

Qualification: CIPD Level 5 Diploma in Applied HR
Module: Contributing to the Improvement of Individual and Organisational
Performance
Assignment: Activity 1

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CIPD Number: 53274174

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:



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

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

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

Candidate name: Shelley Dony					CIPD Membership/registration No.: 53274174		
Qualification title: Level 5 CIPD Diploma in Applied HR					Unique Learner No. (ULN): 1810449		
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	I/V initials if sampled	
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1, 2, 3	Overview to the Portfolio	1			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Introduction to Activity 1	2			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Recruitment and Selection Policy	3			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Induction Policy	4			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Learning and Development Policy	5			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Performance Appraisal and Development Review Policy	6			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Capability Policy	7			
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Managing Attendance at Work Policy	8			

5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Disciplining Policy and Procedure	9		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Grievance Policy	10		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Drug and Alcohol/Substance Misuse Policy	11		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Values and Behaviour Framework	12		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	EAGLE Framework	13		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	1	Corporate Induction Agenda	14		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	2	Activity 2 - Evidence of providing information – Workforce Planning with Medicines Management	15		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	2	Medicines Management Notes and Pictures	16		
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5CDPP	Contributing to the Improvement of Individual and Organisational Performance	2	Presentation – Workforce Planning	19		

5CDPP	Contributing to the Improvement of Individual and Organisational Performance	2	Presentation – Performance Management	20		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance	2	Presentation – Organisational Values	21		
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5CDPP	Contributing to the Improvement of Individual and Organisational Performance	3	Example of a blank Performance Appraisal and Development Review form	29		
5CDPP	Contributing to the Improvement of Individual and Organisational Performance		Bibliography			

Candidate declaration:

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

Signature:**Date:**

6/8/19

Evidence Number 1Overview to all activities

One of the aims of every organisation is to maximise on employees' potential and performance (Taylor, 2016). Performance management can be a method of helping an organisation achieve this. Within Hywel Dda University Health Board (HDdUHB), there does not exist one set policy on performance management, rather many policies, which is in line with the CIPD's view that it encompasses a variety of principles, practices and policies delivered continuously and holistically (CIPD, 2018).

Within this portfolio contains various documents evidencing the information provided to managers on the various aspects of performance management (in activity 1), the support given to line managers (in activity 2) and an evaluation on three of its aspects (in activity 3).

Evidence Number 2

Activity 1 (L01)

1.1

Performance Management is commonly known to be a framework, a bundle of human resource policies and practices (Taylor, 2016). HDdUHB adopts this same strategy; there is not one policy on performance management, but a bundle of policies and procedures in place. There are various ways to maximise on employees' performance, though these should be relevant to that employee's role, profession and organisation to be truly effective (Woodhams, Perkins, & Wilkinson, 2016).

- Recruitment and Selection Policy – Evidence 3
- Induction Policy – Evidence 4
- Learning and Development Policy – Evidence 5
- Performance Appraisal and Development Review Policy – Evidence 6
- Capability Policy – Evidence 7
- Managing Attendance at Work Policy – Evidence 8
- Disciplinary Policy and Procedure – Evidence 9
- Grievance Policy – Evidence 10
- Alcohol and Drug/Substance Misuse Policy – Evidence 11
- Values and Behaviours Framework – Evidence 12
- EAGLE Organisational Development Strategy and Governance Framework – Evidence

13

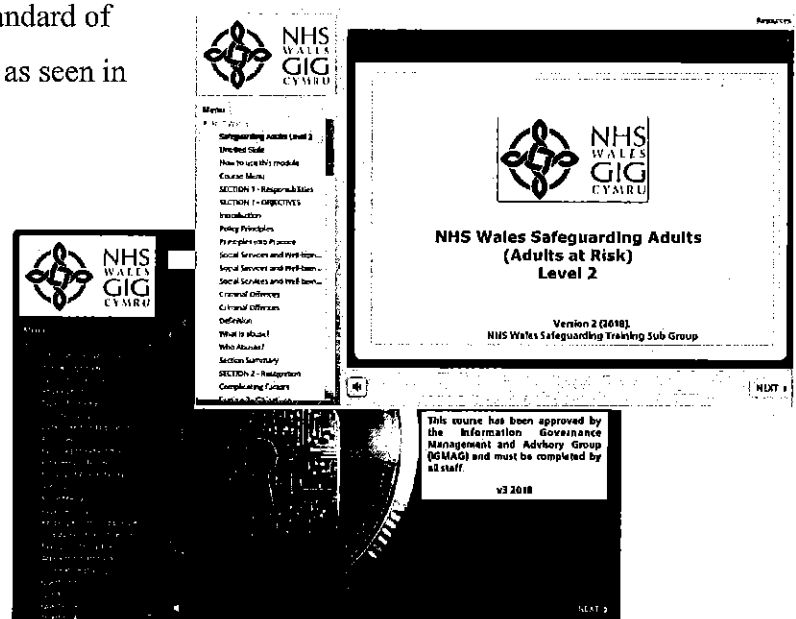
There are various levels of staff within the performance management framework, from the specialist departments/practitioners to the individual employees (Taylor, 2016). Within HDdUHB, the Workforce and Organisational Development (WOD) Directorate contains varying departments with specialist roles who work closely with the line managers across the health board when the need and time arises within the performance management process. In most cases within the health board it is the line manager that has a direct relationship with the employee, and then the various WOD departments do much to enable this direct relationship. For example while it is the line manager that knows what the job of the employee entails, how it links to the team and in turn the organisation, and writes the employees job description – in line with

Armstrong's (2017) writing – it is the Workforce Panel that has the overall authorisation to approve new job descriptions across the entire Health Board, once it has been job matched. While it is the line manager's responsibility to upload new positions on to TRAC (the NHS Wales' recruitment software) in order to advertise, it is the Resourcing Department that assists with specialised and targeted campaigns when posts are hard to fill. While it is the line manager that can realistically set goals, whether that be output and/or behaviour -based, it is the Workforce Development Department that can assist in the training and development of the employee to meet those set goals. It is also the manager that should be the employee advocate in the development of the employee, balancing what is needed from a team/organisational basis and what is aspired to from the employee (Garman et al, 2011). This is all in line with the CIPD's view of how the HR function works with line managers in this process (CIPD, 2018).

1.2

Internal Sources of Information

- Workforce Intelligence Department collate information from the Electronic Staff Register (ESR) on data inputted by employees and managers from across the Health Board. This is presented in a Workforce Performance Dashboard displaying an array of data including staff establishment and shortage, staff turnover, sickness, staff survey results, annual appraisals rates, core and mandatory training rates, and vacancies.
- The Health Board has numerous organisational policies and procedures, both set from an All Wales perspective and from an organisational one, that are included in the performance management framework – as seen in evidence 3-11.
- Various frameworks created with key stakeholders are also internal to HDdUHB set the standard of expected behaviours from employees – as seen in evidence 12 and 13.
- Various learning and development opportunities – mandatory and continuous professional development – including induction and e-Learning modules – as seen in evidence 14.
- Integrated Medium Term Plan (IMTP) – this is document aims to





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ORGANISATIONAL INDUCTION POLICY

Policy Number	100	Supersedes	Classification	Employment
Version No	V4	Approved by: January 2013 W&OD Committee	Date of Approval 17.5.2018	Date made Active 18.5.2018 Review Date: 18/05/2020

Brief Summary of Document	Outlines a clear framework for Induction of new staff into the organisation
Scope:	This policy applies to all employees (medical and non-medical) of the Health Board in all locations, including, temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations
To be read in conjunction with:	New starters welcome pack (one for each county) 225 Data Protection Act Policy 173 – Freedom of Information Act Policy

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

Version no:	Summary of Amendments:	Date Approved:
1	New Policy	08/03/2010
2	Revised	04/04/2013
3	Revised	18/05/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – section 14	17.5.2018

Glossary of terms

Term	Definition
PAMOVA	
CSTF	
PG Centres	Post Graduate Centres
ESR	Electronic staff records
KSF	Knowledge and Skills Framework
PADR	Personal Appraisal Development Review

Keywords	Induction	Learning and Development
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1. INTRODUCTION

The purpose of the Organisational Induction Programme is to welcome new employees to the organisation and give them a basic portfolio of general knowledge about the Health Board irrespective of job role. It aims to enable them to understand the requirements of their job in the context of the wider organisation in which they work and also to ensure that the minimum health and safety and mandatory training requirements are met, prior to commencement of duties.

Organisational Induction has a key role to play in communicating and promoting both NHS and organisational values and objectives and. Even more importantly how our staff are valued and supported within the workplace. The Health Board's Induction Programme is underpinned by the Health Board's organisational values in terms of how the programme content is structured and delivered in an effort to ensure all our new staff have a clear recognition of the values which underpin how all staff are expected to work together to deliver services.

The aim of this policy is to present a clear framework for the induction of new staff into the organisation which ensures that:

- There are procedures established to ensure that all members of staff attend the full Organisational Induction Programme, which includes the mandatory training modules in the NHS Core Skills Training Framework.
- No staff work within the Health Board without first attending the Corporate Induction programme.
- Managers are clear in terms of their roles and responsibilities in relation to both Corporate and Local Induction (see booklet Your New Starter - a Resource Pack for Managers).
- The Organisation aims to ensure that through this policy all newly appointed staff are given information about the organisation, its values and culture and complete their mandatory key training prior to taking up their duties within the workplace.
- Under extenuating circumstances, and only after a detailed risk assessment, a new member of staff may be allowed to begin work without completing the full induction. In such cases the individual and their line manager will be given dates which identify when they will be expected to attend the specific training they have missed in order to ensure that they complete the full induction requirements. In these circumstances the responsibility sits with the line manager to ensure that the individual attend the training.

2. POLICY STATEMENT

This policy clarifies the roles and responsibilities of staff within the organisation to ensure that there are systems established locally to support the expectations of the policy. It will apply to all employees (medical and non medical) of the Health Board in all locations including temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations.

Hywel Dda University Health Board is committed to implementing the policy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human rights, gender reassignment, marriage and civil partnership, pregnancy and maternity. It is the responsibility of managers and staff to ensure that they implement this policy/procedure in a manner that meets the needs of people from these groups. Managers must check with

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individual staff what their needs are. In accordance with the provisions of the Disability under the Equality Act 2010, managers will remain sensitive to the special requirements of staff members with disabilities when handling issues of capability, ensuring compliance with the provisions of the Act.

3. DEFINITIONS

For the purpose of this policy, the term Organisational Induction Programme refers to the following programme. (NB occasionally topics may be moved between days and even between days in order to support manager and specialist trainers time who deliver on the programme) -

Day 1: Corporate Induction

Day 1 is primarily to welcome all new staff and provide introduction to the NHS and Hywel Dda UHB and most importantly its values and culture. This day will also include delivery of and the structure of the NHS in Wales, Governance, Equality, Welsh Language, counter fraud and creating inclusivity in the workplace..

Day 2-5: Moving & Handling and Violence & Aggression (PAMOVA) and minimum requirements of CSTF

Moving and Handling and Violence & Aggression training is delivered at a range of levels to map to the competencies required of staff to comply with the All Wales passport scheme. In exceptional circumstances, where employees cannot attend the training, or the training is not available, the relevant team will discuss with the employee and the employee's manager, alternative arrangements and risk reduction measures that must be put in place until the training can take place.

The E- Learning is a facilitated session to ensure all staff completed the minimum mandatory training programmes within the CSTF.

In addition, all new Health Care Support Workers are required to attend a 2 week clinical induction programme Skill to Care. There is an initial 3 day programme delivered prior to workplace development and further study days to deliver the full programme.

4. SCOPE

This policy applies to all employees (medical and non-medical) of the Health Board in all locations, including, temporary employees and locums. Doctors in training will attend a separate induction programme, organised through the relevant Post Graduate Departments at the start of their rotations.

It is recognised that, in practice, the detail of the process may vary, according to specific needs. However, the core content and aims of induction for all staff remain the same.

5. AIM & OBJECTIVES

The aim of the policy is to define the corporate induction programme, the systems and processes which support its delivery and the roles and responsibilities of all staff.

6. ROLES AND RESPONSIBILITIES

6.1. Chief Executive

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

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6.2. Director of Workforce and Organisational Development

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

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- Organisational Induction attendance is monitored and reported to the relevant bodies as required

6.3. Executive Directors

Executive Directors have responsibility to ensure that:

- All staff within their responsibility are aware of and comply with the Policy.

6.4. Senior Managers and Heads of Services

It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments.
- All levels of staff within their department or professional group adhere to this policy in all respects.
- Supervisory, managerial and professional leads within their department understand their responsibilities in relation to the policy.
- Compliance with all aspects of the Induction Policy is monitored.
- All new staff have a period of supervision/mentorship/preceptorship when first employed to provide them with guidance and support. Induction and the associated training only enables competence through work based development and supervision.
- All staff have a local induction to their work area with clearly defined outcomes which are monitored and documented.
- All staff, having attended organisational induction have a full local induction programme and are fully aware of their role and responsibilities.
- Any staff requiring additional follow up days linked to organisational induction will be released from work to ensure they attain full compliance in accessing the expected programme content.
- All new staff are informed how to access appropriate advice and support, particularly those participating in on call rotas - this includes locums and agency staff.

6.5. Resourcing Department

It is the responsibility of the Resourcing team staff to ensure that :

- An IT System Access form is included in all interview packs. This will allow managers to approve access to successful applicants.
- Candidates commence work on the first day of an organisational induction programme.
- IT are informed of new starters and their commencement date so that new starters can be given access to the relevant organisational IT systems and can be allocated network and e-induction passwords.
- Learning & Development Department are informed of all new starters(or Post Graduate Department for Doctors in training) prior to the organisational induction programme, and to the relevant Post Grad Centres for junior doctors in training.

6.6. Learning and Development Department

The learning and development team department are responsible for ensuring that:

- The policy is published, reviewed and updated and held on the Health Board intranet site.
- Sufficient organisational induction programmes are planned a year in advance to ensure seamless employment practice to meet anticipated projected recruitment need

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- The programme content and delivery methods are reviewed and updated regularly (minimally annually)
- The team adapt and plan for additional programmes if required, and identify capacity issues in a timely manner to all key colleagues within resourcing and operational services
- They liaise with the resourcing team to ensure new starters have places booked in a timely manner
- Bookings are arranged for all new starters on relevant programmes
- All attendance is inputted to ESR to inform accurate reporting
- the 'Welcoming your New Starter, Resource Pack for Managers' (Appendix 1) and ensuring it is available through the Health Board intranet.
- Any staff who have been 'risk assessed', attend and complete the full programme and report any failure to attend to their line manager who is responsible for ensuring attendance.
- There is a corporate induction welcome pack for all new staff
- There is effective monitoring and evaluation of the induction programme to inform all reviews of content and delivery.

6.7. Managers

- Managers are responsible for:
- Ensuring their new starter has a copy of their job description, KSF outline and initial core objectives and Personal Development Plan, by the end of their corporate induction period.
 - Ensuring that their new starter has attended and completed the organisational induction programme and generic mandatory training requirements, before carrying out any duties within the workplace.
 - Ensuring that the local induction procedure and checklists are followed for all new starters.
 - Keeping copies of completed checklists on file and for notifying the Learning & Development Department on completion.
 - Identifying mentors, preceptors and supervisors as appropriate for new staff, who will provide them with guidance and support for a period of time.
 - Ensuring that within the first week the staff have an initial PADR meeting to set core objectives for the first year
 - Ensuring that the policy is disseminated throughout the Department
 - Ensuring that all staff, having attended organisational and local induction programmes are fully aware of their responsibilities in relation to competence.
 - Ensuring that all staff are kept up to date with news and developments, both locally and from across the organisation, through the Health Board's internal communication channels (e.g. Team Brief, Hywel's Voice staff newsletter, Hywel Today e-bulletins, Intranet etc).

6.8. Moving & Handling Department

- It is the responsibility of the Moving and Handling Trainers and Team to ensure that:
- The content of the programmes delivered is compliant with statutory Health and Safety regulations and HSE requirements

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- All new starters have the appropriate moving and handling and Violence & Aggression training, or are able to evidence All-Wales Passport documentation reflecting their level of competence, prior to commencing any duties in the workplace.
 - Records are maintained of attendance and non-attendance.
 - The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.
 - The Moving and Handling and Violence & Aggression team discusses with the employee and the employee's manager, alternative arrangements and risk reduction measures that must be put in place until training can take place, in the event of exceptional circumstances, where employees cannot attend the training, or the training is not available.
- ### 6.9. Fire Officer
- It is the responsibility of the Fire Officer to ensure that:
- Staff requiring higher level of fire safety training other than that given at corporate induction receive this training within one month of commencement of duties in the Health Board.
 - Records are maintained of attendance and non-attendance and received by the Learning & Development Department and are entered on the Health Board's Learning Management System.
 - The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.

6.10. Post Graduate Manager

It is the responsibility of the individual Post Graduate Departments to:

- Plan and support the delivery of the specific induction programmes for undergraduate and post graduate clinical staff.
- That these programmes complement and are reflective of the Organisational Induction Programme.
- Monitor and keep records of attendance.
- Ensure that the programmes delivered are evaluated and reflect current research based best practice, statutory requirements and that the content is corporate.

6.11. Individual's Responsibility

All staff are accountable and responsible for their own competence within the scope of their role and must limit their actions to those for which they are deemed competent. However, the Health Board notes that some staff will be governed by the specific guidance of their Professional Bodies.

The individual member of staff is responsible for

- Completing the organisational induction programme and any additional required follow up days.
- Completing their local induction programme with their manager.
- Carrying out tasks and duties in the manner described by their manager or specialist, acting safely and competently at all times. Where an individual does not feel that they are competent to carry out their role safely and competently they should refrain from continuing and seek advice from their manager as soon as possible, so that further support can be provided.
- To carry out their roles within the workplace.

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7. ORGANISATIONAL INDUCTION – MEDICAL STAFF

All medical staff will carry out e-learning within their workplace. The clinical service manager must return the signed checklist on completion to L&D Alum Ward Hafan Derwen.

7.1. Consultant Staff

Consultants are required to have an initial orientation period of 2-3 days, which should be free from clinical commitments as well as a departmental induction and e-learning modules to be completed. During this time they should meet with the:-

- Attend Day 1 of Corporate Induction.
- Chairman to discuss the overall aim, direction and ethos of the Health Board.
- Chief Executive to discuss the strategic direction of the Health Board as a whole and for their particular service.
- Medical Director to discuss the Health Board corporate governance principles and standards for clinical care.
- AMD for Medical Education.
- Director of Nursing to discuss quality and patient/public involvement arrangements within the Health Board.
- Associate Medical Director to discuss the service aims of the directorate, job planning and appraisal process.
- Clinical leads within the Health Board on areas such as clinical audit, risk management, clinical effectiveness, R&D and clinical standard setting.
- Chairs of relevant professional/other bodies within the Health Board such as the Medical Staffing Committee and Local Negotiating Committee
- Heads of service in relevant departments such as radiology, histopathology, biochemistry etc.

Details of the induction programme must be forwarded to medical staffing for inclusion on the relevant personal file.

7.2. Junior Doctors

Newly qualified doctors (Foundation Year 1) undertake a four day shadowing/induction period before they start work, providing core and departmental induction at the start of their posts, with identified mandatory training to be completed on line during the first few weeks. All other training grades will undergo a half day mandatory induction programme, which will take place on the first Wednesday in either August or February. For Specialty Trainees or doctors who arrive out of these times, individual arrangements will be made to provide an induction process.

Departmental Induction will dovetail the core programme and will take place directly following the half day core programme on the first Wednesday in either August or February. For Foundation Doctors, Departmental Induction will need to take place at the beginning of the other two posts within the Rotation, i.e. first Wednesday in December and April. Each department will design induction programmes to provide Junior Doctors with information pertaining to their speciality. The departmental induction process will assess competencies as well as departmental orientation and meeting of other relevant staff. Each Junior Doctor will be allocated an Educational Supervisor at the start of the employment, who will meet with the junior doctors on a regular basis to discuss progress, assessments/competence and their general training and developmental needs.

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7.3. Career Grade and Non Consultant Career Grade Doctors

These doctors undertake an e-learning based tailored induction specific for doctors in their workplace, as well as a departmental induction. They also require a session on violence and aggression and manual handling.

8. STAFF MOVING FROM OTHER DEPARTMENTS WITHIN THE HEALTH BOARD

When existing staff move from one department to another, they should be provided with a local induction programme as described in section 7. These staff do not need to attend the organisational induction programme if already completed.

9. LOCAL (WORKPLACE) INDUCTION

Induction into the workplace and into the requirements of the job is critical to a new starter and provides a basis for effective performance. A planned programme for employees should be arranged in advance, which includes meeting all the people with whom the new employee will work or need to contact. This programme will enable new employees in their progression towards becoming fully competent and effective in their jobs. Managers should appoint mentors to facilitate the settling in period. The local induction should also include both general information and service area/profession specific information (see Welcoming Your New Starter - a Resource Pack for Managers booklet).

10. PART TIME STAFF

Part time staff are required to attend the organisational induction programme. However, in recognition of the operational difficulties this may cause and the timing of the induction programme, staff may need to attend this outside their normal working hours by agreement. In this case, agreement will be reached regarding payment or time off in lieu for additional hours.

11. MONITORING AND REPORTING ARRANGEMENTS

As part of the Health Board's clinical governance and risk management arrangements, the Learning & Development Department, (post graduate medical centres for junior doctors in training) and line managers maintain records of attendance for all staff attending induction, as well as mandatory and statutory training.

Attendance / non-attendance is monitored and reported to the Health Board. In the event of non-attendance, the Learning & Development Department will notify the line manager via the recruitment team, who will be responsible for ensuring the staff member does not commence work until the next available programme.

The Learning & Development Department will also monitor induction programme evaluations and regularly review the programme content in line with current legislation and service demands.

Checklists are provided for managers to help ensure all aspects of induction duties are carried out (see Your New Starter - a Resource Pack for Managers booklet).

12. TRAINING AND AWARENESS RAISING

All staff will be made aware of this policy upon commencement with the Health Board at either the Health Board or the departmental induction. Copies can also be viewed on the Health Board's Intranet or obtained via the Workforce department. Training will be provided as appropriate depending on the complexity of the policy. Training may be provided at Workforce

Evidence

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training sessions which all staff will be informed of via internal communication channels or their line manager in advance or via newsletters.

13. EQUALITY

The Health Board recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Health Board recognises that equality impacts on all aspects of its day to day operations. All policies and procedures will be assessed using the Health Board integrated impact assessment tool.

14. DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the Health Board's 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

15. FREEDOM OF INFORMATION ACT 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

16. RECORDS MANAGEMENT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

17. REVIEW

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

18. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the Health Board Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

19. DISCIPLINE

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

HYWEL DDA UNIVERSITY HEALTH BOARD

20. APPENDIX 1 – WELCOMING YOUR NEW MEMBER OF STAFF - RESOURCE PACK FOR MANAGERS

HYWEL DDA UNIVERSITY HEALTH BOARD

Welcoming your New Member of Staff A Resource Pack for Managers



Learning & Development Department

Withybush Hospital
Fishguard Road
Haverfordwest
SA61 2PZ

Tel /Ffôn: 01437 772511
Fax/Ffacs: 01437 772510

Learning & Development Centre
Hafan Derwen
Parc Dewi Sant
Job's Well Road
Carmarthen SA31 3BB

Ffôn/Tel: 01267 239600
Ffacs/Fax - 01267 239612

Post Graduate Centre
Bronglais General Hospital
Aberystwyth,
Ceredigion
SY23 1ER

Ffôn/Tel: 01970 635806
Ffacs/Fax - 01970 635594

Bwrdd Techyd Hywel Dda yw arw gweithredol Bwrdd Techyd Lleol Hywel Dda
Hywel Dda Health Board is the operational name of Hywel Dda Local Health Board

Evidence A

HYWEL DDA UNIVERSITY HEALTH BOARD

LOCAL (WORKPLACE) INDUCTION PROGRAMME

THE ROLE OF THE LINE MANAGER IN LOCAL INDUCTION

Preparations should be made for the arrival of the new employee well in advance, by following the pre-first day in the workplace checklist.

Managers should refer to the induction checklist and use it, as a basis for discussion to ensure that the new employee receives a comprehensive induction to their new role, department and the organisation.

Line managers will be:

- Accountable for the induction of the new employee to their team.
- Required to provide a personal and balanced induction plan, based on the needs of the new employee and the department.
- Required to provide specific information about the department and the job.
- Responsible for ensuring that the new employee has the resources to be successful.
- Required to monitor and support the progress of the new employee through regular and timely review meetings.
- Ensuring that the 'local induction' programme meets all the objectives listed overleaf.

The Learning & Development Department will support managers to do this by:

- Ensuring this pack forms part of the Organisational Induction Policy and is available on the web page, to assist managers with the local induction process.
- Arranging (in conjunction with Resourcing Team) for new employees to attend the organisational induction programme
- Maintaining and updating the 'Welcoming your New Member of Staff - Resource Pack for Managers'
- Advising line managers on best practice.
- Ensuring that there is effective monitoring and evaluation of the induction process.

HYWEL DDA UNIVERSITY HEALTH BOARD

WORKPLACE INDUCTION PROGRAMME

PRE-FIRST DAY IN THE WORKPLACE ARRANGEMENTS CHECKLIST

The purpose of the pre-First Day in the Workplace checklist is to ensure that a workplace induction specific to the role has been developed and that actions are in place to ensure that the new employee has a structure to their first day of employment.

Action	Responsibility	Complete
Download new starter forms from Intranet	Line Manager	
Ensure that the work area is ready for occupation e.g. desk, telephone, stationery etc.	Line Manager	
Ensure that time has been scheduled between the line manager and the employee on their 'First Day in the Workplace'	Line Manager	
Issue a communication to the team to introduce the new employee and confirm their arrival	Line Manager	
Ensure that there is a plan of activities for the first day and that induction objectives have been considered	Line Manager	
Ensure that the appropriate forms have been completed (available on intranet) Car Parking Pass Staff ID Badge Request Uniform IT Access CRB Risk Assessment Change of Circumstances	Line Manager	
Ensure that Workplace Induction programme has been prepared and any training materials are readily available	Line Manager	
Assign KSF Outline to new employee through e-KSF	Line Manager	

HYWEL DDA UNIVERSITY HEALTH BOARD

HYWEL DDA UNIVERSITY HEALTH BOARD

The new employee should already have received the following documents prior to commencement of duties

Action	Responsibility	Method	Complete
Confirmation of Employment letter including date and venue to attend corporate induction	Resourcing and Education and Development Departments	Issue document(s) to home address	
Job description and KSF outline (from application process)	New employee	NHS Jobs	
Pension scheme details	L&D Department	Corporate Induction	
Health Questionnaire	Resourcing Department	Following Interview	
Criminal Record Bureau information and form	Resourcing Department	Following Interview	

The Employee's Employment Contract will be forwarded directly to the employee in due course.

'INDUCTION PROGRAMME' 'MONTHS 2-6' CHECKLIST

All new staff should have a planned Personal Developed Review within the first 6 months of employment in addition to regular reviews during first few months. This will ensure that the identified development needs have been delivered and employee is on target to proceed through the foundation gateway. All staff will have a formal PDR within 1 year of employment.

Dates of Regular Review against KSF outline and PDP	Training Need Identified	Completed (✓)

LOCAL (WORKPLACE) INDUCTION CHECKLIST

Ensure that as the new employee's manager you are available to meet them at their time of arrival on the first day in the workplace. Discuss with the new employee their expectations of a Workplace Induction Programme and the best way to approach their induction. Show the new employee to their working area and ensure that the health and safety objectives listed below are met on their first day. If the new employee is under the age of 18 a workplace risk assessment needs to be completed. Ensure that the new employee has collected their ID Badge.

Section A: Commencement of Employment

Content	Method(s) of delivery	Complete
Attended Day 1 of the Corporate Induction Programme and is aware needs to attend day 3-5 (as appropriate) to complete moving & handling training and Skills to Care (HCSW)	Line Manager 1-2-1	

Section B: Job Role / Introduction to the Department

Content	Method(s) of delivery	Complete
The organisational chart, key duties and responsibilities and accountability within the department	Line Manager 1-2-1	
Supervision and line management arrangements	Line Manager 1-2-1	
Performance Standards expected at work	Line Manager 1-2-1	
Uniform has been collected	Line Manager 1-2-1	
Arrangements for keys/security passes, ID badges etc	Line Manager 1-2-1	
Introduction to colleagues	Line Manager 1-2-1	
Key Communication Systems including:		
Security of department/ building	Line Manager 1-2-1	
Access to IT systems / Security management	Line Manager 1-2-1	
Who to contact in the absence of the line manager	Line Manager 1-2-1	
Emergency Procedures	Line Manager 1-2-1	
I.D. Badge obtained	Line Manager 1-2-1	

Endura

HYWEL DDA UNIVERSITY HEALTH BOARD

Section C: Ward / Department Services

Content	Method(s) of delivery	Complete
KSF/PDP Process/PRP/Preceptorship	Line Manager 1:1	
Use of Phones	1-2-1	
Catering facilities	Mentor/Colleagues	
Making personal telephone calls (policy) – location of pay phones.	Line Manager 1-2-1	
Car Parking	Line Manager 1-2-1	
General layout of the office/working area	Mentor/Colleagues	
Management of money/values	Line Manager 1-2-1	
Tea/Coffee facilities	Mentor/Colleagues	
Toilet/hygiene	Line Manager 1-2-1	
Communication eg notice boards, Team Brief, Hywel's Voice	Line Manager 1-2-1	
Alarm systems / security / resuscitation equipment	Line Manager 1-2-1	
Local Union Representative	Line Manager 1-2-1	

Section D: Employment Conditions

Content	Method(s) of delivery	Complete
Job description / KSF outline	Line Manager 1-2-1	
Hours of work / shift rotas and breaks	Line Manager 1-2-1	
Overtime / time in lieu	Line Manager 1-2-1	
Annual Leave/time sheets/travel claims	Line Manager 1-2-1	
Absence reporting and recording	Line Manager 1-2-1	
Payroll arrangements	Line Manager 1-2-1	

Section E: Policies and Procedures

Content	Method(s) of delivery	Complete
Introduce Relevant Health Board policies appropriate to Role	Line Manager 1-2-1	
Ensure Employee knows how to find policies	Line Manager 1-2-1	

HYWEL DDA UNIVERSITY HEALTH BOARD

Section F: Local Health and Safety Procedures

Content	Method(s) of delivery	Complete
Local evacuation procedures	Line Manager 1-2-1	
Safe systems of work	Line Manager 1-2-1	
Local fire procedures including fire drill	Line Manager 1-2-1	
Fire Equipment – location and use	Line Manager 1-2-1	
Emergency communication systems/bleeps	Line Manager 1-2-1	
Moving & handling procedures	Line Manager 1-2-1	
COSHH	Line Manager 1-2-1	
Infection Control	Line Manager 1-2-1	
Incident / Accident reporting	Line Manager 1-2-1	
Procedures on prevention and management of violence	Line Manager 1-2-1	
Occupational Health	Line Manager 1-2-1	
First Aid – Appointed Person etc	Line Manager 1-2-1	
Risk Assessment	Line Manager 1-2-1	
DSE Assessment Undertaken	Line Manager 1-2-1	

Section G: Additional Training Requirements

Programme	Provider	Date Booked	Date Attended
Introduction to Putting Things Right	Concerns Team		
	Applicable to all direct patient/ clinical staff and carer contact		others who have

All programmes should be booked through the Learning & Development Department. Further information regarding learning & development opportunities and booking information is available on the Learning and Development web page.

A copy of this signed and dated checklist must be retained in the personal file.

Signed

Employee Date

Manager Date



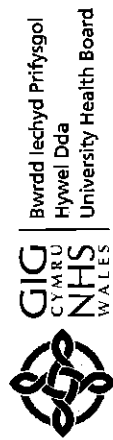
Uniform Request Form

Part A: To be completed by Departmental Head	
Name:	Department:
Job Title:	Base:
Contracted Hours:	Shift Pattern:
Requirement Date:	
Managers Signature:	Date:
Managers Name & Title:	

Part B: To be completed by Linen Room staff					
Item	No. Issued	Bust/Chest	Waist/Hips	Length/Inside Leg	Other Information
Signature:				Date:	

Part C: To be completed by employee	
In the event that leave the Trust I agree to return all uniforms that have been supplied to me	
Please Print Name:	Date:
Signature:	

HYWEL DDA UNIVERSITY HEALTH BOARD



Learning and Development Policy

V5	W&OD Sub Committee	17.5.2018	18.5.2018	18/05/2020
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	Outlines the process and management of learning and development opportunities in relation to study leave
	This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements
	443 - AW Pay Progression Policy Degree and Higher Award Policy 045 – PADR Policy 248 - Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship 203 – All Wales Capability Policy 201 – All Wales Disciplinary procedure 192 – Records Management Policy 225 – Data Protection Act Policy

Workforce & OD Group
Lisa Gostling
Director of Workforce & Organisational Development

Version no:	Summary of Amendments:	Date Approved:
1	New Policy	15/2/2011
2	Revised	4/4/2013
3	Revised	18/05/2017
4	Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – SECTION 21	17.5.2018
5	Amendment to higher award level	March 2018

Glossary of terms

Term	Definition
PADR	Personal and Development Review
CSTF	Core Skills Training Framework
CT1	Continuing Development 1
CT2	Continuing Development 2
KSF	Knowledge and Skills Framework
NHS KSF	NHS Knowledge and Skills Framework
CPD	Return on Investment
ROI	Training Needs Analysis
TNA	Electronic Staff Record
ESR	Human Resources
HR	

Keywords	Study Leave, Education, Training, Learning, Development
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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

Hywel Dda University Health Board (HDUHB) is committed to delivering the highest standard of service and care to the population it serves. To achieve and maintain a first class service and appropriate levels of Clinical Governance, it is the responsibility of the organisation and its managers to ensure that members of staff have a clear direction and purpose regarding their role and are developed to meet the knowledge, skills and understanding they require to perform their role competently.

2. POLICY STATEMENT

HDUHB is committed to personal and professional development for all staff, and constantly seeks to improve the opportunities available to enable staff to reach their full potential in line with the Organisational Values. A robust and systematic, sustainable and prudent approach is taken to the planning and prioritisation of learning needs, ensuring these needs are linked to organisational priorities to deliver the best possible patient care.

3. SCOPE

This policy applies to all employees excluding medical and dental staff who have their own study leave arrangements. The policy is applicable only to all development programme up to graduate level all Post Graduate, Masters or Phd level have a separate policy.

4. AIM AND OBJECTIVE

This aim and objective of the policy is to define the systems and processes which support the HDUHB commitment to equitably and prudently support all staff access to personal and professional development to reach their full potential within their role and deliver a high quality service for the healthcare community.

5. DEFINITIONS OF TRAINING

5.1. Statutory /Mandatory

These are training interventions required by statute (law) or mandate. There are core mandatory programmes which are defined for all staff across the NHS in the Core Skills Training Framework in addition there is also specific mandatory training identified for specific staff groups/roles .

5.2. Essential

These are training interventions which have been identified as absolutely necessary or extremely important for specified staff in addition to the CSTF statutory/mandatory training.

5.3. University Health Board Priority

Study identified as an organisational need that is essential to delivering the agreed service strategy. Training and development objectives can be planned to map the course content with work and service delivery objectives and continuous professional development, and identified through PADR process and collated within the Departmental Training Needs Analysis.

5.4. Continuing Development 1 (CD1)

CD1 is study considered to have some relevance to the individual's current job or aspirational job role, and for which there are some benefits to the HDUHB in investing in development of the individual. This development must be identified on the individual's PADR, and the Departmental Training Needs Analysis and agreed at County Management Team (Executive Level for Corporate services) as appropriate.

HYWEL DDA UNIVERSITY HEALTH BOARD

5.5. Continuing Development 2 (CD2)

All other personal development for which study leave might be requested.

5.6. Study Leave

For the purposes of this document, Study Leave is defined as time away from the normal work location granted by the organisation for the purpose of undertaking formal or informal learning and development activity. Staff who are invited to give a presentation to an outside body are subject to the terms contained in this policy. A working day is defined as 7 1/2 hrs.

5.7. Time Away from the workplace

Any period of time when the employee is away from the workplace to attend training. This can be paid, unpaid or a combination of both.

6. NHS KNOWLEDGE AND SKILLS FRAMEWORK (KSF)

Learning and Development within HDUHB is underpinned by the principles of the KSF, which lie at the heart of the career and pay progression strand of Agenda for Change. The KSF applies across the NHS and is designed to:

- Identify the knowledge and skills that individuals need to apply in their post.
- Help guide the development of individuals through a structured approach to appraisal and personal development planning.
- Provide a fair and objective framework on which to base review and development for all staff.
- Provide the basis for career development and pay progression in the service.
- Provide a link to relevant occupational standards.

The NHS Knowledge and Skills Framework (NHS KSF) and Performance Appraisal and Development Process Handbook can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4090845

7. KEY PRINCIPLES

This policy is underpinned by the following principles

- To ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.
- The effectiveness of direct and indirect patient service delivery remains the basis for staff learning and development.
- Individuals will be developed in the post in which they are employed, so that they can be effective at work. Managers will enable staff to develop within their post and meet the demands of the KSF outline for some programmes, a learning contract between the individual, the manager, the Learning & Development Department and the HDUHB will be in place.
- Staff and managers fully support the Knowledge and Skills Framework and the associated Performance Appraisal and Development Review process and agree a Personal Development Plan in partnership
- Staff are accountable for their activity and practice and will be supported to develop so that they are fully able to perform their roles competently, and achieve their annual objectives effectively. Individuals take personal responsibility for their own development.
- Staff actively contribute to the learning and development culture by coaching, mentoring and developing other staff throughout their careers
- Individuals and teams, have access to effective learning and development opportunities, with all members of staff being supported to learn throughout their careers and develop in a variety of ways, offering opportunities to broaden experience and encourage career progression.

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8. ROLES AND RESPONSIBILITIES

8.1. Individual's Responsibility

- All staff must take responsibility for identifying their own learning and development requirements via the Performance Appraisal and Development Review process, which should be undertaken at least once annually. This will result in the development of a Personal Development Plan (PDP) which satisfies personal, departmental and organisational objectives. Staff are equal partners in meeting their personal learning and development requirements. As such, they are responsible for:
 - Actively participating in appraisal and personal development processes, self-assessing their achievements and competencies in order to inform their personal development plans.
 - Identifying their own development needs, including where appropriate, CPD for ongoing professional registration, ensuring that personal practice is up to date so that patient care and service delivery is based on current evidence and best practice.
 - Accessing appropriate learning opportunities.
 - Ensuring they attain the required mandatory updating as defined within the Core Skills Training Framework for their job role.
 - Attending and completing all identified study days and courses.
 - Providing feedback on the quality and effectiveness of learning activities.
 - Evaluating and sharing learning opportunities with colleagues, the wider organisation and the NHS as a whole.
 - Notifying their line manager and training provider if they are unable to take up a previously arranged training place or are experiencing difficulties with current study programmes

8.2. Manager's Responsibility

- The manager is responsible for the identification of need and development of all staff within their area of responsibility. This responsibility includes:
 - Identifying learning and development needs to meet the needs of the organisation, department and the individual through annual PADR.
 - Providing a training needs analysis annually to inform the planning of prioritised training programmes.
 - Ensuring that agreed personal development plans are deliverable within planned timescales. This includes completion and / or scheduling of identified mandatory training programmes, prior to agreeing all other requests / study leave applications for training.
 - Ensuring all staff have equal opportunity to access learning and development activities.
 - Ensuring all staff complete booked training, and that departmental records of attendance at training are maintained.
 - Liaising with employees at regular intervals in addition to the annual Personal Development Review to review progress and offer any support, if the employee is experiencing difficulties. Recording evidence of the examples of application of knowledge and skills for staff which demonstrate evidence against the KSF outline.
 - Ensuring that all staff undertake a PADR at least annually, and reporting when this has taken place through the PADR and monitoring process.
 - Collating information from PDPs, to develop departmental training needs analysis.
 - Feeding departmental needs into service and Organisational training needs into the organisational Training Needs Analysis (TNA).
 - Ensure that staff are given the opportunity to provide feedback on the quality of the training undertaken.
 - Provide the Leadership, Education & Development Department with an annual evaluation of the return on investment (ROI) by brief report on initiatives, changes in practice, service developments which have arisen following development of staff knowledge and skills.

HYWEL DDA UNIVERSITY HEALTH BOARD

8.3 Leadership, Education & Development Department

- The leadership, education and development department will support the organisation in achieving a learning culture that supports and encourages development. The department will:
 - Develop and maintain a live web page, to promote learning and development activity throughout the organisation. This will include information on accessing programmes, policies and procedures relating to learning and development, and will house the e-learning portal.
 - Administer and facilitate all internal learning and development activity
 - Provide evidence of the effectiveness of the education delivered, and return on investment on internal and external learning and development activities in the pursuit of improved patient care.
 - Promote and facilitate the involvement of managers and staff in developing the strategic approach and contribution of learning, training, development and education within the organisation
 - Provide development opportunities within the workplace, class base and e-learning programmes which can be accessed locally wherever possible
 - Regularly review the organisational strategy and action plans for the continuous development of staff.
 - Regularly review and develop training, education and development policies and processes. Foster the promotion of innovation and best practice in all areas of training, development and education, internally and externally.
 - Produce the results of the annual training needs analysis process and produce a learning and development prospectus, which is informed by the TNA process.
 - Maintain central electronic records relating to attendance at training, and provide reports to managers and the Board on a quarterly basis.
 - Build relationships with education providers, informing curriculum development to reflect service and patient needs.
 - Monitor equality of opportunity and provision throughout the HDUHB
- 8.3. Director of Workforce and Organisational Development
 - The Director of Workforce and Organisational Development is responsible for:
 - Ensuring provision and delivery of the learning and development function across the organisation.
 - Providing adequate resources to support learning and development, including statutory and mandatory requirements.
 - Ensuring that progress is being made against the organisation's Education Strategy.
- 8.4. Hywel Dda University Health Board
 - HDUHB has ultimate responsibility for the continuous development of its staff ensuring that the provision of care and related services for patients are safe and clinically effective.
 - As such, the HDUHB is responsible for:
 - Monitoring the equality of access to and Learning and Development activity information for all programmes.
 - Ensuring that the UHB has adequate resources to deliver the required education and training in line with the Education and Training Strategy.
 - Developing and aligning the strategy for education, learning and development with the IMTP and service plans within the organisation.

HYWEL DDA UNIVERSITY HEALTH BOARD

HYWEL DDA UNIVERSITY HEALTH BOARD

8.5. Local Trainers

- Many trainers work within the corporate, operational and service structures/teams and as such, have a key responsibility for the translation of the Learning and Development Policy at all levels. In relation to their role, they must:
 - Ensure that any training opportunities developed locally reflect the strategic priorities.
 - Ensure staff are aware of the outcomes and content for training sessions prior to commencement and that the level of the learning content is appropriate.
 - Liaise with the Learning and Development department, and provide written course descriptions, identifying the aims, objectives and any assessment criteria, for inclusion in the corporate prospectus.
 - Maintain professional and technical competence in terms of personal updating relating to both teaching skills and area of specialist knowledge.
 - Ensure quality and effectiveness of locally delivered programmes.
 - Record all training activity on registers and send to the Learning and Development Department for recording on the electronic staff record (ESR) to enable effective reporting of activity against Tier 1 targets.
 - Ensure evaluation of all training in terms of impact on patient care and feed this back to local managers and the Learning and Development department.
 - Participate in the development of an annual training report, reflecting activity and evaluation data.
 - Ensure that they inform line manager of any resource issues promptly in order to mitigate
 - any impact on service provision

9. ANALYSIS OF TRAINING NEED

- Learning and Development needs will be identified through the annual Training Needs Analysis (TNA) process.
- Staff members identify their learning needs, through the PADR process, during which a personal development plan (PDR) is agreed jointly by the individual and reviewer / manager.
 - The service managers are responsible for collating the identified training needs and submitting them to their senior manager, for approval prior to submission. The completed plans should then be submitted to the Education and Training Department by end May annually to then be collated and included in a corporate TNA, which is used to inform the provision of internal training, and resource allocation for external programmes.

10. STUDY LEAVE ENTITLEMENT

The following guidance should be applied:

Definition	Amount of Course Fee paid by HB	Paid time away from the workplace*	Travel/ Accommodation**	Other Costs
Statutory / Mandatory - Training required for the role to meet statutory obligations and training which is designated as mandatory by HDUHB Policy to meet the needs of the service/role	100%	100%	100%	NA
HDUHB Priority- Study identified as an organisational need, that is essential to delivering the agreed service strategy. Training and development objectives can be set linking the course content with work objectives, and are identified on the Departmental Training Plan, and agreed at service management level (Executive Level for Corporate Departments).	100%	100%	100%	Negotiated in view of service position
Continuing Development 1 (CD1)- study that is considered to have some relevance to the individual's current job or aspirational job role, and for which some benefit to the HDUHB can be quantified through training and development objectives. This development must be identified on the individual's PDP, and the Departmental Training Plan and agreed at County Level (Executive Level for Corporate Departments).	50%	0%	0%	Negotiated in view of service position
Continuing Development 2 (CD2)- All other personal development for which study leave might be requested	Not usually supported	Not usually supported	Not usually supported	Not usually Supported

One full day study leave is considered to be a shift of 7 1/2 hours.

Evidences

HYWEL DDA UNIVERSITY HEALTH BOARD

11. QUALITY, EVALUATION AND RETURN ON INVESTMENT

Evaluation is an essential part of the ongoing PADR process. The success of learning and development activities should be discussed and assessed as part of this process and the extent that the investment in the individual has been applied within the workplace. Evaluation of all learning and development programmes will be undertaken, e.g. programme evaluation form and follow up methods, including manager feedback and focus groups.

12. TIME OFF

See Study Leave Guidance for Managers in Appendix 1.

13. REIMBURSEMENT OF EXPENSES

Reasonable expenses will be reimbursed in accordance with Agenda for Change guidance. The budget holder together with the applicant will determine and agree what is reasonable prior to the commencement of the study leave. Expenses can only be reimbursed on the production of receipts. Such expenses have to be applied for and must be reasonable in the circumstances.

Travelling expenses will be agreed by the budget holder and the applicant and could be:

- Full rates per mile travelled in accordance with the applicant's conditions of employment and at public transport rates.
- A set sum.
- No travelling expenses paid at all

The maximum amount of expenses payable are those set out in the Agenda for Change terms and conditions handbook. Applicants will be advised by the budget holder what expenses have been agreed in each case. The total cost of the study leave must be decided at the time of application.

14. WITHDRAWAL OF FUNDING

In exceptional circumstances the organisation reserves the right to withdraw some or all of the funding for the continuance of approved study leave e.g. failure to complete the work within the prescribed framework, failure to complete the course or to attend in accordance with the requirements of the course.

Funding would not under any circumstances be unilaterally withdrawn.

Full discussions with senior staff, the applicant and the Assistant Director of Workforce and OD (OD)/ Assistant Director of Nursing (Workforce)/ Assistant Director of Therapies and Health Science would take place prior to the notice of withdrawal of funding being issued. The final decision rests with the budget holder.

15. TRADE UNION EDUCATION AND TRAINING

Trade Union education and training is not study leave under the terms of this policy. However, it is included here for completeness in relation to granting leave with pay and, therefore, a study leave form must be filled in.

Leave with pay may be granted to recognised Trade Union Representatives for Trade Union activities and courses. This must be agreed by the Manager/Department Head/Professional Head of Service or County Director

HYWEL DDA UNIVERSITY HEALTH BOARD

16. OVERSEAS STUDY LEAVE

A member of staff may be granted leave with pay and expenses in attending a conference or undertaking a study tour overseas where it can be seen to benefit the organisation. Similarly if such conferences or study tours constitute an essential part of an educational programme, leave may be granted.

For overseas study leave, submission of an application form should be at least 3 months in advance and should be approved by an Executive Director of the HDUHB.

17. COMMERCIAL SPONSORSHIP FOR ATTENDANCE AT COURSES AND CONFERENCES

Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the staff member seeks permission in advance from their senior manager and the senior manager is satisfied that acceptance will not compromise purchasing decisions in any way.

Any sponsorship/hospitality related to Post Graduate Medical Education must be approved and signed off by the Associate Medical Director who has responsibility for Post Graduate Education and Training.

Any sponsorship/hospitality related to other learning and development activity must be approved and signed off by the Assistant Director of OD who has responsibility for organisational learning, education and development.

18. PROCESS FOR APPROVAL OF STUDY LEAVE AND FUNDING

All learning and development activity must be identified through the PADR process and the development of a jointly agreed PDP.

18.1. Approval of attendance at Internal Programmes

Staff wishing to attend in-house learning and development programmes must have agreement with their manager, who will check that the individual has undertaken mandatory training prior to approval of any additional development. The manager should reserve a place on the programme using ESR self service, using the Learning and Development department e-prospectus for reference. Confirmation of a place will be given at this time, and managers and staff are equally responsible for ensuring attendance at the programme.

A number of in-house programmes incur a charge to the organisation, therefore cancellations within 24 hours of the programme will be cross-charged to the department if a suitable replacement cannot be found. Managers are however able to substitute a member of staff at very short notice without incurring this charge.

18.2. Applications for external study leave and funding

All staff must complete an 'Application for Study Leave and Funding' form (Appendix 1a), in according with the Guidelines for completion of application for study leave (Appendix 1b).

Managers should prioritise all study leave applications into one of the following categories, Statutory/Mandatory, HDUHB Priority, Continuing Development 1 (CD1), or Continuing Development 2 (CD2). Applications must be signed by the immediate line manager, and countersigned by the senior service manager/general manager/director (as appropriate), or his / her nominated representative and professional head where appropriate. The application should then be forwarded to the Learning and Development Department at Withybush Hospital for final authorisation. This includes applications where no fee for the course is incurred.

