

Qualification: CIPD Diploma in Applied Human Resources

Module Name: Contributing to Resourcing and Talent
Planning in the organisation

Word Count: 3164

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: 25/08/2020

CIPD Candidate evidence matrix (EXAMPLE)

Candidate name: Natalie Thomas			CIPD Membership/registration No.: 53274196			
Qualification title: CIPD Diploma in Applied Human Resources			Unique Learner No. (ULN): 1810239			
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	I/V initials if sampled
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3,	LO1 - Be able to review and evaluate an organisation's approach to talent planning	EV1		
5ARTP	Contributing to Resource and Talent planning in the organisation	2.1	LO2- Be able to recommend ways to improve an organisations approach to talent planning	EV2		
5ARTP	Contributing to Resource and Talent planning in the organisation	3.1, 3.2, 3.3, 3.4, 3.5, 3.6	LO3 – Be able to contribute to people resourcing activities	EV3		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Annual plan 2019/2020 Pages 83 – 87 Discussing workforce development, organisational growth and planning	EV4		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Annual plan – Pages 1-4 Mention of health Board values, beliefs, behaviours being at the forefront of workforce planning	EV5		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	3 year plan Draft document	EV6		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Information from HEIW of doctors placement plan – confirming how many gaps are filled and how many need recruiting to	EV7		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Eagle Framework	EV8		

CIPD

5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Job description example	EV9		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Values and behaviour framework – Pages 1-6	EV10		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1	Recruitment plan for Covid19 pandemic	EV11		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Internal deployment strategy/document due to Covid19 pandemic	EV12		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2, 1.3	Internal deployment FAQ's	EV13		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1, 1.2	BAPIO information document	EV 14		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1	Screenshot of availability of policies in relation to behaviour/conduct/performance measures etc	EV 15		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.1	UPSW document in relation to maintain standards/behaviours and monitoring performance	EV 16		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.2, 1.3	Copy of PDR document	EV17		
5ARTP	Contributing to Resource and Talent planning in the organisation	3.1, 3.2, 3.3, 3.4, 3.5, 3.6	Witness testimony & confirmation of electronic signature	EV18		
5ARTP	Contributing to Resource and Talent planning in the organisation	1.3, 3.1, 3.2, 3.3	Document produced to accompany change in resourcing activity to meet current needs due to Covid19 pandemic	EV19		
5ARTP	Contributing to Resource and Talent planning in the organisation	3.1, 3.2, 3.3, 3.4, 2.5	Confirmation email from OH department confirming change of process due to my query/suggestion	EV20		
5ARTP	Contributing to Resource and Talent planning in the organisation	3.2, 3.3, 2.4	Email of thanks from MIU medical lead	EV 21		

5ARTP	Contributing to Resource and Talent planning in the organisation	3.5, 3.6	Email of thanks from clinical lead	EV22	
5ARTP	Contributing to Resource and Talent planning in the organisation				
5ARTP	Contributing to Resource and Talent planning in the organisation				
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 the work/evidence submitted for assessment has been ratified through internal and external quality assurance processes it is not final.					
Signature:			N Thomas	Date:	25/08/2020

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 Resourcing and Talent planning in the Organisation

Resource and talent planning in the organisation involves behaviours that aim to attract, develop and retain employees who are considered valuable to the organisation, as well as creating a high performance workplace and encouraging a learning environment within organisations. It looks at ensuring business goals align with organisational and performance strategy to encourage success and maximise organisational value (CIPD 2020).

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



Hywel Dda University Health Board (HDUHB) is governed by strict rules and regulations in relation to resource and talent practices by Welsh government, local health boards and also Health Education and Improvement Wales (HEIW). Every year, the Welsh Government set targets to be achieved from 1st of April to 31st of March in relation to finances, services provided, patient waiting lists, hospital performance, as well as workforce development, and staff retention behaviours through recruitment and engagement policies and procedures and so HDUHB create an annual plan as a result of this. (EV 4). The annual plan will look at ways to achieve the relevant targets in more detail whilst ensuring the Health Board values are upheld and the organisation mission statement is at the forefront of any plans (EV 5 – annual plan pages 1-4) and is normally produced directly from the workforce three year integrated medium term plan (IMTP) (EV6). Once the IMTP and annual plan are completed, they are sent for consideration to HEIW and once agreed, will inform the necessary number of training medical staff, nurses, pharmacists and therapists required by the Health Board in order for the plan to be implemented effectively. HEIW will work closely with the Health Board, providing information for the number of individuals who will attend training placements within the Health Board, ensuring that the locality, population numbers and available clinical services within the organisation are all taken in to account. Within my department, we are responsible for onboarding training doctors in to the Health Board and each year, are provided a list of the trainees we are expecting, broken down in to site and speciality (EV7).

Estimating demand within an organisation is a necessity in today's environment and forecasting the resources required can help to overcome issues, predict trends, help plan budgets and ensure organisations can cope (Chambers et al). HDUHB have a robust process for predicting future needs of the business with their annual plan and three yearly IMTP and so this suggests detailed procedures are in place for workforce planning.

Within the organisation, there is a formal recruitment process which is based on the All Wales approach and Eagle framework (EV8) the sophisticated recruitment selection process includes detailed and specific job descriptions (JD's) (EV9) person specifications and an extensive competency framework particularly for medical and nursing positions. Ensuring that specific recruitment processes are in place helps to ensure that the correct individual is employed and that they possess the appropriate skills and experience is key in ensuring overall success (Taylor and Woodhams 2016). In HDUHB however, there is a tendency to advertise fixed term positions, some which are justified but some which should be advertised substantively with individual departments choosing not to do so.

Employer branding within an organisation is closely linked with recruitment and retention strategies (Taylor and Woodhams 2016) with the Health Board's brand being based on the organisational values (EV 10). Ensuring that values, beliefs and behaviours are embedded in to the everyday working life and individual employees can help the organisation to stand out and therefore appeal to individuals within that area of work (Walker 2007).

More recently with the occurrence of the Covid19 pandemic, the Health Board's focus has relied heavily on the recruitment department and supporting departments with the relevant experience in this field to overcome difficulties associated directly to the number of employees required to overcome issue related to Covid19. With this being the first time anything to this scale has happened nationally and internationally, the Health Board had to rely on the skills and knowledge of individual senior managers, as well as approaches within other countries on how we would plan for this. Initially, the head of resourcing and Utilisation was responsible for producing a document (EV11) which outlined their planned strategy in forecasting demand and also considered other alternatives for recruiting additional staff including redeployment, medical students and volunteers, as well as retire return

medical staff. Upon completion of the document, it was taken forward to 'Gold' group for agreement which has been set up specifically during the Covid19 pandemic and involves senior levels of the Organisation and executives.

As a direct result of the pandemic, an internal deployment process was created (EV 12) which looked at individuals who would fall in to the category applicable for re-deployment within the Health Board in order to support Covid19 across the organisation and communicated to directorate managers on a whole organisation level. An FAQ's document was also created to assist managers when making decisions and also inform employees of the criteria for re-deployment with the aim to overcome any concerns as a direct result of being redeployed (EV13). Reacting to vast changes within the organisation which looks at identifying skills within the workforce which can be utilised elsewhere, finding a solution by considering existing resources, encouraging knowledge sharing and training for individuals (Taylor and Woodhams 2016) displays the organisations' ability to consider planning activities and address potential workforce and service needs within the Health Board.

When looking at the availability of talent within the organisation, there is currently a shortage of medical and dental staff particularly at a Middle Grade level and in specific specialities including medicine, psychiatry and Emergency medicine. As a result of this, each year HDUHB carry out an overseas 'BAPIO' trip to India (EV14) as an attempt to recruit doctors specifically at this level and sub speciality to try and overcome these shortages and produce a 'talent pool'. The BAPIO doctors are known as Medical Training Initiative (MTI) doctors and are employed for a minimum of 2 years with the view to extend once their Medical training fellowship is completed. External recruitment activities can provide benefits to the organisation including:

- ✓ Providing new skill sets, experience or knowledge to the department
- ✓ Increase overall performance within the team by providing new expertise to the existing workforce
- ✓ New ideas and ways of working – helping to kick existing bad habits

(Miller, B 2018)

There are many robust policies and procedures in place to assess employees' performance, including the All Wales capability policy and the Upholding professional standards procedures (UPSW) (EV15 7 16). The aim of these policies is to assist managers and employees in understanding their responsibilities in relation to their work behaviours and performance, and provide a framework for managers to use to monitor performance.

Within HDUHB, department managers are responsible for conducting annual Personal Development Reviews (PDR's). As part of the PDR, employees are asked what their career aspirations are for the following 12 months and to complete a development plan considering any training opportunities they may require to meet this (EV17). The PDR also helps to identify that individuals are working towards and achieving the team and Organisational objectives set by Executives of the Health Board. This displays that consideration is given to professional development within the organisation and identifying future skills needs within the Health Board. The PDR's are also directly linked with pay progression and if not carried out, can affect employee's ability to receive their annual pay increment (for some groups of staff) as it is performance-related and not completing an appraisal of their performance via their annual PDR can directly affect this. However, most employees are not aware that the PDR is linked directly to pay progression and therefore this can result in inadequate efforts to meet the targets set and discussed within the PDR. There are also some arguments that annual PDR's becoming a 'tick the box exercise' which managers simply carry out because they have to with a survey conducted by YouGov for Investors in People showing that 59% of employees do not consider PDR's as a useful tool for assessing their progress (Soriano, K. 2007).

LO2 – Be able to recommend ways to improve an organisations approach to talent planning

2

In order to improve the organisations approach to talent planning, it is important that all of the above factors are considered, as well as available resources, the size of the organisation and the diverse workforce which it employs.

One of the recommendations suggested based on my findings is an improved process for PDR's. ACAS recommends that appraisals are useful and can provide clear evidence of performance issues to be used in claims of unfair dismissals (Jozwiak, G 2012). Within

HDUHB, an annual appraisal is conducted, and so I would recommend that these should be moved to quarterly or 6 monthly PDR's as a way to measure and monitor performance. A recommendation that these are approached less formally and in depth each quarter to clearly evaluate the progress made from the annual PDR would also be made. It is stated that there are numerous benefits to regular appraisals including improved communication between employees and their line manager, better work relationships and better alignment between individual's day to day behaviours and organisational goals (HR Zone). A review of the PDR form also needs to be considered to look at exactly how individual and team skills are identified as part of this process in order to identify and consider a talent pool within each department. This should all then be collated on an organisational basis to look at the overall skills within the Health Board in order to look at future workforce planning which would allow an opportunity to produce a more adaptable workforce (Taylor 2014).

Also, there should be improved communication of the clear link between performance and pay within the organisation as this is not clear currently. Performance related pay (PRP) is based on the performance of individuals, departments or the organisation as a whole (NHS Employers 2014) and can be considered as a useful approach to managing performance by linking salary progression to targets that need to be met. Currently, the Health Board has a defined pay scale dependant on the staff group, grade and level and is usually progressed automatically upon completion of the PDR through annual increments. It would be useful to re-develop this approach, linking pay increments and enhancements with specific goals/targets which individuals will need to meet to achieve a pay increase. It could also add to ensuring that the PDR process is more meaningful and not just a 'tick the box exercise'. Health Boards which have already adopted the approach to linking pay with performance have reported numerous benefits including:

- ✓ Increase staff motivation – due to celebrations of success with employees being recognised for meeting objectives
- ✓ Improved employee retention – which helps to support workforce planning and maintain key employees, thus increasing the pool of talent
- ✓ Improved performance management processes – resulting in less disciplinary numbers within the organisation
- ✓ Improved employee engagement – leading to better staff retention, improved performance and a happier workforce

(NHS employers 2014)

It can also help to attract talented and highly skilled individuals to the organisation when NHS organisations have robust pay related benefits and reward processes in place. By ensuring that locally developed pay rewards and benefits are created it can enable organisations to distinguish themselves in their field of work and create an advantaged position against other competitors (NHS employers 2014).

Another recommendation would be to limit the use of fixed term positions. Currently, departments are responsible for ensuring that their service is fully recruited to and are therefore responsible for informing the recruitment department the requirements of their service needs in order to advertise which isn't challenged at a recruitment level. An average of 30% of positions advertised are fixed term, with 65% of these vacancies later becoming substantive (full time) upon completion of the fixed term period (Trac 2020) which suggests that a majority of fixed term positions should have been advertised as substantive to begin with. This implies that there is potentially a missed opportunity to hire talent as they may be discouraged from applying due to lack of job security (Plus HR 2017). It also suggests a lack of productivity with wasted time and resources spent on training fixed term employees more regularly as opposed to substantive employees' long term.

LO3 – Be able to contribute to people resourcing activities

3

Due to the recent Covid19 pandemic, there have been significant changes to the organisation, with departments re-deployed in to other areas of work and being expected to support other areas of the organisation. HDUHB had to consider alternative ways of working, including providing virtual services and clinics to service users/patients instead of physically attending hospital appointments or emergency departments to try and minimise the risk of contracting the virus.

As part of my role within medical workforce I was asked to provide support to provide a new service within the Health Board known as 'Virtual MIU clinics'. As this was a new resourcing activity within the Health Board, my role was to on board medical bank doctors, identifying the individuals, contacting them regarding any interest for the clinics and

receiving sign off from the department managers for each individual to take their pre-employment checks forward. I worked together with rota co-ordinator's, service managers, clinical lead and finance to distinguish roles and responsibilities as part of the process of on boarding new doctors and retired doctors on to the medical bank in order to provide a virtual service (EV18) I also ensured that current legal procedures in relation to pre-employment checks and right to work were considered and adhered to where possible including the Equality Act (2010). It is vital that all individuals, despite their age, gender, nationality etc are considered as part of the recruitment process and so all individual CV's were considered purely based on their relevant experience with gender and date of birth as well as various other personal details excluded from the CV. Many of the GP's onboarded on to the medical bank as part of this process were retire-return doctors who had kindly come forward as part of the GMC reinstating them on to the GMC register to allow them to return to practice and assist with the Covid19 efforts. I ensured that any data obtained was purely for the purposes of safeguarding patients, the organisation and the individual doctor themselves and was collected and stored as per the Data Protection Act (2018).

