to one basis, as well as discuss areas for improvement.

There is also a HDUHB Facebook page which celebrates the success of individuals and teams within the Health Board (EV15). It is suggested that celebrating success by acknowledging positive contributions and behaviours within an organisation can increase employee motivation, leading to improved performance (NHS 2014).

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

There are numerous things both internally and externally which underpin management activities in relation to performance management within the organisation. These include:

Internal

- ✓ The managers passport Programme (EV 16) – available to managers who are band 6 and above and provides information and training on various topics including management skills, managing a team, workforce planning, managing performance and financial budgets.
- ✓ Performance appraisal and personal development plan policy (EV17) in place for a majority of the workforce which ensures an annual PADR is carried out in order for managers to follow the process and all employees have clear performance objectives laid out within their PADR and agreed personal development plans to align with their role, and also organisational objectives
- ✓ Mandatory training targets – NHS Wales apply targets annually which Health Boards across Wales need to hit. These include targets to complete mandatory training and PADR's in each department, as well as current performance figures for various services on offer. These are then compared to other Health Boards in Wales. Benchmarking against other organisations in the same area of work can provide valuable information on performance gaps and understanding of how to close the gap and also provide a comparative analysis of the overall successes and failures of the organisation in comparison to others (Personnel Today 2012).

External

- ✓ ACAS – is used effectively as an invaluable guidance tool for HR within HDUHB and can offer training on performance management, as well as useful flowcharts on absence management, employee management and various other topics related to employment (ACAS 2020).

- ✓ GMC/NMC/other professional bodies – medical employees as well as nurses, physios and pharmacists are governed by professional bodies who's terms they also need to adhere to outside of their contractual obligations within the Health Board. They provide a code of conduct, performance, and ethics guidance which individuals must adhere to at all times (NMC 2012)
- ✓ The Chartered Institute of Personnel and Development – can provide information on best practise in relation to employee management, including performance and competency frameworks based on impartial research and evidence to encourage effective employee management. The CIPD can also support HR and senior managers when making informed decisions about the organisation and implementing change (CIPD 2020).

Provide timely and accurate information to colleagues regarding performance management activities

Although my role as a medical workforce officer can be limited in relation to specific performance management activities as I don't technically 'manage' a team, I do heavily support line managers in relation to absence management specifically, as well as performance issues with junior training doctors by guiding them through the correct procedure and providing clear advice on specific situations.

Due to the All Wales managing absence at work policy being fairly new, managers' unfamiliar with the process often contact me for support and advice. As a department, we are responsible for overseeing sickness for medical staff, including contacting the individual doctor who is off sick to request the return of sickness documents, and also informing managers/consultants of any sickness within their teams. It had come to light that an individual junior doctor had repeated episodes of sickness, and therefore had triggered the All Wales sickness policy. As a result, I contacted the doctor's consultant to explain that a 1st formal meeting was required to be carried out as an informal meeting had already been conducted. As a fairly new consultant in post, Dr Rastall was very unfamiliar with the process and contacted me for further advice and additional support (EV18) which I was able to provide in a timely manner, explaining the triggers of the policy, any further considerations

such as an occupational health referral, and accurate 'next steps'. I also provided the managing attendance at work policy (EV8) to ensure that Dr Rastall had easy access to refer to the policy further if needed and explained the useful flow charts and guidance notes within the policy. Dr Rastall did ask for my attendance at the informal meeting but I explained that at this stage it wouldn't usually be necessary for HR presence and pointed out the downsides of this including a feeling of unease for the individual doctor if HR was to be involved at this stage. The email trail demonstrates my input ensuring colleagues are provided with accurate information on how to manage performance in relation to sickness.

Another example of supporting colleagues in relation to performance management activities was when a service delivery manager (SDM) contacted me for advice in relation to a junior doctor's capability. It had come to light that the doctor in question was struggling with their on-call work, as well as daily duties on ward rounds etc and that the consultant had raised some issues around their management of patients. I met with the service manager later that day in order to establish clear facts and consider reasons why this may be and explained various management approaches which could be undertaken by informing them of different processes and policies for such situations. Following our meeting, I followed up via email (EV 19) to the SDM a breakdown of our discussion, providing contact details of the education department manager to identify possible training needs for the individual, as well as relevant policies in relation to the situation. This demonstrates that I am able to respond to a performance management issue quickly and effectively by providing clear guidance and advice, as well as support materials where necessary.

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

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

Performance management within an organisation takes many forms and require multiple parties to be involved either directly, or as a support/advice mechanism. It is suggested that in order to be an effective line manager with good people management skills, it is vital that line managers have access to a strong supportive network in the form of an effective HR department (CIPD 2019). The support for line managers from HR can come in many forms including and can assist in enabling employee performance:

- ✓ To enable line managers to develop the appropriate skills and self confidence to carry out their role effectively
- ✓ Provide appropriate training in formal management activities on how to manage performance issues
- ✓ Development for newly appointed line managers
- ✓ Providing information on policies and procedures in relation to performance and advise on legislation that governs performance management approaches
- ✓ Providing coaching in specific areas

(CIPD 2019)

Within HDUHB there are numerous ways HR help to support line managers mentioned above with providing advice and support on particular policies and procedures, eg. All Wales Capability at work policy. HDUHB also has an annual PADR system in place which HR can assist in by providing information and informal training on how to correctly carry it out to assess employee's performance and identify any gaps in performance. Where necessary, line managers will also seek HR support and advice on how to manage this in the correct way.

Support line managers' capability to deliver performance management activities

In order to support line managers to deliver performance activities within the organisation, I ensure that I maintain a close working relationship with managers and consultants to enable them to feel that they can always seek support and advice from me.

Evidence 18 clearly illustrates my involvement in supporting line managers capability to deliver performance management activities effectively and appropriately. I explained the correct procedure in relation to absence management as well as discussed, the responsibilities of each party and considered my role within this situation, identifying that HR presence isn't always required and the potential consequences of me attending. I also identified to the manager that as the line manager, they are in the best position to ensure positive working relationships with the individual by undertaking the meeting alone if appropriate. I also

provided informal training during this email trail by discussing the requirement for the meeting to remain informal, non-confrontational and creating a condition of trust.

Evidence 19 also displays this by ensuring that I can react quickly to situations and consider alternative approaches such as training needs/skills workshops to build the individuals confidence in order to improve performance and advise and support the manager on how to take this forward.

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

As part of the ongoing situation with the individual who had been identified as having performance issues, I ensured regular contact between the line manager and the employee by asking for regular feedback of any developments (EV 19). I worked with the manager at each stage, advising different ways to assess performance by including timescales and objectives to be met. I also described to the SDM the benefits of placing a 'mentor/buddy' by providing information via the buddy system document (EV 20) which the individual could shadow and learn from a more experienced member of staff to build their confidence and also encouraged 360 degree feedback which involves opinions from other parties separate to the line manager such as the employee's 'buddy', the education department and other colleagues. Ensuring this type of feedback can be invaluable and includes quality information from a range of sources in order to accurately gauge any improvements (CIPD 2019).

After a period of time, it was identified that the employee benefited from this approach, and they were soon placed back on to the on-call rota and continued their employment successfully with the Health Board until the end of their fixed term position in August 2020. A major factor of poor performance within this case was lack of experience and training. It is identified that poor training in the workplace has various negative impacts:

- ✓ Increase chance of accidents/poor practise
- ✓ High staff turnover
- ✓ Lack of employee engagement – leading to poor performance
- ✓ Poor customer service
- ✓ Damage to organisational brand

(Training Zone 2017)

Ensuring that all factors were considered and tackled helped to change the behaviour, improve the abilities and increase the confidence of the employee.

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

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

Hywel Dda University Health Board is a large organisation with many complex policies, procedures and approaches to performance management which has been evidenced and discussed with Evidence numbers 4-15. Evaluating HDUHB's approach, it is clear the performance management cycle is part of the performance management process/strategy with the 4 main stages of the cycle being utilised in the organisations' approach. These are:

1. Planning – at the initial recruitment stage via robust recruitment procedures, ensuring detailed job descriptions, person specifications, skills, responsibilities and qualifications needed within the role are paramount and clear to the applicant from the very beginning.
2. Monitoring – through constant informal discussions and team meeting within departments as a whole, as well as formal competencies framework for medical staff in particular throughout their training which need to be achieved. Another form of this within the Health Board is annual mandatory training which needs to be completed on the internal employee service record (ESR) system (EV 21) which is linked to employee pay. Also, annual PADR's (EV14) for each employee is a form of monitoring performance to assess progress in relation to meeting individual, and organisational goals/objectives.
3. Reviewing – this is evidenced again via annual PADR's to determine whether the employee has met the goals set the previous year. Manager's need to ensure these are carried out as a minimum and are held to account if they are not completed within a set time frame.
4. Rewarding – when considering reward, it is clear that HDUHB have some work to carry out in this area. Although the completion of annual PADR's is linked to salary

progression within the organisation, there is little to no flexibility in this area. There are some examples of 'reward' through recognising talent and celebrating success via internal announcements and use of social media (EV 15).

Integrating a robust performance management cycle plan can assist larger organisations in achieving their objectives by ensuring employees are more aligned with organisational goals (Valamis).

HUHB also have a manager's passport programmes discussed above (EV 16) available to those who are Band 6 and above. This can be useful; however it also demonstrates a huge gap in the workforce for employees who are lower banded but are heavily involved in line management roles without receiving the appropriate training. Currently, there is a long waiting list of up to 2 years to attend the programme, which potentially exposes managers to responsibilities and roles which they are not yet adeptly skilled to undertake.

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

High performance working (HPW) looks at a combination of policies, approaches, and behaviours that can contribute positively to organisational performance (CIPD 2018). In order to ensure HPW and sustained organisational performance, Taylor and Woodhams (2016) explain that organisations require the various attributes some of which are clearly evident within HUHB

- ✓ Robust recruitment and selection processes – this is clear via the robust approach to recruitment within the organization including JD's, person specifications, fair and consistent recruitment selection process etc
- ✓ A set of clear Health Board values which are evident through the employee's time in the HB beginning at the recruitment stage, interview questions and appraisal process ongoing
- ✓ Robust policies and procedures related to performance
- ✓ Management training courses – (managers passport) ensuring line managers have the appropriate skills to carry out their role effectively and benefit employees' long term

- ✓ Clear vision and organisational strategies – through 3-year planning (IMTPS 's) (EV 22) and annual plans (EV 23).
- ✓ Employee voice – the HB operates an employee voice system which can encourage a more open communication culture and assist employees in feeling more involved in decision making, resulting in feeling more motivated, engaged and performing better (CIPD 2016).

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

A recommendation for change within HDUHB would include more availability for managers to attend the relevant training to improve their skills and knowledge specifically in relation to performance management. Developing managers to understand the benefits of correct employee management, can help to reduce the risk of issues related to performance further down the line as they would be trained in recognising the signs of poor performance and coached on having difficult conversations at the informal stage which can ultimately reduce the number of grievances and disciplinarys within the Health Board. Well trained line managers are more likely to lead high-performing departments, leading to greater overall organisational performance (CIPD 2019).

Another recommendation would include linking performance with pay benefits. Performance related pay (PRP) can be an effective way to manage and assess individual performance and usually includes setting pre-agreed objectives which individuals need to achieve (CIPD 2018). At the moment, there are defined pay scales in place, with decisions solely linked to experience made on what pay an individual will receive. It is discussed, that financial benefits can attract individuals to an organisation, with some Health Board's already adopting this approach (NHS England 2019). An appraisal system directly linked with pay has been implanted in NHS England, with early findings suggesting increased employee engagement, motivation, performance and less disciplinary numbers. Basic pay would very much need to remain, but with additional benefits and rewards such as pension benefits, reward/relocation packages, additional annual leave etc being centred around individuals meeting performance targets set and agreed between both parties. Implanting this can also help attract talented

employees to the Health Board and allow the organisation to stand out in a competitive market and be well known for such practices (NHS employers 2014).

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Hywel Dda
Health Board

4

JOB DESCRIPTION

JOB DETAILS

Job Title: Out of Hours Salaried General Practitioner

Pay Band: £76,000 up to £101,370 based on experience

Directorate: Primary Care

Department: Out of Hours service

Base: 3 Counties Wide (Carmarthenshire, Ceredigion & Pembrokeshire)

ORGANISATIONAL ARRANGEMENTS

Professionally accountable to:
Lead Clinician, Out of Hours service

Operationally accountable to:
Out of Hours Manager

JOB SUMMARY / PURPOSE

To provide Out of Hours General Medical Services to 3 Counties residents and visitors, and to participate as a key member of the Out of Hours teams in providing service, support and advice aimed at developing general medical practice to the community within an unscheduled model of care.

MAIN DUTIES AND RESPONSIBILITIES

The post holder will be a fully participative member of the Hywel Dda Local Health Board. As part of the Out of Hours Teams, duties will include consultations by phone (including triaging of calls), treatment centre appointments and home visits and any administration associated with patient care. The post holder will be expected to develop and support the dissemination of best practice which would include the delivery of staff training for other disciplines within the service. The post holder will assist the Lead Clinician in ensuring Clinical Governance is fully embedded in the work of the team.

The service is committed to an integrated model within the Emergency and Urgent Care Centre in Withybush Hospital. The post holder will be expected to treat minor illness and minor injuries (where competence allows) within the unit.

Clinical

- To provide Out of Hours Emergency and urgent primary care to the residents and visitors to the 3 Counties, working with other team members to a high quality
- To respond to medical problems presented by patients, by means of history taking, examination, investigation where appropriate, diagnosis, treatment and referral as needed.
- To be part of a team that delivers care as appropriate and when necessary to community hospitals.

Service Management

- Normal duties, workload and important non clinical roles will all be articulated through a Job Plan.
- Attending appropriate meetings commensurate with the development of the service
- To contribute when appropriate to the provision of support, education and training of the Out of Hours team.
- To monitor and advise on adequate drug stock levels in line with the Out of Hours Formulary in conjunction with the Prescribing and Pharmaceutical Advisor in the Local Health Board

Service Improvement

- To undertake audit activities as appropriate
- To work collaboratively with other members of the Out of Hours Team participating in the development of the service and supporting the overall modernisation of the NHS.

Communications

- To work with the Out of Hours teams, Hywel Dda Health Board staff and Local Authority staff and to ensure a safe, efficient delivery of Out of Hours provision.
- To work with the Lead Clinician, the Medical and Associate Medical Directors for Primary Care, and the Out of Hours Manager to implement and further develop the service model.

Personal and People Development and People Management

- The development of PDPs as appropriate and agreed with the Clinical Lead and the Associate Medical Director
- Undertaking all relevant training requirements to meet the demands of the post and to meet the requirements of the NHS GP appraisal process.

Information Processing

- Ensuring that adequate and appropriate clinical records are maintained for all manual and computerised systems and to contribute to active audit of the service, working closely with the Clinical Lead and the Associate Medical Director.

Health, Safety and Security

- To be responsible to the employing Local Health Board and subject to the NHS complaints procedure. Professional disciplinary matters may be referred directly to the GMC.