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Applications should be received by the Learning and Development Department at least 6 weeks prior to the development taking place. No staff should attend external training without receiving written confirmation of approval.

Under no circumstances will back-dated applications be considered.

18.3 Applications to undertake a Higher Award (e.g., Degree, Post graduate diploma, Masters Degree, PhD)

The Higher Awards process is managed separately from the routine study leave application process, and is concerned with studies at level 6 or above, and study at levels 4 and 5 as part of enrolment towards a first (Bachelors) Degree per academic year.

All applicants wishing to be considered for paid or unpaid study leave, and /or funding support to undertake a higher award must complete the usual study leave application, and a supporting statement (Appendix 3) by the 30th April each year, prior to the commencement of courses in September of that year.

The line manager, Professional Head (if appropriate) and General Manager/ County or Assistant Director must sign the study leave form and supporting statement, clearly indicating if they are approving the requested study leave time on a paid or unpaid basis, and how the additional knowledge will be utilised within the workplace.

Funding

Submission of an application for higher award studies, does not guarantee funding. An Executive led panel will consider all applications on individual merit, and award / agree any funding for the academic year, according to available resources.

All applications for academic studies directed to charitable funds will be treated as unusual or novel and hence will need to be reviewed by the Charitable Funds Subcommittee and decisions reported to the full Committee.

Applications for funding must be made on a yearly basis and subsequent funding is not guaranteed.

For programmes leading to awards of more than 30 credits in one academic year, the maximum Health Board funding support available is 75%. Staff enrolling for higher awards are expected to contribute a minimum of 25% of the course fees. This includes staff who have studied via a modular route. For example, staff who have studied for a masters degree (180 credits at level 7) through a modular approach, the 25% contribution would equate to the costs for 45 x level 7 ('M' level) credits. An interest free loan, payable through salary for the remaining amount is offered to all staff. Full details of this process are available through the learning and development department.

The amount of paid study time must be agreed with the manager prior to application. No backfill should be used to support staff release. The maximum paid study leave that will be supported per year to undertake a higher award is 32 days.

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Managers must not agree to support staff to undertake higher awards outside of this process, including as part of the recruitment process.

18.3. Fee Repayment Requirement

Where a contribution of the fees for an individual's higher award have been paid for by Hywel Dda Health Board; the member of staff will be required to pay back a proportion of the amount received if they leave the employment of the said Health Board within a specified period of completion, according to the following schedule:

Leaving Health Board employment	Fees Pay Back
Before completion of qualification	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

Whilst it is unusual for staff to embark on a course and then to withdraw immediately or not to make any attempt to progress, this can happen and, depending on the situation, the Health Board reserves the right to request staff to repay the fees already incurred.

Each case will be reviewed individually and agreed by the Learning and Education Department; the individual's General Manager (or equivalent) and the appropriate Executive Director. The individual may appeal to the Executive Director should they not agree the outcome of the decision. Individual decisions will be made in respect of re payment in full or in instalments.

Each individual will be required to sign an agreement prior to the commencement of such a course which outlines the above; failure to sign the agreement will bar the student from accessing Health Board funding for the course.

19. TRAINING AND AWARENESS RAISING

All staff will be made aware of this policy upon commencement with the HDUHB at either the HDUHB or the departmental induction. Copies can also be viewed on the HDUHB's Intranet or obtained via the HR department. Training will be provided as appropriate depending on the complexity of the policy. Training may be provided at HR training sessions which all staff will be informed of via internal communication channels or their line manager in advance or via newsletters.

20. EQUALITY

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

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21. DATA PROTECTION ACT /GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

Name: _____

Title: _____

Date: _____

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22. FREEDOM OF INFORMATION ACT 2000

All HDUHB records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the HDUHB may be found in the Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

23. RECORDS MANAGEMENT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the HDUHB and will be managed and stored and utilised in accordance with the 192 - Records Management Policy.

24. REVIEW

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

25. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the HDUHB. The database will include equality monitoring data, which will be reviewed and presented to the HDUHB's Equality and Human Rights Steering Group.

26. DISCIPLINE

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the 201 – All Wales Disciplinary Procedure.

27. APPROVAL

Signed on behalf of the Staff Side:

Signed:

Name: _____

Title: _____

Date: _____

Signed on behalf of the Management Side:

Signed:

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28. APPENDIX 1A – APPLICATION FOR STUDY LEAVE AND FUNDING (EXAMPLE ONLY – PAPER VERSION USED WITH COPY)

Full Name:		Job Title:		Department:		Payroll No:	
Address for Correspondence: (Work address only)		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Course Title:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Venue:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Indicate Priority: Secondary ☐ Mandatory ☐ NB Priority/essential ☐ CPOD ☐ CPOD ☐		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Is this development identified on your PSP? Yes ☐ No ☐		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Have you completed your Core Skills (Mandatory) training? Yes ☐ No ☐		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Show details of your most recent CPD:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
How will this learning support personal objectives?		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
How does this learning support organisational objectives?		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
To be completed by applicant:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Course Fee:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Travel:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Accommodation:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Other:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Financial entry (to be completed by Budget holder for work Budget):		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Course Fee:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	
Travel:		Name and Full Address of Course Provider:		Date of Course:		Payroll No:	

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Assessment:					
Other:					

All applications should be sent directly to the Learning Manager/Executive Director to approve the application, and then forward to the Learning & Development Business Manager, L&D Dept. Secretary, Wylabour General Hospital. Staff must not submit courses, prior to receiving written confirmation of approval from the L&D department.

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28. APPENDIX 1B - GUIDELINES FOR COMPLETION OF APPLICATION FOR APPROVAL OF STUDY LEAVE AND FUNDING FORM

This is a carbonised form - please press hard when completing and keep all copies together. The bottom copy (which will be returned to the applicant when the form has been authorised. The pink copy will be returned to the applicant's Manager and the yellow copy will be retained by Learning and Development Department for their records. The top white copy will be sent to Payroll.

Failure to complete all sections will result in the application being returned to you.

This form should be used only for the approval of Study Leave and Funding related to the study. Claims for reimbursement of expenses should be made through Payroll in the usual way.

When you have completed your form and it has been approved by your Manager, please send it together with any booking forms, and where appropriate, a Request for Charitable Fund Expenditure form

The bottom copy of the form will be returned to the applicant when the application has been approved. Please do not book anything until approval has been given.

The Application for Study Leave and Funding Form can be obtained from the procurement department using a stock requisition.

FULL NAME - The name that appears on your contract of employment.

JOB TITLE - Your official job title as it appears on your contract of employment.

ADDRESS FOR CORRESPONDENCE - The address that any study leave related correspondence (i.e. approval etc) should be sent to. This would normally be your work base.

DEPARTMENT - The department within the organisation and where you are based.

TELEPHONE NO. - The number at work where we can contact you in the event of a query.

STAFF/PAYROLL NUMBER - Your staff number (you will find this on your payslip). We need this to identify you uniquely in our database.

COURSE DETAILS AND VENUE - The name of the course/conference/study day etc and where it is being held.

DATE OF COURSE - The date(s) the course is being held.

CLOSING DATE FOR APPLICATIONS - The last date that the course provider will accept applications.

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NAME AND FULL ADDRESS OF COURSE PROVIDER - These details will be used for payment purposes and it is therefore imperative that they are correct. If you do not attach a completed booking form to your Study Leave application, an order will not be raised and you will be responsible for the payment of your course fee. This may be claimed back through Payroll.

PAID / UNPAID LEAVE REQUIRED - Delete whichever is not applicable.

NO. OF WORKING DAYS - The number of days that you will be away from the workplace. This includes travelling time and any time that will be taken in lieu of weekend courses. **PRIORITY** - Place a tick or cross in the box next to the relevant priority. (Discuss this with your manager).

PDP / PDR - Indicate if this development is identified on your PDP, and give date of most recent PDR

OBJECTIVES TO BE MET - These should be in line with those identified in your PDR.

APPLICANT SIGNATURE - Please sign and print your name and give the date of the application.

MANAGER SIGNATURE - Support should be sought from your line manager in the first instance.

N.B. line management support does not necessarily mean that your application will be funded by the organization, as the relevant County Director or Executive Director must support any applications before forwarding to the Learning and Development Department for authorisation of funding.

AUTHORISED SIGNATORY - Assistant Director of OD

COURSE FEE - The fee that is being charged by the course provider for attendance. This figure will sometimes include accommodation and meals and therefore needs to be separated.

TRAVEL - The amount it is going to cost to travel to and from your course. You will not be able to claim for anything other than has been approved on your Study Leave form. Actual mileage must be shown and the amount you claim must adhere to Agenda or organisationally agreed rates of pay.

ACCOMMODATION - The amount your accommodation is going to cost. This will sometimes be included in your course fee and should be shown separately. These costs should be contained within the Agenda for Change terms and conditions limits. If accommodation is not included in the course fee or provided by the course provider, contact the Learning and Development Department who will advise you on the process to follow regarding the contracted travel agent. In the event that you pay for accommodation yourself, you will have to claim reimbursement through Payroll. You will not be able to claim for anything other than has been approved.

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OTHER COSTS - Staff on Agenda for Change terms and conditions will be reimbursed up to the maximum amount specified in the Agenda for Change agreement. Receipts are required at all times.

TOTAL APPROVED - This column to be completed by the Authorised Signatory.

FINANCIAL CODE - This column to be completed by your Manager if the costs of the course are to be met by his/her own departmental budget or a Charitable Fund. If costs are to be met by Charitable Funds, a completed Request for Charitable Funds Expenditure form must be attached to the study/leave application.

TO BE COMPLETED BY MANAGER - This section must be completed by your Manager and will identify the budget / fund the expenditure is being requested from.

TOTAL MILES - The total mileage that you will be claiming. ENGINE CAPACITY - eg. 1500cc

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30. APPENDIX 2 STUDY LEAVE GUIDANCE FOR MANAGERS

The following guidance has been issued for the approval of funding and time away from the workplace relating to study/leave in light of current financial restraints. The recommendations are intended to ensure consistency and equity throughout Hywel Dda Health Board.

Definition	Amount of Course Fee paid by HB	Paid time away from workplace*	Travel / Accommodation**	Other Costs
Statutory / Mandatory - Training required for the role to meet statutory obligations and training which is designated as mandatory by Health Board Policy to meet the needs of the service/role	100%	100%	100%	Negotiated in view of service position
Health Board Priority - Study identified as an organisational need that is essential to delivering the agreed service strategy. Training and development objectives can be set linking the course content with work objectives, and are identified on the Departmental Training Plan, and agreed at County Level (Executive Level for Corporate Departments).	100%	100%	100%	Negotiated in view of service position
Continuing Development 1 (CD1) - study that is considered to have some relevance to the individual's current job or aspirational job role, and for which some benefit to the Health Board can be quantified through training and development objectives. This development must be identified on the individual's PDP, and the Departmental Training Plan and agreed at County Level (Executive Level for Corporate Departments).	50%	0%	0%	Negotiated in view of service position
Continuing Development 2 (CD2) - All other personal development for which study leave might be requested.	Not usually supported	Not usually supported	Not usually supported	Not usually supported

*One full day study leave is considered to be 7.5 hours. **Travel to and from the study is not to be included in study/leave time. Due to the current financial position, the Health Board is only able to financially support study leave applications which fall within a

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Mandatory or Health Board Priority category, unless the developments are supported through the use of Charitable Funds. This position will remain until further notice

Current Funding Arrangements

Funding from the Health Board's central education budgets will be granted for the payment of the course fee only. All external study leave for which there is a cost must be identified on departmental training plans, and submitted to the Learning and Development Department through the annual training needs analysis process. It remains the discretion of the department / locally manager and their devolved authorised signatories to approve all other expenses, in accordance with the previous guidance.

In all cases, the County Director or relevant Executive Director must counter sign all applications, however, this does not guarantee that funding from the central education budgets will be available. A copy of all completed, county approved study leave applications must be forwarded to the Learning & Development Business Manager, Learning & Development Department, Wyllichwys Hospital at least 4 weeks prior to the study. Staff must not attend development, prior to receiving written confirmation of approval. No retrospective applications will be considered.

ALLOWANCES FOR TRAVEL, SUBSISTENCE, AND ACCOMMODATION EXPENSES

Where travel, subsistence, accommodation and other expenses are necessary, these must adhere to the Terms and Conditions of the Agenda for Change

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APPENDIX 3 - HIGHER AWARD GUIDANCE

APPLICATION FOR STUDY LEAVE AND FUNDING SUPPORT TO UNDERTAKE HIGHER AWARD STUDIES

Staff wishing to be considered for paid or unpaid study leave, and/or funding support to undertake a higher award must complete this application form in full, and return to the Learning and Education Department by 30th April. Late applications are unable to be considered after this date due to University commissioning and enrolment requirements.

Please complete this application form and submit to your manager with the relevant course information for completion and signing. Your manager will then need to forward electronically to the General Manager/Professional Head/Assistant Director/County Director for appropriate signatory who will then forward electronically to the study leave account studyleaveHDD@Wales.nhs.uk.

Please note all application forms need to be completed in word format, Adobe (PDF) or hard copies sent through the post will not be accepted and will be returned to applicant

Applications not fully completed will NOT be considered.

All of the below will need to be fully completed in order for the application to be considered.

- ✓ Higher Award study leave application
- ✓ Management questionnaire
- ✓ Full details of the programme – including a copy of the course details e.g. brochure/ leaflet showing title, cost per year, length of course, qualification awarded.

The authorising manager (budget holder) must sign this supporting statement and complete the management questionnaire, and also indicate if they are approving the requested study leave time on a paid or unpaid basis.

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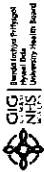
Submission of an application for higher award studies, does not guarantee funding. An Executive panel, will consider all applications in June annually on individual merit, and award any funding for the academic year, according to available resources. Applications for funding must be made on a yearly basis. Subsequent year(s) funding is not guaranteed.

Fee repayment requirement: the need to adopt fiscally responsible budgets.

Where the fees for an individual's higher award (i.e. Bachelor degree level or higher, have been paid for by Hywel Dda Health Board; the member of staff will be required to pay back a proportion of the fees if they leave the employment of the said Health Board within a specified period of completion, according to the following schedule:

Leaving Health Board Employment	Fees Pay-back
Before completion of qualification	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

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1. Name		Payroll No.	
Title:	First name	Surname:	
2. Email Address (work)			
3. Post/Job Title			
4. Grade:			
5. Department		6. Base:	
7. Directorate			

8. Course Title:
9. Full Details/Address of Course Provider:
10. Date(s) of Course

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From:	To:	Total Days Attendance Required:	Total Days Paid Requested:	Total Days Unpaid Requested:
1. Category of training (please tick below and give further details) ☐ Mandatory (identify legal requirement) ☐ Essential (identify standard/network) ☐ Other (eg CPD)				
Item	Amount	Budget Code	Total Agreed by Panel	
Course Fee (Yearly Only)				
Travel Costs (public transport)				
Travel Costs (car - mileage/parking)				
Subsistence (as per Agenda for Change)				
Accommodation (as per Agenda for Change)				
Total				

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6. Date of your most recent PDR?	Yes / No (if no please complete the e-learning modules via ESR)
7. Is your mandatory training compliant (Core Skills level 1 minimum)	
8. Indicate the development need, how it was identified and confirm that it is part of your agreed Personal Development Plan for 2018/2019	
9. How will the development need be met? Please specify course aim and objectives, and method(s) of delivery.	
10. Describe how the development (max 500 words)	
- Will benefit patient care - Will improve your individual performance - Will be applied to the workplace - Will benefit and influence others within the organisation	
11. If known, on what topic area will your work based project, summative assignment or dissertation focus? Explain how this will relate to your work area and personal and professional development?	
12. Indicate how this development will contribute to service priorities and objectives.	

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13. Have you explored / received alternative sources of funding? If yes please give details	
Signature of Applicant	
Print Name	
Date	
Contact Number and Email	

Signature of Manager	
Print Name	
Date	
Contact Number and Email	
Is the requested study leave time on a paid basis	
Yes/ No (please indicate)	
supported	
Signature of General Manager/Professional	
Head/Assistant Director/County Director	
Print Name	
Date	
Contact Number	
Is the requested study leave time on a paid basis	
Yes/ No (please indicate)	
supported	

HYWEL DDA UNIVERSITY HEALTH BOARD
GIG Cymru
NHS
Welsh Health Board
LINE MANAGER'S STATEMENT IN SUPPORT OF A HIGHER AWARD APPLICATION

Why is this academic study being requested?	
Is the study linked to the Transforming Clinical Services Programme – if yes please give details	
If this higher award study was not supported, What would be the impact on patients?	

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In relation to the service, please give details in relation to your support for this study – ie, what are the anticipated service benefits to be realised through this investment (please include qualitative and quantitative outcomes)	
How will the learning from this programme be directly utilised in practice within the service area?	

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Are the activities and development/qualification described within the current ID as an essential criteria? <i>If yes, please identify why the post-holder does not currently hold the qualification required.</i>	YES (please give further details) NO
Add any additional supporting information	

Please confirm that no backfill will be required to enable any agreed release of staff to attend this programme of study.
Signed Manager (e-signature):
Date:



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

PERFORMANCE APPRAISAL AND PERSONAL DEVELOPMENT PLAN POLICY

Policy Number	045	Supersedes	Classification	Employment
Version No	04/01	Approval	Dated Approval	Effective Date
V4		W&OD Group	17.5.2018	18.5.2018

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

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

Glossary of terms

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

Keywords PADR, PDP, Performance Appraisal, Personal Development Plan

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1. INTRODUCTION

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

2. POLICY STATEMENT

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

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

3. DEFINITIONS

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

4. SCOPE

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

HYWEL DDA UNIVERSITY HEALTH BOARD

5. AIM & OBJECTIVES

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

6. PRINCIPLES OF PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW

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

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

7. PROCESS OF PADR COMPLETION

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

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

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

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

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

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

8. HEALTH BOARD GUIDANCE

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

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

9. APPEALS PROCEDURE

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

10. DOCUMENTATION

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

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

11. ROLES AND RESPONSIBILITIES

11.1. Chief Executive

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

11.2. Director of Workforce and Organisational Development

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

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

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11.3. Executive Directors

Executive Directors have responsibility to ensure that

- All staff within their responsibility are aware of and comply with the Policy.

11.4. Senior Managers, Heads of Services

It is the responsibility of all Senior Managers and Heads of Services to ensure that:

- The policy is disseminated throughout their respective services and departments
- All levels of staff within their department or professional group adhere to this policy in all respects
- The Tier 1 target is attained within their services through compliance with this policy by ensuring all staff have an annual PADR and PDP
- The quality of the PADR is audited to ensure that the policy is applied and underpinned by the organisational values.
- This information will also be recorded within ESR to inform accurate corporate and service level information (Identification of the number of staff who have had a PADR within the previous 12 months is required in Standard 22 of the Healthcare Standards for Wales).
- Where Development Plans have associated costs identified to support learning and development authorisation processes are clear within the team
- The required Health Board process is followed within the Health Board Guidance Documentation (Appendix 1) at reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected.
- Payroll is notified in a timely manner using the defined Health Board Process and documentation if a member of staff should not progress through Pay Progression.
- All identified reviewers have the requisite skills and knowledge to undertake a reviewer role. (A reviewer may not necessarily be the reviewee's line manager, but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through Personal Development Plans into a Local service Training Plan as part of the Training Needs Analysis process.

11.5. Heads of Department and Ward Managers

Ward Managers and Heads of Department are responsible for:

- The ratio of reviewers to reviewees is sufficient for the department (ideal ratio = 1:7, maximum ratio of 1:10).
- The reporting of the number of PADRs undertaken and Personal Development Plans (PDPs) is recorded in the Electronic Staff Record (ESR) to enable accurate corporate reporting monthly to the Board
- Ensuring all staff have an annual PADR and PDP
- Monitoring compliance of PADRs and PDPs locally with their team recording
- Following required Health Board process within the Health Board Guidance Documentation (Appendix 1) at reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected, and notifying line manager and HR team throughout the process
- All identified reviewers have the requisite skills and knowledge to undertake a reviewer role. (A reviewer may not necessarily be the reviewee's line manager, but must supervise them sufficiently on a regular basis).

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- Collating all training needs identified through Personal Development Plans into a Departmental Training Plan, which should be submitted to the Service manager for Information/authorization and then Learning and Development Department as part of the Training Needs Analysis process.

11.6. Reviewer

Nominated reviewers must be identified by the Head of Services to undertake this role and must undertake the required training prior to undertaking a review.

The Reviewer will act in a line management or supervisory capacity and undertake certain elements of the review (review of objectives, objective setting, KSF post outline review and PDP formulation) however, the signing off of some elements of the Personal Development Plans may be subject to the subsequent agreement of the Head of Department where there are associated cost implications or limited access to programmes.

All decisions to defer pay progression must always involve the Head of Department.

11.7. Reviewee

All staff are responsible for taking ownership of their own PADR in terms of assuming responsibility for:

- Preparing for the Performance Appraisal & Development Review meeting.
- Maintaining a personal development /CPD portfolio.
- Meeting work/performance objectives, and speaking with their line manager if they are having difficulties in a timely manner so that they can be supported to deliver them/discuss the situation/provide support.
- Seeking opportunities to learn and develop in the post to meet the KSF.
- Outline/objectives and take ownership of career development aspirations.
- Reviewing progress in their role, proactively discussing development needs with their reviewer and taking action to meet development goals.
- Ensuring development is also in accordance with their professional and regulatory bodies.

11.8. Learning and Development Department

The Learning and Development team department are responsible for ensuring that:

- The policy is published, reviewed, updated and held on the Health Board intranet site.
- Training for reviewers will be available for all staff within Management Passport Programme and additional monthly sessions for all staff who are required to undertake a Performance Appraisal and Development Review. It is essential that only staff who have received the training should undertake reviews.
- Records of attendance at training will be held on the Health Board ESR record.

12. PERFORMANCE INDICATORS

- 65% of staff have undertaken a Performance Appraisal & Development Review with their nominated reviewer in a 12 month period.
- 85% of staff have a Personal Development Plan in place.
- TNA completed annually from all areas.
- Number of staff passing through pay progression.
- Number of Consultant and non-consultant career grade Appraisals undertaken.

HYWEL DDA UNIVERSITY HEALTH BOARD

13. EQUALITY

The Health Board recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Health Board recognises that equality impacts on all aspects of its day to day operations. All policies and procedures will be assessed using the Health Board integrated impact assessment tool.

14. DATA PROTECTION ACT 1998 / GENERAL DATA PROTECTION REGULATIONS 2016 OR ANY SUBSEQUENT LEGISLATION TO THE SAME EFFECT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, that relate to identifiable individuals are to be treated as confidential documents, in accordance with the Health Board's 225 - Data Protection Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

15. FREEDOM OF INFORMATION ACT 2000

All Health Board records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the Health Board may be found in the 173 - Freedom of Information Act 2000 Policy. It is recommended that all parties familiarise themselves with the relevant parts of this Policy.

16. RECORDS MANAGEMENT

All documents generated under this policy, including applications, and formal notes and documents generated by managers and any review panel, are official records of the Health Board and will be managed and stored and utilised in accordance with the Health Board's Records Management Policy.

17. REVIEW

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

18. MONITORING

Details of all capability procedure outcomes will be recorded in a database and reported on periodically to the Partnership Forum and the Health Board Board. The database will include equality monitoring data, which will be reviewed and presented to the Health Board's Equality and Human Rights Steering Group.

19. DISCIPLINE

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



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

20. APPENDIX 1 - PERFORMANCE APPRAISAL AND DEVELOPMENT REVIEW (PADR)
A LOCAL MANAGEMENT GUIDANCE FOR ALL MANAGERS AND STAFF

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Hywel Dda University Health
Performance Appraisal and Development Review (PADR)
A Local Management Guidance for Managers and Staff

Performance Appraisal and Development Review (PADR)

To help us give the best possible care and services, whatever our role, it is important that we understand what is expected of us and how our personal contribution helps our team and the organisation to achieve its aims. A PADR is the ongoing continuous cycle providing all staff with clear agreed work objectives, feedback on how they are doing in their job and a personal development plan for the year ahead with challenging work objectives. Everyone should have a meeting during their first week in the workplace with their line manager to set objectives when they start in a job or join a new team. Then their progress is managed during the year and annually, formally reviewed through a PADR meeting which is then recorded. A summary of their performance over the previous 12 months (the review period) against the objectives set is developed and agreed and then held in their personal file.

Why PADR is Important

PADR is important because:

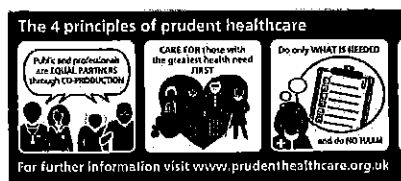
- It provides feedback on how we have done which should be honest, constructive and timely and where possible should include feedback from a range of people we work with (e.g. colleagues, stakeholders, patients, project managers)
- It should ensure each of us agree and understand what is expected of us, and how we should be doing things to what we need to deliver and the behaviours and ways of working that we expect of us
- It ensures that we develop ourselves to do things better and/or move to another role and have a plan of what learning we are going to do.

Prudent Healthcare in Appraisal

The principles of prudent healthcare underpin all objectives set across the HB, any service or individual providing a service should apply these principles when setting service and personal objectives:

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What Happens at the Review

The PADR meeting involves reviewing and evaluating performance, planning and agreeing objectives for individuals against the demands of their posts as described in their Job Description Knowledge and Skills Framework outlines for their post and informed by the Health Board strategic local service objectives. The review will also include feedback on how to do your job as well as our organisational values and behaviours and identified the behaviours which we would wish to be seen as unacceptable - they are included in this guide.

Some staff (Nurses, Therapists, Scientists etc) have specific professional criteria which define Continuous Professional Development in order to retain their Professional Registration and documentation to complete.

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Recording the Review

A record of the date the PADR has been undertaken must be recorded in the Health Board Electronic Staff Record. This is so that the HB has information to show that the PADR has been undertaken and that the information can be reported to the Board and Welsh Government. Copies can go into personal file/portfolio on an e-base via ESR or paper. The information on training needs will inform the development of departmental Training Needs Analysis which in turn helps the education and development team to plan programmes.

Planning for a PADR

It is important that the appraiser meets briefly with the staff to give them a copy of this document before the appraisal date is set, so they have an opportunity to read through the paperwork. The appraisal date should where possible be planned for a minimum of 3-4 months prior to incremental pay date. By meeting for a brief chat it gives the appraiser and staff member time to review the paperwork, any objectives set from the previous year and consideration of any development opportunities each may wish to raise at the PADR meeting. The documentation can be completed on line or printed out and completed by hand, but the emphasis in the meeting should be to face to face discussion with documentation completed at the end. The forms can either be uploaded into ESR once completed or held in the personal file. A checklist for managers is included within the Appendices.

NHS Wales Pay Progression Policy and link with PADR <https://www.wales.nhs.uk/sites/default/documents/362443/2016PayProgressionPolicy.pdf>

A new pay progression policy for NHS Wales was agreed by the Welsh Partnership Forum on 4 June 2015 and the development and implementation of the policy was one of the elements agreed as part of the 5 year deal agreed with trade unions. The policy came into effect from 1 April 2016 and in future pay progression will be based on individuals demonstrating the requisite knowledge, skills and competencies for their role and achieving the required level of performance against objectives during the period through annual performance review (PADR).

This very simple guidance is to provide managers with five core key principles which support the delivery of a 'successful' appraisal, and they are based upon one key assumption:

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

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The five key principles are:

- PADR is undertaken annually.
- Where the appraiser manages a team, compliance with PADR, mandatory training attendance, and effective management of absence will be agreed as core key objectives for staff who supervise/manage teams prospectively.
- That all objectives must have been discussed, recorded and agreed within the year prior, and performance managed during the year through regular meetings to PADR.
- There are no surprises for the appraiser at the PADR.
- The PADR dates are recorded in ESR.

If a PADR has not been undertaken during the year due to absence, or because the manager has failed to arrange the appraisal, the manager must ensure that the appraiser progresses through the incremental point.

On rare occasions a PADR may affect pay progression, in these circumstances the HB had defined the expectations of managers through a defined and very specific process. The details of this process and associated documentation are in the Appendices. The section explains clearly the process which will be applied across the HB should the result of a PADR potentially affect Pay Progression; the expectations in terms of the evidence to support any recommendation from the appraiser, the role of the service manager and the documentation required.

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Our Health Board Organisational Values, Mission Statement and Objectives



The principles which underpin our organisational values were defined by our own staff and they identified the 3 themes below.

Dignity, Respect and Fairness

This value group ensures that people are treated in way that supports their self respect. That there is a due regard to people's feelings, wishes and beliefs. Everyone counts and people are treated in a way that is right and reasonable.

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Our Health Board Organisational Values, Mission Statement and Objectives	Our Health Board Organisational Values, Mission Statement and Objectives	Our Health Board Organisational Values, Mission Statement and Objectives	Our Health Board Organisational Values, Mission Statement and Objectives
Our Health Board Organisational Values, Mission Statement and Objectives	Our Health Board Organisational Values, Mission Statement and Objectives	Our Health Board Organisational Values, Mission Statement and Objectives	Our Health Board Organisational Values, Mission Statement and Objectives

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Integrity, Openness and Honesty

This values group ensures that we choose to do the right thing every time. We are transparent and accountable for our actions and plans and that we are truthful in what we say and do.

You provide truthful and accurate information to all stakeholders in the organisation. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You share appropriate information with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.	You provide a culture of openness and honesty in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.	You provide a culture of openness and honesty in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.	You provide a culture of openness and honesty in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.
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Caring, Kindness and Compassion

This values group allow us to feel and show concern and empathy for people that need support. Where you feel sorrow and regret for the suffering and misfortune for patients, colleagues and teams, with a desire to help them in any way you can.

You provide a culture of caring, kindness and compassion in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.
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You provide individual care and support to all patients and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.	You provide a culture of caring, kindness and compassion in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.	You provide a culture of caring, kindness and compassion in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.	You provide a culture of caring, kindness and compassion in the organisation and ensure that it is a core value for all staff. You are confident in the data you report and acknowledge its limitations and ensure that you have done your best to get it right. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed. You are aware of the impact and change for the better and the future in your work. You share plans and intentions with the right people and ensure that they are understood and agreed.
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Our Organisational Objectives

The Health Board has developed 10 strategic objectives which frame the Integrated Medium Term Plan. 1 to 6 are a measurable set of targets against which we can monitor our progress within services and each has a specific delivery plan bringing together, for the first time, all of our work across Primary Care services, the Integrated Care Fund, national delivery plans, Together for Health plans and our local Population Health Programme work streams. Strategic Objectives 7 and 10 differ from the others in that their focus is on addressing our underlying financial position, delivering on national performance targets, addressing the fragility of many of our key services and bringing to life that part of our vision which seeks to ensure our services are efficient and effective and that we do not ask patients to travel unnecessarily or wait unnecessarily.

The 10 Strategic Objectives:

1. To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours.
2. To reduce overweight and obesity in our local population.
3. To improve the prevention, detection and management of cardiovascular disease in the local population.
4. To increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.
5. To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications.
6. To improve the support for people with established respiratory illness, reduce acute exacerbations and the need for hospital based care.
7. To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions.
8. To improve early detection and care of frail people assessing our services including those with dementia specifically aimed at maintaining wellbeing and independence.
9. To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with patients.
10. To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this Plan.

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SMART WORK OBJECTIVES

SMILE (FOR PEOPLE)

Specific	The action, behavior or outcome must be linked to a rate, number, percentage or frequency. <i>“Answer the telephone quickly” is not specific and allows for a subjective judgment as to how much the telephone outcome has been achieved. In contrast, “answer the telephone within 5 rings” is very specific.</i>	Specific	Even though this objective is ambiguous with regard to whether it may or may not be successful, it allows the writer of what you are trying to achieve, will need to be SPECIFIC to you, you can see the intent whether or not it has worked
Measurable	You must be able to measure the extent to which an objective has been achieved. It may be successfully created a specific objective linked to a rate, number, percentage or frequency. <i>This will be impossible to simply say, an objective is achieved by having a reasonable amount of effort and application, it can be measured. Decisions should be made on a specific amount of effort and application calls for a subjective judgment as to the measure, which is one reason why objectives should be measurable, named, and not just be the outcome.</i>	Measurable	You must be able to measure the extent to which an objective has been achieved, so even though the objective is ambiguous, it needs to be measurable to measure whether it is met, worked or not
Achievable		Innovative	Using innovative ideas, using trying a new idea, device, or method with the potential for doing better.
Realistic	This means that the outcome might be something the individual can actually keep trying. The key question here are: Does the individual have the necessary knowledge, skill and motivation to complete this objective?	(Is a) Learning Environment	Being able to try out ambiguous objectives needs the right conditions. A learning environment is one that: - Staff feel safe to try out new things - There is no such thing as failure, only progress - Optimism and a sense of curiosity - Willingness to learn and make both trials and mistakes - Include and exclude of the IWB
Timely	This means goals apply to a time timeframe within which this objective should be undertaken? If there is no timeframe, the objective is not SMART.		

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REMEMBER PLANTS DON'T FLOURISH WHEN WE PULL THEM UP TOO OFTEN TO CHECK HOW THEIR ROOTS ARE GROWING! —ORORA O'NEILL

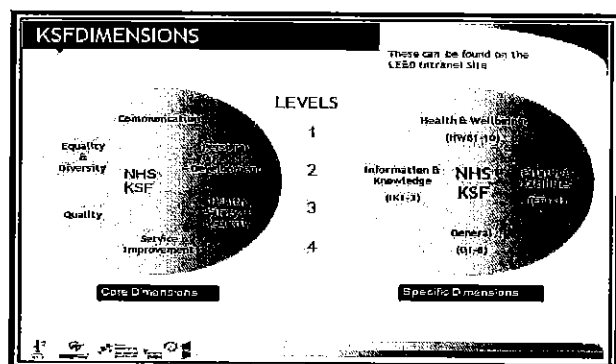
The table below represents the annual mandatory training required programmes, the level of the banking differs according to the role as does the refresher timeframe. This information is available here in the mandatory training grid or via the hyperlink if preferred. [HYPERLINK TO THE MANDATORY TRAINING GRID](https://www.bankofengland.co.uk/mandatory-training-grid)
<https://www.bankofengland.co.uk/mandatory-training-grid> (2017/2018/2019/2020/2021/2022/2023/2024/2025/2026/2027/2028/2029/2030/2031/2032/2033/2034/2035/2036/2037/2038/2039/2040/2041/2042/2043/2044/2045/2046/2047/2048/2049/2050/2051/2052/2053/2054/2055/2056/2057/2058/2059/2060/2061/2062/2063/2064/2065/2066/2067/2068/2069/2070/2071/2072/2073/2074/2075/2076/2077/2078/2079/2080/2081/2082/2083/2084/2085/2086/2087/2088/2089/2090/2091/2092/2093/2094/2095/2096/2097/2098/2099/2100/2101/2102/2103/2104/2105/2106/2107/2108/2109/2110/2111/2112/2113/2114/2115/2116/2117/2118/2119/2120/2121/2122/2123/2124/2125/2126/2127/2128/2129/2130/2131/2132/2133/2134/2135/2136/2137/2138/2139/2140/2141/2142/2143/2144/2145/2146/2147/2148/2149/2150/2151/2152/2153/2154/2155/2156/2157/2158/2159/2160/2161/2162/2163/2164/2165/2166/2167/2168/2169/2170/2171/2172/2173/2174/2175/2176/2177/2178/2179/2180/2181/2182/2183/2184/2185/2186/2187/2188/2189/2190/2191/2192/2193/2194/2195/2196/2197/2198/2199/2200/2201/2202/2203/2204/2205/2206/2207/2208/2209/2210/2211/2212/2213/2214/2215/2216/2217/2218/2219/2220/2221/2222/2223/2224/2225/2226/2227/2228/2229/2230/2231/2232/2233/2234/2235/2236/2237/2238/2239/2240/2241/2242/2243/2244/2245/2246/2247/2248/2249/2250/2251/2252/2253/2254/2255/2256/2257/2258/2259/2260/2261/2262/2263/2264/2265/2266/2267/2268/2269/2270/2271/2272/2273/2274/2275/2276/2277/2278/2279/2280/2281/2282/2283/2284/2285/2286/2287/2288/2289/2290/2291/2292/2293/2294/2295/2296/2297/2298/2299/2300/2301/2302/2303/2304/2305/2306/2307/2308/2309/2310/2311/2312/2313/2314/2315/2316/2317/2318/2319/2320/2321/2322/2323/2324/2325/2326/2327/2328/2329/2330/2331/2332/2333/2334/2335/2336/2337/2338/2339/2340/2341/2342/2343/2344/2345/2346/2347/2348/2349/2350/2351/2352/2353/2354/2355/2356/2357/2358/2359/2360/2361/2362/2363/2364/2365/2366/2367/2368/2369/2370/2371/2372/2373/2374/2375/2376/2377/2378/2379/2380/2381/2382/2383/2384/2385/2386/2387/2388/2389/2390/2391/2392/2393/2394/2395/2396/2397/2398/2399/2400/2401/2402/2403/2404/2405/2406/2407/2408/2409/2410/2411/2412/2413/2414/2415/2416/2417/2418/2419/2420/2421/2422/2423/2424/2425/2426/2427/2428/2429/2430/2431/2432/2433/2434/2435/2436/2437/2438/2439/2440/2441/2442/2443/2444/2445/2446/2447/2448/2449/2450/2451/2452/2453/2454/2455/2456/2457/2458/2459/2460/2461/2462/2463/2464/2465/2466/2467/2468/2469/2470/2471/2472/2473/2474/2475/2476/2477/2478/2479/2480/2481/2482/2483/2484/2485/2486/2487/2488/2489/2490/2491/2492/2493/2494/2495/2496/2497/2498/2499/2500/2501/2502/2503/2504/2505/2506/2507/2508/2509/2510/2511/2512/2513/2514/2515/2516/2517/2518/2519/2520/2521/2522/2523/2524/2525/2526/2527/2528/2529/2530/2531/2532/2533/2534/2535/2536/2537/2538/2539/2540/2541/2542/2543/2544/2545/2546/2547/2548/2549/2550/2551/2552/2553/2554/2555/2556/2557/2558/2559/2560/2561/2562/2563/2564/2565/2566/2567/2568/2569/2570/2571/2572/2573/2574/2575/2576/2577/2578/2579/2580/2581/2582/2583/2584/2585/2586/2587/2588/2589/2590/2591/2592/2593/2594/2595/2596/2597/2598/2599/2600/2601/2602/2603/2604/2605/2606/2607/2608/2609/2610/2611/2612/2613/2614/2615/2616/2617/2618/2619/2620/2621/2622/2623/2624/2625/2626/2627/2628/2629/2630/2631/2632/2633/2634/2635/2636/2637/2638/2639/2640/2641/2642/2643/2644/2645/2646/2647/2648/2649/2650/2651/2652/2653/2654/2655/2656/2657/2658/2659/2660/2661/2662/2663/2664/2665/2666/2667/2668/2669/2670/2671/2672/2673/2674/2675/2676/2677/2678/2679/2680/2681/2682/2683/2684/2685/2686/2687/2688/2689/2690/2691/2692/2693/2694/2695/2696/2697/2698/2699/2700/2701/2702/2703/2704/2705/2706/2707/2708/2709/2710/2711/2712/2713/2714/2715/2716/2717/2718/2719/2720/2721/2722/2723/2724/2725/2726/2727/2728/2729/2730/2731/2732/2733/2734/2735/2736/2737/2738/2739/2740/2741/2742/2743/2744/2745/2746/2747/2748/2749/2750/2751/2752/2753/2754/2755/2756/2757/2758/2759/2760/2761/2762/2763/2764/2765/2766/2767/2768/2769/2770/2771/2772/2773/2774/2775/2776/2777/2778/2779/2780/2781/2782/2783/2784/2785/2786/2787/2788/2789/2790/2791/2792/2793/2794/2795/2796/2797/2798/2799/2800/2801/2802/2803/2804/2805/2806/2807/2808/2809/2810/2811/2812/28

Copy of Mandatory
Training 2014

MANDATORY PROGRAMME	LEVEL REQUIRED	DATE COMPLETED	REFERER/DUE	NOTES
INFORMATION GOVERNANCE				
FIRE SAFETY				
TREAT ME FAIRLY				
HEALTH & SAFETY				
VIOLENCE AND ANTI-BULLYING				
MANUAL HANDLING				
IMPROVING QUALITY TOGETHER				
INFECTION PREVENTION AND CONTROL				
SAFEGUARDING ADULTS				
SAFEGUARDING CHILDREN				
RESUSCITATION				
ANAPHYLAXIS				
WELSH LANGUAGE AWARENESS				
REMEDIATION AWARENESS				

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PAOR Policy

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ANNUAL PERSONAL APPRAISAL AND DEVELOPMENT PLAN

[illegible]

PROFORMA FOR USE IN FIRST YEAR USING NEW DOCUMENTATION TO CAPTURE

24

HYWEL DDA PROFORMA FOR DOCUMENTING DEVELOPMENT PLAN

Before any additional development is undertaken the member of staff MUST have attained their minimum mandatory training

DEVELOPMENT AREA DATE STARTED DATE COMPLETED	DEVELOPMENT AREA DATE STARTED DATE COMPLETED	DEVELOPMENT AREA DATE STARTED DATE COMPLETED	DEVELOPMENT AREA DATE STARTED DATE COMPLETED	DEVELOPMENT AREA DATE STARTED DATE COMPLETED	DEVELOPMENT AREA DATE STARTED DATE COMPLETED

Signature of Appraiser: _____

Signature of Appraisee: _____

Date: _____

29

SPECIFIC NURSING & MIDWIFERY DOCUMENTATION TO SUPPORT NMC

Review of Practice related Feedback

Month: _____ Year: _____

Feedback from: _____

Feedback on: _____

Review of Continuing Professional Development

Year: _____

Participatory CPD = learning done WITH OTHERS eg. classroom, clinical supervision, mentoring, meetings etc

Non-participatory CPD = learning undertaken ON YOUR OWN eg. E-learning, reflection, reading articles etc

30

Summary of the development plan for the year 2016/17. The summary should be written by the line manager / professional lead.

DATE: _____

Signature: _____

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MENTORSHIP

Are you a Mentor? Yes / No

How many students have you mentored in the last year? _____

Attend annual update: Yes / No

Online Update: Yes / No

Portfolio: Yes / No

Providing Evidence: Yes / No

Link Mentor: Yes / No

Other please give details: _____

MENTORSHIP FREQUENT REVIEW

Every three years you are required to have a formal review of your mentorship.

You need to have had contact with at least 2 students, have attended an annual update and be keeping your mentorship portfolio up to date.

DATE OF NEXT FREQUENT REVIEW: _____

DATE NEXT FREQUENT REVIEW: _____

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How to enter PDR dates in to ESR Management Self Service (Managers Only)

You will need to go in to MANAGER OR SUPERVISOR access to be able to carry out this task. You will not be able to do this via Administrator access.

- Appraisals on main menu
- Click Appraisal tab top left hand corner of screen
- Go to right hand side of screen-click the GO button (at staff are behind this button)
- Click on ACTION button for the member of staff you are appraising
- Fill in the form:
 - o Type of review
 - o Dates you are reviewing from and to (one year later)
 - o Click magnifying glass-type in KSF to the empty field and click GO
 - o Choose the KSF Review template, double click the yellow check select icon and it will go in to the field for you.
 - o Manually Delete the review date as it will have defaulted to today's date and put in the date you undertook the review.
 - o You don't have to fill in date of next review if you don't know it.
 - o Click Next
 - o Click Next again
 - o Click Save and Proceed (to save the dates)
- Scroll down to the bottom of the page and left hand side you will see a link RETURN TO SUMMARY click this and it will take you back to the first screen where you will see this recorded.

Repeat the above for all PDRs you have undertaken already or are in the planning stage.

PADR MONTHLY MONITORING REPORT (ONLY FOR MANAGERS NOT ON ESR SELF SERVICE)

Please complete all sections update and return by email to Carolyn.Jones3@nhs.uk

Reviewers name:

Reviewers Pay Number:

Details of reviews undertaken this period

Employee Staff Number	Employee name	Date of Actual Review (PADR)	Review Period Start Date	Review Period End Date	Next Review (8 weeks prior to incremental date of employee)

Form completed by:



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

All Wales Capability Policy and Procedure

Policy Number	203	Supersedes	None	Classification	Employment
Version No	V3	Approved by	W&OD Committee	Date of Approval	27/06/2018
				Document Active	30/07/2018
				Review Date	27/06/2021

Chief Executive's Statement	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
Relevant Legislation	201 - Disciplinary Policy 138 - Sickness Absence Policy
Responsible Committee/Group	Welsh Partnership Forum Workforce & OD Committee
Executive Director	Lisa Gostling Job Title: Director of W&OD

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Review and updates		
Version no.	Summary of Amendments:	Date Approved:
1	New Policy	
2	revised	April 2013
3	Revised Approved W&OD 5.7.2018	27/6/2018

Glossary of terms

Term	Definition

Keywords	capability
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HYWEL DDA UNIVERSITY HEALTH BOARD

Capability Policy and Procedure

Approved by: Welsh Partnership Forum
Issue Date: 27 June 2018
Review Date: June 2021

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1. Policy Statement

The Core Principles of NHS Wales are:

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

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

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

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

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

3. Principles

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

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

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

4. Rights of accompaniment

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

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

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

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

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

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

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

2. About this Policy

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

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

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

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

5. Identification of a Capability Issue

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

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

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

6. Initial Assessment

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

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

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

7. Incapability Due to Disability

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

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Evidence 1

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

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

8. Confidentiality

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

9. Redeployment/Downgrading

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

Temporary redeployment:

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

Permanent redeployment:

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

10. Timescales for Achieving Improvement

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

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

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

The aims of a capability hearing will usually include:

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

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

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

13. Stage 1 Hearing

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

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

11. Notification requirements for formal capability hearings

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

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

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

12. Procedure at capability hearings

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

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

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HYWEL DDA UNIVERSITY HEALTH BOARD

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

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

- e) The consequences of failing to improve within the review period, or of further unsatisfactory performance.

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

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

f) If the line manager is satisfied with the employee's performance, no further action will be taken at this stage but the improvement notice will remain active from the end of the review period;

g) If the line manager is not satisfied, the matter may be progressed to a Stage 2 capability hearing;

h) If the manager feels that there has been a substantial but insufficient improvement, the review period may be extended.

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2. 14. Stage 2 Hearing

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

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

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

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

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

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

3. 15. Stage 3 hearing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a) extending an active final written warning and setting a further review period (in exceptional cases where it is believed that a substantial improvement is likely within the review period);
- b) giving a further final written warning;
- c) redeployment (subject to a trial period of a duration to be agreed but a minimum of 12 weeks) at the end of which the situation will be reviewed and if the redeployment has been successful for all parties, a permanent variation of contract will be put in place. If the redeployment has been unsuccessful in the view of any party, then a stage 3 hearing will be reconvened, and the likely outcome will be dismissal;
- d) dismissal of the employee;

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

4. 16. Appeals against action for poor performance

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

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

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

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

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

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

Following the appeal hearing the Health Board will:

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

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

17. Training and/or awareness raising

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

18. Equality

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

19. General Data Protection Regulations 2018

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

20. Freedom of Information Act 2000

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

Appendix 1 – Capability Hearings Flowchart

21. Records Management

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

22. Review

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

23. Monitoring

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

24. Approval

Signed on behalf of the Staff Side:

Signed:

Name: _____

Title: _____

Date: _____

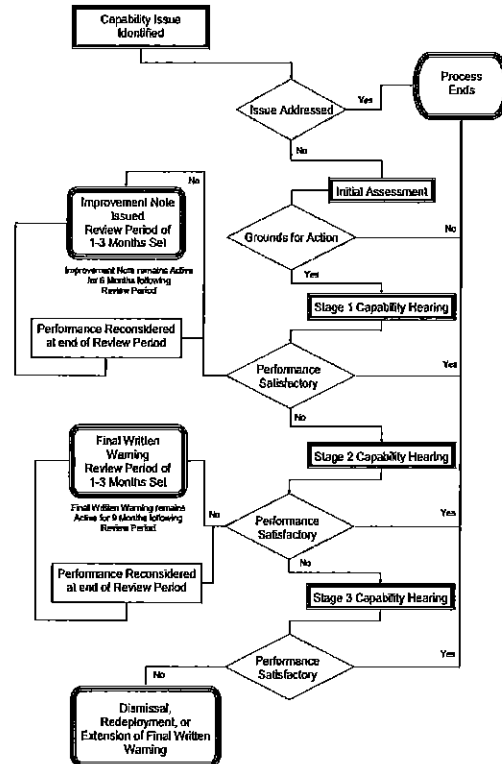
Signed on behalf of the Management Side:

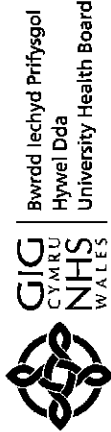
Signed:

Name: _____

Title: _____

Date: _____





Managing Attendance at Work
All Wales Policy

768		138	Employment	
		List standard (NATSSIPS Standards)		
V1	W&OD Committee	5.11.2018	22.11.2018	5.11.2021

Outline what the document is for and what it covers. Be concise. Summary of Introduction.	
This policy and its how to Procedures apply to all employees in NHS Wales organisations	
Workforce & OD Committee	
Lisa Gosling	Director of W&OD

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

Evidence8

HYWEL DDA UNIVERSITY HEALTH BOARD

1. Scope

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

2. Aim

The aims of the policy are to:

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

3. Objectives

The objectives of the policy are to:

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

4. NHS Wales Managing Attendance At Work Policy

All Wales NHS Wales Managing Attendance at Work Policy

5. Responsibilities Chief Executive

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

Director of Workforce & Organisational Development

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

Managers

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



NHS Wales Managing Attendance at Work Policy



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NHS Wales
Managing
Attendance at
Work Policy

How to Procedure
Notification and
Certification

03

How to Procedure
Managing Frequent
Short Term Sickness
Absence

04

How To Procedure
Managing Long Term
Sickness Absence

05

How to Procedure
Occupational
Health

06

How to Procedure
Return to Work

07

How to Procedure
Phased Return
and Temporary
Redeployment

08

How to Procedure
Reasonable /
Tailored
Adjustments

09

Minimum
Standards



2 NHS Wales Managing Attendance at Work Policy



NHS Wales Managing Attendance at Work Policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: October 2018

Effective Date: October 2018

Review Date: 2021 (Quarterly evaluation)



NHS Wales Managing Attendance at Work Policy 3

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4 NHS Wales Managing Attendance at Work Policy



1.0 The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all times by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.

- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of employees.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

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

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

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

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

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

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

They have been developed in partnership with Trade Unions, employers and employees.

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

This Policy and its How to Procedures must be applied equitably and with sufficient flexibility to ensure that the Core Principles of NHS Wales are not compromised. Managers are expected to use their discretion in their application of this policy to promote and prioritise the values and behaviours of:

Hywel Dda University Health Board

2.0 Policy Aims, Objectives and Approach

2.1 Policy Aims

The aims of the policy are to:

- ensure that employees are treated according to their circumstances and needs

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

2.2 Policy Objectives

The objectives of the policy are to:

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

2.3 Policy Approach – Supporting the Health and Wellbeing of Employees in the Workplace

A consistently good experience of work is recognised to be a positive health outcome: good work can truly be good for your health. However, a negative overall experience of work is considered by experts to have a greater impact on health than being unemployed. We recognise that our employees are our greatest asset and are essential to the sustainability of our organisation and our aim is to provide the highest possible clinical standards of care to the people of Wales.

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

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

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

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

Our Wellbeing Matters
Manager Wellbeing Matters

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

2.3.1 Physical Wellbeing

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

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

2.3.2 Mental and Psychological Wellbeing

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

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

- supporting employees who experience stress resulting from employee relations process i.e. disciplinary, capability, grievance, suspension
- access to specialist support such as those offered by Workforce, the Employee Wellbeing Service and Occupational Health.

Further detail of these aspects can be found in the

Hywel Dda University Health Board

*Employee Health and Wellbeing Policy

2.3.3 Environmental and Social Wellbeing

Hywel Dda University Health Board

recognises that there may be times when employees require additional support in the workplace to maintain a safe working environment. Occupational Health/Health and Safety can advise on managing health related risks, ensuring compliance with HSE guidelines, concerning the following:

- Pregnancy
- Computer/Display Screen Equipment (DSE)
- Manual Handling
- Following diagnosis of a work-related injury and/or health condition

Employees may also require additional support in the form of time away from the workplace to respond to other pressures e.g. those arising from caring responsibilities where a few hours absence may be required whilst an issue is resolved. This is not sickness absence and both employees and managers should be honest in the categorisation of absence which isn't due to sickness.

A 'Borrowing Leave' protocol is being developed as an additional approach to support employees when they are unable to utilise other arrangements such as annual leave, purchase additional annual leave, special leave, flexible working etc.

2.3.4 Financial Wellbeing

Hywel Dda University Health Board

understands the importance of how financial concerns can affect employee mental and physical health, as well as a recognition that, as income providers, we play a vital role in our employees financial lives.

Stress caused by debt, pay levels, or lack of financial awareness can have a detrimental impact on employee performance.

Employers can play an important role in addressing this challenge. Managers can signpost to financial advice through one of the following resources where they exist in the organisation, if they become aware of financial distress: (add contact details)

- Our Wellbeing Matters
- NWSP Payroll/Pensions department
- Credit Unions
- Citizens Advice Bureaux
- Money Advice Service - a free and impartial money advice, set up by government
- Trade Unions.

3.0 Policy Scope, Responsibilities and Definitions

3.1 Scope

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

3.2 Responsibility

Sustaining health and wellbeing is considered to be a shared responsibility between the employee and the organisation.

3.2.1 Manager Responsibilities

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

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

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

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

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

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

3.2.2 Employee Responsibilities

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

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

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

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

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

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

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

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

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

3.2.3 Role of Trade Union Representative

It is the role of trade union representatives to:

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

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

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

d) Work closely with managers and other groups to make the policy effective at organisational level, including being aware of all relevant legislation.

e) Maintain their competence in the application of the policy and in supporting their member through absence due to sickness.

f) Work with their individual member, the manager and Occupational Health to facilitate a return to work as soon as possible following a period of sickness.

The Minimum Standards for Managing Attendance at Work Policy outlines other responsibilities.

4.0 Definitions and Policy Framework

4.1 Short Term Sickness Absence - Is regarded as any period lasting less than 28 calendar days.

4.2 Long Term Sickness Absence - Is regarded as any continuous period of 28 calendar days or longer.

4.3 Terminal Illness or Condition - Is a disease that cannot be cured or adequately treated and there is a reasonable expectation that the employee will die within a relatively short period of time.

Support for employees with a terminal illness should be given in line with the Welsh TUC "Dying to work" charter.

Where an employee is diagnosed with a terminal illness or condition, they will be covered by Equality legislation. The absence figures for employees with terminal illness or condition, whilst also forming part of the overall sickness figures will also be reported separately.

4.4 Planned Sickness Absence - is a health condition that requires an operation or treatment programme which may have a recognised period of expected recovery or duration.

4.5 A Sickness Day - is when an employee becomes unwell and has been unable to undertake their daily hours of work / shift. Where an employee has carried out more than half their daily hours of work / shift, but is unable to complete the day / shift, this day will not count as a sickness day as far as sick pay is concerned. It must, however, be recorded as part of the Return to Work Meeting and may be taken into account when considering any accumulated pattern of sickness.

4.6 Rolling Year - If an episode of sickness occurs the manager should review the twelve-month period preceding the first day of that specific absence.

4.7 Tailored Adjustments - are changes that can help support the health and wellbeing of the employee to remain or return to work at the earliest opportunity. These could include a phased return to work, changes to working start finish times for a short period, changes to some duties, temporary redeployment. Further details are available in the How to Procedure Reasonable / Tailored Adjustments.

4.8 Reasonable Adjustments

Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not put at a substantial disadvantage when doing their jobs.

This would also apply to job candidates at the onset of the employment cycle. Further details are available in the How to Procedure Reasonable / Tailored Adjustments.

4.9 Work Related Absence - when one or more of the absences are related to:

- an Industrial Injury, Incident or accident at work (including psychological harm), which has been reported to the manager as close to the time it occurred as practicable and where an incident report has been completed
- or a serious condition acquired at work and which has been notified to the manager
- Diarrhoea and Vomiting (D&V) or similar infection, which is considered by Infection Control or Occupational Health to be associated with an outbreak in the working environment. Further information is available from the How to Procedure Notification and Certification

These periods of absence should normally be discounted when considering further action under the procedure for the management of frequent short term sickness absence.

Your local Injury allowance procedure may be considered in conjunction with the above.

4.10 Pregnancy Related Illness

Where an illness is attributable to pregnancy, sickness absence will not be counted towards the review prompt of the management of sickness absence.

However, any such sickness will be managed in accordance with this policy to facilitate a return to work as soon as possible with any necessary support or adjustment to duties during the pregnancy.

As required, under the management of Health and Safety at Work Regulations 1999, written risk assessments should be undertaken regularly throughout the pregnancy.

Guidance can be obtained through the organisation's maternity policy, and through the HSE publications on New and Expectant Mothers at Work. A referral to the occupational health service for medical advice and support may be required.

If an employee is off sick due to pregnancy related illness on or after the fourth week before the expected week of confinement, their ordinary maternity leave will commence the day after their first completed day of sickness absence.

Where a pregnant employee suffers from non-pregnancy related sickness absence, these absences will count towards the management of sickness absence as usual.

4.11 Notification of Sickness Absence

On the first day an employee is unable to attend work due to sickness it is their responsibility to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy (as per their local procedure) as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. Further information is available from the How to Procedure Notification and Certification.

4.12 Communication and Maintaining Contact

Hywel Dda University Health Board will ensure that:

- this policy is easily accessible by all members of the organisation
- employees are notified of all changes to this policy.

The employee and their manager must communicate regularly to discuss their progress during the sickness absence, in order to ensure that any necessary additional support and / or expert advice can be sought that may aid a return to work. The frequency of contact will be mutually agreed at the beginning of the absence period and depend on the likely duration of the absence.

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. Further information is available from the How to Procedure Return to Work.

The following How to Procedures provide the detail on maintaining contact:-

How to Procedure Managing Long Term Sickness Absence

Appendix How to Procedure Managing Frequent Short Term Sickness Absence

4.13 Entitlement to Sick Pay

Under the provisions of this policy there may be an entitlement to occupational sick pay. This is set out in the schedule of main terms & conditions of services issued to all employees on commencement of their employment. This does not automatically allow employees to remain in the employment of the organisation until the occupational sick pay is exhausted.

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession or where contributory negligence is proved. In accordance with the NHS Terms and Conditions Handbook.

4.14 Medical Appointments

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recognises that employees will need to make occasional visits to a dentist, GP or other health professional or may be required to attend a hospital or clinic for investigation and/or treatment. Wherever it is possible to do so, employees (both full and part time) must endeavour to arrange such appointments at a time that they are not scheduled to work or, if this is not possible, as near to the beginning or end of the working period as possible so as to minimise the absence from work and disruption to the service. Employees should not be refused permission to attend a pre-arranged appointment as long as reasonable notice has been given.

The manager must keep a record of any such appointments and must ask to see documentary confirmation of the appointment where this is available.

Where employees need to attend routine appointments (with GPs, Dentists, blood tests or hospital checkups) during work time, they will be required to make up the time taken at the earliest opportunity. Employees must discuss and agree with their manager how this will be achieved. The following are options that can be agreed

- arriving earlier or leaving later on the day of the appointment
- a temporary increase in hours over a short period
- unpaid leave
- annual leave
- time in lieu
- any other arrangement agreed with the manager.

Where a medical appointment involves treatment which results in an employee being unfit for work afterwards, the period of absence will be recorded as sick.

Where such appointments form part of an ongoing treatment programme for a serious health condition, or are related to a disability or long term health condition, or are for a work related disease or injury, the manager must discuss such appointments with the employee to plan any necessary support to be offered. Reasonable time off to attend such appointments as part of their programme of care and support will be given full consideration.

4.15 Occupational Health

In addition to the normal medical care provided by their dentist, GP or other health professionals an employee may be required to attend an assessment with Occupational Health when asked to do so. Time taken to attend such appointments will not be required to be worked back. Where employees are not currently in work due to sickness absence every reasonable effort must be made to attend Occupational Health appointments. Other sources of medical advice will be arranged as necessary by Occupational Health. Further information is available from the [How to Procedure Occupational Health](#).

4.16 Rights of Accompaniment

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager / supervisor of a preferred gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings.

However, if requests to be accompanied by an official of a recognised trade union or employees organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

5.0 Policy Framework and how to use it - How to Procedures

This section of the policy highlights the procedures relating to the management of sickness and sickness related absence. It is particularly important that concerns regarding attendance and health and wellbeing are discussed and addressed at an early stage. Managers should discuss any concerns with their employee and fully consider everything that is relevant and respond appropriately.

Full details can be found in the following How to Procedures:

- Notification and Certification of Sickness Absence
- Managing Frequent Short Term Sickness Absence
- Managing Long Term Sickness Absence
- Occupational Health
- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

6.0 Premature Retirement on Ill Health Grounds

There are two tiers of ill health retirement:

Tier 1 - This is where an individual is unable to undertake their current job due to permanent ill health. In this case the employee's pension is based on accrued membership without reduction.

Tier 2 - This applies where an individual is unable to carry out regular employment due to permanent ill health. The employee's pension is based on accrued membership without reduction PLUS an enhancement of two-thirds of their prospective membership to normal retirement age.

6.1 It may be possible to move between the tiers after retirement where the medical advisers indicate a condition may meet Tier 2 requirements within 3 years of retiring or if the condition is such that it is not possible to determine at the outset whether the employee will recover sufficiently to undertake any regular work.

6.2 It is the employee's responsibility to apply for ill health retirement pension benefits.

6.2.1 In all cases where the employee may be eligible, via appropriate membership of the NHS pension scheme, the potential for application for premature retirement on the grounds of ill health should be discussed with the employee.

6.2.2 The employee must be made aware that the decision to terminate employment is not linked to or subject to ill health retirement and the decision on such retirement lies with the NHS Pension Agency and not:

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6.2.3 The ending of employment will not necessarily be delayed in order for a pension application to be made and processed. It is therefore important that employees do not delay making a pension application once appropriate medical advice has been received and/or the decision to terminate employment is made.

6.2.4 The relevant section of Form AW33 should normally be completed by the employee's general practitioner, or a medical specialist.

7.0 Help and advice

Help and advice regarding the detail relating to the application and interpretation of this policy is available within the How to Procedures. Further advice can be sought from Workforce, recognised Trade Unions and Employee Organisations.

8.0 Review of policy

This policy will be subject to regular review at a frequency determined by the Welsh Partnership Forum.

How to Procedure Notification and Certification

How to Procedure - Notification and Certification

How To Procedure - Notification and Certification (includes workplace injury / illness and annual leave during sickness absence)

This How to Procedure provides the necessary information for both managers and employees and must be followed for reporting and notification of sickness absence.

Wherever there is reference to the number of days, this means calendar days whether or not the employee would be expected to work on that day.

Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. If an employee calls in late and / or without a satisfactory reason, their absence may be counted as unauthorised and considered as unpaid.

The employee must notify their manager themselves as above when they are unable to attend work due to sickness. Where in exceptional circumstances, this is not practicable a third party may notify on their behalf.

However, it is the employee's responsibility to ensure that this is done appropriately in accordance with the Departmental requirements for notification. Where the manager is unable to take the call personally he/she will ring the employee back as soon as is practicable.

During contact with the manager (or designated deputy in the manager's absence), the employee will be expected to advise them of the following:

- The first day of sickness.
- The reason for the absence.
- The likely duration of the illness and anticipated date / day of return or when they will be able to advise of the likely duration of the illness and anticipated date / day of return.
- Any intention of the individual to visit / contact their GP / Occupational Health and Wellbeing service.
- The next contact date if a date of return cannot be given.
- Confirmation of their telephone number and contact details for the duration of their period of sickness absence.

During the discussion with the employee, the manager should consider whether sick leave is the appropriate category for leave and whether in the circumstances a different category of leave should be applied i.e. special leave.

Where appropriate the manager should also consider any reasonable / tailored adjustments that could be made that would enable the employee to continue to work rather than having to take sick leave, full details are available in the [How to Procedure Reasonable / Tailored Adjustments](#).

Additionally the manager should also consider whether an appointment should be made to any Occupational Health or Wellbeing services that are available which may assist the employee in their recovery. Full details are available in the How to Procedure Occupational Health.

All sickness absences must be recorded as soon as practicable via the agreed organisational process.

Fit Note Certificates

For any period of sickness absence between 1-7 calendar days an employee must complete a self-certification form unless already certified by a Fit Note or hospital certificate.

Employees must submit doctors Fit Note certificates for sickness absence from the 8th calendar day of sickness absence onwards. Ongoing medical certificates must be sent to the manager **within 3 days**, from the date of the expiry of the previous Fit Note. If this is not possible, the employee should telephone the manager to inform them of the situation. The organisation is not obliged to accept backdated Fit Notes and any gaps may be considered as unauthorised absence and therefore occupational sick pay will be withheld.

Hospital Certificates

When an employee is hospitalised, the hospital will provide certificates confirming that the employee is expected to be an inpatient for a certain period of time. Such certificates should be submitted to the manager in the normal way.

Employees are not required to provide additional self-certificates or Fit Notes from their GP when they are covered by a hospital certificate.

Planned Long Term Sickness Absence

Sickness absence can be planned where it is known that the employee will be undertaking a programme of clinical treatment that will be debilitating for a recognised period of time, for example, to undertake an operation or chemotherapy.

The manager and employee will meet prior to the absence and discuss the following:

- The likely period of time the employee will be absent;
- Agreed dates and times for maintaining regular contact, to update each other on work and progress of recovery;
- Agreed date and time for a formal meeting to start to plan a return to work;
- Any other issue of concern for either party;
- A mutually agreed plan must be drawn up and a copy kept by both parties;
- Support in the drawing up this plan can be obtained from the Occupational Health Department.

Undertaking other work whilst absent

Once reported as absent due to sickness, an employee should not undertake other work including, self-employment, without the prior written consent of the manager. Failure to do so may be considered as breach of contract and subject to disciplinary action, which may result in the involvement of the counter fraud department and / or dismissal. Such action will not be taken following advice from Workforce.

Medical exclusion following infectious / notifiable disease

Where the absence is the result of diarrhoea and vomiting or other relevant notifiable infectious disease and whilst the employee is suffering from the effects of the disease, the absence will be recorded as a period of sickness in the usual way and count towards review prompts.

The manager must obtain information regarding the nature of the illness and obtain advice, if necessary, from Occupational Health / Infection Control as to whether a period of further exclusion is required after the symptoms have subsided and the period of sickness has ended.

Where the advice requires the employee, for purposes of infection control to remain off work, this subsequent period will be regarded as medical exclusion with pay and not be recorded as sickness absence and will not count toward policy review prompts.

Occupational Health / Infection Control may require the employee to provide a specimen for microbiological examination in line with the Infection Control Policy.

Medical Suspension

When an employee is deemed unfit to work by their manager, due to reasons of ill health, the manager has the right to enforce a short term period of absence for no longer than 7 days in which time an employee must seek advice from their GP regarding their fitness to work. This absence will be counted as suspension from duty with pay for medical reasons. A risk assessment needs to be completed by the manager and advice sought from Workforce and Occupational Health.

Where

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

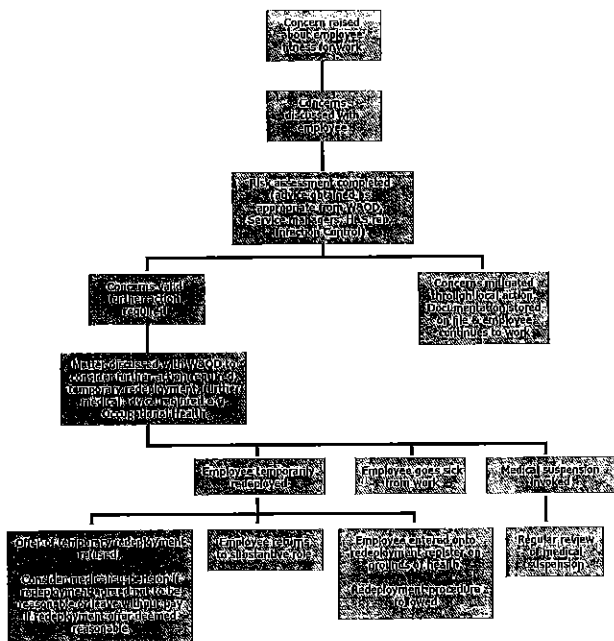
Where the employee's GP advice conflicts with that of Occupational Health

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will rely on its Occupational Health department's advice following discussions between the GP and Occupational Health.



The flowchart outlines how this process should flow:



Accidents involving a third party

In cases where employees are absent from work as a result of an injury sustained wholly or partly as a result of the actions of a third party against whom the employee has made a claim, any payments made to the employee by the organisation will be recoverable. The employee must notify the fact that they are making a claim to their manager at the commencement of the absence, or as soon as practicable. The manager should notify Payroll of this fact. Where an employee is unable to notify their manager personally because of, for example, serious injury, notification may be undertaken by another party.

Sickness during period of annual leave

When an employee falls sick during annual leave they will be required to report that illness in line with normal notification procedures and produce a Fit Note covering the period from the first day of sickness.

Where an employee's sickness absence falls on a Bank Holiday (which wasn't a rostered work day and booked as leave), there is no entitlement to an additional day off.

In order to allow annual leave to be reinstated a satisfactory Fit Note must be received within 3 working days of the beginning of the illness (unless abroad). In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the certificate. (this includes leave booked that falls on a Bank Holiday).

Only in exceptional cases will a foreign medical certificate of more than one month be accepted for payment purposes. A U.K. Fit Note should be obtained on return to the country.

Annual leave / holidays during a period of sickness absence

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. However, employees on long term sickness absence must be given the opportunity to take annual leave during their sickness absence period.

The employee does not need to be signed fit to work during this period. Their records will continue to show as a continuous period of sickness absence and will be treated as one episode. Managers must notify Payroll of an employee's intention to take annual leave during a period of sickness absence.

Where employees are in receipt of a reduced level of occupational sick pay and / or Statutory Sick Pay, the salary will be 'topped up' to the value of the contractual occupational full pay.

An employee is likely to take paid annual leave at the same time as sickness absence if:

- the employee has been on sickness absence for a considerable period and sick pay has reduced
- the employee has been on long term sickness absence and sick pay has ceased.

At no point, can any combination of annual leave pay, occupational sick pay and statutory sick pay exceed the normal full pay entitlement.

During a period of sickness absence employees are expected to be available to attend meetings / appointments in relation to their absence and consequently if they go away on holiday (either abroad or in the UK) they will be expected to obtain permission from their manager, this will be taken as annual leave.



Accrual / carry over of annual leave

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. Where staff are returning from long term sickness absence they should be expected to take any outstanding leave within the current leave year. This should be managed carefully taking account of the needs of the service and the practicalities of them being able to use up all of their entitlement in that leave year. Any annual leave accrued at the time of the return to work may also be taken, by agreement with the manager to allow the employee a more gradual return to work.

During an employee's sickness absence, annual leave continues to accrue. Every effort must be made to utilise the annual leave whilst absent as explained above. However, if the accrued annual leave spans over two or more leave years and the leave has not been utilised the employee may carry over to the new leave year. This annual leave is based on the statutory entitlement and not contractual. Therefore, the statutory entitlement of annual leave per annum is 20 days if working full time, and pro rata for part time staff.



How to Procedure Managing Frequent Short Term Sickness Absences



How to Procedure Managing Frequent Short Term Sickness Absences

The key purpose of this How to Procedure is to support the employee's attendance at work. Managers are required to proactively manage absence where the pattern or frequency of absence gives rise to concern, both for the health and wellbeing of the employee and the provision of service.

1. Management support for frequent short term absence

1.1 Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work.

Managers must make contact with the employee to ascertain the reason for the absence in circumstances where the employee has reported sick to someone other than them. Further information is available from the [How to Procedure Notification and Certification](#).

1.2 Within first seven days of absence

Evidence suggests that if someone is off sick for more than seven days, the absence is more likely to become prolonged. Managers should maintain contact with the employee during this time and consider all the support that may be appropriate to offer, including options to available to assist with a return to work.

Further information is available from the How to Procedures:

- [Return to Work](#)
- [Phased Return and Temporary Redeployment](#)
- [Reasonable / Tailored Adjustments](#).

2. Managing frequent short term sickness absences

2.1 Frequent short term Review Prompts

Following a period of sickness absence a return to work meeting will take place with the manager and the employee where the below reviews prompts will be considered and if met, when previous absences are taken into account, further management support may be required at the manager's discretion. Managers may want to consider a number of factors e.g. the employee's previous sickness record, the nature of the absence etc. Further information is available from the [How to Procedure Return to Work](#).

- three episodes of sickness absence of any length in any rolling 6-month period
- two or more absences totalling 10 calendar days or more in a rolling 12-month period
- recognisable patterns of absence, including any in previous years, which cause concern but may not meet other review prompts.

These review prompts include any episodes of short or long term sickness absence which occur within the rolling period.

The definition of the rolling period is the 6-month or 12-month period counted back from the first day of the episode of sickness being looked at.

There are specific absences that should be discounted for the purposes of review prompts in relation to work related absences and pregnancy related illness. Further information is available from the [How to Procedure Certification and Notification](#).

3. Supporting attendance at work

3.1 Stages

The following stages are to be followed when managing frequent absences: informal discussion; first formal stage; second formal stage; and third / final formal stage. At each stage a meeting is held with the manager and the employee. Refer to [Appendix 1](#).

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

3.2 Meetings

3.2.1 Employee attendance

Employees must attend informal discussion and formal sickness meetings as requested by their manager. There is no notice requirement of attendance at return to work meetings or informal discussions, and if appropriate can be a combined meeting.

A minimum of seven calendar days' notice in writing will be given for attendance at formal meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance.

Following this, if the employee fails to attend the rearranged meeting without good reason, the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

The unavailability of an employee's preferred representative should not delay sickness meetings taking place, as long as a suitable alternative representative is available.

3.2.2 Right to be accompanied

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/supervisor of the preferred same gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings, however, if requests to be accompanied by an official of a recognised Trade Union or Employees Organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

3.3 Purpose of meetings

The meetings, both informal and formal, are an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.



The manager should consider the following during the meetings:

- frequency and pattern of sickness absence review prompts
- the nature and cause of the sickness absence
- the attendance record of the employee
- the content and outcome of the informal discussion and previous formal sickness meetings
- what opportunity has been given to improve health and wellbeing and attendance at work
- **Reasonable / Tailored Adjustments** that have been considered and / or introduced
- referral to **Occupational Health**
- all medical advice available
- whether there is a diagnosis of an underlying medical condition
- the likelihood of improvement in the foreseeable future
- redeployment which could prevent further absence as a **short term measure**
- impact on service continuity and delivery including sickness targets.

3.4 Setting levels of improvement – Review Period

It is important that the employee understands the level of improvement required and this must be explained at the meeting. The definition of the review period is 12 months running forward from the last date of the most recent episode of sickness that occurred before the sickness review meeting. It is the time period within which a further review prompt is met (which can be established by looking at the rolling period) may lead to escalation through the stages of the policy.

The review period may be paused if an employee is absent from work for a period in excess of 28 days, to cover the period where sickness absence cannot be monitored. The review prompts set out in **Section 2.1** are used to measure improvement.

Thus, where no review prompt is met during the review period this will be regarded as an appropriate level of improvement. However, where a review prompt is met this will be regarded as an unacceptable level of improvement and a further meeting may be held.

The manager should arrange for review meetings to be undertaken every three months at each of the stages.

3.5 Overtime / Bank Working

Where the manager feels that continuing to work overtime or bank working, in addition to their contractual hours, may be contributing to an employee's sickness absence, managers can restrict employees from undertaking additional work / shifts following sickness.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness. Should this be included in the how to long term sickness.

3.6 Informal Discussion

This meeting will be between an appropriate manager and the employee only and as it is Informal there is no requirement for a member of Workforce to be involved.

If there are no further review prompts met within the 12-month review period, then there will be no escalation, a meeting will take place, acknowledging the improvement and the employee will no longer be reviewed under the procedure.

If they meet a further review prompt within the review period the manager will apply *discretion on whether to move to the next stage. This discussion should be documented and shared with the employee. It may also be helpful to give the employee a copy of **Appendix 1** for clarification.

3.7 Formal Sickness Meetings

If the employee's absence has met a review prompt, the manager will consider *discretion and make a decision whether to hold a First Formal Sickness meeting, it will be appropriate for the employee to be informed that they are now on the First Formal Stage of the procedure and a 12-month review period will be set. The employee must be informed that if a further review prompt is met during this review period, the manager will consider *discretion and make a decision regarding whether they should be asked to attend a Second Formal Meeting.

Where the manager decides not to place the employee on the next stage of the procedure the employee will be reminded of their personal responsibility to maintain attendance at work; their individual sickness record and sickness review prompts. The manager must also record on the personal file the rationale for applying discretion and their decision not to move through the procedure.

At the formal meetings, a member of Workforce may be in attendance, if required, however, must be in attendance at the Third / Final Formal Meeting. The information given at each of the meetings must be confirmed in writing to the employee and retained on the personal file.

Where one or more of the review prompts are met whilst on the Second Formal Stage, the manager will apply *discretion and make a decision whether to hold a Third / Final Formal Sickness meeting.

3.8 Third / Final Formal Sickness Meeting

If a further review prompt is met then it may be appropriate for the case to be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record of the employee
- the appropriateness and fairness of the previous stages applied
- any other meetings / counselling sessions undertaken
- the medical advice (where available) and whether any underlying condition has been identified
- what opportunity has been given to improve health and wellbeing and attendance at work
- the likelihood of improvement in the foreseeable future
- the needs of the service and difficulties caused by the absence
- any alternative action considered / offered including reasonable adjustments / tailored adjustments, permanent or temporary reduction in hours, redesign or modification of duties, redeployment or ill health retirement.

An appropriate member of Workforce must be in attendance at the Third / Final Formal Meeting.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the process and if the employee has reached this stage of the procedure it is only after a full and thorough review of all these matters has been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead ultimately to dismissal.

Employees must be advised of their right to appeal.

A decision to terminate employment must not be made without medical advice from Occupational Health or other specialist, unless the lack of such advice is caused by failure to attend Occupational Health appointments or other specialist medical appointments.

The employee should, in these circumstances, be advised that failure to attend may result in limited information being available to the manager, which may influence the decision made to the detriment of the employee.

Where, following full consideration of the circumstances, the manager decides that termination is not appropriate, the manager may decide to put in place a further 12-month review period, dated from the last day of the last episode that prompted the meeting.

4. Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based.

The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

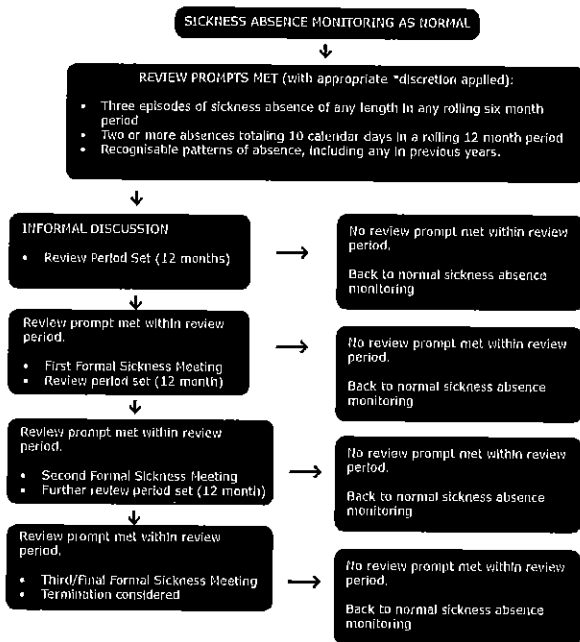
The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter
- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal
- If present, give the manager who made the decision to dismiss, the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary
- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within 7 calendar days. This exhausts all procedures within the organisation.

FREQUENT SHORT TERM SICKNESS ABSENCE FLOWCHART



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

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



How to Procedure Managing Long Term Sickness Absence

How to Procedure Managing Long Term Sickness Absence

How to Procedure Managing Long Term Sickness Absence

The key purpose of this how to procedure is to support employee's attendance at work and ensure any health conditions are effectively managed. The manager should look at options and practical ways to support absent employees to return to work, giving due consideration to both the wellbeing of the employee and the provision of service.

Employees absent due to long term sickness, will need help and support during their recovery and their return to work. An understanding and sensitive approach should be taken by the manager in all cases.

Help and advice regarding the procedure is available from Workforce, recognised Trade Unions and Employee Organisations.

Managers should at the earliest opportunity proactively and positively manage long term sickness, with the primary aim of supporting the employee and facilitating a return to work as soon as possible.

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

Throughout this process consideration needs to be given to any reasonable / tailored adjustments that may facilitate the employee returning to work. Before any management intervention, the manager must consider whether the employee's attendance record is directly attributable to a disability. Further information is available in the How to Procedure Reasonable / Tailored Adjustments.

1. Communication and Maintaining Contact

Regular contact allows the manager to keep track of the employee's recovery and progress and will also provide an important connection for the employee back to the world of work.

The aim of regular contact is to support the employee whilst they are absent and to facilitate the employee's return to work. Regular contact will also allow the manager to manage the employee's workload in their absence.

Managers should keep in touch and agree with the employee when and how frequent telephone or face-to-face catch ups should be and in what format. Arrangements for such contact should be agreed when the sickness is first reported and kept under review.

Weekly contact is usual within the first 28 calendar days, thereafter this frequency may change, i.e. when a Fit Note is extended or when interventions have taken place that could lead to improvement or a return to work.

It is expected that this contact will be two-way and that the employee will keep in touch to ensure that the manager is regularly updated on their condition / progress.

It is recognised that, for some employees, returning to work after a prolonged period of absence can be difficult. It is expected that managers will proactively and positively manage long term sickness so as to be able to offer appropriate help and support.

It is important that the manager maintains a written record of the date and content any communications.

There may be circumstances where it may be detrimental and difficult for the manager to attempt to contact the employee. In such cases advice should be sought from the Workforce and/or Occupational Health.

2. Long Term Sickness Meetings

During the employee's long term sickness absence, it will be necessary to arrange long term sickness meetings. Where appropriate, the meeting should ideally be held no later than the 28th day of absence.

This meeting is an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

Timescales for holding each long term sickness meeting will depend on individual circumstances and some sickness absence issues may be dealt with over a longer or shorter period than others.

Prior to holding, the employee should be written to, giving seven calendar days' notice, and invited to attend a long term sickness meeting to discuss their ongoing sickness absence.

In this letter, they should be notified of their entitlement to accompaniment. A Workforce representative may attend this meeting.

The employee should also be advised that their continued absence may lead ultimately to dismissal.

Permanent redeployment and ill health retirement options should formally be explored and agreed at a long term sickness meeting, if a return to their role or previous full duties is not possible.

Termination of employment may only be considered and agreed at a third / final formal meeting.

The main points discussed at the long term sickness meeting, including any further action to be taken, must be noted.

The manager should confirm to the employee in writing the outcome and main points of the long term sickness meetings.

2.1 Employee attendance

Employees must attend long term sickness meetings as requested by their manager.

A minimum of seven calendar days' notice in writing will be given for attendance at long term sickness meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance.

Following this, if the employee fails to attend the rearranged meeting without good reason the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.



2.2 Right to be accompanied

Employees requested to attend a long term sickness meeting will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/supervisor of a preferred gender to carry out meetings under the procedure and this will be respected wherever it is practicable.

2.3 Meeting content

The discussion may cover the following issues (as appropriate to the particular case):

- any relevant work updates that have occurred in the employee's absence
- the nature and cause of the employee's sickness absence
- progress towards their recovery
- the prospect of a return to work in the foreseeable future
- the outcome of any previous sickness meetings during this period of absence
- any updated medical advice provided to the employee (or need for further advice)
- whether there is a diagnosis of an underlying medical condition
- the expiry of the employee's current / last Fit Note
- referral to Occupational Health
- any phased return, reasonable / tailored adjustments and or redeployment, that have been considered and / or could be introduced that may facilitate a return to work, including any barriers to these
- if there is a need for any other support or assistance
- consideration to Premature Retirement on Ill Health Grounds (Occupational Health or Workforce advice required)
- annual leave

- impact on service continuity and delivery including sickness targets
- the frequency and arrangements for regular contact (including any concerns)
- agree future long term sickness meetings
- the employee should also be advised that their continued absence may lead ultimately to dismissal
- the employee must be made aware that the manager's decision to terminate employment is not linked to or subject to Ill health retirement.

The ending of employment will not be delayed in order for a pension application to be made and processed.

3. Occupational Health

The absent employee may benefit from a referral to Occupational Health for an assessment of the effects of the illness or condition, the likely duration of the absence and whether or not there are any steps that the manager could take to facilitate the employee's return to work.

An employee does not need to be referred to Occupational Health before they can return to work. However, for more complex cases, you may wish to obtain advice to discuss the need for a phased return to work, varied duties / hours, redeployment or any other reasonable / tailored adjustments.

An Occupational Health referral must be obtained, before considering termination of employment (unless the employee has refused or failed to attend the Occupational Health appointment). Workforce can support management with advice on this.

Arrangements for Implementing a referral to Occupational Health are covered in the How to Procedure Occupational Health.

4. Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager / team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work.

The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness.

5. Termination of Employment

Termination of Employment will only be considered when all options have been explored:

- a return to work in any capacity is unlikely in light of the medical evidence

- a return to work is not forthcoming despite medical advice that a return is possible
- redeployment
- there are no reasonable / tailored adjustments that would facilitate a return to work
- there is no prospect of suitable alternative work becoming available.

The case will be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance, it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record
- all communication and contact with and by the employee during their absence
- the content and outcome of any formal or informal meetings
- medical opinion (unless this is not available due to the lack of co-operation of the employee)
- the likelihood of returning to work (with or without reasonable adjustments)
- reasonable / tailored adjustments to the original post
- redeployment to an alternative post
- redesign or modification of duties (where possible)
- if the employee is permanently incapable of a return to this post, Premature Retirement on Ill Health Grounds
- any other relevant issues raised by the employee and/or their representative
- the needs of the service and for the work to be done.

Where termination of employment is being considered at a third / final meeting an appropriate member of Workforce must be in attendance.



A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the procedure and if the employee has reached this stage, it is only after a full and thorough review of all these matters have been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead to termination of employment.

A decision to terminate employment will not be taken without up to date medical advice (within previous three months), unless the lack of such advice is caused by failure to attend appointments or failure on the part of the employee to allow access to relevant medical reports. The employee should, in these circumstances, have been advised that failure to attend or allow access to their medical records may be to their detriment, and result in less information being made available to the manager to make their decision.

Where following full consideration of the circumstances, the manager decides that termination of employment is not appropriate, the manager may decide to put in place a further 12-month review period.

A decision to terminate employment will be confirmed in writing and shall be on the grounds of capability. This shall be the responsibility of the manager with the authority to terminate the employment of the employee concerned.

Any decision to terminate employment should not be based on sick pay entitlement and may occur prior to expiry of such pay in appropriate circumstances.

Equally, where sick pay entitlement has expired, this will not automatically lead to termination of employment, as this will depend on the circumstances of the particular case.

Notice of termination of employment shall be given in accordance with statutory / contractual provisions, paid notice or payment in lieu of notice, whichever is the more appropriate.

If termination of employee is on the grounds of ill health, they must receive payment for accrued but untaken annual leave for the current leave year plus any previously accrued but untaken statutory annual leave.

5.1 Authority to dismiss

The decision to terminate will be made by the manager with the authority to terminate the employee's employment, in accordance with the organisations scheme of delegation.

5.2 Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based. The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter
- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal
- if present, give the manager who made the decision to dismiss the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary
- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within seven calendar days. This exhausts all procedures within the organisation.

Appendix A

Equality Act 2010

The Equality Act 2010 came into force on 1st October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give individuals greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act changes and extends certain concepts and definitions and recognises 6 forms of discrimination: direct; indirect; discrimination by perception; discrimination by association; harassment and victimisation.

The Equality Act 2010 Statutory Code of Practice on Employment provides a detailed explanation of the provisions of the Act relating to discrimination in employment and work-related activities. The Code may be downloaded from the Equality and Human Rights Commission's [website](#)

The following sections are taken from the Statutory Code of Practice on Employment (Chapters 2 and 6) and provide information on the protected characteristic of Disability and the legal duty to make reasonable adjustments.

Disability

Only a person who meets the Act's definition of disability has the protected characteristic of disability. In most circumstances, a person will have the protected characteristic of disability if they have had a disability in the past, even if they no longer have the disability.

The Act says that a person has a disability:

'If they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.'

Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Long-term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. Substantial means more than minor or trivial.

Where a person is taking measures to treat or correct an impairment (other than by using spectacles or contact lenses) and, but for those measures, the impairment would be likely to have a substantial adverse effect on the ability to carry out normal day to day activities, it is still to be treated as though it does have such an effect.

This means that 'hidden' impairments (for example, mental illness or mental health conditions, diabetes and epilepsy) may count as disabilities where they meet the definition of the Act.

Cancer, HIV infection and multiple sclerosis are deemed disabilities under the Act from the point of diagnosis. In some circumstances, people who have a slight impairment are automatically treated under the Act as being disabled.

Progressive conditions and those with fluctuating or recurring effects will amount to disabilities in certain circumstances.

For more on the concept of disability, see Appendix 1 of the Statutory Code of Practice on Employment. Guidance on matters to be taken into account in determining questions relating to the definition of disability is also available from the [Office for Disability Issues](#)



How to Procedure Occupational Health



How to Procedure Occupational Health

How To Procedure Occupational Health

The best source of support an employee can get is from a manager who knows and cares about their individual needs and who is aware of the range of resources that are available to maintain health and wellbeing.

Occupational Health is one such resource, that when used appropriately, can provide expert advice to both managers and employees.

1.0 Referrals to Occupational Health

1.1 In order to provide support to employees and to ensure that managers can seek the necessary advice, managers can at any time request that an employee attends Occupational Health. Management referrals should always be discussed with the employee before the referral so the employee is fully aware of the reasons for the referral and the importance of attending. A copy of the completed referral form should be given to the employee by the manager making the referral.

1.2 In very rare circumstances the employee may not consent to the referral to Occupational Health. In this case, the manager should politely and clearly set out to the employee why a referral is required and give the employee an opportunity to discuss the referral with them. If the employee refuses to discuss the referral and continues to withhold their consent, or continues to withhold their consent after the discussion, then the manager can still make the referral without the employee's consent.

If a referral is made without the employee consent the rationale for this must be set out on the referral form

1.3 An employee can self-refer to Occupational Health at any time. A discussion will be held with the employee at the time of the consultation as to whether it is felt appropriate for a report to be sent to their manager and whether they give their consent for this or unless legal or professional / regulatory requirements override this.

2. When to refer

2.1 There is no set time when to refer to Occupational Health. The optimum time to refer will depend on the manager "knowing their employee" and their individual circumstances. A manager does not have to wait until the employee goes off sick before making a referral to Occupational Health for advice and not every episode of sickness will require a referral. It is, however, essential that when termination of employment is being considered on health grounds, up to date Occupational Health advice has been obtained.

2.2 A referral may also be considered in the following circumstances:

- where there are concerns that the work being undertaken may be impacting on a health condition (even where the employee is not absent) NB: this includes scenarios such as musculoskeletal issues / skin problems within a clinical role, symptoms of stress being demonstrated but as yet no sickness absence has occurred
- where there are general concerns regarding attendance



- after an employee has been, or is likely to be, absent for 28 calendar days where there is no clear return to work date
- where sensitive cases exist that are likely to be off long term, early referral should still be considered to access appropriate support and advice e.g. employees with cancer / long term condition
- if absence is due to stress and / or musculoskeletal / violence and aggression issues, an automatic referral to Occupational Health may not be required if the employee is able to access Wellbeing and / or Physiotherapy interventions and the manager is able to support the employee in the workplace. The manager may still make a referral to Occupational Health if advice on how to support the employee in the workplace is required
- referrals to Occupational Health in cases of short term absence are not routinely required, however, should be considered when guidance is required as to whether there is an underlying health condition impacting on frequent short term sickness absence
- where advice is required on reasonable / tailored adjustments not already in place, that can be implemented to reduce / remove the risk of aggravating an underlying health condition
- if health issues are impacting performance
- if there are concerns following medical suspension, injury, violence and aggression and ability to undertake elements of role
- in line with the Equality Act 2010
- routine, planned operations do not require an assessment unless there are complications or concerns about the employee's ability to return to work.

3.0 Referral process

3.1 Each NHS Wales Occupational Health Service will have its own referral pathway with unique forms and processes. Managers should ensure that they are aware of the Occupational Health referral process within their organisation.

3.2 Please be aware that employees have a legal right to request to see all documentation in their personal Occupational Health file including managerial referral forms.

3.3 When completing the referral form it is vital that the following is included:

- full name and date of birth
- correct telephone number for the employee
- information about the job and job tasks that are required to be undertaken
- factual background information regarding the situation. The Occupational Health professional assesses a case by taking into account the information from the manager, the information from the employee and the medical elements of the case. Information provided by the manager will ensure that the Occupational Health professional has sufficient information to undertake a full balanced assessment and to provide an effective report
- ask relevant questions, the referral report will address these to help the manager in managing the case.

3.4 This information is necessary to ensure time spent with Occupational Health is maximised, and that the assessment provided during the appointment can be used effectively by both the employee and the department.

3.5 Once an appropriately completed referral has been received by Occupational Health, it will be triaged by Occupational Health and an appointment will be arranged with the most appropriate professional / method.

3.6 The assessment will take place and a report will be generated responding to the questions raised in the referral. The Occupational Health professional will decide if further information is required from the employee's doctor, hospital specialist or other health professional to provide further guidance. In these cases the report may be delayed, but Occupational Health will always inform the manager if this applies.

3.7 The Occupational Health professional will confirm with the employee their consent, at the time of the assessment for the release of the report to the line manager. Under the General Medical Council (GMC) guidance, the employee has a right to view the report before it is sent to the manager. In these cases the report may be delayed, however, Occupational Health will always inform the manager if this applies.

3.8 The employee can request factual changes but the Occupational Health opinion will not be changed. If consent is not provided, Occupational Health will write to the manager explaining that consent has not been provided.

3.9 If the employee does not wish to see the report prior to its release to the manager, then they will receive a copy at the same time.

3.10 In some circumstances, the Occupational Health professional may arrange to review the employee. The manager may be requested to provide a written update on the situation in order to ensure that the Occupational Health professional has up to date information during this consultation.

4.0 Failure to attend Occupational Health

4.1 If the employee is unable to attend their allocated appointment they must notify the Occupational Health immediately so that another appointment can be arranged and the original appointment allocated to another employee.

4.2 Failure to attend without prior notice will be classified as a Did Not Attend (DNA) and the manager will be notified. According to NHS data each DNA can incur significant costs to the organisation. Therefore, it is essential that Occupational Health resources are utilised appropriately and the manager highlights the importance of attending the Occupational Health appointment when the referral is being made.

4.3 Failure to attend two consecutive appointments without notification will result in the referral process being stopped and the manager will be advised to seek Workforce advice and to manage the case without Occupational Health advice.

4.4 Failure to attend may result in limited information being available to the manager which may influence decisions and management of the absence to the detriment of the employee.

How to Procedure Return to Work

How to Procedure Return to Work

How to Procedure Return to Work

The return to work meeting is the single most important element in the management of sickness absence and it is important that it is undertaken consistently and appropriately after every period of absence. It is important that the return to work meeting is conducted on the first day of return or if that is not possible, as early as possible after their return. The form needs to be completed in full and dated. The return to work meeting is an excellent opportunity to review the employees' health and wellbeing and attendance record, offer any appropriate support and establish a plan to maximise future attendance.

The return to work meeting should be in the form of a supportive meeting and should not form part of any formal procedures. It should be carried out in a sensitive and considerate manner where the primary focus is ensuring that the employee is fit and well to carry out their duties required.

Return to work meetings should:

- be conducted in private, with sensitivity, and any issues should be explored in a caring and concerned manner
- be approached with an open mind, and give the employee the opportunity to discuss reason behind their absence
- not be judgmental and assumptions about the absence should not be made
- an opportunity for signposting to relevant support services
- consider whether any review prompt discussion is required

1. Notification of fitness for work

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. This is important and will ensure that both their sickness records and their remaining entitlement to sick pay provision are accurate. To ensure overall sickness rates are accurate managers must also ensure that employees are recorded as fit for work on the first day the employee reports as being fit for work, even if the employee is not due to work that day i.e. weekends or non-rostered day.

2. Preparing for the return to work meeting

The manager must ensure they have all the relevant facts and information in advance of the meeting. This may include:

- E-Roster / ESR record
- absence calendar / monitoring record
- the Managing Attendance at Work Policy review prompts
- The appropriate 'How to Procedure' to support the employees return to work
- medical advice
- previous absence related paperwork including reasonable / tailored adjustments agreements

3. When to hold the return to work meeting

The return to work meeting with the employee should take place on the first day back or as soon as possible following return. If this presents practical difficulties, it may be appropriate to conduct the meeting over the phone or for the manager to arrange to delegate the meeting to a nominated deputy. Regardless of the method, the return to work meeting should be completed no later than one week following return.

4. At the return to work meeting

4.1 Welcome

At the outset of the meeting, the manager should welcome the employee back to work and explain that it is routine to hold such a meeting and that it is in line with the Managing Attendance at Work Policy.

4.2 Discuss the Absence:

- ensure the employee is fit to work
- discuss the reasons for the absence and any relevant issues arising from it: e.g. identifying any contributing factors (underlying health conditions / work related issues / domestic / personal matters / pregnancy / menopause / breastfeeding etc.) and offering help, advice and/or signposting to relevant resources / services where appropriate
- assess the need for any reasonable / tailored adjustments to support their return to work
- consider whether the attendance record is directly attributable to a disability. Further information is available from the [How To Procedure Reasonable / Tailored Adjustments](#).

- make the employee aware of their attendance record and whether the absence will necessitate a review prompt meeting, explaining the consequences and next steps in the process in line with the Managing Attendance at Work Policy
- consider if any further support is required, including Occupational Health, Employee Well Being Services, [Our Wellbeing Matters / Manager Wellbeing Matters](#), Physiotherapy (where available).
- ensuring that they are proactively managing their health and wellbeing.

4.3 Documentation

The meeting should be documented on a Return to Work Form, along with a self-certification. If the episode of sickness results in a requirement for a review prompt meeting, the manager must apply *discretion regarding whether to instigate an informal / formal meeting as appropriate. The rationale with regards to escalation should be clearly documented. The form should be agreed with the employee and signed off by both parties as a fair record of what has been discussed. The form should be kept for future reference in the employees' personal file and a copy should be shared with them.

