



PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Workforce and Organisational Policies for Approval
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and OD (Organisational Development)
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Head of Workforce

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development and Culture Committee (PODCC) is asked to note or approve the recommendations in relation to a number of revised policy documents.

In so doing, the report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

The Committee has requested an update each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of these local policies together with rationale can be found in the next section.

A number of policies are further proposed for removal from the local policy framework as they are no longer required.

A revised quarterly update of All Wales policy reviews has been included for information.

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

All Workforce and Organisational Development (OD) policy reviews are reviewed by a task and finish (T and F) Group which includes colleagues from, for example, Payroll, Workforce and OD, operational management leads and Trade Union (TU) representatives or reviewed via a desktop review. The specific changes are listed as follows:-

Revised Policies for approval

124 – Retirement

- Minor changes have been made to include additional signature for the County Senior Workforce Manager during the application process. This is to enable better analysis of requests and as far as possible, support to be offered earlier in the process to achieve a positive outcome.
- Due to the recent pension changes, this review has removed the requirement of working no more than 16 hours in first month of return following retirement.
- This policy will continue to be reviewed in line with forthcoming changes to the pension rules due for implementation in October 2023. (These changes will be considered within a proposed new all Wales policy).
- Due to the minor changes made, this policy did not require global staff consultation.
- The policy has been shared with local partnership forums.
- An Equality Impact Assessment (EQIA) was not required due to the minor changes made.

126 – Work Life Balance (WLB) Flexible Working

- Minor changes have been made to include additional signature for the County Senior Workforce Manager during the application process.
- Response proforma developed for when applications are approved/declined.
- A link has been included to the new Flexible Working Toolkit to support managers in the consideration of requests.
- The changes made will also support the Health Education and Improvement Wales (HEIW) Nurse Retention Plan in relation to:-
 - How many staff have requested flexible working and how many such arrangements have been agreed.
- Reference to flexi time has been included.
- Due to the minor changes made, this policy did not require global staff consultation.
- The policy has been shared with local partnership forums.
- An EQIA was not required due to the minor changes made.

131 - Flexi Time Scheme

- The policy has been reviewed via a desktop process.
- No substantive changes have been made but the layout has been re-modelled.
- Minor change of extending flexi time band width to start at 7am as requested by Trade Unions.
- A new flexi time worksheet has been developed which removes the need for manual calculations.
- Global staff consultation was not required due to the minor changes made.
- A summary EQIA has been updated.

299 – Uniform

- The policy has been reviewed via the T and F Group.
- Link to All Wales Dress Code policy included rather than include its content. This alone has reduced the policy by two pages.
- General appearance section revised.
- Detail removed from the policy and included as separate appendices.
- Referenced ability to request lighter uniforms without recourse to Occupational Health (OH) for approval.

- Section included to enable departments to develop their own specific (gender neutral) dress code protocols if required.
- New section on expectations in terms of dress when homeworking.
- Global staff consultation was undertaken.
- Shared with local partnership forums.
- A summary EQIA has been updated.

447 – Immunisation & Screening

- The document has been reviewed by the Head of Occupational Health (OH) and only minor changes have been made.
- Whilst the overall content remains fit for purpose, minor changes have been whilst transferring to the new template, including hyperlinks and referencing other policies.
- Global staff consultation was not required due to the minor changes made.
- Further changes were made as a result of feedback from Staff Partnership Forum:-
 - Wording changed to demonstrate that workplace vaccines are offered and are not compulsory for staff.
 - Removal of two bullet points which suggested posts would be withdrawn if the candidate declined vaccination.
- The summary EQIA has been updated into the new template.

1179 – Developing New Clinical Roles

- The policy has been reviewed via a T and F Group and replaces the former Eagle Strategy. The policy was very lengthy (120 pages long) with a lot of repetition and T and F Group users considered it difficult to follow. The Group also wanted to change the name as the EAGLE (Excellence, Assurance and Governance in a Learning Environment) acronym was not understood.
- The new policy is much shorter (8 pages) and focuses on key messages to support those who wish to develop new (non-medical) clinical roles and those who wish to develop competency or training linked to roles. The whole process is captured on a flow chart and any new job description will follow the standard process for job evaluation.
- The oversight panel will be a Clinical Education Governance Group and will have published membership and terms of reference reporting via the new Strategic People Planning and Education Group (SPPEG) structure.
- Global staff consultation was undertaken between 4 July and 18 July.
- Shared with local partnership forums and the staff partnership forum where minor amendments were made.
- The summary EQIA has been updated into the new template.

Policies yet to be presented for consideration – extension requests

Listed below are the four policies that are outstanding in terms of the timetable for review, together with rational and proposed new policy expiry date.

2a Local Policy - Extension Requests

Policy Lead Area	Policy Name	Rationale	Extend To
Corporate Nursing	Preceptorship Policy for Newly Qualified Nurses and Midwives	Awaiting directive paper from the Chief Nursing Officer which	31/12/23

		will then inform local policy.	
Corporate Nursing	Management of Nursing/Midwifery Medication Errors and Near Misses	Awaiting feedback from Nursing colleagues.	31/12/23
Workforce	Study Leave Policy for Medical and Dental Staff Policy	Policy at final draft stage and now requires consultation with LNC.	31/12/23
Safeguarding Children's Team	Domestic Abuse	Global staff consultation closes on 04/10/23.	31/12/23

2b All Wales Policies – change to review process

As previously reported, the Welsh Partnership Forum Business Committee agreed to a new approach to the review of all Wales policies and procedures.

The schedule is now updated on a quarterly basis, with policies remaining extant to provide clarity and support organisations from a governance and assurance perspective. The latest quarterly review schedule is attached to this report for information as previously agreed.

Policies for removal

One policy is proposed for removal based on the rationale outlined below: -

Policy	Rationale
1179 – Eagle Strategy	The strategy was very long and required a significant overhaul. Proposal is therefore to remove the strategy and replace it with the new Developing New Clinical Roles Policy also included as part of this paper.

The revised documents have been shared with the Local Partnership Forums and the Staff Partnership Forum. Documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information.

A screening EQIA has been updated where appropriate on advice from the Corporate Policy Office.

Following approval of the recommendations contained below, all documents will be uploaded/updated on the intranet site and will replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development and Culture Committee is requested to:

- Receive assurance that the above documents have been reviewed in line with Policy 190.
- Approve the following documents for publication:
 - 124 - Retirement
 - 131 - Flexi Time
 - 136 – Work Life Balance (WLB) Flexible Working
 - 299 – Uniform

447 - Immunisation and Screening
1179 - Developing New Clinical Roles

- Extend the following policies in accordance with the dates outlined above:
 - Preceptorship Policy for Newly Qualified Nurses and Midwives
 - Management of Nursing/Midwifery Medication Errors and Near Misses
 - Study Leave Policy for Medical and Dental Staff Policy
 - Domestic Abuse
- Remove the following policy for the reasons outlined above:
1179 – Eagle Strategy

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	2b Employer of choice
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termiau:	Included in each document

Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Local Partnership Forums Local Negotiating Committee Staff Partnership Forum Sub Policy Group – 3 August/28 September 2023 and Staff Partnership Forum on 3 October 2023. Global consultation with staff as required

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.
Gweithlu: Workforce:	The policies and procedures apply to all staff unless expressly stated as otherwise in the scope.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard.
Enw Da: Reputational:	Failure to apply the appropriate entitlements under the legislation and policy framework effectively may lead to formal complaints which may have a reputational impact.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	A summary equality impact assessment has been undertaken for Policy Numbers 131,299, 447 and 1179 and are attached.

Retirement Policy

Policy information

Policy number: 124

Classification:
Employment

Supersedes:
Previous versions

Version number:
10

[Date of Equality Impact Assessment:](#)
08/06/2022

Approval information

Approved by:
PODCC

Date of approval:

Date made active:

Review date:
15/02/2026

Summary of Document:

This Policy sets out the process to be followed when employees approach retirement. It also sets out the arrangements by which staff may be facilitated to apply to retire early subject to meeting certain criteria along with the arrangements for staff who wish to request to retire and then return to work.

Scope:

This Policy applies to all employees working in Hywel Dda University Health Board and sets out the process to be followed when approaching retirement, including the process involved in claiming and receiving pension benefits.

To be read in conjunction with:
N/A

Patient information:
N/A

Owning group:
Workforce and Organisational Development Committee

Executive Director job title:
Lisa Gostling – Director of Workforce and OD

Reviews and updates:

- 1.0 – New Policy
- 2.0 – Revised Policy
- 3.0 – Review
- 4.0 – Amendments to approval form as we no longer have a vacancy panel
- 5.0 – 2 yearly review
- 6.0 – amendments to 7.1; 7.3; 10
- 7.0 – section 3.8 removed from the retire and return application process
- 8.0 – Changes to the retire and return section – 14 day break but this has been changed on an All Wales bases to 8 days
- 9.0 – Full re-write of policy
- 10.0 Updated page 5 to reflect change to terms and conditions for Associate Specialists and page 10 flowchart (change of email address) 15.2.2023

Keywords
Retirement

Glossary of terms

UHB – University Health Board
SPA – Supporting Professional Activity
ESR – Electronic Staff Record
DBS – Disclosure and Barring Service

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Introduction

Hywel Dda University Health Board (the UHB) aims to help employees in understanding the options which are available to them in relation to retirement.

Policy Statement

The UHB is committed to developing and maintaining arrangements which make it a great place to work and learn. We recognise that the valuable knowledge, skills and experience of our workforce are fundamental to our success and want to ensure that all staff are supported to continue working for as long as they are capable, skilled and motivated to do so.

Scope

This Policy applies to all employees working in the UHB and sets out the process to be followed when approaching retirement, including the process involved in claiming and receiving pension benefits.

Aim

The aim of this Policy is to highlight the ways in which employees can retire from employment and the process involved.

Objectives

The aim of this Policy will be achieved by having a standardised approach to ensure a smooth transition from employment to retirement.

NHS Pensions- Retirement Guide

This guide provides staff with important information and answers questions about claiming and receiving NHS pension benefits:

[NHS Pensions - Retirement Guide \(nhsbsa.nhs.uk\)](https://nhsbsa.nhs.uk) (opens in a new tab)

Flexible Retirement

There are a number of ways an employee may retire. Flexible retirement helps staff to change the nature or pattern of their work in the lead-up to retirement:

[Flexible retirement | NHS Employers](#) (opens in a new tab)

Retire and Return Scheme

This Procedure outlines the principles and process to be followed where employees are approaching retirement and considering making an application to retire and return to the same role.

This scheme applies where employees request a return to **their current post** following retirement, however there are specific rules in relation to some categories of staff:

Exceptions and Exclusions

- Speciality Doctors employed on a 2008 contract may only return on the new 2021 contract as the 2008 contract has been phased out.
- Returning Consultants may be offered a locum contract for a maximum period of one year as an alternative to returning to their substantive role without the requirement for a recruitment exercise to be undertaken. In such circumstances, the Locum Consultant will be paid on the MC83 'retired Consultant' pay scale (which is the same as the maximum on the substantive basic salary scale) with one SPA.
- This Procedure does **not** apply where the employee wishes to retire and return to a **different post**. In such instances, they will need to apply for the post in open competition as per the recruitment process and be offered the role. They may then resign from their current post, citing retirement as the reason for leaving.

Principles

- We will treat employees fairly when considering their applications to retire and return regardless of any protected characteristics, i.e. age, disability, gender or sexual orientation, gender identity, race, religion or belief (including absence of belief), marriage and civil partnership, pregnancy and maternity / paternity, or intersectionality between and across different groups as required by the Equality Act 2010.
- Applications are welcome from all staff irrespective of pay band, contracted hours, length of service or role.
- The UHB recognises the need to retain a skilled and flexible workforce and our retire and return process is key to enabling employees approaching retirement to consider a range of flexible options.
- Due consideration will be given to all applications as part of the UHB wider Retention Strategy, however the UHB is under no obligation to approve a request to retire and return from an employee whereby they access their NHS Pension and return to employment.
- Applications should be considered on the basis of mutual benefit to both the UHB and individual and must not negatively impact on the employee's career. Applications should be scrutinised on their own merits and not used as an opportunity to redesign services without following due process.
- All applications should be considered favourably unless there is a clear business reason not to agree a request. Such business reasons must be imminent or due to take place within 12 months from the date of application.
- All applications will be considered as open-ended re-engagements, unless the employee makes a request for a fixed term engagement or there is a clear business reason which may enable a compromise to be reached which would enable the application to be approved for a specified period rather than declined.
- Employees **will** be required to use all their annual leave prior to the agreed date of retirement as any outstanding annual leave would otherwise extend membership for pension purposes.
- Applications to retire and return will be considered on submission of the completed Application Form (See [Appendix 1](#)).
- The employee's line manager will arrange to meet with the employee to discuss their request. The line manager should seek advice from the respective County Workforce team on the implementation of this policy and other legislation or local guidance that may influence their

decision. The employee is entitled to be accompanied at this meeting by a trade union representative or workplace colleague.

- Where an application is declined, the employee should be provided with sufficient details to understand the business reasons for this. Applications may only be declined on the basis of one or more of the following reasons:
 - Inability to re-organise work amongst existing staff;
 - Inability to fill the vacated hours;
 - Insufficiency of work during the proposed periods of work;
 - Planned structural changes.
- All Applications, whether approved or declined, must be submitted to the respective County Senior Workforce Manager for signature.

Desktop Appeal

Where the employee remains dissatisfied with the decision, they may submit an appeal to the next appropriate level of manager within five working days of receiving the written outcome of their application. The appeal must set out the grounds of appeal and include any information relevant to the consideration of the appeal. The employee may wish to discuss their documentation with their Trade Union representative prior to submission to the Appeal Officer.