Ordinarily, various pre-employment checks need to be in place including right to work check, GMC registration, references, DBS check (criminal check) and occupational health clearance. However, due to the ongoing pandemic which was fast changing, I approached my senior manager with an alternative approach to ensure doctors were placed on to the medical bank faster and allow the virtual clinics to go ahead almost immediately whilst still ensuring the primary focus was the safety and wellbeing of patients. At the time, my senior manager took the request forward to the head of resourcing and the 'bronze group' set up specifically as a result of Covid19 for executive members of the Health Board to discuss important issues and sign off promptly to avoid further delays. It was decided at bronze level, that medical bank workers could conduct virtual clinics whilst awaiting their full DBS check by completing a form I helped to produce where individuals were responsible for declaring any convictions/warning etc (EV 19) which the individual had to sign and declare the information provided was truthful, and then signed off by the clinical lead of the department which I was responsible for obtaining. It was also discussed and decided that individuals conducting virtual clinics could commence whilst awaiting full occupational health clearance due to the minimal risks this would pose (EV20). Adapting my approach to on boarding the medical bank doctors, allowed the service to provide clinics quicker, ease anxiety for patients who were uncomfortable attending hospital sites, and dramatically reduce waiting lists for clinics.

In order to plan and prepare for the additional work, I had to work with my manager and team and delegate other duties which I would ordinarily be responsible for in order to allow enough time to focus on the important task (EV18). I produced a spreadsheet which included all of the relevant information I would need for on boarding the doctors to allow quick, easy access and identifiable information to anybody undertaking any of the work in my absence. I also provided access to my team to enter the spreadsheet whilst still ensuring confidentiality of the applicants was taken in to account by only allowing access to those with permission to access the shared drive. I identified that I would need access to a printer and scanner to be able to provide quick information to the clinical leads and senior managers, and also Microsoft Teams access to conduct the Virtual pre-employment checks with the individual doctors to verify their identity. Using my mobile device, I was able to ensure this was set up and I could access Microsoft Teams at any time, on any site or whilst working from home to avoid any delays in conducting the virtual checks.

I ensured that the processes I undertook were carried out in a prompt, and timely manner, with a majority of doctors placed on to the medical bank in the space of 3 weeks when ordinarily this takes up to 12 weeks on average. I ensured this was completed in line with organisational procedures at the time by receiving the relevant sign off from executive members of the organisation and legislative requirements as discussed above.

Reflecting on my input during the resourcing activity, I'm very pleased with the effectiveness of my role and what I helped to achieve for all stakeholders. I received various emails of thanks from the clinical lead, and consultants/department (EV21) the required objective of providing a virtual clinic was met with my support in on boarding doctors and ensuring that the rota was ready (EV22). As Covid19 procedures are still in place, I am unable to fully reflect and review the overall process and feedback to stakeholders until everything is fully completed as I have now been asked to support in processing payments and timesheets for the GP's and this is still ongoing. I hope to provide feedback of the usefulness and effectiveness of the virtual clinics fully to my manager at the end of the year. However, reviewing preliminary results, as well as recent research, it has been discovered that virtual clinics can reduce out patient appointments by a fifth by freeing up time for GP's which could benefit the organisation financially providing time and money to reinvest in vital NHS services and so I will produce a report of my findings discussing a proposal to continue with virtual clinics post-Covid19 (NHS 2020).

References

Chambers, C., Mullick, S., Smith, D. (ND) *How to choose the right forecasting technique* [online] Available at: <https://hbr.org/1971/07/how-to-choose-the-right-forecasting-technique> (Accessed on 14/08/2020).

Chartered Institute of Personnel and Development (2020) *Talent Management* [online] Available at: <https://www.cipd.co.uk/knowledge/strategy/resourcing/talent-factsheet> (Accessed on 12/08/2020).

HR Zone (ND) *What is a Performance Appraisal?* [online] Available at: <https://www.hrzone.com/hr-glossary/what-is-a-performance-appraisal> (Accessed on 20/08/2020).

Hywel Dda University Health Board (2019) *Hywel Dda University Health Board annual plan 2019/2020* [online] Available at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item%205.3%20Annual%20Plan%202019-20.pdf> (Accessed on 12/08/2020).

Miller, B., (2018) *Pros and Cons of hiring externally* [online] Available at: <https://hrdailyadvisor.blr.com/2018/11/01/pros-and-cons-of-hiring-externally/> (Accessed on 18/08/2020).

NHS Employers (2014) *Linking pay with performance Toolkit* [online] Available at: <https://www.nhsemployers.org/-/media/Employers/Publications/Linking-Pay-with-Performance-Toolkit.pdf?dl=1> (Accessed on 20/08/2020).

NHS (2020) *New virtual clinic designed by doctors gives renal patients more specialist consultant time* [online] available at: <https://www.england.nhs.uk/integratedcare/case-studies/new-virtual-clinic-designed-by-doctors-gives-renal-patients-more-specialist-consultant-time/> (Accessed on 21/08/2020).

Soriano, K., (2007) *Appraisals seen as a 'tick the box exercise'* [online] Available at: <https://www.peoplemanagement.co.uk/voices/comment/appraisals-box-ticking-exercise#:~:text=A%20quarter%20of%20employees%20believe,ahead%20of%20the%20year%20end.&text=Employees%20want%20more%20regular%20feedback%20than%20the%20seasonal%20appraisal.> (Accessed on 18/08/2020).

Taylor, S., (2014) *Resourcing and Talent management*. 6th ed. London: CIPD

Taylor, S., & Woodhams, C. (2016) *Human Resource Management. People and Organisations*. 2nd edn, London: Chartered Institute of Personnel and Development

Walker, P., (2007) *Contemporary issues in HRM*. London: Chartered Institute of Personnel and Development

Plus HR (2017) *HR Consulting FAQ: Permanent vs Fixed-Term Contracts – Which is Best?*
[online] Available at: <https://www.plushr.com/blog/managing-your-team/hr-consulting-faq-permanent-vs-fixed-term-contracts-which-is-best> (accessed on 21/08/2020)

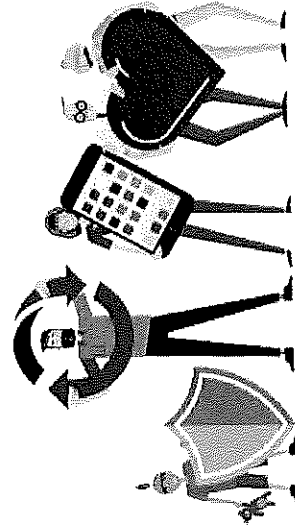


Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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

FD

In reviewing services themselves, a VBHC approach contrasts the desirable clinical and patient outcomes with the cost of achieving those outcomes. In doing so the VBHC approach can deliver both visibility and a consistent currency for all the activities in a pathway, allowing technical efficiency comparisons between organisations, sites or clinical teams but also allocatively reviewing where resources are best deployed in a pathway.

This is particularly crucial if ambitions to move resources into primary, community and preventative healthcare are to be realised. Beyond this there are planning and monitoring opportunities in designing and following up any resultant changes as we move into a redesigned future reality. Priority pathways have already been identified through high level reviews that explored and triangulated existing data covering activity, quality and cost measures. In moving to a more detailed exploration of these, VBHC will be a core component in our approach.

Savings Requirements and Opportunities

As the funding uplift will not fully cover expected cost pressures in 2019/20 there is a requirement for savings of circa £24m - this will accommodate investment in the Nurse Staffing Act and winter pressures. Investments required to deliver a shift into primary and community are assumed to be self-financing. Savings plans will need to include transactional, efficiency and transformational schemes.

The main savings requirement will be based on opportunities identified through benchmarking and other evidence-based assessments of efficiency. The current level of opportunities identified from this approach is summarised in the table below. This still leaves a balance to find and discussions are on-going regarding how this gap can be met. The areas outlined below indicate the major savings areas. Work is underway to quantify the impact of the schemes.

Potential scheme category	Description
Transactional / operational schemes	
Transactional schemes – locally managed	Each service area to identify at least 1% efficiency improvement to absorb inflationary pressure
Procurement (excluding utilities)	Expectation of continued downward cost pressure from procurement efficiency, and reduced cost from changes
Medicines management	Impact of likely changes from medicines management eg end of patent drugs, switches
Externally commissioned care	Repatriation of patient care resulting from capacity released from changes in proposals
Reduction in overhead and support costs	Opportunities to reduce hotel services, facilities and support services costs
Pipeline schemes	Adopted schemes from 2018/19 not yet delivered
Strategic	
Reduced length of stay, referral reduction follow up to new rates and other core cost reduction	Reduction in variable pay, potential closure of additional wards, community hospital impact

Workforce

2019/20 Detailed Plan found [here](#).

To Deliver “A Healthier Mid and West Wales”. This 20 year vision sets out a plan that requires us to be ambitious with the scale and pace of workforce transformation. 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 presented in transforming our services to deliver a social model of health and social care. That said, our priority within the context of the 2019/20 Annual Plan is to continue to stabilise the workforce and lay strong foundations for the delivery of the ten year plan and establish a framework for successful workforce transformation: to stabilise, design, develop and deliver the future workforce.

We know our greatest asset is the people we employ to provide our services and care for our patients. Alongside this are our partners who work with us as volunteers, work experience and people who work within partner organisations. It is essential that we continue to support our existing and future workforce as the organisation transforms. We are committed to continue this through our communications with staff and their representatives and we will develop and embed our retention and attraction strategy to ensure staff are reassured of our commitment to them, are fully informed, involved and influence future service models.

From the Annual Plan 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 counties and servicing hospitals have workforce challenges in the delivery of services, some of which can be linked to the rurality of locations others reflect different starting points (baselines) and strategies employed to achieve workforce sustainability. As our locality working develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners and show appropriate local distinctiveness in each locality reflecting the difference of each part of the region. This will require us to consider the nature of our workforce and look to develop different approaches to workforce planning locally and regionally.

We work collaboratively with a range of regional bodies including ARCH Workforce and Skills Development Group, the Llanelli Wellness Village, the Mid Wales Joint Committee for Health & Social Care, University Partnership Board and the West Wales Care Partnership are key to workforce stabilisation and as we move to more seamless health and care delivery, in line with ‘A Healthier Wales’.

Shape of our Workforce

We have over 10,000 staff employed to provide our services and care for our patients. In short. The full time equivalent has increased in all staff groups. We have 100 more nurses than in September 2016, and 24 more Allied Health Professionals. Our turnover, while relatively low to commence with, is showing a slight increase of 0.2% over the last year and an overall increase of 0.4% on the 3 years to September 2018 equating to 7.77% as a 3 year average. If Medical and Dental staff groups are excluded from this figure, the overall figure is reduced to

7% at September 2018, 6.75% as at September 2017 and 6.4% at September 2016. Our medical and dental turnover has however, reduced by a further 1.48% as at September 2018.

While 2018/19 has brought significant challenges in relation to our work in stabilisation and development of our workforce, there have been many key successes, with some of our key highlights below giving the position at December 2018:

- Sickness absence at 4.54% is again below the Welsh Government target of 4.75%, and current rates rank amongst the best in Wales.
- Medical recruitment figures for senior appointments are down slightly from 2017 with 53 offers of employment made since January 2018.
- Recruitment campaigns are resulting in successful appointments with 110 (headcount) Registered Nurses recruited externally and 42 (headcount) Therapists recruited externally between April – September 2018.
- In addition, 89 (headcount) Newly Qualified Nurses started in September 2018 with 5 further Newly Qualified Nurses deferring due to start in March 2019 with the next cohort.
- 43% of leavers returned to work [whole time equivalent (WTE)] part time after retirement.
- Mandatory Training and Personal Appraisal Development Review figures continue to improve and are currently at 78.2% and 73% respectively.
- Medical Appraisal is consistently well above target and has ranged between 94%-96% for the full year.

Workforce moving forward

This section gives an overview of five key things we will focus on during 2019/20 captured in our enabling plan to support services in the delivery of their transformation plans as follows:

- Turnaround
- Workforce Development
- Organisational Development
- Staff Experience & Engagement
- Workforce Transformation

Turnaround

Stabilisation of the workforce through recruitment and retention practices are essential, efforts throughout the year led to the appointment of over 417.10 whole time equivalent (WTE) external appointments into the UHB. Appointments in total for the year (internal and external) were 965.92 WTE which includes 102 either Newly Qualified or Return to Practice Nurses. We are seeing the results of our efforts to deliver a shift in WTE from variable workforce to employed workforce. Although the medical vacancy position continues to be a concern, we have had successes during 2018/19 which will enable us to continue building and stabilising our medical workforce. Figures for senior appointments have dropped slightly from 2017 with 53 offers being made in 2018. These figures have doubled since 2015, and we have AAC's scheduled in from the start of January 2019.

The financial challenge during 2018/19 has been in large part due to the requirement to recruit locum and agency staff to provide cover for vacancies in medical, nursing and other health professional posts. All of our key plans in 2018/19 to mitigate the financial and service quality risks associated with this position were dependent on turning around our vacancy position and eradication of premium variable pay, and this will continue into 2019/20. The significant focus on the reduction of variable pay reported in the 2017/18 plan has been stepped up further

during 2018/19, and whilst there are concerted efforts and a robust plan in place to reduce it, despite efforts, it remains a challenge. In comparison with medical and nurse variable pay, the 'other' professional groups use less agency, however the reliance is significant. In terms of expenditure overall, looking at month 8 data we can demonstrate a year on year decrease in financial terms – a 17% decrease for the position in 2016/17 to 2017/18 and then a further decrease of 12% to 2018/19.

Workforce Transformation

To deliver our plan, we need to make changes to the way in which we deliver our services, and have a flexible and adaptable workforce that is competent, confident and engaged to ensure we can deliver our revised services. We strive to be an employer of choice and the health and well-being of our staff is paramount. Coupled with this opportunity is the need to understand our future requirements in relation to our transforming services, and be mindful of the potential impact of Brexit. We will continue to review this information as we develop our workforce pipeline, concentrating on our local population, developing new and exciting career opportunities linking with our rural healthcare model, and offering a real opportunity to achieve a sustainable future.

We recognise that around 80% of our future staff are currently with us, and we have been working with them to develop and implement our workforce transformation programme, to support the delivery and sustainability of our future service model. We will continue to work with and engage our staff in shaping their future, throughout this. We will focus on methods to achieve workforce sustainability & transformation which will focus on skill mix reviews to support fragile services and explore alternative working models. This may be through the creation of new roles aligned to pathway redesign or through the extension of practice and new skill acquisition. A key focus for this year will be on the evolution of medicines management, nursing and allied health professional roles in support of these new pathways which may cross professions and organisational settings. Flexibility will be built into roles by design i.e. through skills development, technology & working patterns taking advantage that digital solutions and creative practices can offer i.e. rotational roles. As we work to integrate structures and develop partnerships across health & social care (public, private, third sectors) we will see a shift in the utilisation of multidisciplinary team (including Physician Associates, pharmacists, Advanced Nurse Practitioners and Independent Prescribers) approach to support the whole system. As an example, we are working with NHS Wales Ambulance Services Trust (WAST) to support the delivery of our enhanced Community Model. This may include increasing the number of Advanced Paramedic Practitioners or Paramedics to support primary and community based services, further integration of WAST clinicians with GP clusters, working as part of the Multidisciplinary Team within the Minor Injuries Units, or further development of WAST's rotational model that could encompass working with respective Emergency Departments.