Enter the link to your organisations return to work form below:

<http://www.wales.nhs.uk/sitesplus/862/ondoc/2183>

Please copy and paste this link into your web browser to access your form.

4.4 Other policies

There may be occasions when consideration should be given to other Health Board / Trust policies and additional support offered to the employee. For example:-

- All Wales Dignity At Work Policy
- All Wales Special Leave Policy
- Alcohol and Drug/Substance Misuse Policy
- Flexible Working Policy

5. Returning from a long term sickness absence

Where an employee is returning from long term sickness absence any support needs or workplace adjustments are likely to have been identified and should have been addressed prior to this meeting. However, the manager will have the opportunity to welcome the employee back, give any relevant workplace updates and confirm any arrangements or modified work schedules. It is also an opportunity to facilitate their return back into the workplace.

How to Procedure Phased Return and Temporary Redeployment

How to Procedure Phased Return and Temporary Redeployment

How to Procedure Phased Return and Temporary Redeployment

A phased return to work is now one of the standard options on a Fit Note. GPs and Medical Advisors often recommend that managers implement a phased return to support an employee's return to work. A phased return to work is an effective means of assisting employees who have been on long term sickness (more than 28 calendar days), back to work. It is based on the principle that the employee is well enough to carry out some aspects of their work, and is likely, given time, to recover sufficiently to continue in their substantive role - with or without reasonable / tailored adjustments (further information is available from the [How to Procedure Reasonable / Tailored Adjustments](#)). A phased return to work will not be suitable in every situation and would not normally be recommended after short term illness.

What is a Phased Return?

A phased return is a period of time following long term sickness absence where an employee works fewer than their full contracted hours and / or undertakes partial duties, in order to have a moderate reintroduction to work.

Arrangements for a phased return to work will, by definition, involve a change from the employee's normal work hours and / or restricted duties. A phased return can alter working hours in several ways. For example, a reduced number of days / shifts per week; shortening of the working day, including working only mornings or afternoons or by working shorter hours outside peak commuting time;

by altering working hours to ensure that support / supervision is available throughout the shift.

Consideration should be given to whether work could feasibly be undertaken in a different location, for example at the employee's home or another NHS office closer to home by agreement. Further consideration should be given to whether the duties to be undertaken could be adjusted to reduce physical and / or mental effort during the period of phased return. The employee's health condition will determine what type of phased return to work plan could help achieve a successful return to work.

Length of a Phased Return

The length of a phased return should be agreed in discussion with the employee. Managers are advised to consider all relevant factors, including medical advice (where available), on a case by case basis (see "Discussing a Phased Return"). The average length of a phased return is four weeks but can be shortened or lengthened as required. A phased return would be expected to last a minimum of two weeks and a maximum of six weeks.

Hours worked during a phased return

This should be agreed between the employee and their manager. However, it is anticipated that the employee will work at least 30% of their contracted hours during the first week, increasing to 100% over the agreed period of the phased return. Annual leave and Bank Holidays which fall during the period of phased return should not be counted as part of the period.

When should a phased return be considered?

A phased return will usually be recommended in a Fit Note from the employee's GP, or in the medical opinion from Occupational Health. In addition to ticking the "phased return to work" option, GPs are required to advise on any restrictions / limitations. Where a medical opinion has been provided, consideration should be given to all additional guidance provided. Whilst phased returns will usually occur in the above way, managers are advised not to unreasonably refuse a reasonable request for a phased return from the employee or their representative. Alternatively, managers may consider that a phased return is appropriate in the circumstances. The absence of medical opinion should not prevent a reasonable phased return to work plan being agreed.

NB. Employees should not be referred to Occupational Health solely for advice regarding a phased return, particularly if this will delay the employee from returning to work.

Discussing a phased return

Where an employee advises that they are considering returning from long term sickness absence, a face to face discussion would usually take place as part of a long term sickness meeting. At these meetings, employees may arrange to be accompanied by a Trade Union official or colleague. It may become necessary for a separate meeting to be arranged, to finalise the arrangements of the return to work plan.

As a guide the phased return to work meeting should consider the following points, along with any suggestions from the employee:

- when the phased return to work will commence

- the hours the employee will work during the phased return
- tailored adjustments that may be required during the phased return, further information is available in the [How to Procedure Reasonable / Tailored Adjustments](#)
- any further reasonable adjustments that might need to be made (for instance, a special chair or computer equipment to help counter the effects of any disability) and whether Access To Work might be able to assist, further information is available in the [How to Procedure Reasonable / Tailored Adjustments](#)
- at what location the employee will start the phased return (for example, at home or in the office)
- whether temporary redeployment needs to be considered and if so, whether it can be accommodated
- how long the phased return to work is expected to last
- what arrangements will be put in place to monitor the employee's progress and any difficulties encountered
- to whom the employee should report if they have any difficulties with the arrangements.

The manager should keep an open mind about what may be possible when discussing a phased return to work with the employee. It is important to consider suggestions from the employee. Where the employee's suggestions are not practicable, it is good practice for managers to recommend alternative practical proposals, rather than simply responding negatively.

If it is not possible to agree arrangements at the first meeting, due to more information being needed or further consideration of requests, a further meeting should be arranged. A record of the meeting(s) should be kept, along with agreed arrangements for the phased return.

Recording arrangements for a phased return

Phased return to work plans should be recorded on [Appendix 1 Phased Return and Therapeutic Return Recording Form](#). The employee and manager should sign the form to agree the return to work plan. A copy should be retained by the employee as well as placed on the employee's personal file. If the agreement is reached during a long term sickness meeting, a long term sickness outcome letter may replace the form.

Monitoring the phased return

It is important that employee and manager monitor the phased return to ensure it is appropriate and supportive for the employee. In order to evaluate its success, targets should be set at the beginning of the phased return period and monitored at regular review meetings. The frequency of the reviews should be agreed prior to the commencement of the phased return, weekly meetings are advisable. If any problems are encountered the return to work plan may be adjusted accordingly and updated on the form.

Pay during phased return

Employees will be paid at their full contractual pay during an agreed period of phased return, including any contractual enhancements. Where an employee wishes to extend their phased return, beyond that agreed in the return to work plan this may be considered with utilisation of annual leave.

What happens if the phased return does not work?

If, despite all efforts, the phased return is unsuccessful, a further period of absence may be required.

A referral to Occupational Health should be considered with a view to obtaining further guidance on the likelihood of a successful return in future with or without reasonable / tailored adjustments and / or consideration to permanent or temporary redeployment. Further information is available in the [How to Procedure Occupational Health](#).

Temporary Redeployment (up to 3 months)

If the employee is fit to attend work but not to their substantive post, or a phased return is attempted but is not successful, the manager may also consider whether or not there are any other posts that the employee can undertake in the organisation they are employed by or another NHS employer that is within their capabilities, if supported by Occupational Health advice.

In the first instance, temporary redeployment should be looked for within the employee's own organisation, however, in recognition of the varying sizes of NHS employers, geographical constraints, suitability of the redeployment and the nature of absence from work it should also be looked for in other relevant NHS organisations to see if temporary redeployment opportunities exist.

Every NHS employee within Wales should assign a named point of contact in Workforce who will be able to share the current list of vacancies that exist within the organisation. If a post is identified as suitable by Workforce the employee's line manager will be made aware and discussions will take place with the employee. If a suitable post is identified for a temporary period (up to 3 months) payroll will ensure that there is a transfer of salary and this should not be an impediment to a temporary relocation. When the redeployment is to a lower banded post the employee will not suffer a detriment in normal take home pay (in line with the phased return section of this policy).

The redeployment should be regarded as temporary, however, the time scales should be agreed between the employee (taking account of their specific circumstances), the substantive employer and the employer accepting the employee on a temporary basis for up to a period of 3 months. All aspects of the temporary redeployment should be discussed with the employee.

Temporary redeployment to another NHS organisation will be considered in conjunction with local redeployment protocols, not in conjunction with the All Wales Organisational Change Policy.

Steps in process:

1. Confirm if temporary redeployment is an option which the employee can agree to, in line with occupational health advice.
2. Are there suitable temporary redeployment opportunities with the employer (check with named contact in Workforce).
3. If the answer to 2. is no, establish what other NHS employers are suitable from a logistical point of view and obtain a list of opportunities from the named person in Workforce at these organisations.
4. If opportunities exist, the line manager and Workforce will initiate discussions to establish if the temporary redeployment can be agreed by the accepting employer and the employee in question.
5. Payroll will be informed and the necessary financial arrangements made.

Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager/team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work. The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

PHASED RETURN

Name of Employee:

Date:

Time:

Venue:

IN ATTENDANCE

1:

2:

3:

4:

INTRODUCTION

Advise the employee that the meeting has been convened in accordance with the All Wales Managing Attendance at Work Policy.

NOTES OF DISCUSSION

Briefly review relevant documentation (fit notes/medical reports) and note discussion

Discuss advice regarding phased / therapeutic return

Ensure employee is aware of technical aspects of phased / therapeutic return, e.g. duration, pay

--

Discuss any adaptations needed to hours of work / work to be undertaken

--

Discuss whether therapeutic return might be helpful and how that could be accommodated

--

Agree any factors which need further consideration before phased / therapeutic return can be agreed

--

AGREEMENT

Outline the agreed phased return, ensuring that factors including timing, duration, hours of work each week, location, work to be undertaken / not undertaken, any agreed adjustments to be put in place, whether any therapeutic return is to take place, timing of regular reviews etc.

--

Identify any support / reasonable / tailored adjustments which may be required to enable the employee to undertake the phased return as set out above.

--

Employee and manager to sign below to agree above notes are a true record/and that the phased return has been agreed. Signed copy to be kept on the employee's personnel file and ESR updated.

--

Employee's signature		Date	
Manager's signature		Date	

PHASED RETURN REVIEW (use as required)

Review 1

Note how the phased / therapeutic review has gone and note any changes which need to be made.

--

Employee's signature		Date	
Manager's signature		Date	

Review 2

Note how the phased / therapeutic review has gone and note any changes which need to be made.

--

Employee's signature		Date	
Manager's signature		Date	

Review 3

Note how the phased / therapeutic review has gone and note any changes which need to be made.

--

Employee's signature		Date	
Manager's signature		Date	

Review 4

Note how the phased / therapeutic review has gone and note any changes which need to be made.

--

Employee's signature		Date	
Manager's signature		Date	

Review 5

Note how the phased / therapeutic review has gone and note any changes which need to be made.

--	--	--	--

Employee's signature		Date	
Manager's signature		Date	

Review 6

Note how the phased / therapeutic review has gone and note any changes which need to be made.

--	--	--	--

Employee's signature		Date	
Manager's signature		Date	

How to Procedure Reasonable / Tailored Adjustments

How to Procedure Reasonable / Tailored Adjustments

How to Procedure Reasonable / Tailored Adjustments

Reasonable Adjustments

Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not disadvantaged when doing their jobs. This also apply to job candidates at the onset of the employment cycle.

The Equality Act 2010 defines a disability as an impairment that has a long term and substantial adverse effect on a person's ability to undertake normal day to day activities. Long term means that it must be expected to last for 12 months or more.

People with progressive conditions can be classed as disabled. A progressive condition is one that gets worse over time. You automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV Infection, Cancer or Multiple Sclerosis.

Tailored Adjustments

Not all illnesses are disabilities, however, if an employee is asking for support with a health and wellbeing condition, it is best to provide support accordingly, assuming it is proportionate to do so. There are many benefits of this including supporting the employee back into work and to remain in work.

Tailored adjustments are short to medium term changes that can help support the health and wellbeing of the employee. Tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee.

This can be arranged through discussion between a manager and an employee that is having difficulty with a known health and wellbeing condition. Tailored adjustments could include changes to working hours for a short period, changes to duties etc.

Why should managers make work based adjustments?

Beyond legal requirements for disabled employees, evidence has shown that good work is beneficial for health and wellbeing and that work can aid recovery for employees with physical and mental health conditions.

The proactive management of employees' mental and physical health can produce a range of benefits including greater employee engagement and productivity, reduction of sickness absence and reduced employee turnover.

Making small adjustments (reasonable / tailored adjustments) to enable an employee to remain in work during personal difficulties or when experiencing mild-moderate conditions that impact upon health and wellbeing in work.

Tailored adjustments are changes which can be agreed for varying reasons and periods of time based on individual needs that can be agreed through discussion between the manager and employee.

We recognise that managers should have a good understanding, and be familiar with the individual needs of their employees and any associated health and wellbeing conditions or disabilities that may affect their work. To support employees, reasonable / tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee remain in work or reduce the need for sickness absence / aid an earlier return to work after a period of absence. Managers should consider such options when assessing an employee's health and wellbeing in situations where there is a reasonable expectation of improvement or where reasonable / tailored adjustments may prevent a deterioration. This proactive approach should enable an employee to maintain wellness at work and reduce the need for sickness absence.

2.0 Examples of reasonable / tailored adjustments

In many cases, simple and cost-effective workplace adjustments can make a big difference and enable people with health conditions and disabilities to remain in work and live healthy and productive lives. The adjustment needed could be a change in practice or workload. Some examples of reasonable / tailored adjustments might include:

- allowing additional breaks for an employee with a musculoskeletal difficulty to undertake self-management exercises
- temporarily reduced duties to enable an employee with anxiety to manage their working day effectively
- changing an employee's equipment, for instance providing an adapted keyboard if they have arthritis or providing a specialist chair because of back problems.

The aim of the adjustment is to minimise or reduce the impact of the health condition for the employee and enable them to carry out their job / duties. Contacting Workforce or Occupational Health may be required to discuss any conditions and a referral to Occupational Health should be considered if a specialist opinion is required, further information is available in the How To Procedure Occupational Health.

2.1 General approach

Wherever possible, the organisation will support employees that have a known health and wellbeing condition or disability. This support may be a legal requirement under the Equalities Act 2010, or good practice in supporting employees with mild-moderate health conditions. An employee with a health and wellbeing condition / disability can expect:

- a discussion with their manager
- for the matter to be dealt with confidentially and sensitively
- everything that is relevant to be considered
- all possible options and outcomes to be considered
- implementation of the identified and appropriate options, where they are reasonable and proportionate
- regular reviews.

2.2 Declaration of a Health and Wellbeing Condition / Disability

2.2.1 Where an employee with a health and wellbeing condition / disability reports that they are experiencing health difficulties it is important to respect their right to confidentiality and ensure on-going discussion.

2.2.2 The manager should meet with the employee in order to discuss their condition(s). The manager should seek to put in place any short term reasonable / tailored adjustments to ensure that the employee is not placing themselves at risk.

This may include conducting a risk assessment in order to identify any potential short-term adjustments. Completion of the Reasonable / Tailored Adjustment Agreement should be undertaken at this stage (Appendix 1).

2.2.3 If following the implementation of reasonable / tailored adjustment agreement, or where specific advice is required, the manager may consider making a referral to Occupational Health. The referral should include details of the discussion with the employee and a copy of the tailored adjustment agreement that has been put in place. A copy of the referral to Occupational Health should be discussed with the employee prior to submission. Further information is available from the How To Procedure Occupational Health.

2.2.4 On completion of the Occupational Health referral, the manager will receive a report advising in respect of any further suggested restrictions or adjustments that need to be considered. The manager should then meet with the employee in order to discuss and consider the Occupational Health report to enable a more informed discussion to be undertaken.

2.2.5 The purpose of the discussion is to consider the advice and what further reasonable / tailored adjustments could be put in place to enable the employee to continue undertaking the duties and responsibilities of their role and whether the adjustments are deemed reasonable.

2.2.6 Where there are barriers to progress, all parties have a duty to consider how these may be overcome; support from Workforce, Trade Union representatives, Equality Advisors and Occupational Health may be required. Ultimately it is the decision of the manager to determine whether any proposed reasonable / tailored adjustment can be accommodated.

3.0 Disability / Health and Wellbeing Condition Leave

Disability / Health and Wellbeing Condition leave is reasonable paid time off for a reason related to someone's known health and wellbeing condition and/or disability as part of a programme of care. Disability / Health and wellbeing condition leave is not disability related sickness absence. Effectively, it is a form of special leave and will usually be requested by the employee and approved by the manager in advance. Disability/ Health and wellbeing condition leave should be recorded on ESR. Typical examples of Disability / Health and wellbeing condition leave may include regular hospital and medical appointments / treatments / follow up assessments in respect of a known disability / health and wellbeing condition. Disability leave will typically apply to part, or the whole, of one working day.

4.0 Reasonable / Tailored Adjustment Agreement

4.1 The Reasonable / Tailored Adjustment Agreement is an on-going record of tailored adjustments agreed between an employee with a disability / health and wellbeing condition and their manager. In the case of reasonable adjustments it is anticipated these will continue to apply if the employee changes roles wherever possible.

The purpose of this agreement is to:

- Ensure that the employee and the manager, have an accurate record of what has been agreed;
- Minimise the need to re-negotiate reasonable adjustments every time the employee changes jobs, is re-located or assigned a new manager;
- Provide the employee and their manager with a basis for discussion about tailored adjustments at future meetings.

4.2 This is a live document and should be reviewed regularly by both the employee and manager and updated as appropriate. Specialist advice from third parties, such as Occupational Health and other practitioners may be needed. Managers who need help in deciding whether or not an adjustment is reasonable can contact Workforce for advice.

4.3 New managers of employees with agreed reasonable / tailored adjustments should accept the adjustments outlined in the agreement as reasonable and ensure that they continue to be implemented unless this causes significant operational difficulties, in which case further discussion will be necessary.

4.4 Reasonable / Tailored Adjustment Agreement will need to be reviewed and amended when changes occur. Where employees are moving to new roles / departments, they should make their new manager aware of any agreement in place and be prepared to discuss it.

4.5 The agreement allows the employee to:

- explain the impact of the disability / health and wellbeing condition on them at work
- suggest adjustments that will make it easier to do their job
- explain any change in their circumstances.

4.6 The agreement allows the manager to:

- understand how an employee's disability / health and wellbeing affects them at work
- explain the needs of the Organisation
- review the effectiveness of the adjustments already agreed
- explain any change in the employer's circumstances.

Advice on Reasonable / Tailored Adjustment Agreements are available from Workforce.



NHS Wales Managing Attendance at Work Policy Reasonable / Tailored Adjustments Agreement

Employee's Name	
Job Title	
Department	
Manager's Name	
Reasonable / Tailored Adjustments Requests for reasonable adjustments must be considered for staff who have conditions which could potentially be defined as a disability under the <u>Equality Act 2010</u> . Tailored adjustments should be considered to support employees with a health and wellbeing condition which may not be a disability as described above. Wherever possible, agreed adjustments should be implemented at the earliest opportunity to help the employee maintain wellness, remain in work and reduce the need for sickness absence. They may also aid an earlier return to work after a period of absence.	
The purpose of this agreement is to: • help an employee maintain wellness, remain in work, reduce the need for sickness absence and may aid an earlier return to work after a period of absence; • ensure that both the employee and the employer have an accurate record of what has been agreed; • minimise the need to renegotiate reasonable / tailored adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation; and • provide the employee and their manager with the basis for discussions about reasonable / tailored adjustments at future meetings.	
This agreement may be reviewed and amended as necessary with the agreement of both parties: • at any regular one-to-one meeting; • at a return to work meeting following a period of sickness absence; • at 6-monthly and / or annual PADR's; • before a change of job, duties or work location, or the introduction of new technology or ways of working; or • before or after any change in circumstances for either party.	



Employee	
My health and wellbeing condition and / or disability* In the workplace is:	
*you are not obliged to give details of your disability, impairment or health and wellbeing condition, only how this affects you in your working life.	
My disability and / or health and wellbeing condition has the following impact on me at work:	
I require the following agreed reasonable/ tailored adjustments: • <i>Detail what adjustments are required:</i>	Date Manager agreed /implemented:
Where reasonable / tailored adjustments requested cannot be agreed and implemented, the reasons should be recorded below:	
Reasonable/tailored adjustment requested	Reason if cannot be accommodated



I will let you know if there are changes to my disability / health and wellbeing condition that have an effect on my work and / or if the agreed reasonable / tailored adjustments are not working. We will then meet confidentially to discuss any further reasonable / tailored adjustments or changes that should be made.

If you notice a change in my performance, behaviour or attendance at work or feel that these reasonable/tailored adjustments are not working, I would be happy to meet you confidentially to discuss what needs to be done.

Employee's signature	
Date	
Employer's signature	
Date	

FREQUENTLY ASKED QUESTIONS

Q What is the reasonableness of a Reasonable Adjustment?

Answer: This is difficult to define and is open to interpretation, managers must ensure they consider a range of aspects to determine whether or not an adjustment is reasonable and proportionate, these could include: the cost of the adjustment and the organisation's resources, the practicality of the adjustment, the efficiency of the adjustment in preventing the disadvantage, the disruption to the organisation and effects on others caused by the adjustment, health and safety considerations, the length of service of an employee, the amount of help and support already provided. This is not an exhaustive list but could be part of the considerations.

Q What is the difference between Tailored Adjustments and Reasonable adjustments?

Answer: Tailored Adjustments are an option Managers can consider and if reasonable implement to support an employee with a known health and wellbeing condition/disability to remain in work during a period of difficulty. Reasonable Adjustments are a legal obligation on an Organisation.

Q. Do employees need to tell their employer that they have a health and wellbeing condition / disability?

Answer: There is no obligation on an employee or a job applicant to disclose their disability to their employer. However, when supporting employees with their absence or a health and wellbeing condition a manager should make reasonable enquiries to find out if an employee has a disability.

A manager could do this through discussion with the employee and if required with support from Occupational Health. Even if an employee isn't classed as having a disability, considering and implementing tailored adjustments will help employees to maintain wellness and remain in work.

Q. Does the reasonable / tailored adjustment agreement apply to employees who do not have a health and wellbeing condition that is considered as a disability?

Answer: The manager can consider and implement appropriate tailored adjustments to employees to help support their health and wellbeing.

Q What does a manager do if they cannot support specific tailored adjustments that have been suggested?

Answer: Where possible these adjustments should be supported and full consideration given to their implementation, however, if it is considered by the manager not to be reasonable, then further discussion with the employee is necessary to consider if there are any alternative adjustments that could be put in place as an option to aid the employee, the decisions why the adjustment cannot be accommodated should be documented and where this is not possible please contact Workforce for further advice.



Q What does a manager do if they cannot support specific reasonable adjustments that have been suggested?

Answer: There is a legal duty to consider requests for reasonable adjustments from employees whose disability/health and wellbeing condition may be covered by the Equality Act 2010. Every attempt should be made to accommodate these adjustments, further advice should be sought from Workforce.

Q What happens if an employee is no longer able to do their current job because of their health and wellbeing condition/ disability?

Answer: If an employee is no longer able to do their job even with all possible reasonable / tailored adjustments in place, please contact Workforce for advice.



09

Minimum Standards



Minimum Standards of Employees In the Management of Attendance at Work



	To be responsible for your own health and wellbeing.		When you are unwell keep in touch regularly with your manager. (Click on the "Keep In Touch" icon to access the How to Procedures Notifications and Certification.)
	Seek medical advice and treatment as soon as possible to support your health and wellbeing.		Consider any reasonable / tailored adjustments that may help you remain or return to work. (Click here to access How to Procedure Reasonable / Tailored Adjustments.)
	Attend occupational health appointments and sickness absence meetings when requested to do so.		We support all our colleagues in doing the jobs they have agreed to do, and to attend work in line with their contract of employment.



Minimum Standards for Managers
Attendance at Work Policy



Minimum Standards of Managers In the Management of Attendance at Work



	Actively promote and encourage the health and wellbeing of all employees.		Keep in touch regularly with the employee who is unwell, keeping accurate records. Ensure fit notes are received and absences are recorded on ESR. (How to Procedure - Notifications and Certification)
	Signpost employees to wellbeing support services. Click here to access "Our Wellbeing Matters".		Consider and discuss any reasonable / tailored adjustments to support an employee's return to work (How to Procedure Reasonable / Tailored Adjustment).
	Refer to Occupational Health where appropriate and review any advice.		Maximise the impact on NHS services by supporting employees in doing the jobs they have agreed to do and through the Managing Attendance at Work Policy, using a proactive and preventative approach.



Minimum Standards for Managers
Attendance at Work Policy



Minimum Standards of Occupational Health in the Management of Attendance at Work



	Provide confidential support and guidance to employees regarding their health and wellbeing and signpost employees to the full range of services available for support and assistance.		Provide written advice to managers regarding the impact of the employee's illness on their fitness to work and advise of any reasonable / tailored adjustments that may support them in attending work regularly and / or returning to work after a period of sickness.
	Provide advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.		Access advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.
	Work with the employee and manager and where relevant the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.		Provide and support multi-disciplinary Occupational Health/Wellbeing education and training to the wider organisation.



Minimum Standards for Managers
Attendance at Work Policy





Minimum Standards

of Trade Unions in the Management of Attendance at Work





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



Ensure trade union representation is available at all levels of the procedure should the member wish to be accompanied and ensure that this is achievable in a timely manner.



Provide the member with advice on all aspects of the policy and ensure knowledge and understanding of the equality act, specifically in relation to disability and reasonable / tailored adjustments, and how this is applied in practical terms.



To ensure that the member understands the wider impact of their absence on NHS services.



To actively encourage the member to participate in intervention in a timely manner, e.g. attendance at occupational health appointments, and engaging with services available and self-help action.



To actively participate in a multi-disciplinary approach to the delivery of the Health Board/Trust sickness absence training.



Minimum Standards in Managing Sickness Absence Policy





Minimum Standards

of Workforce and OD in the Management of Attendance at Work





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



Develop a positive working environment and foster a culture of support for staff.



Provide specialist advice, training and support on managing sickness absence, e.g. reasonable / tailored adjustments (How to Procedure - Reasonable / Tailored Adjustments).



Working with managers and trade union representatives to achieve consistent application of the policy and fair and acceptable outcomes.



Support the management of sickness through the collation of information and provision of data to enhance decision making and workforce planning.

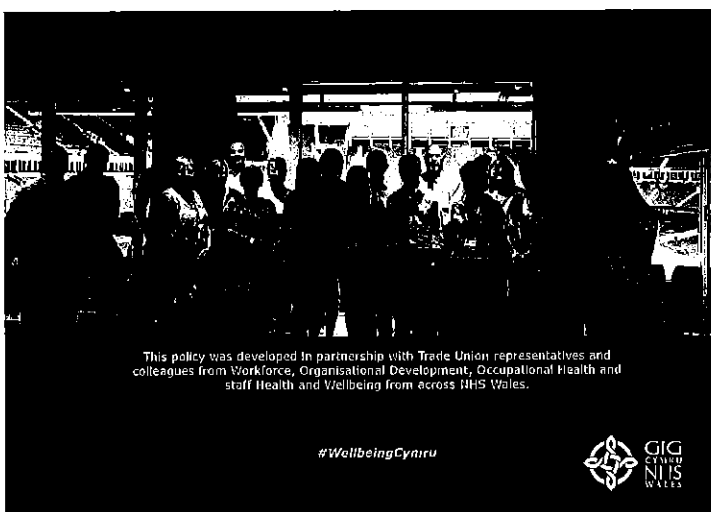


Undertake periodic audits to monitor the implementation and effectiveness of the policy and procedure and to provide information as necessary.



Minimum Standards in Managing Sickness Absence Policy





 GIG Cymru NHS Wales Bwrdd Iechyd Prifysgol Hywel Dda University Health Board					
All Wales Disciplinary Policy and Procedure					
Database No:	201	Page:	1 of 38	Version:	5
Disciplinary Policy and Procedure					
Category:	Workforce & OD Group	Effective Date:	19/05/2017	Review Date:	31/07/2019
Issue Date:	March 2020				

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

Database No: 201 Page 1 of 38 Version 5
Disciplinary Policy and Procedure

"NHS Organisation"

Disciplinary Policy and Procedure

Approved by: Welsh Partnership Forum

Issue Date: March 2017

Review Date: March 2020

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Disciplinary Policy and Procedure

Revisions Approved		
Version no.	Summary of Amendments:	Date Approved:
1	New Policy	
2	Revised	21.7.2011
3	Revised	8.7.2014
4	Revised	Going to W&OD 19.5.2017
4	Page 31/32 – changed NHS organisation to Hywel Dda University Health Board	Uploaded 23.5.17
5	Section 4 includes the sentence 'An employee may respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings' under section 4 of the policy.	

Keywords	Disciplinary
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Disciplinary Policy and Procedure

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Appendix 1 – Disciplinary Rules

Appendix 2 – Equality Act 2010

Appendix 3 – Disciplinary and Appeals Process Flowchart

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Disciplinary Policy and Procedure

1. Policy Statement

1.1 The Core Principles of NHS Wales are:

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

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

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

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

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

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

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

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

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

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

2. Aims and Objectives

The principal aims of this policy are to:

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

3. Scope

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

organisation will be subject to the "NHS Organisation" standards of conduct and behaviour at work but will be dealt with under the scope of their own employer's Disciplinary Policy.

- 3.3 Where disciplinary action is being contemplated against a Trade Union Official, the appropriate full time officer or senior lay official will be notified, prior to any action being taken.
- 3.4 The policy does not apply in cases of absence attributed to sickness which will be addressed through the relevant Sickness Policy or in cases of poor performance which can be attributed to capability and which will be addressed through different mechanisms, except where there is evidence of a wilful breach of the relevant procedures.
- 3.5 In accordance with the principles of clinical governance, disciplinary action would not normally result from reporting incidents, mistakes or near misses, but other procedures may apply. However, issues which may lead to disciplinary action would include criminal or malicious activities (including malicious reporting), acts of gross misconduct or gross negligence, and repeated unreported errors or violations of procedure.
- 3.6 All disciplinary matters relating to the protection of vulnerable adults (POVA) and the protection of children (POCA) are covered by this policy, but will be dealt with in accordance with inter-agency protocols and any relevant external and/or regulatory bodies as appropriate.
- 3.7 This policy should be supported by the ACAS Guide to Conducting Workplace Investigations (Oct 15).

4. General Principles

The following principles will be taken into account in the application of this policy:

- The right of all employees subject to this policy to be treated fairly and with dignity and respect.
- The process is based on a series of escalating and linked responses to disciplinary matters. The appropriate levels of response will be determined by the circumstances of the case and the seriousness of the alleged offence(s). It is a fundamental principle that all cases are examined on their merits and no prejudgement is made at any stage of the process. Equally the principle of the policy and the manner in which it is applied must be consistent and show no differential for grade/ band or position.
- No disciplinary action will be taken against an employee until the case has been appropriately investigated.
- Each step of the disciplinary process will be taken as quickly as possible on the part of the "NHS Organisation".
- The timing and location of meetings will be reasonable and accessible.

- All parties will be given the opportunity to explain their position during meetings arranged as part of the investigation process.
- There is a commitment to implementing the policy in a way which promotes the fair and equal treatment of all employees and eliminates discrimination on the grounds of race, disability, gender, gender reassignment, age, sexual orientation, pregnancy and maternity religion and belief, language, human rights, trade union membership and whistleblowing. It is the responsibility of managers and employees to ensure that they implement this policy/procedure in a manner that recognises and respects the diversity of the workforce and the different needs of all employees.
- When a disabled employee is involved in this process, the "NHS Organisation" and the employee will work together to identify any reasonable adjustments that may be put in place to ensure the employee is not disadvantaged in any way.
- Other access issues, such as the need for linguistic support will be addressed to ensure that all employees are able to fully participate in the process.
- At every stage in the process the employee will be advised of the nature of the allegations made against them and will be given the opportunity to state their case before any decision is made.
- No employee will be dismissed for a first breach of discipline except in the case of gross misconduct, where the penalty could be dismissal without notice or payment in lieu of notice.
- Disciplinary warnings cannot be issued to an employee outside of this policy and procedure.
- Staff should adhere to strict standards of confidentiality at all times and should not discuss the investigation or its nature with anyone other than the Investigating Officer, their Trade Union representative or the Workforce and OD Department. This applies to all parties including any party that has made a complaint, any party that is the subject of an investigation and any witness.
- An employee may respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings.

5. Awareness

Employees will be made aware of the disciplinary rules and of the expected standards of conduct and behaviour when they join the organisation. They will be made aware of how they may access information on any subsequent changes. Every employee is encouraged to familiarise themselves with the detailed content of the policy and to ensure that they understand their responsibilities under it.

6. Right to be Accompanied

6.1 This policy allows all employees to be accompanied at formal investigation meetings. However, as long as a suitable alternative representative is available, unavailability of a preferred representative or workplace colleague should not delay the investigation meeting taking place.

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

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

6.3 At an investigation meeting the representative will be allowed to:

- confer with the employee
- request an adjournment
- seek clarification of the questions

The representative does not, however, have the right to:

- answer questions on behalf of the employee,
- address the meeting if the employee does not wish it, or
- prevent the employee from explaining their case.

6.4 At the disciplinary or appeal hearing the representative will be allowed to:

- address the hearing
- put or sum up the employee's case
- respond on behalf of the employee to any views expressed at the meeting
- confer with the employee during the hearing
- question witnesses
- request an adjournment
- seek clarification of the panel

The representative does not, however, have the right to:

- answer questions on behalf of the employee,
- address the hearing if the employee does not wish it, or
- prevent the employee from explaining their case.

7. Informal Discussions

7.1 The immediate manager should deal with minor conduct/standards of behaviour issues on an informal basis as appropriate. This may involve advising the employee as to expected standards of behaviour or conduct.

7.2 This is not part of the disciplinary process, but may be used to improve performance and prevent the need for future disciplinary action. It should be a two-way discussion, undertaken in a constructive manner, clarifying the

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8.5.1 The relevance of the offence to the job for which the employee is employed, whether or not it impinges upon the contract of employment.

8.5.2 Whether there is the potential of risk to patients, public, and other employees or to the employee themselves.

8.5.3 The risk of serious damage to the reputation of or public confidence in the organisation.

8.5.4 Whether the alleged offence will be required to be reported to a professional and/or regulatory body.

8.6 Following the outcome of any criminal investigations and prosecutions, and subsequent criminal proceedings, an employee, subsequently found not guilty, has no further right of appeal in respect of any internal disciplinary action. However, in very exceptional circumstances, a former employee may wish to make representation to the NHS Organisation if they have evidence that the outcome of the criminal case has a material impact on the original decision. There is no automatic right to reinstatement but the NHS Organisation will give full consideration to the representation made.

9. Procedure for Dealing with Alleged Misconduct

9.1 Where the manager becomes aware that an incident or misconduct has apparently occurred, the following procedure should be followed. It is expected that the employee will be afforded due courtesy and sensitivity at all stages, and that the procedure will be followed with appropriate promptness.

9.2 Initial Assessment

The purpose of the initial assessment is for the manager to determine, on the information available at that time, what the next appropriate course of action might be. This fact finding assessment will involve discussing the alleged incident/misconduct with the employee as well as obtaining other preliminary pieces of information as necessary. A request for representation will not normally be refused. Following the assessment, the manager may decide that:

- No further action is necessary because there is no evidence to support the allegation that an incident or misconduct occurred.
- Given the minor nature of the misconduct, informal discussion is a more appropriate measure than formal disciplinary action. (Paras 7.1 to 7.5 refer).
- The fast track Disciplinary process may be appropriate because the employee has admitted misconduct or where prima facie evidence exists. Fast tracking can only occur in incidents where it appears that the nature of the misconduct would only warrant a verbal or first written warning as a maximum. A letter will be issued to advise the employee of this decision and outline the allegation.

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standard of future conduct/behaviour expected of the employee, together with the way in which improvement will be monitored.

7.3 The employee should be advised that failure to improve may lead to action being taken under the Disciplinary Policy. A note of the discussion may be placed on an employee's personal file and a copy should be given to the employee for their records. Such a note should only be used as confirmation of the discussion and/or outcome and managers should ensure that such notes are not routinely retained on an employee's personal file. They should be removed following noted improvement which should not be longer than 12 months. Where there is no such improvement, then the note may form part of a discussion regarding the matter being escalated to the formal process.

7.4 Where more serious or continued concerns arise on conduct/standards of behaviour the appropriate manager must consider, having taken advice from (W&OD/HR), whether the Disciplinary Policy should be invoked.

7.5 If, at any stage during the informal discussion process, additional information comes to light and the manager believes it is no longer appropriate to deal with the matter by informal discussion, the meeting must be adjourned and the formal disciplinary process must be instigated.

8. Potential Criminal Offences Including Fraud, Corruption and Bribery

8.1 Where there is a reasonable suspicion that fraud or corruption may have occurred, the Local Counter Fraud Specialist (LCFS) or the NHS Counter Fraud Service Team (CFS Wales) must be notified immediately.

8.2 Where the initial assessment indicates that other criminal offences may have been committed, these matters should be discussed with the appropriate senior manager and reported to the Police.

8.3 In such circumstances, the "NHS Organisation" shall not be precluded from taking disciplinary action in accordance with this policy so long as it is not prejudicial to any potential criminal investigation.

8.4 The "NHS Organisation" is not required to wait until after a criminal trial to proceed with its own investigation, though on occasion it may be prudent to do so. Where a criminal offence has been allegedly committed by an employee inside or outside work, an investigation of the facts and circumstances surrounding the case as it relates to their employment will be conducted, unless a request from the Police or LCFS/CFS Wales has been made that to do so may be detrimental to a criminal investigation. The investigation will seek to establish whether, on the balance of probability, the incident/misconduct occurred. There is a need for close co-operation with the person taking forward the parallel criminal investigation.

8.5 Where an investigation appears to indicate that an incident or misconduct has occurred, the suitability of the employee for continued employment must be considered. Disciplinary action may be appropriate, but will depend on a number of factors. These include:

- A formal investigation will be required, with due consideration given to the need to suspend the employee without prejudice or deploy him/her whilst the investigation is ongoing. A letter will be issued to advise the employee of this decision and outline the allegations (see appendix 3).
- Application of a different policy may be more appropriate, e.g. capability.

9.3 Fast Track Disciplinary Process

9.3.1 The fast track disciplinary process allows for cases to be dealt with in a timely manner, within one month of the initial assessment, unless there are exceptional circumstances. There will not be any need for a formal investigation report although a thorough examination of the known facts will take place. An investigating officer will not, therefore need to be appointed.

9.3.2 Those situations where fast track may be suitable are as follows:-

- Incidents that are regarded as 'Misconduct' which would normally result in either a verbal or first written warning.
- The employee against whom the allegations are made has admitted to them in full.

9.3.3 If the manager feels that the fast track approach is appropriate, they must, in the first instance, discuss this with an (W&OD/HR) advisor. A review of the information will be undertaken in conjunction with the manager, the employee and his/her representative and a decision taken as to whether the fast track process should be adopted. This must be agreed by all parties in writing.

9.3.4 If the decision has been made to fast track then the following process should be followed:

- The Disciplining Officer will ensure (if not done already) that there is a written statement from the individual who reported the incident and also from the employee involved, together with any supporting information gathered.
- The Disciplining Officer will write to the employee involved asking them to attend the fast track disciplinary hearing, and will provide a copy of all information gathered plus the date, time and venue of the hearing (this should be sent no less than 7 calendar days before the hearing). The employee will be given the right to be accompanied if they so wish.
- The Disciplining Officer will be supported by a (W&OD/HR) Advisor and professional advisor, where appropriate (The Hearing Panel). The employee and their representative will also be present. No witnesses will be called.

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9.4 The procedure for the fast track hearing is as follows:

- Introductions are made.
- The Disciplining Officer outlines the nature of the allegation(s) and advises that it (they) may result in disciplinary action up to and including a written warning.
- The Disciplining Officer confirms with the employee that they admit to the allegations previously stated or confirms the evidence available.
- The employee or their representative will have the right to put forward any comments or statements relating to the incident (including any mitigation).
- The Hearing Panel may wish to question the employee.
- The Hearing Panel will adjourn briefly to give full consideration to the case.
- After reaching a decision the Hearing Panel will reconvene.
- The Disciplining Officer will then communicate their decision to the employee and their representative. The penalty, if any, will not exceed a verbal or first written warning.
- The Disciplining Officer will send a letter confirming the decision of the Hearing to the employee, advising them of their right of appeal. The record of any warning will be kept on the employee's personal file.

9.5 If an issue arises as part of the fast track process, which warrants a full investigation, a full investigation will be instigated.

10. Formal Investigation (see flowchart at appendix 3)

10.1 Where the case is not suitable for a fast track hearing, an Investigating Officer should be appointed to undertake a full investigation.

The Manager must ensure that the Investigating Officer is provided with sufficient support in terms of time, administrative facilities and reallocation of their work responsibilities, and adequately trained to be able to demonstrate the necessary competencies to be able to carry out a careful and thorough investigation in a timely manner.

Regular verbal or written updates on progress will be provided by the Investigating Officer to the manager and the employee and their representative.

10.2 The investigation is commissioned by and conducted on behalf of the employee's manager.

10.3 It is not the role of the Investigating Officer to make any judgement about the case but only to produce a factual report. The investigation should limit itself to evidence in respect of the charges being placed before the Disciplining Officer and should not include references to previous allegations, related to these allegations or otherwise.

10.4 The report will be considered by the Disciplining Officer who will make a decision about the appropriate course of action. Once the report is accepted

by the Disciplining Officer this decision will be made within 10 days. Any delay should be communicated to the employee with reasons.

10.5 The Investigating Officer should normally be appointed from a different department to that in which the employee works. The Investigating Officer should have the specialist skills and/or knowledge relevant to the case being investigated. In exceptional circumstances, this may be an individual from another NHS Organisation, or where appropriate an independent external investigator may be commissioned, who will be expected to familiarise themselves with the content of the policy.

10.6 The employee must be made aware of all the allegations made against them and be interviewed as part of the investigation process. They may be accompanied by their representative at this meeting, the aim of which is to establish, impartially, all the key points pertinent to the investigation that can be provided by the employee. The employee should be allowed to offer any information that they feel is relevant during this interview as it may affect the decision about whether to proceed with a disciplinary hearing. A written record of the interview should be made and signed by the employee as an accurate record.

The investigation will also make enquiries of relevant witnesses and collect documentary evidence as necessary. Such evidence must be copied to the employee and their representative, as part of the investigation report.

Should the Investigating Officer establish evidence which would suggest that the terms of reference for investigation and/or the allegations against the employee need to be widened, they should draw this to the attention of the Disciplining Officer. If the Disciplining Officer concludes that further allegations need to be investigated, the terms of reference issued to the Investigating Officer will be re-issued and the employee will be formally notified that additional/amended allegations are to be considered.

10.7 If an employee becomes unwell during the disciplinary process, the investigation may continue, albeit in a sensitive and considerate manner. Advice from the occupational health department may be sought, if appropriate.

10.8 The Investigating Officer will be given advice on the process by a (W&OD/HR) Advisor who would not then be part of a disciplinary panel. Where the Investigating Officer requires secretarial support, then the Manager must take this into account when instigating the investigation.

10.9 Once the investigation is complete the Investigating Officer will prepare a report of their findings, providing documentary evidence of the facts, and all witness statements.

On receiving the Investigating Officer's report and if satisfied with the content, the Disciplining Officer will determine, within 10 calendar days what further action should be taken. I.e.

- no case to answer

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- to proceed via informal discussion as outlined in 7.1 to 7.5
- to proceed to a disciplinary hearing
- to proceed through an alternative procedure (e.g. capability)

If, on receipt of the report, the Disciplining Officer decides further work is needed, the Investigating Officer will be asked to revisit the report, e.g. reference an additional policy, and resubmit.

Where a decision is made to proceed to a disciplinary hearing, this should take place as soon as possible after the decision is made.

10.10 The Investigating Officer will attend the disciplinary hearing to present an overview of their report and to answer any points of clarification required.

10.11 Where the allegation is of a potentially serious nature, in the interests of minimising unnecessary delay it may be advantageous to arrange, a provisional date for a disciplinary hearing at the outset of an investigation. This is a practical measure that does not, in any way, attempt to prejudge whether such a disciplinary hearing will be deemed necessary.

10.12 Witnesses

10.12.1 All employees of the "NHS Organisation" have a duty to co-operate with management in disciplinary proceedings. Witnesses who have provided statements should be advised of the fact that a hearing may take place and of their being required to attend, that their statement will form part of the investigation report, and that if a hearing is necessary, the panel and the employee will have sight of them.

10.12.2 The employee or their representative must make the Disciplining Officer aware of those staff they wish to call as witnesses.

10.12.3 The Disciplining Officer will arrange to call all witnesses required after having discussed and agreed these with the employee and his/her representative.

10.12.4 Witnesses who are employees of "NHS Organisation" are obliged to attend if requested to do so by the Disciplining Officer.

10.12.5 Arrangements will be made for witnesses to be released from their duties to enable them to attend the hearing. They may bring a representative or workplace colleague with them for personal support if desired.

10.12.6 People not directly employed by "NHS Organisation" may be called to attend the hearing as a witness but cannot be compelled to do so.

11. Alternatives to Suspension / Temporary Deployment During Period of Investigation

11.1 In some circumstances it may be appropriate to suspend the employee or to deploy the employee to another post/work pattern or to another work place on a temporary basis. Where alternatives to suspension are being considered, this would only be done following a discussion with the employee and their Representative and would take into account its reasonableness in all the

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circumstances. LCFS / CFS Wales should always be advised of any decision to suspend or deploy an employee when the employee is under investigation by the LCFS/ CFS Wales.

11.2 If an employee, as an alternative to suspension, is deployed to another post / work pattern or to another workplace there should be no loss of earnings i.e. night allowance, weekend allowance and regular overtime. Excess travel and parking fees will apply where additional mileage is incurred as a result of a change in base.

11.3 If suitable temporary deployment is offered, the employee will be expected to accept.

12. Suspension from the Workplace

12.1 Suspension is not a disciplinary penalty and is without prejudice. Suspension from the workplace will be with pay, in accordance with Paragraph 12.3.2 of this Policy. Suspension may be considered appropriate where keeping the employee in the workplace after the incident/ misconduct may:

- Compound the offence.
- Interfere with or prejudice the investigation.
- Jeopardise the safety or well being of patients and / or employees.

12.2 If the decision to suspend is taken by the manager (in consultation with a senior (W&OD/HR) Advisor or, where not available, another manager of equivalent seniority) the employee should be told of this decision immediately. The employee should be asked about any other organisation that they are engaged by, paid or voluntary, and these organisations will be advised of the suspension accordingly. Where possible the employee should be given the opportunity to be accompanied at the meeting when they are informed of their suspension if they so wish.

12.2.1 Unavailability of a preferred representative or workplace colleague will not, however, delay the meeting from taking place.

12.2.2 The employee should be given information regarding the support available to them e.g. Occupational Health.

12.3 During suspension the employee must not (unless as a patient or to access sources of help e.g. to meet with their Representative) enter "NHS Organisation" premises or their normal place of work without the express permission of their manager. Details of the suspension will be confirmed in writing giving the reason(s) for this course of action by the manager.

12.3.1 An employee who is suspended from duty should not undertake any other work, within or outside the NHS, without consulting their line manager beforehand and receiving authorisation to do so. It is the responsibility of NHS organisations to advise other employers (where known) of the suspension.

12.3.2 Pay during suspension will be calculated according to the normal duty roster worked by the employee and during this period the employee will

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be recorded as on authorised paid leave in order to maintain confidentiality.

12.3.3 Employees who are suspended must make themselves available to attend meetings and interviews as part of the disciplinary process.

12.4 If an incident occurs, or is reported out of hours and an employee's manager or an appropriate member of the (W&OD/HR) Department is not available, an appropriate senior member of staff can make a decision to send an employee home on the basis that there is a risk to themselves and/or others if they were to stay in work. The employee will be asked to report to their manager on a specified day. This decision will not constitute suspension but is required in order that the facts of the case are reviewed as soon as reasonably possible. The employee will be recorded as on authorised paid leave and paid as per their normal shift.

12.5 The manager must ensure that the period of suspension is kept to a minimum and that the investigation takes place as swiftly as possible. The manager should review the suspension regularly but at least monthly, this should be recorded and any cases that continue beyond four months should be reported to the Board of the "NHS Organisation", together with information on the expected completion of the investigation. Regular summary reports should be made to Board meetings or an appropriate Board committee detailing the number of current suspensions and their duration. Information identifying individual employees should not, however, be presented in open Board meetings.

12.6 If an employee wishes to book annual leave during the period of their suspension they must apply to the manager giving due notice. Such applications will be considered sympathetically but may reasonably be refused if the leave would delay the resolution of the disciplinary matter. Annual leave booked prior to the suspension will be honoured and will be deducted from the employee's total annual leave entitlement.

12.7 If the employee is on sick leave this does not preclude the Investigating Officer from continuing with the investigation. However, advice may need to be sought from Occupational Health if there are concerns about the employee's ability to continue to participate in the process.

13. Procedure for Reporting to Disclosure and Barring Service (DBS)

13.1 All organisations have a legal duty to refer any information about employees who could pose a risk of harm to children and vulnerable adults to the DBS who will assess the information and make a barring decision.

A referral should not be made when an allegation is first made. An investigation and evidence gathering should be first undertaken by the person or organisation that would normally refer to the DBS. This is in order to establish if the allegation has foundation, for example as part of an internal disciplinary process. Without evidence or substance to the claims many

allegations will quickly be identified as unjust as there will be no foundation on which the DBS can proceed.

13.2 'Harm' is stated as being physical, sexual, emotional, neglect or financial. Neglect could include a failure to act or an omission.

