

Qualification: CIPD Diploma in Applied Human Resources

Module Name: Contributing to the management of change

Word Count: 2915

Student Name: Natalie Thomas

Student Number: 1810239

CIPD Membership Number: 53274196

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

Signed: N. Thomas

Date: 13/07/2020

CIPD Candidate evidence matrix (EXAMPLE)

(CEM1)

Candidate name: Natalie Thomas		CIPD Membership/registration No.: 53274196				
Qualification title: Contributing to the management of change		Unique Learner No. (ULN): 1810239				
Unit code	Unit title	Assessment criteria no.	Evidence description	Evidence reference number	Assessor initials	IV initials if sampled
5AMO C	Contributing to the management of change	LO1	Change plan	EV1		
		LO1	Email confirming meeting to discuss the change dated 06/03/20	EV2		
		LO1	Calendar input re: initial meeting of rota changes dated 12/03/20	EV3		
		LO1	Email detailing rota changes, financial impact and requirement to forward to 'Bronze group' dated 14/03/20	EV4		
		LO2	Calendar inputs of 'daily catch ups' with service manager to discuss any issues raised about the rota dated 01/04/20 & 07/01/20	EV5		
		LO2	Rota feedback form provided to the doctors taking part in the rota to feedback concerns/positive outcomes of the rota change	EV6		
		LO2	Email to doctors requesting feedback form to be completed	EV7		
		LO2	Email trail of my communication to relevant parties (including change champion) of the daily team/rota situation and any issues	EV8		
		LO1	Diary input of weekly management meeting with doctor representatives to discuss implementation of the new rotas and monitor the progress	EV9		
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.		Date:
Signature:		

Notes on candidate evidence matrices

- Candidates should be encouraged to develop a matrix indicating how their evidence relates to each unit/module and learning outcomes/assessment criteria. This helps advisors and assessors to support candidates to draw links between units and encourage cross-referencing and the possible multi-use of evidence.
- Evidence matrices can be developed using the unit/module and learning outcomes/assessment criteria, giving candidates an opportunity to link their evidence to each outcome.
- Another approach is to have a more generic form where candidates list evidence and tick relevant boxes to show coverage.
- Whatever approach is employed candidates should be encouraged to complete these forms themselves and not expect assessors to do this for them.

Contributing to the management of change

The change process within organisations is inevitable and there are a number of factors that could be drivers for the change. Some of these include:

- ✓ From a result of a PESTLE analysis of the organisation
- ✓ Organisational re-structure
- ✓ Changes in government guidance/legislation
- ✓ Organisational growth

(CIPD 2019)

Change management requires the correct skills, techniques and resources in order to achieve the required outcome. It includes considering effects on employee engagement, and how the change will be implemented to ensure that employees embrace the change (Prosci 2020).

LO1 - Be able to plan for the implementation of change processes within an organisation.

The change requirement was due to an external driver known as 'Covid19' which severely affected the NHS services from March 2020. When the virus was announced as a pandemic, it was vital that Hywel Dda University Health Board was able to react quickly in response to changes required almost immediately as we were unsure of the affects which the virus would have on the services and workforce. It was decided very quickly that rota's would need to change almost immediately to meet the predicted demands of the service and so I was heavily involved in discussions of what the rota would need to look like, as well as building the new rota template and communicating this to our doctors for the Unscheduled Care/Medicine team specifically in Prince Philip Hospital. Announcements were made stating that planned clinics, operations and generic outpatient appointments would be cancelled across the Health Board (HB), impacting patient provisions sufficiently as well as doctor's routine day to day workload.

I developed a change plan looking at the requirement of the change (new rota), looking at the reasons why certain changes were input such as shift changes, how many rotas would be needed, who the change was going to affect by considering all stakeholders such as doctor's patients, the medical workforce team and service management team (Evidence no: 1). I also

considered how this was going to be communicated to the doctors, what timescales we were looking at to introduce the new rotas and considering usual processes in relation to implementing rota changes and the notice periods, under normal circumstances which were required.