The Appeal Officer will then undertake a desktop paper exercise to consider all documentation relevant to the issue and notify the employee of the outcome of the appeal within a further five working days. This decision will be final.

Principles on Re-Engagement

- Adherence to the relevant NHS Pension Scheme arrangements is essential when considering an application and to ensure compliance with any break between an employee's retirement date and any return to work.
- Employees will be required to take a break of at least 14 days (excluding any paid annual leave) from the date of retirement to the date of re-engagement.
- Members who choose to re-join the NHS following retirement can now work as many hours as they want straightaway. Scheme regulations prior to the 1 April 2023, meant members were limited to working 16 hours a week in the first month after retirement to avoid having their pension payments affected. The 16-hour rule had previously been suspended due to covid, but it has now been permanently removed from the regulations.
- Any previous reckonable service will not be taken into account for NHS Redundancy purposes, i.e. any future NHS Redundancy payment would be only based on post-retirement service. Similarly the 14 day break would additionally impact on any future pay protection provisions. Any protection provisions would only be based on the post retirement service.
- Normally, employees will retain their incremental date, although this will be deferred by the number of days break.
- Annual leave will be calculated on the basis of total NHS service once verified.
- Sickness benefits will be calculated on the basis of total NHS service where the break in service is less than 12 months.
- Employees will be given a new ESR Individual Number (the old ESR number will be valid for pension purposes only).

- Employees will need to advise the Payroll Department if they wish to continue with voluntary deductions from salary e.g. Union Fees, WHSA etc
- Retired members of the 1995 section cannot re-join the NHS Pension scheme, however if they meet certain conditions, they will be automatically enrolled in the alternative pension scheme. All other employees will be auto enrolled into a qualifying pension scheme on re-engagement unless they opt out.
- Returning Consultants will need to agree a new job plan. This will usually be for no more than 10 sessions pro rata and will normally specify the split, e.g. 9:1, 8:2, 7:3, depending on the job plan.
- Where a DBS check is required for the post and the post holder has not previously had one undertaken or it was undertaken more than 3 years ago, a new check will need to be completed prior to re-engagement.
- No employee will be required to undertake a pre-employment assessment in order to return to work where the break in service is less than 3 months.

Further Reading

a) General Information

- [NHS PENSION retire and return option FAQ](#) (opens in new tab)
- [Pension contributions and tax relief | NHS Employers](#) (opens in new tab)
- [NHS Retirement Fellowship \(nhsrf.org.uk\)](https://nhsrf.org.uk) (opens in a new tab)

[Flexible retirement minimum standards](#) (opens in a new tab)

b) COVID-19 Specific Information

[COVID-19 guidance on support for retired members | NHSBSA](#) (opens in a new tab)

[NHS Pension Scheme: update on the continued suspension of abatement and the 16-hour rule | NHS Employers](#) (opens in a new tab)

Equality Impact Assessments

This scheme has been impact assessed in accordance with our [Equality Impact Policy and Procedure](#). (opens in a new tab)

This scheme has been impact assessed in accordance with the Welsh Language Standards 2018.

Scheme Review

The UHB reviews its policy framework regularly in order to maintain compliance with legislation and good practice. This is undertaken, as agreed with our recognised Trade Unions.

This Policy will be reviewed every three years, or sooner as required.

Responsibilities

Director of Workforce & OD

The Director of Workforce & OD is responsible for ensuring that robust processes and procedures are in place to enable the efficient and equitable application of this policy.

Assistant Director of Workforce and OD

The Assistant Director of Workforce and OD has responsibility for ensuring that the application of this policy is monitored and audited and that reports on the application of the policy are provided regularly (at least annually) to the Workforce & OD Sub Committee.

Managers

Managers have responsibility for ensuring that they operate this policy in an open, equitable and transparent manner and that proper consideration is given to every request made under the policy. Managers should ensure that staff who retire are formally written to and thanked for their service on behalf of the UHB.

[Flowchart - Application to Retire and Return to Current Role – AfC staff only](#)

[Flowchart - Application to Retire and Return to Current Role – Medical and Dental Only](#)

Appendix 1 - Retire and Return to Current Role Application Form

[Retire and return to current role application form](#)

Work/Life Balance Flexible Working Policy

Policy information

Policy number: 126

Classification:
Employment

Supersedes:
Previous versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
not applicable

National Safety Standards for Invasive Procedures (NatSSIPs) standards:
not applicable

Version number:
6.0

Date of Equality Impact Assessment:
15/07/2022

Approval information

Approved by:
PODCC

Date of approval:
20/06/2022

Date made active:
18/07/2022

Review date:
20/06/2025

Summary of document:

To outline the range of flexible working options available to staff within the organisation and the process by which staff may request flexible working.

Scope:

All employees of the Heath Board.

To be read in conjunction with:

[995 - Respect and Resolution Policy \(opens in new tab\)](#)

[131 - Flexi-Time Policy and Procedure \(opens in new tab\)](#)

[573 - All Wales Organisational Change Policy \(opens in new tab\)](#)

[768 - Managing Attendance at Work All Wales Policy \(opens in new tab\)](#)

[128 - Maternity, Adoption and Paternity Leave Policy and Procedure \(opens in new tab\)](#)

[122 - All Wales Special Leave Policy \(opens in new tab\)](#)

Patient information:

N/A

Owning group:

Workforce and Organisational Development Committee

20/06/2022

Executive Director job title:

Lisa Gostling – Director of Workforce and OD

Reviews and updates:

1.0 – *New Police*

2.0 – *Revised*

3.0 – *Revised – only minor changes*

4.0 – *3 yearly review*

5.0 – *Appendix 3C – updated sentence – The Data Protection Act/General Data Protection Regulations (2016) or any subsequent legislation to the same effect.*

6.0 – *Revised*

Keywords

Flexible Working, Flexibility, Work Life Balance

Glossary of terms

PAT - Portable Appliance Testing

LHB – Local Health Board

H&S – Health and Safety

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Introduction

We recognise that staff have different needs at different stages of their working lives. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking in to account the needs of the service. Flexibility in employment is a key factor in demonstrating our commitment to fair and equal treatment inside the workplace and in attracting the highest calibre of applicants to work for the organisation.

The Hywel Dda University Health Board (Health Board) is committed to implementing the policy in a way which meets the equality and diversity needs of staff as defined in the Equality Act 2010. 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. 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 as defined by the Equality Act 2010 or any subsequent amendments or future legislation.

Policy statement

Hywel Dda University Health Board is committed to achieving the highest standards of health care services. This can be achieved through a highly trained, skilled and motivated workforce. The provision of flexible forms of working plays an important part in making it possible to attract and retain the best possible staff.

Scope

This policy covers all staff employed by Hywel Dda University Health Board.

Aim

The aim of this document is to:

- Confirm the commitment of Hywel Dda University Health Board to maximising the opportunities to recruit, retain and motivate staff by making available a range of flexible forms of working. The document also describes models of flexible working and the process by which staff may request flexible working.

Objectives

The aim of this document will be achieved by the following objectives:

- To improve the efficiency of the departments whilst giving flexibility to employees to request flexible working.

General Principles

- Employees will be able to apply for any form of flexible working from day one of employment.
- Employees can make more than one flexible working request per year and can do so regardless of the reasons for them.
- Employees shall be treated equally and fairly when having requests considered for flexible working within the constraints of the exigencies of the service.
- Each request for flexible working will be considered individually and will be assessed on its own merits by the appropriate line manager.
- In considering the request, managers will take into account the impact on other employees within that work area before a decision is made.
- Approved flexible working requests will be reviewed regularly to ensure the needs of the service are still being met.
- Contractual changes to terms and conditions of service can only be agreed following careful consideration of the implications and a proper understanding of the employee's circumstances.
- Employees working flexibly will not be treated less favourably in relation to access to training or promotional opportunities.

Models of Flexible Working

There are a number of different ways in which people can work flexibly but essentially, these fall into three categories which relate to:

- The number of hours which are worked;
- The times in which the work is undertaken;
- The place at which the work is undertaken (e.g home).

The following sections provide examples of the types of flexible working that may be requested by Health Board employees. The list is not meant to be exhaustive, and not all of the examples will necessarily be appropriate in all locations and/or circumstances. Implementation will be through local agreement between employees and managers.

Part Time Working

A method or model of working which involves undertaking paid work activity for a period less than full-time. Salary, pension, holiday and other benefits are pro-rata.

Overtime rates will be payable only when the employee has worked beyond the normal full time contractual hours for the position.

Term Time Working

As part of a permanent contract of employment, employees are given the opportunity not to work during school holidays. Salary and annual leave are pro rata based on hours worked and averaged out over a 12 month period with annual leave being taken during the school holiday period.

Temporary Reduction in Hours (Voluntary Reduced Working Time)

An opportunity to reduce the number of hours worked. This is normally undertaken for an agreed period of time, usually for no longer than a year. At the end of the period the individual may return to their substantive hours if he/she so wishes. Salary, pension, holiday and other benefits are pro rata during this time.

Flexitime

A scheme of working which allows employees to choose the time they begin and finish work around a set core time during each working day. This provides an opportunity for employees to exercise discretion over their working hours, subject to the exigencies of the service the employee must work designated core hours and complete an agreed number of hours over an agreed period, usually a month.

Employees are permitted to carry over up to 8 hours into the following month or a debit of 4 hours.

Up to one day each month (including core time) may be taken off, subject to authorisation from the manager. This time off will not count against contractual leave entitlement and should not be entered on ESR.

During periods of sickness, holidays and study leave, a normal day will be credited for each day of absence.

Employees will be responsible for maintaining accurate and contemporaneous records on the Flexi time form (see Appendix 2), of hours worked, owing and owed and ensuring records are submitted monthly and appropriately authorised by their manager.

Job Sharing

Sharing the responsibilities, duties and benefits of a single full-time post usually between two individuals. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job-sharer. The principle of job sharing usually reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer.

Homeworking

The capacity to work from home for short, long or permanent periods of time and to receive remuneration in line with those who attend the workplace. It may consist of the occasional day at home to coincide with a domestic requirement, or a regular arrangement of several days a week.

Work Breaks

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position in the organisation at the end of that period.

Annualised Hours

Annualised hours systems provide a way of organising working time by contracting with staff to work an agreed number of hours per year rather than a standard number each week. The actual number of

hours worked by a member of staff during the week will then be “flexed” to match workload requirements. As well as hours being varied week to week, they may also be varied seasonally and/or according to fluctuation of service demands. Annualised hours are used to match attendance of staff to the periods when they are most needed.

Compressed Hours

A method of allowing employees to work their total number of agreed hours over fewer working days. Often a five day working week is compressed into four days or a 10 day fortnight into nine days. Annual leave needs to be calculated in hours and should include all bank holidays.

There are specific schemes for people nearing retirement including the following:-

Wind Down: as an alternative to retiring, staff can opt to wind down by working fewer days or hours in their working week;

Step Down: staff who do not want to leave work altogether, but who would like to give up the pressure and move into a less demanding, lower band (paid) post that still makes use of their skills and experience;

Retire and Return to the NHS: staff who opt to retire and take all their pension benefits and return to NHS employment. Options available include registering for the staff bank by taking retirement, then opting to work on an “as and when” basis, giving an opportunity to pick and choose the hours worked;

Draw Down: This is only open to members of the 2008 section of the NHS Pension Scheme. Draw down allows members to take part of their pension benefits whilst continuing in NHS employment.

Staff nearing retirement who intend to apply for any of the above options are advised to contact the Pensions Department for advice on how options may affect their pension benefits.

The above list is not intended to be exhaustive and other flexible models of working which may be a combination of one or more of the above may be agreed.

Application Process

Where an employee wishes to apply for flexible working, they should discuss their requirements with their manager prior to completing the relevant application form and submitting it to their manager.

The manager must meet with the applicant within 28 days of receipt of the application, to discuss the request. Their manager may need more than one meeting with them, depending on the nature of their request. The employee may be accompanied by their representative at these meetings if they wish. If the request is refused, the reasons will be explained to them in person and confirmed in writing.

If the employee believes the request has been unreasonably refused, or if they do not get a response in writing from their manager within a reasonable or agreed period of time they may take their request to the next level of manager. Managers must ensure that a decision is made within the shortest possible time.

All Applications, whether approved or declined, must be submitted to the respective County Senior Workforce Manager for signature and monitoring purposes.

Where the employee remains dissatisfied, they should pursue the All Wales Respect and Resolution Policy.

All approved flexible working requests will be reviewed regularly to ensure the needs of the service are being met.

Responsibilities

Chief Executive

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

Director of Workforce & OD

The Director of Workforce & OD is responsible for ensuring that robust processes and procedures are in place to enable the efficient and equitable application of this policy.

Assistant Director of Workforce and OD

The Assistant Director of Workforce and OD has responsibility for ensuring that the application of this policy is monitored and audited and that reports on the application of the policy are provided regularly (at least annually) to the Workforce & OD Sub Committee.

Managers

If an employee approaches their manager with a request to work flexibly, the manager must:

- Discuss the initial request with them and ensure they complete an application form. If they wish to proceed.
- Consult with relevant colleagues, including other team members who may be affected, their own manager, Workforce and Organisational Development Department, etc on the implications of the proposed change.
- Consider how best to accommodate the request without impairing service standards
- Consult Workforce and Organisational Development Department where there is a proposed change to the terms of the existing contract or to pay and benefits.
- Agree with the employee a date by which they will have considered the request, taking account of its complexity as well as urgency. A meeting should take place as soon as practicably possible and within a period of 28 days following the receipt of the written request. The meeting will provide the opportunity to explore the desired work pattern and to discuss how best it might be accommodated. It will also provide an opportunity to consider other alternative working patterns should there be problems in accommodating the desired work pattern.
- Consider if pay and benefits need to be adjusted on a pro-rata basis to changes in the hours worked and the effects of the proposed change fully explained and agreed with the employee.
- The application of flexible forms of working should not result in the Health Board incurring additional costs
- Inform the employee of their decision in respect of the application and confirm this in writing. A decision should be conveyed to the employee within fourteen days after the date of the meeting.
- Inform the employee that approved flexible working requests will be regularly reviewed in line with the needs of the service.