13.3 Where a person / organisation has a legal duty to refer, there are two main conditions which should be met for a referral to be made, these are:

- 1) They have permanently removed a person from 'regulated activity' through dismissal or permanent transfer from 'regulated activity' (or would have if the person had not left, resigned, retired or been made redundant); and
- 2) They believe the person has
 - a. Engaged in 'relevant conduct', or
 - b. Satisfied the 'harm test' (i.e. no action or inaction occurred but the present risk that it could be significant), or
 - c. Received a caution or conviction for a 'relevant offence' (a list of these offences is available on the DBS website, or from calling the helpline for advice).

14. Procedure for Reporting to Professional Regulatory Bodies

14.1 It will be the responsibility of the Head of Profession to contact the appropriate professional regulatory body at the point at which it is decided that there is evidence of a concern relating to fitness to practice. The decision on when this occurs should be taken in discussion with the appropriate body.

15. Arrangements for the Disciplinary Hearing

15.1 Once the investigation has been completed and the report with all the appendices is submitted, the Disciplining Officer will then decide if the investigation has established that there is sufficient evidence to support the allegations.

15.2 The Disciplining Officer will determine within 10 days of accepting the report what further action should be taken. Where a hearing is being convened the employee must be informed in writing confirming the allegations and that they have the right to be accompanied at the hearing and will have the right to state their case; where the allegation(s) are considered gross misconduct the letter must also outline that disciplinary action may include dismissal.

15.3 The Disciplining Officer conducts the hearing and makes the decision as to whether the allegations are proven. All members of the disciplinary panel will act with neutrality and objectivity at all times. In the event that the employee has any concerns over the composition of the panel, they should make their concerns known, with evidence, to the W&OD/HR adviser. The Disciplinary Panel will comprise:

15.3.1 The Disciplining Officer

It is important that the Disciplining Officer is of sufficient seniority to make the decision on the appropriate penalty. This is critical in those cases where dismissal is a possible outcome.

15.3.2 W&OD (HR) Adviser

An appropriate member of the (W&OD/HR) Department, (with no previous involvement in the case), who advises the hearing on procedure and employment issues and can assist the Disciplining Officer in establishing the facts of the case.

15.3.3 Panel Member

When appropriate, the Disciplining Officer may also be supported by a senior manager from outside the line management chain of the employee who is able to provide specialist, professional or technical expertise.

15.4 Practical arrangements for holding the Disciplinary Hearing will be made as soon as possible. Notes must be taken at all hearings. Electronic recordings should only be made with the prior consent of all participants. Also, anyone attending the hearing including anyone accompanying the employee (including witnesses) must not make covert electronic recordings of any meetings or hearings conducted under the procedure.

15.5 The employee must attend a disciplinary hearing when requested to do so. Where he/she is unable to attend for any reason they must notify the manager in order that the meeting can be rearranged.

Where an employee has a justifiable reason for failing to attend a disciplinary hearing, such as an accident or personal emergency, the hearing should be adjourned in the first instance and rearranged as soon as possible. The employee must be warned if they fail to attend for a second time, the hearing will be held in their absence and a decision may therefore be made on the information available to the panel at that time.

15.6 All documentation supporting the allegation(s) will be passed to the employee as soon as possible but no later than 21 calendar days prior to a disciplinary hearing. This will include the investigation report which will contain interview notes, any witness statements and all other documentary evidence that is to be considered. Any additional information which the employee wishes to rely upon should be submitted to the Disciplining Officer as soon as possible but no later than 10 calendar days prior to the hearing. In exceptional circumstances, the employee may request to make a submission which has not been made available within the above timescale.

15.7 At the same time, the list of agreed witnesses will be provided no later than 14 calendar days before the hearing date.

15.8 The Disciplining Officer will make arrangements for the attendance of all appropriate witnesses required at the hearing.

16. The Disciplinary Hearing

16.1 The Hearing is an opportunity to examine the evidence and allows the employee concerned the proper opportunity to comment on the evidence and make any representations or offer their views concerning the allegations. The Hearing must consider all the evidence and give the employee a fair opportunity to make their views known whilst at the same time ensuring that all evidence is examined thoroughly so that an appropriate decision can be reached. No new written evidence may be produced by either party after the exchange of case papers without the agreement of all parties.

16.2 The Disciplinary Hearing itself should normally follow the sequence described below, requiring the designated Disciplining Officer to:

16.2.1 Introduce those present

16.2.2 Explain the purpose of the Hearing, i.e. indicate that it is a disciplinary hearing convened in accordance with the "NHS Organisation's" Disciplinary Policy to address the allegation(s) as detailed and (where applicable and appropriate) to consider a report concerning the issue(s), together with all other documentation to be relied upon as evidence.

16.2.3 Outline the nature of the Hearing, i.e. that the allegation(s) is/are viewed most seriously and may result in disciplinary action, including dismissal, where appropriate.

16.2.4 Refer to the principles which govern the hearing:

- that full and fair consideration will be given to all issues pertinent to the case.
- that all evidence will be considered, and
- that the employee or their representative will have the opportunity to deny, or to defend themselves/the employee against the allegation(s).

16.2.5 Describe the procedure to be followed at the Hearing (and ensure this is understood by the employee).

16.2.6 A (W&OD/HR) Adviser is available to attend the disciplinary hearing to support and advise the investigating officer but will not answer questions directly on their behalf.

16.3 Order of proceedings

- In the first instance, the Investigating Officer will present an overview of their report and clarify any points raised.

- Witnesses shall be asked by the panel to clarify any issues as appropriate. The witness(es) will then answer questions from the employee or his representative.
- The employee or their representative will then be invited to make statements and present evidence, whether oral and/or written, to explain, deny, and offer mitigating circumstances or otherwise comment upon the allegations made against them.
- The employee will then answer questions from members of the disciplinary panel.
- Witnesses called by the employee or his representative shall first be questioned by the employee or their representative and thereafter may be questioned by members of the disciplinary panel.
- An opportunity will then be given to the Investigating Officer to restate the key points if the panel deems it necessary, and the employee or their representative to sum up their case and make any final comments or ask any final questions. The employee and/or their representative will speak last. No new information may be introduced at this stage.

16.4 General Principles

- The Disciplinary Panel members shall have the right to ask questions of anyone present, at any time during the proceedings.
 - The employee or their representative shall have the right to ask questions of any witness.
 - The Investigating Officer shall remain in attendance throughout the hearing. Their role will be to present an overview of their report and to clarify points as required by the Disciplinary Officer, the employee, or their representative. They will not have the right to ask questions.
 - No witnesses called either by the Disciplinary Officer or the employee may be present at the hearing before giving evidence. After giving evidence witnesses may be asked to remain available for clarification purposes, but shall not remain in attendance.
- 16.5 Once the hearing has examined all the evidence provided for in the report or presented at the hearing the panel will adjourn, to give full consideration to the case.
- 16.6 At this stage, further information may be requested if appropriate, in which case the hearing will reconvene once the additional investigations have been completed.
- 16.7 The Disciplinary Officer with the advice of the panel then reaches a conclusion as to whether the evidence supports the allegation based on the balance of probabilities. They must be satisfied that the investigation and hearing have

same disciplinary action. The employee must have been informed of this in the original letter confirming the disciplinary hearing date.

- 16.13 Where the incident that leads to disciplinary action being taken occurs during a period when a warning is already in operation, this warning may be taken into consideration in deciding the appropriate action, so long as the most recent incident is of a similar nature to that for which the warning was imposed.
- 16.14 Where appropriate, the Disciplinary Officer shall, in discussion with the Professional Advisor on the Panel inform the employee's professional body and/or the DBS of the outcome of the hearing.

17. Notification of Disciplinary Action

Below is a summary of the possible penalties resulting from a disciplinary hearing. They are not necessarily sequential and their application will depend on the particular circumstances of the case.

Formal Disciplinary Process Begins	
Verbal Warning	Minor Misconduct
First Written Warning	Misconduct or further offence
Final Written Warning	Serious misconduct or further offence
Dismissal*	Gross misconduct or further offence

been conducted in accordance with this policy, that the disciplinary rules have been appropriately considered and applied and that the penalty is reasonable, and reflects the seriousness of the offence.

- 16.8 After reaching a decision the Hearing will reconvene and the employee will be advised of the Disciplinary Officer's decision as to whether the allegations have been proven, on the balance of probability, and the nature of the penalty imposed, if any.
- 16.9 The decision should be conveyed to the employee verbally on the same day; or, if a decision cannot be made on the day of the hearing, the employee should be informed of the decision within 7 calendar days. If the decision is likely to take longer for some reason, then the employee must be contacted by the Disciplinary Officer and informed of this fact, along with the reasons for the delay.
- 16.10 The letter to the employee confirming the outcome of the case and any disciplinary action should be sent to the employee no later than 7 calendar days after the notification of the outcome of the hearing. The letter should confirm the date, time, and place of the disciplinary meeting and of those present. If the employee declined to be accompanied this should be noted in the letter.

16.11 The letter should also:

- Confirm the allegations that were considered and specify those found unproven and, on the balance of probability, those that were found proven.
- State clearly the nature of misconduct or failure to reach the required standards.
- State the rationale for the decision.
- Specify the disciplinary action being taken and, if a warning is being imposed, state how long the warning will remain "live".
- Outline any recommendations, training or support that must be actioned, within a reasonable timeframe, to improve conduct or behaviours in future or any management recommendations as appropriate.
- Where a warning is imposed, confirm that committing any further related offences or, failing to improve performance, could result in more serious disciplinary action, up to and including dismissal.
- Remind the employee that they have the right of appeal within 14 calendar days of receipt of written notification of the disciplinary action and state to whom the appeal should be made.
- Reference that the appeal should be directed to the manager one level above the manager taking the disciplinary action.

All such letters should be sent out by a recorded method of delivery.

- 16.12 Where the investigation arises from a recent series of different incidents or a recent series of minor incidents of the same nature, they may be accumulated and taken into account at the same disciplinary hearing and dealt with by the

Other formal action, short of dismissal	There may be a situation where dismissal is justified, but where the disciplining officer believes the circumstances are such that he/she wishes to offer alternative employment, in conjunction with a final written warning, as an alternative to dismissal. This may be to a lower pay band (to the top of the band provided this does not lead to an increase in salary) and/or to another area and would not attract protection of salary or excess travel. The employee would have the opportunity to consider this option and respond in writing within 7 calendar days accepting this variation in their terms and conditions as an alternative to dismissal. Accepting alternative employment does not remove the employee's right of appeal against the original decision to dismiss.
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17.1 Verbal Warning

- 17.1.1 If conduct or performance does not meet acceptable standards, the employee can be issued with a verbal warning. The employee will be told of the reason for the warning and that it is the first stage of the formal procedure.
- 17.1.2 Where a verbal warning is considered necessary, this will be active for 6 months. The record of the hearing (as provided to the employee) will be placed on the employee's personal file, and confirmation that a warning has been issued will be forwarded to the employee (and their representative if requested by the employee).
- 17.1.3 Provided that no further verbal warnings have been issued during the specified period, the verbal warning is considered to be spent and cannot be used in order to warrant an escalation in the penalty. All subsequent offences whether or not they are identical to the 'spent' offence are considered entirely on their own merits and the process starts from the beginning again.

17.2 First Written Warning

- 17.2.1 If the offence is of a more serious nature, or if conduct has not improved as a result of a verbal warning, the Disciplinary Officer may decide that a formal written warning is appropriate.
- 17.2.2 The written warning will be active for a period of 12 months. The record of the hearing (as provided to the employee) will be placed on the employee's personal file, and confirmation that a warning has been

issued will be forwarded to the employee (and their representative if requested by the employee).

- 17.2.3 Provided that no further written warnings have been issued during the warning period, the written warning will then be considered to be spent and cannot be used in order to warrant an escalation in the penalty. All subsequent offences whether or not they are identical to the 'spent' offence are considered entirely on their own merits and the process starts from the beginning again.

17.3 Final Written Warning

17.3.1 A final written warning will be issued where:

- There is a failure to reach the required standards, which normally will have been set out in previous warnings.
- Serious misconduct has taken place.

17.3.2 Written notification will be as outlined above, but in addition, the letter to the employee confirming the final written warning should also indicate:

- Reference to previous relevant disciplinary action, where appropriate.
- Confirmation that further misconduct of a similar nature will lead to dismissal. The written warning is considered active for 24 months.

17.3.3 If the misconduct or failure to meet standards is of a serious nature then a final written warning may be implemented without previous warnings having been issued.

17.3.4 The record of the hearing (as provided to the employee) will be placed on the employee's personal file, and confirmation that a final written warning has been issued will be forwarded to the employee (and their representative if requested).

17.4 Dismissal

17.4.1 Dismissal is normally considered to be the appropriate action:-

- Following an act of gross misconduct or a serious continued failure to meet required standards.
- Where there is a failure to reach the required standards which have been specified in previous warning(s).

17.4.2 Where an employee is dismissed for continued failure to reach the required standard the appropriate period of notice or pay in lieu of notice along with other entitlements should be made. In cases of gross misconduct, the employee will be summarily dismissed without payment in lieu of notice and without notice (right of appeal and reinstatement if found to be justified still apply).

20. Employment Monitoring

An accurate record of all disciplinary events should be maintained on the Electronic Staff Record (ESR), to enable the organisation to consider whether there are any issues that may be contributing to unintended discrimination. This information must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that disciplinary processes are fair and equitable for all employees and groups, and to demonstrate that the "NHS Organisation" is meeting its employment equality monitoring duties.

21. Appeals

21.1 All employees have the right to appeal against disciplinary action or dismissal.

21.2 The person to whom an appeal is made must be specified in the letter informing the employee of the outcome of the disciplinary hearing and/or the disciplinary action to be taken.

21.2.1 An employee who wishes to appeal (appellant) against disciplinary action or dismissal must lodge their intention to appeal within 14 calendar days of receiving written notification of the disciplinary action taken.

21.2.2 This notification of intention to appeal should indicate the grounds on which this appeal is based. The employee should be explicit as to whether this is an appeal against the judgement of the disciplining officer, against the disciplinary penalty imposed, or against the process of the disciplinary investigation and hearing itself.

21.3 An Appeal Officer will be appointed and the administrative arrangements put in place within 14 calendar days and wherever possible the appeal heard within 28 calendar days of the notification of appeal being received. The appeal panel will consist of an Appeal Officer and (W & OD/HR) Advisor and where appropriate a further panel member. In exceptional circumstances it may be necessary to extend this deadline with the agreement of both parties but every effort should be made to hear the appeal promptly.

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

21.5 There will be two levels of constitution of appeal hearings.

21.5.1 For appeals against disciplinary warnings short of dismissal, the appeal will normally be heard by a manager one level above the manager who imposed the penalty. If organisational structures allow, the Appeal Officer should be from a separate directorate/locality in line with best practice.

17.4.3 A letter must be given to the employee in person or sent by a method of recorded delivery within 7 calendar days confirming the dismissal and should also state:

- Date, time, place of disciplinary meeting and those present
- The reason(s) for dismissal and effective date of termination
- The appropriate period of notice or pay in lieu of notice or in cases of summary dismissal, that no notice will be paid. Any other rights, for example, annual leave due should be included in the final pay arrangements
- Where appropriate, that the relevant professional body and/or the DBS will be informed
- The right of appeal, including time limits, and that the appeal should be made to the manager one level above the manager taking the disciplinary action.

Dismissal where there has been no previous warning regarding conduct is a penalty only applicable in cases of gross misconduct or breach of contract as outlined in the Disciplinary Rules. No employee will be dismissed for a first offence outside those categorised as gross misconduct or breach of contract.

18. Expiry of Warnings

18.1 The warning becomes "spent" following the specified period of the warning. The NHS Organisation will put in place a system to ensure the employee is informed when the warning is "spent". There may be occasions, however, when an employee's conduct is satisfactory throughout the period the warning is in force only to lapse soon thereafter. In these circumstances, where a pattern of behaviour emerges, the Disciplining Officer can take the employee's full disciplinary record into account when deciding the length of any new warning that is to be imposed.

18.2 Periods for which warnings will be active may be extended if an employee is absent from work for an extended period, whereby performance/conduct cannot be monitored, to cover the length of the absence.

19. Debrief/Lessons Learnt

19.1 Following the completion of the internal disciplinary process, a formal debriefing session may be convened by the Disciplining Officer to review the case, any lessons learnt and any further agreed action required, e.g. training needs, policy or procedural issues emerging, relationships have been affected and mediation or redeployment may be necessary. Present at the discussion should be the Investigating Officer, other panel members as appropriate and staff side representatives.

21.5.2 The (W & OD/HR) Advisor will be in attendance in order to give advice and to support the Appeal Officer in ensuring that all aspects of the appeal are fully explored. The Appeal Officer must ensure they have access to appropriate professional advice, where necessary.

21.5.3 In cases of appeals against dismissal, the Appeal Officer will be a senior officer nominated (by the Director of Workforce and Organisational Development), in line with the organisation's scheme of delegated authority. Where appropriate, the Appeals Officer may be supported by a second senior manager who will provide any necessary professional advice.

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

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

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

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

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

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

21.12 Conduct of the appeal

The Appeal Officer will act as Chair of the appeal hearing and will introduce those present and state the order of proceedings which is as follows:

21.12.1 Both the disciplining officer and the appellant and his/her representative will remain present throughout the proceedings until the panel adjourn to deliberate in private.

21.12.2 The appellant or his/her representative shall confirm their grounds of appeal and provide information supporting their case.

21.12.3 The disciplining officer will have the opportunity to ask questions of the appellant.

21.12.4 The members of the appeal panel shall have the opportunity to ask questions of the appellant.

- 21.12.5 The disciplining officer will present the justification for the decision that they took at the disciplinary hearing.
- 21.12.6 The appellant or representative shall have the opportunity to ask questions of the disciplining officer.
- 21.12.7 The members of the appeals panel shall have the opportunity to ask questions of the disciplining officer.
- 21.12.8 The disciplining officer will have the opportunity to sum up. New information must not be introduced at this stage.
- 21.12.9 The appellant or representative will have opportunity to sum up. New information must not be introduced at this stage.
- 21.12.10 The appeal panel may, at its discretion, adjourn the appeal hearing in order that further information may be sought and reviewed.
- 21.12.11 The appeal panel shall deliberate in private only, recalling both parties to clarify any points of uncertainty on evidence already given. If a recall is necessary both parties shall return.
- 21.12.12 When a decision is reached by the Appeal Officer they should inform the appellant and disciplining officer of the outcome immediately or within 7 calendar days. In either case, the decision will be notified to all parties in writing within 7 calendar days of the appeal.

The decision of the Appeal Officer is final.

22. Authority to Dismiss

The level of manager with the authority to dismiss will be determined by the "NHS Organisation" in its scheme of delegation.

23. Equality

The NHS Organisation recognises the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The NHS Organisation recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights.

24. Policy Review

All policies are subject to ongoing review to ensure they are entirely compliant with all aspects of equality and human rights legislation, best practice and the ACAS Code. This policy will be subject to full review at intervals to be determined by the Welsh Partnership Forum.

Appendix 1 - Disciplinary Rules

Introduction

The aim of the "NHS Organisation" is to provide first class healthcare to the general public. In order to maintain high standards it is essential that all employees conform to the standards set by the "NHS Organisation" to ensure an efficient and safe environment for staff, patients and visitors and to maintain good relations within the workplace.

Whilst it is acknowledged that the vast majority of staff conform to these required standards, it is important that all employees are made aware of the standards expected of them and the consequence of failing to adhere to them and clearly understand their rights and obligations.

The Disciplinary Policy is written in accordance with the principles set out in the policy which include:

- The employee is treated consistently and fairly
- The organisation, other employees, patients and members of the public are protected
- The employee understands the standards/behaviour expected of them

The lists provided below should not be regarded as exhaustive or comprehensive and can only serve as a guide as it is impossible to cover every eventuality. In addition many departments/directorates have specific rules and failure to observe these could result in disciplinary action.

Every case will be considered on its own merit, including the particular circumstances of the case and its seriousness but will also have full regard for the principle of consistent treatment of every employee. Due consideration will therefore be given to any mitigating circumstances in each case.

Repeated minor misconduct or misconduct offences can accumulate and employees may be dismissed if it is clear that warnings have had no effect on the employee's behaviour. In these cases, it is not the nature of the offences that is held to be of primary concern, rather that the employee has shown themselves to be incapable of responding appropriately to the warnings and to have failed to improve their behaviour accordingly.

Examples of Misconduct

Misconduct (including minor misconduct)

This list is not exhaustive, but examples of offences which might lead to recorded verbal or first written warning warnings, would include:

1. Lateness for duty without reasonable explanation.
2. Failure to report for duty without reasonable explanation.

25. Help and Advice

Help and advice on the application of this policy and procedure can be obtained from the (W&OD/HR) Department.

26. Agreement

The policy and procedure has been agreed in partnership and has been ratified by the Welsh Partnership Forum.

3. Minor instances of discourtesy/rudeness to patients, visitors or other members of staff.
4. Failure to wear correct uniform or protective clothing where provided or unsatisfactory condition or appearance related to personal hygiene.
5. Poor attendance record/capabilities, but only where the use of the NHS Organisation's staff performance policy is inappropriate.
6. Failure to meet required standards of performance and behaviour as expected within the employee's role and responsibilities.
7. Minor insubordination and/or failure to carry out a reasonable instruction.
8. Failure to comply with local or departmental rules relating to performance, safety or conduct.
9. Smoking in areas designated as 'No Smoking'.
10. Outside employment- employees engaging in employment in off duty hours must ensure that such employment does not adversely affect their work in the "NHS Organisation". The disciplinary procedure may be used if the "NHS Organisation" feels that the employee's performance is thereby affected.

Serious Misconduct

Failure to respond to previous warnings could result in a final warning, but additionally certain types of conduct could lead directly to this form of disciplinary action. Included in this category might be:

1. Failure to respond to minor misconduct warnings.
2. Unauthorised absence without reasonable cause whilst purporting to be on duty.
3. Failure to comply with conditions of service or working procedures.
4. Refusal to carry out reasonable instructions given by an authorised person.
5. Failure to maintain registration with relevant mandatory professional body.
6. Serious instances of professional misconduct.
7. Personal behaviour conducted either inside or outside of work or working hours that, results in bringing the NHS Organisation or any of its employees into disrepute.
8. Serious failure to meet required standards of performance and behaviour as expected within the employee's role and responsibilities.

Gross Misconduct

It is misconduct that strikes at the root of the employment relationship with "NHS Organisation" and confidence that must exist for the contract of employment to be effective. In most cases the result will normally be summary dismissal without notice or payment in lieu of notice.

An employee who commits such an offence will therefore be regarded as having

fundamentally breached his or her contract of employment and can expect to be summarily dismissed in accordance with the "NHS Organisation" Disciplinary policy. Summary dismissal, will be the normal action taken against an employee on the first occasion on which any of these offences is committed.

The action taken will reflect the seriousness of the offence. The seriousness of the offence (and therefore the culpability of the employee) will depend on the individual circumstances and consequences of each case, but particular consideration will be given to the implications or resultant consequences of the offence; whether the offence is persistent; or whether a previous warning has been issued for the same or related offence(s), for example negligent performance in respect of safety as a first offence may result in a final written warning but where this jeopardises patient care or places others at risk, dismissal may result.

Examples of what might lead to summary dismissal for gross misconduct are as follows:

1. **Disclosure Of Confidential Information** - to unauthorised persons particularly in relation to a member of staff or patient.
2. **Assault** - any assault, fighting or threatening behaviour directed at a patient, member of the public or fellow employee.
3. **Theft** - unauthorised or unlawful possession of property of "NHS Organisation" (including patient related documents), fellow employees or members of the public.
4. **Fraud** - any deliberate attempt to defraud the employer, fellow employees or members of the public.
5. **Corruption** - this refers to any receipt of money, goods, favours in respect of services rendered.
6. **Wilful Or Malicious Damage** - the intentional causing of damage to the "NHS Organisations" property or property of fellow employees, patients or members of the public.
7. **Unfit For Duty** - this could result from being under the influence of alcohol or drugs which have been self inflicted and not prescribed by a person qualified to do so.
8. **Gross Negligence** - any action or failure to act which could result in serious damage to property or equipment, or endanger the health and safety of others. Failure to give appropriate care and protection to patients within the "NHS Organisations" care.
9. **Gross Insubordination** - including wilful refusal to carry out a reasonable instruction or behaviour or other display of attitude which seriously undermines management's authority.

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22. **Breach of Contract of Employment** - Any fundamental breach of the Contract of Employment which makes continuation of employment impossible. This category may include:

- Failure to meet statutes concerning Professional Registration.
- It may also apply to the removal of a driving licence from staff for whom driving is an essential part of their work, or wilful failure to obtain a DBS check, or work permit.
- Withholding information which has a serious bearing on the offer of or continuation of employment, e.g. a conviction or dismissal from a previous employer that the employee fails to disclose.
- Conviction for a criminal offence committed in or out of work which renders the employee inappropriate or unavailable for continued employment.
- Where information comes to light that would render the employee inappropriate for the post they occupy.

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10. **Misrepresentation** - falsification or failure to declare relevant information on medical questionnaires, application or enrolment forms that is fundamental to the contract. This may also constitute a criminal offence.

11. **Sexual, Racial Or Other Forms Of Harassment** - serious cases of racial or sexual harassment or bullying against other employees, patients or visitors either as an offender, or manager failing to take appropriate action after an incident is brought to his/her attention. N.B. Issues of this nature will be dealt with in accordance with the "NHS Organisation's" Dignity at Work policy.

12. **Unacceptable Behaviour** - towards staff, patients, visitors or public in the course of work or on "NHS Organisation" premises.

13. **Misuse Of Information Technology** - unauthorised and improper use "NHS Organisation" information technology systems.

14. **Destroying/Concealing Evidence Of Malpractice** - the intentional destruction or concealment of evidence of malpractice.

15. **Victimisation Of Whistleblowers** - where employees raising concerns under the Whistle blowing Policy (Public Interest Disclosure Act 1998) are subject to victimisation by managers, colleagues or other "NHS Organisation" staff.

16. **Non Compliance With The Declaration Of Interest** - Unauthorised possession of property belonging to the NHS Organisation (or its contractors), patients, members of the public or staff.

17. **Unauthorised Use or Misuse of NHS Organisation Facilities or Property** - Use of NHS Organisation vehicles, plant machinery, tools facilities, or property. Misuse of telephones or internal / external post.

18. **Serious Acts Of Insubordination Or Personal Behaviour That Results In Bringing The "NHS Organisation" Into Disrepute** - Wilful acts which seriously undermine the "NHS Organisation's" professional standing or that of its employees.

19. **Failure to Meet Required Standards** - Gross failure to meet required standards of performance and behaviour as expected within the employee's role and responsibilities.

20. **Gross Areas of Professional Misconduct**

21. **Withdrawal of DBS registration** - withdrawal of an individual's DBS registration can be considered gross misconduct

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Appendix 2 – Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give employees greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics under the Act are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act recognises 6 forms of discrimination: direct; indirect; discrimination by perception; discrimination by association; harassment and victimisation. The Act changes and extends certain concepts and definitions and introduces new forms of unlawful discrimination including:

Association Discrimination

This means that employers cannot directly discriminate against someone because they are associated with another person who possesses a protected characteristic. Employers need to be mindful of this extension to the law when dealing with employees who are carers of elderly relatives or disabled children as they will be protected against discrimination or harassment in relation to the person they care for. Consideration is particularly relevant when dealing with flexible working applications from carers, or when subjecting an employee to a disciplinary procedure because of their persistent lateness where the employee may have a caring responsibility.

The Equality and Human Rights Commission has prepared Codes of Practice on employment, services, public functions and associations and equal pay. The purpose of these Codes is to explain the new statutory provisions of the Act. The Codes were laid before Parliament on 12 October 2010 and will remain in draft form until the Government makes the Order bringing them into force. The Codes will be available to download from the Equality and Human Rights Commission at www.equalityhumanrights.com

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2. The Duty to Make Reasonable Adjustments

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured; the removal of physical barriers and/or providing additional support for a disabled employee. This is the duty to make reasonable adjustments. The duty aims to make sure that a disabled person has the same access to everything that is involved in getting and doing a job as a non-disabled person, as far as is reasonable.

When the duty arises, employers are under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles a disabled worker or job applicant faces. In particular the need to make reasonable adjustments for an individual employee or job applicant must:

- not be a reason not to appoint someone to a job or promote them if they are the best person for the job with the adjustments in place
- be considered in relation to every aspect of a person's job
- not be a reason to dismiss an employee.

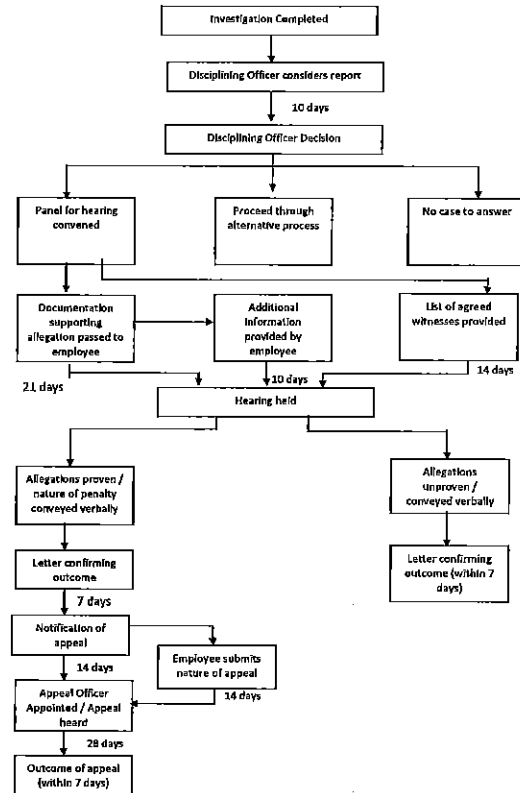
Less favourable treatment of a disabled person for a reason related to their disability cannot be justified where the reason for the treatment can be removed or made less than substantial by a reasonable adjustment.

Where a disabled employee is subject to the disciplinary policy, advice on the duty to consider reasonable adjustments may be sought at any stage of the process from a human resources advisor, the Occupational Health Department or from trade union or professional organisation representatives.

The Disability Advisory Service (Access to Work) can advise on work place adjustments and where necessary possible alternative employment options and in certain cases will contribute to the purchase of specific equipment or other workplace adjustments, which will enable the person to continue in employment. The employee will be involved in all of the above processes.

Only equality law is referenced above. There are other laws which you need to comply with to ensure that the disciplinary process is fair. You can find out more from the ACAS Code of Practice on Disciplinary Procedures at www.acas.org.uk

Appendix 3 – Disciplinary and Appeals Process Flowchart



HYWEL DDA UNIVERSITY HEALTH BOARD

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

Policy Number	142	Previous version	7
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Version	Date	Comments	Author	Approved	Review Date
1					
2	March 2016	All Wales document	W&OD Committee	30-3-16	March 2019
		Extended pending receipt of revised AW Documentation	Chair W&OD	28.5.2019	28.11.2019

Objectives of the policy: To outline the procedure to follow where grievance issues cannot be resolved informally, thereby ensuring that grievances are dealt with promptly, fairly and consistently.

Policy scope: Disciplinary Procedure
All Wales Dignity at Work policy
Employee Concerns (Whistle blowing) Policy

Policy Area	Employment	Policy	Open
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Author	Lisa Gosling	Director of W&OD	A signed copy of this document is stored with corporate services
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HYWEL DDA UNIVERSITY HEALTH BOARD

Policy Number	Kim Warlow	Policy Title	County Head of Workforce (West)
Policy Area	W&OD	Policy Title	WGH
Policy Number	01437 773360	Policy Title	Kim.warlow@wales.nhs.uk

Policy Number	142	Previous version	7
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1					
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Policy Number	142	Previous version	7
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Policy Area	March 2016	Sub group of policy review group
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Policy Area	Grievance
Policy Area	Raising concerns

HYWEL DDA UNIVERSITY HEALTH BOARD

Policy Number: 142 Policy Title: All Wales Dignity at Work policy Policy Area: Employment Policy Status: Open Policy Author: Lisa Gosling Policy Approved: 30-3-16 Policy Review Date: 28.11.2019		
Version	Date	Comments
1		
2	March 2016	All Wales document
		Extended pending receipt of revised AW Documentation
		Chair W&OD
		28.5.2019
		28.11.2019

HYWEL DDA UNIVERSITY HEALTH BOARD

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 8. Process for Dealing with Ex-Employees
 9. Employment Monitoring
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- Appendix 4 Request for Appeal Hearing for Individual/Collective Grievance
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- Appendix 6 Equality Act 2010

Introduction

HYWEL DDA UNIVERSITY HEALTH BOARD

The National Health Service (NHS) in Wales is committed to promoting good employment relations between its employers and its employees, which includes the appropriate management of employee grievances.

Scope

- 2.1 The NHS in Wales encourages grievances to be resolved informally by the employee through discussion with their line manager, or through a process of mediation. However, where an issue cannot be resolved informally the following procedures are established with the intention of ensuring that grievances are dealt with promptly, fairly and consistently.
- 2.2 A grievance exists when an employee feels that they need to raise and resolve an issue, concern or complaint. This would include an issue regarding some aspect of their employment; for example concerns regarding their duties, an interpretation of their conditions of service, working conditions, working procedures, or other matters directly affecting their ability to perform their duties.
- 2.3 Issues where specific provision is made under another policy will not be dealt with under this procedure; this would include grievances involving alleged unfair treatment that amount to discrimination, victimisation, or harassment, which will be dealt with under the All-Wales Dignity at Work process.
- 2.4 Where the employee has concerns that the interests of others, or their organisation may be at risk, and particularly where concerns relate to potential unlawful conduct, malpractice, or dangers to the public or environment, the employee should raise these concerns through the organisation's procedure for NHS staff to raise concerns.
- 2.5 This policy will be followed in respect of both individual and collective grievances. A collective grievance is where more than one employee feels that they have reason to complain about the same issue.
- 2.6 The Status Quo will normally continue until the grievance has been resolved or the grievance procedure has been exhausted. There may very rarely be exceptional circumstances such as a breach of legal requirements or clinical safety issues which may impact upon the Status Quo. In such exceptional circumstances early dialogue with the employee/s and/or representative/s must take place.
- 2.7 This policy may be invoked by any NHS employee and those who work for the organisation's staff bank.

Purpose

The purpose of this policy is to ensure:

- That individuals have the right to have their grievance heard. However, any individual found to be making malicious or vexatious grievances may be dealt with through the Disciplinary Policy and Procedure.

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AW Grievance Policy

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Stage 1	Initial Informal Grievance Discussion	Within 7 Calendar days
Stage 2	Formal Grievance Hearing	Within a further 14 Calendar days
Stage 3	Grievance Appeal	Within a further 21 Calendar days

There should be no unreasonable delays in holding grievance meetings/hearings and therefore the timescales above should be adhered to unless the parties mutually agree an alternative timescale.

Set out below are the stages of the Grievance Procedure. It may be helpful to consider mediation¹ at any point in procedure, particularly in the early stages.

5.1 Stage One - Initial Informal Grievance Discussion

An employee should, where reasonable and practicable, raise their grievance informally with their manager, where they believe that the matter can be dealt with and resolved using this mechanism.

At this stage of the procedure, the grievance will be managed via a process of informal discussion between the manager and the employee and this should take place within 7 calendar days of the matter being raised. Where the employee's manager is the subject of the grievance, the matter should be discussed at the next appropriate level of management. A written record should be made on the suggested form at appendix 1.

The employee may omit this stage of the procedure, should they wish their grievance to be dealt with formally.

5.2 Stage two - Formal Grievance Hearing

Where an employee wishes to proceed directly to the formal stage of the procedure or they have attempted to raise the matter with their manager informally, without success, they should raise their grievance, formally in writing by completing the grievance registration form at Appendix 2, and enclosing any written evidence available at the time.

The employee is required to set out the basis of their grievance and send a copy of the grievance registration form to their manager. If their manager is the subject of the grievance, or has unsuccessfully attempted to resolve the matter informally, the form should be sent to the next appropriate level of management.

5.2.1 Invitation to a Formal Grievance Hearing

The manager receiving the grievance form should write to the employee acknowledging receipt and inviting them to attend a grievance hearing. This correspondence should also confirm the employee's right to be represented by a local trade union representative / trade union official or by a workplace colleague.

¹ Mediation is a voluntary structured, non-judgemental process, in which an impartial third party works with parties in dispute to help them explore and understand their differences and (where possible), find solutions to settle them. Mediation is not a solution in itself, but a methodology for achieving resolution by avoiding the traditional win-lose approach to resolving conflict. It seeks to enable all parties to find their own meaningful solutions to conflict by emphasising the importance of communication, understanding and promoting shared interest.

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- That the grievance procedures comply fully with the Employment Rights Act (2008) and the ACAS Code of Practice, 'Discipline and Grievances at Work';
- That employees can raise a grievance without fear of victimisation by management or colleagues;
- That where possible all potential conflicts are resolved informally by the employee and their manager through discussion, which may take more than one meeting;
- All grievances are dealt with promptly, fairly and consistently, using the following procedure;
- There are no unreasonable delays in respect of holding grievance meetings or hearings and communicating verbal and written decisions;
- That managers act to resolve grievances, without unreasonable delay;
- The timing and location of meetings is reasonable and accessible;
- When a disabled employee is involved in this process, the 'Hywel Dda University Health Board' and the individual will work together to identify any reasonable adjustments to ensure the employee is not disadvantaged in any way;
- Other access issues, including the need for linguistic support will be addressed to ensure that all employees are able to fully participate in the process;
- Employees are given the opportunity to lodge an appeal against any decision made following a formal grievance hearing.

Rights to be Accompanied

Initial Informal Grievance Discussion

The purpose of the initial informal grievance discussion is to enable the employee and manager to explore and resolve informally the reasons behind the grievance. As such it is not considered necessary for the individual to be accompanied by a trade union representative or, alternatively, by a workplace colleague. If, however, the individual wishes to be accompanied, this should not be unreasonably refused.

Formal Grievance Hearing and Appeal

Employees attending a formal grievance hearing will have the right to be accompanied by a trade union representative or accompanied by a workplace colleague, if they so wish. However, as long as a suitable alternative representative is available, unavailability of a preferred representative or workplace colleague should not delay the hearing taking place.

Grievance and Procedure

The following 3 stage procedure will usually be applied; however stage one may be omitted by the employee.

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A grievance hearing should normally be held within 14 calendar days of receipt of the written grievance, unless all parties have agreed an alternative timescale.

5.2.2 The Grievance Hearing

The employee will be entitled to be represented by a trade union representative or accompanied by a workplace colleague.

Any documentation relating to the formal grievance hearing should be sent out at least 7 calendar days before the hearing.

At this stage of the procedure, the grievance will be managed via a process of formal discussion between the senior manager nominated to hear the grievance and the employee.

The hearing will:

- Give the person with the grievance, or their representative, an opportunity to expand the details contained on the grievance registration form.
- Give the manager hearing the grievance an opportunity to ask those questions necessary to determine exactly the cause of the grievance. The manager may wish to be supported by a HR and/or professional advisor as appropriate.
- Allow the employee to make a statement, present evidence or call witness(es), who in turn can be questioned by the manager hearing the grievance.
- Allow for the manager who heard the grievance at the previous stage, (where the matter has been discussed at Stage 1) to make a statement, present evidence and be questioned as necessary, by the manager hearing the grievance.
- Give the person raising the grievance, or their representative, an opportunity to sum up their grievance and the resolution they are seeking.

5.2.3 Witnesses

Due consideration should be given to the planning of the grievance to allow for the attendance of witnesses. Where the employee or manager who heard the grievance at the previous stage wishes to call witnesses to the hearing, they will be requested to notify the manager nominated to hear the grievance 7 calendar days in advance, and be responsible for ensuring that they are in attendance.

Witnesses who have provided statements should be advised of the fact that a hearing may take place and of their being obliged to attend.

Every effort will be made to roster witnesses so that they may be in work when required to attend the hearing. No witness should lose pay as a consequence of being required to attend a hearing.

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5.2.4 Written Grievance Decision

Where possible the manager nominated to hear the grievance should try and reach a decision on the day. However, he/she may request clarification, or further information to inform the decision, before a decision can be reached and communicated. The manager nominated to hear the grievance is required to communicate the decision to the employee in writing, without unreasonable delay. The written grievance decision will normally be provided within 7 calendar days of the grievance hearing. This timescale may be extended by mutual agreement between the nominated manager and the employee, should additional time be requested by the manager to reflect on and consider the facts.

The written grievance decision should be in writing (suggested form attached at appendix 3), whether or not the employee's grievance has been upheld, the reasons for the decision, and their right of appeal, and to whom they should appeal should they be dissatisfied with the outcome.

Where a grievance is upheld, the written decision should confirm what action will be taken to resolve the matter.

5.3 Stage 3 - Formal Grievance Appeal

Should an employee be dissatisfied with the outcome of the Stage 2 Hearing, they have a right of appeal. The employee must submit their written appeal on the form at Appendix 4, to the manager as soon as possible but within 14 calendar days of receipt of the written grievance hearing decision. The grounds for the appeal should be clearly set out.

A grievance appeal hearing will be arranged, which will be heard by an appropriate senior manager, not previously involved in the grievance and nominated by the Director of Workforce & OD. The senior manager may wish to be supported by an HR and/or professional advisor as appropriate. The employee should be advised of their right to be accompanied by a Trade Union representative or a workplace colleague.

The appeal hearing will normally be held within 21 calendar days of receipt of the letter of appeal, unless all parties have agreed an alternative timescale.

The appeal hearing will:

- Give the employee, or their representative, an opportunity to expand the details contained on the grievance appeal form (Appendix 4).
- Give the manager hearing the appeal an opportunity to ask those questions necessary to determine exactly the nature of the appeal.
- Allow the employee to make a statement, present evidence or call witness(es), who, in turn, can be questioned by the manager hearing the appeal.
- Allow for the manager who heard the grievance at the previous stage to make a statement, present evidence, call witnesses and to be questioned as necessary.
- Give the person making the appeal, or their representative, an opportunity to sum up the grounds for their appeal and the outcome they are seeking.

5.3.1 The Appeal Decision

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Where the senior manager nominated to hear the appeal communicates their decision verbally, they are still required to provide a detailed written appeal decision, on the form, attached at Appendix 5.

5.3.2 Written Appeal Decision

The written appeal decision, which will be final, should be sent to the employee within 7 calendar days of the appeal hearing. This timescale may be extended by mutual agreement to allow the manager additional time for further reflection and consideration of the facts.

The written appeal decision should clearly set out whether or not the employee's appeal has been upheld and ensure that the reasons for this decision are fully explained.

Where a grievance is upheld, the written appeal decision should confirm what action will be taken to resolve the matter. This decision will be copied to the appropriate manager, to ensure that the agreed actions are implemented, monitored and reviewed by them, as appropriate, to ensure the matter(s) raised are dealt with effectively and to the satisfaction of the employee.

Collective Agreement

If a grievance is being raised on a collective basis then at the outset the stages of this policy to be followed will be agreed by all parties. All parties to the grievance will need to be identified on submission of the complaint either by name or in the case of a large department, by exception, if some individual employees do not wish to be party to the grievance.

The number of staff attending the grievance to represent the collective group will be agreed at the outset (but should not normally exceed three members of staff plus the TU representative).

Where this process fails to determine a solution to the collective grievance, either side may refer the matter to the Advisory Conciliation & Arbitration Service (ACAS) for advice or conciliation. Where the matter cannot be resolved by conciliation, both parties may agree to refer the matter to ACAS for arbitration. Where arbitration is used, both parties should agree in advance to abide by the Arbitrator's decision.

Overlapping Grievance and Disciplinary Cases

Where an employee raises a grievance during a disciplinary process, the manager will discuss with the employee and their representative before a decision is made on whether the disciplinary process should be temporarily suspended in order to deal with the grievance. Where the grievance and disciplinary cases are related it may be appropriate to deal with both issues concurrently.

Process for Dealing with Ex-Employees

Where an ex-employee raises a grievance relating to their employment, this should be put in writing to their previous line manager within one month of leaving employment.

The line manager should acknowledge the grievance letter and provide a written response to the employee as soon as possible but no later than 14 calendar days from receipt of the employee's grievance. This response will conclude the matter.

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Where an employee has commenced the grievance process prior to leaving employment, the usual grievance procedure will be followed.

Employment Monitoring

An accurate record of all grievance events should be maintained on the Electronic Staff Record (ESR), to ensure that any necessary follow up action is taken, and to enable the organisation to detect any potential trends or patterns of behaviour. This information must be disaggregated by equality strand and routinely collected, analysed and reported on to ensure that grievance processes are fair and equitable for all individuals and groups, and to demonstrate that the Hywel Dda University Health Board is meeting its employment equality monitoring duties.

All NHS organisations should monitor grievances against the protected characteristics outlined in the Equality Act 2010 (see appendix 6).

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Appendix 1 - Suggested Note of Initial Informal Grievance Discussion (Stage 1)

This form should be completed by the manager who considered the grievance under stage 1

Date grievance received:	
Date grievance discussion:	
Date outcome notification sent to employee:	
Please record the nature of the grievance:	
Please indicate below the action taken under stage 1	
Grievance upheld	
Summary of action taken to resolve grievance	
Grievance rejected	
Summary of grounds for rejection	
Please indicate below if the employee has lodged a request for a grievance hearing (Stage 2) against this decision, attaching the request letter.	
Date request for Stage 2 received	
1.1.1.1 Manager who considered stage 1 grievance	
Name:	
Job Title/Department:	
Workplace Address:	
Contact Telephone Number:	

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Signed:	
Date:	

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Appendix 2 - Individual and Collective Grievance

Initial Grievance Registration Form (stage 2)

Name*			
Job Title:			
Department:			
Workplace Address:			
Contact Telephone Number:		Contact Email Address:	

Line Manager			
Name:			
Job Title:			
Department:			
Workplace Address:			
Contact Telephone Number:		Contact Email Address:	

Staff Representative/Work Colleague			
If you are being accompanied by a staff side representative or colleague please complete the section below so that they can be included in any correspondence.			
Name:			
Department:			
Workplace Address:			
Contact Telephone Number:		Contact Email Address:	

* In the event of a collective grievance, please identify the names of all parties to the grievance.

Grievance details

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In the section below please explain the nature of the grievance you wish to raise. Please include details of any colleagues involved. You may add further details on a separate document (in which case please tick the box at the bottom of the section and provide a brief overview in the space provided). Please make sure any additional details are firmly attached to this form.

--

Resolution being sought – Please indicate how you would like to see the matter resolved

--

I have provided further details in a separate document which is attached ☐

Signed*:	
Date:	

* For collective grievances, all members of staff must sign the form

Please send this form along with any supporting documentation to your immediate line manager. If your grievance concerns your immediate line manager then the form should be passed to the next in line manager.

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Appendix 3 - Grievance Hearing (Stage 2)

This form must be completed by the manager who hears the grievance.

Date Grievance Received:	
Date Grievance Hearing:	
Date formal outcome notification sent to the individual:	

Please Indicate below the action taken under Stage 2

Grievance upheld – Summary of action taken to resolve grievance

--

Grievance rejected – Summary of grounds for rejection

--

Please Indicate below if the employee has lodged request for an appeal hearing (Stage 3) against the decision of this hearing, attaching the request letter.

Date Appeal Request Lodged: 1.1.1.2. Hearing Officer

Name:	
Job Title/Department:	
Workplace Address:	

Contact Telephone Number:

Signed:

Date:

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Appendix 4 - Request for Appeal Hearing (Stage 3)

If you are dissatisfied with the written response you have received in relation to your Stage 2 grievance, please complete the details below and submit this form to:-

Within 14 days of receipt of this form and enclosed letter.

NAME:

In the section below please outline the basis of your appeal, giving as full an explanation as possible to why you are not satisfied with the decision taken

SIGNED:
DATE:

Now send the form to the person indicated in the letter, confirming the outcome of your Grievance Hearing within 14 days of receipt of the letter.

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Appendix 6 – Equality Act 2010

The Equality Act 2010 came into force on 1 October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give employees greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics under the Act are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act recognises 6 forms of discrimination: direct; indirect, discrimination by perception; discrimination by association; harassment and victimisation. The Act changes and extends certain concepts and definitions and introduces new forms of unlawful discrimination including:

Association Discrimination

This means that employers cannot directly discriminate against someone because they are associated with another person who possesses a protected characteristic.

Employers need to be mindful of this extension to the law when dealing with employees who are carers of elderly relatives or disabled children as they will be protected against discrimination or harassment in relation to the person they care for.

Consideration is particularly relevant when dealing with flexible working applications from carers, or when subjecting an employee to a disciplinary procedure because of their persistent lateness where the employee may have a caring responsibility.

The Equality and Human Rights Commission has prepared Codes of Practice on employment, services, public functions and associations and equal pay. The purpose of these Codes is to explain the new statutory provisions of the Act. The Codes were laid before Parliament on 12 October 2010 and will remain in draft form until the Government makes the Order bringing them into force. The Codes will be available to download from the Equality and Human Rights Commission at www.equalityhumanrights.com

2. The Duty to Make Reasonable Adjustments

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured; the removal of physical barriers and/or providing

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Appendix 5 - Appeal

This next section should be completed by the senior manager who hears the appeal.

Date appeal received:	
Date of appeal hearing:	
Date formal outcome notification sent to the individual:	
Appeal Upheld?	1.1.1.3. YES / NO
Summary of final appeal outcome	

1.1.1.4. Final Appeal Panel:	1.1.1.5.
Name:	
Job Title/Department:	
Workplace Address:	
Contact Telephone Number:	
Signed:	
Date:	

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additional support for a disabled employee. This is the duty to make reasonable adjustments. The duty aims to make sure that a disabled person has the same access to everything that is involved in getting and doing a job as a non-disabled person, as far as is reasonable.