I arranged a meeting with the service management team, my senior manager, as well as 2 senior consultants within the department and a medical registrar to discuss the initial rota pattern and what they envisaged this would need to look like (Evidence no:2 & 3). We needed to consider factors including emergency cover, day to day cover, and looking at running 2 concurrent rotas alongside one another – 1 being the ‘Red Covid19 side’ and the other being the ‘green Covid19’ side, and ensuring there were enough doctors on both sides to maintain an ‘ordinary emergency’ service and a purely Covid19 service. We also needed to ensure that where necessary, European Working Time Regulations were adhered to in maintaining regular breaks and days off for doctors who would be taking part in the new rotas. We also discussed possible affects of sickness within the workforce and tried to devise ‘back up’ plans of additional doctors that could slot in to shifts should a member of the team become unwell with Covid19 symptoms. Another factor we needed to consider was any individuals who have health concerns or ongoing conditions which could be affected by exposure to the virus and so those identified, were excluded from rotas for their own health and safety.

Ordinarily, changes to rotas would go through a formal consultation process dependant on the level of the change, sometimes involving Trade Unions, junior doctor representatives, clinical lead and service management team, as well as ourselves as a HR presence. However, due to the imminent requirement of implementation of the rota, it was decided that consultant’s and the clinical lead would feedback immediately to the junior doctors about the changes to the rota during their daily ward meetings, and direct any queries or concerns to ourselves as the medical workforce department.

Following the initial meeting of the new rota, I used a rota building system called ‘MRM’ to create the new Covid19 rotas for junior grade doctors. The system is used to ensure that there are sufficient rest periods and days off in between shifts and indicates the rota ‘banding’ which is an additional payment doctors are entitled to dependant on the out of hours intensity of the shift pattern. Upon building the initial rotas, I discovered that the new rotas would impact financially, and so consideration was given to this and where the additional funding

would come from. I communicated this to the service management team and explained this would need to go forward to the bronze group for approval (Evidence no: 4). The service management team were responsible for gaining the relevant approval of costs and so they took this forward separately. Fortunately, the Welsh Government provided additional funding in light of Covid19 and so decisions were made quickly to run with the rota template.

Initially, I contacted the doctor representatives who the rota would affect, inviting them to a meeting with the clinical lead to discuss. With limited time, logistically it was impossible to involve all levels at such short notice and so it was ensured that representatives were present to represent each group and feedback. I was invited along to the meeting to support the communication of this, and also to be available to ask any question which were raised. However, due to new restrictions within our department, not allowing us to physically attend meetings within the hospital grounds, I was unable to be present physically. I therefore offered my services via Video conferencing and was present via video link at the discussion with the doctors, with manager's leading the explanations and myself and my manager explaining the new rota pattern and how it would work. It was communicated that new rotas were to be implanted by 1st of April and all doctors were in support of this given the circumstances, and so usual notice periods for changing rotas weren't adhered to on this occasion.

It is vital that organisations are agile, and able to adapt to changes and implement them quickly especially in circumstances described above. Organisations need to ensure they are successful in a rapid changing environment and possess the resources, skills and knowledge to achieve organisational agility (McKinsey and Company 2015).

LO2 Be able to implement a change plan

Upon implementation of the rotas, we constantly monitored the success over a number of weeks, and discussed any changes which were needed. I did this by having regular, daily meetings to begin with via telephone with the service management team where we discussed any problems encountered, and any negative feedback from the doctors taking part in the rota (evidence no:5). I also liaised with Dr Sheehan who was identified as a 'change champion' throughout this scenario and fully supported the rota changes by holding regular phone call

conversations discussing any concerns the junior doctor's had. I also sent out an email to all doctors taking part and provide a list of individuals they could contact for assistance, as well as a feedback form (evidence no: 6). I had produced after 8 weeks of working the rota in order to identify any additional support or changes required. I also thanked them for their continuing hard work and reinforced the requirement to continue with the new rotas whilst Covid19 was still ongoing (evidence no:7).

It is important when implementing change, that I was able to use relevant change models as a guide to help me through the change. I considered Kotter's 8 stages of change and identified a relevance to each stage to the change I was trying to implement:

1. sense of urgency – due to the ongoing pandemic, there was a sense of urgency among the workforce, with a need for change to the rotas being vital and so it was straight forward in gaining 'buy in' from senior managers, as well as relevant doctor representatives.
2. powerful coalition – I identified individuals who could assist me in leading the change, including Dr Sheehan, Dr Ghosal (clinical lead) and service managers ensuring they had the correct status, expertise and influence to lead the change.
3. create a vision for change – discussing patient wellbeing, as well as employee wellbeing was crucial at this stage and by making the language used clear and simple, it allowed us to help employees understand why the change was needed so quickly
4. Communicate the vision – we ensured the communication was provided at the earliest opportunity and all levels of employees were aware from consultant to F1 level doctors.
5. Remove any obstacles – I looked at any obstacles facing individuals such as health conditions or family commitments and was able to look at factors such as alternative accommodation to allow doctors on the red side to stay in hospital accommodation if worries about returning home to young families/vulnerable family members was expressed.
6. Create short term wins – setting up short term-goals are vital here and so we identified training needs for junior doctors for respiratory apparatus and quickly created training opportunities for all to attend to reduce any concerns for when the first Covid19 positive patient was admitted.