Quality

- To ensure appropriate clinical standards within the Out of Hours Service are achieved and maintained.
- Agreement of performance against standards with the Clinical Lead and to comply with the Local Health Board's Clinical Governance Standards and the Policies and Procedures of the Out of Hours service.
- To assist in the development of appropriate Clinical Procedures and Policies for the Out of Hours team.

General

- In exceptional circumstances provide additional service within the post holder's clinical competence of an emergency nature that would not jeopardise the delivery of general medical services to patients. E.g. in the event of a major incident.

COMPETENCE

- The post holder is required to participate in the Hywel Dda PDR process and work towards meeting identified development needs.
- The postholder is required to demonstrate on-going continuous professional development.
- At no time should the postholder work outside their defined level of competence. If the postholder has concerns regarding this they should immediately discuss this with their Manager/Supervisor/Consultant. The postholder has the responsibility to inform those supervising their duties if they are not competent to perform a duty.

TEAM BRIEF

- The post holder is required to actively participate in Hywel Dda Team Briefing in order to aid communication within the Health Board.
- Managers and supervisors will regularly deliver the Team Brief verbally to their own staff teams by means of a Core Brief and additional departmental information.

REGISTERED HEALTH PROFESSIONAL

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

RISK MANAGEMENT/HEALTH & SAFETY

- The postholder has a responsibility to themselves and others in relation to managing risk, health and safety and will be required to work within the policies and procedures laid down by the Hywel Dda Health Board . All staff have a responsibility to access occupational health, other staff support services and/or any relevant others in times of need and advice.
- The postholder has the responsibility for monitoring the progress on action plans in relation to risk, health and safety.
- The postholder has the responsibility for the development of risk profiles and a risk register within their area of responsibility.
- The postholder has the responsibility for developing systems to monitor performance against agreed performance indicators.

HARRASSMENT & BULLYING

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

RECORDS MANAGEMENT

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

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

FLEXIBILITY STATEMENT

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

CONFIDENTIALITY

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

EQUAL OPPORTUNITIES

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

OUTSIDE EMPLOYMENT/OUTSIDE INTERESTS

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

ENVIRONMENTAL

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

GENERAL

The postholder needs to ensure they are familiar with their terms and conditions of service,

PERSON SPECIFICATION

ATTRIBUTES	ESSENTIAL	DESIRABLE	METHOD OF ASSESSMENT
Qualifications and Knowledge	GMC Registration JCPTGP Certificate Evidence of professional indemnity Evidence of continuous professional development Broad knowledge of the Welsh NHS system and its interface with social care	Awareness of local issues and their impact on the health of the locality. Understanding of the clinical and developing agenda. Knowledge of forthcoming NSF's and NICE guidance and technology Appraisals.	Application form
Experience	Experience in general practice Competent in the provision of medical services	Experience of working out of hours	Application form and interview.
Aptitude and Abilities	Must be able to manage workload and prioritise calls. Well developed Team Working skills Ability to present logical argument and evidence based solutions to problems. Genuine commitment to improve quality in primary care Must be able to demonstrate an understanding of the need for confidentiality in all aspects of the work of the department Excellent oral, written and communication skills. Must be able to communicate and manage difficult people and difficult situations.	IT proficient	Interview

	Innovative Able to provide clinical leadership and demonstrate a willingness to help and assist others in the team. Leadership and team building skills Excellent interpersonal skills		
Circumstances	Able to travel Able to work hours flexibly		Application form and interview
Other		Welsh speaker	

HDUHB - JUNIOR/MIDDLE GRADE INTERVIEW ASSESSMENT FORMS

POST:

DATE:

NAME OF CANDIDATE:

You should be advised that all documents relating to this appointment may be made public, under the Freedom of Information Act

AREA OF COMPETENCE (Taken by the panel from the Job Description and Person Specification)	COMMENTS	5 = Excellent 4 = Above Average 3 = Average 2 = Below Average 1 = Poor 0.5 scores may be given as necessary
1. English Language Skills (Is Dr able to understand all questions and Answer efficiently, communicate effectively in English.		
2. Has Dr Undertaken IELTS, what is the score		
3. Has Dr Undertaken PLAB?		
4. GMC registration with a licence to practise? Or date of ID check		
5. Visa Required: Yes/No		
6. Qualifications, Training relevant for the post:		
7. Clinical Experience & procedures/ competencies: Clinical Scenario question from Consultant in line With the level being appointed to (this should test out the listening and understanding skills)		
8. Clinical Governance/Revalidation e.g. What is their understanding of Clinical governance		
9. Concepts of Audit and their understanding of the process/any audits undertaken		
10. NHS Experience or equivalent		

fitness to practice related question

fitness to practice related question

values
based
question

11. Research, Teaching Experience: if applicable to the post		
12. Personal Attributes • Communication Skills • Team Working • Good Interpersonal skills etc.		
13. Dignity Questions: Clinical Staff: e.g. How would you convince the panel that you always treat your patients and colleagues with dignity and what would you do if you saw someone doing something that contradicted what you describe as dignified care? <i>A</i>		
14. MENTAL HEALTH MIDDLE GRADE ONLY • Are you an approved clinician in England or Wales? • If you are an approved clinician in England, Is your approved clinician status registered in Wales? • If you have approved clinician status, there is a five year limit for re-certification; where are you in this five year limit and when do you need re-certification?		
15. If you have approved clinician status in England, do you know you have to apply in Wales? Where are you in this process? Any Other questions :		
ADDITIONAL COMMENTS:		

SIGNED: _____ PRINT NAME: _____ DESIGNATION: _____



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University Health Board

All Wales Capability Policy and Procedure

Policy Number:	203	Supersedes:		Classification	Employment
Version No	Date of Eq/A:	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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HYWEL DDA UNIVERSITY HEALTH BOARD

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

C O N T E N T S

1. Policy statement
2. About this policy
3. Principles
4. Rights of accompaniment
5. Identification of a capability issue
6. Initial assessment
7. Incapability to due to disability
8. Confidentiality
9. Redeployment/Downgrading
10. Timescales for achieving improvement
11. Notification requirements for formal capability hearings
12. Procedure at capability hearings
13. Stage 1 hearing: Improvement notice
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21. Records Management
22. Review
23. Monitoring
24. Approval

1. Policy Statement

The Core Principles of NHS Wales are:

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

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

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

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

HYWEL DDA UNIVERSITY HEALTH BOARD

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.

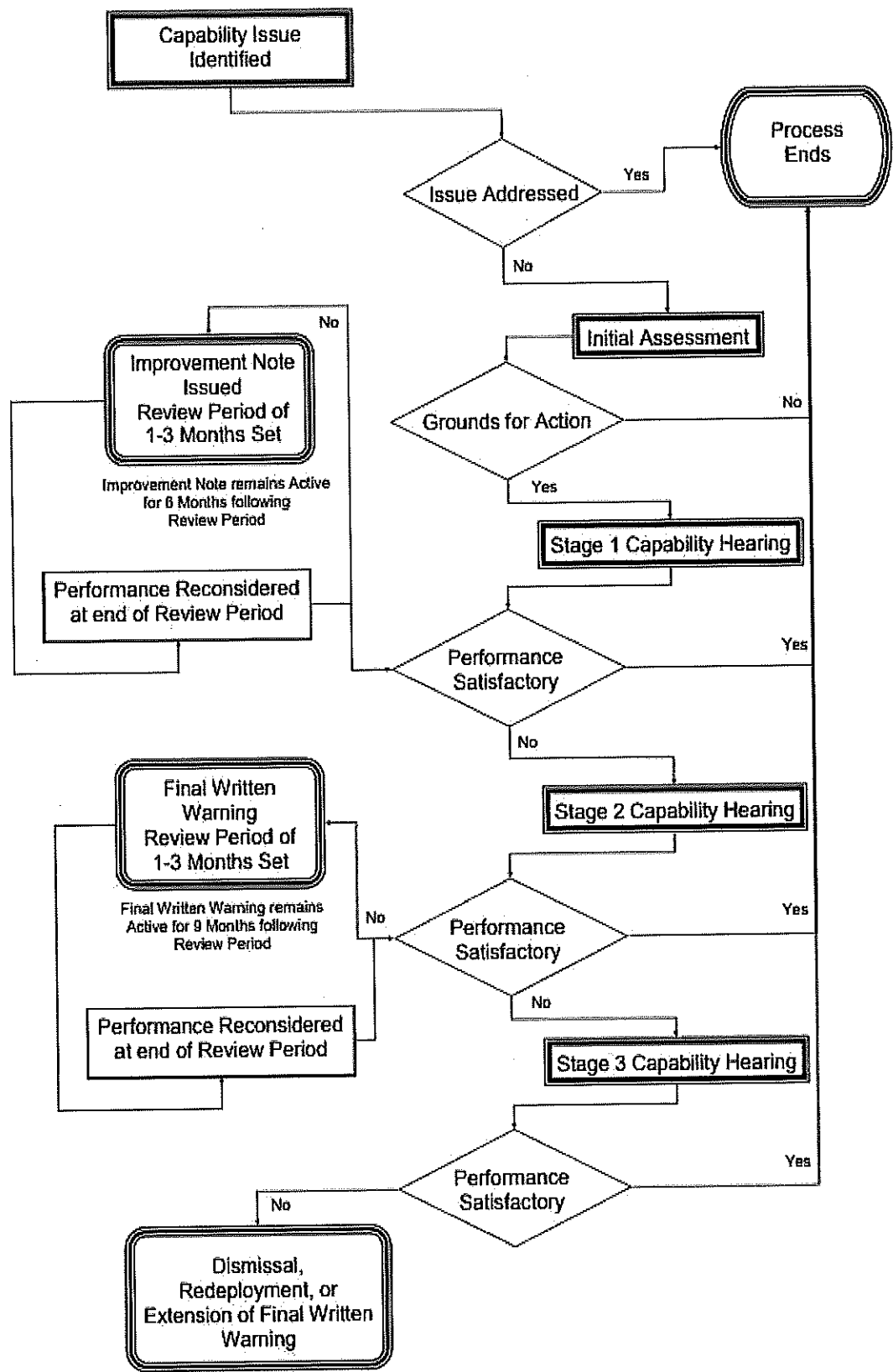
If an individual is in the formal stage of the capability policy at the beginning of sickness and/or maternity/adoption leave and there is evidence to show that they would be unlikely to have met their pay progression criteria, it may be possible to withhold their pay increment. However, advice must 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.

Appendix 1 – Capability Hearings Flowchart





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University Health Board

All Wales Disciplinary Policy and Procedure

Policy Number:	201	Supersedes		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
5		Workforce & OD Group	19/05/2017	31/07/2019	March 2020

Brief Summary of Document:	The Policy ensures that fair and effective arrangements exist for dealing with disciplinary issues and to ensure that expected standards of conduct and behaviour are observed. The policy should be regarded as a valuable tool to promote good employee relations and to correct standards of behaviour, and not as a punitive measure against staff.
Scope:	This is the disciplinary policy and procedure to be used for all employees within NHS Wales unless specific alternative contractual arrangements are in place. All staff, students, trainees, volunteers and other employees who work on Hywel Dda University Health Board premises but are not directly employed by the organisation will be subject to the Health Boards standards of conduct and behaviour at work but will be dealt with under the scope of their own employer's Disciplinary Policy
To be read in conjunction with:	

Owning Committee	Welsh Partnership Forum Workforce & OD Committee
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Executive Director:	Lisa Gostling	Job Title	Director of Workforce & OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	
2	Revised	21.7.2011
3	Revised	8.7.2014
4	Revised	Going to W&OD 19.5.2017
4	Page 31/32 – changed NHS organisation to Hywel Dda University Health Board	Uploaded 23.5.17
5	Section 4 includes the sentence ‘An employee may respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings’ under section 4 of the policy.	

Keywords	Disciplinary
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“NHS Organisation”

Disciplinary Policy and Procedure

Approved by: Welsh Partnership Forum

Issue Date: March 2017

Review Date: March 2020

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6. Rights to be Accompanied
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8. Potential Criminal Offences including Fraud, Corruption and Bribery
9. Procedure for Dealing with Alleged Misconduct
10. Formal Investigation
11. Alternatives to Suspension / Temporary Deployment During Period of Investigation
12. Suspension from the Workplace
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14. Procedure for Reporting to Professional Regulatory Bodies
15. Arrangements for the Disciplinary Hearing
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17. Notification of Disciplinary Action
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19. Debrief/Lessons Learnt
20. Employment Monitoring
21. Appeals
22. Authority to Dismiss
23. Equality
24. Policy Review
25. Help and Advice
26. Agreement

Appendix 1 – Disciplinary Rules

Appendix 2 – Equality Act 2010

Appendix 3 – Disciplinary and Appeals Process Flowchart

1. Policy Statement

1.1 The Core Principles of NHS Wales are:

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

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

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

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

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together

so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

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

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

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

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

2. Aims and Objectives

The principal aims of this policy are to:

- 2.1** Improve and protect standards of care by providing an orderly means of correcting inadequate standards of conduct, attendance or behaviour at work.
- 2.2** Provide a mechanism for dealing with any disciplinary issues that arise in a way that is fair, consistent, without discrimination and as quickly as possible.
- 2.3** Ensure that managers, employees and their representatives are aware of their rights, responsibilities and obligations within the disciplinary process.
- 2.4** Maintain the relationship between the employee and their manager.
- 2.5** Ensure that no disciplinary action against an employee is taken until the case has been appropriately investigated.
- 2.6** Ensure that all cases of suspected fraud or corruption are reported at the earliest opportunity to the "*NHS Organisation*" Local Counter Fraud Specialist (LCFS) or to the NHS Counter Fraud Service Team (CFS Wales).
- 2.7** Ensure that where an issue is identified that relates to the protection of vulnerable adults (POVA) or the protection of children (POCA) it will be dealt with in accordance with inter-agency protocols and any relevant external and/or regulatory bodies as appropriate.

3. Scope

- 3.1.** This is the disciplinary policy and procedure to be used for all employees within NHS Wales unless specific alternative contractual arrangements are in place.
- 3.2.** All staff, students, trainees, volunteers and other employees who work on "*NHS Organisation*" premises but are not directly employed by the



UPHOLDING PROFESSIONAL STANDARDS IN WALES

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PREFACE

This procedure sets out the approach for addressing concerns about capability, performance and conduct for all doctors and dentists (referred to below as “practitioners” in the rest of the document) employed by Local Health Boards or other NHS organisations in Wales.

It replaces all existing procedures in operation within the Local Health Boards and NHS Trusts in NHS Wales or successor bodies with effect from 1 September 2015, “the effective date”.

The new procedure replaces all previous disciplinary procedures enshrined in WHC(90)22 and DGM(95)44, as implemented by any NHS organisation or LHB policy document. The procedure also replaces the provisions in WHC (82)17 for Special Professional Panels (the “Three Wise Men”) as implemented by NHS Wales organisations. The right of appeal to the Secretary of State, held by certain practitioners under paragraph 190 of their terms and conditions of service, is also abolished from the effective date of this procedure.

