

Qualification: CIPD Diploma in Applied Human Resources

Module Name: Contributing to Resourcing and Talent Planning

Word Count: 2964

Student Name: Lauren Davies

Student Number:

CIPD Membership Number:

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

Signed: L. Davies

Date: 05/06/2020

Unit Title	Assessment criteria number	Evidence	Evidence description
Contributing to resourcing and Talent Planning	1.1	Image of 'Grow your own' program	This evidence is a screen shot of Hywel Dda University Health Board 'Grow your Own' program where they develop Health care support workers into nurses.
Contributing to resourcing and Talent Planning	1.1	Image of 'Medical leadership' program	This evidence is a screen shot of Hywel Dda University Health Board 'Medical leadership' program where medical employees can develop their leadership skills in order to apply for management posts within the Health Board.
Contributing to resourcing and Talent Planning	3.1	Women and Children's action plan	This evidence is of the Women and children's COVID-19 action plan
Contributing to resourcing and Talent Planning	3.2	Letter from my line managers stating my contribution to talent planning	This evidence is a letter form Sarah Rees my line manager stating my contribution.
Contributing to resourcing and Talent Planning	3.2	Email to Cindy Evans	This evidence is an email from myself to my colleague asking her to create a sickness spreadsheet for the directorate
Contributing to resourcing and Talent Planning	3.3	HDUHB COVID-19 sickness absence policy	This evidence is the new HDUB sickness absence policy related to COVID-19
Contributing to resourcing and Talent Planning	3.3	HDUHB COVID-19 risk assessment	This evidence is the new HDUB COVID-19 risk assessment.
Contributing to resourcing and Talent Planning	3.4	Letter from Lisa Humphrey General Manager for the Women's and Children's directorate stating my contribution	This evidence is from the General Manager of the Women's and children's directorate stating my contribution.
Contributing to resourcing and Talent Planning	3.4	Emails from Medical Team	This evidence is emails from the medical team within HDUHB explaining how they are happy with recent changes implemented.

The CIPD (2016) define talent planning as a process of analysing the current workforce and capability to determine future workforce needs. It looks at the workforce supply, demand, current demographics, predictions for skill shortages or surpluses, the labour market and workplace trends such as automation.

LO1- Be able to review and evaluate an organisation's approach to talent planning.

1.1-Within Hywel Dda University Health Board we do not have any organisational policies and procedures for talent planning. However the Health Board does offer its employees talent planning for example in 2019 the organisation started a 'Grow your Own' program for Health care support workers that are already working in the organisation giving them an opportunity to train as a nurse.

Within Hywel Dda we have many nursing vacancies that we have to often fill with agency staff to cover the gaps. So the aim of the 'Grow your Own' campaign is to increase the number of registered nurses to fulfil our vacancies within the Health Board. This also allows a more affordable way for individuals to study nursing.

Hywel Dda would like to expand the 'Grow your Own' campaign to allied health professions such as physiotherapy, occupational therapy, radiography etc in the future in order to be able to fill vacancies within other sectors of the organisation.

Hywel Dda also support talent planning with their 'Aspiring Medical Leadership program' for doctors that wish to further their career within the Health Board. The aim of the program is for new, relatively recently appointed and aspiring medical leaders from across the organisation mirroring the rich mix of diversity that exists in the Health Board. It is available for Consultants and GP's. This model mitigates the inclination for silo thinking, connects large parts of the whole system and also assists in developing relationships both locally and more widely.

The outcomes of the programme are:

- An understanding of the fundamental knowledge of non-clinical aspects of the organisation and broader system.
- Increased capability to influence within own specialist areas of clinical responsibility and developing capability to influence across the system.
- Peer support and collective desire for improving clinical services beyond the programme's lifetime.

Once employees have completed the 'Aspiring Medical Leadership' program the Health Board gives the employees to further develop their knowledge and to retain their talent by offering them to attend 'The Medical Leadership Forum' which the aim of the MLF is to develop the leadership capacity and capability amongst the most senior medical body to collectively and effectively address issues relating to professional development and service issues affecting the whole system. The forum meets on five occasions throughout the year.

Membership of the Medical Leadership Forum comprises:

- Medical Director
- Deputy CEO
- Assistant Medical Directors for Education, Quality & Safety, Research & Development, Clinical Information and Professional Standards
- Cluster Leads/Locality Directors
- Hospital/Service Directors
- Director of Clinical Transformation
- Head of Organisation Development

Even though the Health Board doesn't have any official Talent planning documents the Health Board does offer Talent Planning in its own way which is specific to individual departments.

1.2-The CIPD (2016) believe that in order for an organisation to be successful they need to undergo workforce planning. The CIPD (2016) explain that strategic workforce planning is a process of analysing the current workforce, determining future workforce needs, identifying the gap between the workforce you will have available and your future needs, and implementing solutions so that an organisation can accomplish its mission, goals, and strategic plan.

Organisations need to look at Skills gap analysis is a tool you can use to determine what gaps exist between employees' existing skills and those skills required by your organization to reach its current and future goals. Therefore establishing what training or hiring requirements are needed to fill those areas where skills gaps are apparent. Skills gap analysis is also beneficial for identifying what the best strategies for closing the skills gap at your organization are.