7. build gains and never let up – the organisation continued with the rota changes, amending where necessary to continue to improve and not slip in to a negative area
8. anchor the change – ensuring that senior support was continued to anchor the change was vital at this stage

(Mind Tools 2016)

During times of change, it's vital that we are able to maintain positive relationships, which includes providing clear communication that is open and honest, identifying the relevant individuals who can contribute in implementing the change in a positive way, identifying change champions and resolving any issues that occur. It is stated that positive work relationships can help ensure employees are happier at work, and therefore more productive with individuals more accepting of change if there is an open and trusting relationship with seniors (Mind Tools 2019). In order to maintain a positive relationship with the doctors, I attended regular telephone calls with the junior doctor representative (Dr Marney) on a daily basis to begin with and discussed any issues which the juniors wished to raise in relation to the rota, as well as anything else such as PPE issues or annual leave queries. I would then communicate out to the service management team and clinical lead of any day to day issues on the green side and red side (Evidence no:8).

We were able to monitor the change by attending virtual weekly management meeting which would involve the service management team, ourselves as medical workforce, Dr Sheehan and the clinical lead and discuss benefits of the change, and any amendments which would be required to support the deliverance of the service. I also sent out a feedback form to the doctors taking part in the rotas to complete and provide to myself. Overall feedback highlighted that the Green side was busier with some frustrations that at times, doctors on the red side had very minimal work to carry out.

As a result of the above, we amended the current rota to reflect more days off for the green (Covid free) side doctor's and utilised any of the 'back up' doctors to cover the rota slots whilst the individuals were on days off to ensure the required service was still provided. We also tasked the red side with carrying out virtual clinics which was a new service developed as a result of Covid19, ensuring that there was always work to be carried out by both sides.

LO3 - Be able to assess the impact of change processes within an organisation

Unfortunately, I am unable to fully measure the effectiveness of the change as the Covid19 pandemic is still an ongoing issue, with the Health Board continuing the relevant precautions associated with the pandemic. I intend to carry out a further feedback questionnaire another 8 weeks after the first I conducted, and then arrange a review to discuss the outcome at a later date, including relevant persons such as junior doctor representatives, medical registrars, service managers, consultants and the clinical lead. This will provide the opportunity to identify any 'lessons learnt' and overcome concerns and failures in the future should there be a repeat.

Carrying out the initial feedback questionnaire was successful in terms of clearly identifying immediate changes that were required and allowing us to implement rota adaptations very quickly to hopefully overcome any of the challenges and ensure employees were happier and more engaged. Some of my findings included:

- ✓ The Covid free (green) side seemed much busier than the Covid (red) side
- ✓ Junior doctors expressed difficulty taking annual leave due to the rota patterns which included 2 on calls in a 4-day period – meaning they needed to arrange their swaps for annual leave each time they required more than 1 day off. Logistically this was difficult for the doctors to work out and be able to work back their colleagues' swaps once arranged
- ✓ Juniors – expressed rotating from on calls to normal working days allowed them exposure to different aspects in a 24-hour period, and potential benefits to their training needs.
- ✓ Consultants – long standing consultants struggled with the resident on call element as it isn't something they are used to, including night shifts which were difficult to adjust to after so much time of not carrying out resident on calls
- ✓ Consultants – did express benefits in that they became more aware of the challenges experienced by registrars during night shifts in particular and so this is something to consider for any future changes

As a result of the feedback, as discussed above, relevant further rota changes were made to try and overcome some of the above issues by rotating staff members on and off the on-call rotas, provide some release from on call pressures and allowing swaps for annual leave purposes more manageable. We also amended the consultant night on call shifts so that only part of the on call was resident, with the other part becoming non-resident and allowing more sufficient rest for individuals. In order to ensure this was something I was able to implement, I discussed with Dr Sheehan (consultant) who had very recently been promoted from registrar level to fully understand the affect this would have on the registrars and juniors working through the nights and so together, came to the above conclusion of 'splitting' the shift to ensure the relevant support was provided to all levels of staff.