The procedure applies to all practitioners, which covers all practitioners employed in LHBs or NHS organisations in Wales including those in training and on temporary, locum or honorary contracts and comprises of five parts:

- (I) Action when a concern arises;
- (II) Restriction of practice and exclusion from work;
- (III) Handling concerns about a practitioner’s health;
- (IV) The Standard Procedure;
- (V) Extended Procedure.

All NHS organisations, in their response to performance concerns, will ensure that due account is taken of the potential relevance of the practitioner’s health, system failure and the working environment. The application of this procedure will be considered in conjunction with the relevant organisation’s incident reporting or investigation systems.

Where possible, NHS organisations will seek to address capability and/or performance concerns through training or other local remedial action. It will continue to support practitioners in their professional development in particular, through appraisal, GMC/GDC guidance and other relevant local or Welsh Government processes.

The role of the Welsh Government (WG) in monitoring the effective implementation of this procedure will be coordinated through the Workforce and OD Division and any others as appropriate. Detailed arrangements for practical operation of this procedure will be notified to employers in NHS Wales directly by the Workforce and OD Division.

The NHS organisation will ensure that this procedure is operated in a way that does not discriminate on the grounds of any protected characteristic as defined in the Equality Act 2010.

The NHS organisation will seek to ensure that all those involved in the operation of this procedure have been appropriately trained, including in particular those undertaking investigations and sitting on any relevant panels (which will include equality training).

PRINCIPLES

The management of conduct, capability and performance is a continuous process. NHS organisations should seek to identify and respond to concerns at the earliest possible stage, with a view if possible to their informal resolution at local level.

Potential concerns about a practitioner's conduct, capability or performance can come to light in a wide variety of ways, for example:-

- Complaints about care by patients or their relatives;
- Concerns raised by other NHS professionals; health care managers; students and non-clinical staff;
- Job plan reviews, annual appraisals, and through the revalidation process;
- Monitoring of data on performance and quality of care;
- Clinical governance, audit and other quality improvement initiatives;
- Information from the regulatory bodies; the police or coroner;
- A pattern of litigation outside the normal, following allegations of negligence (although this may reflect the nature of the specialty and not necessarily be an indicator of grounds for concern about a practitioner's practice);
- Court judgments.

Unfounded and malicious allegations can cause lasting damage to a practitioner's reputation and career prospects. Therefore allegations must be promptly and thoroughly investigated to verify the facts so that appropriate action can be taken.

Employers should seek to use available sources of specialist and independent advice in responding to the areas of concern covered by this procedure. In particular, where the organisation considers it appropriate, the National Clinical Advisory Service (NCAS) provides advice on the appropriate response to performance concerns and expert guidance on remedial action.

Specific processes exist for referrals to the GMC and GDC. Nothing within this procedure precludes any individual from referring a matter of concern directly to the GMC or GDC where they have concerns regarding a practitioner's compliance with standards laid out in the "Good Medical Practice" or the "Standards for the Dental Team".



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Managing Attendance at Work All Wales Policy

Policy Number:	768	Supersedes:	138	Classification	Employment
LOCSSIP reference:		NATSSIP Standards	List standard (NATSSIP Standards)		
Version No	Date of EglA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V1		W&OD Committee	5.11.2018	22.11.2018	5.11.2021

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

Owning Committee	Workforce & OD Committee
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Executive Director:	Lisa Gostling	Job Title	Director of W&OD
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HYWEL DDA UNIVERSITY HEALTH BOARD

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

HYWEL DDA UNIVERSITY HEALTH BOARD

1. Scope

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

2. Aim

The aims of the policy are to:

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

3. Objectives

The objectives of the policy are to:

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

4. NHS Wales Managing Attendance At Work Policy

All Wales NHS Wales Managing Attendance at Work Policy

5. Responsibilities

Chief Executive

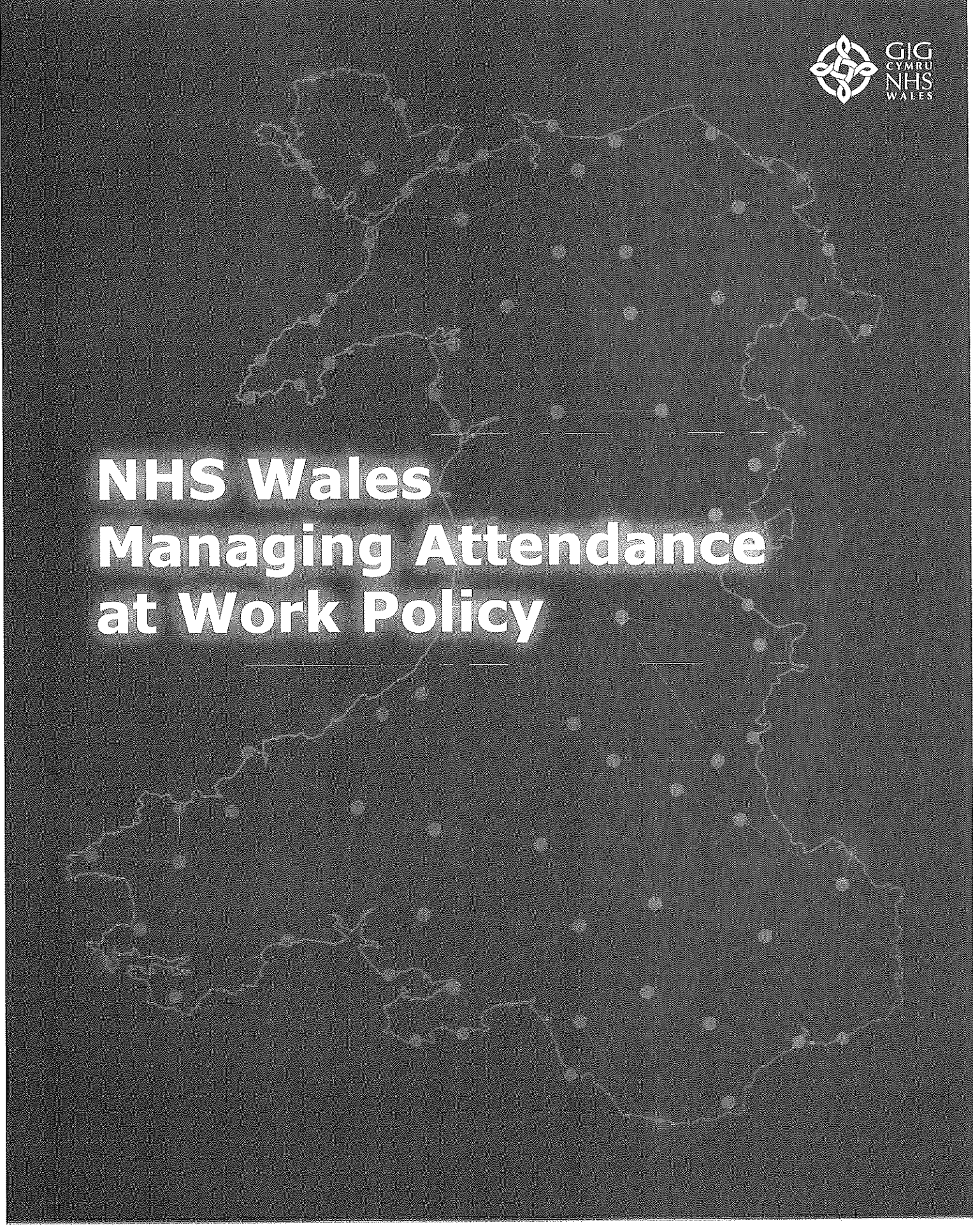
The Chief Executive holds overall responsibility for the effective management of organisational policies

Director of Workforce & Organisational Development

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

Managers

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



NHS Wales Managing Attendance at Work Policy

Sections

01

**NHS Wales
Managing
Attendance at
Work Policy**

02

**How to Procedure
Notification and
Certification**

03

**How to Procedure
Managing Frequent
Short Term Sickness
Absence**

04

**How To Procedure
Managing Long Term
Sickness Absence**

05

**How to Procedure
Occupational
Health**

06

**How to Procedure
Return to Work**

07

**How to Procedure
Phased Return
and Temporary
Redeployment**

08

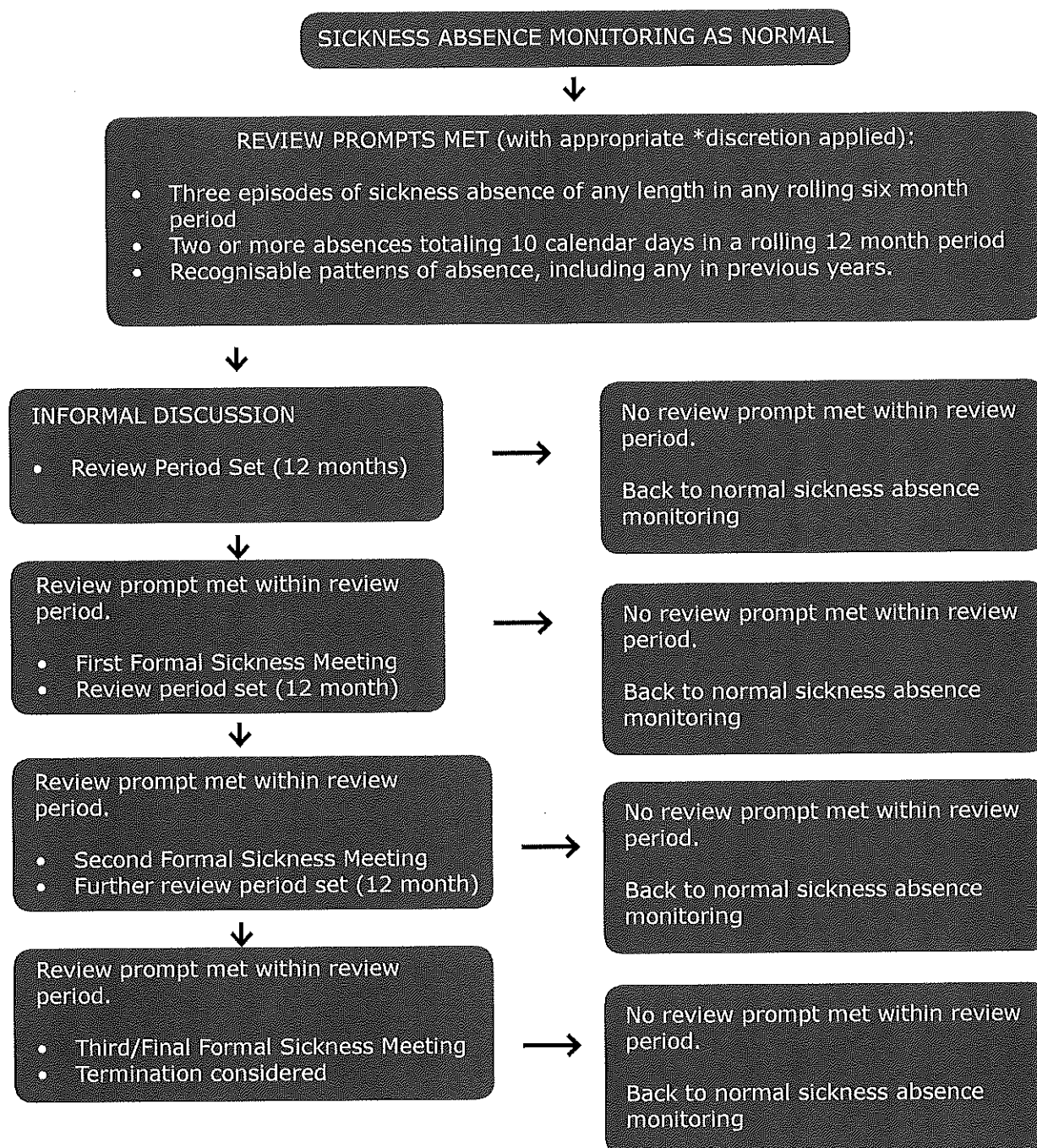
**How to Procedure
Reasonable /
Tailored
Adjustments**

09

**Minimum
Standards**



FREQUENT SHORT TERM SICKNESS ABSENCE FLOWCHART



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

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

06 - RETURN TO WORK DISCUSSION FORM

A Return to Work discussion should be held either shortly before the employee returns to work, on their first day back at work (this may be by phone, if appropriate or conducted by a nominated deputy) but no later than one week following return.

Ensure you have read and are familiar with the details in the NHS Wales Managing Attendance At Work Policy and the How To procedure Return to Work before the discussion.

- Managers must meet with an employee who returns to work after any length of sickness absence
- This form should be signed off by both parties and the completed form held on the employee file.

Name of employee		Job Title	
Department		Directorate	

Date of Discussion		Conducted by	
Method of discussion	Face to face	Telephone	

Dates of Sickness Absence	From:		To:	
First date back in work		Total number of calendar days absent		
		Total number of hours lost		

Reason For Absence (As stated by employee)

--

Notification and contact requirements complied with?	Yes / No
Self Certificate completed as necessary?	Yes / No
Have GP Fit Notes been submitted as required?	Yes / No
Is the employee fit enough to return to work and undertake their full range of duties?	Yes / No
Is the employee on any medication that may affect their work?	Yes / No
If yes, note here the impact and any agreed adjustments	
Is the absence due to a work related incident / injury?	Yes / No
If yes, ensure DATIX has been completed	

Is this absence pregnancy related? <i>(If absence is pregnancy related a risk assessment must be undertaken)</i>	Yes / No
Was the absence related to any previous absence? Please give details	Yes / No
Is there a likelihood of re-occurrence?	Yes / No
Does the Employee consider they have a disability?	Yes / No
Is the current absence attributable to the disability?	Yes / No
Do any reasonable / tailored adjustments need to be considered?	Yes / No
Note any adjustments here and complete the Reasonable / Tailored Adjustment Agreement if appropriate:	
What steps has the employee taken to reduce their absence from work? eg. sought advice from a GP / other health professional etc	
What support / assistance has the manager given to the employee to help reduce their absence from work?	
Are there any underlying problems relating to the absence and can any assistance be given to the employee by the Health Board? Please give details	Yes / No
Ensure employee is aware of local services available to them – Wellbeing; Physio; Occupational Health; Dietician; Smoking cessation etc	
Does the employee have any comments to make about work related concerns which may have a bearing on the sickness absence?	Yes / No

Additional notes of discussion / summary of meeting <i>Ensure all appropriate support mechanisms have been discussed and any agreed actions noted below. If no additional support is required make a note here</i>
--

Agreed Actions	
<u>Employee:</u>	
<u>Manager:</u>	

Declaration	
-------------	--

I confirm that:-

- a) I have not undertaken any other paid or unpaid work, including self-employment without prior written consent from my manager.**
- b) I have not taken part in any activity not consistent with the reasons given for my absence or that would result in any delay in my return to work.**
- c) I am now fit to return to work.**
- d) I understand the issues and actions described above**
- e) I understand any contravention of the NHS Wales Managing Attendance At Work policy may result in investigation by the NHS Counter Fraud Service and I may be liable for criminal prosecution, disciplinary action and loss of any sick pay entitlement.**
- f) The information given on this form is a fair record of the return to work discussion.**
- g) I understand the above information will be used for the purposes of recording and monitoring sickness absence and may be shared with Occupational Health, Human Resources and my line managers**