Developing our Workforce

The key to our future is the delivery of our Education Strategy to ensure our workforce is supported and developed to undertake their current roles effectively and are ready to embrace new roles for the future in an organisation which is continually learning and improving. We also understand the need to attract new staff to our organisation, and support our local population in health and well-being outside of our hospitals. To do this we will focus on the close working relationships with our local Further Education and University providers, and have been introducing new education and training programmes at all levels, to meet the needs of the changing workforce. For some areas the

education programmes take many years to complete, so understanding the needs of our future services to ensure we are commissioning the appropriate education is vital.

We are working in partnership with Social Care Wales to develop and deliver a joint induction programme for Health and Social Care Support Workers, and have a very active programme of volunteering, work experience and supporting people into work. Our Future Workforce team was created to seek opportunities to work with our local schools, colleges and communities to look to us as an employer of choice, as well as progressing our corporate social responsibilities and meeting the targets of the Well-Being of Future Generations (Wales) Act 2015. We have increased our 'Grow Your Own' programmes to build our substantive workforce from our local population. This offers our local resident population the opportunity to train and develop into Registered Nurses and Assistant Practitioners, without losing their salary while doing so. Currently over 100 staff are identified within this pipeline, registered nurses from this pipeline are now in substantive roles. Two new programmes on the 'Grow your Own' scheme will be introduced during 2019/20. *'Made in Hywel Dda'*, aimed at 16 year olds, and a Certificate of Eligibility for Specialist Registration support programme, to enable our locum consultants and Specialty and Associate Specialist doctors to achieve Consultant Status in an easier and speedier timeframe.

A second cohort of 'Destination NHS' is in progress. This innovative future workforce programme, developed this in partnership with Pembrokeshire College and Swansea University, gives local 6th-formers targeted experiences including 10 master classes and 100 hours work experience in addition to their year 12 and 13 academic programmes to students wishing to follow a career in health. We will continually invest in our research capabilities and work closely with our university and education partners, to nurture a culture of research and development. Through a range of innovative models, tested across health and social care in Wales, we will transform our local health and care services. This will enable us to provide better outcomes for patients now and in the future and also have a positive impact on our staff and the facilities they use.

As we develop our plans to deliver the new social model for health we will work closely with our University Partners and Health Education and Improvement Wales (HEIW). There is much to learn from research studies already undertaken and it is essential that we work in partnership to measure the impact of new services and initiatives that we put in place.

Organisational Development

An Organisational Development programme which supports and improves our leadership capacity and capability is in place to ensure an effective transition towards the new service models. This includes programmes currently in development which will be delivered in partnership between the UHB its three Local Authority partners, subject to the outcome of a Transformation Bid.

Building on our staff survey results for 2018, our TOP (Transforming Organisational Performance) strategy work will commence in 2019 with a Discovery phase where we will conduct an organisation inquiry about our existing culture in relation to best practices and that which we desire to co-create for the UHB to ensure that we become a top performing organisation that values and nurtures its staff. This phase will inform our design template for the future organisation so that we can grow our culture to underpin our Strategy.



GIG
CYMRU
NHS
WALES

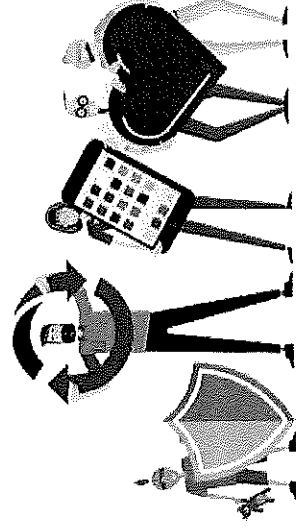
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board Annual Plan 2019/20

DRAFT – DRAFT- DRAFT

Draft Interim for Public Board 28th

March 2019



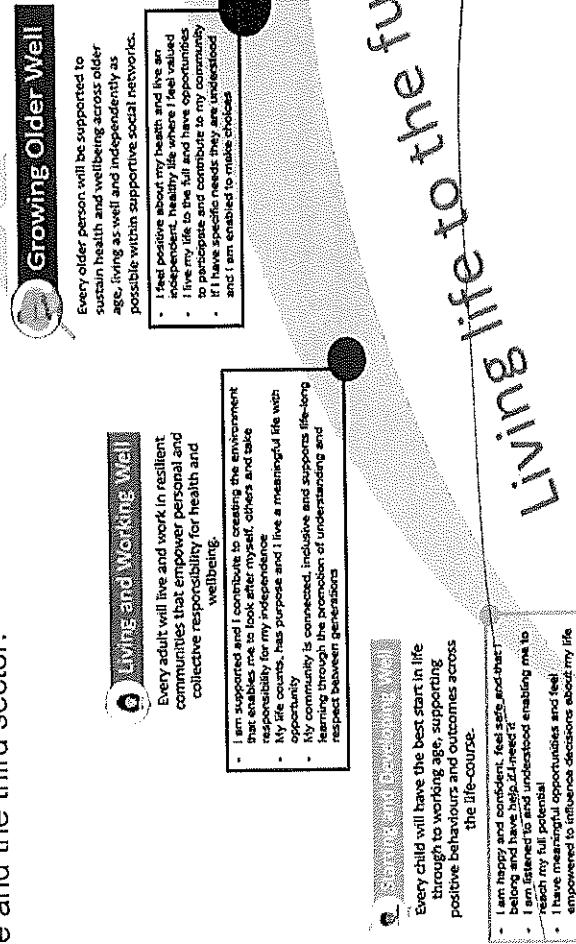
DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

5

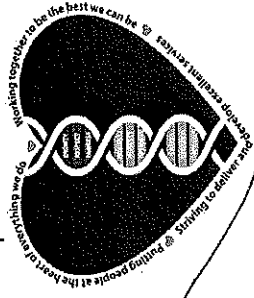
Strategic Context of our 2019/20 Annual Plan: Turnaround to Transformation

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:



Contents	
Strategic Context of our 2019/20 Annual Plan: Turnaround to Transformation.....	2
Service Change we intend to begin in 2019/20 in Primary, County and Locality Care.....	12
Primary Care	12
County and Locality Planning	15
Carmarthenshire County and Locality Plan	16
Ceredigion County and Locality Plan	24
Pembrokeshire County and Locality Plan	28
Mental Health and Learning Disabilities	32
Women and Children's Services.....	35
Out of Hours	39
Hospital Performance	41
Summary Performance Improvement for 2019/20	41
Planned Elective Care.....	42
Unscheduled Care.....	48
Cancer.....	53
Public Health Interventions.....	55
Therapy and Diagnostic Services.....	59
Quality, Safety and Pathway Improvement	66
Quality Improvement Programme.....	66
Pathway Improvement Programme.....	71
Together for Health Delivery Plans	71
Carers	71
Operational Estate Maintenance.....	72
Fire Safety	72
Health and Safety Management	72
Health Records	72
Implementing Welsh Language (Wales) Measure 2011 Standards	73
Regional and Commissioning Plans.....	73
Regional.....	73
Commissioning	77
Enabling Plans	78
Finance	78
Workforce	84
Digital.....	89
Capital.....	92
Innovation and Research and Development	96
Governance	98
Glossary of Terms	99
Supporting Documentation Index.....	99

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



GIG
NHS

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

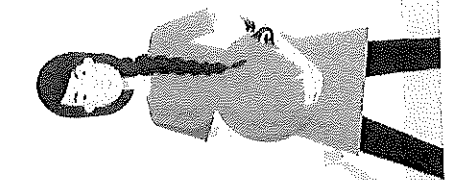
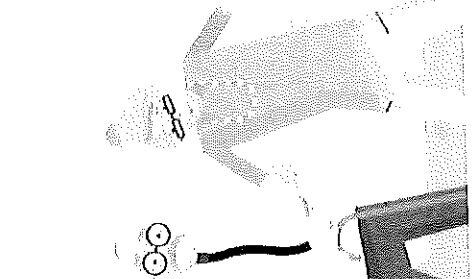
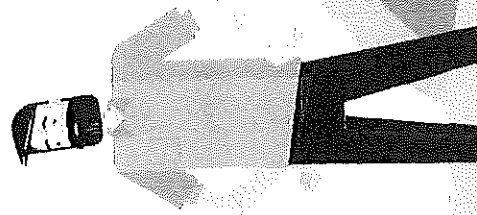
Hywel Dda University Health Board

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



8

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

counties and servicing hospitals have workforce challenges in the delivery of services, some of which can be linked to the rurality of locations others reflect different starting points (baselines) and strategies employed to achieve workforce sustainability.

As our locality working develops, the seven locality teams will work to deliver seamless services across primary, community and social care services, third sector organisations and wider partners and show appropriate local distinctiveness in each locality reflecting the difference of each part of the region. This will require us to consider the nature of our workforce and look to develop different approaches to workforce planning locally and regionally. This is currently evolving; however, we are alert to the specific need to strengthen support for workforce planning at Cluster/Locality level to facilitate future transformation. The Wales National Reporting Workforce System (WNVRS) data is now available and going forward can be utilised to support; we are current working with HEIW to develop and deliver Primary Care Workforce Planning Training. New workforce models are emerging in Primary Care i.e. social prescribers and advanced paramedic practitioners but not at the pace and scale needed to stabilise services, for example, "out of hours services" and we now need to consider, at pace, actions to stabilise and alleviate the pressure on our workforce and services.

We are also mindful that the numbers of unpaid carers is increasing and the contribution that they make to supporting those they care for remain in their own homes and communities is significant. Whilst they are not part of our formal workforce, we need to work with our local authority and other partners to ensure that unpaid carers have access to timely information, advice and the assistance they need to maintain their own health and well-being, whilst supporting those they care for. This holistic approach is fundamental to our strategy "A Healthier Mid and West Wales: our future generations living well".

We currently work collaboratively with a range of regional and local partners including: the ARCH Workforce and Skills Development Group, the Llanelli Wellness Village, the Mid Wales Joint Committee for Health & Social Care, Joint Regional Planning Committee, University Partnership Board, West Wales Care Partnership and our three Public Services Boards. Collaborative working is key; as we work to stabilise our workforce and move to a seamless model of health and care delivery, in line with 'A Healthier Wales'. As part of the West Wales Regional Partnership Board, we have developed our core objective to deliver a Regional Workforce Strategy; this will evolve, in line with the vision for HEIW's Health & Care Workforce Strategy. Our engagement in the consultation through national, regional and local events has highlighted the scope and scale of the work required to move forward; we are committed to that challenge, to work collegially in supporting opportunities for increasing the skilled supply of the future workforce in Mid and West Wales.

Our partners in health and care delivery: carers, volunteers, work placements and those who work within other organisations, public, private and voluntary agencies are integral to how we will move forward. We are alert to the need to reflect the widest conception of our workforce in our future plans as we work towards a whole system approach. This will be at the heart of our work to develop services and our workforce.

An analysis has been undertaken of our “workforce shape” available here. To highlight, 2019/20 has brought significant challenges in relation to our work in stabilisation and development of our workforce, there have been many key successes:

- Our age profile has shifted with four generations working side by side: 17 to 71 years of age: recruitment success of 50 Apprentices into HealthCare Assistants (who will go on to become nurses) and retention of our valued and experienced staff.
- Increases in WTE across most professional groups i.e Allied Health Professionals and Professional & Technical.
- Sickness absence at 4.61% is again below the Welsh Government target of 4.75%, and current rates rank amongst the best in Wales.
- Our turnover rate has reduced on last year and is the lowest it has been on the preceding 3 years at 7.68% after reaching a peak in July/August to 8.18%.
- Recruitment campaigns are resulting in successful appointments with 110 (headcount) Registered Nurses recruited externally and 42 (headcount) Therapists recruited externally between April – September 2018.
- In addition, 94 Newly Qualified Nurses started in September 2019
- Mandatory Training and Personal Appraisal Development Review figures continue to improve and are currently at 75% and 83% respectively.
- Medical Appraisal is consistently well above target and has ranged between 94%-96% for the full year.

Our workforce is at the heart of our organisation. In order to sustain the delivery of services the Health Board has an overarching aim to be an employer of choice, promoting equality, diversity and inclusion and ensuring that the wellbeing and support for all our employees drives practice across all services and levels. Our priority within the context of the 2019-2023 plan is to continue to stabilise the workforce and establish a framework for continued growth and resilience.

Whilst recognising that hierarchies and systems are important, engaging staff around shared purpose and values will result in increased commitment, morale and a positive attitude to change. It is essential that we continue to support our existing and future workforce to create environments that meet the ambition for our services and therefore our workforce – to be:

- Safe
- Sustainable
- Accessible
- Kind

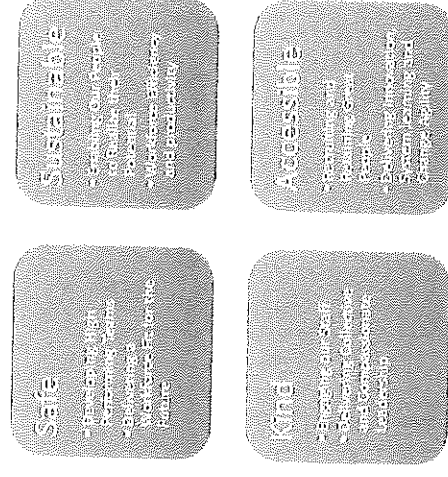
We know our greatest asset is the people we employ to provide our services and care for our patients. This plan which will focus on building a connected and people focused organisational culture to support the delivery of national and local well-being goals, and strategic equality objectives. We will build on our shared understanding and strong links to our organisational values:

- Working together to be the best we can be
- Striving to deliver and develop excellent services
- Putting people at the heart of everything we do.

With this in mind we have developed a Workforce, Organisational Development and Education Strategy 2020 to 2030 covering 8 Strategic Intentions that is supportive of the ethos and ambitions described by HEIW in the development of the Workforce Strategy for Health and Social Care, as a contributor to its development as a region, we are aligned to the ethos of the strategy as articulated in our 10 Year Workforce Strategy and are keen to engage to:

1. Deliver collective and compassionate leadership
2. Recruit and retaining great people
3. Engage our staff
4. Deliver a workforce fit for the future
5. Enable our people to release their potential
6. Deliver high performance teams
7. Deliver innovation, system learning and change agility
8. Create workforce efficiency and effectiveness

The draft strategy is available [here](#).