It's important for Hywel Dda Health Board in order to remain competitive, the organisation will need to adopt new technologies and embrace new practices to achieve growth within the organisation. In order to mitigate against being reactive every time a new skills gap opens up or is identified in the organisations workforce, using the skills gap analysis to determine where the gaps in skills are, and based on your future goals and where the Health Board is going, establish what skills you are going to need to achieve your business goals.

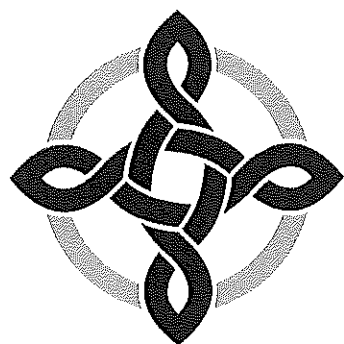
1.3-Within Hywel Dda Health Board the organisation has already recognised a need for talent panning. By the vast number of unfilled vacancies we both across Nursing and Medicine which is costing the Health Board a fortune every year the Health Board recognised the need for change. On average according to Hywel Dda University Health Board (2018) the Health Board staff wards with 50% agency staff a week due to the number of vacancies. The Health Board partnered up with Swansea University to create the 'Grow your Own' program which meant that Health Care support workers could train and work part time to become a fully registered nurse. Successful applicants who work full time within the Health Board already will become students three days a week, but will also continue working as health care support workers (HCSWs) within the Health Board for the other two days if they are full time in their current ward. Salary is decided on a cohort-by-cohort basis and is part funded by Health Education & Improvement Wales and the Health Board. The entry requirements to this part time degree is based on the UCAS points system, meaning that each HCSW will need to have a minimum of 300 UCAS points which can be gained through 'A' Levels, BTECs, diplomas, access courses, HNCs, HNDs, Foundation Degrees, Bachelor Degrees and Masters, as well as GCSE English, Maths and Science Grades A-C. However, if a HCSW does not currently meet this criteria, Swansea University will accept the Level 4 Certificate in Health Care. Following completion of the level 4 certificate, the degree course is shortened to two years and nine months. Places on the course are very limited, usually 12-15 and applications are open thorough December and January followed by a Health Board interview in February and a Swansea University interview in March.

Our aim of this program is to increase the number of registered nurses to fulfil our vacancies within the Health Board and the 'Grow Your Own' programme offers an affordable route into nursing which some people might not have been able to afford and also allows nurses who are working in non-acute areas to move to the acute areas of nursing.

By setting up this program the Health Board are using succession planning to be able to grow their future workforce. As we are in the NHS there will always be a need for nursing staff.

In South West Wales we struggle to recruit Medical staff to this area so when we do recruit staff it's extremely important that we are able to retain them. Due to the large geographical area that the Health Board covers this is why it's difficult to retain staff. By offering Medical staff opportunities to learn and develop their career this makes them wants to stay and practice medicine within Hywel Dda. The Health Board recognised that it needed to address the number of medical vacancies that we had similarly to the nursing program Hywel Dda created its medical leadership program to help attracted and retain staff within the organisation. Hywel Dda is committed to developing the leadership capability of medics and we prides its self on the suite of medical and multi-disciplinary leadership programmes we have created that promote, support and encourage continuous development and improvement. Hywel Dda is an organisation that aims to deliver a healthcare system of the highest quality, with excellent outcomes for our patients and our population. We value our staff and the work that they do and want all staff, at all levels, in all roles, to feel