Some of the potential benefits identified, include the different shift patterns positively contributing to individuals training opportunities, by exposing them to different scenarios due to the wide variety of hours they worked and so this will be re-evaluated every 8-10 weeks and can be further considered once the pandemic ends. This will be evaluated during regular feedback questionnaires, as well as regular whole department meetings specific to discuss the rota changes and gather opinions from relevant parties on the successes and the improvements required as a result of the change process. I will ensure that all levels of employees are kept up to date with any new changes, and continue to provide opportunity for feedback by being available at all times to discuss any concerns. It is vital that organisations remain agile and measure the changes to identify areas for further adaptations to sustain positive aspects of the change. I can continue to contribute to this by promoting a change ready culture through my approach to the change process and ensure all factors are considered to contribute to successful change management (Mind Tools 2019).

Reflecting on my contribution to the change, I feel that I played a key role in supporting managers, colleagues and employees in making the change as smooth and clear as I could under the circumstances. It was extremely difficult given the timescales which needed to be met, as well as the governance and financial implications we had to overcome. However, using the CIPD new profession map, I can identify that I was successful in applying my 'people practice' skills by considering the relevant policies and well-being of individuals who the change would affect. I was able to work well in a diverse team, involving all of the relevant stakeholders or representatives and consult managers/consultants prior to making any amendments. It is important that opinions of all relevant stakeholders are taken in to

account, and gaining the relevant support from senior managers to help support the change process (Mind Tools 2019).

I can identify using the CIPD new profession map some areas of improvement specifically in the 'Core Knowledge' area which I will need to focus on in the future. I have always supported change within the organisation; however, I've never been fully involved in all of the components which contribute to the change process and so using the CIPD profession map, I acknowledge that I need to gain further experience and knowledge in the following areas:

- ✓ Understand organisational practices in place to support change
- ✓ Research further relevant tools and assessments to understand the people impact of change
- ✓ Be able to further understand and manage risk associated with change
- ✓ Be able to assess which factors will help to achieve and sustain change across the workforce to provide long term value

(CIPD 2020)

Reference list

LO1 references

Chartered Institute of Personnel and Development (2019) *Change Management Learn how to manage, enable and support change management initiatives effectively* [online] Available at: <https://www.cipd.co.uk/knowledge/strategy/change/management-factsheet#> (Accessed on 01/11/2019).

Prosci (ND) *What is change management and how does it work?* [online] Available at: <https://www.prosci.com/resources/articles/the-what-why-and-how-of-change-management#:~:text=Change%20management%20is%20the%20process,how%20work%20will%20be%20done.> (Accessed on 20/03/2020).

McKinsey and company (2015) *The keys to organizational agility* [online] Available at: <https://www.mckinsey.com/business-functions/organization/our-insights/the-keys-to-organizational-agility#> (Accessed on 20/03/2020).

LO2 references

Mind Tools (2018) *Kotter's 8-step change model Implementing change powerfully and successfully* [online] available at: https://www.mindtools.com/pages/article/newPPM_82.htm (Accessed on 12/03/2020).

Mind Tools (2019) *Change Management Making Organizational Change Happen Effectively* [online] Available at: https://www.mindtools.com/pages/article/newPPM_87.htm (Accessed on 30/03/2020).

LO3 references

Mind Tools (2019) *Change Management Making Organizational Change Happen Effectively* [online] Available at: https://www.mindtools.com/pages/article/newPPM_87.htm (Accessed on 30/03/2020).

Chartered Institute of Personnel and Development (2020) *Understanding how to effectively enable change* [online] Available at: <https://peopleprofession.cipd.org/profession-map/core-knowledge/change> (Accessed on 03/07/2020).

