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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	15 December 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce Policies
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Director of Workforce & OD (Organisational Development)
SWYDDOG ADRODD: **REPORTING OFFICER:**	Lisa Gostling, Director of Workforce & OD (Organisational Development)

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 & Culture Committee (PODCC) is asked to approve the following revised policies/procedures:

- 247 - Dealing with Anonymous Communications Regarding Members of the Workforce Policy - (Appendix 1)

- 113 – Learning & Development Policy and EqIA - (Appendix 2 and 3)

- 100 – Organisational Induction Policy and EqIA – (Appendix 4 and 4a)

- 109 – Time in Lieu Procedure - (Appendix 5)

- Guidelines for extending sick pay document - (Appendix 6)
- 001- Adverse Conditions - (Appendix 7)

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 above-mentioned written control documents and therefore that the documents are in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

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 policy reviews have been reviewed by a Task & Finish Group which included colleagues from Payroll, across Workforce & OD, operational management leads and Trade Union (TU)

representatives. Some of the groups also included representatives from the BAME network. The specific changes are listed as follows:

247 - Dealing with Anonymous Communications Regarding Members of the Workforce Policy

This is one of our more simple and straightforward policies, as you will see from the attached this is essentially a workflow for dealing with such matters. Specific changes include:

- Whilst the policy was already brief, in accordance with our HR disrupted approach, we have managed to bring the size down by avoiding some of the unnecessary duplication that was in there. Sections 7, 8 and 9 of the original Policy all basically related to how anonymous complaints get managed. These have been merged under Section 7 a 'how will anonymous complaints/communications be addressed' section heading.
- A new Section 10 (Resources for Staff) has been added with a link to the Speak up Safely Scheme) which wasn't previously included.
- Nothing has been changed in terms of the process to manage a complaint.

113 – Learning & Development Policy and EqIA

The changes made to the policy are as follows:

Minor changes:
- The policy 'looks' very different as all processes have been relocated to the team's intranet pages.
- The policy hyperlinks to relevant policies and processes.
- New wording has been used to enable a move towards plain English and also use language staff are familiar with e.g. Royal College of Nursing (RCN) wording for how we describe statutory/mandatory etc.
- Current practice has also been reflected within the policy and a summary EQIA has also been completed for this review.

Significant changes:
- Replaced the former table outlining the breakdown of costs that can be claimed in terms of all training expenditure incurred with a sentence stating 'If an application is approved, HDUHB will fund 100% of course fees, books, expenses and any other reasonable expenditure'. This change was previously agreed by PODCC as part of the Equitable Access plan on a page.

N.B. This policy will need to be referenced for consistency when reviewing the Expenses Policy. The policy lead will therefore be invited to sit on this review once it commences.

100 – Organisational Induction Policy and EqIA

There are no significant changes to the policy itself however the following amendments have been made:
- Use of the word 'volunteer' to reflect current practice and refer to employees and volunteers collectively as 'new starters'.
- I have changed wording for the medics induction so that it is referred to as a 'local induction' which brings them in line with other staff groups.
- The policy 'looks' very different as all processes have been relocated to our intranet pages.
- The policy hyperlinks to relevant policies and processes.

- New wording mainly to move towards plain English.
- A Summary EQIA has also been completed for this review.

109 – Time in Lieu Procedure
This procedure remains largely unchanged and the minor changes have therefore been identified via track changes. Some helpful feedback was also submitted during the consultation process and this has also been incorporated into the revised procedure using track changes for consistency.

Guidelines for extending sick pay
- This guidance document has been reviewed to better reflect the agenda for change (AfC) requirements contained at Section 14.13 (Sickness Absence) and Medical and Dental Terms and Conditions (under section 225) where employers have discretion to extend sick pay beyond the employee's contractual sick pay provisions.
- Reference to the Dying to Work Charter has now been included.
- The format now is more user friendly with a summary, flowchart and the application form embedded into the document.

N.B. As this is a guidance document the revised format and content has been shared with the local partnership forums but has not been subject to global consultation. This document has been included for information only as it was referenced in a previous Committee.

001 – Adverse Conditions
The key changes have been to simplify the payments section of the policy and remove the need for staff and managers to complete a form to record the request. The policy has been HR Disrupted which has also reduced the length by a third.

Policies yet to be presented for consideration

In addition to presenting the above policies for adoption (or in the case of the Guidance for extending sick pay document – for information), Committee may recall that at its last meeting it asked for an update on those policies that were not on track and for a brief explanation to be provided.