The 3 Year Plan developed to deliver this strategy will be rolled forward each year and we will work to create an appropriate structure to deliver. Our workforce is key to the delivery of our services and every one of the wide-ranging staff groups have a role to play in delivery. As part of our evolution, the Workforce and OD Directorate will work under the following Directorates to align and evolve the strategic intentions into delivery led by the Workforce Leadership Group:

1. Workforce Performance & Wellbeing
2. Workforce Resourcing & Utilisation
3. Workforce Development & Education
4. Organisational Development & Design

This group will lead and develop the infrastructure that enables workforce planning, change management, implementation and governance to be embedded in our operational activity and effectively prioritises our workforce ambitions. A core focus will be aligning the organisational wide workforce activity to strategic imperatives through connectivity to the Strategic Enabling Group for our Strategy "A Healthier Mid and West Wales". All work will then fit within the overarching governance of the workforce and OD Sub-Committee.

We will measure ourselves on how successful we will be in achieving our core workforce performance metrics as (outlined in the performance table in the main document).

- PADR
- Sickness Absence
- Recruitment
- Variable Pay
- Mandatory Training
- Staff Surveys
- Turnover

We will work to evolve this set of metrics to drive improvement in our workforce from gender pay, equality and inclusion through to the management of talent and leadership. Ultimately, measuring ourselves on how safe, sustainable, kind and accessible our "Workforce" is. We will have the appropriate number of healthcare professionals in the right roles, with the right skills in the right settings to provide the right care, at the right time, to the right people; and able to deliver the kind and compassionate care, essential for those in need, prudently.

The Health Board has made significant progress towards workforce sustainability; and when looking through a strategic lens, this is truly apparent; over the 10 year period to date our workforce has increased by 1284.58 substantive WTE. This is an overall increase of 17.5%. This increase of the workforce brings with it, its own burden, on managers add workforce and OD professionals in terms of recruitment and retention, education and management development, employment relations and workforce modernisation of our workforce in line with ongoing challenges and the need for change.

We are alert to the challenges of each professional group especially retention and education of our medical and nursing workforce alongside the changing shape of the allied health professional workforce. We are working across professional boundaries to create a workforce plan that articulates the challenges for each group and looks to how multi-professional and multimodal working can be facilitated and how this may transcend across organisational boundaries as we engage in “transformation” programmes. In an assessment of the education and commissioning requirements we are aware of the need to create an ongoing and evolving pipeline of practitioners across health and social care, drawn from our local population as well as enhancing our development and wellbeing offer to prospective employees. To enable a “showcase” of opportunity, we are developing career journeys for those who want to aspire from Carer, Volunteer, HCSW to Advanced Practitioner or any other pathway within health and social care. Our ambition is to be flexible and creative. To achieve this we will need to be engaging in opportunities with other Health Boards, education provider and a variety of other agencies to create opportunities for placement, joint or rotational posts to maximise our attractiveness as an employer locally, nationally and internationally. To enable this we have developed a new Medical Education Strategy, and developments are underway across all professional groups to strengthen our offer to encompass flexibility, innovation, learning and leadership and will be articulated in detailed workforce planning activity to be taken forward in 2020.

In particular, we must focus on the impact of the Nurse Staffing levels (Wales) Act (2016) as it embeds in relation to adult medical and surgical ward staffing levels and looks to extend into paediatric ward nurse staffing levels by 2021. The Act has driven much of the significant increase seen in the substantive nursing workforce based in acute wards over the past 18 months and we anticipate working towards ensuring achievement of the requirements of the act within paediatric areas within the next 18 months. Further extensions of the Act will likely apply to district nursing, mental health and health visiting services during the life of our ten-year workforce strategy. Key to our success in meeting the patient benefits that the Act brings is to ensure we remain at the forefront of the national programme of work that underpins the widening of the scope of this Act. It will be essential to embed and apply the core principles described within the Act to the calculation of nurse staffing levels across all nursing services as the stabilisation and transformation work programmes gather pace.

To summarise, workforce efficiencies and management of variable pay is a key output and driver for workforce stabilisation; the challenge lies in how we align workforce flexibility with our broader agenda for improving the health and wellbeing of our staff. Recruitment and retention are also key themes as we seek to ensure we maximise our recruitment opportunities, as we know we need to recruit a monthly average of 18 WTE nurses to keep pace with turnover and retirement. Internal turnover can be a positive, as we “Grow Our Own” workforce programmes demonstrate, however, this needs to be aligned to our workforce ambitions for service delivery as we evolve. Role design and

7

Comments

GGH - Medicine				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	9	Medicine	8	1 x 4 month gap (F1) - service informed. New post this year - LIFT position
F2	6	Medicine	5	F2 vacancy released and service informed
GPST	1	Medicine	1	only 1x GPST post this year as converted back to IMT post from Aug20
IMT	10	Medicine	6	CF's in post to fill other gaps
STH	4	Medicine	4	1x STH currently shielding until 16.08.20 - awaiting further advice. 1x gap in Gastro from Sept

GGH Oncology/Haematology				
Grade of Doctor	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	1	Oncology	1	
F2	1	Onc/Haem	1	

PPH Medicine				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	9	Medicine	6.8	1x LTFT doc. 1x 4 month gap due to delayed start, 1x vacancy due to F1 referral - out for advert
F2	8	Medicine	8	X3 are GP posts budgeted under PPH medicine.
GPST	3	Medicine	3	
IMT	10	Medicine	5	1 x delayed start due to quarantine (starting 17/08). CF's appointed to 2 x gaps via Med Rec
STH	5	Medicine	5	

PPH Rheumatology				
Grade of Doctor	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	1	Rheumatology	1	

PPH Haematology/Palliative				
Grade of Doctor	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	1	Haem/Pall	1	
F2	1	Haem/Pall	1	

WGH Medicine				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	7	Medicine	6	1x 4 month gap - handed back. 2x delayed start due to quarantine - start date 10/08. Fatima start date 01/09.
F2	5	Medicine	5	X3 GP posts budgeted under medicine
GPST	2	Medicine	2	
IMT	6	Medicine	3	
STH	2	Medicine	1.6	1x LTFT 60%

WGH Haematology				
Grade of Doctor	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	1	Haematology	1	

PPH Mental Health				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
GPST	1	MH	1	
CT	4	MH	2	CF's currently in x2 posts

GGH Mental Health				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
GPST	2	MH	2	
CT	2	MH	2	plus 1 x MTI in CF post

WGH Mental Health				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
STH	1	MH	1	
GPST	1	MH	1	
CT	07	MH	0	2 x vacancies

BGH Mental Health				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
GPST	2	MH	2	

GGH - A&E				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	3	A&E	3	
F2	5	A&E	4	F2 vacancy released Service Informed
GPST	3	A&E	3	

WGH - A&E				
Grade of Dr	No. of Deanery posts	Speciality	No of Deanery posts filled	
F1	1	A&E	1	
F2	2	A&E	2	
GPST	1	A&E	1	

Total Number of posts

121

101.4



EAGLE

Excellence, Assurance and Governance in a Learning Environment

AN ORGANISATIONAL DEVELOPMENT STRATEGY & GOVERNANCE FRAMEWORK

for an

EMPLOYER-LED REGULATION AND REGISTRATION SYSTEM of

Assistant Practice, Advanced Practice, Extended Roles, New
Roles and Competence

Policy Number:		Supersedes:	EAGLE for the regulation and registration of HCSW EAGLE for Advanced Practice EAGLE for Clinical Skills Competence EAGLE for Competence	Standards For Healthcare Services No/s	7
-----------------------	--	--------------------	--	---	---

Version No:	Date Of Review:	Reviewer Name:	Completed Action:	Approved by:	Date Approved:	New Review Date:
1		Angie Oliver		Workforce & OD Sub-Committee		N/A

Brief Summary of Document:	This OD Strategy and Framework outlines the governance arrangements for Hywel Dda's employer-led regulation and registration system of advanced, extended and new roles, which are either not specifically identified, or are not included within the state registration.
-----------------------------------	---

To be read in conjunction with:	All-Wales Delegation Guidelines, All-Wales Strategy for a Flexible and Sustainable Workforce, Learning and Development Policy All Wales HCSW Career Framework
--	--

Classification:	Workforce & OD	Category:	Strategy Framework	Freedom Of Information Status	Open
------------------------	----------------	------------------	--------------------	--------------------------------------	------

Authorised by:	Lisa Gostling	Job Title	Director of Workforce & OD	Signature:	
-----------------------	---------------	------------------	----------------------------	-------------------	--



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

Job Description

Full Time
CT-LAS
General Medicine
Base: Prince Philip Hospital, Llanelli

Job Reference: 100-MED-PPH-018

Links to Additional Information

- Hywel Dda Health Board Homepage <http://www.hywelddahb.wales.nhs.uk/>
- Our 10 pledges <http://www.wales.nhs.uk/sitesplus/862/page/53848>
- Useful Links <http://www.wales.nhs.uk/sitesplus/862/page/46875>
- Medical Training/Careers in Wales <http://www.doctorstrainingwales.tv/>
- Wales, the Smart Choice www.walesthesmartchoice.co.uk
- NHS Employers website <http://www.nhsemployers.org/Pages/home.aspx>

Don't forget you can follow us on our social media channels via your own devices and keep up to date with the latest news:

www.twitter.com/HywelDdaHB

www.facebook.com/hywelddahealthboard

www.youtube.com/HywelDdaHealthBoard1

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

Medical Recruitment, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen SA31 3BB

Tel ☎ 01267 239737 / Fax 6 01267 239860 / Email ✉ Medical.Recruitment.HDD@Wales.nhs.uk

Prince Philip Hospital

Prince Philip Hospital is *"the place to work"*, with an unrivalled team spirit, focus on effective Clinical Leadership and is proud to have committed Physicians in a team that work closely together to advance the care provided to our patients.

You will join colleagues in a very dynamic and forward thinking service. We have a busy, modern and well-equipped hospital which opened in 1990. There are approx. 225 acute and elective inpatient beds, supporting Acute and Elective General Medicine and Elective General Surgery, Orthopaedics, and Urology. The hospital provides surgical day case theatres, endoscopic suite, Radiology and Laboratory support and palliative care facilities, including a new hospice facility. It also provides for a range of specialist outpatient clinics including Haematology, Respiratory, Gastroenterology, Cardiology, Elderly Care, Endocrinology, Sleep medicine, Rheumatology, ENT, General Surgery, TIA clinics. It is also the site of a new Breast Unit and Rapid Access Lung cancer clinic.

Professor Keir Lewis has been recently appointed as the Chair of Respiratory Medicine in Hywel Dda with further appointments to be made in the future in which will significantly increase the already very active research portfolio within the health board. If you are a doctor interested in Research activities we have something to offer, as we are the first Health board in Wales to recruit Bevan's Fellows. This initiative programme aims to engage and capture the enthusiasm and commitment of our up and coming clinicians in Wales in addressing Prudent Health Care.

Working at Prince Philip Hospital provides a wonderful lifestyle opportunity, and is renowned for being close to one of the most beautiful places in the UK. The area of outstanding Natural Beauty known as The Gower is also nearby and the equally beautiful beaches of Pembrokeshire and the spectacular mountains of Ceredigion. The region offers excellent quality schools, an abundance of outdoor activities such as surfing, mountain biking, fishing, sailing, hiking and walking in a natural and clean environment. Reasonable property prices and excellent state schools contribute to low living costs and high quality of life. There are also good road and rail connections to Cardiff and London.

Prince Philip Hospital is fully committed to supporting employees to achieve an appropriate work life balance. We are continually developing ways in which to support greater flexibility. Job sharing and part-time working is already widespread throughout the organisation. Training and education are central to the function of the Health Board, forming a core element of the Clinical Governance Strategy. Hywel Dda is the prescribed connection for approximately 800 Doctors, with a dedicated Medical Appraisal and Revalidation Lead and Manager, who manages and co-ordinates appraisal and revalidation processes across all sites. There is also a team of 52 trained appraisers to undertake appraisal meetings. Appraisal workshops and training sessions are provided regularly across the Health Board.

Our vision for the future

In delivering and supporting the Welsh Government's vision for NHS Wales, we will:

- improve health and wellbeing for all
- move from a sickness service to a wellness service
- deliver high quality, safe and sustainable hospital services in the best setting
- be a leading integrated rural health and social care system
- achieve high quality care by investing in education for our staff and developing special interests in health care appropriate to our location and demographics.

Hywel Dda University Health Board is one of seven acute Health Boards in Wales. The Health Board intends to provide holistic, patient centred, integrated healthcare with 80% of NHS services being delivered close to people's homes, through dedicated primary, community and social care teams comprising of doctors, dentists, pharmacists, opticians (the primary care team), nurses and therapists (the community team) and social care teams all working together.

This is a new post and you will join colleagues in a very dynamic and forward looking General Medical Service across the Health Board. Office accommodation and full IT facilities including access to intranet and internet will be provided.

This post comes during a period of Health Board-wide service reviews, including a comprehensive reconfiguration of services for General Medicine in West Wales. The aim is to provide a spectrum of flexible and responsive services across the Health Board, encompassing:

- Acute inpatient assessment and treatment for General Medical Patients
- Effective leadership to multidisciplinary staff members of the department
- Development of teaching, training and research within the organisation

The potential for Health Board-wide developments and close liaison with primary care and social services is substantial and exciting. The Health Board contributes substantially to under-graduate teaching. The successful candidate will contribute to the acute medical on-call.

Details for Visiting

Those wishing to discuss the post informally in the first instance, or visit the department are encouraged to contact:

Dr. Robin Ghosal
Hospital Director & Consultant Respiratory
Prince Phillip Hospital
Tel: 01554 783569

JOB DESCRIPTION

Title: CT LAS – General Medicine

This is a Fixed Term Post for 12 months with a potential opportunity to extend and rotate through other specialities.

ACTIVITY OF THE DEPARTMENT

The Department provides a comprehensive service for the community in General Medicine in its widest extent.

Departmental Staffing Arrangements

The following Consultant medical staff are based at Prince Philip Hospital, Llanelli:

Dr P Avery	Cardiology
Dr I Rees	Gastroenterology
Dr R Ghosal	Respiratory Medicine & Hospital Director
Dr M Andrews	Consultant in Respiratory Medicine (August 2017)
Dr G Morris	Elderly Care/Rehabilitation
Dr A Mallipedhi	Diabetes & Endocrinology
Professor K E Lewis	Professor of Respiratory Medicine, Swansea University, College of Medicine & Honorary Consultant Respiratory Physician
Dr S Rice	Diabetes & Endocrinology
Dr L Izzat	Consultant Physician/Cardiovascular Medicine
Dr A Haden	Elderly Care/Rehabilitation
Dr S Kumar	Elderly Care/Stroke

THE POST ITSELF

Although the post will carry no formal college recognition in respect of training; however, access to all teaching and training events during the day would be available. The post however will permit and encourage preparation time and training for the Royal College examinations which will provide an excellent head start and CV building opportunity prior to commencing core training.

Relationships

The holder of the post will be responsible to the Medicine Consultants, and will have full support of Junior & Middle Grade doctors within the department.