CHANGE PLAN

Created by	Natalie Thomas
Date	05/03/2020
Version	1

Vision and Objectives
To create and implement new rota patterns for the medicine doctors in Prince Philip Hospital as a result of Covid19 pandemic in order to maintain patient services
Activities to achieve objectives
✓ Meet with relevant stakeholders ✓ Agree a timescale to implement the rota ✓ Identify leaders/change champions of the change ✓ Early communication to doctors with regular meetings and updates ✓ Ensure participation of senior management ✓ Monitor and evaluate the rota changes – amending where necessary
Business case (evidence-based - include data, benefits of change, gap analysis – difference between current and future states, issues and risks)
Not applicable – first time Covid19 has hit and a pandemic of this magnitude and so no previous figures or instance to compare it to. However, consider data from previous flu outbreaks – relevant resources and potential issues/risks we are going to face
People affected (stakeholders – employees, particular employees, customers, shareholders)
✓ Patients ✓ Employees (doctors) ✓ Senior management team
Scope of change (eg one site, one product group)
Change to 3 tiers of rotas on 1 hospital site (PPH) in 1 speciality (Medicine): 1. Junior rotas 2. Middle Grade (registrar) rotas 3. Consultant rotas
Roles (project manager, sponsor, team members)
Medical workforce team – heavily involved in building and creating rota templates Consultants and clinical lead to have overall decision-making responsibilities Service management team/hospital director – to consider financial impact and impact on patient services

Communication strategy
Identify change champions re: Juniors Possible change champions: ✓ Dr Mark Sheehan ✓ Dr Zena Marney • Initial email to be sent out via medical workforce/service inviting doctors to attend a meeting to discuss the rota changes • Following that meeting, email communication detailing the discussions to be sent out by clinical lead/service management • Medical workforce to send out information email, providing detail of support service etc. • Final communication of rotas to be sent out by medical workforce – detailing the new rota changes Notes: ensure regular, clear communication detailing benefits of the changes and reasons the change is required
Support to be offered
✓ Consider relevant training – do trainees need training on ventilating patients? ✓ Provide counselling support services – anxious employees due to pandemic ✓ Junior doctor representation – eg. Dr Sheehan/Dr Marney
Timings and milestones
Initial meeting by 12/03/2020 Subsequent daily meetings if needed Implement rota changes by 01/04/20 if all in agreement/communicated to doctors on rota
Resources required
✓ MRM rota building system required – medical workforce to manage ✓ Consider financial implications – is there enough budget if the rota changes increase banding entitlement? ✓ How many doctor's required to cover the new rota template?
Monitoring activities
✓ Daily updates ✓ Feedback surveys ✓ Weekly management meetings ✓ Monthly junior doctor forum meetings
Success Measures
✓ ✓ Regular feedback questionnaires/sessions ✓ Full review upon completion of rota exercise – monitoring exercise using the MRM rota building system

Evidence #2

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

Subject: PPH rota

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

Sent: 06 March 2020 13:58

To: Dr. Mark Sheehan (HDD - Geriatric medicine) <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Medical Workforce) <[redacted]@wales.nhs.uk>; [redacted] Ghosal (Hywel Dda UHB - Hospital Director/Respiratory) <[redacted]@wales.nhs.uk>

Cc: S. [redacted] (Assistant General Manager - Hywel Dda UHB) <[redacted]@wales.nhs.uk>; S. [redacted] (Hywel Dda UHB - Consultant Physician and Endocrinologist) <[redacted]@wales.nhs.uk>; [redacted] Marney' <[redacted]@wales.nhs.uk>; [redacted] (Hywel Dda UHB - Hospital Service Manager) <[redacted]@wales.nhs.uk>; [redacted]@wales.nhs.uk;

Subject: PPH rota

Importance: High

Hi all,

As discussed, I have arranged a meeting on 12/03/2020 on management office at 10am to discuss potential rota changes due to Covid19. If you are unable to attend please can you let me know ASAP. If your require to meet before then or anything changes we are available most days after 10am

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

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

Rhif Ffôn: 01554 783457

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

Name: Natalie Thomas

Title: Medical Workforce Officer

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

Telephone Number: 01554 783457

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



GIG NHS
Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



The screenshot displays the Microsoft Outlook interface. The main window shows a calendar for March 2020. A meeting titled "to discuss rota changes re: Covid19" is scheduled for Thursday, 12 March 2020, from 12:00 PM to 1:00 PM. The meeting is organized by Natalie Thomas (Myvel Dda UHB - Medical Workforce Officer) and is intended for PH management offices. The meeting details pane on the right lists the organizer, location (PH management offices), and reminder (15 minutes). The bottom of the window shows the taskbar with various application icons and the system clock.