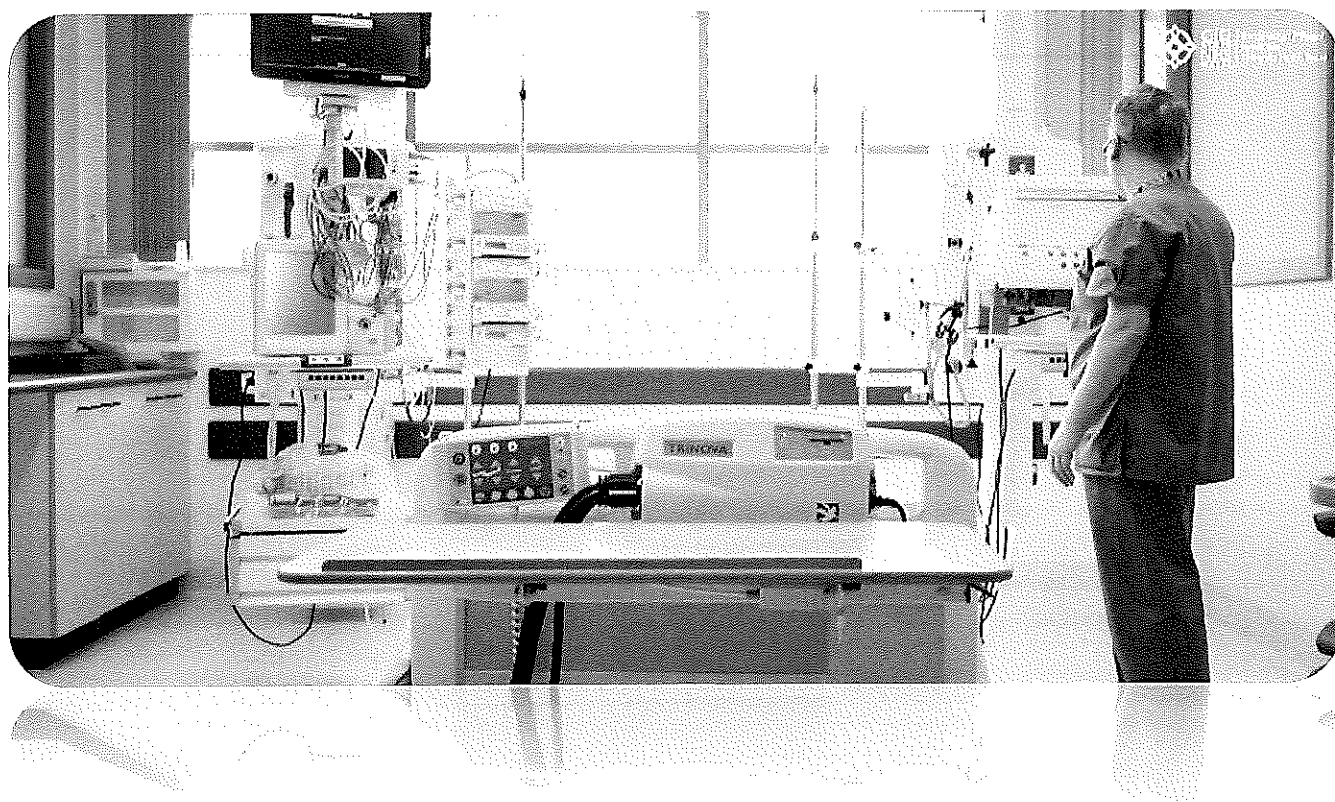
competent and empowered to make the changes that they know will improve patient’s experience and outcomes of care.



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University Health Board

Grow Your Own Nurse Programme

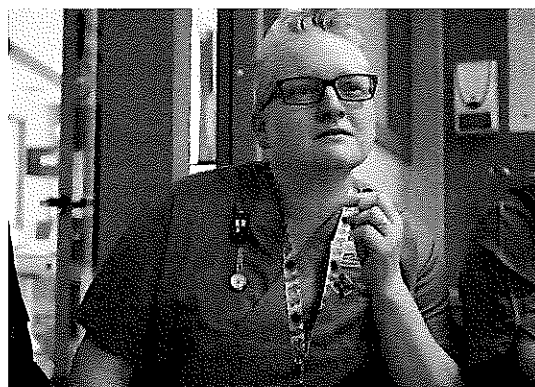


January 2019

What we do

Over recent years, we have developed and implemented our 'Grow Your Own' programme. This programme is a combination of existing, new and innovative schemes, aimed at increasing our registered nurses across Hywel Dda University Health Board.

- ***The 4 year part time degree at Swansea University.*** Successful applicants who work full time will be students for three days a week, but will also continue working as health care support workers (HCSWs) within the Health Board for the other two days if they are full time in their current ward. Salary is decided on a cohort-by-cohort basis and is part funded by Health Education &



Improvement Wales and the Health Board. The entry requirements to this part time degree is based on the UCAS points system, meaning that each HCSW will need to have a minimum of 300 UCAS points (which can be gained through 'A' Levels, BTECs, diplomas, access courses, HNCs, HNDs, Foundation Degrees, Bachelor Degrees and Masters), as well as GCSE English, Maths and Science Grades A-C. However, if a HCSW does not currently meet this criterion, Swansea University will accept the Level 4 Certificate in Health Care. Following completion of the level 4 certificate, the degree course is shortened to two years and nine months. Places on the course are very limited, usually 12-15 and applications are open thorough December and January followed by a Health Board interview in February and a Swansea University interview in March.

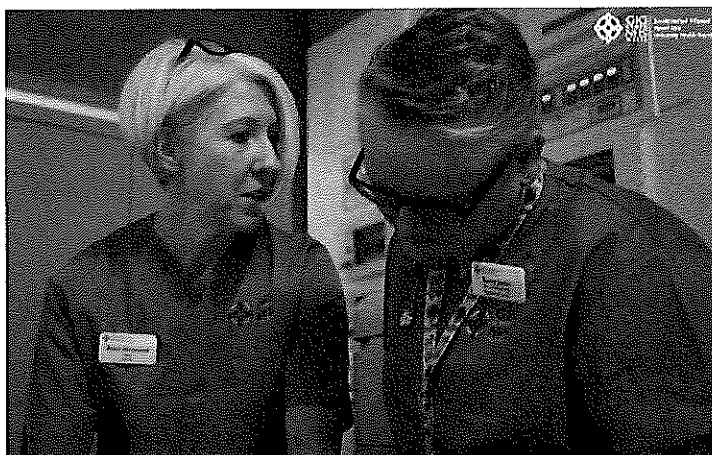
- ***The 4 year part time degree at the Open University.*** Health Education & Improvement Wales have now commissioned a small number of places from the Open University for their part-time pre-registration nursing programme. The programme will be largely distance learning with local support from practice tutor, Nursing and Midwifery Council (NMC) approved mentor and education liaison nurse, supplemented by online tuition and support. The programme differs significantly from the more traditional programmes and will possibly appeal to HCSWs who are self-motivating and confident about studying with minimal direction.
- ***The Return to Acute Care Programme.*** This course is run in collaboration with Swansea University and is very similar to the Return to Practice programme. It is aimed at nurses who have an NMC pin number and are not currently working in the acute sector. The course is over six months and is nine classroom days followed by 300 practice hours.