There are close relationships with the Nursing Staff in the Wards, the Theatre, Outpatients and Accident Unit, Technical Staff in Radiology, Pathology. You will also liaise with Physiotherapists, Occupational Therapists, Speech Therapists and Social Workers with regard to the treatment and rehabilitation of patients.

Duties of the post.

During the initial stages of your appointment you will be given advice/instruction on when to contact a senior Doctor. During your on-call period you will also be on-call with a middle grade Doctor (i.e. Associate Specialist/SPR or Specialty doctor) and a nominated Consultant. If you require advice regarding the admission, diagnosis and treatment of patients you should normally contact the middle grade doctor on-call with you; however, this does not prohibit you from contacting the Consultant on-call if you are at all concerned about the welfare of a patient.

The duties will entail:-

The supervision of all admissions to the Wards, clinical investigations, diagnosis and treatment of all patients admitted, including the maintaining of clinical notes and completion of discharge summaries.

Additionally the Clinical Fellow may be required and often encouraged to assist the Consultant in the running of the Outpatient Clinics.

During the period of your appointment you are likely to be attached to one of the Consultants within the Clinical Team, although during on-call periods you may be responsible to other Consultants. If you feel you are required to undertake tasks/duties for which you are not competent, you should inform one of the Consultants and also your Educational Supervisor. It is also important that you discuss your deficiencies with your Educational Supervisor in order that the necessary training can be arranged.

Location of Duties

These duties will be located mainly at Prince Philip Hospital.

The junior accepts that he/she will also perform duties on occasional emergencies and unforeseen circumstances, at the request of the appropriate consultant in consultation where practicable with his colleagues both senior and junior. It has been agreed between the profession and the department that while juniors accept that they will perform such duties, the Secretary of State stresses that additional commitments arising under this subsection should not be required to undertake work of this kind for prolonged periods or on a regular basis.

On occasions, the junior doctor may be asked to perform escort duties of patients on transfer to other hospitals.

Hours of duty & Remuneration

A EWTD 1:20 rota is in place working full Shift Pattern – which covers with Medicine at night

STUDY AND TRAINING

There is an excellent medical library at the Hospital an active postgraduate medical programme is run with weekly evening lectures, combining hospital medical staff and general practitioners and weekly lunchtime meetings consisting mainly of case presentations.

There are regular teaching sessions which the post-holder would be encouraged to attend.

OTHER FACILITIES

You will enjoy excellent conditions of employment, whilst building your future in one of the beautiful locations in the UK. Llanelli is a vibrant seaside town offering a relaxed lifestyle and picturesque countryside. There is an abundance of outdoor pursuits for those who love the outdoor life, from hill climbing, sailing, surfing to the more relaxing activities of coastal path walks along stunning countryside.

ACCOMMODATION

There are purpose built on-site residential accommodation blocks with accommodation of 1, 2 and 3 bedroom flats. The post is not compulsory resident and married or single accommodation is normally available, but may have a waiting list. Coin operated launderette facilities are available in the residences. Car parking is provided in an adjacent controlled area.

CATERING SERVICES

Each site within the Health Board is served by a Restaurant serving a variety of hot meals, cold buffet, vegetarian and low calorie meals, snacks and beverages, with vending machines also available on both sites out of hours.

CONDITIONS OF SERVICE

The successful candidate will be required to be registered with the General Medical Council throughout the duration of their employment and to carry out their duties in line with the GMC booklet "Guide to Good Medical Practice".

The successful candidate will also be required to undergo a medical examination in the event of this being the candidates first appointment in the NHS, or where he/she has not worked in the NHS for a period in excess of 12 months or when requested by the employing authority.

The opportunity is given to candidates attending for interview to visit the hospital prior to interview to meet the staff and assess the facilities available.

INTERNAL MEDICINE TRAINING - CT1

ENTRY CRITERIA	When is this evaluated?
Essential Criteria	
Qualifications: Applicants must have: • MBBS or equivalent medical qualification	Application form
Eligibility: Applicants must: • Be eligible for full registration with, and hold a current licence to practiseⁱⁱ from, the GMC at intended start dateⁱⁱⁱ • Have evidence of achievement of foundation competences, in the three and a half years^{iv} preceding the advertised post start date for the round of application, via one of the following methods: ➢ Current employment in a UKFPO-affiliated foundation programme; or ➢ Having been awarded an FPCC (or FADC 5.2) from a UK affiliated foundation programme within the 3.5 years preceding the advertised post start date; or ➢ 12 months medical experience after full GMC registration (or equivalent post licensing experience), and evidence to commence specialty training in the form of a <i>Certificate of Readiness to Enter Specialty Training</i> • Be eligible to work in the UK • Advanced Life Support Certificate from the Resuscitation Council UK or equivalent by intended start date	Application form, interview/selection centre ^v
Fitness to practise: Is up to date and fit to practise safely and is aware of own training needs	Application form References
Language skills: Applicants must have demonstrable skills in written and spoken English, adequate to enable effective communication about medical topics with patients and colleagues, as assessed by the General Medical Council ^{vi}	Application form, interview/selection centre
Health: Applicants must meet professional health requirements (in line with GMC standards / Good Medical Practice).	Application form, pre-employment health screening
Career progression: Applicants must: • Be able to provide complete details of their employment history • Have evidence that their career progression is consistent with their personal circumstances • Have evidence that their present level of achievement and performance is commensurate with the totality of their period of training • Have notified the Training Programme Director of the Specialty Training Programme they are currently training in if applying to continue training in the same specialty in another region^{vii}. • Applicants must not have previously relinquished or been released / removed from a training programme in this specialty, except if they have received an ARCP outcome 1 or under exceptional circumstances^{viii} • Not previously resigned, been removed from, or relinquished a post or programme with resultant failure to gain the award of a FPCC (FADC 5.2), except under extraordinary circumstances <i>and</i> on the production of evidence of satisfactory outcome from appropriate remediation^{ix}	Application form Interview/selection centre

PERSON SPECIFICATION 2019

Application completion: ALL sections of application form completed FULLY according to written guidelines.		Application form
SELECTION CRITERIA		
Essential Criteria	Desirable Criteria	When is this evaluated?
Qualifications		
As above	- MRCP (UK) Part 1 - Additional related qualifications, e.g. intercalated degree, BSc, BA, BMedSci or equivalent	Application form, interview/selection centre References
Clinical skills – clinical knowledge & expertise		
- Ability to apply sound clinical knowledge and judgement to problems - Ability to prioritise clinical need - Ability to maximise safety and minimise risk - Recognition of, and ability to undertake the initial management of, an acutely ill patient		Application form, interview/selection centre References
Academic Skills		
Research and audit skills: - Demonstrates understanding of research, including awareness of ethical issues - Demonstrates understanding of the basic principles of audit, clinical risk management, evidence-based practice, patient safety, and clinical quality improvement initiatives - Demonstrates knowledge of evidence-informed practice	Research and audit skills: - Evidence of relevant academic and research achievements, e.g. degrees, prizes, awards, distinctions, publications, presentations, other achievements - Evidence of involvement in an audit project, a quality improvement project, formal research project or other activity which: - focuses on patient safety and clinical improvement - demonstrates an interest in and commitment to the specialty beyond the mandatory curriculum Teaching: - Evidence of interest in, and experience of, teaching - Evidence of feedback for teaching	Application form Interview/selection centre
Personal skills		

PERSON SPECIFICATION 2019

Communication skills: • Demonstrates clarity in written/spoken communication, and capacity to adapt language to the situation, as appropriate • Able to build rapport, listen, persuade and negotiate Problem solving and decision making: • Capacity to use logical/lateral thinking to solve problems/make decisions, indicating an analytical/scientific approach Empathy and sensitivity: • Capacity to take in others' perspectives and treat others with understanding; sees patients as people • Demonstrates respect for all Managing others and team involvement: • Able to work in multi-professional teams and supervise junior medical staff • Ability to show leadership, make decisions, organise and motivate other team members; for the benefit of patients through, for example, audit and quality improvement projects • Capacity to work effectively with others Organisation and planning: • Capacity to manage/prioritise time and information effectively • Capacity to prioritise own workload and organise ward rounds • Evidence of thoroughness (is well-prepared, shows self-discipline/commitment, is punctual and meets deadlines) Vigilance and situational awareness: • Capacity to monitor developing situations and anticipate issues. Coping with pressure and managing uncertainty: • Capacity to operate under pressure • Demonstrates initiative and resilience to cope with changing circumstances • Is able to deliver good clinical care in the face of uncertainty Values: • Understands, respects and demonstrates the values of the NHS (e.g. everyone counts; improving lives; commitment to quality of care; respect and dignity; working together for patients; compassion)	Management and leadership skills: • Evidence of involvement in management commensurate with experience • Demonstrates an understanding of NHS management and resources • Evidence of effective multi-disciplinary team working and leadership, supported by multi- source feedback or other workplace-based assessments • Evidence of effective leadership in and outside medicine IT skills: • Demonstrates information technology skills Other: • Evidence of achievement outside medicine • Evidence of altruistic behaviour, e.g. voluntary work • Evidence of organisational skills – not necessarily in medicine, e.g. grant or bursary applications, organisation of a university club, sports section, etc.	Application form Interview/selection centre References
Probity – professional integrity		

PERSON SPECIFICATION 2019

• Demonstrates probity (displays honesty, integrity, aware of ethical dilemmas, respects confidentiality) • Capacity to take responsibility for own actions.		Application form, interview/selection centre References
Commitment to specialty – learning and personal development		
• Shows initiative/drive/enthusiasm (self-starter, motivated, shows curiosity, initiative) • Demonstrable interest in, and understanding of the specialty • Commitment to personal and professional development • Evidence of attendance at organised teaching and training programme(s) • Evidence of self-reflective practice	• Extracurricular activities / achievements relevant to the specialty	Application form Interview/selection centre References

ⁱ 'When evaluated' is indicative, but may be carried out at any time throughout the selection process

ⁱⁱ The GMC introduced the licence to practise in 2009. Any doctor wishing to practise in the UK after this date must be both registered with and hold a licence to practise from the GMC at time of appointment.

^{ia} 'Intended start date' refers to the first date from which posts recruited in a round can commence. This will be specified clearly within the published advertisement for that recruitment round.

^{iv} Any time periods specified in this person specification refer to whole time equivalent.

^v 'Selection centre' refers to a process, not a place. It involves a number of selection activities which may be delivered within the unit of application.

^{vi} Applicants are advised to visit the GMC website which gives details of evidence accepted for registration.

^{vii} The Support for Application to another region form, signed by the Training Programme Director of their current Specialty Training Programme confirming satisfactory progress must be submitted to the recruitment office at time of application.

^{viii} Exceptional circumstances may be defined as a demonstrable change in circumstances, which can be shown on the ability to train at that time and may include severe personal illness of family caring responsibility incompatible with continuing to train. Applicants will only be considered if they provide a 'support for reapplication to a specialty training programme' form signed by both the Training Programme Director / Head of School and the Postgraduate Dean in the LETB / Deanery that the training took place. No other evidence will be accepted.

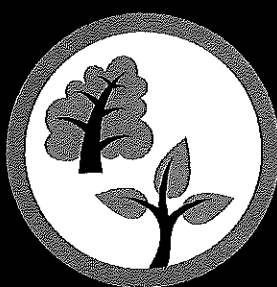
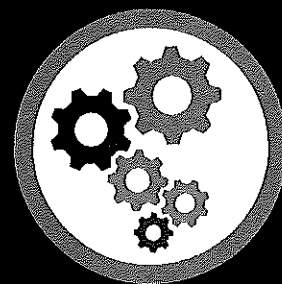
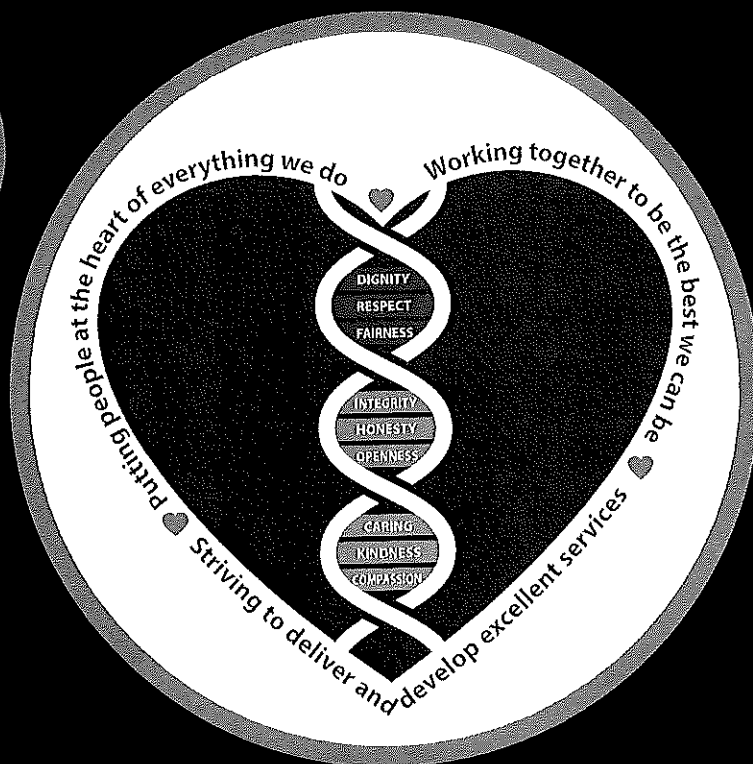
^{ix} Failure to satisfactorily complete an F2 programme once started should normally be addressed by returning to complete it. Extraordinary circumstances may be defined as a demonstrated change in circumstances which can be shown to impact on the ability to train at that time and may include severe personal illness or family caring responsibility incompatible with continuing to train as an F2 doctor, either through sickness absence, as a LTFT trainee or in a period out of programme.

(10)

Hywel Dda University Health Board

Values and Behaviours Framework

Staff Information Booklet



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Help transform the lives of others and

What do Hywel Dda employees truly value in their lives?

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



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

Sister Ann Robins



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

Sister Louise Davies

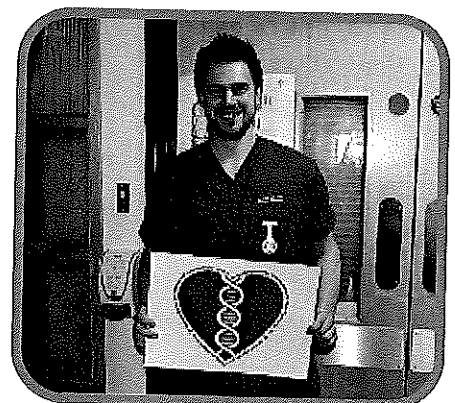


"I value my new house it's my first. I am really excited in making it somewhere I can call my own..."