This report therefore provides details of the policies that are outstanding in terms of the indicative timetable for review in 2022/2023, notwithstanding that all policies had been extended to 31 March 2023 as a backstop.

Policy Name	Policy Owner	Rationale	Revised Timescale
Information to Payroll Procedure	Workforce	Initial conversations have been held with Payroll and Finance: practice at other HBs is being considered in addition to opportunities to link the review with the work to reduce the overpayment of wages. Further time therefore required to complete research.	February 2023
Industrial Injury Claim Procedure	Workforce	Not yet reviewed due to competing	February 2023

		priorities/increase in case work.	
Term Time Working	Workforce	Previously advised Committee that on hold pending completion of agile working review.	To be confirmed (tbc)
Management of Nursing Midwifery Medication Errors/Near Misses Policy	Nursing	This policy will either be removed or amalgamated with the Medicines Mgt Policy. Review being undertaken by a multi professional group.	tbc
Relocation Expenses	Recruitment	On hold pending All Wales piece of work being undertaken in respect of this policy.	tbc
Staff Psychological Wellbeing	Psychological Wellbeing	Staffing levels	February 2023
EAGLE Strategy	Education & Dev	Delayed due to governance considerations.	tbc
Alcohol and Drug/Substance Misuse Policy	Workforce	Currently under review	tbc
Flexible Deployment of Staff Procedure	Recruitment	Currently under review	tbc
Rostering Policy & Appendices	Workforce	Currently under review	tbc

We will continue to include this section for each Committee meeting where policies are not on track.

Asesiad / Assessment

All reviews were undertaken with the involvement of key stakeholders including a bespoke Task & Finish Group and other colleagues as appropriate.

A screening Equality Impact Assessment (EqIA) has been undertaken for the Learning & Development, Organisational Induction due to the changes made but not for the remaining policies due to the minor changes identified. The former EIA therefore remains valid for these documents.

The revised documents have been shared with the Local Partnership Forums and the Staff Partnership Forum (SPF). They have also been shared via the Global email for staff to contribute to the consultation process. Documents that apply to Medical and Dental colleagues will be shared with the Local Negotiating Committee (LNC) at its next meeting for information.

Following approval, all documents will be uploaded to the intranet site and will replace current versions.

Argymhelliad / Recommendation

The People, Organisational Development & 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:

  - 247 Dealing with Anonymous Communications Regarding Members of the Workforce Policy

  - 113 Learning & Development Policy and EqIA

  - 100 Organisational Induction Policy and EqIA

  - 109 Time in Lieu Procedure

  - 001 Adverse Conditions

- Note the following review for information:

  - Guidelines for extending sick pay

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
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do Not Applicable 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1F HR Offer (induction, policies, employee relations, access to training)

Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019](#)	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Included in the policy
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 Consultation with all staff via Global Email Staff Partnership Forum Will be presented to Local Negotiating Committee's next meeting

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
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 100,113 and 436 and are attached. The current EQIA remains valid for Policy 001,109, 247, 283 and 315 due to the minor changes made.

Dealing With Anonymous Communications Regarding Members Of The Workforce Policy

Policy information

Policy number: 247

Classification:
Employment

Supersedes:
Previous Versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:
N/A

Version number:
4.0

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information

Approved by:
Complete

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 outlines how the Health Board will act upon information contained in anonymous letters/communications.

Scope:
The Policy applies to Health Board employees and Bank Staff.

To be read in conjunction with:
201 - Disciplinary

198 - Counter Fraud

435 – Procedure for NHS Staff to raise concerns (whistleblowing)

Count Fraud and Complaints Policies

Detail any <u>approved Health Board policy/procedures</u> which must be read in conjunction with – these must be referred to within the main body of this policy document

Patient information:
<u>Patient Information Library</u>

Owning group:
People, Organisational Development and Culture Committee (PODCC)
Date signed off by owning group

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

Reviews and updates:
1.0 – New Policy
2.0 – Review
3.0 – Review
4.0 – Full Review

Keywords
Complaints, Anonymous Letters, Anonymous Communications

Glossary of terms
OD – Organisational Development

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        Title: Dealing With Anonymous Communications Regarding Members Of The Workforce Policy

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Contents

Policy Ref: 247   Page 3 of 5   Version No 4.0
          Title: Dealing With Anonymous Communications Regarding Members Of The Workforce Policy

3/5   10/78

1. Introduction
This policy outlines how the Health Board will act upon information contained in anonymous letters/communications.