When the duty arises, employers are under a positive and proactive duty to take steps to remove or reduce or prevent the obstacles a disabled worker or job applicant faces. In particular the need to make reasonable adjustments for an individual employee or job applicant must:

- not be a reason not to appoint someone to a job or promote them if they are the best person for the job with the adjustments in place
- be considered in relation to every aspect of a person's job
- not be a reason to dismiss an employee.

Less favourable treatment of a disabled person for a reason related to their disability cannot be justified where the reason for the treatment can be removed or made less than substantial by a reasonable adjustment.

Where a disabled employee is subject to the disciplinary policy, advice on the duty to consider reasonable adjustments may be sought at any stage of the process from a human resources advisor, the Occupational Health Department or from trade union or professional organisation representatives.

The Disability Advisory Service (Access to Work) can advise on work place adjustments and where necessary possible alternative employment options and in certain cases will contribute to the purchase of specific equipment or other workplace adjustments, which will enable the person to continue in employment. The employee will be involved in all of the above processes.

Only equality law is referenced above. There are other laws which you need to comply with to ensure that the disciplinary process is fair. You can find out more from the ACAS Code of Practice on Disciplinary Procedures at www.acas.org.uk

HYWEL DDA UNIVERSITY HEALTH BOARD



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Alcohol and Drug/Substance Misuse Policy

283	Employment
V4	W&OD Sub Committee
19/3/2019	2/4/2019
19/3/2022	

1.0	This policy supports the Health Board's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by helpful and useful policies to promote healthier lifestyles.
2.0	This policy applies to all Health Board employees and anyone working on Health Board premises. (Here after referred to as employees).
3.0	768 – Attendance at Work All Wales Policy 336 – Guidance on Referral of Employees to the Occupational health Service 201 – All Wales Disciplinary Policy 340 – Staff Psychological Wellbeing Policy 203 – All Wales Capability Policy 010 – Health and Safety Policy. Professional bodies guidance and Upholding professional standards for Medical and Dental staff. 142 – Grievance Policy
4.0	Include links to Patient Information Library
5.0	W&OD Sub Committee

HYWEL DDA UNIVERSITY HEALTH BOARD

283	Lisa Gosling	Director of W&OD
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Version no:	Summary of Amendments:	Date Approved:
1	New Policy	April 2012
2	Review – minor amendments	24.5.2016
3	Minor amendment to PRISM Contact details page 8	30.8.2017
4	Full review	19/3/2019

Glossary of terms

Term	Definition

Keywords	Alcohol, Drugs, misuse
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HYWEL DDA UNIVERSITY HEALTH BOARD

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

The Health Board recognises its duty to take care of the health, safety and welfare of employees who have alcohol or drug/substance misuse problems which can have a detrimental effect on work safety, performance and behaviour. The Health Board is committed to providing assistance to employees with drug, alcohol or substance misuse issues. The Health Board also has a responsibility to protect other employees, patients and members of the public and to ensure that any risk is minimised. If an employee is observed in the workplace in a potentially unfit state due to alcohol, drug or substance misuse they could be the subject of disciplinary action.

2. POLICY STATEMENT

This policy supports the Health Board's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by helpful and useful policies to promote healthier lifestyles.

3. SCOPE

This policy covers alcohol, drug/substance misuse problems.

This policy applies to all Health Board employees and anyone working on Health Board premises. (Here after referred to as employees).

This policy replaces all previous local agreements/policies on alcohol and drug/substance misuse related problems operating within the Health Board and applies to all employees.

4. AIMS

The aim of the policy is to ensure the Health Board provides assistance to employees with alcohol and drug/substance misuse related problems ensuring that employees are treated according to their circumstances and needs

The organisation will also balance a disciplinary approach to instances of misconduct with a more understanding attitude of cases of dependency the Health Board will comply with the legislative provisions relating to disability.

5. OBJECTIVE

This policy will ensure that the principles of equity and consistency are applied when dealing with employees who may have alcohol and drug/substance misuse related problem and to support the Health and Wellbeing of those employees.

Alcohol or substance misuse problems will be treated as employee health problems and individuals will be treated sympathetically and offered support and assistance in overcoming the problem.

6. PROCEDURE

Should an employee be observed in work in what their manager or colleagues consider to be potentially in an unfit state due to alcohol, drug or substance misuse, their manager will consider the situation, seeking Occupational Health advice as appropriate and if necessary send them home. Which may constitute a suspension under the 201 – All Wales Disciplinary Policy.

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The Health Board must ensure that the employee returns home using a safe method of transport. Check appropriate support is available as far as is reasonably practicable.

If a Manager suspects an employee may have an alcohol, drug or substance misuse problem they should firstly undertake a private and confidential interview with the employee and ensure that clear records are kept of this meeting.

If a worker is a contractor or agency worker then the manager in the area the worker is working must report their concern to the external contractor/agency manager.

As soon as it becomes apparent that an employee has alcohol, drug or substance misuse related problem, the manager must seek the assistance of a Workforce Advisor in order that consultation takes place with the employee. Actions may need to be taken immediately to ensure the safety of patients, staff and the employee which may include suspension from work.

The employee must be referred to the Occupational Health Department as soon as possible to advise on the extent of any alcohol drug or substance misuse related problem and to determine the potential effect on the individual's role.

The Occupational Health Department is responsible for supporting and assisting employees with alcohol, drug or substance misuse related problems.

An employee with alcohol, drug and substance misuse related problems will be required to cooperate fully with any referral or treatment recommended by the Occupational Health Department.

When employees with alcohol, drug and substance misuse related problems have been identified, the manager will meet formally with the employee. This meeting will be followed up in writing to the employee highlighting details of support options available.

The manager will consider Occupational Health advice and will decide whether the employee will remain in work taking into consideration the risk involved and the extent of the alcohol, drug and substance misuse related problem.

7. ROLES AND RESPONSIBILITIES

7.1. CHIEF EXECUTIVE

Has overall responsibility for the implementation of all Health Board Policies

7.2. DIRECTOR OF W&OD

Has responsibility for ensuring that this policy is monitored and reviewed on a 3 yearly basis.

7.3. MANAGERS ROLE

- Ensure that all staff are aware of and adhere to this policy and understand its implications.
- Ensure they treat all alcohol, drug and substance misuse related cases confidentially and with sensitivity.
- Support employees at work and encourage them to seek help voluntarily in the first instance.
- Ensure they are aware of the health, safety and welfare of their staff.

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7.4. EMPLOYEES ROLE

- Seek appropriate support and advice from their manager, Occupational Health Department, Workforce or their GP as appropriate if a problem is identified personally or concerns arise regarding a colleague.
- Avoid covering up for or colluding with colleagues with alcohol, drug and substance misuse related problem.
- Advise their manager if a work colleague has a suspected alcohol, drug and substance misuse related problem that is endangering the safety of other staff, patients or the public.
- Seek help themselves if they have alcohol and drug related problem

The Health Board expects staff to behave responsibly about consuming alcohol or substances and to remember that they must comply with their professional codes of practice at all times.

7.5. OCCUPATIONAL HEALTH DEPARTMENT ROLE

- Provide support, guidance and advice to managers and staff
- Respond to referrals from Managers
- Provide an impartial, confidential service to staff which includes advice or referral/signposting to another agency.
- Make Staff aware of this policy and actively promote health promotion initiatives in relation to alcohol, drug and substance misuse.

7.6. WORKFORCE ROLE

- Co ordinate the monitoring of the effectiveness of this policy
- Provide advice, guidance and support when required.
- Ensure fairness and consistency in the treatment of all employees.
- Refer employees to external bodies where appropriate.
- Advise on the appropriateness of invoking disciplinary procedures.

7.7. STAFF SIDES ROLE

- Encourage their members to seek help where appropriate.
- Inform members of their rights and responsibilities under this policy.

8. IDENTIFYING ALCOHOL, DRUG AND SUBSTANCE MISUSE

Employees should be alert to the possible early signs of alcohol or drug/substance misuse to allow every individual every opportunity to overcome their difficulties. Causes for concern are likely to be:

- Increased Absenteeism
- Increase in the number of accidents
- Reduced performance
- Changes in conduct, behaviour and appearance
- Interpersonal issues

This is not an exhaustive list but any changes in a person's behaviour, conduct, their appearance, their ability to do their job and their behaviour towards their colleagues could signify a problem with alcohol, drug and substance misuse.

9. EMERGENCY ATTENDANCE AT WORK

It is recognised that employees may unexpectedly be called into work to cover staff shortages or to respond to a major incident. Employees will be expected to behave responsibly and if they had consumed alcohol or substances, they must not report for duty and must inform their

HYWEL DDA UNIVERSITY HEALTH BOARD

line manager that they are unable to fulfil their duties. They would then not be in breach of this policy.

10. DISCIPLINARY ACTION

In line with the 201 - All Wales Disciplinary Policy, the following will be regarded as gross misconduct;

- Attending work or carrying out work duties under the influence of alcohol, drugs or any other substance.
- Consumption of alcohol or the inappropriate use of drugs or other substances whilst at work or on duty.

11. APPEALS

Any appeal arising from the application of this policy will be dealt with under the 142 - All Wales Grievance Policy.

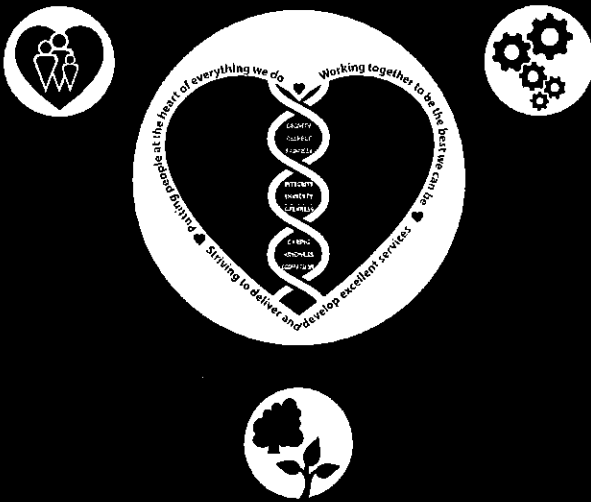
12. SOURCES OF HELP

- Manager
- Occupational Health Department
- Workforce
- Trade Union Representatives
- GP
- National Helplines such as: Alcoholics Anonymous on 0845769 7555, National Drugs Helpline on 0800 776600
- PRISM - Drug and Alcohol Support Services - The telephone number for the Single Point of Contact for drug and alcohol services is: 03303639997

13. REVIEW

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

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.

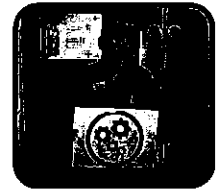


"I value my bike, I like to travel to different parts of the country and just get away from it all..."

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

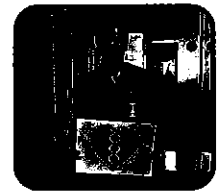


"I value my new house it's my first. I am really excited in making it somewhere I can call my own..."

Katy Jane – Health Care Support Worker

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

Martin Pickett – Student Nurse



2

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.



3

Our Board members are committed to our Values and Behaviours Framework



Steve Moore –
Chief Executive

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

It has always been a key priority in the meeting with staff to develop and define the personal values that are important to them. The Welsh and GBU have then gathered the most prominent and come up with a defined list. As 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 build for it. These will represent all that we are and do within Hywel Dda and as a requirement of us will continue to develop and grow from now on being in place. The GBU frame in the heart of the organisational values that every single one of us in Hywel Dda should incorporate every day to do, think, feel, and represent how we will do things and the expected behaviours in working for the 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. We speak for them often. In terms of the behaviours we want to see that you will join me in embracing them and drive to implement them all across the organisation."

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

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

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

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

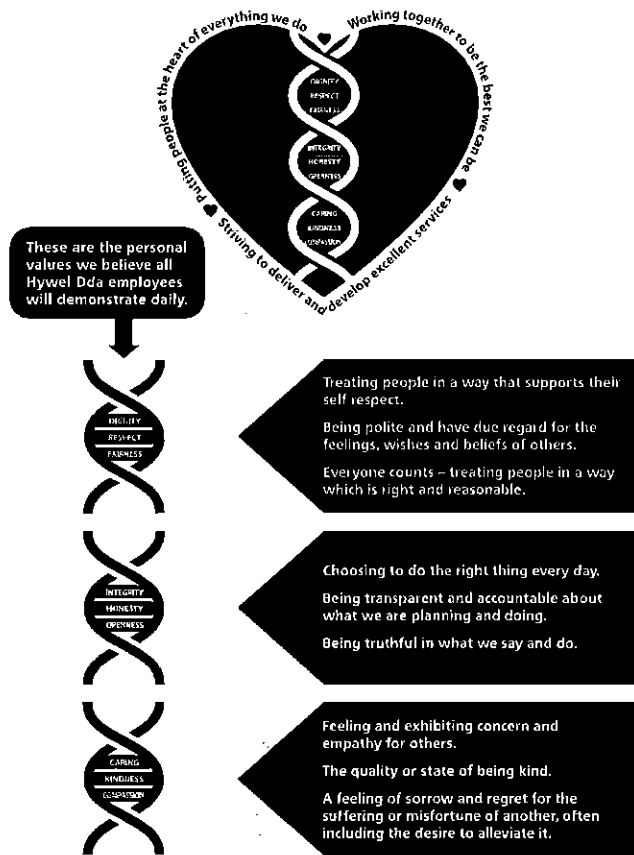
We would also suggest that the framework will support recruitment and retention of staff through appraisal and staff development. They will also play a big part in measuring and improving both staff and patients' experience within the Organisation."



Bernardine Rees OBE –
Chair

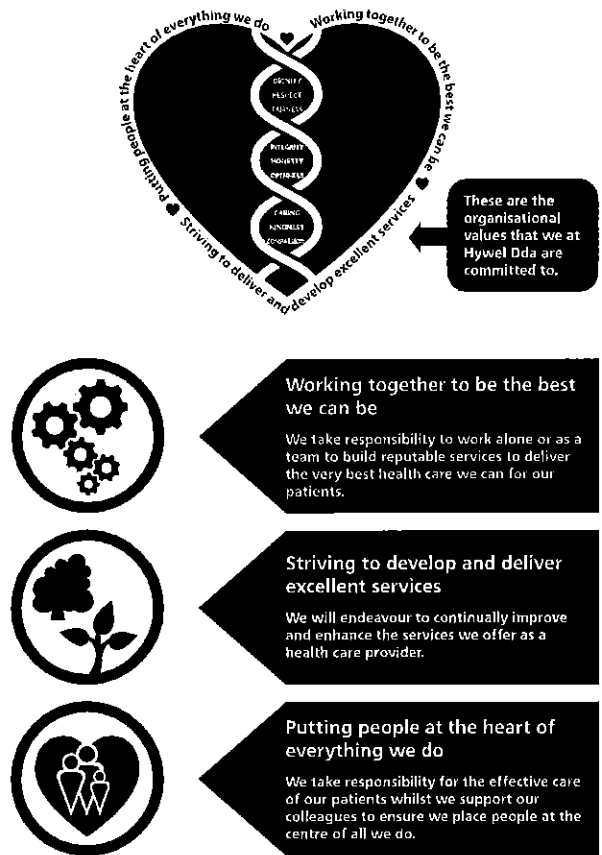
4

Personal Values

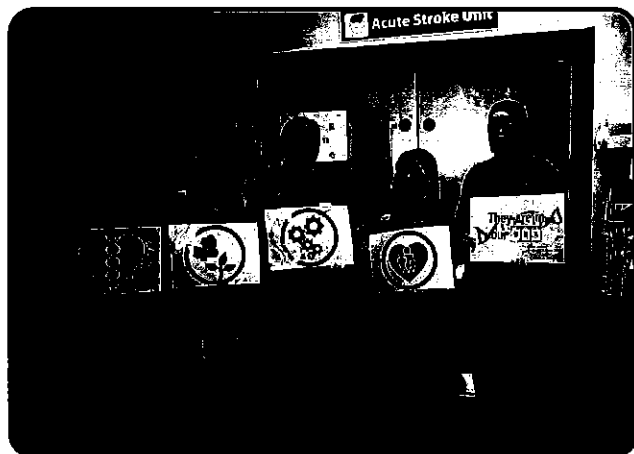


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Organisational Values



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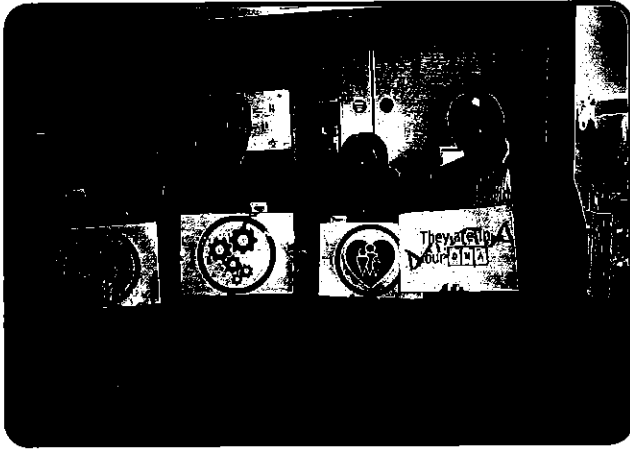
Dignity, Respect and Fairness

This value group ensures that people are treated in way that supports their self respect. That there is a due regard to people's feelings, wishes and beliefs. Everyone counts and people are treated in a way that is right and reasonable.



CORE	ADVANCED	EXCELLENCE
What we do day to day and is expected of all. It's integral to the DNA of the organisation.	How we change the way we work to create a positive experience. Demonstrate a positive impact on patients and services.	Values are embedded in our culture and become habit. We lead by example and evidence what we do.
✓ Take time to build professional relationships with colleagues, patients and stakeholders.	✓ Understand how your behaviours could be interpreted and consider the impact they can have on others.	✓ You look to understand other people and their behaviours, and use this knowledge to adapt your approach for effective working relationships within and beyond Hywel Dda.
✓ Trust colleagues to act responsibly and are accountable for your actions.	✓ Encourage others to act responsibly.	✓ You instigate changes in behaviour to improve the use of Health Board resources. You lead change in others and teams.
✓ You respect people as individuals and are considerate.	✓ You drive the diversity of teams and working groups	✓ You are a role model for an inclusive leadership style; respecting colleagues and partners. You are able to evidence your impact and create a culture of diversity.
✓ You understand how your role contributes to the wider organisations strategy, patients and people.	✓ You recognise and value colleague's contributions and the users of our services.	✓ You display a clear appreciation of your colleagues and teams efforts and support them when there are difficulties with evidence that you have embedded into your routine and the services you provide.
✓ You actively listen to others – showing you value and respect their input.	✓ You engage with internal/external stakeholders ensuring a full range of views are taken into account.	✓ You involve and gain agreement from those affected by decisions and actions.
✓ You communicate respectfully, openly and professionally.	✓ You are positive in all communications. You reflect and consider your communication; the importance of sound communication and its impact on those around you.	✓ You utilise many different types of communication to ensure messages are sensitive and appropriate. You understand the contribution it makes to the importance of high quality safe care.
✓ You provide information to patients/colleagues in a timely manner.	✓ You ensure that timescales are relevant and are met.	✓ You manage shifting timescales to allow information to be timely.

8



What Hywel Dda will look like with these values embedded?

With these values embedded into the organisation they will ensure that all employees of Hywel Dda University Health Board are treated as equals and fairly at all times. An organisation that allows people to express opinions and ideas on areas we can improve and will actively listen to them. All employees will be treated appropriately through friendships and professional relationships encouraging politeness and courtesy at all times.

When the values are not demonstrated

Examples of behaviours that fail to demonstrate Dignity, Respect and Fairness are outlined below:

- ✗ You allow disrespectful or discriminatory behaviour to take place.
- ✗ You are disrespectful, insensitive or unhelpful to patients or colleagues and your manner causes upset to others.
- ✗ You deliberately exclude others from activities when you know they could benefit from being involved.
- ✗ You make little or no effort to understand things from your patient or colleagues point of view.
- ✗ You don't say 'thank you' when it's appropriate.
- ✗ You knowingly use the Health Board's resources for personal gain.
- ✗ You inappropriately use your mobile phone and laptop at meetings.

9

Integrity, Openness and Honesty

This values group ensures that we choose to do the right thing every time. We are transparent and accountable for our actions and plans and that we are truthful in what we say and do.



CORE	ADVANCED	EXCELLENCE
What we do day to day and is expected of all. It's integral to the DNA of the organisation.	How we change the way we work to create a positive experience. Demonstrate a positive impact on patients and services.	Values are embedded in our culture and become habit. We lead by example and evidence what we do.
✓ Propriety, truthfulness and a sense of decency is your motive in all you do.	✓ You have courage to speak up and raise concerns to the relevant personnel.	✓ You promote a culture of openness and ensure it is part of the culture within your team and the organisation, and this is recognised and appreciated.
✓ You are confident to be able to report and acknowledge mistakes and ensure that you learn from them so they are not repeated.	✓ You foster an environment that supports colleagues to reflect, learn and improve.	✓ You set an example that encourages openness and honesty in reporting adverse incidents and near misses and you actively foster a culture of learning and improvement from these. You are able to evidence this positive culture.
✓ You are open to improvement and change for the better and foster trust in patients and colleagues.	✓ You impart trust and ownership of changes and improvements that are made by the organisation.	✓ You actively seek ways to develop individuals and services to improve patient care and the organisation creating a culture of trust.
✓ You share ideas and knowledge to help support colleagues and create a sense of cohesion.	✓ You demonstrate an understanding where shared knowledge can benefit patients and other services.	✓ You create a culture of knowledge sharing throughout teams and services for the benefit of organisational development and a sense of togetherness.
✓ You share appropriate communication with patients and colleagues.	✓ You look to ensure that communication is fed appropriately to internal services to improve communication strategies.	✓ You build networks locally, regionally and nationally to help provide support and expertise by driving agendas, shaping services and addressing concerns and the impact is evidenced.
✓ You look to gain regular feedback on performance to improve your contribution to the organisation.	✓ You reflect and look to build on any constructive feedback to further develop your skills and those of whom you work with.	✓ You create a culture of regular feedback which promotes personal development through a number of sources and organisations.
✓ You feel confident to be able to discuss any personal or professional issues within an environment of trust that may impact on your work.	✓ You facilitate a sense of belonging and create solutions collectively to issues impacting on work so that you and your colleagues feel supported.	✓ You apply an open door policy where employees feel comfortable to talk and you can evidence positive outcomes of this policy for the organisation and those you work with.

10



What Hywel Dda will look like with these values embedded?

With these values embedded into the organisation it will bring a more open culture in which we can communicate and share the wonderful work achieved by this Health Board. The organisation requires its employees to become brand ambassadors to promote why external candidates should be looking to join us. A culture of openness and honesty will bring greater support for each other and for new ideas and ways to work. The organisation will be one that recognises mistakes as learning opportunities.

When the values are not demonstrated

Examples of behaviours that fail to demonstrate Integrity, Openness and Honesty are outlined below:

- ✗ You are secretive and cannot admit when mistakes are made.
- ✗ You allow personal issues to have a detrimental effect on your performance without seeking support.
- ✗ You withhold information that could damage employee, patient and public confidence in the Health Board.
- ✗ There are no open and honest relationships which can lead to mistrust and a lack of respect.
- ✗ You stick relentlessly to your own agenda with no regard to others thoughts or opinions.
- ✗ Individual's performance needs are not measured and discussed so they do not gain suitable development for their career aspirations which would benefit the organisation.
- ✗ There are no appropriate challenges to anyone who behaves outside of these Hywel Dda values, so there is no opportunity for them to change these behaviours to those we expect.
- ✗ You criticise for the sake of it and offer judgemental feedback.

11

Caring, Kindness and Compassion

This values group allow us to feel and show concern and empathy for people that need support. Where you feel sorrow and regret for the suffering and misfortune for patients, colleagues and teams, with a desire to help them in any way you can.



CORE	ADVANCED	EXCELLENCE
What we do day to day and is expected of all. It's integral to the DNA of the organisation.	How we change the way we work to create a positive experience. Demonstrate a positive impact on patients and services.	Values are embedded in our culture and become habit. We lead by example and evidence what we do.
✓ Decency is integral in all you do. You provide individual care and treat others as you would expect to be treated.	✓ You routinely encourage and develop others to be attentive, sympathetic and considerate and foster these values.	✓ You ensure a culture where everyone is treated with decency and understanding where compassion is fundamental to you, your team and the organisation.
✓ You share compliments with colleagues.	✓ You forward compliments and success to relevant people and celebrate success using this as a platform for development.	✓ You demonstrate these values where you are able to influence and change in a collaborative manner that is of mutual benefit.
✓ You care to listen when people are speaking to you and are attentive and understanding of their views.	✓ You should be able to give full concentration to what is being said and respect differing views.	✓ You always ensure you are actively participating in any discussions that you have.
✓ You care that people are safe within the organisation and that you always consider their wellbeing.	✓ You proactively manage the environment you work in to ensure safety and wellbeing of patients and people.	✓ You manage the environment to ensure safety is maintained at all times. You anticipate risks and ensure a plan to manage them and are able to evidence impact on wellbeing.
✓ You offer support to your colleagues when it appears it is needed.	✓ To proactively think of times where support will be advantageous to colleagues.	✓ You proactively recognise and celebrate individual and team successes.
✓ You care about the public perception of the organisation.	✓ You champion the Health Board externally.	✓ You proactively seek opportunities to promote the work of staff and the organisation to build a balanced reputation locally, regionally and nationally with evidence of influence and impact on wellbeing.

12



What Hywel Dda will look like with these values embedded?

With these values embedded into the organisation it will provide us with a workforce who cares for its patients and for each other. Hywel Dda needs to be an organisation that truly cares and supports each other through good and bad times. Each employee should feel empowered to help build the organisational reputation and help it become an employer of choice.

When the values are not demonstrated

Examples of behaviours that fail to demonstrate Caring, Kindness and Compassion are outlined below:

- ✗ You provide care that is inappropriate to the patient.
- ✗ You ignore colleagues who need support.
- ✗ You withhold positive comments that would benefit others.
- ✗ There are times where information is late in being communicated.
- ✗ You do not take responsibility to ensure a safe environment for people.
- ✗ Individual's and teams are not recognised for the work they complete.
- ✗ You do not offer support for people.
- ✗ You do not play an active part at events/meetings.

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SUCCESS

How will the values be measured?

- It is expected that our managers will deliver excellence in all behavioral frameworks. These principles will be complimented by the Health Board's Manager's Standards and the Management and Leadership Development Programmes.
- Review them at your and your staff's annual Performance Appraisal Development Review (PADR).
- Reflect on your practice and ask yourself: 'Are you behaving in such a way that lives up to the values and showing leadership?'
- Ask for feedback on your behaviour 360 degree.
- Give timely feedback to others.
- Seek patients views and act on their responses.
- Speak up when others are not demonstrating the values.
- Through all policies within the Health Board.
- Recruit using our values.
- Using formal actions i.e. employee relations. Staff surveys.
- Via social media – Twitter, LinkedIn, Facebook and Glassdoor.

What is the cost of getting it wrong?

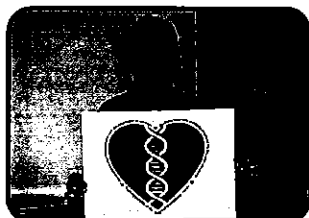
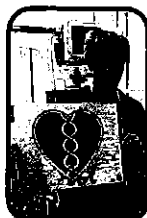
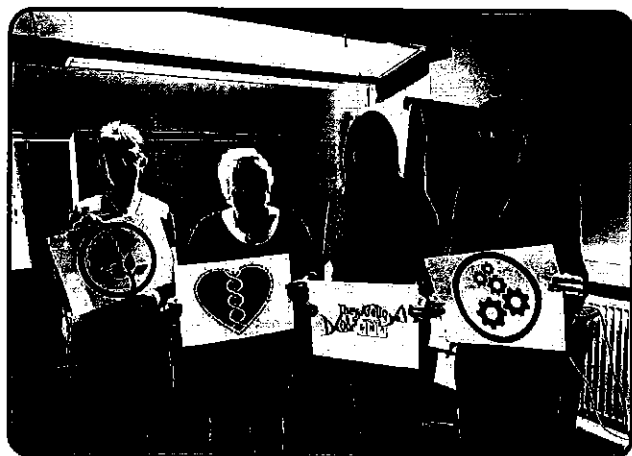
We run the risk of:

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



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

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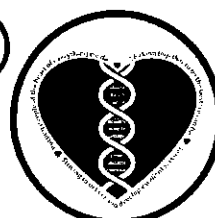
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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



They Are In
OUR DNA

www.hywelddahb.wales.nhs.uk/ItsInOurDNA



https://twitter.com/HywelDda_values



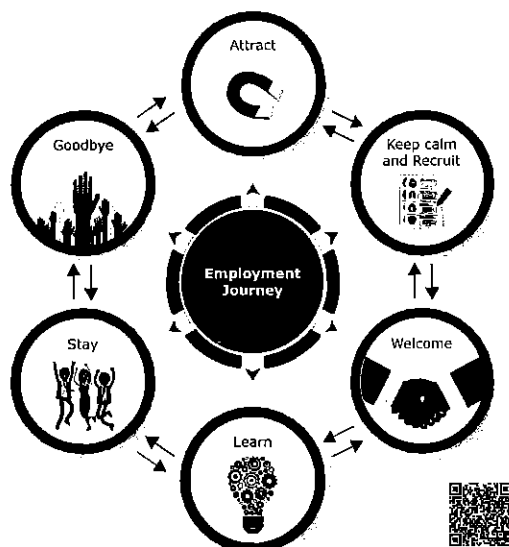
16

Manager Wellbeing Matters



The aim of Manager Wellbeing Matters is to provide guidance to support managers' own wellbeing and the wellbeing of others.

Key wellbeing priorities during employment



One of the NHS Wales Core Principles is we value all who work for the NHS. The wellbeing of our workforce is paramount to delivering effective patient care so we will strive to encourage work satisfaction, and enable you to feel safe and valued, in the hope of supporting your wellbeing.

www.nwssp.wales.nhs.uk/i-need-to-ensure-health-and-wellbeing-of

#WellbeingCymru

What is your role as manager in relation to wellbeing?

As a manager or team leader, your behaviour and decisions will potentially have an impact on the health and wellbeing of the team you lead.

Your role includes:

- demonstrating and promoting the importance of the health and wellbeing of team members.
- creating conditions where the health and wellbeing of your team can be supported.

Don't just do what's required of you, try to find innovative ways to enable your team to be more proactive when it comes to health and wellbeing – talking to your people individually to get to know their interests and needs is key.

What are some key things I need to be doing?

- Bring your "whole self" to work, especially when you're interacting with your team. We all come to work with a suite of skills we use to successfully navigate through life – make sure you are using these skills in the workplace.
- Agree with your team what you all understand wellbeing to mean.
- Take an active role in accepting your responsibility for your own wellbeing and appreciate the impact you have on those around you.
- Engage your people to take positive steps to improve their wellbeing.

What Ideas do they have?

- Come up with ideas on ways to improve wellbeing.
- Coach people toward their own wellness/health goals.
- Modelling behaviours.

What should I expect from my manager?

- Support
- Information
- Time to implement initiatives
- Safety from blame
- Clarity of role
- Honesty
- Knowing where I stand

What do my team and others have a right to expect from me?

- Signposting/support
- Initiative for provision of creative ideas in collaboration
- Role model for positive behaviours
- Take responsibility for communicating health and wellbeing messages and initiatives
- Not placing unreasonable demands
- Avoid externalising responsibility, blaming others, or internalising and blaming self
- Role model at team briefings by use of an enabling style as opposed to command and control. Build your skills and ability to use a mix of management styles.



2

- Develop good relationships with people via regular team meetings, by identifying any issues or problems as they arise and provide support with early interventions, where appropriate.
- Kindness and consideration for others
- Encourage innovation and sharing of good practice
- Recognise stress in self and others, and access and provide appropriate signposting support and training
- Willingness to learn from mistakes and say sorry when needed
- Provide clarity of role to self and others
- Encourage people to raise concerns to enable early intervention
- Be courageous when faced with difficult choices and conversations, rather than avoiding them
- Strive to always maintain compassion to others
- Role model organisational values
- The courage to be open
- To have it acknowledged in a thoughtful way when things are not going well and need to be addressed

NHS Wales Core Principles



3

Attract

The NHS Wales National Health and Wellbeing Programme Board propose the pledge is included in all job adverts, and the responsibilities as set out in the statements below are taken into account in all managers role responsibilities and/or specifically outlined in PADR objectives:

Pledge

One of the NHS Wales Core Principles is we value all who work for the NHS. The wellbeing of our workforce is paramount to delivering effective patient care so we will support, encourage and enable you to achieve a healthy and happy lifestyle.

Statements

Manager Responsibilities

To support the wellbeing of the workforce and the values of the organisation, all NHS managers must have:

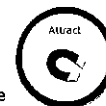
- Ability to assess the health and wellbeing needs of staff, and awareness of support mechanisms to signpost staff when appropriate
- Commitment to engage in promotion of wellbeing information to enable staff to achieve a happy and healthy lifestyle

Development Measures

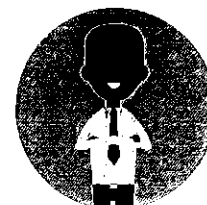
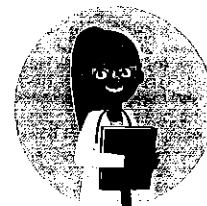
- Demonstrate an ability to adapt and learn from adversity
- Ability to reflect and seek appropriate support when necessary



4



- Ability to support the wellbeing of teams and individuals
- Self-awareness of own needs and vulnerabilities
- A biopsychosocial understanding of health and wellbeing



Keep calm and recruit



When interviewing for roles within the NHS, it is vital that candidates are asked questions relating to organisational values and the health and wellbeing agenda.

Example value interview questions

Q - Tell us about a time when you had to support an employee and were able to demonstrate compassion?

Q - Describe a situation where you helped motivate someone to improve his or her performance?

Q - Tell us about a time when you felt compelled to express an unpopular viewpoint to maintain your integrity?

Q - Can you give an example of when you've been able to demonstrate your organisational values?

Example personal well being questions

When recruiting roles with managerial responsibilities, there is also a need for the individuals to have an understanding of their own well being and emotional intelligence.

Q - Tell us about a time when you had to dig deep to remain compassionate when dealing with a high-pressure situation?

Q - How do you balance the demands of your life?

Q - What energises and excites you?

Q - What makes you happy?

Q - How have you supported someone else's wellbeing?

Example team well being questions

Q - How will you promote health and wellbeing in your team?

Q - Tell us of a time where you have coached a team member or colleague in a wellbeing intervention?

All managers need to encourage a supportive work environment, healthy lifestyle choices, nutritional or exercise campaigns and other well being initiatives.

During a selection process, candidates for managers roles should be able to demonstrate the following:

- Recognise opportunities to support and educate people about the benefits of health and wellbeing initiatives, and signpost to suitable interventions.
- How they can act as a change agent and role model in building a culture of wellbeing.
- How they can spot the signs of stress
- How they would proactively mitigate or offset events and behaviours that may trigger stressful reactions.
- Recognition of the signs of pressure within their team and how to take appropriate actions
- How they would adopt behaviours that prevent stress in the workforce and, simultaneously, create and sustain a working environment that enables the workforce to thrive and produce consistent performances.



5

Welcome: How will you welcome a new employee?



Introduction

Research over the past 20 years clearly indicates that a key factor underpinning employee wellbeing, performance, satisfaction and engagement is the quality of their relationship to their manager, their peers or colleagues, and their employers (the organisation). Like any relationship lasting impressions are formed quickly, the same is true of our workplace relationships. As such the time when a new employee joins the team or department is a prime opportunity to form a strong relationship. The important aspects of the newly formed employee / manager relationship are not that much different from so many of our non-professional relationships. However, the biggest difference is that the manager symbolically represents both themselves and the organisation. Another important difference is that implicit in this relationship is the issue of power, which almost always leave the person with the least power feeling some anxiety. Even though there are many similarities, and also important differences in how relationships are formed and sustained in and outside of work, what we conclude is that these bonds are very important and within your gift as a manager to influence. Therefore how you as a manager welcome a new employee becomes increasingly important, and often highly symbolic of how the professional relationship will develop or not.

Links to local Health Boards and Trust [staff benefit](#) web pages.

Links to Learning LMS: [ESR e-learning](#)

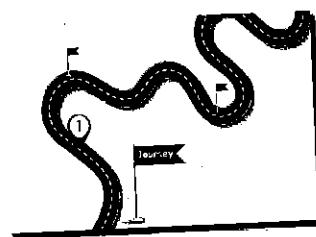
Giving thought to how the new employee experiences their introduction to you and their new working environment is to be encouraged, as all too often new starters are either ignored, over whelmed, intimidated or simply not considered by busy managers. Although stage managing their entire introduction is unrealistic, there are key milestones (or opportunities) to bear in mind.

First Contact

This is often via email or formal written letter. It may be worth thinking about how they have experienced the pre job process, including screening, interview or other points of contact with you or the organisation. It may be worth asking yourself if they have any pre-existing beliefs, or if they have had any past work related experiences that may influence their introduction to you or your team.

Starting Day

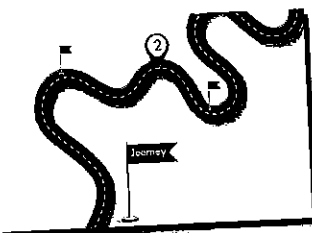
It is not unusual for new starters to be booked onto formal induction before meeting you or their new team. Give thought to this process and perhaps try to ensure they meet you first, or at least that they are made to feel welcomed and wanted, before being sent onto any courses or dropped into a work stream or case load.



6

The First Week

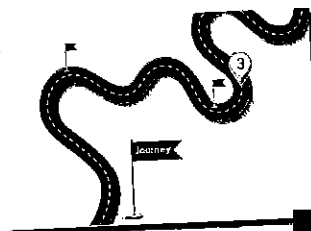
Giving thought to their first week will help you try and shape their experience, and form that all important relationship. It is worth giving thought to how you want the new starter to feel during this first week. Research shows that employees respond well to clarity (knowing what they are expected to do, when and where) as well as some degree of autonomy. They also respond well to clarity of boundaries – any new relationship brings with it uncertainties around where the boundaries lay. The first week is a good opportunity to help the new starter understand these boundaries (both the hard and soft ones) in a way which allows them to feel safe rather than controlled. A good example would be to have a conversation about team cultural rules around working expectations and time (e.g.: we all work hard but are not rigid with time management so please don't feel you need to let me know where you are all the time).



Beyond the First Week

In reality new members of staff have a rolling "formal" induction which lasts long after the first week (including statutory and mandatory training). It is important to help them to understand the relevance of this formal induction and also detail their informal induction – which will include meeting colleagues, learning the job, building a case load, or simply becoming familiar with the environment. This is a time of heightened anxiety and uncertainty for the new starter as they try to work out where the goal posts are (e.g.: what is an acceptable standard, how do you respond to failure or error, how supportive are the team, can they actually do the work). Be clear about your expectations and also acknowledging of their anxieties can be very helpful in building a strong relationship.

In essence they are trying to determine how safe they feel and what are the limits of their capability – as a manager you can help them and strengthen the relationship by having open conversations about these issues, and clarity around local / team boundaries and your expectations of them. Anxiety always grows when there is uncertainty, especially for those with less familiarity with the working environment. As their confidence (and autonomy) grows, and the relationship strengthens, so you can help them identify the demands of their work and what resources they might need to sustain their wellbeing.



7

Learn



Using a Reflective Journal to support my role and ongoing CPD needs.

Developing emotional intelligence to support managing others in the workplace – The key components of emotional intelligence – self-awareness, self-regulation, motivation, empathy, and social skill. Using a reflective journal to support the role of being a manager.

Name:.....

Date:.....

Work Position:.....

Organisation:.....

Responsibility:.....

Self awareness

What do I feel/ think about myself in my role and workplace?

.....

What do I feel/ think in relation to members of my team?

.....

What do I feel/think in relation to my own manager?

.....

What have I noticed about the way I have responded emotionally/physically and behaviourally to starting my new job and settling into post?

.....

What do I feel/ think about my working environment?

.....

What is my natural position in a group, and how does this impact on my role as a manager?

.....

Self regulation

How have I managed my emotional and psychological responses during my first weeks in post?

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8

How have I responded to feedback?

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How have I responded to challenges?

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How have I responded to meeting new people and adapting to my role?

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What stresses me unhelpfully?

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Motivation

What aspects of my role have I felt enthusiastic and energised about/ what do I feel passionate about in my role? Who most inspires me at work and who do I admire?

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What aspects of my role cause me to feel de motivated and deskilled?

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Which members of my team do I relate to and feel motivated by?

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Are there members of the team who I struggle to feel motivated by?

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What are the key differences between situations and people I feel motivated and de motivated by?

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Empathy

cognitive empathy—the ability to understand another person's perspective;
emotional empathy—the ability to feel what someone else feels;
empathic concern—the ability to sense what another person needs from you.

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What do I understand about how to use my empathy in my role as a manager. Give an example of when this has been difficult to do and an example of when this has been much easier. What were the key differences in these situations in terms of myself/ others and my environment?

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Social skills

How well do I generally communicate with others? give an example of this:

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Social skills - who in my team do I connect and communicate with most effectively?

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Who in my team do I struggle to connect and communicate with?

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Give examples of both

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Please click [here](#) for a word version of the reflective journal

What are the key differences in these situations in terms of myself/ others and the environment?

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Moving forwards

What have I learnt about myself in my first week at work?

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What have I learnt about myself in my first month at work?

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What have I learnt about myself in my first 3 months at work?

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What do I understand my role as a manager to be?

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What do I feel are the 3 most important elements of being a manager?

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What am I going to change about the way I manage my team as a result of this learning and self reflection?

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9



10

Stay

The nature of working in the NHS means that there are times where you will face challenges. It is important that you are supported and aware of how to manage any pressure on a daily basis.

Ensuring a supportive community around you is important. Knowing who to go to for advice and support is helpful in any role, especially if there are times where you could be struggling.

Your role can be difficult in that there may be times of pressure from all directions. You will need to feel an appropriate amount of psychological safety in your role in order to speak out when things are getting too much.

What is Psychological Safety?

Psychological safety, in a work capacity, is all about creating environments in which

The route to establishing psychological safety begins with the team's leader.



[Link to Psychology at work: Improving wellbeing and productivity in the workplace the evidence](#)

List some names of your mentors, coaches or services that will support you at times of difficulty -

Name	Role	Telephone	Email



11

Manager Guidance

There are many factors that impact on our health and wellbeing, including factors such as lifestyle choices and work-life balance. Though many such choices take place outside of the working environment, many will impact employees at work.

Whilst as a manager you cannot directly influence all the factors that will impact on the health of your staff, the personal development review presents an opportunity to have (or ideally continue) a conversation about staff health and wellbeing.

This might include recognition of difficulties, identifying control measures to put into place to reduce work-related stress and / or enabling staff to access appropriate supports (for work or personal issues). Promoting staff wellbeing actively demonstrates the value of "caring for each other" that NHS Wales Health Boards have signed up to.

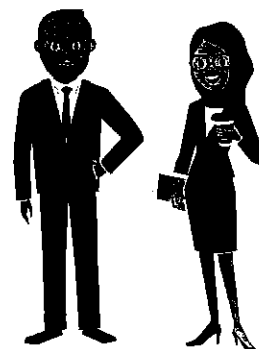
As such managers need to be aware of indicators of stress and to consider emotional and behavioural signs or changes in individuals as well as whole teams.

Prompts that can encourage this part of the personal development review conversation could include:

- How are you generally and how are you coping with work?
- How do you rate your work/life balance?
- Have there been any issues that have consistently impacted on your emotional wellbeing in the past year?

More specifically, how are things with regards to: your workload, the way in which you do your work, how supported you feel, your relationships in work, clarity over your role and any current or pending changes?

- Is there any support that you need? What might make a difference?
- Are you aware of the employee wellbeing supports available within the HB and how to access them?
- Additionally, as a role model of the NHS to the wider community, is there a wellbeing related goal you can identify? (Refer to healthy lifestyle choices and the 5 ways to wellbeing - be active, connect, keep learning, give, take notice). This needs to be adapted as appropriate depending on the starting point for each employee.



12

Goodbye – how to manage your people when they leave



It's always disappointing to say goodbye to any valued team member but this is an opportunity for organisations to seek out the specific reasons for the person leaving.

Exit interviews are the means by which organisations capture this information. When anyone completes an exit questionnaire, there is a need for health and well-being questions to be asked, to ensure that people are leaving for the right reasons.

For instance, some factors found to be associated with employee turnover include job satisfaction, work pressure, flexible work options, appropriate

training, experience of violence, abuse or bullying from patients or colleagues, a well-structured team environment, quality of line management and feeling of working in a safe environment.

As such, organisations will want to learn which areas they can develop to stop quality employees from leaving.

For those employees who have come to the end of their working life, there is the opportunity to access courses to support a positive retirement. Participants will be enabled to consider a wide range of retirement related matters including tips on how to make sure assets go to those they choose they don't pay more tax than is needed, as well as a basic understanding of investment strategies for those in retirement and how to reduce investment risk.

Links to [pre-retirement](#) and related info

It is recommended that Staff Wellbeing needs to be included as a mandatory objective within PDRs. e.g:

Objective 5	Core or Ambitious	Target Date	Action Proposed by Reviewee	Record Summary of Progress (How this will be achieved)
Mandatory (all staff)	Core			
Discuss work/life balance, awareness of Wellbeing Service, current workload.				

Useful Links

Click [here](#) to see our wellbeing matters document which contains useful links on wellbeing and the guidance that support it.



13

1 **Abertaweke Morgannwg University Health Board**

2 **Cardiff & Vale University Health Board**

3 **Health and Wellbeing Services**

4 **Health and Wellbeing Services**

5 **Health and Wellbeing Services**

6 **Health and Wellbeing Services**

7 **Health and Wellbeing Services**

8 **Health and Wellbeing Services**

9 **Health and Wellbeing Services**

10 **Health and Wellbeing Services**

Abertaweke Morgannwg University Health Board

Cardiff & Vale University Health Board

Health and Wellbeing Services

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 Email: Jackie.Jones@wales.nhs.uk
 Email: Vanessa.Davies@wales.nhs.uk
 Email: James.Jones@wales.nhs.uk
 Email: Jane.Brown@wales.nhs.uk
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 Email: Siân.Gillithat@wales.nhs.uk



Our Story

Introducing our Network

Over time, there has been a series of networks, project groups and workstreams focusing on Health and Wellbeing in NHS Wales. We are fully aware that we need to build on the successes and learn from previous groups. To help this, we have a simple focus to improve the health and wellbeing of NHS Wales colleagues. Many people are involved in this, but our uniqueness is from being a willing collaborative of people (relationships) with ideas and enthusiasm as to how we can work together to achieve our goal.

If you wish to contact the network please Email: Claire.Smith10@wales.nhs.uk

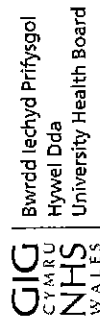


Our purpose and outcomes

The purpose of our group is to:

- Increase peer support for Health and Wellbeing leads
- Reduce duplication of activities
- Help increase focus within NHS Wales organisations on developing health and wellbeing (prevent rather than cure)
- Support NHS Wales organisations to more easily achieve their Corporate Health Standards
- Increase sharing of successes and learning between NHS Wales organisations and beyond
- Increase access to resources across organisational boundaries
- Increased collaborative developments and projects across NHS Wales





Excellence, Assurance and Governance in a Learning Environment
AN ORGANISATIONAL DEVELOPMENT STRATEGY &
GOVERNANCE FRAMEWORK

EMPLOYER-LED REGULATION AND REGISTRATION SYSTEM of Assistant Practice, Advanced Practice, Extended Roles, New Roles and Competence

Policy Number	603	Supersedes:	342, 343, 344, 345	Class/Section	Employment
Version No.	Date of Issuance	Approved by	Date of Approval	Date made Active	Review Date
V2		W&OD Committee	15/03/2018	2/5/2018	15/03/2021

Big's 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.

All relevant Hywel Dda University Health Board employees

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

W&OD Committee

Lisa Gosling		Director of Workforce & OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy which supersedes 342, 342, 343, 344	4/5/2017
2	Revised	15/03/2018

Glossary of terms

Term	Definition
EAGLE	Excellence, Assurance & Governance in a Learning Environment
ESR	Electronic staff record
KSF	Knowledge and Skills Framework
AFC	Agenda for Change
PADR	Personal and development review
OLMS	Oracle Learning Management System
ILM	Institute of Leadership and Management

Keywords	EAGLE, Governance Framework, Health Care Support Workers; Advanced Practice; New Roles; Extended Roles; Advanced Roles; Assistant Practice; Assistant Practitioner; Assured Competence
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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

EAGLE

Excellence, Assurance & 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

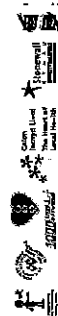
WITHIN HYWEL DDA UNIVERSITY HEALTH BOARD

Approved OCTOBER 2009
Revised January 2016
Revised August 2017

to include and update all previous Eagle Frameworks

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Health Board



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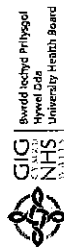
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Version

2.0

EAGLE Governance Framework for Employer-led Regulation and Registration of Assistant
Practice, Advanced Practice, Extended Roles and New Roles



EAGLE

Excellence, Assurance & 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 and New Roles within Hywel Dda University Health Board

1. INTRODUCTION

Hywel Dda University Health Board (UHB) approved the EAGLE Governance Strategy and Framework in October 2009. This framework sets a robust mechanism which links responsibility, accountability and competence to the Health Board's internal registration and regulation system. This framework is designed to ensure the protection of:

- the patient/service user/client
- the organisation
- the support worker
- the registered professional

Hywel Dda UHB is actively investing in competence development, expansion, extension and development of new roles. As the current statutory regulation does not specifically identify or may not include many of these roles, there is a need to assure the organisation and the public that the care they receive will be provided by a health care worker, who is able to demonstrate competence in the skills they require to deliver the care, in a safe and effective manner.