Evidence #4

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

Subject: RE: Rotas

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

Sent: 14 March 2020 17:00

To: [REDACTED] Sheehan (HDD - Geriatric medicine) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Consultant Physician and Endocrinologist) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Hospital Director/ Respiratory) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Assistant General Manager - Hywel Dda UHB) <[REDACTED]@wales.nhs.uk>

Cc: [REDACTED] (Hywel Dda UHB - Hospital Service Manager) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>

Subject: Rotas

Hi Mark,

See attached rota templates for the Consultant, MG and Juniors

With regards to sessions – the MG & Consultant rota is approximately 16.4 sessions.

We have spoken to Bethan and it is likely that the Juniors will be paid as normal and have the enhancement paid as a separate element through the payroll department.

I have yet to calculate the Consultant General rota – this is calculating non-resident on call so bit more complicated (for me anyway) – will get the sessions over to you on this Monday.

I have also attached the Drs list so you can map who should sit in each post.

I have also copied in the Service and Consultants who have been involved in this process to date.

Stuart – as explained salary enhancements and agreement for the trainees to work outside of New Deal guidelines need to be taken forward through the bronze group meeting for approval.

If you have any queries, please don't hesitate to contact me

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

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

Rhif Ffôn: 01554 783457

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

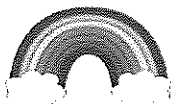
Name: Natalie Thomas

Title: Medical Workforce Officer

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

Telephone Number: 01554 783457

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





GIG
NHS
Wales

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



The screenshot shows the Microsoft Outlook calendar application. The main calendar view displays the month of April 2020. A meeting titled "Data catch up" is scheduled for Monday, April 1st, 2020, from 11:24 AM to 12:45 PM. The meeting is organized by Alex Jensen. A pop-up window provides details about the meeting, including the location (Petersen 205, 8722066325) and a reminder set for 15 minutes before the meeting. The list of participants includes Alex Jensen, Nathan Jones, Ruth Jones, Lewis Daniels, Sandra Thomas, Deborah Howe, Tanya Jenkins, David Williams, Howard Jones, Krista Nakagawa, Danielle Celen, Lauren Bishop, Lisa Hughes, Julie Barrett, James Bennett, Linda Harris, Alya Thomas, and Helen Evans.

Meeting Details:

- Title:** Data catch up
- Start:** 11:24/2020 11:45
- End:** 12:45/2020 12:45
- Organizer:** Alex Jensen (MyCal Data URB - Medical Staffing Advisor)
- Location:** Petersen 205, 8722066325 (on small and Alex is not at risk)
- Reminders:** 15 minutes

Participants:

- Alex Jensen (MyCal Data URB - Medical Staffing Advisor)
- Nathan Jones (MyCal Data URB - Medical Staffing Advisor)
- Ruth Jones (MyCal Data URB - Medical Workforce Administrator)
- Lewis Daniels (MyCal Data URB - Medical Workforce Officer)
- Sandra Thomas (MyCal Data URB - Medical Staffing Officer)
- Deborah Howe (MyCal Data URB - Head of Medical Staffing)
- Tanya Jenkins (MyCal Data URB - Medical Staffing Assistant)
- David Williams (MyCal Data URB - HR Team Secretary)
- Howard Jones (MyCal Data URB - HR Advisor)
- Krista Nakagawa (MyCal Data URB - HR Advisor)
- Danielle Celen (MyCal Data URB - Workforce Advisor)
- Lauren Bishop (MyCal Data URB - Medical Workforce Asst)
- Lisa Hughes (MyCal Data URB - Senior Workforce Advisor)
- Julie Barrett (MyCal Data URB - Senior Human Resource Advisor)
- James Bennett (MyCal Data URB - Personnel - FPH)
- Linda Harris (MyCal Data Health Board - HQ)
- Alya Thomas (MyCal Data URB - HR Team Secretary)
- Helen Evans (MyCal Data URB - Senior Medical Workforce Advisor)

Evidence #6

Rota feedback form

Rota: 1:20 Junior/MG Consultant rota

Site: Prince Philip Hospital

Speciality: Medicine

Grade: Junior, F1, F2 CT, CF, MG, Consultant

****Please provide feedback regarding the implementation of the temporary Covid19 rotas discussing any positive or negative experiences**

1. Do you feel that the rota changes were communicated effectively?

Yes ☐

No ☐

Any other comments

.....

.....

.....

2. Do you prefer the new work pattern?

Yes ☐

No ☐

Any other comments

.....

.....

.....

3. Are you experiencing any specific difficulties with the new Covid19 temporary rota?

Yes ☐

No ☐

Any other comments

.....