2. Policy statement
Hywel Dda University Health Board takes complaints/concerns very seriously and welcomes comments and suggestions about how our services could be improved. It has developed Policies/Procedures that provide the opportunity and channels to voice concerns in a safe manner. On occasions, individuals and groups choose not to disclose their identity and submit anonymous communications anonymously such as telephone calls, emails, petitions, or indirectly via the press, TV, radio etc. All press enquiries should be directed to the Communications department. This policy will explain how the Health Board will address anonymous letters/communications.

3. Scope
The Policy applies to Health Board employees and Bank Staff.

4. Aim
The aim of this policy is to provide a consistent approach to dealing with anonymous letters/communications.

5. Objectives
The aim of this policy will be achieved by ensuring that all staff are aware of their responsibility should they receive an anonymous letter/communication.

6. Definition of an anonymous complaint
A letter or communication giving no name, identity, address or identifying factors of the sender

7. How will anonymous complaints be dealt with
- Any staff member that receiving an anonymous letter/communication should without delay refer the matter to their line manager or to an appropriate senior manager.

- The manager will then, without delay, refer the matter in the first instance by telephone to their Workforce Manager.

- The Workforce Manager will log all anonymous communications and then share the information with the Director of Workforce & OD. A decision will then be made whether any further action can be taken to investigate the concerns and to address the matters raised.

The Health Board will not normally consider anonymous communications unless there is sufficient corroborating evidence to suggest the allegation can be substantiated, however it reserves the right to take each allegation on its own merits and invoke procedures as necessary and will exercise its discretion whether to investigate anonymous disclosures.

When considering how anonymous letters/communications received will be addressed, the Health Board will consider:

- Seriousness of the issues raised

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- Criminal and legal implications
- Health and safety of staff, patients and service users.
- Credibility of the concern
- Fraud and any other irregularities detrimental to the Health Board

Any letter/communication considered to be vexatious and/or malicious will be forwarded to the appropriate authorities and the Health Board will provide full support to those authorities to carry out their investigation. Should members of the Health Board be found to have written/made vexatious and/or malicious anonymous letters/communications, disciplinary action will be taken which may result in dismissal.

8. Responsibilities

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

The Director of Workforce and Organisational Development is jointly responsible for ensuring this policy and associated documentation is reviewed and updated in line with future guidance.

Line Managers/Senior Managers are responsible for ensuring that any anonymous communication is dealt with as set out in the procedure.

All staff have a responsibility to ensure that any anonymous communication received is reported to their line manager.

9. Monitoring

This policy will be reviewed by the Director of Workforce and OD in conjunction with Employment Policy Review Group. Details of applications for anonymous communications will be recorded in a database and reported on periodically to the Executive

10. Resources for Staff

The Health Board also operates a "Speak Up Safely" scheme which enables **Health Board staff** to voice concerns, anonymously if they wish, in regard to current systems or work practices. Access to and further information on the scheme can be obtained via the link below:

https://secure.workinconfidence.com/company/en/hduhb/login

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Learning and Development Policy

Policy information

Policy number: 113

Classification:
Employment

Supersedes:
Not applicable

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

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

Version number:
7.0

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 document communicates our Health Boards' policy on learning and development for all staff groups and signposts to relevant processes, procedures and other associated policies.

Scope:
This policy applies to all employees but please note medical and dental employees have their own policy in relation to Study Leave.

To be read in conjunction with:
- 045 Performance Appraisal and Personal Development Plan Policy
- 100 Organisational Induction Policy
- 201 All Wales Disciplinary procedure
- 203 All Wales Capability Policy
- 238 Information Governance Framework
- 248 Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship
- 275 Secure Transfer of Personal Information Policy
- 291 Personal Employee Records Management Policy
- 347 Corporate Records Management Policy
- 443 - AW Pay Progression Policy
- 748 General Data Protection Policy (workforce related employee data)

Patient information:
Not applicable

Owning group:
Workforce and Organisational Development
Date signed off by owning group

Executive Director job title:
Lisa Gostling, Director of Workforce and Organisational Development

Reviews and updates:
1. New Policy approved 15/02/2011
2. Revised and approved 04/04/2013
3. Revised and approved 18/05/2017
4. Data Protection Act /General Data Protection Regulations 2016 or any subsequent legislation to the same effect – SECTION 21 added and approved 17/05/2018
5. Amendment to higher award level approved March 2018