- Ensure that Workforce and Organisational Development Department are notified of the decision and that any agreed changes are properly documented with a copy and change of circumstance form completed and kept in the employee's personal file.
- Each request must be judged on its merits and prevailing circumstances. Managers should bear in mind the need to be responsive to individual requirements whilst taking into account the overall needs of the team and the service.

Employees

Role of the Workforce and Organisational Development Department

The Workforce and Organisational Development Department will provide advice and guidance on the development and implementation of flexible forms of working. All Applications, whether approved or declined, must be submitted to the respective County Senior Workforce Manager for signature. The department will also monitor flexible employment practices across the Health Board to quantify the extent to which flexible forms of working are operating and to ensure that the general principles of this policy are being met.

The following toolkit provides advice and support to managers and staff in relation to Work-life Balance and flexible working options and guidance: [V2-Flexible-Working-Toolkit.pdf](#)

Monitoring and Reviewing

All Schemes will be monitored and reviewed, at regular intervals, for impact on the delivery of service and the impact on staff.

Appendix 1 – Application for Flexible Working

(To be used for all applications for flexible working with the exception of Home Working and Work Break)

Please ensure that in order to help the HB to consider your request, you provide as much information as you can about your desired working pattern. When completing sections 3 & 4, think about what effect your change in working pattern will have both on the work that you do and on your colleagues.

Once you have completed the form, you should immediately forward it to your line manager (keep a copy for your own records).

If the request is granted, there will be regular reviews of the flexible working arrangements agreed to ensure that the needs of the service are being met.

1. Personal Details

Last Name:

First Name:

Department:

Position:

Contracted Hours:

I would like to apply to work a flexible working pattern that is different to my current working pattern.

2a. Describe your current working pattern (days/hours/times worked):

2b. Describe the working pattern you would like to work in the future (days/hours/times worked):

2c. I would like this working pattern to commence from:

3. Impact of the new working pattern

I think this change in my working pattern will affect my employer and colleagues as follows:

4. Accommodating the new working pattern

I think the effect on my employer and colleagues can be dealt with as follows:

Signature:

Date:

Employer's Confirmation of Receipt (to be completed and returned to the employee)	
Dear:
<p>I confirm that I received your request to change your work pattern on: I shall be arranging a meeting to discuss your application within 28 days following this date. In the meantime you might want to consider whether you would like a fellow colleague or TU representative to accompany you at the meeting.</p>	
From:

✂ *Cut this slip off and return it to your employee in order to confirm your receipt of their application.*

<p>Part 3 - Acceptance or Rejection Form</p> <p>Either:</p> <p>Further to the meeting that took place on (Date)</p> <p>I have considered your request for a new flexible working pattern.</p> <p><input type="checkbox"/> I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).</p> <p><input type="checkbox"/> I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date).</p> <p><input type="checkbox"/> I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and you agreed would be suitable to you.</p> <p>Your new working pattern will be as follows:</p> <p>Or:</p> <p>I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):</p> <p><input type="checkbox"/> The burden of additional costs</p> <p><input type="checkbox"/> An inability to reorganise work amongst existing staff</p>
--

- ☐ An inability to recruit additional staff
- ☐ A detrimental impact on quality
- ☐ A detrimental impact on performance
- ☐ Detrimental effect on ability to meet customer demand
- ☐ Insufficient work for the periods the employee proposes to work
- ☐ A planned structural change to your business

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are also inappropriate. Please continue on a blank sheet if necessary):

Start date of new working arrangements (if applicable):	
Line Manager Name (please print):	
Line Manager Signature:	
Date:	
<p>This change in working pattern will be a permanent change to your terms and conditions of employment and you have no right in law to revert back to your previous working pattern unless previously agreed.</p>	
Senior Workforce Manager name (please print):	
Manager signature:	
Date:	

N.B. **All applications** (declined or accepted) should be forwarded to the respective County Senior Workforce Manager for signature and monitoring purposes.

APPENDIX 2 - FLEXI TIME RECORD FORM

Name							
Department							
Directorate							
Month							
Year							
TOTAL BROUGHT FORWARD							
DATE	From		To		TOTAL HOURS WORKED	DEBIT	CREDIT
1 st							
2 nd							
3 rd							
4 th							
5 th							
6 th							
7 th							
8 th							
9 th							
10 th							
11 th							
12 th							
13 th							
14 th							
15 th							
16 th							
17 th							

18 th							
19 th							
20 th							
21 st							
22 nd							
23 rd							
24 th							
25 th							
26 th							
27 th							
28 th							
29 th							
30 th							
31 st							
TOTAL CARRIED FORWARD							

Employee Signature	
Managers Signature	
Managers Name	
Date Approved	

Appendix 3 – Job Sharing Principles and Procedure

Job Sharing will apply equally to all employees who wish to reduce their working hours.

Job sharing will also be available to prospective employees (i.e. the job will be advertised as being suitable for job sharing).

1. General Principles

No job may be shared by more than two employees, both of whom must be suitably qualified in terms of skills and experience to undertake the range of tasks and responsibilities necessary to carry out the post.

Full consideration will be given to all posts being job shared. Although the operation of a job share may not always be appropriate, posts should not be excluded from consideration on the basis of status and level.

Where requests are made to convert a post to a job share, any decisions to reject the application to job share must be objectively justified and confirmed in writing. The employee will have the right to appeal against the decision through the All Wales Respect and Resolution Policy.

Where a post is recognised as being appropriate for job sharing, the duties and functions must remain unchanged. If changes are required at a later date, they will be agreed with the job sharers.

The working arrangements and responsibilities for a particular job shall be determined by the appropriate line manager in consultation with the job sharers.

A job description and written statement of main terms and particulars of employment will be made available to each sharer.

Pay will be calculated by reference to the band for the post and paid on a pro-rata basis in relation to the number of hours worked. All other benefits including any increments, allowances and any other payments to which the post is eligible will be determined on an individual and pro-rata basis.

Job sharers will be given equal access to training and development opportunities and this will be effectively monitored.

2. Applications for Job Sharing

2.1 External

Prospective external job applicants will be made aware of the job share potential for each externally advertised post. Such information will be included in all advertisements and job details.

2.2 Internal

Employees wishing to job share must submit their request in writing to their line manager or alternatively they may wish to apply for job shares as posts become vacant and are advertised as being suitable.

3. Sharing Arrangements

A post may be shared by two persons on a split-day or split-week basis, giving each employee a pro-rata share of the full-time hours of the post on either a morning or afternoon basis or two/three days a week. Other sharing arrangements may be permitted but they must be subject to approval by the appropriate line manager. Prior to recommending the filling of a post by two job sharers, the manager must ensure that agreement has been reached with the sharers on the hours/pattern to be worked and the division of tasks to be undertaken to meet the full-time requirements of the post.

4. Written Statement of Main Terms and Conditions of Employment

Each partner to a job share will have an individual written statement of main terms and conditions of employment. The job description issued will be that prepared for the established post, with an addendum to reflect agreements reached concerning any agreed division of the full duties and responsibilities of the post.

5. Replacement of a Job Sharer

In the event of one job sharer ceasing to continue in the job sharing partnership, the hours of work previously undertaken by the sharer may be offered to the remaining job sharer. If the remaining job sharer does not wish to work the hours demanded by the post, the remaining job share will be advertised. If a job sharer cannot be recruited within a reasonable period of time (which should not be less than two months from the last day of service of the previous job sharer), alternative arrangements for covering the duties of the post will be considered. This may include the redeployment of the remaining sharer to a suitable alternative post on the grade and conditions of service applying to their shared appointment.

6. Terms and Conditions of Service

6.1 Hours of Duty

The normal hours of duty of a job sharer will be a pro-rata share of the hours of the post, as directed by the appropriate line manager.

6.2 Arrangements for Continuity

Where continuity is determined by the line manager as an essential requirement of the post, both employees will be required to overlap their hours of work or arrange to meet at a specific work time during the week.

6.3 Pay

The salary and any other remuneration will be calculated on a pro-rata basis in accordance with the band and number of hours worked. Individuals who job share may, depending on length of service and experience, be placed on different incremental points.

6.4 Annual Leave

The annual leave entitlement of job sharers will be a pro-rata share of the full time entitlement.

6.5 Public Holidays

Bank holidays and extra statutory days should be shared on a pro-rata basis according to the hours worked by each job sharer.

6.6 Leave for Other Purposes

Special leave will be granted on a pro-rata basis to the full-time entitlement.

6.7 Sick Pay and Leave

Job sharers will be entitled to sick pay and leave on a pro-rata basis to full-time entitlement.

6.8 Maternity/Paternity Leave

Job sharers will be entitled to maternity/paternity leave on a pro rata basis to full-time entitlement.

6.9 Superannuation

Job sharers are entitled to join the NHS Pension Scheme. Payments and benefits will be calculated on a pro rata basis.

6.10 Allowances

In the case of any other allowances, for example, subsistence allowances or travelling expenses, job sharers will be covered by the conditions which apply to full-time employees.

7. Training and Development

Job sharers will receive equal access to training opportunities . Every effort should be made to align training courses with the days on which the sharer is at work or alternatively to give time off in lieu where this is not possible.

8. All Wales Respect and Resolution Policy

Any grievance relating to the interpretation and application of these conditions will be dealt with through the All Wales Respect and Resolution Policy.

9. Monitoring and Reviewing

The job sharing arrangements will be subject to regular review by the appropriate line manager and job sharing partners. This will provide opportunities to re-assess job priorities and changing responsibilities. The effectiveness of the policy will be reviewed annually. The level of job share 'take up' within the organisation will be monitored including the number of requests and refusals.

Appendix 3A – Home Working Principles and Procedure

Homeworkers are defined as employees who, for a defined part, or all of their contractual hours, are based at home for the purpose of carrying out their work with the agreement of their Health Board and are designated as 'homeworkers'.

Where an employee wishes to work from home on an ad hoc, occasional and informal basis, this may be agreed between the employee and their line manager without reference to the formal application process.

1. General Principles

Every employee may request homeworking arrangements through their appropriate line manager.

All applicants for homeworking must complete the homeworking application form, which is set out in Appendix 3b of this document.

All homeworkers will be required to sign the homeworking agreement which is set out in Appendix 3c of this document

2. Particular Considerations

2.1 Work and Caring Commitments

Homeworkers must separate domestic and work activities and commitments as far as is practicably possible. Individuals with caring responsibilities will be required to produce a written statement outlining the care arrangements for the dependant person in the Homeworking Agreement. The line manager must be informed as soon as practicably possible of any changes to caring arrangements, which have implications for the work being undertaken from home.

2.2 Health and Safety Risk Assessment

Every applicant who makes a formal application for homeworking must agree to a health and safety risk assessment being carried out to identify any adjustments or equipment that may be necessary to carry out the work in a safe environment. Further information can be found by logging onto <http://www.hse.gov.uk> (opens in new tab)

2.3 Equipment

The Health Board will provide the equipment needed to carry out the work. This may include IT equipment, an additional telephone line and a desk, chair or cabinet where required. All equipment supplied by the Health Board will have to undergo portable appliance testing (PAT) testing.

2.4 Timescales

It may take a number of months to establish the homeworking arrangements. This period of time will however, allow for the application to be approved and for any computer equipment and furniture to be ordered and delivered.

2.5 Terms and Conditions of Service

Homeworkers will receive the same terms and conditions of service as staff who carry out the same or similar work inside the workplace.

2.6 Hours of Work

The applicant must agree the precise number of hours to be worked from home with their line manager before any homeworking arrangements commence. The times when the work will be undertaken need not be fixed provided all work is completed in accordance with any prescribed timescales. The employee should be available by telephone should there be the need to check or clarify issues relating to their work. Homeworkers must be available to attend the workplace if required.

2.7 Confidentiality

Homeworkers must ensure the security and safekeeping of any confidential information they are required to work with in the home. Such information must not be accessible to family or visitors of the homeworker.

2.8 Terminating the Homeworking Agreement

Either party may terminate the agreement by giving three months notice in writing. Both parties may agree a shorter period of notice. Where homeworking arrangements are terminated, the line manager is responsible for making arrangements for the employee to resume their work activities within the workplace.

2.9 Monitoring and Review

The number of homeworkers will be monitored and the provisions of this policy will be subject to regular joint review between management and employee representatives to ensure that it offers effective and fair provision for homeworking.

Appendix 3B – Homeworking Application Form

<u>Home working Application Form</u>	
Date of application _____	
<u>1. Personal Information</u>	
Last Name :	First name(s)
Department:	Home telephone number:
Position:	Work telephone number:
Contracted Hours:	
<u>2. Request</u>	
Please list below reasons for your request to work from home:	
How many hours do you wish to work at home? (it is not expected you will work more than half your contracted hours at home)	

What daily hours would you expect to work from home? e.g 9am to 5pm

How would you ensure confidentiality of work related information if you were to work from home?

3. If accepted

When could you take up your home working duties?

What equipment would you require?

4. Declaration

All home working arrangements will be reviewed every

Signature of applicant _____ Date _____

Appendix 3C – Homeworking Arrangements

This document has been set up to enable staff to work from home either as part of their Contract or on a temporary basis.

A full risk assessment will have to be carried out on your home office premises before the commencement of any homeworking. All equipment supplied by the Health Board must have passed a portable appliance testing (PAT). The line manager must ensure this is carried out before homeworking commences. Your Departmental Line Manager will arrange this in liaison with the LHB H&S Representative.