Katy Jane – Health Care Support Worker

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

Martin Pickett – Student Nurse



What as an organisation would we value?

What are Organisational Values?

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

Why do we need a Values and Behaviours Framework?

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



Our Board members are committed to our Values and Behaviours Framework



Steve Moore –
Chief Executive

"We are delighted to commend to you our values."

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

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

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

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

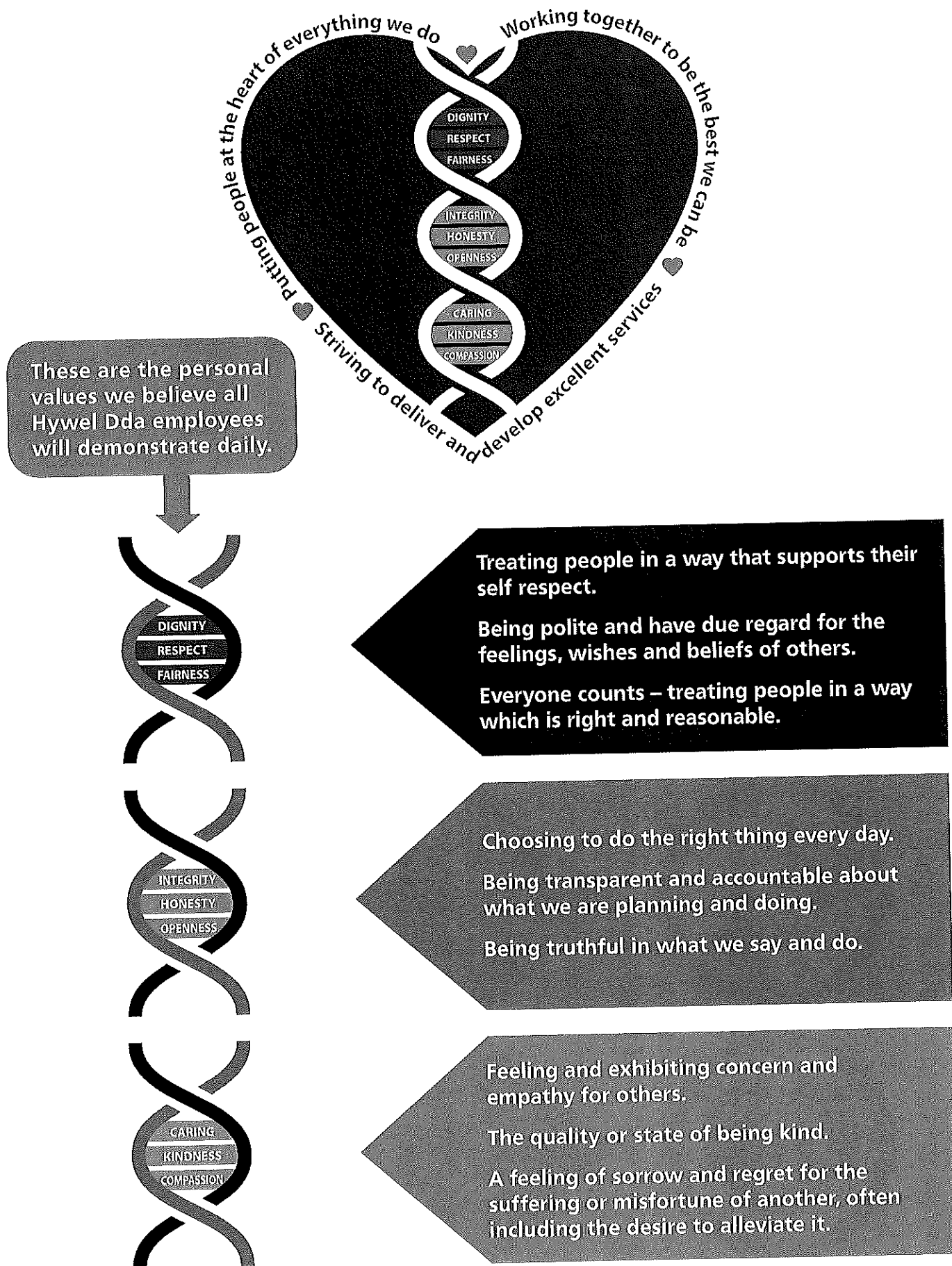
"I am proud to announce the launch of the Hywel Dda organisational values."

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

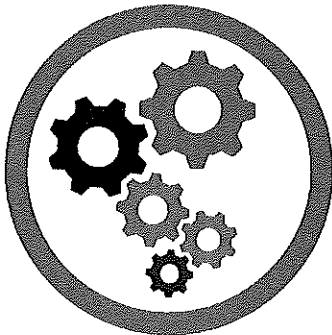
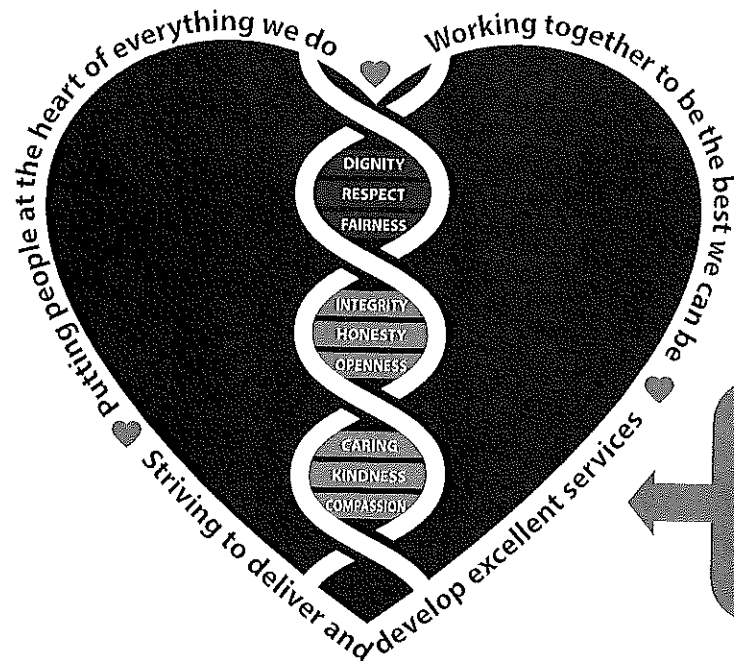


Bernardine Rees OBE –
Chair

Personal Values

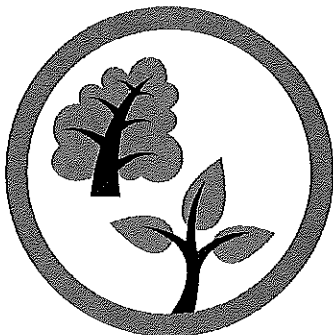


Organisational Values



Working together to be the best we can be

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



Striving to develop and deliver excellent services

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



Putting people at the heart of everything we do

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

**COVID19 – RECRUITMENT STRATEGY – PAPER FOR GOLD GROUP –ACCURATE AS AT
22.3.20**

Executive Director Lead	Lisa Gostling
Strategic Delivery Lead	Annmarie Thomas
Operational Delivery Lead	Sally Owen
Project Management Support	TBC

Anticipated increase in demand for key roles in approximately 3 weeks

	Based on 1000 extra beds	Based on 2000 extra beds
Healthcare Support Workers	400 (estimate – final figures being worked through)	800 (estimate – final figures being worked through)
Porters	800	1300
Domestics		
Catering		
Laundry		
Total	1200 wte	2100 wte

Type of contracts being offered

- Bank – flexible hours – no obligation on HB to offer work and no obligation on worker to accept work;
- 3 months fixed term part time or full time;
- 6 months fixed term part time or full time.

RISK – Danger of us exceeding actual demand with supply and being tied into the cost associated with 6 months contract. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK.

GOLD GROUP COMMENT: NEED TO ENSURE WE HAVE EXIT STRATEGIES FOR ALL PEOPLE OFFERED POSTS LINKED TO RESUMING NORMAL HEALTH SERVICES – SEEN AS A RISK FOR W&OD TO MANAGE.

AMT RESPONSE – all contracts will be bank or temporary which will facilitate an exit strategy.

Sources of supply

- Offers of deployment from public/private sector partners e.g. Universities;
- Internal deployment;
- Businesses/Organisations facing closures – target those with high volumes of staff e.g. Bluestone, Restaurant and social sector, school LSA's most work term time and will have a DBS in place, Colleges;
- Medical and Healthcare Students;
- General public.

Methods of attraction

- Social media campaign – need all our staff to 'share' posts;

- Adverts on NHS Jobs and Hywel Dda Internet sites;
- Word of mouth – our own staff are our ‘recruiters’;
- Radio;
- Targeted contact to partners, businesses, service providers, universities etc.

RISK – We will not comply with ‘accessibility’ requirements or Welsh Language requirements. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK.

GOLD GROUP COMMENT: ACCEPTED BUT ASKED IF WE COULD HAVE SOME WELSH ON ANY FACEBOOK SOCIAL MEDIA ADVERTS. IF NOT THEN RISK ACCEPTED BUT IDEALLY SOME SENTENCES TRANSLATED PREFERRED. CAN WE ALSO CAPTURE WELSH LANGUAGE SKILLS ON THE APPLICATION? CAN THIS BE REPORTED VIA BRONZE GROUP FOR TACTICAL TO NOW OVERSEE THIS PLAN.

AMT RESPONSE – Socia media adverts will be bilingual. Paper to be presented at Bronze on 24.3.20

Method of application

- Via TRAC for the majority due to the need to process large volumes. Alternative perceived simpler processes carry a higher risk of errors and increase in admin capacity needed to on-board;
- Where possible we may offer alternative simpler process where we look to on-board large volumes e.g Uni Students, Bluestone staff etc.

Method of assessment

- Very simple 5 question telephone interview (Service Leads will sign this off);
- Assessments will be scripted for interviews in a simple proforma;
- C. 20 individuals needed to ‘interview’ large volume intensively over 3-5 days;
- Minimal approach to standard pre-employment questions.

RISK – Volume and timescale to appoint needs fully scaled down process. Risk is that we will not be following even the basics of what a good assessment process should look like. Quality of candidate will be an issue. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK

GOLD GROUP COMMENT - I ALSO TALKED ABOUT THE FACT WE WILL BE BREAKING LEGISLATION BY ASKING SENSITIVE QUESTIONS EG PREGNANCY, UNDERLYING HEALTH CONDITIONS – WAS ACCEPTED IN THE CIRCUMSTANCES AS A REASONABLE STEP LINKED TO PROTECTING THE CANDIDATES – ASKED IF WE COULD ALSO ASK ABOUT AGE TO MIRROR THE VULNERABLE GROUPS – AGAIN UPDATE VIA BRONZE

AMT RESPONSE– . We will be asking about age. We will not be breaking legislation in these specific circumstances. We will be relying on an element in the Equality Act 2010 which sets out a number of "occupational requirement" exceptions that employers might rely on when facing discrimination claims. An employer is entitled to apply this where doing so is a "proportionate means of achieving a legitimate aim". The following clause will be used.

In light of the current situation with COVID-19 (Corona Virus), applicants are asked to be mindful of their own safety in respect of the current governmental guidance. This role will be public facing and there is an expectation that you will be in regular contact with the members of the general public and colleagues. Those who are self isolating or practicing social distancing for their own health reasons are politely asked not to apply at this time whilst we manage our staff during this pandemic. This is an unusual restriction, but is in line with the current guidance during these unprecedented times as a public health measure to protect our staff and the general public.

Method of appointment

- Corporate led process designed and led by W&OD team;
- Team of 'interviewers' following agreed script;
- Simple flowchart to highlight any situations where we WILL NOT appoint otherwise all applications converted to offers;
- Offer will be made at the end of the telephone call if all issues meet an agreed 'green' criteria. If there are issues linked to question of competency, health, general conduct these will be categorised as 'amber'. The call will be ended and the W&OD team asked for advice. If the W&OD team are satisfied that the issues are not sufficient to justify not making an offer the candidate will be called back and an offer made. If the issues identified meet a 'red' criteria no offer will be made and the candidate will be thanked for their interest;
- Offer made subject to satisfactory completion of a number of pre-employment checks BUT we will be risk assessing these to allow candidates to start and checks completed either ON or as soon as possible AFTER day 1.

Risk – no ownership for the 'offer' at service level. Volume of 'amber' cases may affect timeline for offers to be made. Quality of candidate may be an issue. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK

ACCEPTED THE RISK TWO ACTIONS REQUIRED – (1) WE HAVE ESCALATED WORKFORCE PROCEDURE FOR ANY INDIVIDUALS WHO ARE LATER DEEMED UNSUITABLE & (2) WE DEVELOP A SUPERVISION FRAMEWORK/GUIDANCE FOR MANAGERS SO THEY RECOGNISE WE DON'T KNOW THESE CANDIDATES IN THE SAME WAY WE USUALLY DO – SO NEED TO THINK ABOUT ADDITIONAL SUPPORT BEING PUT IN PLACE TO HELP THEM – AGAIN VIA BRONZE

AMT – both points noted and will be actioned.

Process post-offer

- Candidates to be offered an almost immediate start date as induction programme and service teams can accommodate;
- Learning and Development Team are currently developing what a fully scaled down induction and training programme will include;
- Completion of suite of 'pre-employment' checks taking risks on each one at the time of offer, completing some on Day 1, some as soon as possible thereafter and some not at all.

2 references	Not being actioned
Right to work in UK/Immigration – check passport	Question asked at Interview – prompt to bring papers on day 1.
Qualifications check	Not being actioned
Occ Health check	Not being actioned
DBS	Declaration Question asked at Interview Utilise transferrable DBS wherever possible If no DBS - Either risk assessed and completed post Day 1 OR if the Police can provide support we can DBS pre-day 1.
Passport/ birth certificate as payroll require DOB verified.	Day 1

RISK: Variation to policy and procedure for 'pre-employment' checks. GOLD GROUP TO NOTE AND CONFIRM WE ACCEPT THIS RISK

IN THE CIRCUMSTANCES ACCEPTED – NEED FOR POLICE SUPPORT TO BE ESCALATED – I'VE ASKED SAM HUSSELL IF WE HAVE A RESPONSE OR THE FORMAL RESPONSE WILL BE ACTIONED CENTRALLY.

HAPPY WITH PASSPORT, DOB, RIGHT TO WORK BEING CHECKED

ACCEPT OTHER CHECKS WILL NOT BE ACTIONED AT RECRUITMENT STAGE, SHOULD WE LOOK TO KEEP FOR LONGER WILL THEN BE UNDERTAKEN AGREED.

AMT response – all points noted.