- ***The conversion of Internationally Educated Nurses from Health Care Support Workers to Registered Nurses.*** Within our ward areas, we have internationally educated nurses working as HCSWs. We have funding for a number of places for these individuals to undertake the Overseas English Test which is recognised by the NMC followed by Objective Structured Clinical Examination (OSCE) training and assessment before applying to the NMC register as a registered nurse.

What we want to do in the future

Our aim is to increase the number of registered nurses to fulfil our vacancies within the Health Board and the 'Grow Your Own' programme offers an affordable route into nursing and allows nurses who are working in non acute areas to move to the acute areas of nursing.

It is hoped that the 'Grow your Own' programme will be extended to the allied health professions such as physiotherapy, occupational therapy, radiography etc.



Annual activity

September 2017: 11 HCSWs commenced the 4 year part time degree (6 adult, 5 mental health); 4 HCSWs completed the course and became adult registered nurses; 4 nurses completed the Return to Acute Care course.

January 2018: 3 HCSWs commenced the 4 year part time degree (adult). 5 nurses completed the Return to Acute Care course.

September 2018: 11 HCSWs commenced the 4 year part time degree. (10 adult, 1 paediatric). 2 nurses completed the course. 5 nurses completed the Return to Acute Care course.

January 2019: 4 HCSWs commenced the 4 year part time degree (adult).

February 2019: 4 HCSWs will commence the 4 year part time degree via the Open University (adult).

March 2019: 4 HCSWs will complete the part time degree and became adult registered nurses.

Why you should work for us

The 'Grow your Own' programme creates a fantastic opportunity for existing HCSWs, delivering an attractive and alternative career pathway for our local population.

The programme also meets our corporate social responsibility by investing in our local population and building our future workforce.

It is committed to, and offers, a unique education pathway for HCSWs from bands 2 and 3, assistant practitioners at band 4 and flexible options to becoming a registered nurse in all areas of nursing, adult, mental health and learning disabilities and paediatric services.

While studying, students are supported by their college/university, ward manager and a dedicated organisation development manager.

We also offer a bespoke one year preceptorship programme for all newly registered nurses.

Here's what some of our staff say about working here:

Testimonial 1



Having recognition and being offered a once in a lifetime opportunity by Hywel Dda Health Board to complete my training has been invaluable. I would recommend the 'Grow Your Own' programme to anyone who wishes to advance as a qualified nurse and encourage managers seeking to develop their team members. I feel proud to be a home-grown student from grass roots. I have met such dedicated members who have shared passionately such knowledge and skill in supporting my learning and development progression throughout my clinical competencies with the future registration onto the Nursing and Midwifery Council (2015).

Lindsay Ellis, Registered Nurse March 2019

**[For further information please contact:
Tina Coleman - Recruitment Campaign Specialist
01267 266292
tina.coleman@wales.nhs.uk**

**www.twitter.com/HywelDdaJobs
www.linkedin.com/company/hywel-dda-university-health-board**



Medical Leadership Development at Hywel Dda

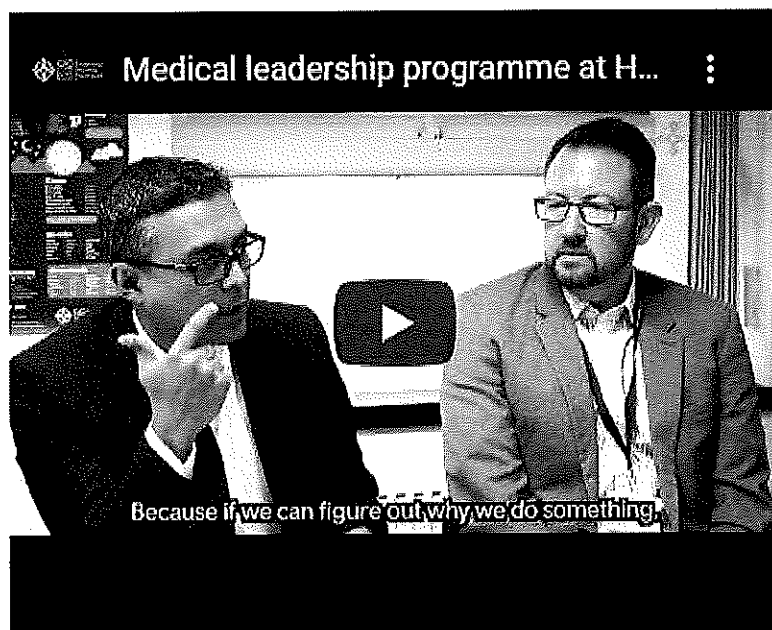
This page in Welsh/Y dudalen hon yn Gymraeg

Rhaglen Ddatblygu Arweinyddiaeth Feddygol Hywel Dda

Hywel Dda is committed to developing the leadership capability of medics and we pride ourselves on the suite of medical and multi-disciplinary leadership programmes we have created that promote, support and encourage continuous development and improvement.