You will need to supply a complete certificate (including policy details) of your home contents insurance to ensure official property is adequately insured whilst within the home.

Both parties agree to give three months notice to terminate the agreement and facilitate a return to the workplace.

All homeworking arrangements will be reviewed every ____ months

1. Personal Information.

Surname: _____ First Name: _____

Job Title: _____ HDUHB site: _____

Home Address: _____

Work Telephone No: _____ E-Mail Address: _____

Telephone No: _____

(to be contacted on in hours of homeworking)

Please attach the following to this agreement:

- A copy of your home insurance to show you are covered for business use.
- A letter from your Local Council to prove whether there are any Council implications for the change of resident dwelling.
- A letter from your Mortgage Company to clarify whether they are aware of homeworking.

3. Office Equipment to be installed

Please tick the relevant boxes to identify office equipment, which needs to be installed within the home environment.

Office Chair ☐ Office Desk ☐ Phone Line ☐

Laptop Computer ☐ Desktop Printer ☐ Filing Cabinet ☐

Other (please specify) _____

I agree to return all property supplied to me by LHB on termination of this agreement in good condition.

SignDate.....

Applicant must agree to be bound by Information Governance & The Data Protection Act/ General Data Protection Regulations (2016) or any subsequent legislation to the same effect. Any official documentation taken home must be locked / stored in secure environment such as filing cabinet or briefcase, when not in use.

Applicant also agrees to complete work to prescribed time scales and be available by telephone during working hours to assist colleagues and management.

Signature of Applicant: _____ Date: _____

Managers Comments

I support this application and will ensure a PAT test & Risk Assessment are completed **BEFORE** homeworking can commence.

Signature of Manager: _____ Date: _____

Please print name in block capitals: _____

A Copy of this form must be given to the employee and a copy retained on personal file. A change of circumstance form which should be completed and sent to the Salaries and Wages Department

Appendix 4A – Work Break Principles and Procedure (Also Refers to the All Wales Work Break Policy)

A work break is defined as an opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period.

The scheme will apply to all employees who have completed, a minimum of one year's continuous service with the organisation prior to the break.

1. General Principles

Every applicant must state the reasons for wishing to take a work break which may include care of dependants, study or other personal circumstances. A 'dependant' may include any person who is dependant upon the employee for care or financial support and does not pre-suppose any family or blood relationship.

The decision to approve a work break rests with the applicant's line manager in consultation with the appropriate Workforce and OD Department.

If an application for a work break is refused, the employee will be informed in person of the reasons for its rejection. The decision will be confirmed in writing. The employee may appeal against the decision.

2. Length of Work Break

A work break shall not be less than three months or more than five years and shall not include maternity or any other period of paid leave. Any request from an employee who wishes to return to work at an earlier date than agreed will be considered, taking into account the needs of the service and the need to be fair and equitable in the treatment of any employee providing temporary cover.

3. Main Terms and Conditions of Employment

3.1 Contract of Employment

When an employee is granted a work break the effect will be to continue the contract of employment between the employee and the organisation for an agreed period of time. At the end of the period, the employee will resume their employment in their former post or a suitable alternative.

3.2 Continuity of Service

A period of absence on a work break shall not be regarded as a break in service although the period of the break will not itself count as reckonable service (Periods of paid employment during the break will count as reckonable service).

3.3 Annual Leave

Any annual leave entitlement should be taken before the work break commences. Where, due to the needs of the service it is not possible to take annual leave before the break, payment will be made in lieu.

On returning to work annual leave entitlement will be calculated according to the number of years service accrued at the commencement of the break plus any periods of paid employment during the break. In

the year of return annual leave entitlement will apply on a pro rata basis depending on the number of full months remaining in the leave year.

3.4 Superannuation

Employees who have been granted a work break do not have to pay pension contributions during this period, their pension record will be closed down the day before their work break commences. Advice should be sought from the Pensions Department by the employee regarding the implications for their pension benefits.

3.5 Loans & Salary Sacrifice

Employees in the process of repaying Salary Sacrifice, a loan for car purchased or other advances/reimbursements will be expected to have repaid the loan in full at or before the commencement of the work break.

3.6 Effective Dates

The date of commencement and the end of the work break will be dates agreed between the employee and their line manager.

4. Procedure

An employee wishing to take a work break must apply in writing by completing the application form within this policy (see Appendix 2b) to the appropriate line manager, not less than twelve weeks before they wish to start a work break. The application must give some indication of the expected duration of the break, though this will not be binding and will be subject to annual review.

A decision to accept an application will be formally notified to the employee including the main points of agreement relating to the particular work break.

5. Responsibilities of the Employee

The employee will be required to undertake work for a maximum number of 15 days in each calendar year of the break. The purpose of this will be to ensure that the employee acquires, maintains or updates skills and knowledge that will facilitate their return to work. The period of work will be agreed between the employee and their line manager.

The employee will be required to meet with their line manager on an annual basis. The purpose of

The meeting will be to review the work break and confirm that the employee intends to return to the workplace at the agreed date. This will also provide an opportunity to consider any changes to circumstances on the part of the employer and employee. Any changes to the original terms of the work break must be agreed by both parties.

The employee must not undertake any other paid employment during the work break except that required pursuant to the scheme or with the express consent of the organisation.

The employee must notify the line manager of any change of address within four weeks of that change. The employee must also advise their line manager of any changes that may arise that have implications for their returning to the workplace on the agreed date.

The employee must provide three months' notice in writing of their intention to return to work on the agreed date. This will help to ensure that arrangements are in place in time for the employee to resume their employment on the agreed date.

6. Responsibilities of the Health Board

The Health Board will guarantee the employee a post at the same or equivalent band and level and with appropriate conditions of service. Wherever practicably possible the Health Board will endeavour to ensure that the employee returns to their former post.

The Health Board will consult with the employee if, at any time during the course of the break, organisation changes occur which have implications for their post.

The Health Board may provide up to a maximum of 15 days paid employment in each calendar year of the work break to ensure that skills and knowledge required for the employee's future employment are acquired, updated or maintained.

Pay will be determined according to the employee's salary point at the commencement of the work break including any uplifts or increments that would have applied had the employee continued to receive pay for the period in question.

The Health Board will ensure that appropriate communication channels are established to ensure that regular contact is maintained with employees on work breaks. The appropriate line manager will be responsible for arranging to meet with the employee on an annual basis.

The Health Board will ensure that relevant information, journals and/or publications are sent to the employee to help ensure that they remain in touch with the Health Board and to update them on issues arising within the organisation.

7. Termination of the Agreement

The Health Board may terminate the work break if any of the conditions of this agreement are breached. This would include the employee:

- working for another employer without the consent of the Health Board;
- not maintaining contact as agreed or;
- not being able to return to work on the agreed date because of a change in their personal circumstances.

8. Monitoring and Review

The scheme will be monitored to provide the following information:

- the numbers of those wishing to participate in or currently on a work break;
- the reasons for wishing to take a work break;
- feedback from users and managers on the effectiveness of work breaks and the Health Board's scheme in particular.

Appendix 4B – Work Break Application Form

Work Break Application	
Date of application: _____	
1. Personal Information	
Last Name :	First name(s):
Department:	Home telephone number:
Position:	Work telephone number:
NHS start date:	Contracted Hours:
2. Request	
Please list below reasons for requesting a work break:	
Please indicate how long you wish to apply for a work break for:	
3. If accepted	
When do you expect to start your work break? For what length of time do you wish to take your work break for? (3 months to 5 years)	
How will you ensure you are available to undertake work for up to 15 days a year?	
How will you ensure you meet with your line manager to discuss and review arrangements?	

To the best of my knowledge all the information I have given is correct and complete.

Signature: _____ **Date:** _____

Approved/Not Approved (delete as appropriate)

Signature of Manager: _____ **Date:** _____

A copy of this form must be given to the employee and a copy retained on personal file. A change of circumstance form which should be completed and sent to the Payroll and Pensions Department

Appendix 5 – Annualised Hours Principles

Annualised hours systems provide a way of organising working time by contracting with staff to work an agreed number of hours per year rather than a standard number each week. The actual number of hours worked by a member of staff during the week will then be “flexed” to match workload requirements. As well as hours being varied week to week, they may also be varied seasonally and/or according to fluctuation of service demands. Annualised hours are used to match attendance of staff to the periods when they are most needed by services.

1. Principles

Annualised Hours schemes will be the product of partnership working with employee and representative groups inside the Health Board;

The introduction of Annualised Hours will not have any detrimental effect on those participating or service delivery;

All Annualised Hours Schemes will be subject to regular review and monitoring

All Annualised Hours Schemes must be fully compliant with prevailing legal requirements and in particular, working time regulations;

Any implications for changes to employment terms must be fully explained and confirmed in writing to individual employees.

2. Terms and Conditions

2.1 An employee who is absent from work for sickness reasons will be 'credited' with the average number of hours worked for each day of absence.

2.2 Employees must arrange their working time by agreement with their manager to ensure that they fulfil their contracted hours in each month/year, according to the needs of the service.

2.3 Employees will receive one twelfth of the annual salary each month regardless of hours worked.

2.4 Employees and managers must ensure that employees have at least one rest day each week and are not in breach of the Working Time Regulations.

2.5 Employees must record hours, leave and absence and submit a time sheet on a monthly basis. Where contracted hours have not been fulfilled an appropriate deduction to salary will be made.

2.6 On termination, salary will be adjusted to reflect hours worked.



Flexi Time Scheme

Policy Number:	131	Supersedes:	131	Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4		People, Planning & Performance Assurance Committee	30/06/2020	8/07/2020	30/06/2023

Brief Summary of Document:	Rules and regulations governing the operation of flexi time within the organisation
Scope:	All employees of the Heath Board covered by AfC terms and conditions
To be read in conjunction with:	109 - Time off in Lieu Procedure 129 - Time off for Medical and Dental Appointments 201 - Disciplinary Policy 511 - Carers Policy (PDF, 562Kb) Working Time Regulations 1998

Owning Committee	People, Organisation Development and Culture Committee
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Executive Director:	Lisa Gostling	Job Title	Director of Workforce and OD
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HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	02/08/2011
2	Revised	02/10/2014
3	Revised but no changes	18.5.2017
4	Full review but no changes	30/06/2020
5	Reuploaded with reference to the 511 Carers Policy in the to be read in conjunction with section	18.2.2021

Glossary of terms

Term	Definition
WTR	Working Time Regulations

Keywords	Flexi-time, Flexible Working, Flexibility
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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

We recognise that employees have different needs e.g. arising under the Equality Act 2010, due to entering a different stage of their working life. Flexibility in employment makes it possible for employees to make choices about how and when they wish to work, taking in to account the needs of the service and demonstrates our commitment to fair and equal treatment at work from attracting high calibre applicants to retaining and valuing our existing workforce.

2. SCHEME STATEMENT

This document outlines the core principles and process to be followed by employees who work flexi time, i.e. choose the time they begin and finish work around a set core time each working day. The scheme provides for authorised time worked beyond contracted hours to be “banked” as “credit” and taken as time off to suit both the employee and the employer.

3. SCOPE

This scheme applies to all employees on Agenda for Change terms and conditions who work in departments that only operate within the hours of 7am and 6pm.

The following are therefore excluded from the scheme:-

- casual or locum workers
- employees subject to rostering or working specific fixed hours
- medical and dental staff

Employees who wish to participate in the scheme will not be able to claim overtime during the flexi bandwidth i.e. hours between 7 am and 6 pm.

4. AIM

This scheme enables both managers and employees to exercise discretion over the arrangement of working hours, subject to the service requirements of the department being covered.

5. SCHEME PARAMETERS

- 5.1 Allows employees to vary their start and finish times as long as they fulfil their overall contractual commitment to work an average of 37.5 hours (FTE) per week over the reporting period.
- 5.2 For full time employees, each working day will include core time totalling 4 hours. The maximum working hours are 9 and the minimum is 5 hours per day.
- 5.3 For part-time employees, the core time will be determined according to departmental needs but will normally comprise at least 50% of their daily working hours.
- 5.4 There is a compulsory unpaid break of 30 minutes if the employee works for more than six hours in that day.
- 5.5 Hours can be worked between 7 am and 6 pm. The core hours are 10 am – 12 noon and 2 pm – 4 pm. Any variation to this must be agreed at Head of Department level (or equivalent).

HYWEL DDA UNIVERSITY HEALTH BOARD

- 5.6 Employees are permitted to carry over up to 8 hours into the following month or a debit of 4 hours.
- 5.7 Up to one day each month (including core time) may be taken off, subject to authorisation from the manager. This time off will not count against contractual leave entitlement and should not be entered on ESR.
- 5.8 During periods of sickness, holidays and study leave, a normal day's working hours will be credited for each day of absence.
- 5.9 Within flexi time, a standard day is 7.5 hours (or the equivalent of one fifth of the normal working hours of a part time employee). Work outside these hours may be counted towards total hours worked, provided that it has been authorised in advance by the manager and the hours are recorded on the flexi time form (See Appendix 1).
- 5.10 Wherever possible, employees on flexi time should make medical and dental appointments outside core time (see also HDUHB 129 - Time off for Medical and Dental Appointments Policy).
- 5.11 Concerns raised in relation to the potential falsification of flexi time records will normally be considered under the All-Wales Disciplinary Procedure.

6. RESPONSIBILITY OF MANAGERS

Managers have a responsibility to ensure that all requests to work flexi time are considered fairly and equitably. Managers must ensure that the records of hours worked and hours owing/owed for each employee are accurate, up to date and are authorised and retained appropriately.

Managers who only have a proportion of their employees working flexi time, should make specific provision to monitor the working time of those not on flexi time to ensure that there is equity between the two groups of employees in terms of total working time.

Managers should ensure that details of the scheme are communicated to eligible new employees.