Conclusion

Gold Group to note:

- The significant variation to current policy and best practice in order to ensure we recruit large volumes in 3 weeks;
- Other NHS Organisations are probably considering similar measures but we do not have the time to engage and benchmark approaches elsewhere to 'sense check' level of risk others are prepared to take;
- The significant support the W&OD team will need from other corporate directorates to deliver the strategy in 3 weeks. The interview process, checks needed on Day 1 and on-boarding this volume of candidates will require significant resource;
- The project management plan is under development. As the key issues, challenges, risks and resources required are identified a further paper may need to be presented to the Gold Group.
- Annmarie Thomas will be the Strategic Delivery Lead for this project. A project management approach will be adopted with a key focus on daily progress against milestones. This project will be Annmarie's only focus for 3 weeks.

Paper prepared by Annmarie Thomas, Head of Workforce: Resourcing and Utilisation.

22.3.20 10:16

Approved by Gold 23.3.20

Internal Deployment Implementation Process for Covid 19

This process is designed to consider changes or temporary deployment in broadly two sets of circumstances:

1. Where there is a need to make changes to staff existing ways of working, including but not limited to hours or work, days of work, location etc. to ensure appropriate support for Covid 19 across the Health Board; and
2. Where there is a need to deploy a staff member temporarily to conduct another role, task or duty, to support for Covid 19 across the Health Board.

This flowchart should be considered alongside the Staff Categorisation document recently agreed by the Tactical Command Group. Line Managers should use the Categorisation document to determine which of their staff are essential and which are currently not deemed to be essential in terms of the Covid 19 arrangements. It should be noted that those staff designated as 'essential' in categories 1 and 2 will be working on matters deemed crucial towards the planning arrangements. Staff in category 3 are those most likely to be subject to this deployment process.

Line Managers should use the document at Appendix A to scope a better understanding of all staff who could fall into category 3 and others within their team who are available for deployment. They should then submit them to Susan Jarvis, Senior Workforce Manager in the Internal Deployment team. Line Managers are encouraged to update in respect of any deployment arrangements already actioned and provide details to Susan Jarvis: Susan.Jarvis4@wales.nhs.uk. This will allow for a central database of all internal deployment to be recorded.

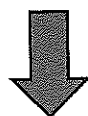
1. Communication - Why is this important

Whilst some staff are likely to come forward and ask to help elsewhere it is likely that many staff will be anxious or at least have some reservations about moving roles especially if in doing so the new role may bring them into contact with Covid 19 patients. Managers therefore need to consider any concerns carefully and compassionately. Managers should seek to reassure staff as best they can and emphasise that any staff who are requested to undertake roles in infected areas will be provided with appropriate PPE and training in its proper use. Whatever role staff might be deployed into, Line Managers should ensure that appropriate training has been identified and provided. It is vitally important that Managers take time to fully explain the reason for the need to transfer individuals and that it is in the interests of providing safe and effective patient care or maintaining services. Line Managers should link with Susan Jarvis in the Deployment team in order to assist with discussions with staff and also in respect of advice and support throughout this process. They can also secure advice from their local Workforce Teams.



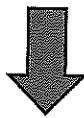
2. Ask staff to agree with the change

Try and encourage staff to consider the request and seek agreement to the deployment. Line Managers should also seek volunteers to deploy and agreement to change.



3. Managers decision

If there are insufficient numbers of staff who agree to be deployed then Line Managers will have to decide, based on the information available to them, to determine which staff to transfer. Line Managers are again advised to link to the Deployment Team where they will be able to access appropriate support from an Operational Workforce practitioner. Line Managers will be asked to gather appropriate information about their staff to ensure this selection is undertaken fairly and reasonably. This can be undertaken by matching those with the appropriate knowledge, skills and experience for the new role, taking into account where possible individual circumstances.



4. Review the information to help make a decision

The Line Manager will need to review all of the information gathered and determine which staff are able to be deployed to another area.



5. Talk to your staff about the consequences

Line Managers will be expected to talk to their staff who are able to be potentially deployed. The following issues should be discussed so that they understand: - Reiterate the need to deploy staff to a core or supporting area to ensure safe and effective patient care and maintenance of services; Encourage staff to volunteer and seek agreement wherever possible; If need be, emphasise that the Health Board requires staff to work flexibly in the interests of patient care and maintaining services; - Emphasise the potential to increase skills by working in another area - Emphasise that the deployment will be temporary - Consider whether the deployment can be arranged on a rotational basis i.e. with other team members. In circumstances where a change to the way existing responsibilities are delivered is needed, Managers should consider individual impact at this stage and seek advice as appropriate.



6. Implementing the change

In these exceptional circumstances, it is acknowledged that it may not be possible to provide appropriate contractual notice to implement the deployment and would encourage managers to agree short notice periods with staff taking account of any difficulties raised by the staff. Work with the member of staff to be reasonable, particularly if they have personal circumstances that may require adjustment. If necessary and as a last resort, you may require a staff member to be deployed provided the request is reasonable and in line with essential service needs. We would

hope that staff understand and agree to the requests being made to support services. Managers should also keep a record if possible of what was agreed and discussed. Appropriate advice should be sought from the Operational Workforce link in the Deployment team in relation to any employee relations issues arising from this process.

Links to the relevant policies are below.

<http://www.wales.nhs.uk/sitesplus/documents/862/315-DeploymentofStaffProcedureV4.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/862/315-InternalDeploymentProcedure-Managers%27DeploymentGuide-v2.pdf>

Appendix A - Individual Staff Information Form

Internal Deployment – Covid 19

Name			
Employee no:			
Band			
Ward/Dept			
Contracted Hours p.w.		Shift Pattern	
Address			

Please state any work life balance issues:

Are you able to travel to <state new location>?	
--	--

Summary of key skills, knowledge and experience:	
Employees Signature	

Line Manager's Comments: (eg suitability for redeployment – skills, shift patterns etc.)	
Manager's Signature	

Deployment Process FAQ's

Movement of staff- Is it possible that I may be moved to work in another job within the Health Board?

In order to respond to this outbreak it will be necessary for some staff to be moved to other areas of work within Hywel Dda University Health Board in order to support key services. It is possible that as the situation progresses that many staff may well be required to do this, although those in the following categories are more likely to be asked to do so:

- Those whose work has reduced or diminished because of Covid 19;
- Those roles where your Line Manager has identified that in order to best support the Covid 19 programme that your skills would be better used elsewhere in the Health Board.
- Some staff who are currently working from home for a variety of reasons who are not undertaking work linked to Covid 19;
Those who are unable to be in work in their current role due to an underlying health condition or pregnancy but are able, following risk assessment, to undertake alternative duties to support.

It is recognised that this is a challenging time for everyone and that many staff are anxious and afraid. Line Managers are therefore encouraged to be mindful that requests are reasonable and within the skill set and capabilities (with some training) of the individuals concerned. However, it is likely to mean that many staff will be required to undertake different tasks to their usual roles.

We are also aware that staff are naturally very concerned about the provision and availability of PPE. We will therefore ensure that PPE will be provided where appropriate to do so. You will not be expected to undertake any duties for which PPE is required without the appropriate PPE being available to you.

Any member of staff who is deployed into a different role/department will not suffer a financial detriment and will receive as a minimum their normal rate of pay.

How much notice will staff be given?

In these exceptional circumstances, it is acknowledged that it may not be possible to provide the usual contractual notice to implement the deployment. Staff are therefore likely to be required to undertake different roles at short notice.

Concerns re being expected to work in areas where there are known cases of COVID-19 – Am I able to refuse to undertake such a task/move to alternative areas?

It is perfectly understandable that staff may have genuine concerns, therefore we ask that managers take a sensitive approach and discuss the issue with individuals. Managers should reassure staff over safety concerns, this may include discussions around how they can remain well, PPE or specific training. However, it is therefore possible that providing appropriate PPE is made available and appropriate training is provided then Managers may require staff to work in such areas.

Managers should then use their discretion and make the appropriate decision.

Please note that where adjustments have already been put in place to safeguard individuals with underlying health conditions, the over 70's and pregnant staff in line with government guidance, there will be no expectation of such staff would need to work in direct patient contact areas. Any alternative roles will be subject to risk assessments being undertaken.

Where are the key areas which staff will be required to be deployed into?

The departments which have been categorised as essential by WG and the Medical Director have been identified as key areas whereby deployment of staff is likely to be important at this time. Staff that are deployed to these areas are likely to already have the relevant skills to meet the demands of the services:

- Intensive Care Unit
- Critical Care Unit
- Theatres
- Emergency Departments
- Primary Care
- Admissions Units/Assessment Units
- Maternity
- Paediatrics
- Mental Health
- Medical roles

However, there are many other vitally important supporting roles where staff could be deployed in order to help bolster establishments and provide much needed support. These could range from supporting the Recruitment team to appoint additional staff to helping with Driver duties or undertaking roles as HCSW's or a variety of Hotel Services roles. Additional support has also been required in Procurement and in the Enquiry help lines in the Command Centre. All these roles are vital in supporting the fight against Covid 19.

How will the deployment of staff be recorded?

The movement of staff should be recorded with the Internal Deployment team. Details should also be retained by the Ward/Department Manager that the individual member of staff is being deployed and details of this. The following people in the Deployment team should also be notified:

Susan Jarvis, Senior Workforce Manager: Susan.Jarvis4@wales.nhs.uk

Julie Bassett, Senior Workforce Advisor: Julie.Bassett@wales.nhs.uk

What is the difference between deployment and redeployment?

Redeployment is where a service changes significantly or a ward closes entirely and the staff, as a result, need to be permanently redeployed to an alternative area within Hywel Dda Health Board (HDHB). In this situation, the All Wales Organisational Change Policy will be used for implementation of the change in conjunction with the Health Boards Redeployment Policy.

Deployment is where a selected employee(s) from one service are actively moved to another area or service in order to fill a vacant post urgently or where there is additional demand. Such deployment is likely to be on a short term or temporary basis only in order to deal with the urgent nature of the role. The pay of the individual will remain the same throughout this period of time and at the end of the temporary change the member of staff will then return to their substantive role.

The aim of deployment under these circumstances is to support the service demands as a result of the Covid-19 pandemic. The aim of this guidance is to support the movement of staff so that their skills are utilised in the right way to support the clinical areas. The substantive post of all staff members will remain in place during this time of change. The member of staff will simply revert back to their usual substantive position once the period of deployment ends.

14



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
WORKFORCE & OD SUB COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	Click here to enter a date.
TEITL YR ADRODDIAD: TITLE OF REPORT:	BAPIO 2019
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	
SWYDDOG ADRODD: REPORTING OFFICER:	

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Following the overall success of the 2016, 2017 and 2018 BAPIO trips to India, all Health Boards in Wales have been asked for expressions of interest to participate in another trip in 2019.

Cefndir / Background

The All Wales Strategic Medical Workforce Group (ASMWG) had supported a proposal that the British Association of Physicians of Indian Origin (BAPIO) lead, in conjunction with Health Boards in Wales, a recruitment campaign for Medical Training initiatives for Wales.

Welsh Government was supportive of this initiative and Health Boards were asked to confirm agreement of their inclusion in this initiative. The ASMWG had previously requested that a Task and Finish Group review the initial proposal from BAPIO and make recommendations which have now resulted in this proposal being taken forward.

Following this, the group considered timelines, processes and procedures including appropriate packages to assist in the relocation of these doctors and introduce consistency across Wales for this particular group of doctors.

The contracts offered are fixed term for 2 years and should a doctor terminate their employment prior to the end of the contract there will be a clause included to enable the Health Board to reclaim a percentage of the relocation tariff paid. Once recruited, the pre employment check and processing of all documentation is the responsibility of individual Health Boards. Documentation will be standardised across all Health Boards for this.

It is also agreed across Wales that each doctor will be entitled to a relocation package of £5k which can be spent towards:

- Relocation and removals – transport of goods etc
- Household electrical appliances, kitchen equipment and household furniture and fittings
- Up to 3 months rent, either if intending subsequently to purchase a property or not
- Initial GMC fees including visit for ID check
- Flights and other travel expenses to destination
- Visa fees including any associated costs e.g. TB vaccination

atted: Highlight



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

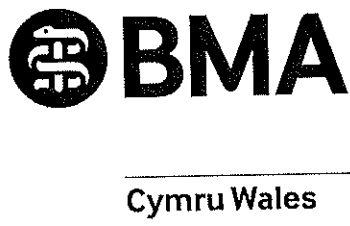
All Wales Capability Policy and Procedure

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

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

Owning Committee/ Group	Welsh Partnership Forum Workforce & OD Committee
-------------------------	---

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



**UPHOLDING PROFESSIONAL STANDARDS IN
WALES**

TABLE OF CONTENTS

PREFACE	1
PRINCIPLES	3
GLOSSARY	4
1. ACTION WHEN A CONCERN ARISES	6
Introduction	6
Appointment of a Case Manager	6
Role of the Case Manager	6
Right to Representation	7
Initial Assessment	7
Consideration of Referrals	7
Restriction of Practice and Exclusion from Work	8
NCAS Advisory Role	8
Action on Initiating a Formal Investigation	8
The Formal Investigation	11
Appeal Process	12
2. RESTRICTION OF PRACTICE & EXCLUSION FROM WORK.....	13
Principles	13
Right to Representation	14
Restriction of Practice	14
Grounds for Exclusion	14
Immediate Exclusion	15
Formal Exclusion	15
Informing Other Organisations	17
3. HANDLING CONCERNS ABOUT A PRACTITIONER'S HEALTH. 18	
Introduction	18
Retaining the Services of Individuals with Health Problems	18
Reasonable Adjustment	18
Handling Health Issues	19

4. THE STANDARD PROCEDURE	21
The Hearing Framework	21
Right to Representation.....	22
Conduct of the Hearing.....	22
Decisions	24
Appeals.....	25
The Appeal Process.....	25
The Appeal Panel.....	25
Conduct of Appeal Hearing	26
Powers of the Appeal Panel	27
Decision.....	28
5. THE EXTENDED PROCEDURE.....	29
Introduction	29
Inquiry Panel	29
Right to Representation.....	30
Conduct of the Inquiry Panel Hearing	30
Disciplinary Hearing.....	31
Conduct of the Hearing.....	31
Decisions	32
The Appeal Process.....	33
Extended Procedure Appeal Process.....	34

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.

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".

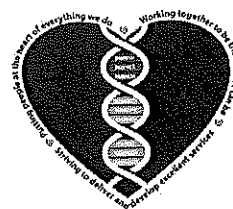
The NHS organisation will seek to ensure that all those involved in the operation of this procedure have been appropriately trained, including in particular those undertaking investigations and sitting on any relevant panels (which will include equality training).