Hywel Dda is an organisation that aims to deliver a healthcare system of the highest quality, with excellent outcomes for our patients and our population. We value our staff and the work that they do and want all staff, at all levels, in all rôles, to feel competent and empowered to make the changes that they know will improve patient's experience and outcomes of care.

To achieve this aim, Hywel Dda needs a community of doctors from across the organisation that can lead the development and delivery of excellent clinical services.



New Consultant Programme

Upon commencing in post all newly appointed consultants will be enrolled on a one year development programme. The

LO2- Be able to recommend ways to improve an organisation's approach to talent planning.

According to The NHS employer (2018) it is crucial that the NHS works to retain skilled and experienced staff in order to deliver high-quality care to patients. In an organisation where staff turnover is high, it can lead to difficulties in providing continuity of care and the ability to meet patient demand by ensuring adequate staffing arrangements are in place. There is no single action that will improve the retention of staff. Instead, retaining staff is the result of the combined actions that are taken by an organisation. Within the National Health Service there will always be a need for nursing and medical staff within the organisation but for the Health Board to be able to retain the staff they need to put process in place.

Our biggest problem within Hywel Dda Health Board would be the recruitment of senior medical staff. Senior medical staff within the organisation feel they lack support and don't feel like they have been given enough career development or opportunity for development. The senior medical team within Hywel Dda make up 50% off the medical workforce.

A recommendation would be for Hywel Dda University Health Board to work in conjunction with Health Education Wales (HEW) to improve educational opportunities for senior member of the medical team. Hywel Dda could do this by doing an effective appraisal accessing what support senior medical staff would need to develop their careers. From this the organisation would be able to see what they need to put in place to do this.

The first thing they could do would be to appoint a clinical supervisor within the organisation to mentor senior doctors. This would an easy starting point for the organisation.

From the organisations point of view it's important that they understand the vital role in which the senior doctors play in the organisation. Delivering high quality care within healthcare teams. Senior medical roles are often more focused on service delivery than other elements of the medical workforce, and they play an important role in addressing pressures and gaps at multiple levels. Their importance to the organisation cannot be understated.

From my pervious role in medical workforce I suggest the following changes can be made:-

- appropriate contract, job plan and planned activities, including supporting professional activities time
- regular and suitable appraisals
- appropriate access to technology, IT support and office space
- an appropriate induction to their role and site
- access to pastoral support
- access to support and development related to applying for the Certificate of Eligibility for Specialist Registration CESR which will allow them to apply for consultant posts
- access to an educational supervisor where available

Effectively developing senior doctors within the organisation can lead to a more motivated and engaged workforce that has the opportunity to work to its full potential. This equips these doctors to better meet service needs and deliver high quality patient care. Investment in developing a senior workforce should always be considered as a route to support local workforce plans and resolve skills shortages.

A survey completed by the British Medical association (BMA) (2017) suggested that retention could be significantly improved by improving working conditions for senior medical staff in the NHS. Due to the very little number senior doctors in the UK that become eligible for a CESR organisations across the UK need to take a look at implementing a program to support a senior workforce.

The BMA also highlighted from their survey that across the UK the number of senior medical vacancies within the NHS is at 71%. It also highlighted that 90% of the vacancies are left unfilled for more than six months.

In order for the organisation to maintain the appropriate number of senior doctors that it has with the right skill set the organisation needs to adapt to a program like I have suggested above this would allow the organisation to retain the employees that they already have and to attract employees from other organisation and to grow their workforce. This would also enable employees to feel more motivated in work and work to a higher level. Employees will also be engaged within the organisation.

LO3- Be able to contribute to people resourcing activities.

Due to COVID-19 and the effect that it would have on the on National Health Service we had to completely re structure our directorate in order to deal with the pressures of COVID-19.

As a service manager in Women's Health it was my responsibility to oversee and implement the following changes:-

- Cancel all medical teams study leave
- Cancel all routine outpatient appointments
- Early pregnancy unit to move to main outpatient in Glangwili Hospital
- Cancel all elective surgery
- Set up Urgent Suspected Cancer clinic on per site
- Middle Grade on call rota to be changed
- PPH, GGH & WGH urgent suspected cancer clinics moved to Werndale Hospital
- Early pregnancy unit in Withybush Hospital closed and all patients moved to Carmarthen

Due to the number of services within women's health that had been suspended we have to re-deploy staff to other areas within the hospital to help to support other services including our own services that would need additional support.

Due to letters that had been sent out from the government to individuals some of our employees had been told to self-isolate for 12 weeks which meant we had lost vital staff from the wards. In addition to staff self- isolating, employees who were pregnant have also been told that they could not be patient facing which meant that we had lost a lot of our nursing team. Due to this we had to be savvy and move employees around to be able to cover our gaps. We had to identify what additional skills our employees had and where they could be moved to. For example had anyone that worked on my gynaecology ward previously worked in intensive care? HR needed to know all these additional skills in order for them to support us managers to move staff around efficiently.