7. RESPONSIBILITY OF EMPLOYEES

Employees will be responsible for liaising with colleagues to ensure there is cover in the department during the normal working day as defined by the manager.

Employees will be responsible for maintaining accurate and contemporaneous records on the Flexi time form (see Appendix 1), of hours worked, owing and owed and ensuring records are submitted monthly and appropriately authorised by their manager.

A record of the previous 12 months' flexi time must be kept and made available on request e.g. for audit purposes.

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template.
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	15 September 2023
Screening conducted by (name and email address):	Heather Hinkin Heather.hinkin@wales.nhs.uk
Title of programme, policy or project being screened:	Flexi Time Scheme

Description of the programme/policy/project being screened (including key aims and objectives)

This scheme allows managers and staff to exercise discretion over the arrangement of working hours, subject to the service requirements of the department/section being covered with the objective of improved efficiency of departments whilst giving flexibility to employees to enable them to work hours suited to their individual requirements.

The scheme covers all staff employed by HDUHB who work within departments that operate within the hours of 8am and 6pm. For employees whose conditions of service include unspecified hours of work, flexitime may be available by individual negotiation within the scope of staff covered by the policy.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

It is recognised that flexi-time cannot be operated in all areas due to the needs of particular services e.g. medical and dental staff and other clinical areas.

This policy has been in place since 2011. Two previous reviews have been undertaken. We are not aware of any complaints received in relation to its operation since inception.

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age			

Is it likely to affect older and younger people in different ways or affect one age group and not another?	Yes		
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Yes		
Gender Reassignment Consider the potential impact on individuals who either: <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 	Yes		
Marriage / Civil Partnership This also covers those who are not married or in a civil partnership.	Yes		
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave	Yes		
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	Yes		
Religion or Belief The term 'religion' includes a religious or philosophical belief.	Yes		
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	Yes		
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	Yes		

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p>Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>	Yes		
<p>Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty</p>	Yes		
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>			Yes

Summary of Potential Impacts Identified

Positive Impacts

Enables staff to have some flexibility in their working hours on an ad hoc basis which will assist with balancing work/life commitments.

The scheme is particularly beneficial to staff who may need to work flexible hours due to ad hoc caring responsibilities, a large proportion of whom are women.

It may also be beneficial to staff who have needs in relation to a disability (e.g. requirement to take medication at certain times/under certain conditions/attend medical/dental appointments) where the opportunity to work flexi hours would facilitate this.

Negative Impacts

Has the screening identified any negative impacts?		No
If yes, a full Equality Impact Assessment will need to be undertaken.		

If No negative impacts were identified, please give full justification here

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The policy enables some flexibility in varying contracted hours of work. Contracted hours have already been agreed and this scheme merely enables minor adjustments to be made to those contracted hours of work as required.

Any complaints received in relation to the scheme, or its application, would be addressed on an individual basis and appropriate action taken.

This policy has been in place since 2011 and no negative impacts have been reported albeit, on occasion it has not always been possible to vary the hours when requested if this would compromise service delivery and this has generally been accepted.

Screening Completed by:	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	15.9.23
Screening Authorised by: (Project / Policy Owner)	Name	Heather Hinkin
	Title	Head of Workforce
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	15.9.23
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	18/9/2023



Uniform and Dress Code Policy For All Health Board Staff

Policy Number:	139	Supersedes:		Classification	Employment
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V6		W&OD Group			
		PPPAC – extended			
		PODCC			
		PODCC – extended whilst review is being undertaken			

Brief Summary of Document:	This policy provides guidance on the uniform and appearance requirements for substantive and temporary staff employed by the Health Board. The aim of the policy is to ensure that public confidence as well as health and safety of staff and patients is maintained at all times.
Scope:	This policy will cover all staff groups, those who are required to wear a uniform as part of their employment and those that are exempt.

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To be read in conjunction with:	<p>The All Wales NHS Dress Code (WAG)</p> <p>354 Standard Infection Prevention and Precautions Policy</p> <p>201 - Disciplinary Policy</p> <p>Name badge I.D. policy</p> <p>100 -Organisational Induction Policy</p> <p>154 - Safe management of linen</p>
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Owning Committee/ Group	W&OD Committee
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Executive Director:	Lisa Gostling	Job Title	Director of W&OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	6/4/2010
2	Revised	11/2011
3	Revised	06/2012
4	Review date extended as no changes required	February 2015
5	Temporary staff added: SN/HOD uniform added	22.5.2018
6	Revised	July 2023

Keywords	Uniform, dress code,
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1. INTRODUCTION. The public expect all NHS staff to project a professional image. The NHS All Wales Dress Code (Free to Lead, Free to Care, WAG 2010) was developed to encompass the principles of inspiring confidence, preventing infection and for the safety of the workforce.

Though not all NHS Health Board staff may be required to wear a uniform, the requirement to present a smart, professional image whilst in work applies to all employees and workers. The NHS All Wales Dress Code therefore applies to all staff – clinical and non-clinical – but it also sets out specific expectations for those staff directly involved in the delivery of clinical services.

2. SCOPE This policy will cover all staff groups (but also includes volunteers, apprentices, bank staff, workers and work experience students), irrespective of whether or not a uniform is worn for work purposes and regardless of whether their role is clinical or non-clinical. Staff **must** ensure they read the Policy and adhere to its principles in full.

3. AIM The aim of this policy is to remind staff of the All-Wales Dress Code principles

[all-wales-nhs-dress-code-free-to-lead-free-to-care.pdf \(gov.wales\)](https://gov.wales/all-wales-nhs-dress-code-free-to-lead-free-to-care.pdf)

and ensure they read and understand the need to present a professional image at all times.

4. OBJECTIVES The aim of this policy will be met by the following objectives:

- Confirming the principles of the All-Wales Dress Code Policy which must be complied with
- Detailing staff uniform and footwear requirements
- Detailing general appearance requirements

5. ALL WALES UNIFORMS

Certain groups of staff must wear the designated and approved All Wales uniform at all times whilst on duty. These are set out in Appendix 1.



APPENDIX%201%20
ALL%20WALES%20U

No substitutes may be purchased as an alternative to the items of uniform issued.

Nurses working in paediatric units may also wear Health Board issued 'child friendly' tabards over their designated uniform (these should be laundered in the same way as their uniform).

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6 UNIFORM EXEMPTIONS

It is recognised that in some areas, uniforms (even in an in-patient care setting), can be a barrier to establishing therapeutic relationships. Identified exemption areas are:

- Learning Disabilities
- Some Mental Health areas (other than older adult inpatient units)
- Paediatric therapists
- Community midwives
- Agency staff are provided with a uniform from their employing agency and must wear personal identification when on our premises

In roles where a uniform is not worn, staff will still be expected to adhere to the principles of the All-Wales NHS Dress Code.

It is also recognised that some staff may wish to request 100% cotton uniforms, as well as the traditional fabric uniform for a number of reasons (which may or may not be health related). Requests for lighter fabric uniforms can now be made directly to the sewing room, without requiring support from Occupational Health to do so.

7. DRESS CODE FOR VOLUNTEERS AND WORK EXPERIENCE STUDENTS

Please see Appendix 2.



APPENDIX%202%20-%20VOLUNTEERS%20

8. THEATRE SCRUBS

Standard theatre 'scrub clothing' must only be worn in the designated clinical areas. Scrub clothing and footwear must not be worn outside theatres or clinical areas unless in an emergency situation or where specifically issued as an alternative e.g. when uniform soiled or during infection outbreaks.

9. CATERING STAFF – UNIFORM / DRESS CODE REQUIREMENTS

Specific uniform / dress code requirements are set out in Appendix 3.



APPENDIX%203%20CATERING%20STAFF%20

10. FOOTWEAR

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Footwear must comply with Manual Handling Operations Regulations and provide the member of staff with adequate support and be suitable to their area of work. Please see Appendix 4 for full details.



APPENDIX%204%20
FOOTWEAR.docx

11.ADVERSE REACTIONS

If staff develop a reaction to the fabric used in any uniform issued by the Health Board, it would be appropriate to refer them to the Occupational Health Department for advice. A 100% cotton uniform is available following an assessment with Occupational Health.

12.GENERAL APPEARANCE OF ALL HEALTH BOARD STAFF

The Health Board recognises and values the diversity of its staff. In doing so, it appreciates that some staff may wish to express individuality through their appearance. Whilst the Health Board embraces such self expression, there still remains a need for all staff to present a highly professional image that inspires confidence in our service users and that is appropriate to the environment in which staff work, (and which must also comply with the NHS All-Wales Dress Code).

The Health Board further recognises that individuals belonging to differing cultural and religious groups may need to observe specific requirements around dress/uniform that constitute an important part of their religious or cultural beliefs. The Health Board will therefore endeavour to ensure that these particular needs are met in addition to ensuring the health, safety and wellbeing of staff and patients. This will be agreed with the relevant manager following a risk assessment and advice from Workforce Team.

In addition to the above, a number of further principles have been developed by the Health Board and must also be followed. They are set out in Appendix 5.



APPENDIX%205%20
%20PRINCIPLES%20F

13. INDIVIDUAL DEPARTMENT DRESS CODE/UNIFORM PROTOCOLS :

It is recognised that some Departments may feel it necessary and helpful to develop their own department specific dress code protocol – e.g. to provide any further dress code requirements necessary in that Department, above those already set out above. Those that do must ensure that any such protocol is compliant with this Policy and the All-Wales Dress Code Policy and have a justifiable rationale for any stipulations the protocol contains. Furthermore, such Departmental protocols must be presented in gender neutral language and provide gender neutral dress code/uniform options. It is also recommended that Departments developing their own protocols seek the view of local Staf Side Representatives as part of doing so.

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14. HOME WORKING / HYBRID WORKING:

The Health Board has seen a significant increase in home or hybrid working in recent years, with virtual meetings from home becoming a normal part of working life for some staff.

As such, it is recognised that staff working from home may wish to dress differently to how they would (or are required to) when they are 'on site' in the workplace. This may be for a number of practical reasons. Whilst this is acceptable, staff are asked to remain mindful when working from home that they are still very much 'on duty'. As such, whilst it may not always be reasonable to expect staff to adhere to the remit of the All-Wales Dress Code Policy and this Health Board Policy in full when home working, staff must still ensure that they dress appropriately for their work commitments when doing so. For example, the wearing of more casual attire may be acceptable for a virtual internal department meeting, but would not be expected to be worn if attending a virtual meeting with an external party (e.g. Welsh Government) or during a virtual internal meeting of a formal nature. In that regard, staff are also asked to ensure their 'background' is professional when undertaking virtual meetings and use an appropriate "background effect" as required.

The key message to remember when working from home is to ensure that the image presented by staff creates the right impression and is appropriate to the work commitments they are undertaking that day. Where this does not occur, staff may be reminded of the standards expected and asked to ensure they adhere to them accordingly.

15.PERSONAL IDENTIFICATION

All staff must always wear a form of corporate personal identification whilst on duty. Only identity/name badges issued by the Health Board should be worn and must be bilingual.

16.RESPONSIBILITIES

The uniform policy will be brought to the attention of all new staff at induction and will be available on the Health Board intranet.

14.1. CHIEF EXECUTIVE holds overall responsibility for the effective management of organisational policies

14.2. 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.

14.3. LINE MANAGERS

It will be the role of the line manager to monitor ongoing compliance with the policy and address any shortfalls with individual members of staff. They will have direct responsibility to ensure that;

- Staff for whom they are responsible for, are issued with the correct uniform.
- Staff who are not issued with a uniform maintain a professional appearance in line with the All-Wales Dress Code and this policy.
- Regular monitoring of the policy and dress code via spot checks and/or audit activities are undertaken.

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- Issues of non-compliance are raised with the individual directly at the time and followed up by email or other appropriate record.

17. NON COMPLIANCE WITH POLICY

If a member of staff persistently contravenes this policy they are likely to be subject to the Health Board's appropriate Disciplinary Procedure. Managers must consult with the Workforce & Organisational Development department to seek advice when dealing with such circumstances.

18. HEALTH AND SAFETY REQUIREMENTS

The wearing of an NHS uniform and/or workplace clothing must address key Health and Safety recommendations. Please see Appendix 6.



APPENDIX%206%20
HEALTH%20AND%20

19. INFECTION PREVENTION AND CONTROL (INCLUDING LAUNDERING)

Uniform or personal clothing is not considered to be personal protective equipment (PPE). Additional items of PPE e.g. disposable plastic aprons, should be put on and removed in line with local infection prevention and control policy i.e. standard and transmission based precautions, and whenever exposure to blood or other body fluid is anticipated.

Staff are responsible for ensuring their uniform/clothing is clean and in good order and should launder their uniforms as directed in Appendix 7.



APPENDIX%207%20
-%20LAUNDERING%

Staff should not socialise outside the workplace or undertake social activities while wearing an identifiable NHS uniform. Where changing facilities are NOT available staff should ensure their uniform is covered up whilst travelling to and from the place of work. Staff must not wear their uniforms in public places, for example, shops (if staff need to enter public places in the course of their duties they must make every effort to cover their uniforms).

20. UNIFORM ALLOWANCE

Uniforms are provided by the Hywel Dda University Health Board for use on duty and remain the property of the Health Board at all times. All line managers are to ensure new employees are fitted for uniforms prior to employment commencing. Staff will be issued with sufficient uniforms to enable them to wear a clean uniform for each shift worked per week (up to a maximum of 5 for full time staff).

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21.RETURN / RENEWAL OF UNIFORMS

Staff will be responsible for simple repairs to their own uniforms. Renewal of uniforms will be at the discretion of the line manager who will make an assessment of the state of the uniform. Requests for new uniforms will only be accepted if authorised by the line manager and all old uniforms must be returned when the new uniform is issued.