- a) I have not undertaken any other paid or unpaid work, including self-employment without prior written consent from my manager.
- b) I have not taken part in any activity not consistent with the reasons given for my absence or that would result in any delay in my return to work.
- c) I am now fit to return to work.
- d) I understand the issues and actions described above
- e) I understand any contravention of the NHS Wales Managing Attendance At Work policy may result in investigation by the NHS Counter Fraud Service and I may be liable for criminal prosecution, disciplinary action and loss of any sick pay entitlement.
- f) The information given on this form is a fair record of the return to work discussion.
- g) I understand the above information will be used for the purposes of recording and monitoring sickness absence and may be shared with Occupational Health, Human Resources and my line managers

Signed Employee	Date
Signed Manager	Date

Signed Employee	Date
Signed Manager	Date

Signed Manager	Date
----------------	------

Signed Manager	Date
----------------	------

A copy of this form may be given to the employee



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Staff Psychological Wellbeing Policy

Policy Number:	340	Supersedes:		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V2		Workforce & OD Committee	14/9/2018	5/11/2018	14/9/2021

Brief Summary of Document:	Outline of how to promote employee mental health, resilience and psychological wellbeing, identify and reduce key stressors in the organisation and for individual employees and how to support staff who may be experiencing difficulties.
Scope:	This policy covers all staff employed by Hywel Dda University Health Board.
To be read in conjunction with:	138 - All Wales Sickness Absence Policy Sickness Management Toolkit 573 - All Wales Organisational Change Policy 130 - All Wales Dignity at Work Policy 126 - Work/Life Balance – Flexible Working Policy

Owning Committee	W&OD Committee
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Executive Director:	Lisa Gostling	Job Title:	Director of Workforce & Organisational Development
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HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	4.4.2013
2	Full review – no changes to content only layout	14.9.2018

Glossary of terms

Term	Definition
Wellbeing:	A state of being comfortable, healthy or happy. Can refer to both physical and mental health
Mental health:	A state of wellbeing in which an individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (World Health Organisation)
Resilience:	The process of adapting well in the face of difficult, challenging or traumatic life experiences
Stress:	An adverse reaction people have to excessive pressure or other types of demands placed upon them (Health & Safety Executive)

Keywords	Psychological Wellbeing, Resilience, Culture of Wellbeing, Staff Support, Stress, Stress Risk Assessment, Mental Health at Work, Counselling
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1. INTRODUCTION

This policy deals with the development of organisational culture, practices and work environments where the mental health and psychological wellbeing of all its employees are prioritised and valued. It gives information and guidance about the actions needed to promote wellbeing and resilience as well as to prevent and reduce work related stressors and how to support staff who may be experiencing difficulties.

There is a strong and well-established business case for investing in employee health and wellbeing and NHS organisations that prioritise staff health and wellbeing perform better, have improved patient satisfaction, stronger quality scores, better outcomes and lower rates of sickness absence.

2. BACKGROUND INFORMATION

There is a strong evidence base showing that work is generally good for physical and mental health and wellbeing providing that account is taken of the nature and quality of work and social context and that jobs are safe and accommodating¹.

Stress continues to be the most common cause of long-term absence and the second most common cause of short-term absence after minor illness in the UK². Stress is also more prevalent in public service industries (including health) and by occupation, jobs that are common across public service industries (such as healthcare workers and service professionals) show higher levels of stress as compared to all jobs³.

Further details of the business case for wellbeing at work is provided in **Appendix 1**.

3. POLICY STATEMENT

Hywel Dda University Health Board (the Health Board) is committed to building an organisational culture of psychological wellbeing and resilience and recognises that psychological health and physical health are inter-related and equally important.

It is the responsibility of the Health Board to minimise as far as possible those risks to mental health and psychological wellbeing which arise from a person's work and to support those who are experiencing psychological problems as a result of work related issues. Due attention needs to be paid to creating and sustaining the conditions required for resilience and psychological wellbeing at work. Identifying work related stress at an early stage can be an effective measure in preventing an escalation in severity and frequency, and can help to ensure appropriate and timely support is provided.

The Health Board is committed to promoting a culture in which stress or mental health problems are not seen as a sign of weakness and feeling stressed at work is not immediately seen as reflecting any implications of competence to do the job. Employees need to feel able to speak freely about their difficulties and to seek help. All information relating to an employee's health will be handled with sensitivity and will remain confidential as far as is possible within the legal responsibilities of the individual and the Health Board.

The Health Board recognises the contribution of psychosocial factors in the development of musculoskeletal disorders and the link between work-related musculoskeletal disorders and stress^{4,5}.

4. SCOPE

This policy and the principles apply equally to all employees in all settings across the Health Board.

5. AIMS

This policy aims to

- Acknowledge the link between productive, healthy working conditions and employee psychological wellbeing
- Emphasise the importance of employee wellbeing across all levels of the organisation and acknowledge that staff health and wellbeing lie at the heart of what we do
- Contribute to the development of organisational culture, practices and work environments where the mental health and psychological wellbeing of all its employees are prioritised and valued
- Promote an approach to psychological wellbeing and mental health at work that is proactive and preventative rather than just reactive and treatment focused
- Help develop a culture that is supportive and non-judgemental of people experiencing stress or mental health problems and reduce the potential for discrimination and stigma in relation to these problems

6. OBJECTIVES

The aims outlined above will be achieved by:

- Increasing awareness that workplace stress is a health and safety issue and clarifying responsibilities for promoting and managing psychological wellbeing at work and identifying, preventing and reducing workplace stressors.
- Promoting the practice of identifying, minimising and managing work related factors that negatively affect psychological wellbeing before they affect employees wherever possible, through the use of a stress risk assessment process
- Strengthening the role of line managers in promoting the mental wellbeing of employees through supportive leadership style and management practices
- Providing guidance on the resources and support available to managers and employees for promoting and managing psychological wellbeing at work
- Recognising the links between mental health and musculoskeletal problems

7. PSYCHOLOGICAL WELLBEING

7.1 Legal Framework

The Health and Safety at Work Act 1974 and the Management of Health and Safety at Work regulations 1999 require the Health Board to assess health and safety risks to employees and to identify measures to reduce risks, including stress. Employees with a substantial and long term mental impairment (generally considered to be over one year in duration), which may have arisen or been made worse because of work related stress are also protected under the Equality Act 2010.

In addition to the common law duty of care, the Health Board has an implied duty under the contract of employment to ensure that all reasonable steps are taken to protect its employees from foreseeable risks that may harm them physically or mentally. Recent court rulings make it

clear that employees who feel under stress at work should inform their employers and give them the opportunity to implement stress prevention and management procedures.

7.2 Assessing Psychological Well Being

To achieve an overall picture of employee psychological wellbeing data from a range of sources needs to be considered and not just one measure in isolation. Existing sources of information that can be used to assess the overall levels of psychological wellbeing include:

7.2.1 Across the Organisation

- Sickness absence (rates, reasons, clusters and trends)
- Staff turnover
- Exit interviews
- Grievance/ Disciplinary/ Capability or Dignity at Work cases
- Ill health retirements (numbers, reasons, clusters)
- Work performance; in terms of output, quality of work and efficiency
- Incident and accident reporting
- Numbers of complaints about staff behaviour and attitude received from patients
- Management referral rates to Occupational Health
- Requests for mediation received by the Workforce teams
- The pace, extent and management of organisational change
- Wellbeing elements of the NHS Staff Survey

7.1.1. In Teams

- Morale and general attitudes to work
- Levels of participation in discussions
- Team dynamics / relationships

7.1.2. For Individuals

- General manner and demeanour
- Ability to meet work standards, to organise work load and to meet deadlines or targets
- Ability to concentrate and reason logically
- Take up of holidays and overtime worked
- Information and concerns shared in one to one management meetings and in the PADR process

Additional information can also be obtained by undertaking:

- Staff surveys
- Focus groups
- Team or Individual Stress Risk Assessments

More information about identifying the signs of stress (for individuals and for teams) and details of Stress Risk Assessment processes are outlined in the Appendices.

7.3 Identifying the Causes of Stress

Identifying and assessing stress-related hazards and risks are not as easy as identifying and assessing physical hazards and risks. Stress is more difficult to identify because:

- Different people find different things stressful
- People change and the things that cause them stress change



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PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

CORE PADR

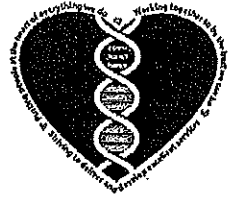
My Details / My Manager's Details			
My Name:	_____	My Job Title:	_____
Department:	_____	County:	_____
Review Type:	Foundation Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
	Review ☐		
	Final Gateway ☐		
Review Period Start Date:	_____	Review Period End Date:	_____
Manager Name::	_____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

Personal Review – to be completed during the discussion
a) What has gone well for me this year?
b) What could have gone better this year?
c) What are my career aspirations for the next 12 months?



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How have my behaviours supported the Health Board's Values during this review period? (click here [Hywel Dda University Health Board - Hywel Dda Values - It's In Our DNA](#) for further guidance)



Progress against KSF Dimensions and Levels (see assigned KSF Job Outline)

Core Dimensions	Foundation Gateway Level	Current Level*	Final Gateway Level	Comments/ Evidence
(C1)Communication				
(C2)Personal & People Development				
(C3)Health Safety & Security				
(C4)Service Improvement				
(C5)Quality				
(C6)Equality & Diversity				
Specific Dimensions (Identify the 3-6 specific dimensions in KSF Job Outline)				



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Objective Setting

What are my **SERVICE** objectives for the next year? (Max 8 key objectives)

?

What are my **TEAM** objectives for the next year? (Max 8 key objectives)

What are my **PERSONAL** objectives for the next year? (Max 8 objectives). How do they relate to the Organisational Values? ([click here Hywel Dda University Health Board | Values - Introduction](#) for further guidance)

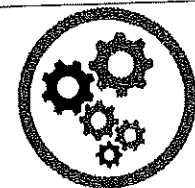
Putting people at the heart of everything we do



Striving to develop and deliver excellent services



Working together to be the best we can be



Personal Development Plan

Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives

Mandatory Training ([click here Mandatory Training Matrix](#) for further guidance)



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Development to meet objectives ([click here for Hywel Dda e-Prospectus](#)) Identify category
(Health Board Priority / CD1 / CD2)

-

NMC Revalidation

Are you on the NMC register?

Yes

☐

No

☐

If 'yes' please refer to Appendix 1

Mentorship

Are you completing this PADR as part of the mentorship process? Yes ☐ No ☐

If 'yes' please refer to Appendix 2

General Comments

Please summarise how you feel the last 12 months has gone.

Summary (To be completed by Reviewer)

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

I am committing to this by signing :

Date:

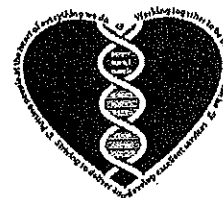
My manager agrees by signing :

Date:



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Date of Next Review:

Congratulations to the Clinical Engineering Team, Health Board wide, on being chosen as one of the winners of December 2019's Team of the Month Award in recognition of y... See more

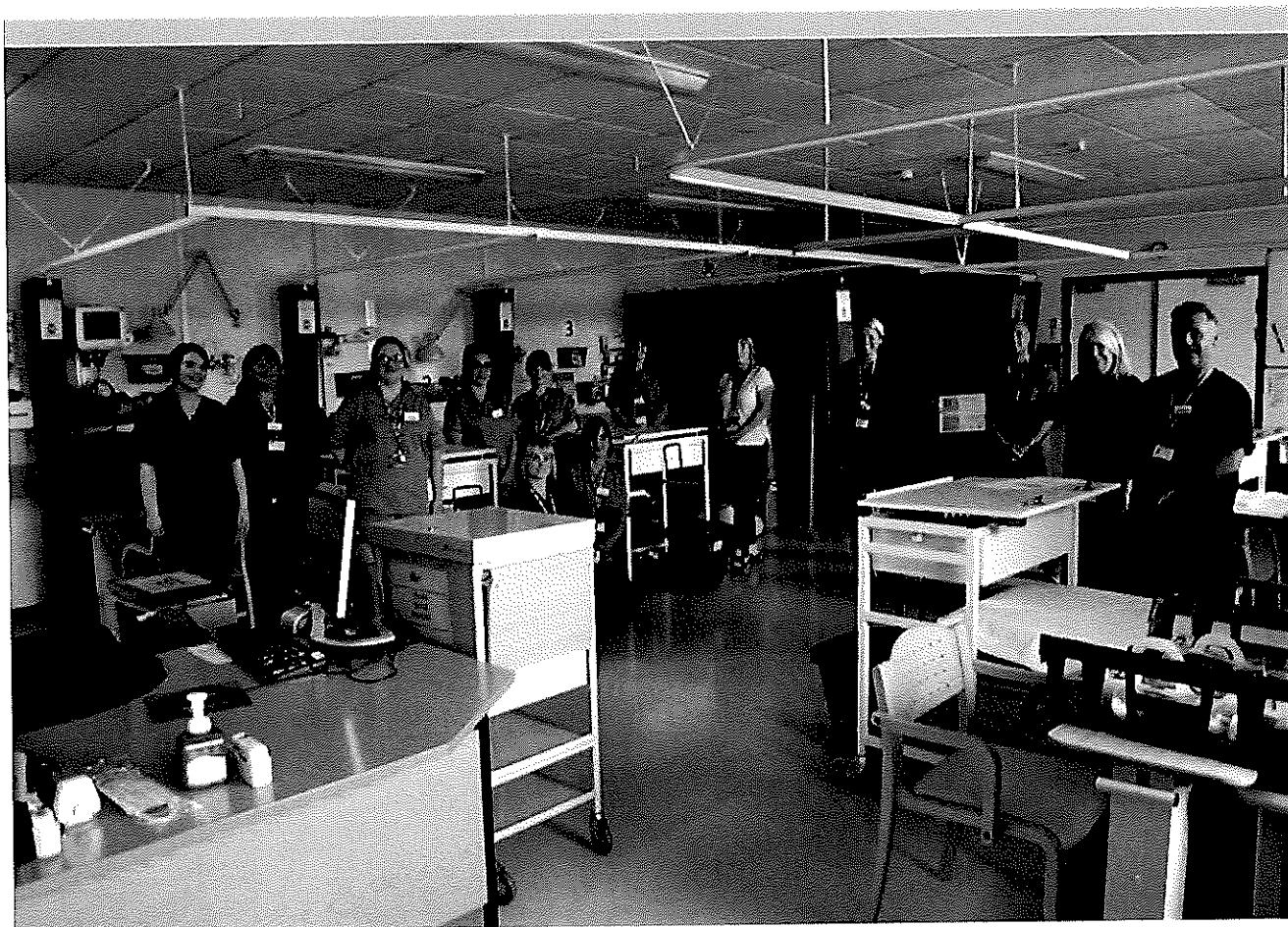
👍❤️ 60

7 comments

👍 Like

💬 Comment

➦ Share



Congratulations to the Endoscopy Team at Prince Philip Hospital for winning the Team of the Month Award for February 2020, for your work on the interventional bronchos... See more

👍❤️ 107

8 comments



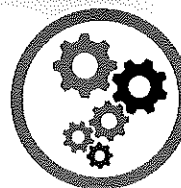
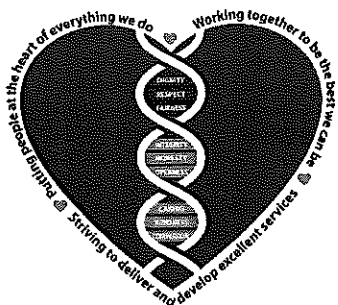
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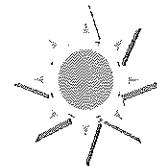
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15

Managers Passport Passport Plus

PROGRAMMES





INTRODUCTION

Dear Colleagues

I am delighted to present you with the Management and Leadership Programmes for Hywel Dda University Health Board.