2. THE EAGLE FRAMEWORK DEVELOPMENT

Since 2009, four EAGLE frameworks have been developed. The initial framework established the way in which clinical support worker roles were developed, implemented, monitored and assessed as the need to increase the number and range of these posts, particularly within the support worker, required the UHB to strengthen governance arrangements, to ensure the safe and effective delivery of healthcare by support workers in the organisation.

Since then, much work has been progressed in implementing this strategy, and a further three frameworks were developed to encompass Advanced Practice, Competence and Clinical Competence.

More recent testing of the frameworks has proven its effectiveness in extension of duties/roles and a range of toolkits have been developed to support -

- the development of new, extended and expanded roles - this includes cross-sector roles
- the development of Advanced Practice Roles
- the development of Assistant Practice Roles
- the assessment and assurance of competence

This updated framework combines the previous 4 framework documents into one overarching document, with a series of toolkits to assist in implementation. The principles and mechanisms of the framework remain unchanged. The EAGLE Framework ensures that there are robust governance arrangements in place for the development of roles, and for the assurance of competence

3. BACKGROUND & CONTEXT – POLICY & HISTORY

In 2005 the Welsh Assembly Government (WAG) published 'Designed for Life' (WAG 2005), which set the strategic context for the development and delivery of a World Class Health Service in Wales by 2015. This document was developed as the NHS Wales response to a number of policy documents, which expressed the need that services need to be redesigned to ensure long term sustainability. Subsequently, 'Together for Health' was developed in 2011. The Workforce and Organisational Development Framework 'Working Differently, Working Together' published in 2012, reinforced the need to continue this, through its four objectives:-

1. an engaged workforce aligned and committed to the delivery of the vision for NHS Wales in 2016
2. a sustainable and skilled workforce focussed on helping the people of Wales to improve their health as well as treating sickness.
3. a redesigned workforce, working together to deliver healthcare for the 21st century
4. a workforce that aims at excellence everywhere within available resources

4. WORKFORCE SUSTAINABILITY

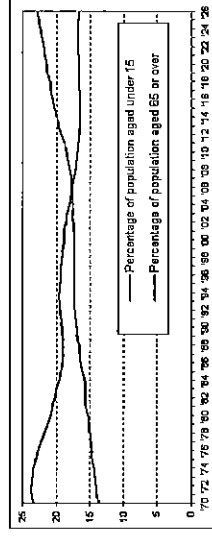
Hywel Dda is experiencing significant challenges to workforce and therefore service sustainability. Factors influencing this include advancements in medicine leading to more specialised roles and training programmes, a shortage of workers within key specialisms, a rising demographic profile towards an older workforce, and an older population with co-morbidity and increasing financial constraints.

The UHB is taking every opportunity to develop new and different roles to ensure we have an appropriate and sustainable workforce. EAGLE is a key enabler - allowing us to develop our staff within a robust while simple and effective framework.

5. DEMOGRAPHIC PROFILE - WALES

The demographic nature of Wales has a critical impact on the need to re-model the workforce. Since the 1970s there has been a decreasing birth rate, and an increasing elderly population in Wales with an increasing reliance on healthcare provision.

5.1 Young and older population 1970 to 2026



It is clear, that there will not be the number of people available to fill the jobs within the NHS in its current profile in the relatively near future.

6. CHANGES IN SERVICE PROVISION

The Hywel Dda's clinical strategy identifies a significant shift away from provision of care in the secondary sector, to more care being delivered in primary and community settings. When Hywel Dda UHB is redesigning its services, it ensures that the workforce is developed so that it is able to deliver appropriate care, safely and effectively.

As many regulated professionals are advancing their own professional roles, and extending and expanding their roles into areas traditionally delivered by Doctors, new roles are being developed across all areas including Physician Associates and extended Support Worker roles which are becoming increasingly vital in delivering the service, providing high quality care that has traditionally been undertaken by regulated healthcare workers (nurses, therapists, healthcare scientists etc).

EAGLE provides a mechanism by which the support worker, the registered healthcare professional, the organisation and above all the patient / service user are protected through appropriate delegation and accountability arrangements.

SUMMARY

The EAGLE Framework is designed to be simple and adaptable. A series of toolkits have been developed to underpin specific developments, but these are not exhaustive, and it is intended that the principles of this framework should be further tested if opportunities arise.

The EAGLE Scrutiny Panel Process has been constituted to oversee, examine and approve all initiatives, in relation to expanded and extended skills, new roles, including Physician Associates and 3rd party delegation. The panel's core membership is

- Assistant Director of Workforce & Organisational Development
- Assistant Director of Nursing
- Assistant Director of Therapies and Health Science
- Senior Workforce Information Manager
- Senior Terms and Conditions Manager

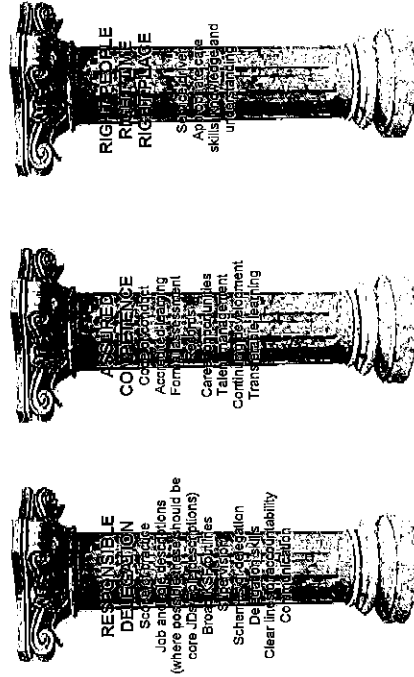
Where appropriate others may be asked to join the panel for specific purposes.

THE EAGLE FRAMEWORK

EAGLE consists of three pillars, where all elements are closely linked, and inter-reliant to ensure this framework is effective. While it is a simple framework, it is essential that all components are present.

7. GOVERNANCE FRAMEWORK PILLARS

Each pillar of the framework identifies each of the elements that must be in place.



8. PILLAR ONE - RESPONSIBLE DELEGATION

This pillar is concerned with establishing who holds responsibility and accountability for the delivery of care. All elements of the pillar must be in place for this element to be assured.

8.1 Approved Job Descriptions

Where possible, the Health Board core job descriptions, with consistent educational requirements have been and continue to be developed to ensure consistency across the service.

It is recognised that there will be specific requirements for the roles, therefore these core job descriptions contain agreed, identified essential criteria relating to the education level required, knowledge, understanding and behaviour to encompass how the role is delivered. Where it is believed that this core job description does not meet the need of the department/area the process is adjusted to ensure that roles are developed in an appropriate and flexible manner and must be approved by the EAGLE scrutiny panel.

To date there are agreed Assistant Practitioner and Advanced Practitioner core job descriptions. Both job titles are protected within the Health Board, and the Advanced Practitioner is a protected title across Wales. It is intended that further generic job descriptions are created for HCSW roles at A/C Bands 2 and 3 and for new and extended/expanded roles.

8.2 Scope of Practice

To meet the requirements of the EAGLE framework, each role must have a defined scope of practice which will identify the tasks and duties of the role the skills required to carry out these tasks and duties, and the limitations of the role. This is combined with the agreed generic job description for these roles and the Knowledge and Skills Framework (KSF) outline. Staff will be expected to remain within their scope of practice at all times and comply with these standards. It is the post holder's responsibility to ensure they are both familiar with and adhere to these requirements.

As staff undertake development for future career opportunities, it is important that the scope of practice is regularly reviewed with the member of staff to ensure that skills are not lost following training, and that the employee is not working outside of their scope of practice. The formal mechanism for this would be the PADR/Appraisal process, however discussions should not be limited to this process and alterations may be made outside of the annual review conversation.

8.3 KSF Outlines

A suite of approved, broad KSF outlines were created prior to the cessation of the e-ksf tool to enhance the existing library of specifically created outlines to support all future development of roles and job descriptions. In all of these outlines, the suggested examples of application may differ according to the individual's area of work.

8.4 Schemes of Delegation

As roles are developed and clearly defined, schemes of delegation must be included. This is to

- identify to the registered Health Care Professional, what duties can and cannot be delegated to a more junior member of staff than themselves, including the non-registered workforce and workers from other sectors and/or agency workers.
- identify to the post-holder, where those delegation and supervision arrangements are.
- provide a professional support mechanism to the post-holder in all cases, the accountability must be clarified and documented.

8.5 Delegation Skills

There will be a need for registered professionals to delegate tasks to more junior regulated and un-regulated workers. Where this is required, staff undertaking any tasks will be required to remain within an identified scope of practice for their role. They will be required to undertake the appropriate level of training, and will have been assessed as competent in performing the duties delegated to them.

The organisation develops health care professionals in delegation skills, to provide them with the confidence to delegate tasks effectively to workers in more junior positions.

The Health Board recognises that alongside the range of skills required, there is a need to develop staff confidence in their willingness to delegate to other members of staff. It is vital therefore that they are involved in the assessment monitoring and quality assurance processes of education, training and development initiatives that support the development of support workers.

The UHB is actively engaged with education providers and makes every attempt to influence pre-registration programmes through direct contact with the Universities, Workforce Education & Development Service, and through professional bodies to encourage the delivery of delegation skills in undergraduate programmes.

8.6 Supervision

The Health Board is developing a supervision policy, which will encompass the requirements of this governance framework. Specific work will be undertaken to identify the levels of supervision required, for each of the new roles, the level of autonomy within roles and clearly establish the lines of accountability.

The UHB will ensure that adequate resources are given to enable the agreed supervisory arrangements to be carried out, both for the supervisor, and supervisee. These arrangements will contribute towards and be monitored through the PADR/Appraisal process.

8.7 Clear Lines of Accountability

For each role, clear lines of accountability must be established for duties that may be delegated. This will be reliant on scope of practice, training and development undertaken and the competency assessment process.

8.8 Monitoring

The responsibility for the monitoring of performance at all levels will be through the Hb's performance management framework. This will be through the Performance, Appraisal and Development Review (PADR) / Appraisal Process.

8.9 Employer-led Regulation/Registration Records

All staff will be required to adhere to the standards and practice of this governance framework. A register of expanded, extended and new roles is in place via the Electronic Staff Record (ESR). Staff appointed to these roles must hold the appropriate competence and qualifications and are also registered on the ESR system.

The Health Board will deal with issues of concern by using the Capability or Disciplinary Policies. Serious issues may result in the termination of contracts of employment.

At the present time, it is difficult to alert other organisations to issues of conduct or practice for the un-regulated workforce. It is proposed however that this framework is shared with other organisations in NHS Wales, and a position relating to the sharing of such information is agreed. This will be taken forward by the Director of Workforce and OD at a time to be agreed.

9. PILLAR TWO - ASSURED COMPETENCE

This pillar is concerned with how the role operates. It establishes the behaviours and skills which are required, and how the individual's competence is assessed.

9.1 Codes of Conduct

There are a range of national codes of conduct for all staff. These include;

- NMC Code of Conduct, applying to all registered nurses and midwives
- HCPC Code of Conduct, applying to 16 professional groups
- General Pharmaceutical Council
- General Medical Council
- General Dental Council
- Code of Conduct for Support Workers in Wales covers all HCSW and staff who do not fall into any of the other codes

Professionally regulated staff are reminded that they have a duty within their regulatory requirements to adhere to their professional codes of conduct.

9.2 Accredited Learning

The responsible delegation pillar deals with the identification of skills, knowledge and understanding required for the role through the job description, scope of practice and KSF development areas of this framework.

In this Assured Competence Pillar, all roles should clarify the levels and breadth of education required. For some roles, education criteria must be met prior to appointment. This includes Assistant Practice and Advanced Practice roles. Systems are in place to support staff to develop so that they meet this standard and continue to develop where the essential requirements of the role dictate.

Where appropriate development programmes will be supported by Assistant Director of Nursing, Assistant Director of Therapies and Health Science and the Learning and Development team to select existing programmes and develop new programmes which meet nationally recognised standards and carry educational credit. Staff undertaking these programmes will be awarded educational credit when they have achieved the level of competency required. Where purchase of educational credit is not required, the governance processes identified in the EAGLE framework will support development and provide robust educational governance.

9.3 Formal Assessment

Hwyl Dda UHB is an accredited Agored Cymru Centre and an Institute of Leadership and Management (ILM) Centre and as such is able to provide training, assess competency and award credit to staff in a number of disciplines. Our University Health Board status increases our ability to design and deliver a range of programmes, and our partnership with the Universities enables us to create opportunities for formal accreditation of work-delivered programmes in addition to their core business programmes which provide access to additional accredited education up to PhD levels.

All staff undertaking an accredited programme or developing a specific work-based skill will be required to be assessed as competent by an occupationally competent assessor. It is necessary that current health care professionals are developed to be able to perform this role, and there is recognition within this framework of the workload this places on clinical staff, however this framework provides assurance around the process for assessment, enabling the registered professional to delegate with confidence.

9.4 Record Keeping

All attendance at training is recorded on the Oracle Learning Management System, (OLM) which is integral to the Electronic Staff Record (ESR). The organisation will hold records of staff at all levels who have demonstrated

competence through a formal assessment process via the ESR system. The relevant awarding body will also hold a record of attainment of competence.

Records of competence should also be included as part of the Performance, Appraisal, Development, Review (PADR) process. All staff should be providing evidence to support their ability to meet their assigned KSF outline and their performance objectives, and for re-registration purposes. For registered nurses and midwives, evidence to support their NMC Revalidation requirements will also be required.

External monitoring and quality assurance processes are in place to ensure that the organisation meets its obligations as an accredited centre. Other awarding bodies (eg universities) will have their own arrangements.

9.5 Recruitment, Training and Career Opportunities

The EAGLE framework has allowed for the development of a Career pathway for staff built upon a two-phased training and development programme for each of the stages within the framework. For HCSW roles this is the Skills to Care Framework, and for Advanced Practice, a Trainee Advanced Practice development pathway is in place, but the principles apply to all roles.

Phase 1 – to give the underpinning knowledge required, to meet the essential criteria required for application to the next pay band

Phase 2 – following the appointment in accordance with normal vacancy procedures. This phase gives the additional skills required to undertake the role, and would allow the staff member to meet the requirements of their foundation gateway

9.6 Continuing Development

All staff will be required to undertake development to maintain current competence, to further develop within their current roles and identify and undertake development opportunities to support their future career aspirations. The PADR process will underpin the identification of development needs, and will provide an ongoing mechanism, by which maintenance of competency can be assured.

Staff who may have been on long-term absence, will be assessed for competency as part of their return to work schemes, and where necessary will be supported to update their skills. This will apply to all staff, regardless of role or pay band.

9.7 Transferable Learning

Education programmes that are credit rated are transferable throughout Wales and beyond. There will be an increasing need for generic roles to be introduced, some of which will operate across a number of sectors, and work is progressing with other sectors in the development of new roles and underpinning competency requirements at all educational levels through the adoption of this framework as an enabler.

10. PILLAR THREE - RIGHT PEOPLE, RIGHT TIME, RIGHT PLACE

10.1 Service Driven

This framework and all of the elements within are predicated on the needs of the service. The IMTP, Clinical Service Strategy, Workforce and OD Strategy and integrated workforce planning process are crucial in informing the development of the right skills for current and new roles to ensure the maximum value possible.

10.2 Appropriate Care

The standards of care and services provided will be primarily monitored through the Health Care Standards for Wales. Issues that are highlighted will be addressed through the organisation's usual mechanisms.

10.3 Appropriate Skills, Knowledge and Understanding

The EAGLE framework ensures that our services are provided to the public by members of staff who have the appropriate skills, knowledge and understanding to carry out their role, in a safe and supportive environment, where clear lines of accountability are developed.

11. EAGLE GOVERNANCE SCRUTINY PANEL

To ensure that all assistant practice, advanced practice, extended practice and new roles meet the standards set out in this framework, a governance scrutiny panel reviews the role and makes recommendations to whether it meets the standard, or requires improvement.

Where the standard is achieved, the role is registered on the ESR database. The post-holder must demonstrate they have the relevant qualifications for the role, and this is then matched within the ESR system.

The EAGLE Framework, and the scrutiny panel and process that supports it, is regularly reviewed to ensure it is fit for purpose, and has led to the expansion of the EAGLE framework from its initial implementation. The framework is increasingly being utilised to enhance the development of other workforce modernisation initiatives and due to its simplicity is providing a flexible yet robust framework which supports workforce development across many disciplines.

12. EQUALITY STATEMENT

Hywel Dda University Health Board is committed to implementing this strategy in a way which meets the equality and diversity needs of staff. Equality and diversity encompasses race, disability, gender, age, sexual orientation, religion and belief, language and human rights. It is the responsibility of managers and staff to ensure that they implement this strategy in a manner that meets the needs of people from these groups. It is always best to check with individual staff what their needs are, but needs may include providing information in an accessible format, considering mobility issues, being aware of sensitive/cultural issues.

13. EAGLE CAREER FRAMEWORK

A product of this governance framework is the ability to offer a formal career framework for all staff where they are able to access appropriate development to assist them in achieving their career ambitions. For clinical staff, there is a clinical and managerial route through to Board level positions. For non-clinical staff, it is expected the managerial route would be followed.



EAGLE

IN PRACTICE

TOOLKITS

The following toolkits have been developed to assist in the development of

New, Expanded, Extended & Multi-disciplinary and Multi-agency roles
Assistant Practitioner Roles
Advanced Practitioner Roles
Competence Assurance



EAGLE

Toolkit

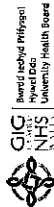
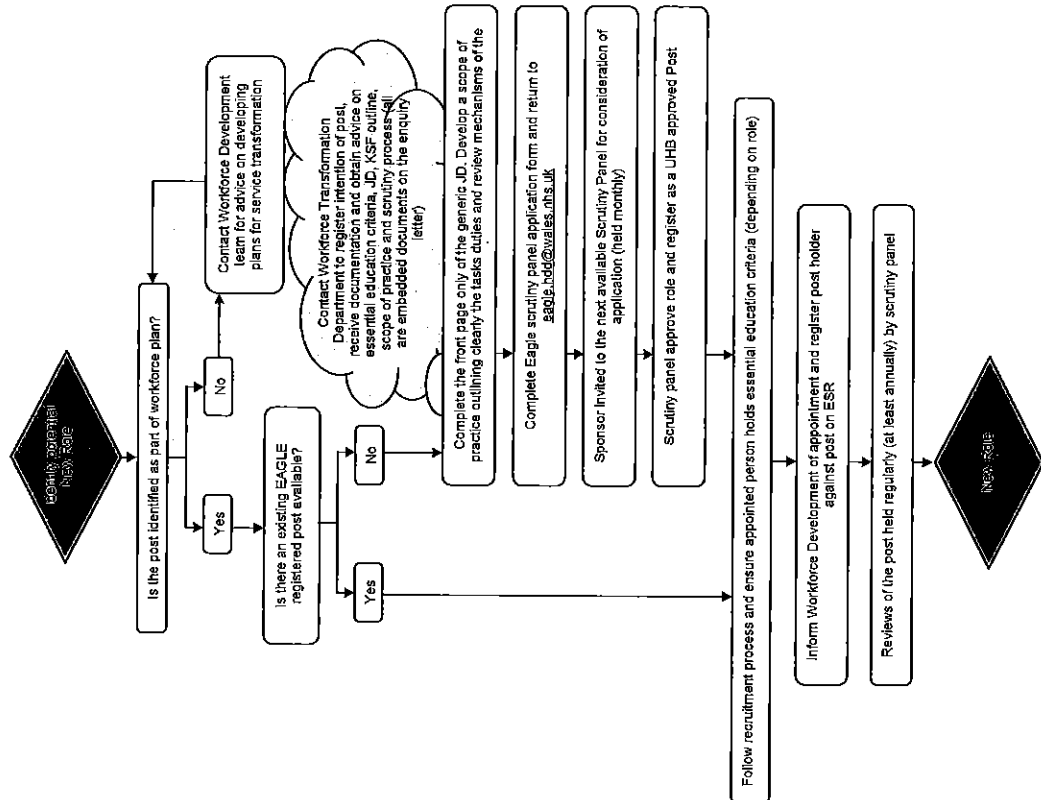
for the

Development

of

New, Expanded, Extended &
Multi-disciplinary and Multi-
agency roles

EAGLE Governance Process for developing and implementing a New, Expanded or Extended Role



Documentation and requirements to meet EAGLE process for Expanding / Modernising Roles and introducing new competences and/or skills requiring 3rd party delegation

This document aims to assist you in working through the elements you need in place. The italics are to provide guidance and can be removed / replaced with the detail relating to the role. This is useful when redesigning roles, or when adding competences. This document must be submitted to the EAGLE Scrutiny Panel prior to introduction of the new competence.

PROJECT/WORKSTREAM/ROLE TITLE: _____

Pillar 1: Responsible delegation

Documentation/Requirements	How this will be evidenced
Scope of Practice	A clear scope of practice for this element of practice is required defining the tasks required, and the limitations of the role
Core job and role descriptions	Specific requirements for the roles, therefore job descriptions to contain agreed, identified essential criteria relating to the education level required, knowledge, understanding and behaviour to encompass how this is delivered
Broad KSF outlines	This will only relate to NHS staff. A suite of approved, broad KSF outlines were created prior to the cessation of the staff tool to enhance the existing library of specifically created outlines to support all future development of roles and job descriptions
Supervision	Who will be responsible for providing supervision
Scheme of delegation	Schemes of delegation must be included
Clear lines of accountability	Accountability must be clarified, and the accountable person made known
Communication	Outline key communication channels internal/external and regular/irregular

Pillar 2: Assured Competence

Code of Conduct	Documentation/Requirements	How this will be evidenced
Skills to care/equivalent	How will staff develop the required skills?	
Accredited learning	All roles should clarify the levels and breadth of education required. For some roles, education criteria must be met prior to appointment.	
Formal assessment	All staff undertaking an accredited programme or developing a specific work-based skill will be required to be assessed as competent by an occupationally competent assessor.	
Records	How will the records be kept/maintained?	
Career opportunities	What opportunities could there be?	
Talent management	As above	
Continuing development	What will be required to maintain skills once initial training has been completed?	
Transferable learning	Where else could these skills be utilised?	

Pillar 3: Right People, Right Place, Right Time

Service driven	Documentation/Requirements	How this will be evidenced
Appropriate care	What is the service need for this and what will be the anticipated impact by delivering this, in this way? How will we know that we are providing the appropriate care?	
Skills	What skills are required, by whom and by when – how will this be gained?	
Knowledge	What knowledge is required, by whom and by when – how will this knowledge be gained?	
Understanding	What is required and how will this be gained/assessed?	
Attitude	What is required and how will this be identified and assessed?	

For further advice and support, please contact:

Chris Hayes, Assistant Director of Nursing
Will Oliver, Assistant Director of Therapies and Health Science
Angie Oliver, Assistant Director of Workforce & Organisational Development

EAGLE

Toolkit

for the

Development

of

Assistant Practitioner

Roles

DEVELOPMENT OF ASSISTANT PRACTITIONER ROLES

The development of Assistant Practitioner Roles within Hywel Dda University Health Board, is tightly controlled. All roles MUST be approved by the EAGLE scrutiny panel, and registered on ESR.

There is a register of staff who are eligible to apply for an Assistant Practitioner role. This is held within the Workforce & OD team. **Only staff on this register can be appointed into an Assistant Practitioner Role.**

DEFINITIONS AND CORE JOB DESCRIPTIONS

The NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers (2015) describes HCSW workers as follows

ROLE DEFINITION

"Healthcare support workers provide a direct and indirect service to individuals in a variety of care settings. They undertake a range of delegated duties under appropriate supervision."

Level 4 (Assistant Practitioner) Scope of Practice Descriptor

A Level 4 Assistant Practitioner is expected to independently manage their own work and case load, undertaking tasks delegated by a registered practitioner with appropriate supervision in place. Having an understanding of evidence based practice and delivering care in line with current evidence, they will take responsibility for taking action relative to an individual's health and care in accordance with organisational policy and procedures. They will be responsible for some elements of assessment, implementing programmes of care and modifying individualised care plans, reporting back to the registered practitioner. They may delegate work to others and may supervise, teach and assess other staff.

Education Requirement – Minimum 120 credits at Level 4"
p10 NHS Wales Skills and Career Development Framework for Clinical Healthcare Support Workers (2015)

EAGLE GOVERNANCE REQUIREMENTS WITHIN HYWEL DDA UHB

Further information on documentation is found in the documentation section below. A flow chart outlining the process is also included.

A generic job description for both Assistant Practitioner (Nursing Support Worker) and Assistant Practitioner (Therapy Support Worker) has been developed. These have been matched at AfC Band 4. The Job Descriptions specify the education required to enter this role (60 credits at level 4 via a UHB approved programme) and the additional education required to meet the

KSF foundation gateway (additional 60 credits at level 4 via a UHB approved programme). When developing an Assistant Practitioner role, this job description should be used. A separate scope of practice should be developed to outline the specific duties of the role.

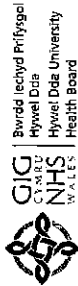
From the time of appointment, until the staff member meets the full qualification required (120 credits at level 4), they must carry the title 'Trainee Assistant Practitioner'. This ensures that there are in place consistent titles, that are meaningful to other staff, and to the public, for support worker roles. It also ensures that staff are working to a consistent level across disciplines and pay bands.

All enquiries relating to the development of Assistant Practitioner roles should be directed to Angie Oliver, Assistant Director of Workforce & OD in the first instance.

Documentation

Enquiry Letter	 Enquiry Letter embedded process.doc
First page of Job Description – to be altered according to area	 1 of 3 Pg 1 JD use to May 19.docx
Generic Job Description – no changes required	 2 of 3 core JD use to May 19.pdf
Scope of Practice – to outline specific duties of the role	 3 of 3 Scope use to May 19.docx
KSF Outline (Generic to Nursing/Therapies)	 Generic AP NSW KSF Outline.pdf
Scrutiny Panel Application Form	 Scrutiny Panel Application Form.doc
Process Flow Chart	 FLOW CHART 2018 Assistant Practitioners

Evidence 13



Bwrdd Iechyd Prifysgol
Hywel Dda
NHS
Wales
Health Board

Contact Workforce
Transformation team for advice on
developing plans for service
modernisation

EAGLE

Toolkit

for the

Development of Advanced Practitioner Roles

Follow recruitment process and ensure appointed person holds essential education criteria (Masters Degree). For (trainee pathway, minimum education is 60 credits at level 7 (Masters) with completion of full masters within 2 academic years (in certain cases subject to Eagle panel approval, 180 level 7 credits may be appropriate as an alternative to a single Masters Degree)

Reviews of the post held regularly (at least annually) by scrutiny panel

ADVANCED PRACTICE DEVELOPMENT

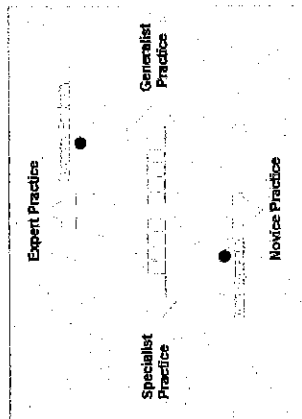
The NHS Wales Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice within Wales (WAG 2010) states that within Wales, Advanced Practice is defined as

Advanced Practitioners

"A registered practitioner who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable Masters level education is recommended for entry level"

The breadth and depth of competences required for these roles will vary, however from April 2015, the title Advanced Practitioner will be reserved for roles that correspond to the above definition. For Hywel Dda UHB, this means that all roles will have needed to be reviewed by the UHB Scrutiny panel and if it is agreed the framework requirements have been met, they will be registered on the ESR database.

The Health Board has adopted the view that Advanced Practice is a stage on a continuum between novice and expert practice, and can be an advanced generalist, or advanced specialist. (See diagram)



The 'Advanced' role is characterised by high levels of clinical skill, competence and autonomous decision-making. This model also recognises that the developmental pathway towards advanced level practice may be different, with some following a specialist route within a particular clinical context, while others will develop a greater breadth of practice.

While a range of roles operate at advanced clinical levels, Advanced Practitioners work uni-professionally, multi-professionally or across sectors. The EAGLE framework ensures that there is a robust mechanism in place when re-designing the workforce, as a holistic approach is required when consideration to the introduction of new, extended and expanded roles is given.

Generic job descriptions for two Advanced Practitioner roles have been developed. These have been matched at AFC Band 7 and 8a. The job descriptions specify the education required to enter this role. Work at a national level is currently being undertaken to define this further and the UHB will adhere to the recommendations of this group. The UHB has specified that entry into a full Advanced Practice Role requires the postholder to hold a full Masters Degree or an agreed alternative pathway resulting in 180 credits at Level 7 (Masters level), which is agreed by the scrutiny panel via the EAGLE governance process.

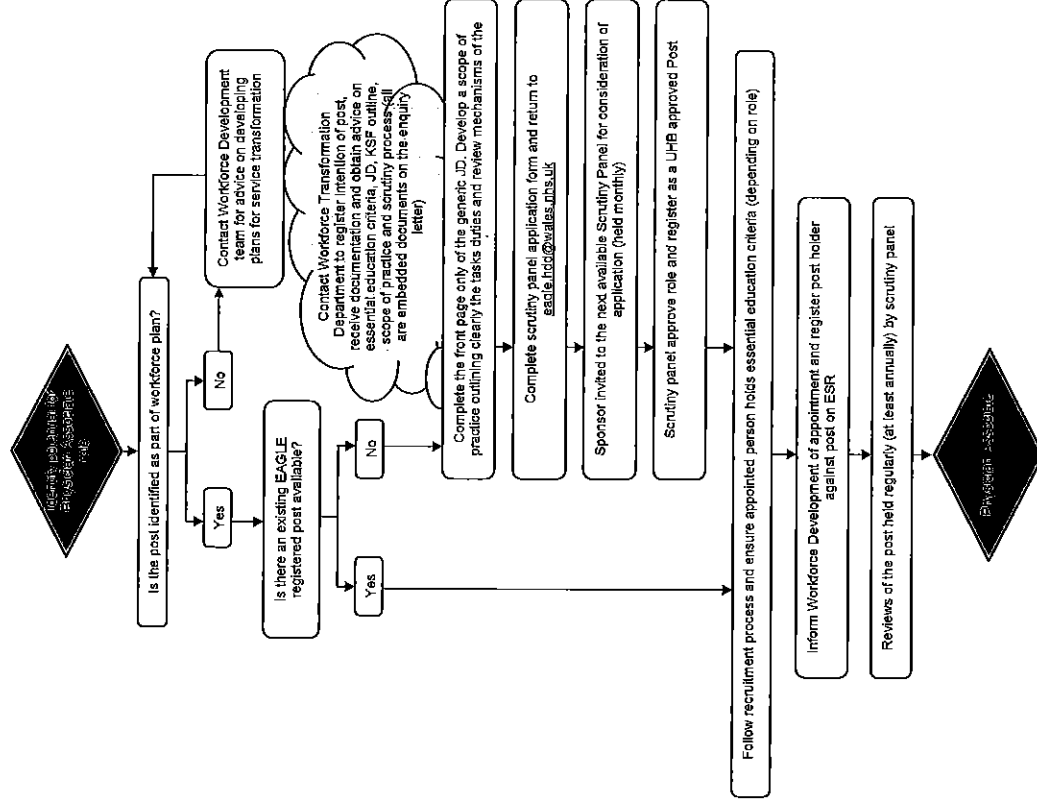
A Trainee Advanced Practitioner pathway is also in place. Entry to this pathway requires 60 credits at Level 7 (Masters level) and completion of a full masters qualification (or 180 credits at Level 7 where the alternative pathway is agreed) within 2 academic years of appointment.

Documentation

	Band 7	Band 8a
Enquiry Letter	Enquiry Letter with process B7	Enquiry Letter with process 8a
First page of Job Description – to be altered according to area	AP p1 update to reflect service (exp 1)	B8a p 1 of 3
Generic Job Description – no changes required	B7 p2 of 3	B8a p2 of 3
Scope of Practice – to outline specific duties of the role	B7 p3 of 3	B8a p3 of 3
KSF Outline (Generic to Nursing/Therapies)	Band 7 Therapist KSF for Advanced Practice	KSF 8a Therapies.pdf
	Band 7 Nurse KSF for Advanced Practice-IX	KSF 8a Nurse.pdf
Scrutiny Panel Application Form	Scrutiny Panel Application Form	
Comparison of B7 and B8a Job Descriptions	Comparison	
Eagle Process for Advanced Practitioner Flow Chart	FLOW CHART 2018 Advanced Practitioner	

EAGLE Toolkit for the Development of Physician Associate Roles

EAGLE Governance Process for Developing and Implementing a Physician Associate Role



A Physician Associate is

"...a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and /or general practice team under defined levels of supervision."

(The Competence and Curriculum Framework for the Physician Associate, Dept. of Health, 2006; revised 2012)

The Health Board will support newly qualified Physician Associates to consolidate their skills during an internship year, where they will undertake a preceptorship programme, and be encouraged to complete the final 60 credits to enable them to convert their post graduate diploma to a Masters degree

Documentation

	Band 6 (Internship)	Band 7
Enquiry Letter	 Enquiry Accompanying Letter	 B7 Enquiry Letter and Process
First page of Job Description – to be altered according to area	 Physician Associate B6 Page 1 of 3.doc	 Physician Associate B7 Page 1 of 3.doc
Generic Job Description – no changes required	 Physician Associate Internship...	 Physician Associate HD2070154...
Scope of Practice – to outline specific duties of the role	 Scope of Practice document.doc	 Scope of Practice document.doc
KSF Outline (Generic)	 Band 6 Broad KSF Outline (Core Dimensions)	 Band 7 Broad KSF Outline (Core Dimensions)
Scrutiny Panel Application Form	 Scrutiny Panel Application Form Ph	
Eagle Process for Physician Associate Flow Chart	 Physician Associate Process Flow chart	

EAGLE

Toolkit

for the

Assurance of Competence

This must be read in conjunction with the following documents

EAGLE Joint Professional Framework for Assurance of Competence in Clinical Skills



EAGLE Framework for Assurance of Competence



ASSURANCE OF COMPETENCE

The EAGLE Framework is able to

- ensure that new members of staff or current staff who move to a new work environment are able to utilise their established skills if they can demonstrate safe, competent and confident practice accordingly.
- support staff to attain new skills that are essential to their fulfilment of their job description.
- recognise professional practice and the right of the practitioner to work in an accountable, autonomous way whilst recognising and conforming to Health Board policies, procedures and guidelines.

The principles within this framework may be used for any skill provided that specific, agreed practice standards are available together with recognised assessment criteria that meets at least minimum national standards.

Compliance with the framework will reduce the risks associated with the delivery of clinical skills and ensure safe, high quality intervention by practitioners.

DEFINITIONS

For the purposes of this toolkit, the following definitions apply

- Patient - refers to any person receiving treatment/care within Hywel Dda University Health Board environment.
- Practitioner - the staff member who is carrying out treatment/care of a patient on behalf of Hywel Dda UHB.
- Manager - the person responsible for ensuring safe practice within the area in which the practitioner is working.

DEMONSTRATING CLINICAL SKILLS COMPETENCE FOR REGULATED AND REGISTERED HEALTH CARE PROFESSIONALS

All medical staff and State Regulated (e.g. NMC, HPC, RPS) and Professionally Registered Staff (e.g. Clinical Physiologists) must refer to the

EAGLE Joint Professional Framework for the Assurance of Clinical Skills Competence, for demonstrating competence in clinical skills. For non-clinical skills, this framework which adheres to the same principles should be followed.

ASSESSING COMPETENCE

All assessments within this framework must be carried out by an occupationally competent assessor.

"This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Occupational competence must be at unit level which might mean different assessors across a whole qualification.

Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained through clear demonstrable continuing learning and professional development. This can be demonstrated through current statutory professional registration" (ref: Skills for Health Qualifications and Credit Framework Assessment Principles)

All training delivered within the Health Board will work towards the inclusion of a formal competence assessment against nationally recognised standards, by an occupationally competent assessor. Where appropriate credit will be awarded. All new programmes must be developed using robust learning design principles.

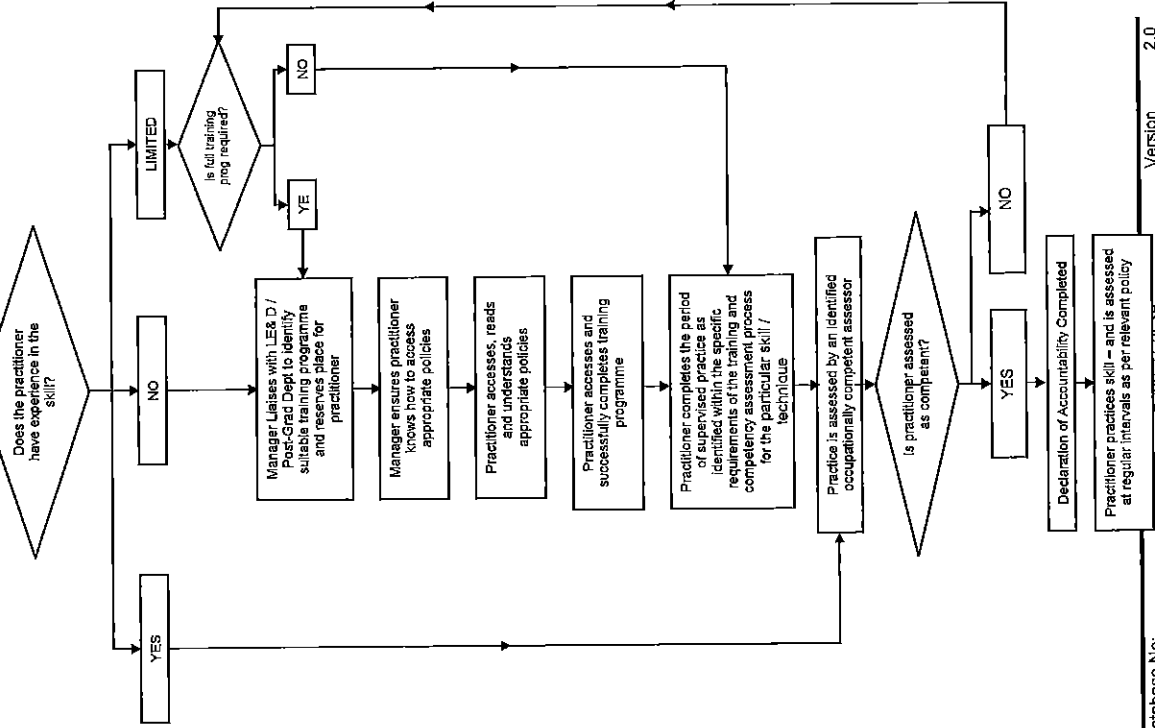
DEMONSTRATING COMPETENCE

The PADR/Appraisal processes underpin the identification of development needs and will provide an ongoing mechanism, by which maintenance of competency can be assured.

Records of competence should be included as part of the Personal Development Review (PADR)/Appraisal process, as staff should be providing evidence to support their ability to meet their assigned KSF outline and other competence requirements. Nurse Revalidation from 2016, will also support this process. Use of a single portfolio which can be used to achieve a variety of outcomes, including KSF, and CPD requirements is recommended.

Registered staff are required to demonstrate competence to maintain their registration. The organisation expects that both registered and unregistered staff should be able to demonstrate that they meet their KSF requirements and other performance and competence requirements in the same way.

DECLARATION OF ACCOUNTABILITY & COMPETENCE - PROCESS FLOW CHART



DECLARATION OF ACCOUNTABILITY & COMPETENCE

PRACTITIONER DECLARATION

Full Name: _____

Job Title: _____

Work Base: _____

I declare that:

1. I have received structured theoretical input in regards to (insert skill) through the following interventions (Please list relevant courses and dates of attendance)

Date	Course Title	Provider	Formal Assessment (Y/N)

2. I have been practising the *insert skill* and maintaining my competence in this skill in accordance with:

- Standards of Conduct, Performance and Ethics for Nurses and Midwives, Nursing and Midwifery Council (2015) for registered nurses
- Standards Of Conduct, Performance And Ethics, Health Care Professions Council (2008) for Registered Therapists and Health Scientists
- Duties of a Doctor registered with the General Medical Council
- Other – (Indicate relevant information) _____

Evidence 13

3. I have read the above appropriate standards of Conduct, Performance and Ethics and understand the meaning of accountability for practice.
4. I have read and understood the Hywel Dda University Health Board Policy relating to the delivery of this skill, and have read and understood the joint professional framework for assurance of clinical skills competence
5. If at any time I or my manager recognises need for further training or supervision in this skill, I will seek it and/or undertake it in line with the relevant standards as indicated at point 1.

Signed: _____ Date: _____

ASSESSOR'S DECLARATION

Full Name: _____

Job Title: _____

Work Base: _____

I am an authorised occupationally competent assessor in the above skill, and have overseen the above registered healthcare professional delivering this skill and has demonstrated competence and confidence in carrying out this care.

I am satisfied that they are able to safely carry out this skill without supervision, and will require reassessment after a period of _____
(insert timescale)

A copy of the assessment against the agreed criteria is available on the individual's personal file

Signed _____ Date _____

INDUCTION PROGRAMME – CARMS**Welcome Day 1 – 2019**

TIME		
8.30 – 9.00	BANK HCSW INFORMATION	Bank Team
09.00 – 9.10	COFFEE and REGISTRATION	
09.10– 9.45	WELCOME, INTRODUCTIONS and OVERVIEW OF THE HEALTH BOARD	Induction Facilitator
9.45 – 11.00	ORGANISATIONAL VALUES, PADR, PAY, FRAUD	Induction Facilitator
11.00 – 11.15		
11.15 – 12.00	PERSON CENTRED CARE	Strategic Partnership Team
12.00 – 12.25	WELSH LANGUAGE	Welsh Language Officers.
12.25 – 12.40	CHARITIES	Charities team
12.40 – 12.45		
13.15 – 13.45	PATIENT SAFETY	ASI team.
13.45 – 14.00	HEALTH SHEILDS	Health Shields Representative
14.00 – 14.15	EVALUATIONS, ANY QUESTIONS AND CLOSE	Induction Facilitator

Evidence Number 15Activity 2 (L02)Evidence of providing information – Workforce Planning with Medicines Management

The Health Board's Head of Medicines Management contacted our department for assistance on workforce planning and role redesign.

My line manager and I met with the Head of Service to ascertain aims/goals and discussed who would need to be involved and how we were going to go about doing this. The head of service had an idea as to how she wanted the service changed but it was important that we discussed matters with other staff members (Marchington, Wilkinson, Donnelly, & Kynighou, 2016). It was decided that Bands 8a's (senior management) would be best in the discussions as they would have more strategic knowledge about the workforce and the work entailed. While it is best practice to provide opportunity to all staff members potentially affected by change (Howlett, 2018), this decision was made by the Head of Service and not by my department.

Workshop was Organised and a plan for the content was made. The plan for the workshop was fairly loose due to the fact that we weren't sure how the senior management would react, and we needed to be flexible enough to ensure the session was a success. We decided that the content of the session would include important (what is important to your role currently), getting to know the patient journey and where pharmacy enters and leaves that journey, who influences/impacts on the pharmacy contact, and what activities are required at every step. This would tell us what the roles could look like, how they interact with each other and what development is needed to ensure the required governance is met for each role. My line manager and I co-facilitated the session. We started off by iterating the reason for the session and what the aims and objectives were for the session. It was important we had their buy-in from the start so that the right information came from the session (CIPD, 2019). What we didn't expect was that the item of important became pivotal to the rest of the session as we could refer back to what was important whenever there was any confrontation or disagreements, which did happen a handful of times during the session. When it came to mapping the client journey, it became obvious that there were many overlaps in roles and people were not working to their current banding which is causing frustration and dismay. Due to the frustration that already existed it became easy to 'sell' a different way of working and we provided advice on the possibility of role redesign throughout the department. Notes were taken throughout to gain managers feedback, these were documented and provided to the department for dissemination and discussion with their teams.

Presentation notes and slides – Evidence number 16

share the plans of each service over a three to five year period on how it's performance and aims to improve.

External Sources of Information

- Welsh Government – performance targets are benchmarked across Wales and set for the Health Board, for example in Accident and Emergency waiting times and GP to Consultant referral times.
- NHS Wales – performance targets are benchmarked across Wales and set for the Health Board, for example in PADR, mandatory training, staff turnover rates.
- ACAS – set performance practices that must be met, for example in handling disciplinaries and grievances.
- National Statistics – benchmarking set on a national level so as to compare against in various aspects.
- National Frameworks – set the guidelines for various level on how to behave or what qualifications are necessary for employees, for example the HCSW Career and Skills Framework sets out what qualifications HCSWs are required to have at various bands in Wales.
- Professional Registered Bodies – these are codes of conduct set, for example NMC for Nurses and Midwives and the GMC for Doctors.



10/06/2019

Workshop: Pharmacy Team



Outline Agenda

- Identify what's important; of value to you; for the future of your service
- Map out Journey for a client or patient
- Reflect on opportunities for future services
- Agree actions to move forward

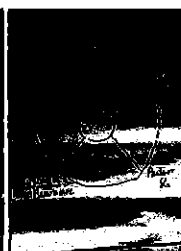


What's of value/important?

Different approaches



Similar themes



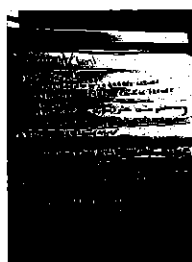
Our client/patient...

Identify your client...

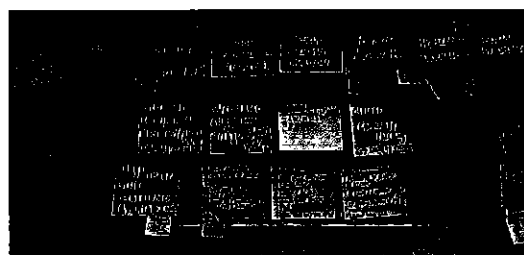
- Using page 60-65 or "Our Big NHS Change"
- Or your own example: define key characteristics...

Discuss:

- What happens now?
- Map the client journey...
- What could happen in the future?



Mapping the Client Journey

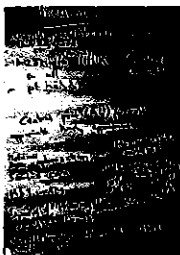


Reflecting on the future service...

Access



Treatment

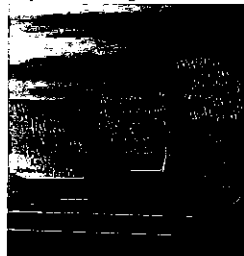


Discharge



Agree actions to move forward

Key themes emerged in discussion:



Actions

- Immediate
 - Create internal list & network of specialists (staff list/contacts)
 - Consider all aspects of workforce development: planning, careers pathways, roles
 - Look at JD's, scope of practice etc
 - Links across system:
 - Primary/Secondary/Community

Evidence Number 17Statement on 360-degree feedback

For my role I underwent a course to become a 360° facilitator, as the Health Board would like to build a greater coaching culture.

I was asked to undertake a 360° feedback session on a service delivery manager that had received a complaint against him, and a grievance had been taken out on him by subordinate. While there are many reasons for having 360 degree feedback session, it is suggested that it is better if a person wants to have one done for progression and development reasons, rather than being told to have one as a form of performance management (Taylor, 2016). Nevertheless, as I was asked to carry one out, I did.

Once all invited colleagues had completed feedback on the service delivery manager software automatically collates all comments and scores into one report. I downloaded the report and ascertained what the strengths and weaknesses were, what the comments said, and what areas may provoke or cause confrontation. It is a good report as they were constructive – negative and positive – comments for me to include in the coaching session. The coaching session itself prove to be quite a difficult one specially as service delivery manager didn't want to have the session but was told as part of his performance management that he needed to have one carried out. he was frustrated but the situation but recognised that I wasn't part of the problem. You took the time to listen to me and allow me to build report and as good a relationship as I could under the circumstances. The service delivery manager believe that he was the victim that he wasn't liked by his manager and that they were building a case to dismiss him. While he was appreciative of the positive comments and scores that were given, he was focused on the negative. After the coaching session had finished, I provided advice on the HR aspects of his situation and how HR could assist him in the form of mediation and or conciliation (ACAS, n.d.).

Unfortunately, I am not able to produce any evidence to this performance management activity, as all information is confidential, and the procedure states no aspect of the case can be disclosed without the coachee's permission anywhere other than in the coaching session(s). Below, however, are screen shots of an example report produced and used as a basis for the coaching session:

Workforce Planning



Outcomes

- To give an introduction into workforce planning
- Introduce the NHS Wales Workforce Planning Approach
- Discuss a workforce planning methodology
- Signpost to Resources

What does workforce planning mean to you?

Why is it important?

Definition

The aim of workforce planning is to ensure that organisations have a workforce of the right size, with the right skills and diversity, organised in the right way, within an affordable budget, delivering the services needed to provide patient care to the required quality standard.

(Workforce, Education and Development Services 2017)

Why?

When planning becomes weak, organisations become reactive, and tend to rely on hiring and firing in response to short-run changes in organisational needs, meaning longer term investment. Skills and development can be neglected.

What is it?

Strategic Workforce Planning ↔ Day to Day Operation

Workforce planning covers:

- Designing the future workforce
- Developing the future workforce
- Delivering the future workforce

It helps leaders and managers to prepare for future changes, identify and plan for any gaps and manage risk.