Staff making unauthorised alterations to the standard issue will be required to replace them at their own expense. Any alterations required as a result of occupational health assessment and advice will be undertaken by the Health Board sewing room services.

All staff are required to return their uniform at termination of their employment. It is the responsibility of the designated line manager to ensure that this occurs. All such returned uniforms should then be sent to the linen room by the line manager.

22.EQUALITY & DIVERSITY

Hywel Dda University Health Board recognises that equality impacts on all aspects of its day-to-day operations and has produced an equality policy statement to reflect this. All policies and procedures are assessed in accordance with the equality initial screening toolkit, the results for which are monitored centrally.

SUMMARY EQUALITY IMPACT ASSESSMENT – 139 – Uniform and Dress Code for all HB Staff

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	James Bennett
	Title:	Senior Workforce Manager
	Department:	Workforce & OD

Policy Title:	Uniform and Dress Code for All Health Board Staff (139)
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Brief Aims and Objectives of Policy:	This policy provides guidance on the uniform and appearance requirements for staff employed by the Health Board. The aim of the policy is to ensure that public confidence as well as health and safety of staff and patients is maintained at all times and a professional image is always presented.
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Was the decision reached to proceed to full Equality Impact Assessment?		No✓
	<p>Whilst dress codes can be a sensitive issue and attitudes towards dress and appearance differ. Whilst the policy applies across all staff, irrespective of any protected characteristic, it is also sensitive to the needs of individuals and provides for discussion between managers, staff and if necessary, HR to reach a satisfactory outcome where conflicts may arise.</p> <p>Changes made to the policy during the 2017 update were minor, mainly relating to grammar and format and would not be expected to adversely impact on any staff in relation to protected characteristics.</p>	

	<p>No complaints were made in relation to the policy in previous iterations and no issues were raised in relation to equality, diversity or human rights following consultation on the updated policy.</p> <p>A search of similar policies elsewhere also indicated potential negative impacts in relation to race and religion/belief, however, it is expected that managers will address such issues sensitively and reasonably with the member/s of staff concerned in order to reach a satisfactory conclusion.</p> <p>https://www.bing.com/search?q=Uniform+and+dress+code++policy+nhs+wales+equality+impact+assessment+&q=n&form=QBRE&sp=-1&pq=uniform+and+dress+code+policy+nhs+wales+equality+impact+assessment+&sc=0-67&sk=&cvid=E1819534DC6B47A9B82059B30D869C80</p>		
<p>If no, are there any issues to be addressed?</p>	<table border="1" data-bbox="551 818 1915 890"> <tr> <td data-bbox="551 818 969 890">Yes ✓</td><td data-bbox="969 818 1915 890"></td></tr> </table> <p>Issues around staff perceptions of “neat and tidy” need to be explored and sensitively addressed on a case-by-case basis, along with issues for cultural/religious beliefs. Issues relating to staff considering, undergoing or who have undergone gender reassignment should be addressed sensitively and with reference to the Health Board’s Supporting Transgender Staff in the Workplace Policy.</p> <p>Review July 2023: Items added to the policy;</p> <ul style="list-style-type: none"> • wearing of “lighter weight” fabric or “100% cotton” uniforms / clothing previously raised by menopausal personnel but can be requested / used by all staff without the need for OH approval • Issues around the wearing of shorts – discriminating against men 	Yes ✓	
Yes ✓			

	<ul style="list-style-type: none"> • Dept specific dress code protocols to supplement the main policy – must be gender neutral in language and uniform options • Advice and guidance on dress code / appearance when home working given the increase in this activity
--	---

Is the Policy Lawful?	Yes	
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Will the Policy be adopted?	Yes	
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes	
	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.	

Who is the Lead Officer?	Name:	James Bennett
	Title:	Senior Workforce Manager
	Department:	Workforce & OD
Review Date of Policy:	3 Yearly or sooner if required	

Signature of all parties:	Name	Title	Signature
	Gina Callanan	Senior Workforce Manager	28/12/2017 – partial
	Bob Mander	Workforce Information Manager	
	Jackie Hooper	Senior Equality and Diversity Manager, Strategy, Policy and Advice	11/01/2018
	Gina Callanan	Senior Workforce	28/12/2017 – partial

		Manager	
	James Bennett	Senior Workforce Manager	24/07/2023



Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

STAFF IMMUNISATION & SCREENING POLICY

Policy information

Policy number: 447

Classification:
Clinical

Supersedes:
V2

Clinical documents only:
Local Safety Standard for Invasive Policys (LOCSSIP) reference:
Not applicable

National Safety Standards for Invasive Policys (NatSSIPs) standards:
[\(NATSSIPs Standards\)](#)

Version number:
V3

Date of Equality Impact Assessment:
14/08/2019

Approval information

Approved by: Workforce and Organisational Development

Date of approval:
12/11/2019

Date made active:
10/12/2019

Review date:
30/06/2023

Extended from 12.11.2022 PODCC extension

Summary of document:

The Health Board has a legal duty of care to all staff and patients to ensure appropriate control measures are implemented to prevent the transmission of infections. Under the same legislative framework, all staff have a legal duty to adhere to the measures which the Health Board implements to prevent the transmission of infections.

The policy sets out the procedure, including responsibilities for the implementation of the requisite vaccination regime as well as the seasonal flu vaccination programme

Scope:

This policy applies to all staff employed by the Health Board. For the purpose of this policy the term staff also includes students, volunteers and staff on honorary contracts and locum/agency staff.

To be read in conjunction with:

011 – Incident and Hazard Reporting Policy

151 – Personal Protective Equipment Policy

199 – Risk Management Procedure

298 – Handling and Storage of Vaccines Policy – Cold Chain Management

Patient information:

None

Owning group:

Workforce and OD sub committee

02/08/2016

Executive Director job title:

Lisa Gostling – Director of Workforce & OD

Reviews and updates:

Summary of Amendments:	Date Approved
New Policy	2/8/2016
revised	12/11/2019

Keywords
None

Glossary of terms

Term	Definition
BBV	Blood Borne Virus
TB	Tuberculosis
COSHH	Control Of Substances Hazardous to Health

Keypoints:
Immunisation, staff, health, screening

Contents

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References.....4

Notes:

- Paragraphs must not be numbered
- Any references to other policies/documents must be hyperlinked wherever possible and contain the sentence 'opens in a new tab' at the end
- Do not include 'please' – all documents must be undertaken by staff
- To reduce the size of the overall documents we can look to hyperlink the appendices to the document but we can discuss this

Introduction

The Health Board has a legal duty of care to all staff and patients, in accordance with Health & Safety at Work etc Act (1974) and Control of Substances Hazardous Health (2002).

More specifically, the Health Board has a legal duty to:

- Ensure that no individual is placed at any avoidable risk of infection as far as reasonable practicable;
- Implement a risk assessment approach for disease control in line with the Control of Substances Hazardous to Health Regulations, 2002; and
- Comply with the Department of Health standards for immunisation.

Under the same legislative framework, all staff have a legal duty to adhere to the measures which the Health Board implements to prevent the transmission of infections. In addition, the regulators (General Medical Council, Nursing and Midwifery Council, and Health and Care

Professions Council) remind their registrants of their professional duty of care to their patients, which includes the requirement to protect themselves from vaccine-preventable infections.

Immunisation of a staff member brings the following benefits:

- Protection of the staff member and their family from an occupationally-acquired infection;
- Protection of patients, particularly those who may not respond well to their own immunization;
- Protection of colleagues; and
- Enabling efficient service provision.

Scope

This policy applies to all staff employed by the Health Board. For the purpose of this policy the term staff also includes students, volunteers, staff on honorary contracts and locum/agency staff.

Aim

The aim of the policy is to ensure that all staff are appropriately protected from contracting avoidable infection and therefore do not transmit infections to patients.

Objectives

The aim will be achieved by:

- Preventing cases of vaccine-preventable disease in staff;
- Reducing the risk of transmitting diseases to patients;

- Highlighting arrangements for individual and mass staff vaccination;
- Highlighting core responsibilities of staff and managers;
- Highlighting arrangements for staff who are unable to conform or decline standard vaccination programmes;
- Meeting targets for national flu vaccination uptake;
- Having a robust system in place for mass vaccination campaigns; and
- Clinical staff avoiding work activities that may pose a risk to staff and patient health and making career choices appropriate to their (Blood Borne Virus) BBV Tuberculosis (TB) infection status.

Procedure

Requisite vaccination regime:

All prospective and employed staff are offered the requisite vaccination regime as per appendix 1 upon:

- Pre-placement health assessment;
- Change of role or responsibility;
- A needle stick or sharps injury; or
- Change of recommendations from expert bodies or when there is epidemiological evidence which indicates that there is the risk of an epidemic or pandemic infection circulating in either the local, national or world wide community.

If any individual declines a vaccination which is a recommendation for their role as per appendix 1,

The line manager will be required to complete a risk assessment in line with Hywel Dda UHB Procedure 199 – Risk management, to determine the risk & determine whether mitigating actions are sufficient to manage any risk.

Under COSHH regulations, the Occupational Health Service will inform the line manager whether the individual has completed their immunizations and is therefore fit to fulfill the role or that they have been unable to complete the requisite vaccination regime due to:

- Medical exception; i.e. pregnancy, adverse reaction to previous vaccination, non-responding to immunizations, etc;
- Failure to attend vaccination appointments; or

- Actively declining the vaccination.

Flu vaccination:

In order to promote flu vaccination the following actions will be undertaken:

- Ensure a personal offer of flu vaccination for staff is made and check whether staff have received the vaccination or declined;
- Make available an appropriate number of local vaccinators for the annual flu vaccination programme available, reflecting the size of departments, teams and services.

Roles and Responsibilities

Chief Executive:

The Chief Executive has the overall responsibility to ensure that any individual employed or cared for by the Health Board is not placed at any avoidable risk of infection, as far as reasonably practicable.

Nominated Executive Director:

The Nominated Executive Director is responsible for:

- Creating a positive culture which encourages staff to comply with requisite vaccination regime and thereby protecting themselves, their family, colleagues and patients from preventable infections;
- Ensuring arrangements are in place to bring this policy and any revisions to the notice of all staff within their areas of responsibility and others who may be affected; and
- Ensuring that the resources required to implement this policy are made available;

Senior Operational Managers/Leads:

Senior operational managers/leads are responsible for:

- Disseminating the policy within their area of responsibility;
- Supporting Service/Ward Managers and Flu Leads in implementing this policy;
- Ensuring staff receive the required training to undertake their respective roles; and
- Monitoring the implementation of the policy.

Occupational Health Service:

The Occupational Health Service is responsible for:

- Administering the requisite vaccination regime (see appendix 1) as per agreed patient group directives;
- Providing standard screening as per national and local guidelines for health care workers (see appendix 2);
- Recalling staff for appropriate immunisations governed by programmes of immunisation or specific guidance;
- Providing staff and managers with outcomes of vaccination;
- Advising staff members who are unable to comply with standard immunisation programmes and providing any appropriate recommendations to managers to assist in the management of the risk of infection;
- Notifying managers of staff's non attendance for vaccinations appointments.
- Providing annual flu vaccinations in line with annual flu action plans; and
- Implementing the administration of immunizations during emergency or outbreak situations.

Medical Leads and Service/Ward Managers and Flu Leads:

Medical leads and service/ward managers and flu leads are responsible for:

- Being aware of the immunisation status of their staff and facilitating staff compliance with immunisation regimes;
- Promoting the importance of vaccination as a risk prevention strategy to prevent the spread of infection to staff and patients;
- Making available local vaccinators for mass vaccination campaigns during local campaigns, epidemics and pandemics;
- Ensuring local cold chain arrangements are in place to maintain vaccinations in safe systems in line with Hywel Dda UHB Policy 298 – Handling and Storage of Vaccines – Cold Chain Management;

- Communicating arrangements for local vaccination delivery; and
- Identifying and assessing the risks for all clinical procedures or other identified hazards to health from microbiological agents and reviewing if any significant changes or incidents occur.

Line Managers:

Line Managers are responsible for:

- Carrying out a risk assessment of the risks of transmitting an infection i.e. for general work activity / contacts, if the staff member's health or fitness is in doubt or if there is a change in health status e.g. pregnancy or immunosuppression or if there is a significant change in the job requirements;
- Ensuring that all times any personal protective equipment required to reduce risk of exposure to preventable disease is available and in use in line with Hywel Dda UHB Policy 151 – Personal Protective Equipment;
- Reporting any adverse incidents in line with Hywel Dda UHB Policy 011 – Incident and Hazard Reporting;
- Referring staff to the Occupational Health Service for appropriate immunisation or immunobiological screening as necessary;
- Receiving immunisation outcome records of at risk (i.e. susceptible) staff and implementing appropriate adjustments, restrictions or post exposure prophylaxis following known or suspected exposure; and
- Acting on advice or recommendations given by the Infection Prevention and Control team or Occupational Health Service Team.

Local staff vaccinators:

Local staff vaccinators are responsible for:

- Attending appropriate update training for immunisation annually. New vaccinators are required to demonstrate their competency through assessment prior to giving vaccinations;
- Attending any local / health information briefs on mass vaccination;
- Including their name on the relevant patient group directions for administering vaccination;
- Completing appropriate documentation in line with Health Board's governance and statistical requirements;
- Storing vaccines in line with cold chain arrangements;
- Working in line with pharmacy guidance / schedules to access vaccinations and order vaccines in accordance with likely uptake (avoid over ordering to prevent any waste);

- Positively engaging staff in vaccination campaigns;
- Providing a personal offer of vaccination to staff for specific vaccinations; and
- Collating local statistics regarding staff uptake, declining or receipt of vaccination elsewhere.