Keywords
Training

Glossary of terms

CPD	Continuous/Continuing Professional Development
ESR	Electronic Staff Record
HDUHB	Hywel Dda University Health Board
IMTP	Integrated Medium Term Plan
KSF	Knowledge and Skills Framework
L&D	Learning and Development
LNA	Learning Needs Analysis
PADR	Performance and Appraisal Development Review
ROI	Return on Investment

Contents

Introduction

To help us give the best possible care and services, whatever our role, it is important that we continuously replenish our knowledge and develop our skills.

Our approach to learning means that all employees should be supported in developing confidence, skills, knowledge and independence throughout their employment with us. Whilst the beginning of our employment will contain a prescribed Induction, carefully designed to onboard us safely and effectively into our new roles; our ongoing development needs will be identified by mechanisms such as (but not limited to) the Performance Appraisal and Personal Development Review process.

Policy statement

To achieve a learning culture, the Hywel Dda University Health Board (HDUHB) promotes continuous professional development (CPD) and provides access to learning & development (L&D) for employees at all levels so they can fulfil their potential and be responsive to the changing environment.

L&D within HDUHB is underpinned by the principles of the Knowledge and Skills Framework (KSF) which lie at the heart of the career and pay progression strand of Agenda for Change.

Scope

This policy applies to all employees. Please note there is a dedicated policy, specifically in relation to Study Leave for Medical and Dental Staff.

Aim

The aim of this policy is to ensure transparency and fairness in relation to accessing development opportunities and decision-making processes. It will also ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.

Objectives

The aim of this document will be achieved by the following objectives:
1. Signpost to the relevant processes and support materials that underpin learning and development at HDUHB.
2. Outline key personnel with responsibilities to ensuring the policy is implemented correctly and associated compliance requirements are met.

Main body

1. Purpose of learning and development

Understanding the purpose of learning and development is key when designing individual development plans and prioritising development activities. Purpose can be broadly categorised into four types:

  a) **Statutory** – This type of training is usually required by law or where a statutory body has instructed HDUHB to provide training based on specific legislation (i.e., the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999).
  b) **Mandatory** – Mandatory training is compulsory training that is determined essential by HDUHB for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. Mandatory training will vary from role to role.
  c) **University Health Board Priority** – identified as an organisational need that is essential to delivering the agreed service strategy or in response to an inspection, or DATIX for example.
  d) **Continuous Professional Development** - this is the ongoing process of developing and maintaining professional skills for your current role or another Health Board role you are aspiring to. CPD is often identified during an individual's PADR or during an organisational learning needs analysis.

2. Study Leave

For the purposes of this policy, Study Leave is defined as time away from normal duties for the purpose of undertaking formal or informal learning and development activity.

A working day is defined as 7 ½ hours.

Unlike other policies, approved study leave is not pro-rata'd for part time employees. This is because course content is not usually reduced for part time employees. For more information please see the Study Leave Process.

The amount of paid study time must be agreed with the manager prior to application. No backfill should be used to support staff release. The maximum paid study leave that will be supported per year is 32 days, unless otherwise agreed with the Learning and Development Team.

3. Requesting Study Leave

Employees must ensure their statutory and mandatory training is compliant prior to making study leave requests for CPD. This ensures employees have the knowledge and skills to maintain a healthy and safe working environment for themselves, their patients and their colleagues, before engaging in any further development activities. Compliance can be checked via ESR.