Benefits of effective planning

- Contribute to ensuring patient quality and safety by having the right skills in the right place to deliver effective care
- Help prevent staffing crisis and shortfalls in service
- Encourage team working between service providers across professions and Health Boards
- Make best use of skills of existing and future staff
- Allows for planning of education and training needs across the whole workforce
- Develop new and more flexible career pathways
- Modernise education and training



When do we need to plan?

- Basic planning levels
- Medium Term Organisational plan
- Long term plan

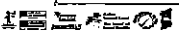
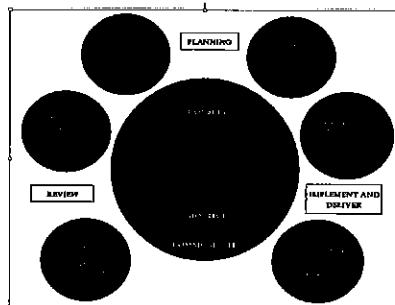
Remember: Plans should be constantly reviewed and flexible enough to respond to changing requirements and environments.



What can we do better for our workforce planning cycle (IMTP)?

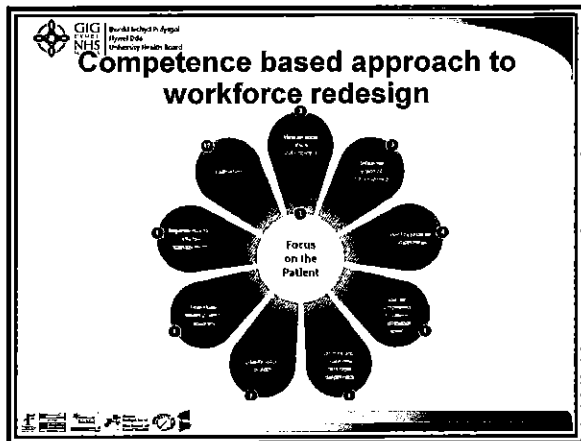


NHS Wales Workforce Planning Approach Integrated Medium Term Planning



Skills for Health Six step methodology





Legislation and Policies

- Nurse Staffing Act
- All Wales Career Framework
- Delegation Guidelines
- Health and Safety at Work Act
- Welsh Language Act

Any more?

Support/Signpost

- Strategic Workforce Planning
- Role Design
- Apprenticeships
- Pathways into Professions from Schools
 - Work Experience
 - Volunteering

Activity Workforce Planning

- What do you need to do to ensure your service gives the best patient experience/focus?
- Who are your stakeholders?
- What should your service look like in ten years time?
- What new skills will be needed? (Training Needs Analysis)
- What new roles will be needed?
- How will you assess quality?
- How will you implement this? (stages)
- How will you evaluate this?

Resources

- Kings Fund Paper; Workforce planning in the NHS (2015)
- Chartered Institute of Personnel and Development Paper; Workforce Planning: A Force for Good, People Management, June (2010)
- Chartered Institute of Personnel and Development Guide: Workforce Planning. Right people, right time, right skills (2010)

Thanks for Listening

Any questions?

Performance Management



Rob Blake / Jackie Wright

Learning 

- Definition of performance management.
- Understand the managers role in performance management.
- Assess the need for constructive feedback.
- Ability to follow the performance management cycle
- The importance of regular feedback (121's, PADR)

What is performance management?

Broadly, performance management is an activity that:

- **establishes objectives** through which individuals and teams can see their part in the organisation's mission and strategy
- **Improves performance** among employees, teams and, ultimately, organisations
- **holds people to account** for their performance by linking it to reward, career progression and termination of contracts.

Performance management should be:

- **strategically aligned** with broad issues and long-term goals
- **integrated** with various aspects of the business and how people are managed.

What are the benefits?

- For your team member
- For you
- For our patients, clients
- Organisation



Individual Benefits

- Constructive feedback on progress against set objectives and future objectives agreed.
- Career/personal development and training needs identified and agreed.
- Training activities/interventions planned and monitored through a Personal Development Plan.
- Assist with progression through gateways.
- Develop an enhanced relationship with line manager/reviewer.
- Employee feels valued.

Leader Benefits

- Opportunity to discuss performance, learning and development requirements directly with individuals.
- Objectives are agreed which meet service needs as well as individual development.
- Opportunity to talk about all aspects of the job and identify any concerns.
- Develop an enhanced relationship with your team member.

GIG NHS Grampian Integrated NHS Health Board Hywel Dda University Health Board

Benefits for Patients and Clients

- Effective patient care depends on having staff who know what they are doing and why, and are fully knowledgeable, skilled and developed to carry out their work effectively.
- Appraisal and development and review processes should ensure this occurs throughout the organisation on a regular basis.
- Effective appraisal and development contributes directly to patient outcomes.

GIG NHS Grampian Integrated NHS Health Board Hywel Dda University Health Board

Health Board Benefits

- A competent and highly motivated workforce.
- Staff performance is reviewed minimally on an annual basis in terms of their competence (Governance/Risk)
- Improved productivity(financial investment)
- Valued, motivated workforce assists the organisation in staff retention, employee engagement and job satisfaction.
- Staff aligned to the organisational goals/values.

GIG NHS Grampian Integrated NHS Health Board Hywel Dda University Health Board

Leaders role in PPM

As a leader it is important to first:

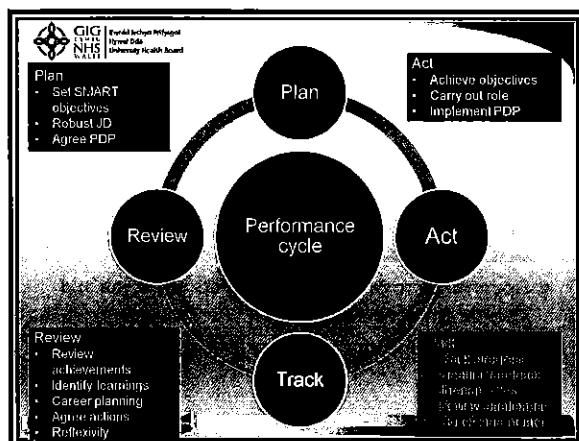
- Have clarity on what effective leadership looks like within Hywel Dda.
- Have a sense of what good people performance management (PPM) looks like in practice.
- Understand what mechanisms and processes (if any) already exist within the organisation to help manage performance.
- Reflect on professional relationships with your team and see them as individuals.
- Role model values and behaviours to ensure appropriate culture.

GIG NHS Grampian Integrated NHS Health Board Hywel Dda University Health Board

When should it start?

When should PPM take place?

If its not being monitored, recognised or praised
It is not happening...



GIG NHS Grampian Integrated NHS Health Board Hywel Dda University Health Board

Setting Objectives

Plan

- Objectives are derived from the organisation's vision
- Must relate to the key areas of responsibility in the job and identify the areas of improvement/change agreed for the next year.
- Objectives help to provide clear focus for the individuals.
- Objectives are recorded and as a rough guide should not exceed 8-10 in any year.
- SMART

Reference: P28 Supporting Development Reviews In NHS Wales

SMART

To complete any PADR you will need to ensure that all objectives are SMART

S M A R T

S SPECIFIC **M** MEASURABLE **A** ACHIEVABLE **R** RELEVANT **T** TIME-BASED

Writing SMART Objectives

S - Specific	When your objective is specific, it leaves no room for doubt about what has to be achieved. It should be concrete, detailed, focused and well defined. A general objective would be 'Manage Project', whereas a specific objective would state, 'Project manager is intent of not to successfully achieve all objectives as to satisfaction of Steering Committee and Project Sponsor within agreed timescales and budget.'
M - Measurable	How much? By when? How will you know when you've succeeded? Using the example above, you must have clear targets in terms of budget, timescales and what constitutes satisfaction. Consider what sources of information are required to evidence when you've met your measurable performance objectives.
A - Achievable	Do you have the skills and resources to do this? With a reasonable amount of effort and stretch, can this be completed? Objectives are most achievable when you plan your steps, get the right advice and support, and set a realistic time frame.
R - Relevant	Is the objective relevant to your role and the Business Unit or Faculty plan? Is it something toward which you are willing and able to work? It's important that your performance objectives stretch you, but also that they are within your capability to achieve.
T - Time-based	When will it be achieved? What are the milestones along the way? An objective won't motivate you unless it's got a deadline.

Plan

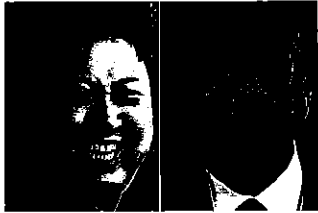
Personal Development Plan

What is a Personal Development Plan (PDP)?

- **Personal:** Individual, own, unique, special
- **Development:** Learning, growth, advancement
- **Planning:** Getting it on paper, preparation, structure, measurement

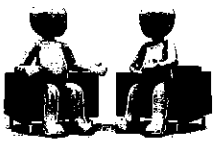
A major part of performance management and an expression of both the appraisee and appraiser's commitment to the individual's development

Open and honest conversations



Constructive Feedback

Delegate Exercise



Feedback

Constructive feedback examples

How would you provide constructive feedback on following scenarios:

- If a member of your team seems disengaged.
- If a member of your team doesn't take the initiative.
- When a team member is rude to someone else.
- When a team member has made a mistake.

Listening

- Concentrate on the appraisee and be aware of behaviour, body language
- Do not interrupt
- Ask relevant questions to clarify meaning
- Comment on points to demonstrate understanding but keep them short and not inhibit the flow of the speaker.
- Listen with fascination – active listening

Review

The importance of the PADR process

Delivery of high quality patient care within the NHS critically depends on every member of staff :

- Having a clear understanding of their role and the part they play in their team.
- Having an agreed set of objectives for their work to monitor performance.
- Ensure return on staff investment.
- Apply the knowledge and skills they need to perform that role effectively and to achieve their objectives.

Review

What is the point?

The PADR is a management technique whose objective is purely and simply to.....

RAISE PERFORMANCE



Review

How does it raise performance?

- Provides a formal, structured, uninterrupted opportunity to review and discuss an employees performance and values.
- Sets personal objectives
- Establishes training needs
- Opportunity to discuss future aspirations

As the discussion is documented and filed it can be referred back to in order to assess if what was agreed has been achieved.

It introduces accountability for both manager and employee

Review



"You're out here because you're supposed to receive a performance review? I'm out here because I'm supposed to give one!"

Is this familiar?

Review

Core Principles

- PADR should always be conducted with mutual respect.
- It should always support motivation and engagement.
- Individual objectives to support service delivery and development.
- It is a continuous process.
- Self appraisal (reflection) is to be encouraged and necessary to develop.
- No Surprises or Secrets!

Review

Planning and Preparation

Both parties should prepare for the review meeting beforehand if a successful outcome is to be achieved

How do you prepare?

Review

Our PADR forms

- Redesigned to make it more LEAN and values based.
- Two versions for core staff and leaders/managers within Hywel Dda.
- Developed to encourage a conversation on three primary questions for staff.
- Designed to raise performance and behaviours in all colleagues.

Review

What am I meant to do? (What is the work?)

- Role descriptions
- Level of Work
- Task Formulation/Assignment

How well am I doing?

- Performance Assessment
- Salary Review
- Task Review
- Your health and well being

What future do I have?

- Potential Assessment
- Succession Planning
- Organisational Performance Information

Review

Our Frameworks

The behavioural frameworks are split into three categories

Core - What we do day to day and is expected of all. It's integral to the DNA of the organisation.

Advanced - How we change the way we work to create a positive experience. Demonstrates a positive impact on patients and services.

Excellence - Values are embedded in our culture and become habit. We lead by example and evidence what we do.

It's expected that our managers will deliver excellence in all behavioural frameworks.

Review

The PADR should NOT be a paper chase!!

Review

Why should we be doing this?

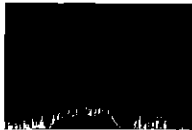
As identified in the Francis, R. Report (2013), appraisal and feedback was a key element of identifying issues, assessing competency and making sure that individuals are given an opportunity to express their views and create an environment conducive to good quality care.

Research studies show strong and positive relationships between better quality of care, service outcomes, lower patient mortality rates, increased staff engagement and the incident and quality of development reviews

Makes sense!

Reflection

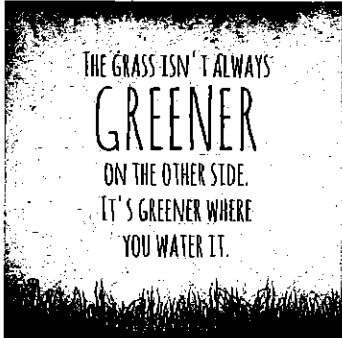
- Reviewed the strategic impact of performance management
- The need for regular employee feedback.
- The benefits of effective performance management using the performance cycle



Remember

- Identify training and development needs to support objectives set
- Ensure the conversation between the reviewer and member of staff is regular and effective for both parties
- Works best when undertaken on a regular basis
- Recognise the importance and value of the process
- Give staff recognition for their achievements and the work they do
- Ensure regular communication takes place through team briefing and regular 1:1s
- Make sure staff work to the objectives of the organisation
- Don't get bogged down in detailed mechanics of the process

THE GRASS ISN'T ALWAYS GREENER ON THE OTHER SIDE. IT'S GREENER WHERE YOU WATER IT.



Further reading....

NHS Employers

People performance management toolkit

1. **Introduction**

2. **What is performance management?**

3. **Why is performance management important?**

4. **How to get started with performance management**

5. **Setting objectives and standards**

6. **Monitoring and reviewing performance**

7. **Providing feedback and coaching**

8. **Managing poor performance**

9. **Developing a performance management system**

10. **Conclusion**

Thanks for Listening

Any questions?



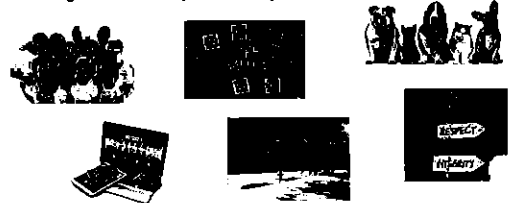
Values



Academic Apprenticeship Academy

What are values?

- Personal beliefs
- Feelings towards thoughts, objects and behaviours
- Things that are important to you



What do we value?



Organisational values

- **Dignity** – Treating someone as though they are significant and of worth.
- **Respect** – Being polite and have due regard for the feelings, wishes and beliefs of others.
- **Fairness** – Treating someone without any bias or judgement.



Organisational values

- **Integrity** – Choosing to do the right thing every day.
- **Openness** – Being transparent and accountable about what we are planning and doing.
- **Honesty** – Being truthful in what we say and do.



Organisational value

- **Caring** – Feeling and showing concern and empathy for others.
- **Kindness** – Being considerate and helpful.
- **Compassion** – Feeling sad and sympathetic for another's suffering, and wanting to alleviate it.



What could affect us showing values?

- Prejudice
- Body language
- Jargon
- How we feel
- Pressure of work
- How people treat us



What is the most common cause of complaints in the NHS?

- Waiting times
- Parking
- Clinical care
- Nursing
- Staff attitudes
- General facilities (cleanliness)
- Food



Most common cause of complaints in the NHS



Staff attitude – poor attitude, showing no values

We value = Health & Wellbeing

- Occupational health service
- Psychological Wellbeing service
- Zero tolerance - Bullying & Harassment
- Smoking cessation
- Physical activity
- Nutrition
- Alcohol/substance misuse
- Sexual health
- Screening



Organisational value statements

- 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.



Thanks for Listening

Any questions?



Change Management

Arabella Owen and Angharad Lloyd-Probert



What went well?

- In pairs discuss 3 things that went well over the last 24 hours
- Feedback to the group

Outcome

- To explore and gain an understanding of a range of change management theories and practical tools

What does change mean to you?

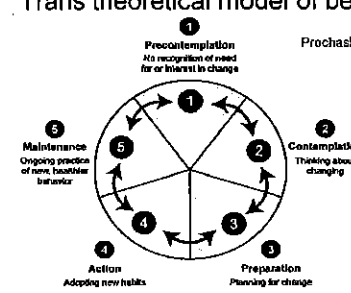
What do we need to consider?

P	• Political
E	• Economic
S	• Social
T	• Technological
L	• Legal
E	• Environmental

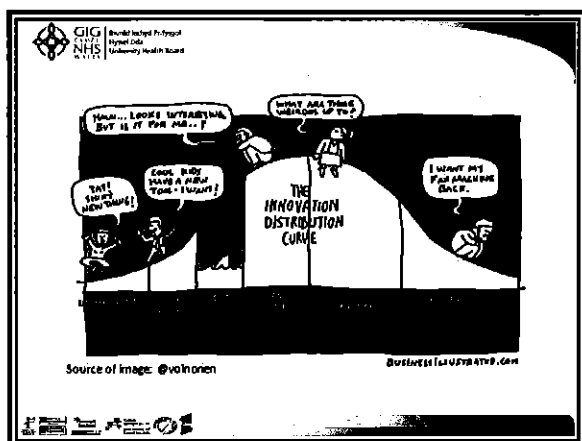
"Stages of change"

Trans theoretical model of behaviour change

Prochaska, DiClemente & Norcross (1992)



Where are your teams on this model?

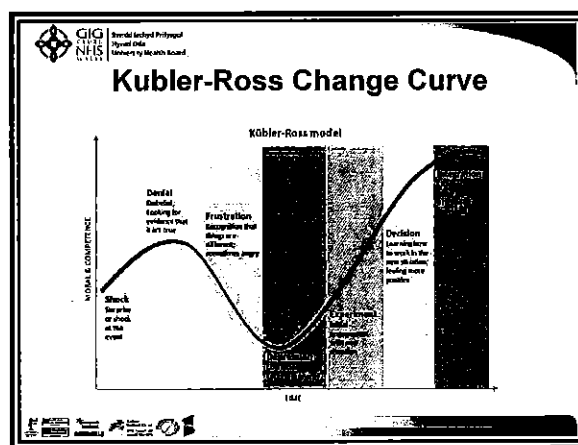


Lewin's Change Management Model

- To change a cube of ice to a cone of ice you must melt the ice (unfreeze), then mold the iced water into the shape you want (change), then solidify the new shape (refreeze)
- By looking at change as a process with distinct stages, you can prepare and develop a plan to manage the transition.
- Start by understanding why the change must take place. "Motivation for change must be generated before change can occur." Lewin (unfreeze)

Kotter's 8 Step Change Model

1. Establish a sense of urgency
2. Create the guiding coalition
3. Develop a vision and strategy
4. Communicate the change vision
5. Empower broad-based action
6. Generate short-term "wins"
7. Consolidate gains and produce more change.
8. Anchor the new culture



Kubler-Ross Exercise

Stage	Individual Behaviour	Leadership Style
Denial		
Anger		
Bargaining		
Depression		
Acceptance		

The Six Principles for Leading Adaptive Work

Get on the Balcony

- A place from which to observe the patterns in the wider environment as well as that over the horizon (prerequisite for the following five principles)

Identify the Adaptive Challenge

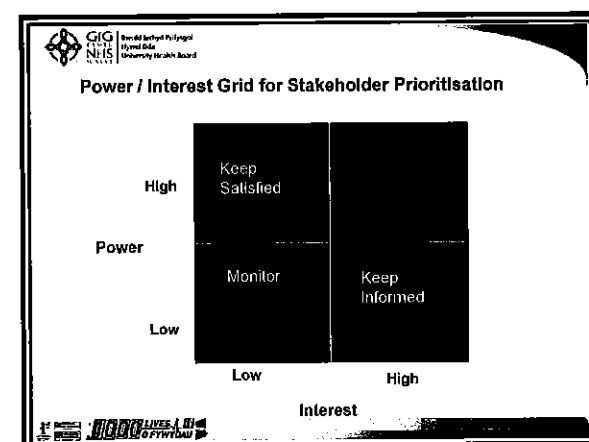
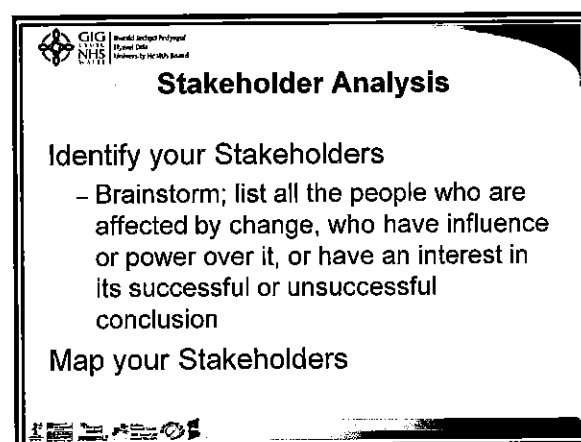
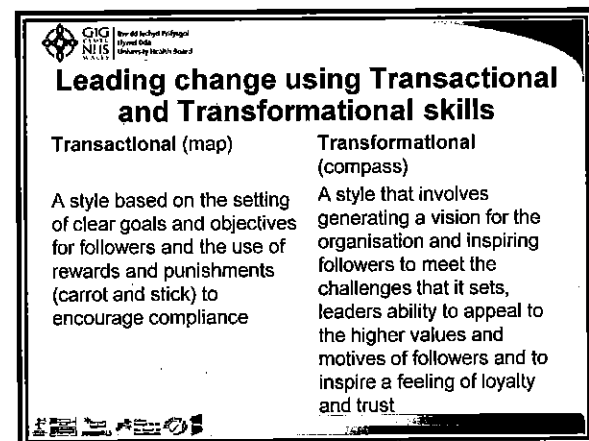
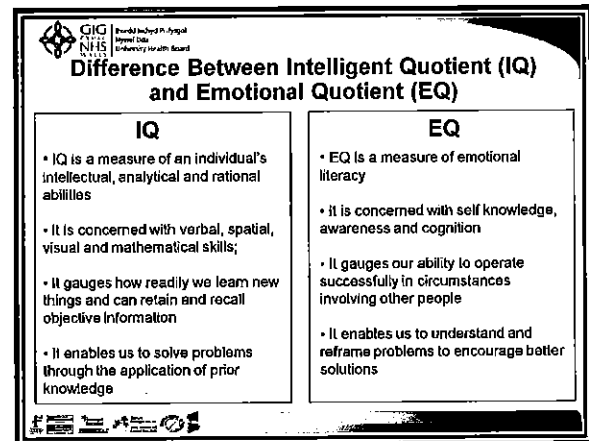
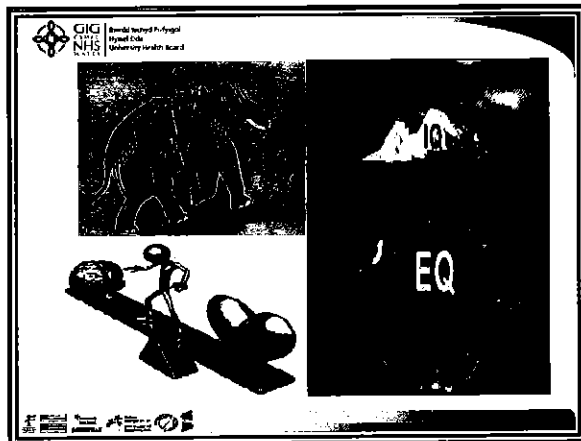
- A challenge for which there is no ready made technical answer
- A challenge which requires the gap between values, beliefs, attitudes and behaviours to be addressed
- May be a physical space in which adaptive work can be done
- The relationship or wider social space in which adaptive work can be accomplished

Regulate the distress	Maintain Disciplined Attention	Give back the work
- Create the heat - Sequence & pace the work - Regulate the distress	- Work avoidance - Use conflict positively - Keep people focussed	- Reassume responsibility - Use their knowledge - Support their efforts

Protect the voices of Leadership from below

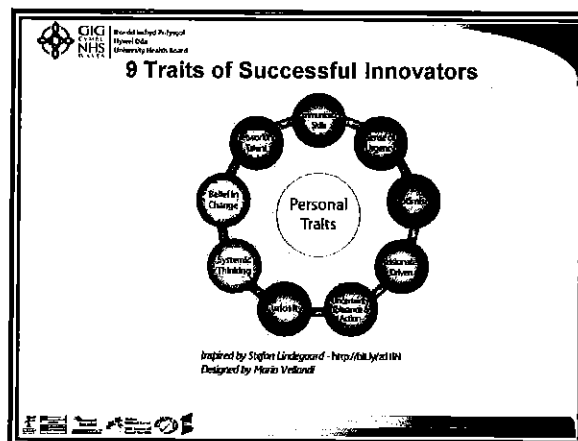
- Ensuring everyone's voice is heard is essential for willingness to experiment and learn
- Leaders have to provide cover to staff who point to the internal contradictions of the organisation

Adapted from: A. Senge (2002) - Leadership on the Line: Staying Alive and the Dangers of Leading - Harvard Business School Press

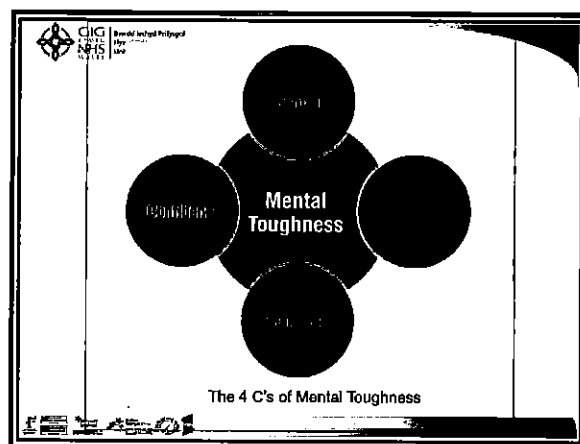


Stakeholder Template

Stakeholder name and role	How will they measure success? What do they want to see?	How much interest and / or influence do they have?	What is their level of support? i.e. Advocate / supporter Neutral Blocker / critic	How and when will I communicate with them?
e.g. Osian Thomas, Ward Clerk	Manageable workload	Little influence	Neutral	Next month Face to face
e.g. Mall Owen, Service Delivery Manager	Evidence efficiencies	High interest and influence	Advocate / supporter	Next week Face to Face



"The only way to make sense out of change is to plunge into it, move with it, and join the dance"
Alan Watts



- Four ways to converse to achieve change**
1. Transformational
 2. Transactional
 3. Instructional
 4. Informational

Outcome

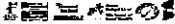
- To explore and gain an understanding of a range of change management theories



Grŵp Iechyd Prifysgol
Hywel Dda
University Health Board

What / where next?

- Find out about the wealth of change management theories and tools available
- Courses:
 - E.g. Academi Wales <https://academiwales.gov.wales>
 - Improving Quality Together (IQT) Bronze (mandatory)
 - Improving Quality Together Silver to provide you with a range of tools to manage small scale change or improvements

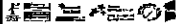



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Hywel Dda
University Health Board



Thank you for listening
Diolch am wrando

Any questions?

Evidence Number 23

Witness Testimony (AG)

During 2019, I have met with my line manager, Shelley Dony, to discuss, and seek advice and reassurance on issues with staff members' performance on a number of occasions.

Employee 2

The supervisor had reported that there was cause for concern regarding Employee 2's performance. It was claimed that Employee 2's work rate was slowing down and had an increase in errors of late. The supervisor felt unable to discuss this with Employee 2 as she has a disability, and these issues could have been due to that disability. This issue had obviously been on the mind of the supervisor as she was getting more worried last time went on. It had got to the point where the stress the supervisor was under was aggravating her fibromyalgia. Just at the point when the supervisor was going to talk to Employee 2, she went off sick. At this point as the supervisor's line manager I had to take-over the matter. Before doing anything, I went to discuss the matter with Shelley to seek advice. We agreed that I would informally discuss matters with Employee 2 to get find out more about the situation (ACAS, ND). Shelley was able to advise me to ask questions in a mindful way about Employee 2's health. This would be the foundation of how to take the discussion forward. Shelley brought it to my attention that we have an excellent Occupational Health Department who may be able to help Employee 2 should the issue be due to their disability and that we would need to make reasonable adjustments to help – in line with the Equalities and Diversities Act (Gov.UK, 2015). This point alone reassured me as I could then offer help if the issue was due to disability as this could have been an awkward discussion. Shelly also reminded me that I would need to conduct a thorough back to work interview with the supervisor once she returned and discussed development needs if she didn't feel comfortable discussing the matter with Employee 2. From the conversation with Employee 2 it appeared that nobody had informed her of the mistakes being made and therefore she was unaware that there were any errors or any issues at all. This highlighted a greater need to discuss performance and development needs with the supervisor after her return. Having been able to discuss matters with Shelley before that meeting was definitely reassuring and gave me the confidence to approach Employee 2 and carry out her annual appraisal.

*Evidence Number 18*Statement on providing training – Managers Passport Programme

As part of the Workforce Development Department, a number of us deliver sessions on the HDdUHB Managers' Passport Programme and the Managers' Passport+ Programme. These are programmes designed for middle and senior managers within the Health Board. The programme is made of six sessions, all designed to help managers maximise the potential for their employees, teams and departments – Organisational Values, Coaching and Mentoring, Performance Management, Workforce Planning, Change Management and Performance Appraisal and Development Reviews. These sessions all interactive, with a theoretical element as well as a practical. During both the theoretical, but undeniably during the practical elements, do managers disclose issues that they have met and are going through with their employees. This provides good opportunity for the other managers to provide their knowledge and experience to help, but also for us as facilitators to guide, advise and assist where we can.

Presentation on Workforce Planning – Evidence number 19

Presentation on Performance Management – Evidence number 20

Presentation on Organisational Values – Evidence number 21

Presentation on Change Management – Evidence number 22

Evidence Number 24

Statement on Feedback (DF)

As part of my role, I was requested by a manger to supervise his coaching style of management on a staff member that was very anxious about her relationship with a colleague and it was affecting work being undertaken. DF Told me that he was not very confident about how he could help as he hadn't dealt with the situation before. In order to see how I could help DF I asked if I could meet up with him and observe one of his coaching sessions with the member of staff concerned, which he agreed to. Before the first session, I obtained more information on the matter, and asked DF what he planned on covering and how he felt about it. As this was a session early on in this situation, it was planned that this would be a 'scouting' session to ascertain the full extent of the problem before providing any advice later on. When the staff member arrived, I merely observed DF conduct his session. I took notes while DF was conducting the session so that I could feedback to him afterwards. DF was grateful for the feedback given as it included constructive criticism and ways in which he could improve. He was happy for me to come back and observe another session to see whether he had applied what we had discussed and whether he had actually improved. This showed that DF value the feedback that I was giving. When I left DF, I typed up the notes and emailed them to him so that he had a copy of, and could remember, what we had discussed. The next session I observed, DF had obviously researched the advice I gave and was definitely applying it within his coaching style of management. This is also evident in the reaction of the staff member as she was comfortable and confident, satisfied with not only what DF had said but his manner of management also. Once again, I took notes of the session as an aid to help DF further down the line, then followed the same process again typing them up and emailing them on to him. Further feedback from DF showed that this had obviously paid off as the staff member was now happier in her work and the work being undertaken was no longer affected leaving the team more united. DF verbally thanked me for my assistance and said that he would continue in this way.

Copy of the notes from the second observed session – evidence 25

Evidence Number 26Activity 3 (LO3)

Performance management is a framework bringing together a variety of principles, practices and policies delivered continuously and holistically. It encompasses the setting of objectives, the improving of performance, and accountability of performance, all aligned with the organisation's strategies and make-up (CIPD, 2018). It is suggested that this intricate framework should be evaluated on a regular basis in order to ensure that its various aspects are assisting the organisation, and not hindering it (Taylor, 2016). During this activity I have carried out an evaluation on the Hywel Dda University Health Board's Induction process, the Performance Appraisal and Development Review (PADR) and the Mandatory Training.

David Fretwell – Tuesday 14th February 2017 – Coaching Supervision

An appropriate room was booked for the session, local to both parties and easily accessible. Although David and the coachee arrived at the same time, it appears that David had taken time to prepare himself and familiarise himself with the notes from the previous session as he was able to talk fluently about it, asking the right questions and summarising easily. David had booked the room for a good length of time to ensure that they weren't rushed nor were they interrupted.

David started off the session by asking how the coachee was and summarising the notes from the previous session, as well as ascertaining how the coachee had progressed with the agreed actions from the last session. The coachee hadn't completed most of the actions from last time and it was obvious by the coachee's reaction that she felt guilty; however, David did not make her feel worse, nor did he minimize the value of the actions, which showed a good balance.

After revisiting and exploring the value of the actions, which were agreed, David moved on and asked the coachee "what would you like to discuss today?". The coachee had two points that she wanted to discuss; however, after talking about one issue she confessed that it wasn't really an issue any more and so didn't want to focus on it. David asked "what would you like to focus on?", initiating the main part of the coaching session.

During the session David was seen to be making notes on key points of the discussion, all the while making good eye contact and taking part in active listening. The skill of active listening was fundamental in this session as the coachee was emotional, talking a lot about sensitive issues that had become personal to her. It was a difficult session to coach for that reason, but David managed it in a professional manner without getting caught up in the emotions of the issues.

While David did ask some open questions, he also made good use of closed questions on a couple of occasions, when he wanted to gain clarification on what the coachee was saying or where her priority was. As previously mentioned, it was a difficult session to coach as the coachee was a little emotional and appeared to find it difficult to specify or separate issues, meaning she talked a lot, often repeating herself. The coachee was stressed and frustrated, bringing up issues beyond her control. In this situation David could possibly have asked a few more specific open questions to try and focus her attention can calm the storm that was in her mind, though with how emotional the coachee was there is a chance it might not have worked. While David did only ask relatively few open questions, they were very good, such as "What would the ideal outcome look like, smell like, feel like?", "what have you done already?", "Why do you feel Tina2 is your priority?".

During the session the coachee went back to negative feelings/speech a lot, focusing on things that were out of her control. David did attempt at asking, though not directly, what actions she *could* take. I could see that he wanted to guide her to the positive and focus on what was in her control, but to begin with it appeared that he shied away from this; however, as the session went on, and perhaps as David's confidence grew, he was able to challenge her more, without pressuring her, into focusing on the positive. It was only when David focused on the options section of the coaching model that the coachee was able to focus on her actions, and with that the coachee had her 'light bulb moment' fairly early on and you could see the relief instantly as she had gained clarification and control again.

David summarised the session, reaffirming the actions in her control, which they both agreed upon with a sign-off date. Then David commended the coachee on her efforts before drawing the session to a close.

Evidence Number 27Evaluation on Induction

Induction is an important time for new employees, a time to welcome the organisation and be equipped with everything they need in order to start their jobs effectively (CIPD, 2018; HR Zone, n.d.). Evaluation forms were sent out to the new staff members in June (2019) around six months after their induction (in December 2018) to see how valuable the various presentations were to the roles they were employed into. The morning presentations in the induction are Introduction to the Staff Handbook, Overview to the Health Board, Values and Customer Care, Information Governance, and afternoon are Welsh Language, Health Shields, Fraud Awareness. This follows suggestions made by ACAS (ACAS, n.d.). The evaluations covered both the corporate and local inductions.

Corporate:

Length is dependent on role – as little as 3.5 days for a lay admin worker, to as much as two weeks for a Health Care Assistant assisting nurses with patient care. It is tailored to the role of individual staff members, however, is still standardised approach across the four acute sites, which follows suggestion made by many theorists (Reuteler, 2017).

CORPORATE					
	invaluable	quite valuable	some value	barely valuable	of no value
Intro to staff handbook		3	3		
Overview to health board	2	4			
Values	3	3			
Information governance	2	4			
Welsh language	1	2	2	1	
Health shields		2	1	2	1
Fraud awareness		3	2	1	

It is important to note that only 10% of evaluations forms sent out to new starters were returned. Feedback suggests that the presentations in the morning session are of more value than the ones in the afternoon. Value = 50% invaluable, 50% quite valuable; overview to the Health Board = 25% invaluable, 75% quite valuable. Whereas, the Health Shield presentation = 18% of no value, 36% barely valuable, 18% some value; both Fraud Awareness and Welsh Language =

36% barely valuable, 18% some value. This is in line with Purcell et al's findings that when the organisation's mission and values were embedded from the start the employees felt a 'strong sense of shared purpose' and are likely to go the extra mile (Purcell, Kinnie, Hutchinson, Rayton, & Swart, 2003).

Local:

LOCAL						
	invaluable	quite valuable	some value	barely valuable	of no value	N/A
Uniform/PSE (if applicable)		2				4
Orientation	4	2				
Starter Paperwork	1	4	1			
Details on job role	4	2				
Objectives	3	3				
Training	3	3				

Should involve starter paperwork, tour of site, buddy/mentor system, introduction to the team and any other relevant key staff, training for specific duties,

Feedback says

Recommendation for Induction

When inducting new employees, the aim should be to provide clarity in roles and responsibilities, confidence to undertake tasks with mastery and connection to the surrounding (Reuteler, 2017).

This suggests that more work needs to be done in order to make the afternoon presentations more relevant to our staff members' roles. It is suggested that if employees are overwhelmed, bored or confused in induction it can lead to them being disengaged and less productive (MindTools, n.d.).

Checklists to be made for local induction - doesn't have to happen all on the first day, could be over a month, over a year. Buddy/mentor (ACAS, n.d.)

Evidence Number 28

Evaluation on Performance Appraisal and Development Review (PADR)

Performance management has often been acquainted with performance appraisals and/or the handling of poor performance (Reilly, 2016). Unfortunately, this is not far from the truth when it comes to HDdUHB's training on the matter. The Health Board's policy is that PADRs are carried out on an annual basis with employees. These are the opportunities for the line manager to provide a response to the individual's performance against the objectives set the year before – including the time taken and output from the activities, as is common to do so (Seabright, 2017). Galli suggested that feedback should be focused on individual's objectives and the tasks necessary to meeting these (Galli, 2018).

Opportunities for learning and development are also discussed. This could be due to a development need that is recognised from failure to meet an objective or an ambition from the employee to progress. By investing in the individual through development, it allows individuals to feel valued as well as an improved 'resource' for the organisation (Reuteler, 2017).

In the past couple of years, HDdUHB has changed the review form to include, not only out-put only measurements, but behavioural/values measures also to ascertain overall performance. This follows one of the current trends with performance measurements (Marchington, Wilkinson, Donnelly, & Kynighou, 2016).

Current compliance rate of PADRs is 78% across HDdUHB; the performance target set for each Health Board is 85%. This figure has greatly improved over the years; however, there is query as to whether this increase is due to pressure to meet targets or a desire to evaluate, commend and develop employees.

The most recent staff survey, undertaken in July 2018, shows that while 79% of employees (that answered the survey) agreed that the PADRs conducted helped to agree clear objectives, only 65% claimed that they left the review feeling valued, 60% felt that it led to team effectiveness, and only 48% felt that they were supported to progress/develop.

Recommendations on PADR

Continue with the annual PADR but also have more regular informal discussions with the employee. Continuous feedback in the form of regular informal/formal discussions is a more positive method of supporting the employee, making them feel valued, and adjust when necessary before issues become large (CIPD, 2018). Regular contact and discussions may impact

on the statistic that 27.8% of the absence reasons in the Health Board is currently due to 'anxiety/stress/depression'.

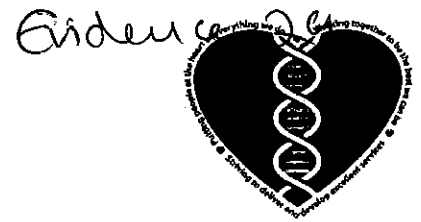
It may be useful to ascertain how manager's feel about the appraisal process, either by including this in the annual staff survey or by carrying out a separate evaluation. This could provide insight into the quality of the PADRs and lead to further recommendations, for example a change in the form/process and a change in the training delivered.

Example of a blank PADR – Evidence 29



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PERFORMANCE APPRAISAL DEVELOPMENT REVIEW

LEADERSHIP/MANAGEMENT PADR

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

Personal Review - 180 days completed following the appraisal
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?



INTEGRITY
HONESTY
OPENNESS



CARING
KINDNESS
COMPASSION

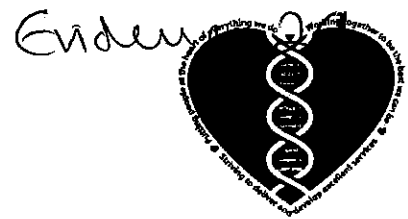
Progress against KSF Dimensions and Levels (as measured: KSF Job Guideline)

[illegible]



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Objective Setting

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

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

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

Putting people at the heart of everything we do

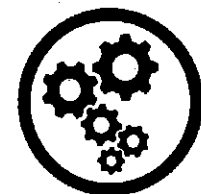
1. Ensure my team have achieved mandatory training updates within the year.
2. Undertake regular 1-2-1's and complete PADR with my staff.
3. Manage sickness absence in accordance with the All Wales Sickness Absence Policy.
4. Regularly undertake team brief with my staff
5. Actively promote staff health & well-being within my team or the wider organisation



Striving to develop and deliver excellent services



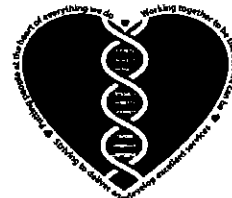
Working together to be the best we can be





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Personal Development Plan

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

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

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

Revalidation

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

If 'yes' please refer to Appendix 1

Mentorship

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

If 'yes' please refer to Appendix 2

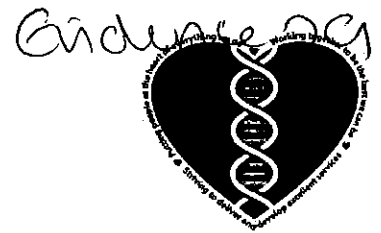
Staff Comments

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



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Summary (To be completed by Reviewer)

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

I am committing to this by signing :

Date:

My manager agrees by signing :

Date:

Date of Next Review:

Bibliography

- ACAS. (n.d.). *Disputes and problems at work*. Retrieved from ACAS:
<http://www.acas.org.uk/index.aspx?articleid=1364>
- ACAS. (ND). *Discipline and grievance - Acas Code of Practice*. Retrieved from ACAS:
<http://www.acas.org.uk/index.aspx?articleid=2174>
- ACAS. (n.d.). *What should be on your induction programme for new recruits?* Retrieved from ACAS: <https://m.acas.org.uk/index.aspx?articleid=5714>
- Armstrong, M. (2017, November 23). How can we fix performance management? *People Management*.
- Baczor, L. (2017, MAY 19). *In a Nutshell - Issue 67: Inspired or Demotivated? Re-charging Workplace Relationships*. Retrieved from CIPD: <https://www.cipd.co.uk/news-views/nutshell/issue-67/inspired-demotivated>
- Brace, N. (2014). 2014. In J. McAvoy, & N. Brace, *Investigating Methods*. Milton Keynes: Open University.
- Brown, J. N. (2011). *The Complete Guide to Recruitment: A step by step approach to selecting, assessing and hiring the right people*. London: Kogan Page Limited.
- Cheese, P. (2018, November). Mapping the Future. *People Management*, p. 5.
- Cheese, P. (2018, November 7th). *Our Profession Map*. Retrieved from CIPD Blogs: http://www2.cipd.co.uk/community/blogs/b/peter_cheese/archive/2018/11/07/our-new-profession-map
- CIPD. (2014, November). *Our Minds at Work - Developing the Behaviour Science of HR*. Retrieved from CIPD: file:///C:/Users/tinys/AppData/Local/Packages/Microsoft.MicrosoftEdge_8wekyb3d8bbwe/TempState/Downloads/our-minds-at-work_2014-developing-behavioural-science-hr_tcm18-9731.pdf
- CIPD. (2015). *2013 Profession Map Guide - Accessible Format*. Retrieved from CIPD: file:///C:/Users/tinys/Desktop/CIPD/Developing%20Professional%20Practice/the-cipd-profession-map-accessible-format_tcm18-33362.pdf
- CIPD. (2018). *About Us*. Retrieved from CIPD: <https://www.cipd.co.uk/about>
- CIPD. (2018, November 21). *Induction Factsheet*. Retrieved from CIPD: <https://www.cipd.co.uk/knowledge/fundamentals/people/recruitment/induction-factsheet>
- CIPD. (2018, September 29). *Performance Appraisal Factsheet*. Retrieved from CIPD: <https://www.cipd.co.uk/knowledge/fundamentals/people/performance/appraisals-factsheet>
- CIPD. (2018, September 29). *Performance Management: an introduction*. Retrieved from CIPD: <https://www.cipd.co.uk/knowledge/fundamentals/people/performance/factsheet>
- CIPD. (2018). *The 2013 Profession Map*. Retrieved from CIPD: <https://www.cipd.co.uk/learn/career/profession-map/2013-profession-map>
- CIPD. (2019, February 18). *Recruitment: an introduction*. Retrieved from CIPD: <https://www.cipd.co.uk/knowledge/fundamentals/people/recruitment/factsheet>
- CIPD. (2019, January 22). *Strategic Human Resource Management Factsheet*. Retrieved from CIPD: <https://www.cipd.co.uk/knowledge/strategy/hr/strategic-hrm-factsheet>
- Francis, H., & Keegan, A. (2006). *The Changing Face of HRM - in search of balance*. Retrieved from ResearchGate: https://www.researchgate.net/publication/229545568_The_changing_face_of_HRM_In_search_of_balance
- Galli, L. (2018). *Next Generation Performance Management: Interview with Alan Colquitt*. Retrieved from Science for Work: <http://scienceforwork.com/blog/alan-colquitt/>
- Gov.UK. (2015, June 16). *Equality Act 2010: guidance*. Retrieved from Gov.UK: <https://www.gov.uk/guidance/equality-act-2010-guidance>

- Green, M. (2018, July 27). *In a Nutshell - Issue 79: Managing the Fallout from Social Comparison*. Retrieved from CIPD: <https://www.cipd.co.uk/news-views/nutshell/issue-79/social-comparison>
- Guest, D. (2011). Human Resource Management and Performance: Searching for Some Answers. *Human Resource Management Journal*, 3-13.
- Howlett, W. (2018, November 7). *Change Management Factsheet*. Retrieved from CIPD: <https://www.cipd.co.uk/knowledge/strategy/change/management-factsheet>
- HR Zone. (n.d.). *What is an induction?* Retrieved from HR Zone: <https://www.hrzone.com/hr-glossary/what-is-an-induction>
- Jolienreij. (2014). *Summary: Organizational Behaviour, Buchanan & Huczynski, 8th edition*. Retrieved from Stuvia: <https://www.stuvia.co.uk/doc/61479/organizational-behaviour-buchanan-en-huczynski-8th-edition&r=0>
- Loose, M. (2017). EBHR in Practice. *Evidence-Based HR*, pp. 6-10.
- Marchington, M., Wilkinson, A., Donnelly, R., & Kynighou, A. (2016). High-Commitment HRM Policy and Practice. In M. Marchington, A. Wilkinson, R. Donnelly, & A. Kynighou, *Human Resource Management at Work* (pp. 55-80). London: CIPD.
- Marsh, P. (2019, January 18). Why SMART objective setting is not working. *Personnel Today*.
- MindTools. (n.d.). *Successful Inductions*. Retrieved from MindTools: https://www.mindtools.com/pages/article/newTMM_99.htm
- Perkins, G., & Woodhams, C. (2016). Reward Management. In S. Taylor, & C. Woodhams, *Human Resource Management: People and Organisations* (pp. 121-141). London: CIPD.
- Purcell, J., Kinnie, N., Hutchinson, S., Rayton, B., & Swart, J. (2003). *Understanding the people and performance link: unlocking the black box*. London: CIPD.
- Reilly, P. (2016, May 6). Performance Management - Making it work. *HRn Paper IES*, pp. 1-4.
- Reuteler, D. (2017, August 8). *Onboarding new employees: the 3 elements that make all the difference*. Retrieved from Science for Work: <http://scienceforwork.com/blog/onboarding-new-employees/>
- Robinson, D. (2013). *Engaging Manager Report Series: The engaging manager and sticky situations*. Brighton: IES.
- Rodgers, C. (2006). *Informal Coalitions*. Retrieved from University of Wales Trinity St. Davids: https://moodle.uwtsd.ac.uk/pluginfile.php/204899/mod_resource/content/1/INFORMAL_COALITIONS_-_RE-ISSUE.pdf
- Schrage, M., Kiron, D., Hancock, B., & Breschi, R. (2019). *Performance Management's Digital Shift*. MIT Sloan Management Review and McKinsey & Company.
- Seabright, M. (2017, December 11). *Performance Evaluation - the 'why' makes a difference*. Retrieved from Science for Work: <http://scienceforwork.com/blog/performance-evaluation-ratings>
- Taylor, S. (2016). Improving Organisational Performance. In S. T. Woodhams, *Human Resource Management: People and Organisation* (pp. 197-218). London: CIPD.
- Taylor, S., & Woodhams, C. (2016). *Studying Human Resources Management*. London: CIPD.
- Ulrich, D. D. (2016, April 12). *The Future of HR*. Retrieved from YouTube: https://www.youtube.com/watch?time_continue=812&v=57PmDk73u7I
- WEDS, S. S. (2015, November). *Skills and Development Framework*. Retrieved from NHS Wales: <https://www.nhswalesdevelopinghealthcare.com/downloads/skills-and-development-framework.pdf>
- Wietrak, E. (2019, March 4). *A Key to Creating an Employee Recognition Program that Works*. Retrieved from Science for Work: <http://scienceforwork.com/blog/employee-recognition/>

- Wilkinson, K., & Taylor, S. (2016). Resourcing and Talent Planning. In S. Taylor, & C. Woodhams, *Human Resource Management: People and Organisations* (pp. 51-78). London: CIPD.
- Woodhams, C., Perkins, G., & Wilkinson, K. (2016). Developing the Knowledge and Skill of the HR Professional. In S. Taylor, & C. Woodhams, *Studying Human Resource Management* (pp. 109-128). London: CIPD.