Staff:

Staff are responsible for:

- Completing, upon offer of employment, the Health Assessment medical questionnaire and returning it to the Occupational Health Service, together with evidence of any previous immunization programmes;
- Informing Occupational Health Service should they suspect that they may have been exposed to any infectious disease;
- Informing their line manager if due to a change in their health status they are more susceptible to infection;
- Complying with requisite vaccination regime to prevent patients from being placed at risk of infection;
- Keeping a personal record of vaccinations received or screening which has been undertaken
- Complying with appropriate risk management process as directed; and
- Acting with integrity at all times and not negatively influencing others who are considering vaccination to protect themselves or others.

Monitoring and Escalation Arrangements:

Monitoring of this policy and if necessary escalation will occur through regular reporting at:

- Staff Health and Wellbeing Group;
- Workforce and OD Committee;
- Strategic Influenza Working Group;
- Flu vaccination reports for managers; and
- Correspondence with managers.

References:

- Health and Safety Executive (1999) Management of Health and Safety at Work Regulations.
- Health & Safety Executive (2002) Control of Substances Hazardous to Health Regulations (as amended).
- Hepatitis C Infected Health Care Workers, 2002. Scottish NHS.
- Green Immunisation Book, <http://immunisation.dh.gov.uk/category/the-green-book/>.
- Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Health Care Workers, 2007. Department of Health.
- Clinical Diagnosis and Management of Tuberculosis, and Measures for its Prevention and Control, 2001. NICE
- NICE guidelines [NG33]Published date: January 2016 Last updated: May 2016
- The Management of HIV Infected Healthcare Workers who Perform Exposure Prone Procedures: Updated Guidance January 2014. Public Health England.
- HS13 Control of Substances Hazardous to Health Guidance.

APPENDIX 1 – Requisite vaccination regime

Vaccination per staff group general information

Staff Group	Routine Immunisations / Vaccinations recommended	Consider
Staff who have regular direct clinical contact with patients	<ul style="list-style-type: none"> • MMR (documented evidence of 2 vaccinations) • Negative chicken pox BCG (or documentary/scar evidence) • Varicella vaccination if non immune • Hepatitis B • Diphtheria/Tetanus/Polio • Influenza annually 	
Laboratory and other staff (including mortuary staff) who have direct contact with potentially infectious clinical specimens and may be additionally exposed to pathogens in the laboratory	<ul style="list-style-type: none"> • MMR (or documented evidence of 2 vaccinations) • Varicella vaccination if non immune • BCG (or documentary/scar evidence) • Hepatitis B 	<ul style="list-style-type: none"> • Other vaccines where handling relevant organisms e.g. <ul style="list-style-type: none"> Cholera Meningitis C Anthrax Yellow Fever

	<ul style="list-style-type: none"> • Diphtheria/Tetanus/Polio • influenza annually • Hepatitis A (when handling faeces) if indicated by managers risk assessment 	<p>Japanese encephalitis</p> <p>Tick-borne encephalitis</p> <p>Rabies</p> <p>Typhoid</p> <p>If indicated by managers risk assessment</p>
Non clinical staff who have respirable contact with patients (porters, chaplains, pharmacists)	<ul style="list-style-type: none"> • MMR (or documented evidence of 2 vaccinations) • Varicella vaccination if non immune • BCG (or documentary/scar evidence) • Hepatitis B (if in contact with body fluids) • Diphtheria/Tetanus/Polio • Influenza annually 	<p>Maintenance staff - Hepatitis A</p> <p>If indicated by managers risk assessment</p>
Non clinical staff	<ul style="list-style-type: none"> • Diphtheria/Tetanus/Polio & MMR (via GP practice) • Influenza annually 	

Influenza – Influenza immunisation helps to prevent influenza in staff and may also reduce the transmission of influenza to vulnerable patients. Influenza vaccination is therefore recommended for healthcare workers directly involved in patient care and staff who provide operational support on an annual basis.

Travel vaccinations – for occupational travel. Advice for personal travel via GP practice.

clearance per clinical group general information

	Varicella	MMR	TB	Hepatitis B	Hepatitis C	HIV
Existing HCW in direct patient contact (clinical or non clinical)	History Of chicken pox / shingles Blood test indicating immunity for those with no history of disease and those born and raised abroad	Received 2 doses of MMR or Positive antibody tests for Measles and Rubella or born before 1970	1. No past history of TB and no symptoms or signs of active TB AND either items 2 OR 3 2. Documentary evidence (clear reliable history of vaccination on health questionnaire or other documentation) of BCG or observed or documented BCG scar. 3. Documented tuberculin skin test of Mantoux between 6-15mm or heaf grade 2 result or interferon gamma negative result. OR 4. History of successfully completed treatment for TB.	No history of Hep B Carrier / naturally immune and stable history of Hep B	No history of Hep C or stable history of Hep C treated or untreated	Stable history of HIV (treated or untreated)
New HCW in direct patient contact (clinical or non clinical)	Received 2 doses of vaccine		Note: Not allow to start work until completed health screen for TB or documentary evidence presented of such screening completed within the last 12 months: 1. No past history of TB / No symptoms or signs of active TB AND either items 2 OR 3 2. Documentary evidence of BCG from a health care professional or observed or documented BCG scar.	No history of Hep B Carrier / naturally immune and stable history of Hep B Offer Hepatitis B vaccination	Offer Hepatitis C test for direct patient contact clinical NOT direct patient contact non clinical	Offer HIV test for direct patient contact clinical NOT direct patient contact NOT non clinical

			<p>3. Mantoux (0-5mm) or a negative interferon test result. (If entry from abroad see below)</p> <p>OR</p> <p>4. History of successfully completed treatment for TB.</p>			
Exposure Prone Procedures (EPP) Existing HCW			<p>As existing HCW in direct patient contact (clinical or non clinical) above</p>	<p>Positive or Negative history of Hep B and surface antigen negative within the last 12 months</p> <p>or</p> <p>History of an infection with an antiHBc core positive and a negative surface antigen result</p> <p>or</p> <p>HbsAb \geq 10 iu/ml within the last 5 years</p> <p>or</p> <p>HbsAb \geq 10 miu/ml following a full course of Hep B and a booster dose has been received 5 years later</p> <p>or</p> <p>**** HBeAg has been confirmed negative and viral load confirmed no greater than 10(3) = 200iu/ml within the last 12 months or</p> <p>Undergoing treatment and viral load no greater than 10(5) = 20,000 iu/ml before treatment and 2 blood samples a month apart are below 10(3) and a sample taken within the last 3 months is below 10(3) ****</p>	<p>No testing prior to 2002.</p> <p>If employed after 2002 and not new HCW testing will have been processed in another NHS organisation.</p> <p>6 months post treatment Hep C RNA negative</p>	<p>No testing prior to 2008</p> <p>If employed after 2008 and not new HCW testing will have been processed in another NHS organisation</p>
EPP New HCW			<p>As New HCW in respirable contact</p>	<p>Negative surface antigen</p> <p>or</p>	<p>No history of hep C and negative Hep C antibody</p> <p>Or 6 months post treatment</p>	<p>HIV antibody negative</p> <p>or</p> <p>HIV history and</p>

			as **** above ****	Hep C RNA negative	<p>either be on effective combination antiretroviral therapy AND have a plasma viral load <200 copies / ml</p> <p>or an elite controller</p> <p>and be subject to plasma viral load monitoring every three months and be under joint supervision of a consultant occupational health physician and their treating physician, and be registered with the UKAP Occupational Health Monitoring Register (UKAP-OHR)</p> <p>An elite controller is defined as a person living with HIV who is not receiving antiretroviral therapy and who has maintained their viral load below the limits of assay detection for at least 12 months, based on at least three separate viral load measurements.</p>
Entry abroad	Blood test for Varicella	As above	<p>Conduct / repeat all tests on entry (should have had in own country before entry). For New HCW or New EPP HCW see sections above and the section below specific for TB.</p> <p>1. No past history of TB / No current signs and symptoms of TB AND 2</p> <p>2. A negative interferon test conducted by the OH service clearing the individual</p> <p>OR</p> <p>3. History of successfully completed TB treatment assessed by physician</p>		

STAFF IMMUNISATION & SCREENING

POLICY:

SUMMARY EQUALITY IMPACT ASSESSMENT –

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	Heather Hinkin - Head of Workforce Karen Ryan – Head of Occupational Health
	Title:	As Above
	Department:	Workforce and Organisational Development

Policy Title:	Staff Immunisation and Screening Policy
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Brief Aims and Objectives of Policy:	This policy sets out the procedure, including responsibilities for the implementation of the requisite vaccination regime as well as the seasonal flu vaccination programme for Hywel Dda University Health Board. It aims to ensure that all staff are appropriately protected from contracting avoidable infection and therefore do not transmit infections to patients.
---	--

Was the decision reached to proceed to full Equality Impact Assessment?:	Yes	No ✓
	The policy covers all staff, irrespective of protected characteristics. It will be the responsibility of managers to ensure that the policy is implemented fairly and equitably. Immunisation and vaccination is available to all staff irrespective of any protected characteristic, except where there may be clinical contra-indications eg in some instances in relation to pregnancy as described within the policy. Staff reserve the right to decline vaccination or immunisation if they so wish. Staff have equal access to the protection offered	

	<p>by immunisation and vaccination. For staff, the policy is therefore assessed as having a neutral impact across all protected groups, in line with similar policies noted across other health boards/trusts in the UK. For the general public, the policy would be assessed as having a positive impact in protecting the safety and welfare of vulnerable groups, such as children, older people, disabled people, pregnant women and carers by reducing their risk of infection by contact with staff members.</p> <p>This is an update of an existing policy first developed in 2015. There is no evidence to indicate that changes made during this review will impact adversely in relation to any protected groups. No complaints have been received in relation to equality, diversity or human rights since the implementation of the original policy.</p> <p>A search of similar policies elsewhere indicated similar results:-</p> <p>https://www.google.co.uk/search?q=staff+immunisation+policy+nhs&cad=h#cns=0&spf=1565772999675</p> <p>https://www.google.co.uk/search?q=Staff+flu+Immunisation+and+vaccination+policy+nhs+wales+equality+impact+assessment&cad=h</p>	
If no, are there any issues to be addressed?	Yes	No✓
Is the Policy Lawful?	Yes ✓	The policy has been developed with reference to the following:-

		<ul style="list-style-type: none"> • Health and Safety Executive (1999) Management of Health and Safety at Work Regulations. • Health & Safety Executive (2002) Control of Substances Hazardous to Health Regulations (as amended). • Hepatitis C Infected Health Care Workers, 2002. Scottish NHS. • Green Immunisation Book, http://immunisation.dh.gov.uk/category/the-green-book/. • Health Clearance for Tuberculosis, Hepatitis B, Hepatitis C and HIV: New Health Care Workers, 2007. Department of Health. • Clinical Diagnosis and Management of Tuberculosis, and Measures for its Prevention and Control, 2001. NICE • NICE guidelines [NG33]Published date: January 2016 Last updated: May 2016 • The Management of HIV Infected Healthcare Workers who Perform Exposure Prone Procedures: Updated Guidance January 2014. Public Health England. • HS13 Control of Substances Hazardous to Health Guidance.
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Will the Policy be adopted?	Yes ✓	This is an update of an existing policy
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	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes ✓	Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.

Who is the Lead Officer?	Name:	Lisa Gostling
	Title:	Director of Workforce and Organisational Development
	Department:	
Review Date of Policy:	Three yearly or sooner if requested	

Signature of all parties:	Name	Title	Signature
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	HR Policy Review Group		14 August 2019
	Jackie Hooper	Senior Diversity and Inclusion Officer	14 August 2019
<p>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</p> <p>n/a at this stage 14/8/2019</p>			

Developing New Clinical Roles Policy

[Job Descriptions, Competencies, Learning and Education]

Policy information

Policy number: 1179

Classification: Employment

Supersedes:

EAGLE policy 603

Version number:

one

Date of Equality Impact Assessment:

Detail date of EqIA

Approval information

Approved by:

PODCC

Date of approval:

Enter approval date

Date made active:

Enter date made active (completion by policy team)

Review date:

Enter review date (normally three years from approval date)

Summary of document

This policy provides a governance process for the development of all new (non-medical) clinical roles. It also supports the development of competency frameworks, education, and development pathways linked to roles.

Scope:

This policy applies to anyone responsible for developing

- new roles, extended roles, or expanding roles for all (non-medically regulated roles) clinical employees for example Nursing, Midwifery, Therapies & Health Sciences, Pharmacy, registered and non-registered roles across all locations including cross-sector roles
- assessment and competency frameworks
- learning and development frameworks
- career pathways

To be read in conjunction with:

- [045 Performance Appraisal and Personal Development Plan Policy](#) (opens in a new tab)
- [113 Learning and Development Policy](#) (opens in a new tab)
- [201 All Wales Disciplinary procedure](#) (opens in a new tab)
- [203 All Wales Capability Policy](#) (opens in a new tab)
- [238 Information Governance Framework](#) (opens in a new tab)
- [291 Personal Employee Records Management Policy](#) (opens in a new tab)
- [443 All Wales Pay Progression Policy](#) (opens in a new tab)
- [299 Registration and re-registration of health professionals' policy](#) (opens in a new tab)
- [1101 Supervision guideline nursing & midwifery policy](#) (opens in a new tab)
- [All Wales Delegation Guidelines](#) (opens in a new tab)

Patient information:

Not applicable

Owning group:

Workforce and Organisational Development - EAGLE panel 27/06/2023 from the date of this policy review approval the group will be known as the Clinical Education Governance group CEGG

Executive Director job title:

Lisa Gostling, Director of Workforce and Organisational Development

Reviews and updates:

New Policy –

Keywords

Job descriptions (JD), EAGLE, competencies, education, learning & development, new clinical roles, role redesign Clinical Education Governance Group (CEGG)

Glossary of terms

CEGG	Clinical Education Governance Group
CPD	Continuous/Continuing Professional Development

ESR	Electronic Staff Record
L&D	Learning and Development
PADR	Personal Appraisal Development Review
JD	Job Description
JE	Job Evaluation
EAGLE	Excellence, Assurance and Governance in a learning environment

Contents

Page 1 -2	Policy information
Page 3	Introduction, Aim, Objectives
Page 4	Part 1- Approved Job Descriptions
Page 5	Scope of practice, Delegation, supervision
Page 6 - 7	Part 2 Competence
Page 8 - 9	Part 3- Roles designed to deliver and develop excellent services

Introduction

Hywel Dda University Health Board (HDUHB) is not alone in its efforts to manage the challenges of workforce supply and demand, with significant amounts of service and workforce re-design being undertaken to meet current and future workforce service models.