.....

.....

4. Can you identify any positive outcomes as a result of implementing the new rota changes?

Yes ☐

No ☐

Any other comments

.....

.....

.....

5. Do you feel that the rota changes have provided additional training opportunities?

Yes ☐

No ☐

Any other comments

.....

.....

.....

6. Do you feel that the current rota pattern is sustainable in the long term?

Yes ☐

No ☐

Any other comments

.....

.....

.....

7. Do you have any other comments in relation to the rota changes?

.....

.....

.....

Evidence #7

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

To: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)
Subject: RE: Rota feedback

From: Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

Sent: 01 June 2020 09:08

Cc: Stuart Bancroft (Assistant General Manager - Hywel Dda UHB) <Stuart.Bancroft@wales.nhs.uk>; Robin Ghosal (Hywel Dda UHB - Hospital Director/ Respiratory) <Robin.Ghosal@wales.nhs.uk>; Alex Lemon (Hywel Dda UHB - Hospital Service Manager) <Alex.Lemon@wales.nhs.uk>

Subject: rota feedback

Importance: High

Hi all,

As you will be aware you have been working a new rota due to the ongoing Covid19 pandemic since 1st of April. We would like to take this opportunity to thank you for your continued support in implementing these changes through these difficult and unpredictable times. We understand that at times, the shift pattern can be demanding and hope that you can continue to support and recognise the requirement for changes, ensuring that emergency and urgent care is provided to the community.

As it has been some time since the changes were first implemented, it is important that any concerns can be raised through the completion of the attached rota feedback form. I appreciate you are all very busy at the moment but providing honest feedback can aid ourselves and your department to understand the daily demands and potentially adapt the current rota in place based on any issues raised. If you could aim to complete the attached by **Monday 8th of June** I would be most grateful

As always, I am available on the below contact details if you would like to discuss further. Or alternatively speak to your manager/consultant and they will provide feedback during our daily and weekly catch up sessions

Please let me know if you have any queries

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

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

Rhif Ffôn: 01554 783457

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

Name: Natalie Thomas

Title: Medical Workforce Officer

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

Telephone Number: 01554 783457

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



**GIG
NHS
WALES**

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



Evidence #8

Natalie Thomas (Hywel Dda UHB - Medical Workforce Officer)

Subject: RE: Sickness/Absences/Rota Gaps

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

Sent: 01 May 2020 08:39

To: [REDACTED] Sheehan (HDD - Geriatric medicine) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Assistant) <[REDACTED]@wales.nhs.uk>; [REDACTED] Ghosal (Hywel Dda UHB - Hospital Director/Respiratory) <[REDACTED]@wales.nhs.uk>

Cc: [REDACTED] (Hywel Dda UHB - Clinical Research Fellow) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Assistant General Manager - Hywel Dda UHB) <[REDACTED]@wales.nhs.uk>; [REDACTED] Rice (Hywel Dda UHB - Consultant Physician and Endocrinologist) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) <[REDACTED]@wales.nhs.uk>; [REDACTED] 'Marney' <[REDACTED]@gmail.com>; [REDACTED] (Hywel Dda UHB - General Manager) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Hospital Service Manager)

Subject: RE: Sickness/Absences/Rota Gaps

Morning,

The only issue that I am aware of is [REDACTED] is still off, the green side are busier so I have asked [REDACTED] to go over to MIU.

Let me know if I have missed anything.

Thanks,

Nat

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

Sent: 09 April 2020 08:46

To: [REDACTED] Sheehan (HDD - Geriatric medicine) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Assistant) <[REDACTED]@wales.nhs.uk>

Cc: [REDACTED] (Hywel Dda UHB - Clinical Research Fellow) <[REDACTED]@wales.nhs.uk>; [REDACTED] Bancroft (Assistant General Manager - Hywel Dda UHB) <[REDACTED]@wales.nhs.uk>; [REDACTED] Rice (Hywel Dda UHB - Consultant Physician and Endocrinologist) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) <[REDACTED]@wales.nhs.uk>; [REDACTED] Lemon (Hywel Dda UHB - Hospital Service Manager); [REDACTED] (Hywel Dda UHB - General Manager) <[REDACTED]@wales.nhs.uk>

Subject: RE: Sickness/Absences/Rota Gaps

Morning

There are no issues on the covid side or the non covid side.