The Management Passport and Passport Plus programmes are designed to provide you with the skills and understanding required for becoming a leader for this organisation. The programmes are divided into three categories **Managing Services**, **Managing People** and **Managing Yourself**. These categories are broken down into specific modules that you will complete along with some action learning sets that will provide you with experience of using your knowledge in practice and an exploration of the learning from that.



The organisation faces some tough challenges and we will not succeed in our objectives without positive, effective and compassionate leadership. These programmes will not only support you in your first steps into management but will also provide a strong foundation for your career.

Enjoy and I will look forward to seeing how you progress and develop as a result of these programmes.

Lisa Gosh

Director of Workforce and Organisational Development

Dear Colleagues

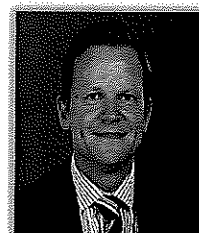
These are exciting times for Hywel Dda. The challenges we face also bring opportunities for us to grow and progress. We aim to not only provide excellent care for our patients but to continue to live our value of **"WORKING TOGETHER TO BE THE BEST WE CAN BE"** for our population and future generations of West Wales.



The organisation has ten strategic objectives that are outlined in our Integrated Medium Term Plan. We have the ambition to not just achieve these but to be recognized as the best health care provider in Wales. This will only be achieved by having the very best managers and I hope this is the foundation in supporting you to become just that.

[Signature]

Deputy Chief Executive/Director of Operations





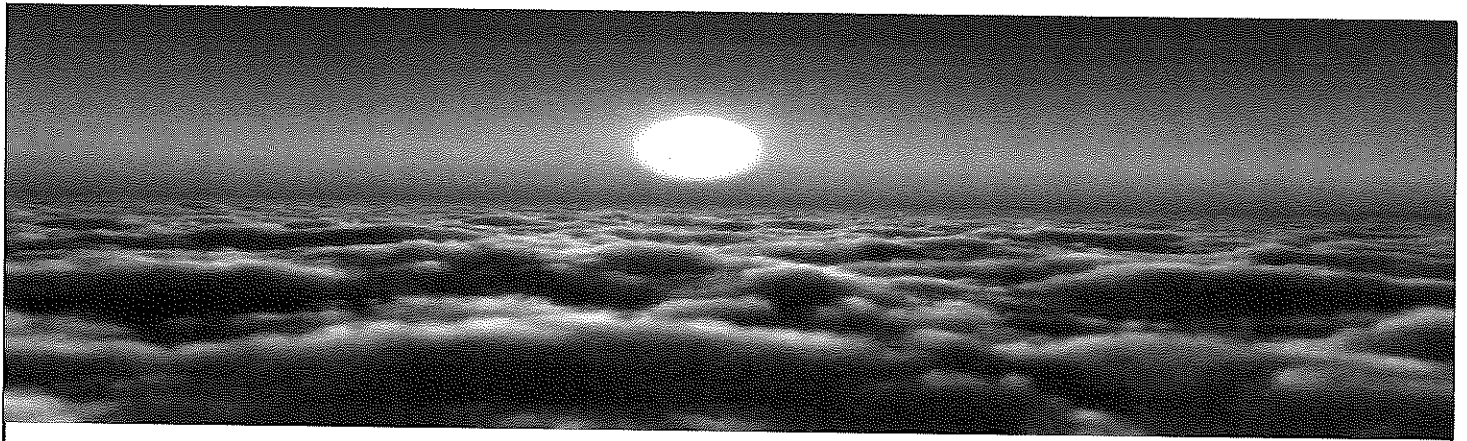
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Managing Yourself	9
Programme Schedule	10
How to Apply	11
Testimonials	12



*"The pessimist complains about the wind
The optimist expects it to change
The leader adjusts the sails"*

John C Maxwell



WHY PASSPORT/ PASSPORT PLUS?

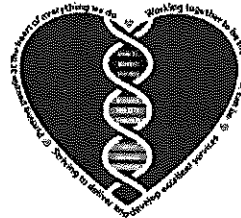
Hywel Dda UHB has a significant challenge in providing so many different services across such a wide geographical, rural and urban area in a sustainable way.

The organisation needs a well-developed and skilled workforce able to adapt quickly to a rapidly changing environment and leaders who can demonstrate compassionate leadership with appropriate managerial skills so that we can navigate our way through a complex environment.

Our vision for our Health Board is that over the coming years, our clinical leaders and teams, working with our patients and the public, will define the clinical services strategy. The organisation has to be innovative and ensure that within our resources we have the right service there at the right time. Innovation will come from creating the right culture, where patients and colleagues are treated in line with our organisational values.

The Passport programmes align with

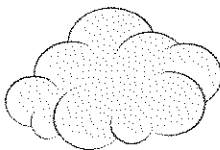
- Hywel Dda's Organisational Values
- NHS Wales Core Principles
- NHS Wales Leadership Framework
- NHS Leadership model



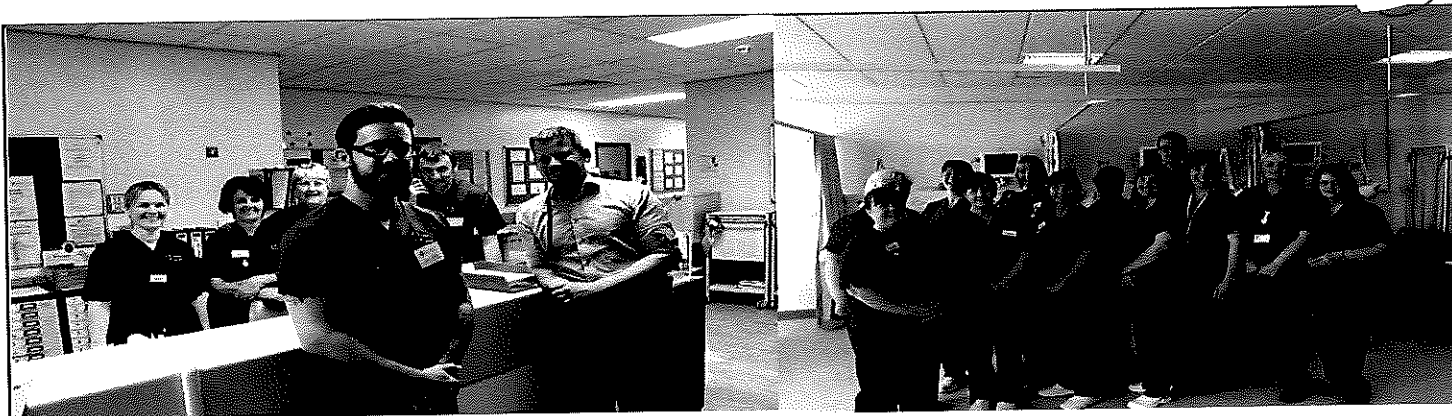
The programmes will provide managers with the necessary skills, knowledge and behaviours to enable Hywel Dda University Health Board to progress in becoming an employer of choice and successful in achieving the ten strategic objectives outlined in our Integrated Medium Term Plan.

Our leaders are integral in creating a culture to continually develop and improve our people and our services.

*"Leadership is not a title, it's a behaviour...
Live it!"*



Robin Sharma



PASSPORT/ PASSPORT PLUS

We want our leaders to fly, and soar to new heights. We want to support personal and career development.

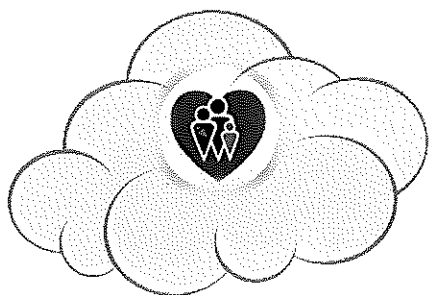
The Managers Passport is a programme that runs over six days and will equip newly appointed managers with effective operational management skills. Managers will be asked to complete this programme within the first six months of taking up a managerial role in Hywel Dda UHB. This development is for all employees between bands 6-8c and will offer operational managerial skills for managers to become successful in their roles.

not mandatory
The Managers Passport Plus programme follows on from the Managers Passport and managers are expected to sign up and complete the programme within three years of completing its predecessor. The programme runs over eight days and gives managers a deeper understanding of leadership practices and skills. The programme includes 3 half day action learning sets which will provide an opportunity to build relationships and learn from peers in the organisation.

There is also an opportunity for managers to complete individual modules in either programme if an area has been identified as a development requirement. This will need to be identified as part of an annual PADR.

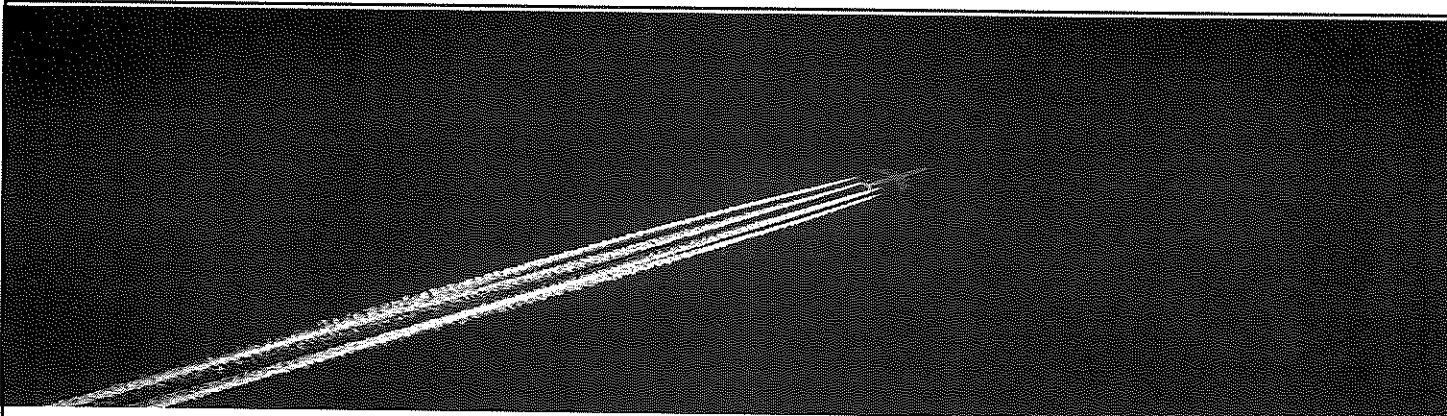
There is a rolling schedule for both programmes with a maximum of 20 places available for each cohort. The schedule of available dates for the next cohort can be found on page 10. The details on how you can apply are found on page 11.

There has to be a commitment from managers registered on the programme that the course will be completed and learning will be shared with colleagues within the organisation. Managers will need to have the full support of their own manager for their learning and development, allowing them the time to not only complete the programme but to continue *"putting people at the heart of everything we do"*



*"When a leader lacks confidence...
The followers lack commitment"*

John C Maxwell



MANAGERS PASSPORT PROGRAM OVERVIEW

The Managers Passport is a program that is divided into three separate modules:

- Managing Services – 3 DAYS
- Managing People – 3 DAYS
- Managing Yourself – 2 DAYS

Managing Services

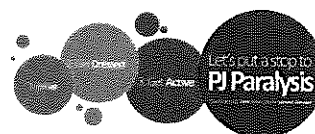
The Managing Services session will provide a range of techniques to support service improvement and effective management of resources.

Managing People

This module will provide managers with an understanding of the broader strategic context as it relates to embedding our organisational values and behaviours. The module will also provide a detailed review of the systems needed within the health board to manage staff effectively.

Managing Yourself

The last of the modules on the Managers Passport is Managing Yourself, this module will review methods to support managers and their teams through the challenges ahead. It will provide ways to maintain effective performance in difficult and changing circumstances.

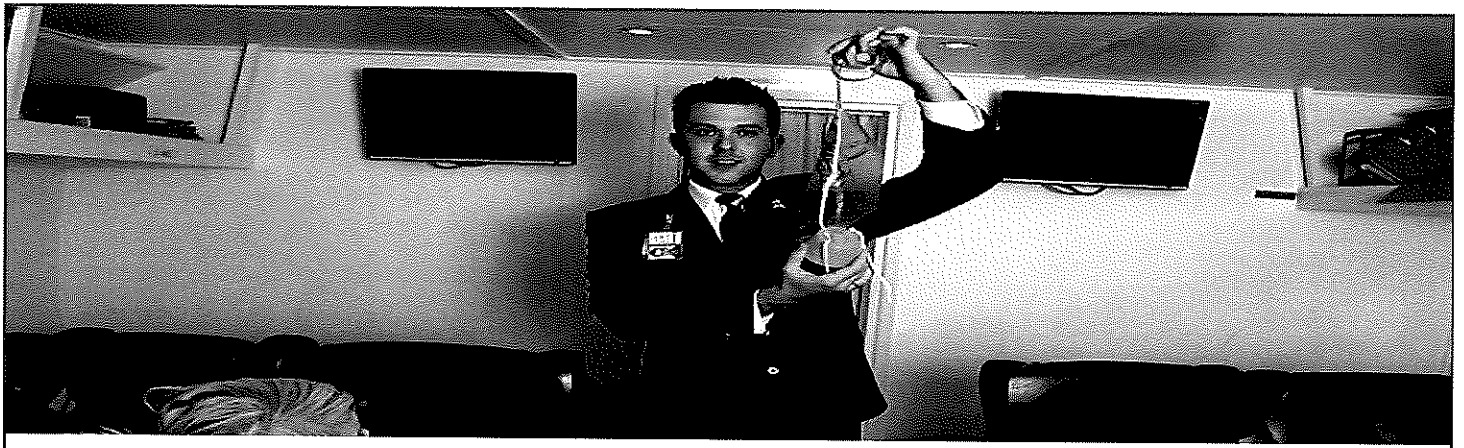




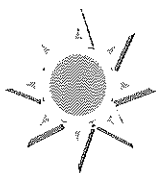
MODULE	PASSPORT	PASSPORT PLUS +
Managing People	• Values Framework What are the organisational values and how they relate to your role and you teams? • Compassionate Leadership Cultural aspects of compassionate leadership & the organisational benefits. • Unconscious Bias Develop your skills & understanding of in relation to Unconscious Bias • PADR/ Performance management Understanding the benefits and how to complete PADR's and performance manage successfully • Rostering The purpose of e-rostering & core features • Employment policies A guide to employee policies to ensure compliance and a consistent approach in implementing them. • Managing Change What is the change cycle and how to manage change? • Building Relationships How to build successful relationships with colleagues, peers and senior managers within the organisation and all external stakeholders. • Managing Conflict Different types conflict & benefits of early intervention • Difficult Conversations How to deliver unwelcome or unexpected messages maintain a positive and productive relationship	• Build a Culture of Health & Well-being Discuss & consider health & well-being in the workplace. • Teamwork How to build an effective team • Hubris • Psychological Safety

Progression





MODULE	PASSPORT	PASSPORT PLUS +
Managing Yourself	• Coaching Equip delegates with the knowledge, skills and confidence to use coaching within their team to maximise individual and team performance	• Building a Culture of Well-being & Resilience How leaders are integral in building a culture of health and well-being.
	• Building a Culture of Well-being & Resilience How to strengthen emotional capacity to be able to take care of you and your team.	• Personal Development & Career Planning How to plan future steps for you and your teams careers
	• Effective Communication Understanding effective communication methods & how to overcome barriers	
	• Presentation skills Controlling your nerves, structuring your content for the best impact to get the message across.	
	• Influencing How to influence colleagues at all levels of an organisation successfully.	