In addition to this the organisation had also recruited over 200 new members of staff plus had retired nurses, doctors and managers return to work to help combat COVID-19.

As a manager for my directorate I was also responsible for managing everyone's sickness related to COVID-19. This include all nurses, doctors, midwives and administrative staff. Our directorate secretary created a sickness and absence log to be able to help me keep a track of everyone that was absent from work.

Our HR department had sent all managers new sickness and absence policies related to COVID-19 which allowed me to advice my team appropriately. Risk assessments created by HR were also sent out to managers to help them identify employees who are most at risk and needed advice about working conditions.

As the months went on we were changing and moving staff around with advice from HR when needed. However one barrier I that we have come across is risk assessments for black ethnic and minority employees. HR had produced a risk assessment that did not highlight high risk employees for example an employee with chronic asthma who has to use public transport from England to get to work in Carmarthen was seen as low risk on the risk assessment even though HR had advised that anyone with asthma could not be patient facing and not work in clinic areas. This made it difficult for myself as a manger as I was having contradicting advice and could not advice my employees in a timely and efficient way as I was constantly awaiting advise.

As a directorate we created an action plan so that we could monitor any changes that we made to departments. The action plan shows any changes, who implemented the changes and how much time it took to complete it. As you can see all changes were done in a timely and effective manner. I believe my contribution to the changes were all completed to a high standard in a timely manner all supported by policies and procedures from our HR department.

Reflecting on the process so far as a directorate we have managed extremely well under the pressure we had put on us. I believe that my own performance was done well, I managed to get everything asked of me done in a timely effective manner and done to the highest standard. The overall move of services from Pembrokeshire to Carmarthenshire went well and all members of staff were on board as they knew what was being asked of them however we did have negative stories in the press due to temporarily moving acute services out of Pembrokeshire.

The change to the medical rota went extremely well much better than I anticipated. I have received positive feedback from employees who all wish for the medical rota to remain this way it is having a positive impact on their work-life balance and well-being.

However I found not being able to get timely and accurate advice from HR difficult as I pride myself on giving my employees efficient reliable advice and not being able to do that was a frustration for myself.

Date	Action
17.03.2020	Cancel all study leave
16/03/2020	Cancelled all routine Gynae outpatient appointments across all sites
16/03/2020	Restricted hospital visiting for 1 hour per day
16/03/2020	All visitors to wash their hands on entering and leaving picture ward
16/03/2020	central log of staff in self isolation
16/03/2020	EPAU to move to main out patients on Monday 23rd March
16/03/2020	Cancelled all routine elective surgery except USC & Urgent patients
19/03/2020	Cancelled all Recurrent miscarriage clinics
24/03/2020	USC Clinics started- 1 per site
23/03/2020	Centralized telephone triage for EPAU on all sites in Carmarthen Middle Grade rota to be changed to oncall only rota- No more clinics Rota consultation with HR Meet with Dr Hassan to create new on call rota New oncall rota to be implemented
26/03/2020	
27/03/2020	
30/03/2020	
31/03/2020	

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To whom it may concern,

I can confirm that Lauren has contributed to Talent & succession planning within our organisation in relation to COVID-19 and restructuring our services.

S. Rees

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

Page 1 of 1

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

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

Cadeirydd / Chair
Mrs Maria Battle

Chief Executive
Prif Weithredwr
Mr Steve Moore

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

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

Lauren Davies (Hywel Dda UHB - Service Support Manager)

To: Cindy Evans (Hywel Dda UHB - Clerical Assistant)
Subject: COVID Sickness

Hi Cindy,

I have been tasked with collating the whole directorates sickness during COVID and was wondering if you would be able to create a sickness spreadsheet for the directorate for me please?