- We have confirmation [REDACTED] is off until 16th April as discussed with Mark
- [REDACTED] junior now float on covid) is off until early next week
- We will be confirming [REDACTED] today – maybe one for covid and one for non covid. ? Is [REDACTED] able to act up to cover [REDACTED]e? (just thinking out loud as we don't have a non covid MG float)
- Sara and I will be going through the weekend staffing and issues we will highlight.

Thanks

Nat

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

Sent: 07 April 2020 10:08

To: [REDACTED] Sheehan (HDD - Geriatric medicine) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Assistant) <[REDACTED]@wales.nhs.uk>

Cc: [REDACTED] (Hywel Dda UHB - Clinical Research Fellow) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Assistant General Manager - Hywel Dda UHB) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Consultant Physician and Endocrinologist) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) <[REDACTED]@wales.nhs.uk>; [REDACTED] Lemon (Hywel Dda UHB - Hospital Service Manager); [REDACTED] (Hywel Dda UHB - General Manager) <[REDACTED]@wales.nhs.uk>

Subject: RE: Sickness/Absences/Rota Gaps

Hi all

An update for today

- [REDACTED] results are negative so he is back in tonight so no issues with backfilling
- We are down a junior on NWD but that's fine as we are trying to send NWD home on both red and green ([REDACTED] is looking into this from a banding perspective)
- [REDACTED] is backfilling [REDACTED] until she returns.

Thanks

Nat

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

Sent: 06 April 2020 10:17

To: [REDACTED] Sheehan (HDD - Geriatric medicine) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Assistant) <[REDACTED]@wales.nhs.uk>

Cc: [REDACTED] (Hywel Dda UHB - Clinical Research Fellow) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Assistant General Manager - Hywel Dda UHB) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Consultant Physician and Endocrinologist) <[REDACTED]@wales.nhs.uk>; Linsey Jones (Hywel Dda UHB - Medical Workforce) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Medical Workforce Administrator) <[REDACTED]@wales.nhs.uk>; [REDACTED] (Hywel Dda UHB - Hospital Service Manager) >; [REDACTED] (Hywel Dda UHB - General Manager) <[REDACTED]@wales.nhs.uk>

Subject: RE: Sickness/Absences/Rota Gaps

Morning all

Today's update until

There are no issues for today [REDACTED] spot on the rota.

- I have asked both [REDACTED] both are awaiting results seems HDHB is slower than other HBs.
- [REDACTED] is only willing to do 9-5 so we have asked [REDACTED] if they want to join for the foreseeable instead as we need full coverage as floats.

- The medical students (6) are completing elearning today and doing practical tomorrow so from Wednesday they will be helping out on the non covid side I have asked Laura Johnson to manage them.
- Kaust(junior float on covid) has gone off with covid symptoms.

Thanks all

Nat

Enw: Natalie Thomas

Teitl: Swyddog Gweithlu Meddygol

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

Rhif Ffôn: 01554 783457

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

Name: Natalie Thomas

Title: Medical Workforce Officer

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

Telephone Number: 01554 783457

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



**GIG
Cymru
NHS
Wales**

Bwrdd Iechyd Prifysgol
Hywel Dda
Hywel Dda University
Health Board



Evidence #9

Calendar - Natalie Thomas7@wales.nhs.uk - Outlook

File Home Send/Receive Folder View Search Tell me what you want to do.

Appointments Meeting Items New New New New Skype Today Next 7 Days Work Week Month Schedule Open Calendar Email Share Publish Calendar Calendar Groups Calendar Online Permissions Address Book

AUTOMATIC REPLIES Automatic Replies are being sent for this account. Turn off

March 2020 April 2020 May 2020

16 March 2020

London, United Kingdom • Weather service is not available

Search Calendar (Ctrl+F)

Calendar - Nat... X

MONDAY MONDAY MONDAY MONDAY MONDAY MONDAY MONDAY

16 16 16 16 16 16 16

08 09 10 11 12 13 14 15 16 17 18 19 20 21 22

Medical Staffing Meeting

Start: 16/03/2020 14:55
End: 16/03/2020 16:55

Organizer: Rosemary Williams (Hypod...)
Location: Board Room Prince Philip Hospital
Reminder: 15 minutes

Next Appointment
Previous Appointment

Other Calendars

Reminders: 4 Reminders: 13

Online with Microsoft Exchange Automatic Replies 100%

19:35 13/07/2020