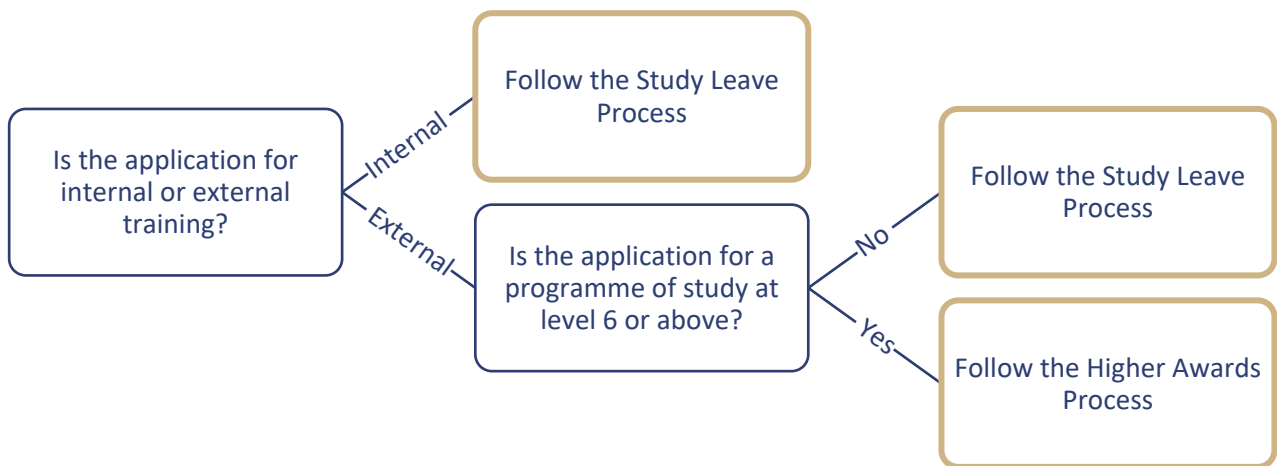Figure 1 can help identify the correct process to follow when booking or requesting study leave.

Figure 1 How to identify correct process for booking/requesting training

*The Study Leave process also applies to education and training for Trade Union representatives and overseas study.

4. Reimbursement of expenses

Employees must advise their line manager of any expenses likely to be incurred before applications are made. Reimbursement will be in line with our Expenses Policy.

5. Withdrawal of funding

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

Funding would not under any circumstances be unilaterally withdrawn.

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

6. Trade Union education and training

Applications for study leave by Trade Union representatives will need to be made via the usual Study Leave Process.

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

7. Overseas study leave
 Study Leave process applies however the application form should be at least 3 months in
 advance and should be approved by an Executive Director of the HDUHB.

8. Funding
The Study Leave Process and Higher Awards Process include applications for funding.

If an application is approved, HDUHB will fund 100% of course fees, books, expenses and
any other reasonable expenditure.

The applicant and the budget holder are required to sign a training agreement before study
commences which include the fee repayment requirement.

9. Fee repayment requirement
 Where a contribution of the fees for an individual's study or higher award have been paid
 by HDUHB; the employee will be required to pay back a proportion of the amount received
 if they leave the employment of the Health Board within a specified period of completion:

Leaving HDUHB employment	Fees pay-back
Before completion of qualification/programme of study	100%
Within 1 year of completion	75%
Between 1 and 2 years of completion	50%
More than 2 years after completion	0%

Table 1 Repayment schedule

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

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

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

Please refer to the Study Leave and Higher Awards process for further information.

10. Commercial sponsorship for attendance at courses and conferences
 Please refer to the Standards of Behaviour Policy.

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

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

Responsibilities

Chief Executive
As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board 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.

Hywel Dda University Health Board
HDUHB has ultimate responsibility for the continuous development of its employees ensuring that the provision of care and related services for patients are safe and clinically effective. As such they are responsible for monitoring equitable access to learning and development, ensuring adequate resources to deliver required interventions in line with the organisational strategy and IMTP.

Director of Workforce and Organisational Development
The Director of Workforce and Organisational Development is responsible for ensuring provision and delivery of the learning and development function across the organisation. They will provide adequate resources to support learning and development, including statutory and mandatory requirements. They will ensure progress is being made against the organisation's Education Strategy.

Workforce Education and Development Service
Workforce Education & Development (WE&D) will lead the effective implementation of this policy and promote good governance. They will manage centralised funds designated for health board wide L&D activities and monitor and report on organisational training compliance. They will manage centralised processes such as Study Leave and Higher Awards and provide advice and guidance to budget holders, Directors and Heads of Service. WE&D will liaise with local education providers to build relationships and develop training programmes to reflect service and patient needs.

Directors and Heads of Services
With primary responsibility of service delivery and departmental budgets, Directors and Heads of Services will be responsible for making sound and transparent decisions in relation to this policy. They will monitor access to L&D activities across their service and attempt to remedy issues ensuring equitable access.

Line managers

Line managers will support all their direct reports in the effective design and implementation of their personal development plans, ensuring they are deliverable within the agreed timescales. They will actively seek to address barriers to development and ensure organisational training compliance requirements are met. This includes keeping in touch with those on long term leave (I.e. maternity leave) and providing access to keeping in touch days to support ongoing professional development. Line managers will notify the L&D Team of other barriers such as low-level literacy and numeracy skills, so the department can seek to support those individuals appropriately. Line managers will comply with recording and reporting requirements that will support the effective monitoring of this policy. They will also comply with other organisational policies and processes associated with this policy.