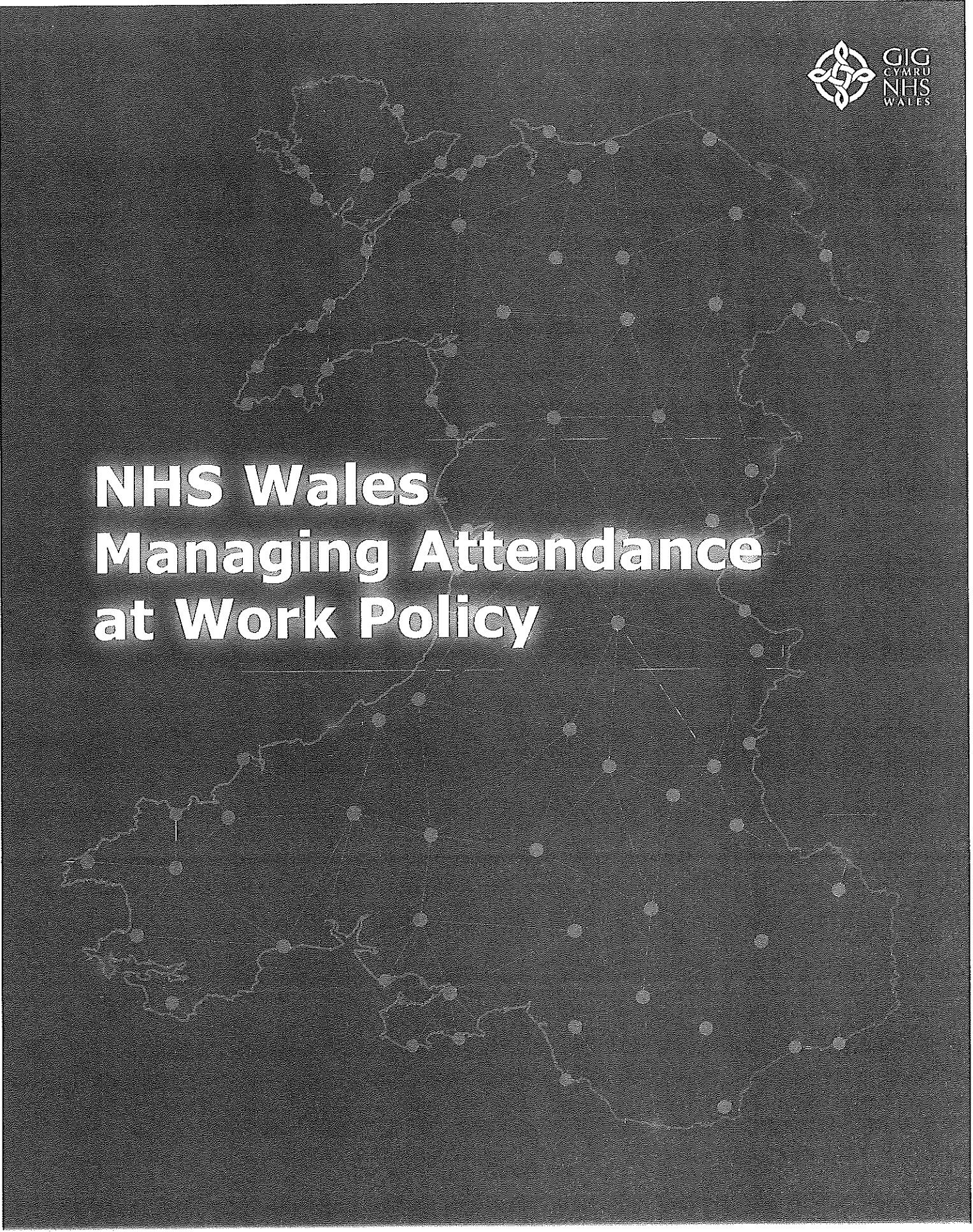
Many Thanks
Lauren

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



NHS Wales Managing Attendance at Work Policy

01

NHS Wales Managing Attendance at Work Policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: October 2018

Effective Date: October 2018

Review Date: 2021 (Quarterly evaluation)



1.0 The Core Principles of NHS Wales:

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

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

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

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

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

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

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

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

[Our Wellbeing Matters](#)
[Manager Wellbeing Matters](#)

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

2.3.1 Physical Wellbeing

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

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

2.3.2 Mental and Psychological Wellbeing

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

- the quality of and fairness of workplace relationships
- the implementation of organisational policies known to support health and wellbeing
- the way in which jobs are designed and work allocated
- the quality and health of the team and how it functions
- the quality and availability of social support
- the availability of information about the psychosocial demands within the workplace, including the range of common stressors
- follow recommendations on how to support employees following unusually challenging experiences and incidents

3.2.1 Manager Responsibilities

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

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

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

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

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

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

3.2.2 Employee Responsibilities

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

b) Employees should take up all reasonable opportunities to maximise and protect their own health and wellbeing.

c) Employees should seek medical advice and treatment as soon as possible to protect their own health and wellbeing.

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

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

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

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

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

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

3.2.3 Role of Trade Union Representative

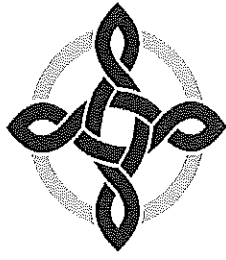
It is the role of trade union representatives to:

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

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

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





Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Risk Assessment

For staff working in business critical functions who may be at risk/vulnerable
as per UK Government guidance published 16 March 2020 (COVID-19)

Managers - Please complete this risk assessment if you have an employee in a business critical function who may be at risk/vulnerable as set out in UK Government guidance published 16 March 2020.

Line manager: _____

Date: _____

Member of staff: _____

This form and the outcome of the assessment should be reviewed alongside guidance relating to other concerns, such as self-isolation and any current school closures. Managers should take care to ensure the critical needs of the business are met, however the safety and wellbeing of our colleagues remains imperative.

Risk assessment - staff working in business critical functions who may be at risk/vulnerable (COVID-19) v6 18-03-20

Considerations		Yes	No	Notes
Understanding Critical functions				
1	Has the employee been identified as working within a business critical role or function? For example: • Colleagues who work in patient facing areas • Support services such as pharmacy, physio, medical records, hotel services and catering • Enabling functions who ensure the above teams can work effectively, e.g. Workforce, IT and Informatics This list is not exhaustive. <i>If no, employee can work from home where feasible. See staff guidance for further details.</i> <i>If yes, continue with risk assessment.</i>			
Understanding Critical functions				
	Is the employee in a group who may be considered at risk/vulnerable?			