This policy provides governance and processes for the development of all new non-medical clinical roles. It also supports the development of new competency frameworks, education, and development pathways for clinical roles. The framework provides governance for our:

- patients/service user/clients
- organisation
- support workers
- registered professionals

Aim

That this process is used to support development of clinical job descriptions (JD) and supporting initial development of role competencies, education, and clinical career framework training and qualifications. That the process is followed, and all resulting JDs, competencies, training, and career framework qualifications are approved and documented, to ensure a robust governance process that supports consistency and safety and quality.

This policy and supporting toolkit, aims to set out steps and provide good practice examples for developing new roles, initial competency frameworks, career qualifications and associated training.

Objectives

The aim of this document will be achieved by the following objectives:

- Signpost resources and provide support to facilitate the governance process.
- Outline key personnel with responsibilities for ensuring the process is implemented in line with this policy and associated compliance requirements.

Framework

The framework has three parts, all parts of the process should be followed [Pillars CEG Final Version.docx](#) (Links open a new window)

Part ONE – Approved Job Descriptions

Approved Job Descriptions

HDUHB Approved Job Descriptions [JD] must be used where available, they have agreed educational requirements, essential criteria, knowledge and behaviour to encompass how the role is delivered. Approved JDs have been developed to ensure consistency across the service.

There are agreed Assistant Practitioner and Advanced Practitioner approved JDs. Both job titles are protected within the HDUHB. For copies of all approved JD contact JobEvaluation.HDD@wales.nhs.uk (Opens in a new window)

For guidance writing any JD visit

https://nhswales365.sharepoint.com/sites/HDD_Working-for-us/SitePages/Terms%20and%20conditions/Job-evaluation.aspx (Opens in a new window)

Where it is believed that an existing JD does not meet the need of the department/area, all new, or amended clinical JDs must be approved by the Clinical Education Governance Group [CEGG].

To submit your JD for approval, complete the MS Form

<https://forms.office.com/e/FyMbEvSHEy> (Links open a new window)

Once a JD has been approved by CEGG it must then go to job evaluation

JobEvaluation.HDD@wales.nhs.uk (Link opens in a new window)

Scope of Practice

Every 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.

Each new role must also have agreed competencies. Competency framework examples can be found in the toolkit.

Delegation

There will be a need for registered professionals to delegate tasks to other professions and non-regulated workers. Staff are required to undertake the appropriate level of training and will have been assessed as competent in performing the duties delegated to them.

If roles in a JD/ competency framework fall outside nationally agreed frameworks for a role they must be submitted for review by the CEGG, they will review appropriate schemes of delegation to include clear lines of accountability

Supervision

For new roles submitted to CEGG, the UHB will ensure that adequate supervision is provided both for the supervisor, and supervisee. These arrangements will contribute towards and be monitored through the Performance, [Appraisal and Development Review \(PADR\) / Appraisal Process](#). (Link opens in a new window)

All aspects of clinical, managerial and professional supervision should be properly addressed in JD's and competency frameworks.

Part TWO – COMPETENCE, LEARNING & EDUCATION

This part is concerned with supporting the development of associated initial competency frameworks. Proposed competency frameworks should be submitted to the CEGG for new roles.

All roles must clarify the levels and breadth of education required. There is a framework for assessing quality training in the tool kit to assist you when developing new training -[framework for quality assessing training v2.docx](#) ([Links open a new window](#))

Managers are advised to link with [Workforce & OD](#) (Link opens in a new window) for more support on commissioning, developing, recording, or identifying accredited and non-accredited learning.

Where possible use existing evaluated programmes and new programmes which meet nationally/ expert agreed content.

Competency frameworks are dynamic, and managers are asked to regularly review them, only a new competency framework needs submission to the CEGG not an amended one.

All training must be internally or externally scrutinised for delivery of best practice and meet evidence-based practice.

Training delivery should be continuously evaluated by authors and keep abreast of latest best practice evidence, dates of review and amendments should be recorded.

All training delivery should be documented via ESR see [entering a course onto system](#) (Link opens in a new window)

All training should meet accessibility guidelines see [Communications Team - Home \(sharepoint.com\)](#) and [Support for Trainers and Facilitators \(sharepoint.com\)](#) (link opens in new window).

Many roles have all Wales competencies attached to them, these should be used wherever possible.

Use this MS form to submit a competency - <https://forms.office.com/e/FyMbEvSHEy> (Links open in a new window)

A template competency framework can be found in the toolkit - [Examples of competency frameworks](#) (Links open in a new window)

Formal Assessment / Education

Essential and desirable qualifications and knowledge must be defined in the person specification.

HDUHB is an accredited Agored Cymru Centre and as such, can provide qualifications/ training and award credit to staff in a number of disciplines.

Our HDUHB 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.

All staff undertaking an accredited programme, or developing specific work-based skills, will be required to be assessed as competent by an occupationally competent assessor.

Part Three- Roles designed to deliver and develop excellent services

Service Driven

New roles should also be considered as part of a wider workforce plan. Managers should consider sustainability, career frameworks, career progression and how the role impacts on services and other roles.

All new roles should be patient focussed and considered in the context of the workforce and organisational development need.

New roles should be appraised to consider the impact they have on patient care and safety

This framework and all the elements within, are based 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.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the HDUHB has appropriate written control documents (WCDs) in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based, and sustainable.

Director of Workforce and Organisational Development

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

- the policy is formulated and disseminated
- the policy is reviewed and updated
- that organisational induction attendance is monitored and reported to the relevant bodies as required.

The Clinical Education team

Is responsible for ensuring that:

- The policy is published, reviewed, and updated and held on the HDUHB intranet site.
- The toolkit content is reviewed and updated regularly (minimally annually).
- The team adapt and consult with the CEGG to identify national resources and a once for Wales approach where possible.
- The team will provide advice & guidance for managers before they submit their JD/competency, training /education framework to the CEGG

Clinical Education Governance Group

Are responsible for ensuring that:

- Sufficient meetings are planned a year in advance to prevent delays in advice and governance required for new roles
- Attendance is prioritised and a deputy is nominated to cover absences
- All attendance is recorded and shared to inform accurate reporting.
- All meeting minutes are ratified and documented for scrutiny purposes
- The group are accountable to the Strategic People Planning and Education Group (SPPEG) governance structure for reporting purposes

Managers and Heads of Services

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

- Relevant representation is made at the CEGG
- The policy is disseminated throughout their respective services and departments.
- Compliance with all aspects of the policy is monitored.
- All new roles are submitted to the CEGG group

Individual's Responsibility

All employees 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.

References & Tool kit links

[Assistant Practitioner \(Nursing\) Governance Framework](#) (Links open a new window)

[https://sbuhb.nhs.wales/about-us/key-documents-folder/workforce-and-od-committee-papers/workforce-and-od-committee-9th-august-2022/52-appendix-2-once-for-wales-b4pdf/#:~:text=5.7 Assistant Practitioners are key,\(HEIW%2C 2020\).](https://sbuhb.nhs.wales/about-us/key-documents-folder/workforce-and-od-committee-papers/workforce-and-od-committee-9th-august-2022/52-appendix-2-once-for-wales-b4pdf/#:~:text=5.7 Assistant Practitioners are key,(HEIW%2C 2020).)
(Links open a new window)

Link to MS form to submit <https://forms.office.com/e/FyMbEvSHEy> (Links open in a new window)

- A new role JD
- A competency framework
- Education, or L&D programme

Examples of competency frameworks [Examples of competency frameworks](#) (Links open in a new window)

Example of a Learning & Development pathway [Examples of competency frameworks](#)
(Links open in a new window)

Framework for assessing quality training [framework for quality assessing training v2.docx](#)
(Links open a new window)

Equality Impact Assessment (EqIA) Screening Template

The Equality Impact Assessment Screening Template is a short exercise that involves looking at the overall proposal and deciding if it is relevant to the Public Sector Equality Duty, and other key areas.

The questions in the Screening Template below will help you to decide if the proposal is relevant to the Equality Act 2010 and whether a detailed EqIA is required. The key question is whether the proposal is likely to have an impact (either positive or negative) on any of the protected characteristics.

Quite often, the answer may not be obvious, and staff, service-user or provider information will need to be considered to make a preliminary judgment.

There is no one size fits all approach, but the screening process is designed to help fully consider the circumstances and to inform evidence-based decisions.

Note: If the proposal is of a significant nature and it is apparent from the outset that a full Equality Impact Assessment (EqIA) will be required, then it is not necessary to complete the Screening Template and you can proceed to complete the full EqIA.

What to do:

In general, the following questions all feed into whether an EqIA is required:

- How many people is the proposal likely to affect?
- How significant is its impact?
- Does it relate to an area where there are known inequalities?

At this initial screening stage, the point is to try to assess obvious negative or positive impacts.

You will need to provide sufficient information within the template to justify the assessment of impact.

If a negative/adverse impact has been identified (actual or potential) during completion of the screening tool, a full EqIA must be undertaken.

If no negative / adverse impacts arise from the proposal, it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded.

On completion of the Screening Template, staff should:

- Check that all sections of the template are fully completed.
- Ensure that the Project/Policy owner has signed off the Screening Template
- Send a copy of the completed template along with the related policy to the Diversity & Inclusion Team for them to review – email this to Inclusion.hdd@wales.nhs.uk

Date of commencement of Screening Assessment:	07/09/23
Screening conducted by (name and email address):	Ruth Bowman
Title of programme, policy or project being screened:	Policy for Developing New Clinical Roles

Description of the programme/policy/project being screened (including key aims and objectives)

This policy provides a governance process for the development of all new (non-medical) clinical roles. It also supports the development of competency frameworks, education, and development pathways linked to roles.

This policy applies to anyone responsible for developing new roles, extended roles, or expanding roles for all (non-medically regulated roles) clinical employees for example Nursing, Midwifery, Therapies & Health Sciences, Pharmacy, registered and non-registered roles across all locations including cross-sector roles

- assessment and competency frameworks
- learning and development frameworks
- career pathways

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

The policy and EqlA has been reviewed via a group of senior practitioners. The policy itself does not have any elements that affects any groups with characteristics.

The policy aims to provide a governance process which supports consistency for clinical (non-medical) job descriptions. With the aim of ensuring all new clinical JD have safe, appropriate levels of practice in them, supported via codes of professional practice. The policy also ensures that the JD has consistent, relevant qualifications, training, and competency frameworks in place to support those undertaking clinical tasks, reflecting on All Wales agreed JD & competency frameworks. The policy supports governance and peer review and feedback process before JD are submitted for Job evaluation. The policy supports the development of new roles and considers if a wider range of professionals can undertake a role improving wider opportunities for people development.

Assess which protected characteristics will potentially be affected by the proposal:

Group	Positive Impact	Negative Impact	No Impact
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			No impact
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			no impact
Gender Reassignment Consider the potential impact on individuals who either: <ul style="list-style-type: none"> • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth 			no impact
Marriage / Civil Partnership Marriage and Civil Partnership means someone who is legally married or in a civil partnership.			No impact
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave			No impact
Race / Ethnicity People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			No impact
Religion or Belief The term 'religion' includes a religious or philosophical belief.			No impact
Sex Consider whether those affected are mostly male or female and where it applies to both			No impact

equally does it affect one differently to the other?			
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			No impact

Consider the potential impacts of the programme/policy/project on the following wider determinants:

Additional Determinants	Positive Impact	Negative Impact	No Impact
<p>Armed Forces Community Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance</p>			No impact
<p>Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: more-equal-wales-socio-economic-duty</p>			No impact
<p>Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</p>			No impact

Summary of Potential Impacts Identified

Positive Impacts

This policy provides a process to improve the quality and consistency of non-medical clinical JD. It provides a governance process to ensure JD state suitable qualifications. That there is a governance process in place to support those developing new roles and/ or training and competency frameworks aimed at supporting new skills and knowledge required for the range of clinical care roles.

This policy supports the development of new clinical roles, ensuring that we are able to modernise our approach to developing our workforce to deliver care, it aims to support teams around the patient' models of care.

The policy provides support for those writing clinical elements of a JD and provides a structure for peer review clinical governance via a Clinical Education Governance Group and reporting to the new SPEGG.

Negative Impacts

None identified.

Has the screening identified any negative impacts? If yes, a full Equality Impact Assessment will need to be undertaken.		No
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If No negative impacts were identified, please give full justification here

The reason for a no impact assessment is that the Policy reviewing group and EAGLE (Excellence, Assurance and Governance in a learning environment) panel agree that there is no impact identified for any protected groups. This policy provides a governance process to ensure consistency of drafts of JD prior to JE and also provides a governance process for competency and training frameworks.

Screening Completed by:	Name	Ruth Bowman
	Title	Clinical Education Manager
	Contact details	Ruth.bowman@wales.nhs.uk
	Date	07/09/23
Screening Authorised by: (Project / Policy Owner)	Name	EAGLE PANEL
	Title	Chair & members
	Contact details	clinical.education.HDD@wales.nhs.uk
	Date	12/09/23
Seen by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	Alan.winter@wales.nhs.uk
	Date	12/9/2023