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

17



PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

CORE PADR

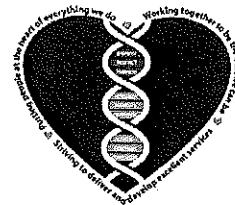
My Details / My Manager's Details			
My Name:	_____	My Job Title:	_____
Department:	_____	County:	_____
Review Type:	Foundation Gateway ☐	Passed through Gateway (if applicable):	Yes ☐ No ☐
	Review ☐		
	Final Gateway ☐		
Review Period Start Date:	_____	Review Period End Date:	_____
Manager Name::	_____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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



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



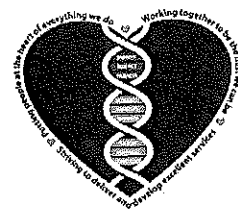
Progress against KSF Dimensions and Levels (see assigned KSF Job Outline)

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)				



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Objective Setting

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

?

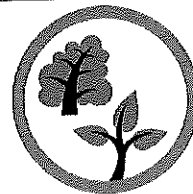
What are my **TEAM** objectives for the next year? (Max 8 key objectives)

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)

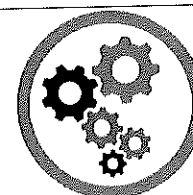
Putting people at the heart of everything we do



Striving to develop and deliver excellent services



Working together to be the best we can be



Personal Development Plan

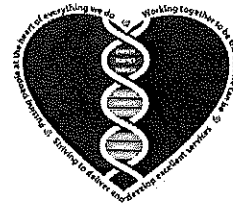
Identify under the headings below the learning & development needs required to fulfil/maintain your personal objectives

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



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:

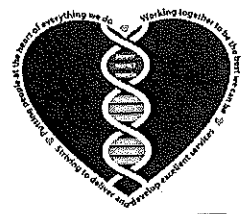
My manager agrees by signing :

Date:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Date of Next Review:

Witness Testimony – Resourcing and Talent planning

Hywel Dda University Health Board has experienced extreme organisational pressures due to the Corona virus pandemic, with unprecedented challenges during such extraordinary times. As a result, the workforce skills and abilities have been considered closely, with departments requiring flexibility and adaption in order to support service requirements.

One consideration was to implement new ways of working, looking at alternative provisions including virtual clinics. As Natalie has previous experience in resourcing and recruitment activities, it was decided that she would support the service in assisting in the development of a new Virtual MIU clinic. As a department, we considered duties which Natalie carried out which could be passed to other members of the team to allow Natalie to focus on the development of the Virtual clinics. She was able to recognise which duties could be passed over that didn't require additional training for other team members – thus saving time for all parties.

The responsibilities included Natalie liaising with relevant parties including service managers, clinical lead, consultants and rota co-ordinators to establish the requirements needed to ensure the clinics can be organised in a timely manner.

Natalie was instrumental in contacting individual GP's, organising sign off of their CV's, ensuring the relevant pre-employment checks were in place, providing regular updates to the doctors as well as the department of any progress made and also linking with senior managers to discuss alternative approaches in relation to pre-employment checks in order to speed up the on boarding process to allow the clinics to commence as soon as possible. As a result of this, the Health Board was able to consider an alternative approach to certain pre-employment checks and most of the doctor's who had originally been identified as appropriate for the Virtual MIU clinics, were able to commence within 3 weeks and allow the clinics to go ahead.

Natalie developed a tracking spreadsheet which all members of the team were able to access and allow us to check on the progress made easily and also provide an update to the department in Natalie's absence. This worked extremely well and illustrated to me that Natalie had considered circumstances where I would be asked for updates at a senior management level that I needed to access quickly, and was easy to read and understand.

With the ongoing pandemic, the Virtual clinics are still being used and the feedback I have received from all parties has been very positive. I have been involved in email trails where Natalie has received praise for her input and without the quick availability of medical bank doctors to carry out the shifts, the Virtual clinics would not have been able to go ahead.

If you require anything further, or need to contact me to verify or discuss any of the details within please don't hesitate to do so

Kind regards

L Jones

Linsey Jones
Senior Medical workforce Advisor
Medical workforce department
Linsey.jones3@wales.nhs.uk
01554 783276

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

From: Linsey Jones (Hywel Dda UHB - Medical Workforce)
Sent: 24 August 2020 10:21
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)
Subject: RE: talent portfolio witness testimony

Hi Natalie,

Please accept this email as sign off for the attached witness testimony, as I am not in the office this week I am unable to provide a hand written signature therefore have entered an electronic signature along with this email.

Regards
Linsey



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Hywel Dda
Health Board

19

**DISCLOSURE & BARRING DECLARATION FORM
NEWLY APPOINTED MEDICAL & DENTAL STAFF**

NEW EMPLOYEES NAME

POST APPLIED FOR

COMMENCEMENT DATE

PART A – DECLARATION TO BE COMPLETED BY NEW EMPLOYEE

Criminal Convictions

Because of the nature of work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 (Exception) Order 1975. Applicants are therefore, not entitled to withhold information about convictions which for other purposes have expired under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Health Board. Any information given will be completely confidential and will be considered only in relation to an application for the positions to which the order applies.

A Disclosure & Barring Service application form must be completed when a post involves substantial access to children and vulnerable adults. A disclosure is an impartial and confidential document that details an individual's criminal record.

Please ensure that you complete this section as truthfully and accurately as possible, giving all the required information, and return it to the Medical Staffing Department as soon as possible.

1. Are you currently bound over or have you ever been convicted of any offence by a Court or court-martial in the United Kingdom or in any other country?

Note: You do not need to tell us about parking offences.

NO ☐

YES ☐

If **YES**, please include details of the order binding you over and /or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

--

2. Have you ever received a police caution, reprimand or final warning?

NO ☐

YES ☐

If **YES**, please include details of the caution, reprimand or final warning, including the date and reason administered.

--

3. Do you have any cautions/convictions that are spent in the United Kingdom or in any other country?

Please note: you must inform us immediately if you are charged with any offence in the United Kingdom or in any other country after you complete this form and before taking up any position offered to you. You do not need to tell us if you are charged with a parking offence.

NO ☐

YES ☐

If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

4. Are you aware of any current police investigations in the United Kingdom or in any other country following allegations made against you?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the police.

5. Are you aware of any current NHS Counter Fraud and Security Management Service investigation following allegations made against you?

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the NHS CFMS.

6. Have you ever been investigated by the Police, CFSMS or any other Investigatory Body resulting in a caution, conviction or dismissal from your employment? (Investigatory bodies include Local Authorities, Customs and Excise, Immigration, Passport Agency, Inland Revenue, BERR, Department of Work and Pensions, Security Agencies, Financial Services Authority, Banks and Building Societies, General, Life Insurance Companies – this list is not exhaustive, and you must declare any investigation conducted by an Investigatory Body).

NO ☐

YES ☐

If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

7. Have you ever dismissed by reason of misconduct from any employment, office or other position previously held by you?

NO ☐

YES ☐

If **YES**, please include details of the employment, office or position held, the date that you were dismissed and the nature of allegations of misconduct made against you.

8. Have you ever been disqualified from the practice of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or any other country?

NO

☐

YES

☐

If **YES**, please include details of the nature of the disqualification, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

9. Are you currently the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO

☐

YES

☐

If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

10. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying?

NO

☐

YES

☐

If **YES**, please include details of the nature of the prohibition, restriction, or limitation, when and by whom it was made.

11. Do you appear on Barring List?

NO

☐

YES

☐

If you have answered "**YES**" to **any** of the questions above and need more room to answer, please use this space to provide details. Please include **clearly** the number(s) of the question that you are answering.

DECLARATION

I confirm that the information that I have provided in this Declaration Form is correct and complete.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

Note: if you wish to withdraw your consent at any time after completing this Declaration Form, please contact Medical Staffing

Part B – COMPLETION BY MEDICAL STAFFING DEPARTMENT

The following checks have been completed (Delete as necessary):

Satisfactory References

Registration Check

Identity / Immigration Check

Risk Assessment form completed by employee and Manager

Alert Letter database check

Previous Enhanced CRB or DBS check – issued within previous 3 years to a NHS employer

Medical Staffing Advisor: _____ Date: _____

Only to be signed by Clinical Team Lead/Hospital Director of Clinical Care if not requesting new DBS disclosure:

PART C - COMPLETION BY CLINICAL TEAM LEAD/HDCC

I confirm that having considered the information above, and having regard for the duties to be undertaken by the above-named:

Please tick appropriate box

☐ **I am satisfied** that it is safe to allow the above named to commence work before the disclosure clearance is received

OR

☐ **I am not satisfied** that it is safe to allow the above named to commence work before the disclosure clearance is received

Signed: _____

Name (Please print): _____ Date: _____

20

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

Subject:

FW:

From: [REDACTED] (Hywel Dda UHB- Occupational Health) <[REDACTED]>

Sent: 09 April 2020 09:40

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

(Hywel Dda UHB - Medical Workforce) <[REDACTED]>

Cc: [REDACTED] (Hywel Dda UHB - Occupational Health Adviser) <[REDACTED]>

Subject: FW:

Morning

Yes they can start in roles from home immediately without clearance for a temporary 3 month period.

We still need them to fill out a health declaration form so we know they exist – if they stay for longer than 3 months, which they may well do, the Organisation will have more duties under Health and Safety legislation in relation to their health and Display Screen Equipment from home etc. (because it will be hard to argue they are temporary). We will also need to be clear about the restrictions to their work without clearance particularly in relation to Tuberculosis should they wish to extend their role in the future – but once again we will sort that over the next 3 months.

Summary: **We need the health declaration**, home workers can start as soon as they have handed that in without clearance; if we don't have it we advise they are not fit (to work from home) after 3 months.

Hope that helps, please feel free to ask for clarification if required.

Shuja

Enw: [REDACTED] Teitl: Ymgynghorydd Mewn Meddygaeth Alwedigaethol Cyfeiriad: Gwasanaeth Iechyd Galwedigaethol Bwrdd Iechyd Prifysgol Hywel Dda Ysbyty Prince Philip Bloc 1B, Y Preswylfeydd, Llanelli, SA14 8QF Rhif Ffôn: [REDACTED] E-bost: [REDACTED]	Name: [REDACTED] Title: Consultant in Occupational Medicine Address: Occupational Health Service Hywel Dda University Health Board Prince Philip Hospital Block 1B, The Residences, Llanelli, SA14 8QF Telephone Number: [REDACTED] E-mail: [REDACTED]
--	--



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



From: Command 9 <Command.9@wales.nhs.uk>

Sent: 08 April 2020 10:54

To: Occupational Health HDD <Occupational.health.hdd@wales.nhs.uk>

Cc: [REDACTED] (Hywel Dda UHB - Occupational Health Adviser) [REDACTED]
[REDACTED] <[REDACTED]>

Subject:

Hi

I have received the information below through the database could you please advise.

“Bringing retired GP’s/Consultants on to the bank to carry out a virtual MIU clinic (from home). Can they start before receiving OH clearance (or is it needed at all?) as they will not be having face to face contact with patients?”

Kind regards

DCS

COVID enquiries team

21

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

Subject: FW: HD Claim 27042020 29042020

From: Sioned [REDACTED] (Hywel Dda UHB - Medical Lead, Acute Response Team) [REDACTED]
Sent: 11 May 2020 12:40
To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Subject: [REDACTED]

HaHa, completely understand – you are doing a great job Natalie – thank you!!
Sioned

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 11 May 2020 12:26
To: Sioned [REDACTED] (Hywel Dda UHB - Medical Lead, Acute Response Team) <[REDACTED]>
Subject: RE: [REDACTED]

Hi Sioned,

That would probably speed up the process I would say. Sorry Sioned as this is still a new service and nobody really knows the answers fully I'm trying to work my way through all of the 'red tape' so to speak as best as I can. I'm unable to process them until they have been signed

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



22

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: Meinir Jones - (Hywel Dda UHB - AMD Transformation and VBHC and Clinical Lead MIU); Sarah Tomlinson (Hywel Dda Health Board)
Cc: Sioned Richards (Hywel Dda UHB - Medical Lead, Acute Response Team); Ruth Jones (Hywel Dda UHB - Medical Workforce Administrator)
Subject: RE: H Daniels clearance

From: Meinir [REDACTED] - (Hywel Dda UHB - AMD Transformation and VBHC and Clinical Lead MIU)

[REDACTED] >

Sent: 15 April 2020 17:32

To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>; [REDACTED]

Cc: Sioned [REDACTED] (Hywel Dda UHB - Medical Lead, Acute Response Team) <[REDACTED]>; Ruth [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) [REDACTED]

Subject: RE: H Daniels clearance

Natalie,

Thank you so much for this. Your support has been crucial in getting this rota up and running. Ruth has been fab in ensuring the MIU rota is always full – appreciate all that you do.

Sioned hopefully this is helpful?

With regard to working in the field hospitals- is there any way you can ask the GP's and log whether or not they would be happy to support the Field Hospitals? It would be really helpful to know how many doctors we have and help to develop a rota.

Thank you

Kindest

Meinir

[REDACTED]
Clinical Lead Field Hospitals

Associate Medical Director Transformation and VBHC HDUHB
Clinical Lead MIU PPH Llanelli
GP



Trawsnewid ein gwasanaeth iechyd

Hywel Dda
Our big NHS change

It's our NHS, have your say!

<http://howis.wales.nhs.uk/sitesplus/862/page/73478>

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer) <Natalie.Thomas7@wales.nhs.uk>
Sent: 15 April 2020 15:19

To: Sarah [REDACTED] (Hywel Dda Health Board) <[REDACTED]>; Meinir [REDACTED] - (Hywel Dda UHB - AMD Transformation and VBHC and Clinical Lead MIU) <[REDACTED]>
Cc: Sioned [REDACTED] (Hywel Dda UHB - Medical Lead, Acute Response Team) <[REDACTED]> Ruth [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) <[REDACTED]>
Subject: H Daniels clearance

Hi both,

Just to inform you [REDACTED] is now cleared to commence the Virtual MIU clinics. I have explained to Heledd that as it stands, this is all she is cleared to cover until her full OH clearance comes through so should she be interested in other duties such as field hospitals please could you contact myself in order to ensure this has come through in time.

*Also, as you may be aware my colleague [REDACTED] helps to cover the current MIU hospital rota and so we are responsible for booking, and processing the time sheets associated with MIU.

As you will be booking the doctors for the virtual clinics, we wouldn't get involved in this. However, as we are responsible for ensuring all payments are placed on a finance spreadsheet and recorded correctly and under the covid19 budget, we are happy to also process any time sheets submitted for the virtual MIU clinics so that we can add these to our spreadsheet. I would be most grateful if you could arrange for the rota to be sent to myself and my colleague [REDACTED] (copied in) along with any changes weekly or daily to the rota in order for us to cross reference the rota with any claims submitted and am happy for you to direct the doctors claim sheets to ourselves for the time being also

I will update you on an individual basis regarding the other outstanding doctors checks whilst I am going through them this afternoon

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



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board