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PERFORMANCE APPRAISAL AND PERSONAL DEVELOPMENT PLAN POLICY

Policy Number:	045	Supersedes:		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		W&OD Group	17.5.2018	18.5.2018	18/05/2020

Brief Summary of Document:	To ensure staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles
Scope:	This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place but the principles of this policy also apply to medical and dental staff.
To be read in conjunction with:	133 - Equality and Diversity Policy 203 – All Wales Capability Policy 142 – All Wales Grievance Policy Learning and Development Strategy 314 - Medical Staff Appraisal Policy – in draft currently 113 - Learning and Development Policy 443 - All Wales Pay Progression Policy 225 – Data Protection Act Policy 173 – Freedom of Information Act Policy

Owning Group	W&OD Policy Group		
Executive Director:	Lisa Gostling	Job Title	Director of Workforce & Organisational Development

HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	08/03/2010
2	Revised	04/04/2013
3	Minor changes to reflect new process	18/5/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – section 14	17.5.2018

Glossary of terms

Term	Definition
PADR	Performance Appraisal & Development Review
KSF	Knowledge and Skills Framework
CPD	Continuous personal and professional development
HIW	Health Inspectorate for Wales
NICE	National Institute for Clinical Excellence
NPSA	National Patient Safety Agency

Keywords	PADR, PDP, Performance Appraisal, Personal Development Plan
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HYWEL DDA UNIVERSITY HEALTH BOARD

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

- 1.1 It is the policy of Hywel Dda University Health Board that all staff, with the exception of staff employed on short- term contracts or locums, have an annual Performance Appraisal & Development Review (PADR) or appraisal, at which an associated agreed Personal Development Plan should be developed.
- 1.2 The majority of staff fall under the terms and conditions of the Agenda for Change National Agreement, which includes the Development Review, and forms part of the Agenda for Change national agreement.
- 1.3 Consultant medical staff are subject to annual appraisal as set out in Advance Letter (MD)W5/2001. Other grades of medical staff within the organisation will receive an annual appraisal; this will be carried out using the pro forma and process described in the above Advance Letter.
- 1.4 Hywel Dda University Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human right, gender reassignment, marriage and civil partnership and pregnancy and maternity. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from these groups. Managers must check with individual staff what their needs are.

2. POLICY STATEMENT

This policy applies to all staff (as in 1.1 above) regardless of the type of review / appraisal they are required to undertake. It is imperative that the Organisation's Performance Appraisal & Development Review (PADR) process is operated effectively, so that staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles and to align with the requirements of the All Wales Pay Progression Policy.

This policy has been written in line with the requirements of the NHS Knowledge and Skills Framework (KSF) however it is to be noted that this policy does not exclude other appraisal systems in place within the organisation for specific staff groups e.g. Medical Appraisal

3. DEFINITIONS

For the purposes of this policy the term PADR refers to the process, documentation and one to one meeting required by the Health Board between every member of staff and their line manager or identified supervisor on an annual basis, or as often as is required, to ensure a competent workforce who are developed and supported to realise their full potential.

4. SCOPE

This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. Medical staff have a separate medical appraisal system in place.

HYWEL DDA UNIVERSITY HEALTH BOARD

5. AIM & OBJECTIVES

The aim of the policy is to define the systems, processes, documentation and associated training which support the delivery of an effective PADR system within the Health Board and the roles and responsibilities of all staff.

6. PRINCIPLES OF PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW

This policy is underpinned by a number of principles which reflect the organisational approach in relation to learning, development and education. These principles are cited below:

- **Commitment:** Hywel Dda University Health Board as a learning organisation, supports lifelong learning through, continuous personal and professional development (CPD). Hywel Dda University Health Board highly values the concept of learning as part of daily work. The role and contribution of managers at all levels is crucial to the development of staff and occurs as an integral part of working life. The commitment of staff to continually develop within their roles within available resources is paramount.
- **Responsive to organisational need:** The provision of learning, training, development and education opportunities must be fully responsive to organisational need and reflect the learning priorities of the organisation. In view of the rigours of Quality and Governance, Health Care Standards for Wales, Health Inspectorate for Wales (HIW) the National Institute for Clinical Excellence (NICE), National Patient Safety Agency (NPSA), Professional revalidation requirements, the KSF and individual professional accountability, it is essential that Hywel Dda University Health Board adheres to a formal and systematic scheme.
- **Development needs are identified and agreed in partnership:** The PADR is a partnership process, undertaken between the individual member of staff (reviewee) and the reviewer. Both parties take specific responsibility for agreed parts of the PADR process. All staff will have an active, agreed Personal Development Plan.
- **Equity of opportunity and access:** Hywel Dda University Health Board will ensure equity of access to appropriate learning and development interventions, and will adhere to the organisation's Strategic Equality Plan and objectives..
- **Consistent approach to funding:** Hywel Dda University Health Board will adopt a consistent approach to the allocation of resources throughout all parts of the organisation. Appropriate resources should be made available to enable a member of staff to develop and apply their knowledge and skills to meet the demands of their current post and to progress in their career should they so wish.

7. PROCESS OF PADR COMPLETION

All staff must have at least one annual performance appraisal development review, at which a personal development plan should also be developed. For staff under the agenda for change agreement, this should be based on their job description individual KSF outline and work objectives, and comply with the terms and conditions of the agenda for change KSF and associated development review process. Further guidance can be found in 'the NHS knowledge and skills framework (NHS KSF) and the development review process' October 2004. This is available within departments or to download from <http://www.dh.gov.uk/assetroot/04/09/08/61/04090861.pdf>

The Performance Appraisal & Development Review process is based on an ongoing cycle of learning. It consists of four stages

- Reviewing how individuals are applying their knowledge and skills to meet the

HYWEL DDA UNIVERSITY HEALTH BOARD

demands of the current post and personal objectives and identifying whether they have any development needs.

- Agreeing a Personal Development Plan (PDP), detailing the learning and development to take place within an agreed timeframe, and the date of the next review.
- Undertaking the learning and development identified.
- Evaluating the learning and development and reflecting on how it has been applied to work.

PADRs/PDPs will need to be planned and completed throughout the year. Department managers should collate agreed development needs into one Departmental Training Plan. This plan needs to be submitted to the Learning and Development Department via the Training Needs Analysis. The Learning & Development Department will collate the information into an Organisational Training Plan. By undertaking this process on a yearly cycle, the learning and development budgets can be managed equitably and in a robust, cost effective way.

8. HEALTH BOARD GUIDANCE

The Hywel Dda University Health Board has developed a guidance booklet for managers and staff explaining the process and providing a clear explanation of the process and associated documentation (see Appendix 1).

Staff who fall outside of the Agenda for Change Agreement (i.e. Directors, Medical and Dental staff) should still follow the principles of the guidance in this document, excluding the references to All Wales Pay Progression Policy.

9. APPEALS PROCEDURE

All staff will have the right to appeal against any decision where the manager has proposed to halt pay progression.

10. DOCUMENTATION

Copies of the Guidance For Managers and Staff including the PADR documentation are available on the Hywel Dda Intranet, and from the Learning & Development Department. (A4C Staff)(Appendix 1).

Identified and agreed development needs arising from individual personal development plans must be collated into a department training plan, and forwarded to the Learning & Development Department, as part of the Training Needs Analysis Process

11. ROLES AND RESPONSIBILITIES

11.1. Chief Executive

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

11.2. Director of Workforce and Organisational Development

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

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- PADR compliance is monitored and reported as a Tier 1 target to the Board.

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)
Subject: RE: RTW and 1st formal - Dr M Quraishy

From: To: [REDACTED] Rastall (Hywel Dda UHB - Consultant Gastroenterologist) <[REDACTED]>
Sent: 09 February 2020 14:17
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.thomas7@wales.nhs.uk>
Subject: RE: RTW and Informal

Thanks Natalie. I've spoken to some of my consultant colleagues and I think I have been overthinking this! I'm happy to conduct the informal meeting on my own with Dr [REDACTED] with the help of your notes below and the documents provided. Will be in contact if there's anything else I need

Thanks again

Dr [REDACTED] Rastall
Consultant Gastroenterologist
Prince Philip Hospital, Llanelli
[REDACTED]

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.thomas7@wales.nhs.uk>
Sent: 07 February 2020 15:49
To: [REDACTED] Rastall (Hywel Dda UHB - Consultant Gastroenterologist) <[REDACTED]>
Cc: Ruth [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) <[REDACTED]>
Subject: RTW and Informal
Importance: High

Hi Dr Rastall,

Ordinarily, HR representatives wouldn't appear at an informal discussion and don't usually get involved until the 2nd formal stage of the policy. The main reason for this is that managers are responsible for, and encouraged to manage sickness within their departments as they are in the best position to identify issues with their employees as they know them best. It can also be very intimidating for HR to attend a sickness review at the informal stage and my concern is it would make the doctor uneasy, particularly as this is his first role within the Health Board and so I would encourage that to ensure openness and build trust with your employee that you conduct the discussion on a one to one basis as normal. I have included a couple of best practice tips below when conducting an informal meeting for your viewing:

- Remember, it is an informal discussion to ascertain facts relating to sickness. It needs to remain informal, creating a position of trust and openness
- Use the documents at your disposal eg. RTW form informal discussion form and ensure all questions are completed as fully as possible
- Use this time to identify any additional support required or any referrals that are needed eg OH involvement

If you still feel that HR presence will be required, I will discuss with my manager to discover whether this is an option. Alternatively, I am happy to meet with yourself to discuss in more depth prior to meeting with [REDACTED] and I can provide a training sessions on this.

Please let me know if you require anything further at this point

Kind regards,

Natalie

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF

Rhif Ffôn: 01554 783457

E-bost: natalie.thomas7@wales.nhs.uk

Name: Natalie Thomas

Title: Medical Workforce Officer

Address: Hywel Dda University Health Board, Prince Philip Hospital,
Llanelli, Carmarthenshire, SA14 8QF

Telephone Number: 01554 783457

E-mail: natalie.thomas7@wales.nhs.uk



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From: To: [REDACTED] Rastall (Hywel Dda UHB - Consultant Gastroenterologist) <[REDACTED]>
Sent: 07 February 2020 13:39
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.thomas7@wales.nhs.uk>
Subject: RE: RTW and Informal

Thanks Natalie. I haven't carried out an informal discussion before so would you be able to attend as a precaution? I have tried to familiarise myself with the sickness policy and the forms too

Paul

Dr [REDACTED] Rastall
Consultant Gastroenterologist
Prince Philip Hospital, Llanelli
[REDACTED]

Natalie

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.thomas7@wales.nhs.uk>
Sent: 06 February 2020 14:34
To: [REDACTED] Rastall (Hywel Dda UHB - Consultant Gastroenterologist) <[REDACTED]>
Subject: FW: RTW and Informal
Importance: High

Hi Dr Rastall,

Under the All Wales Sickness Policy, manager's discretion tends to relate to episodes that are linked and placed under one 'umbrella' for want of a better word. For instance, if an employee has an underlying health issue, and triggers the policy due to the health issue a few times in that 12 month period, we would count these episodes as linked as they are for the same reason and for a diagnosed underlying health issue. However, in Dr [REDACTED] case, the reasons are generic illnesses as reasons such as D&V, generally unwell/cold/flu etc. In these cases, we would not suggest that managers discretion is not applied and would advise that the informal discussion is carried out as per the All Wales Sickness policy

I have attached the policy for your viewing as it contains useful guidance notes, as well as detailed flow charts which describes different scenarios such as long –term, short – term sickness triggers and also some information on scenarios where managers discretion can be utilised.

If you require anything further, please don't hesitate to contact me
Kind regards,

Natalie

From: Paul Rastall (Hywel Dda UHB - Consultant Gastroenterologist) <Paul.Rastall@wales.nhs.uk>
Sent: 06 February 2020 13:20
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.thomas7@wales.nhs.uk>
Subject: RE: RTW and Informal

I've conducted Dr [REDACTED] RTW interview and had the report back following his OH review. He is working through a number of issues and I'm happy that he is making progress with less likelihood of future sickness. Do I have any discretion to avoid an informal interview?

Paul

Dr [REDACTED] Rastall
Consultant Gastroenterologist
Prince Philip Hospital, Llanelli
[REDACTED]
[REDACTED]

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.thomas7@wales.nhs.uk>
Sent: 21 January 2020 12:03
To: [REDACTED] Rastall (Hywel Dda UHB - Consultant Gastroenterologist) <[REDACTED]>
Subject: RTW and Informal
Importance: High

Hello Dr Rastall

Dr [REDACTED] was off work due to sickness on 13th January 2020. Unfortunately this episode has resulted in a review prompt being met in the Managing Attendance at Work Policy.
List below are [REDACTED] sickness episodes:-

20.9.19 – 22.9.19	3 days	Cold & Fever
11.10.19 – 14.10.19	4 days	Cold & Fever
28.10.19 – 30.10.19	3 days	D & V
9.11.19 – 10.11.19	2 days	D & V

As a result, Dr [REDACTED] has triggered the All Wales Sickness Policy review prompt and therefore requires to be met with for his first informal discussion. It is important that the policy is applied fairly and consistently and carried out immediately upon the doctor's return.

I have attached the relevant documents which need to be completed including the return to work discussion form and the informal discussion form. Upon completion, I would be most grateful if you could return to me for the doctor's persona file.

I'm not aware of any underlying issues and the above sickness episodes are generic illnesses. However, I have also attached the occupational health referral form to this email should you feel there is a necessity to refer to OH as part of your return to work discussion with the doctor.

If you require any further information, please don't hesitate to contact me.