Considerations		Yes	No	Notes
2	<u>Please refer to: Guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults</u> Extract below but please note this list is not exhaustive and subject to change:			
Group	Vary daily commute and use less public transport*	Home working		
70+	Strongly advised	Strongly advised		
Any age member of vulnerable group with an underlying health condition:	Strongly advised	Strongly advised		
• chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis • chronic heart disease, such as heart failure • chronic kidney disease • chronic liver disease, such as hepatitis • chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy • diabetes • problems with your spleen – for example, sickle cell disease or if you have had your spleen removed				

Risk assessment - staff working in business critical functions who may be at risk/vulnerable (COVID-19) v6 18-03-20

Considerations		Yes		No	Notes
	- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy - being seriously overweight (a body mass index (BMI) of 40 or above)				
	Those who are pregnant Please refer to the links below. https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-21-covid19-pregnancy-guidance-2118.pdf https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults				
	Those with serious underlying health conditions such as: people who have received an organ transplant and remain on ongoing immunosuppression medication	Strongly advised	Strongly advised		

Considerations				Yes	No	Notes
	- people with cancer who are undergoing active chemotherapy or radiotherapy - people with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment - people with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets) - people with severe diseases of body systems, such as severe kidney disease (dialysis)	Further bespoke guidance to be advised w/c 23 March 2020				
	<i>If yes, work through remaining questions to assess if the employee should continue to attend work (with adjustments), or can work from home.</i> <i>If no, the employee is available for work and employee may be asked to attend work to deliver business critical function for the organisation or wider NHS.</i>					
3	Are there any other members of staff who can undertake some or all of the duties/responsibilities of the employee? Action required to enable others to undertake duties of employee: 					

Considerations		Yes No		Notes
3a	If yes, will this allow the employee to work from home? <i>If yes, employee to work from home.</i>			
4	Is the employee still required to undertake some business critical work from home? <i>If yes, employee to work from home.</i> <i>Do you they have the necessary equipment, or are any specific adjustments required to enable home working?</i> 			

Considerations		Yes	No	Notes
4a	If they cannot work from home, can we make adjustments to support/enable them to vary commute to work or avoid use of public transport? <i>Action required to enable employee to avoid non-essential use of public transport, varying travel times to avoid rush hour, when possible:</i> 			
5	Does the employee's job involve essential direct face-to-face contact with the public, including home visits? <i>Consider up to date Health protection/Infection prevention and control guidance: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</i> <i>If yes, consider how face-to-face contact with the public and home visits can be limited or avoided:</i> <i>If contact with public cannot be avoided, any specific action required to ensure appropriate PPE and infection prevention and control measures:</i> 			

Considerations		Yes	No	Notes
				
6	Does the employee work in an environment where they are physically working closely with other staff members (<2 metres)? <i>Consider options for physical distancing within the place of work.</i> <i>Action required to ensure appropriate physical distancing within the workplace:</i> 			

Assessment outcome:

1. Employee to work from home
2. Employee to attend work, no adjustments required
3. Employee to attend work, with adjustments as outlined above

*Delete as appropriate

Line manager signature: _____ Date: _____

Member of staff signature: _____

Appendix one:

Risk assessment Process

1. Are they advised to obtain Flu jab by their GP on medical grounds?
If not, this will eliminate those with very mild asthma, diet controlled diabetes etc.
 2. Are they aware of the advice and not concerned? Then discuss their duties and identify where contact with others can be minimised if indicated
 3. Is their health relating to the vulnerable group particularly stable or under 28 weeks pregnant
If yes to both above, consider work NOT in contact with suspected COVID patients or with Aerosol Generating Procedures (p28) and follow strict infection control procedures
- Does the employee work in an environment where they are less than 2m face-to-face? Yes: then
- Can they work not face-to-face or greater than 2m apart if face to face?*



GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

To whom it may concern,

I can confirm that Lauren has contributed to Talent & succession planning within our organisation in relation to COVID-19. Lauren contributed to our directorate in a timely and professional manner and all tasks were completed to the highest standards.

Many Thanks
Lisa Humphrey
General Manager
Women's and Children's Directorate

Page 1 of 1

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

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

Cadeirydd / Chair
Mrs Maria Battle

Chief Executive
Prif Weithredwr
Mr Steve Moore

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

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

Lauren Davies (Hywel Dda UHB - Service Support Manager)

To: Lauren Davies (Hywel Dda UHB - Service Support Manager) (Lauren.Davies13@wales.nhs.uk)
Subject: Rota WC 20th April

Dear Miss Lauren,

Please could you confirm if it will be possible to continue this way of working? By having time off between shifts I'm getting loads of studying done and is really helping my work-life balance.

Could you confirm please?

Thanks

Yinka

Lauren Davies (Hywel Dda UHB - Service Support Manager)

To: Lauren Davies (Hywel Dda UHB - Service Support Manager) (Lauren.Davies13@wales.nhs.uk)
Subject: Rota wc 27th April

Hi Lauren,

Thank you for sending the rota out. I was just wondering what the chances of the rota staying like this are? It's working really well so far and having more time at home as well has been grate for my family.

Happy to discuss with yourself and Nicky P as I know the feeling is strong amongst the team.

Regards

Phil

References

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