Kind regards

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF

Rhif Ffôn: 01554 783457

E-bost: natalie.thomas7@wales.nhs.uk

Name: Natalie Thomas

Title: Medical Workforce Officer

Address: Hywel Dda University Health Board, Prince Philip Hospital,
Llanelli, Carmarthenshire, SA14 8QF

Telephone Number: 01554 783457

E-mail: natalie.thomas7@wales.nhs.uk



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Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)
Sent: 14 September 2020 15:47
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)
Subject: RE: confidential

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 06 January 2020 09:33
To: Alex [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]>;
Subject: Confidential

Hi Alex,

Hope you are well, just wondering if you have any further update regarding the below? I understand from our phone call a couple of weeks ago that Dr [REDACTED] is making great progress but I don't seem to have received any documentation of the meetings or training competencies? I'm also aware that Dr [REDACTED] is hoping to back on to the on call rota for nights week beginning 20th of January and so assume that he is making appropriate progress for this to be enabled.

As discussed previously, it is vital that the relevant support is provided to Dr [REDACTED] and he is provided the opportunity to express any concerns or the opportunity to discuss progress made in regular reviews with his consultant.

I would be most grateful if you could provide me with the copies of the reviews carried out for our documentation

Kind regards,

Natalie

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 29 November 2019 11:17
To: Alex [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]>;
Subject: Confidential

Hi Alex,

That's great thank you for the update. Ordinarily, we would suggest a time period which suits both the doctor, and the consultant which is realistic and achievable. There are no hard fast rules with something like this but I would suggest an initial time frame of 4 weeks to implement relevant changes such as assigning the doctor a mentor/buddy, and allow Dr [REDACTED] to attend the identified training he needs and carry out a review then, and then further review every 2-4 weeks officially after that, whilst still encouraging daily feedback between yourself and his consultant/mentor.

As clinical safety is paramount, I would suggest the doctor refrains from carrying out night on calls during this period as discussed, there is less support available during night shift in comparison to days. However – this does remain a departmental/clinical decision. If you could just keep us updated for rota purposes I would be most grateful.

I have attached a document that discusses a 'buddy' and their role which you can refer to and provide to the middle grade who will be providing this support for reference

If you could please ensure that all notes of meetings are documented and provided to me. It will also be worth linking again with the post graduate manager to see if there is anything formal in terms of training competencies

they can support in providing you with and you can document any competencies that are achieved as a result of the additional training sessions Dr [REDACTED] attends

Kind regards

Natalie

From: Alex [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]>
Sent: 29 November 2019 09:45
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>;
Subject: Confidential
Importance: High

Hi Natalie,

Thanks for the below. After further consideration and on review of recent events with his consultant, we are in agreement that consideration should be given to provide further training and support to Dr [REDACTED] in an attempt to provide him with some time to overcome his gap in knowledge and experience. Do you know if there's a set time period which everything needs to be completed?

Thanks

Alex

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 27 November 2019 16:27
To: Alex [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]>;
Subject: Confidential

Hi Alex,

Following our meeting this afternoon I have collated the information in brief and included next steps required below in relation to Dr [REDACTED]:

Issues identified:

- Struggling to carry out night shift on calls
- Very slow reviewing patients – what should take 20 minutes is taking an hour or more
- Making simple mistakes eg forgetting to complete drug charts
- Asking the same questions repeatedly
- Needs an update on ALS – critical in on call situations
- Unable to support F1's as part of his role

As discussed, in this instance it may be appropriate to consider applying the All Wales capability at work policy once Dr [REDACTED] meets with Dr [REDACTED] to understand why the same issues keep cropping up. I have attached the policy for your viewing, it contains useful guidance notes as well as when it is appropriate to apply. However, I will stress that capability issues should firstly try to be addressed informally between the individual and their manager and there is also clear information in relation to the informal process within the policy to follow.

As discussed, my initial suspicion is that in this instance, Dr [REDACTED] requires more support and training in the areas identified and so I have also included the learning and development policy for your viewing. As a trainee doctor, the post graduate department will need to be informed and kept up to date of any developments.

Possible next steps may include:

- Identifying relevant training/skills workshops that the doctor will need to attend
- Liaising with the post graduate manager to support and help set up the training
- If the decision is to firstly support the doctor by providing relevant training, you could consider assigning him a 'buddy/mentor' who Dr [REDACTED] can shadow in order to build his confidence, expertise and have that named person to seek advice from

Please can yourself/Dr [REDACTED] ensure that any discussions with Dr [REDACTED] are clearly documented and provided to myself in order to place on his personal file. In the meantime, if you require anything else please don't hesitate to ask

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF

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From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>

Sent: 27 November 2019 12:25

To: Alex [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]>

Subject: Confidential

Hi Alex,

No problem. I'm available at 2:30. I'll come to management offices and we can discuss further then

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

Cyfeiriad: Bwrdd Iechyd Prifysgol Hywel Dda, Ysbyty Tywysog Philip,
Llanelli, Sir Caerfyrddin, SA14 8QF

Rhif Ffôn: 01554 783457

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Name: Natalie Thomas

Title: Medical Workforce Officer

Address: Hywel Dda University Health Board, Prince Philip Hospital,
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Telephone Number: 01554 783457

E-mail: natalie.thomas7@wales.nhs.uk



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From: Alex [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]>
Sent: 27 November 2019 12:11
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>;
Subject: Confidential
Importance: High

Hi Natalie,

Not sure if you've already been made aware but Dr [REDACTED] has informed me today that she has concerns about Dr [REDACTED] carrying out his on calls – specifically nights as he is quote 'struggling'. I was in between meetings so didn't have a lot of time to discuss and have asked Dr [REDACTED] to come to my office later this afternoon at 2:30pm to discuss. Are you by any chance available to attend so we can try and get to the bottom of any action we may need to take?

Thanks,

Al

Alex [REDACTED]

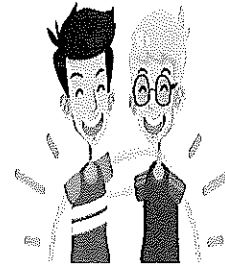
Hospital Service Manager - Prince Phillip Site
Prince Philip Hospital
Hywel Dda University Health Board
[REDACTED]



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NHS
Wales

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

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

Buddying for new starters document**Hywel Dda University Health Board****Created by Natalie Thomas****Medical Workforce Department****What is buddying?**

Buddying is assigning an existing employee to guide and act as first point of contact for a new starter within the organisation/department. The assigned 'buddy' or 'mentor' guides the new starter through the first few weeks and months of their role, sharing experience, knowledge and skills to allow the new starter to learn from them.

Benefits of buddying for employees

There are numerous benefits for new employees when implementing a buddying system. Some are below:

- Creating a supportive environment for the new starter – ensuring that there is always a familiar person whom they can seek support and guidance from in relation to the job role, how things work and feeling free to ask questions
- Assisting new employees to settle in to their role more quickly
- Reducing feelings of isolation and an unsupportive environment
- Having exposure to experience members of staff giving the opportunity to build on existing key skills
- It also provides a good development opportunity for the buddy/mentor by giving them the chance to enhance their communication or management skills and a 'feel good' factor of being able to pass on their skills and experience for the benefit of others and the department
- Allows the recruitment process to occur more organically and smoothly
- Aims to result in a better long-term outcome for the organisation and employees

What is the role of the buddy?

The main role of the buddy is to provide informal guidance and support to new employees which can include but not limited to:

- ✓ Meeting the new employee on day 1 of commencement and providing an induction in to the department and base sit
- ✓ Accompanying the new employee for lunch on their first day
- ✓ Creating a 'networking' environment by introducing new employee to other colleagues and relevant key people eg. Consultants, service delivery managers, lead nurse etc
- ✓ Being available during work hours to the new employee for any queries or advice on particular work practices
- ✓ Being available for questions not specifically related to the job role such as local amenities such as GP practices, taxi details etc.
- ✓ Ensuring that they are available in a supportive, friendly capacity and can behave in a confidential and non-judgement manner
- ✓

The buddy role does not include

- ✓ Providing employment rules and regulations information
- ✓ Advising on policies and procedures/employment contract
- ✓ Organising organisation induction and access to systems
- ✓ Assessing and monitoring performance of the new employee
- ✓ Arranging relevant training for new starter

****All of the above still remain the responsibility of the line manager/consultant/recruitment department**

Who can be a 'buddy/mentor'

The buddy should be an identified individual with the relevant experience, knowledge and skills specifically related to the new starter.

The individual should be in full support of the buddying system, enthusiastic and engaging. They should be a trusted and supportive individual and should work in the same team/department as the new starter.

The buddy should not be the new starters line manager and should have experience similar work circumstances to the new starter – therefore being in the best position to advise on what worked and didn't work upon their commencement in to the organisation.

The buddy should be consulted prior to arrangements being made to be the new starters buddy and should be introduced to their buddy on the first day of employment

ESR system

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Learner Home Page Add Competencies ^

Selected Compliance All Competencies Awaiting Approval

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

26221443 - Asst Medical Staffing Officer [v] [Go] Compliance Percentage 81.8%

☐ Required Competencies Only

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

Export Printable Page [icon]

Rows 1 to 23

Details	Competency Name	Competence Level	Min Req	Essential	Expiry Date	Compliance Status	Find Learning	Ed
	Assessment - 6 Months General			Y			Q	/
	100 LOCAL Ask and Act VAWDASV Group 2 General			Y			Q	/
	100 LOCAL Fire Safety Level 1 - 2 Years General				07-May-2021		Q	/
	NHS CSTF Equality, Diversity and Human Rights - 3 Years	1 - Assessed	1 - Assessed	Y	14-Oct-2022		Q	/
	NHS CSTF Fire Safety - 2 Years	1 - Assessed	1 - Assessed	Y	07-May-2021		Q	/
	NHS CSTF Health, Safety and Welfare - 3 Years	1 - Assessed	1 - Assessed	Y	05-Dec-2022		Q	/

Mandatory training screenshot



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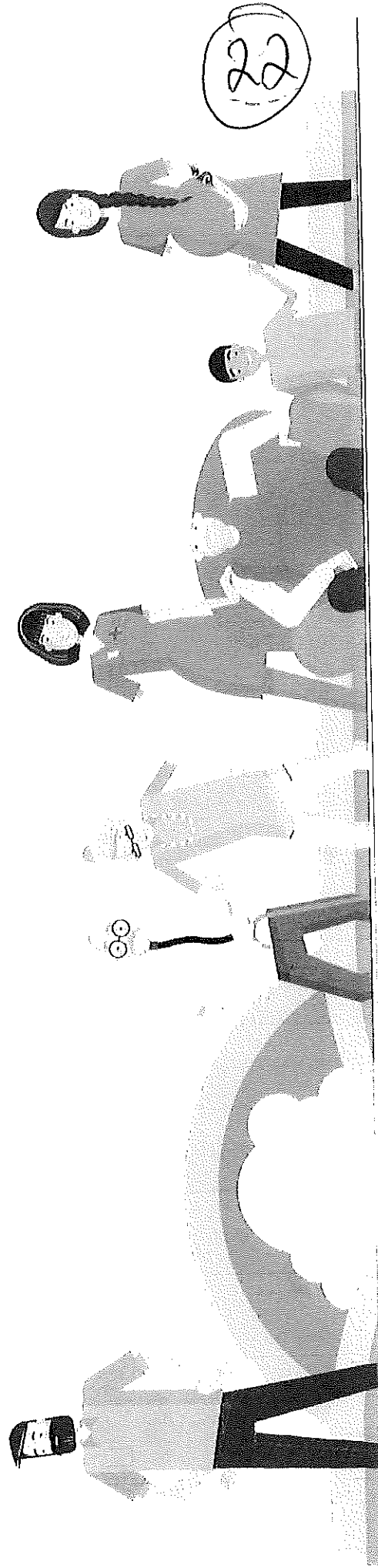
Hywel Dda University Health Board

Three Year Plan 2020/23

Workforce

WORK IN PROGRESS – DRAFT AND CONFIDENTIAL

SOURCES OF FUNDS ARE STILL TO BE IDENTIFIED FOR THE DEVELOPMENTS INCLUDED IN THIS PLAN. WORK IS UNDERWAY TO ASSESS RETURN ON INVESTMENT OF THE INDIVIDUAL DEVELOPMENTS WHICH WILL BE A MAJOR DETERMINANT OF BOARD DECISIONS



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Executive Objectives:

- Develop a clear 3 year workforce delivery plan to support our Health and Care Strategy

These Objectives are supported by the detailed plan from the 'Hywel Dda University Health Board Three Year Plan 2020-23 for:

- Workforce and OD Plan

NHS Wales Planning Domain:

- Workforce and OD

Our Workforce Journey

To deliver “A Healthier Mid and West Wales: Our Future Generations Living Well” it is critical to ensure we have a motivated and sustainable workforce that is competent, confident and engaged ready to meet the opportunities and challenges that will present in delivering a social model for health as described in “A Healthier Wales”.

We need to ensure workforce stability, and be mindful that our future workforce intentions are aligned to the wider Health & Social Care and public services system. To do this we need to ensure our actions are consistent with the ethos of the Well-being of Future Generations (Wales) Act (2015) and the Social Services and Well-being (Wales) Act 2014 that we will work to align our workforce plans across primary care and throughout social care and third sector provision. We are alert to the need to quantify and qualify the workforce across the health and social care sector across the region - primary care, social care (statutory and independent) and for third sector provision in health and social care. At this stage, figures can only be indicative as we develop our relationships and evolve practices for sharing information and intelligence across agencies.

Our population is c384,000; as an employer, our workforce equates to almost 3% of our population (without taking account of commissioned services, volunteers or carers) and therefore need to be mindful of the role we play in ensuring health and wellbeing of our workforce and wider population. The 2011 Census highlighted that there are over 47,000 carers living in the Hywel Dda area but evidence suggests that this may be an underestimate. Based on the Census figures we would have 12 % of our population who are carers. This gives an insight to the scale of the challenges and change for workforce as we move our thinking from a health system to a health and social care system and how we engage with the wider system workforce or “careforce.”

The scale of workforce opportunities and challenges within the Health Board are significant and touches all aspects of design and delivery of services. We know that all health and social care organisations, as well as wider public sector partners, will face similar challenges and how we work together to address these challenges holistically will be key:

- Planning to meet the needs of an aging population with an aging workforce and increasing numbers of unpaid carers
- Managing changing demand resulting from an increasing prevalence of complex long-term conditions and co-morbidities
- Managing changing public expectations about the care they receive
- Achieve better integration between health, social care and support organisations
- Shifting the focus towards prevention and well-being
- Delivering the personalisation agenda and providing person centred care within financial constraints
- Ensuring the system delivers high quality services within financial constraints
- Developing effective measures for high quality of care and productivity (and ensuring high quality data is collected)
- Preparing for changes resulting from innovation and technology
- Planning service delivery, given the uncertainty around levels of funding, and impact on future demand and supply of services
- Uncertainty in how investment in life science and health care will support the economy, especially in the context of Brexit and the local Welsh economy.

However, we do face local challenges that can have an impact on our workforce:

- Rurality and poor local transportation links
- Welsh culture & language
- An aging estate
- Financial pressures

An assessment of the “*workforce challenges facing service delivery*” have been assessed here. We know the scale of workforce stabilisation and transformation is significant and touches all aspects of design and delivery of services. Our counties and localities are looking to redefine ways of working and assess different approaches to integrated working and multi-disciplinary teams, taking a holistic approach comprising population health and wellbeing, community care, primary care, long term care and links into the servicing hospitals. Each of the



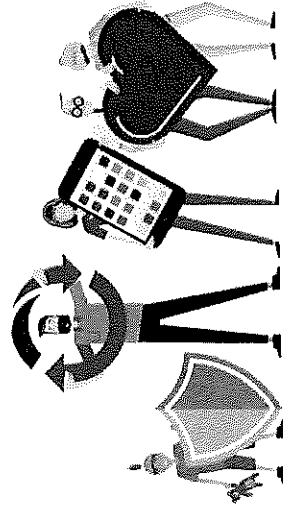
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University Health Board

Hywel Dda University Health Board Annual Plan 2019/20

DRAFT – DRAFT- DRAFT

Draft Interim for Public Board 28th

March 2019



DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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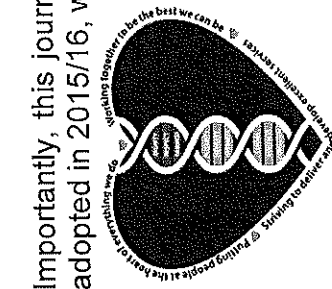
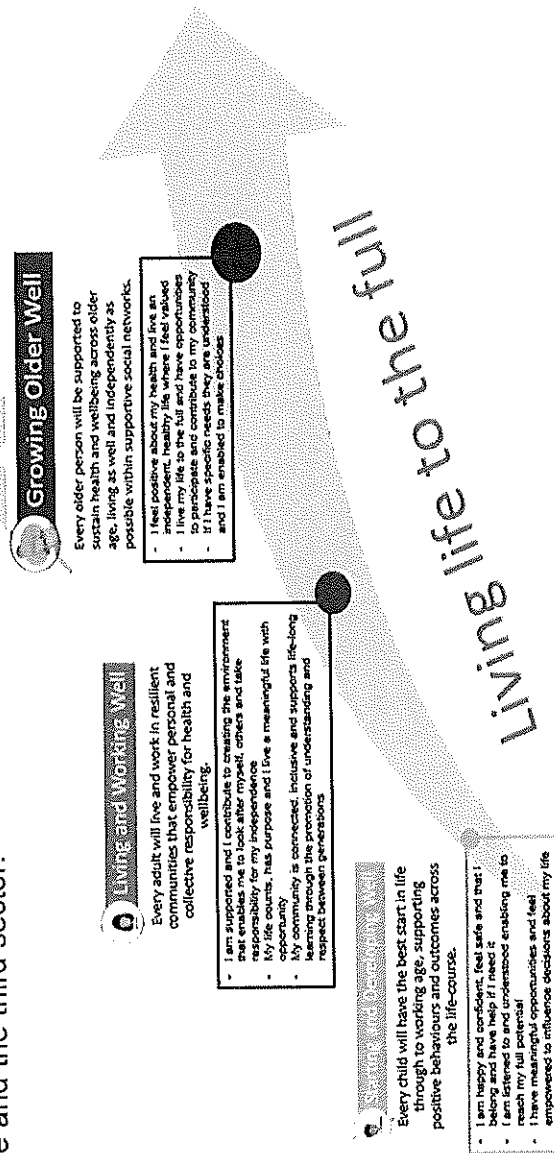
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Strategic Context of our 2019/20 Annual Plan: Turnaround to Transformation

Context

Hywel Dda University Health Board (the UHB) is taking huge strides in moving our organisation from one in turnaround to one of transformation. In taking this journey, we have committed to a shared vision, three new strategic goals and to long-term outcomes for our population and to do this through continuous engagement with our key stakeholders, namely our patients, our staff, our clinicians and our partners' especially social care and the third sector.



Importantly, this journey has already involved some really significant building blocks – our Values and our Mission Statement – which we adopted in 2015/16, will remain with us in our efforts going forward. Our values remain our DNA and, through a comprehensive organisational development strategy which is already underway, are becoming firmly embedded in the way we conduct our day-to-day business. Our mission statement has also informed the Transforming Clinical Services Strategy (TCS) and in particular our intention to develop services that are 'Safe, Sustainable, Accessible and Kind' for today's patients and for future generations, and is as follows:

Our Mission Statement

- Prevention and early years intervention is the key to our long term mission to provide the best health care to our population and this will be further strengthened by our continued collaboration and partnership working with other organisations, stakeholders and the public
- We will be proactive in our support for our local population, particularly those living with health issues, and carers who support them
- If you think you have a health problem, rapid diagnosis will be in place so that you can get the treatment you need, if you need it or move on with your day-to-day life
- We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and of high quality, and, has a culture of transparency and learning when things go wrong

During 2018/19 we have been working through our TCS and Transforming Mental Health Programme (TMH) and the aim of this Annual Plan is to show how we intend to start delivery of the recommendations of both of these over 2019/20, with a particular emphasis on our shift from hospital focused care to population health, community and primary focused care.

Population Health and Wellbeing

Population health and wellbeing is all about empowering our communities to work together in areas they care about, and to feel enabled to contribute to each other. Creating a movement for change through continuous involvement of people in our communities, our staff and our partners is fundamental in driving a change in culture that enables us all to move to a 'whole system' approach that focusses on wellbeing and, which involves every part of life that affects our health and well-being – a social model for health. Such a model for health presents enormous opportunities for us to think and act differently in the way we deliver health and care services, in collaboration with key partners. Guided by the Welsh Government's four goals for the health and care system in Wales (the Quadruple Aim), the social model forms a pivotal part of the four aims which are:

- Improved population health and wellbeing
- Better quality and more accessible health and social care services
- Higher value health and social care
- A motivated and sustainable health and social care workforce

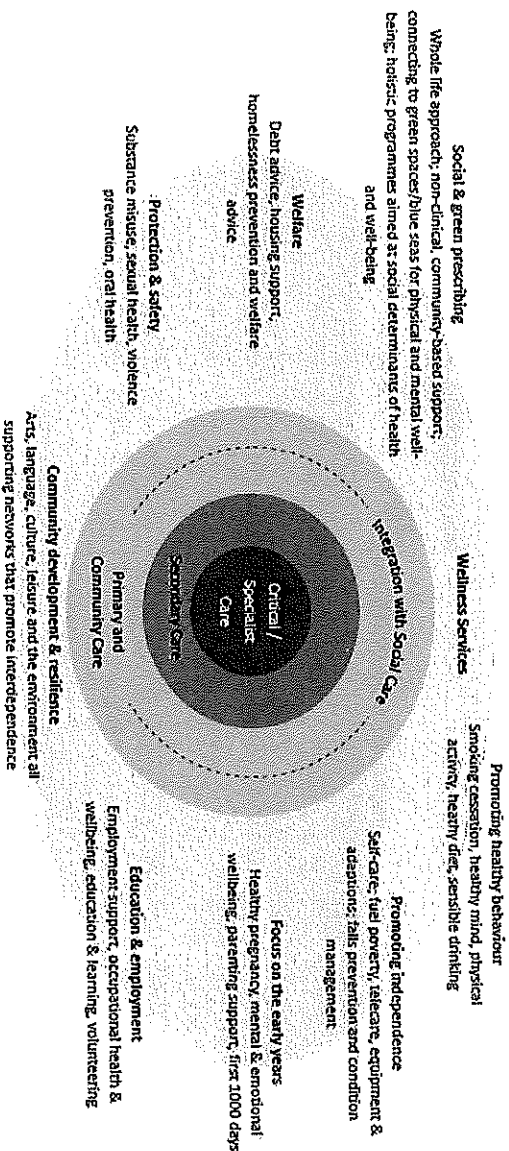
We know the future of seamless care delivery is about our work with our public and our public sector partners to improve population health and wellbeing. Again, our Mission Statement evidences that this is not new to us and we have a history of wellbeing and area plans which describe how we work collaboratively together in health promotion, wellbeing and lifestyle improvements on a regional basis. However, we know that we face significant challenges in terms of the impact of obesity, poor nutrition, physical inactivity and smoking requires a complete step change in the way in which we have to approach population health with our partners and this has been reflected in our strategic framework document, 'A Healthier Mid and West Wales – Our future generations living well', found [here](#).

County and Locality wellbeing plans have been evolving over many years and what the strategic framework has done is to make sense of the requirement for health promotion and living well to be part of every service's mantra, thereby making every contact count. This is the area of

true partnership where public services can work really positively together to make a big difference to people's lives and importantly secure the wellbeing of future generations. What we mean by this can be illustrated as follows:

Living Well

Our shared vision is a mid and west Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging



"Safe, Sustainable, Accessible and Kind"

Our Health and Care Strategy: A Healthier Mid and West Wales - Our future generations living well

The UHB's health and care strategy was approved by board in November 2018. It sets out for the first time a strategic vision for services that are *safe, sustainable, accessible and kind* for current and future generations across Hywel Dda. The strategy is based on the implementation of an integrated social model of health. It signals a shift from our current focus on hospital-based care and treatment toward a focus on prevention and building the resilience of people and communities, as described above, and establishes a parity of esteem between physical health, mental health and learning disabilities across the age span.

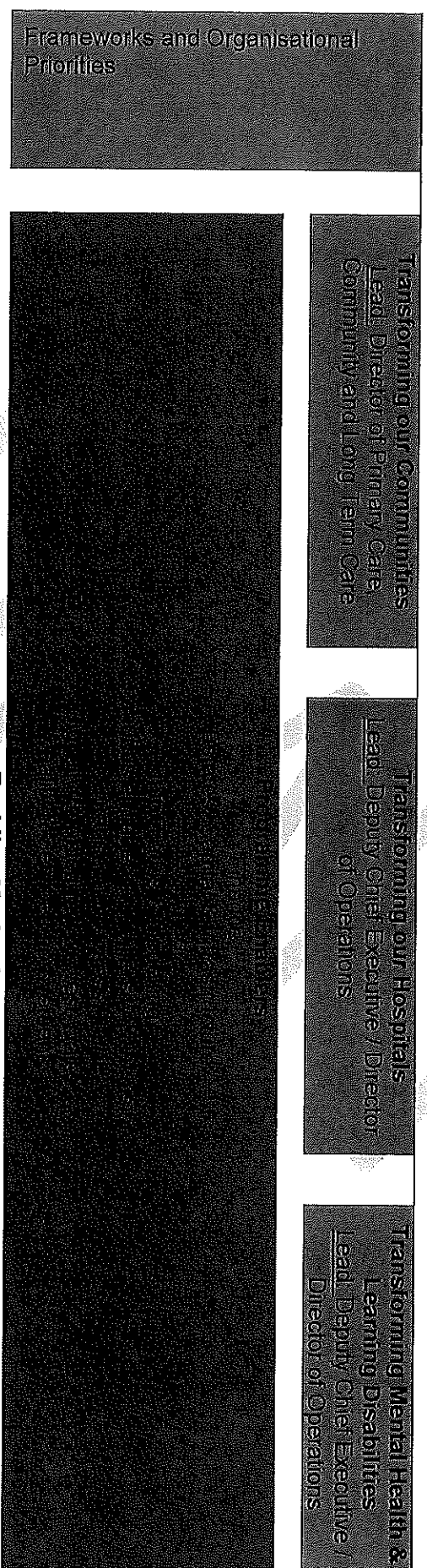
Progress since approval of our Health and Care Strategy.

Since board approval, we have moved with pace to plan the delivery of the strategy. This has included: scoping a portfolio of programmes and enabling groups; developing programme documentation; planning a 'check and challenge' process; and considering the necessary governance arrangements and resourcing requirements for delivering a strategy of such magnitude. This work has been informed by:

- A series of workshops with the Executive Team
- Ongoing discussions with Executive Directors
- Existing board-approved frameworks, including the Health and Wellbeing Framework, Quality Improvement Strategic Framework and Framework for Continuous Engagement and Consultation
- Learning from other health boards
- A scoping of clinical service sustainability, and
- Consideration of partnership governance arrangements

A suite of documents describing the portfolio, programme scopes, governance and delivery structures will be taken to Board for approval in March 2019.

Change Programmes



Delivering our Health and Care Strategy: A portfolio of programmes.

Work is still ongoing to scope the portfolio structure, which at present is depicted in DRAFT form as above. The following tables set out the DRAFT scope and goals of the three change programmes and identifies a limited selection of key associated actions from the annual plan to demonstrate its alignment with the delivery of the health and care strategy:

Transforming our Communities	
Scope: Establish a model for the delivery of services at a local level within the context of a social model for health and wellbeing. Goals: 1. Define scope and deliver integrated structures in 7 localities 2. Develop set of core principles applicable across all counties/localities 3. Undertake wide-scale mapping exercise to inform locality design 4. Review initial assumptions and use final assumptions to inform locality design 5. Support development of effective and dynamic Integrated Care Networks 6. Support development of effective and inclusive Health and Well-being Centres 7. Establish Enhanced Care at home approach 8. Deliver Year 1 Priorities and Actions from the Annual Plan 9. Lead or contribute to pathway re-design of fragile services 10. Re-design activity and services from secondary care to the community 11. Remove variability and promote equality of outcomes across localities 12. Develop multi-agency and multi-sector wellness approach 13. Contribute to re-design of services at Glangwili and Withybush Hospitals	Examples of associated actions in the Annual Plan: Cluster priorities, for example: • Integrated plans and joint working • Population health improvement e.g. lifestyle advocates County and locality planning, for example: • Carmarthenshire: Implement modern and effective community hospital model of care • <i>Ceredigion</i>: Joint funded rapid response health and social domiciliary care • Pembrokeshire: Develop Integrated Locality plans collaboratively across the system, building on cluster plans Infrastructure Investment Enabling Plan, for example: • Health and Wellbeing Centres in three counties
Transforming our Hospitals	
Scope: Transform our hospital model to provide the most specialist health and care support through a network of hospitals across mid and west Wales. Goals: 1. Plan, design and build new urgent and planned care hospital 2. Deliver associated capital elements of re-purposing existing hospital sites 3. Deliver major capital developments required during interim period across all existing hospital sites 4. Undertake pathway redesign (with other programmes where relevant) 5. Deliver key priorities of regional initiatives specific to HddUHB hospital sites 6. Scope and develop research, education and innovation elements of hospitals 7. Review, test and agree planning assumptions underlying the portfolio 8. Ensure complementarity of work-plan with the Turnaround programme 9. Ensure alignment with Integrating Community Services and Transforming Mental Health and Learning Disabilities programmes	Examples of associated actions in the Annual Plan: Capital schemes referred to in Annual Plan: • Business case development (2019-2022) • New hospital build • Repurposing Glangwili and Withybush hospital sites Carmarthenshire Integrated County Plan • Business case and speedy implementation of a demountable Endoscopy and Day Case Theatre Unit (PPH) Pembrokeshire Integrated County Plan • Refurbishment and repurposing of Withybush Hospital