Individuals

Everyone is responsible for continually assessing their own knowledge and skills against the needs of their role and their service. They will actively seek out cost effective opportunities for themselves and be forthcoming in their requests for development. Employees will notify their line manager and training provider if they are unable to commence or continue with their training/studies. They will ensure they are always compliant with organisational requirements and professional standards associated with their role (where applicable). Individuals are expected to be open and honest regarding barriers they may face for the organisation to provide appropriate support. Individuals will comply with recording and reporting requirements that will support the effective monitoring of this policy.

Local trainers

Many trainers work within the corporate, operational and service structures/teams and as such, have a responsibility for the translation of this policy at all levels. Additionally, they must ensure that any training opportunities developed locally reflect the strategic priorities and are in line with professional standards (where applicable). Local trainers will comply with recording and reporting requirements that will support the effective monitoring of this policy.

References

Agenda for Change
Credit and Qualifications Framework (CQFW): overview
Higher Awards Process
Knowledge and Skills Framework
Study Leave Process

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	Learning and Development Policy
2.	**Brief Aims and Description**	The aim of this policy is to ensure transparency and fairness in relation to accessing development opportunities and decision-making processes. It will also ensure that the investment in our workforce is prudent, sustainable, prioritised and aligned with the HDUHB service strategy and developments.
3.	**Who is involved in undertaking this EqIA?**	Learning and Development Team
4.	**Is the Policy related to other policies/areas of work?**	No
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	All staff
6.	**What might help/hinder the success of the Policy?**	Access via non-digital means by those who do not ordinarily have access to computers during their normal day to day duties. This issue applies to all policies and not just this one.

Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.
Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	Yes	No
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control		x
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control		x
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		x
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence		x
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life		x
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		x

Form 3 Gathering of Evidence and Assessment of Potential Impact

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?		X		The policy and associated processes are stored online. Some resources are digital i.e. HDUHB Prospectus. Digital exclusion is disproportionately experienced by older people.	The Digital Inclusion Manager is working towards improving standards within HDUHB. The L&D Team and colleagues across WF&OD, will carry out regular in-person events and communications to promote the policy and access to development opportunities.
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes		X		The policy and associated processes are stored online. Some resources are digital. Some people are disabled by digital services.	The Digital Inclusion Manager is working towards improving standards within HDUHB. The L&D Team will carry out regular in-person events to promote the policy and access to development opportunities, as well as continually sourcing reasonable adjustments such as the utilisation of screen reading software.
Gender Reassignment Consider the potential impact on individuals who either: •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.			X		
Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.			X		

Characteristic					
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.	x			People on maternity leave may miss out on communications relating to development opportunities.	Additional responsibility added to remind line managers of their duty to keep in touch with those on long term leave and invite people to utilise keeping in touch days for development.
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	x			It was recognised that overseas staff may have additional requirements i.e. using English as a second language	The L&D Team are pulling together a suite of resources to support those using English as a second language.
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			x		
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?			x		
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			x		
Socio-economic Deprivation Consider those on low income, economically inactive,	x			Costs of learning may be a barrier.	Policy now includes 100% funding for approved applications for training.

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. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty		x		Access to devices for online learning may be a barrier.	The L&D Team and Digital Inclusion Manager are sourcing devices to support those who may not have the right equipment to access online learning from home.
				The Expenses Policy states that expenses associated with CPD is paid at a lower rate. This may deter people from accessing further development opportunities.	The L&D Manager has sent an SBAR to Dir of WF&OD recommending a review of Expenses Policy.
				Access to in-person training courses may not be financially viable (transportation costs).	The L&D Team will always seek to source alternative training resources and not overly rely on in-person training unless absolutely necessary.
				Access to education impacting literacy and numeracy abilities of staff may prevent engagement in development opportunities.	Policy includes a responsibility to managers to highlight support needs to the L&D Team who will support staff to address essential skills.
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.			x		

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	Yes
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	n/a
3.	**Does the information collected relate to all protected characteristics?**	Yes
4.	**What additional information (if any) is required?**	n/a
5.	**How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).**	n/a

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	2	–2	–4
Disability	2	–1	–2
Sex	1	0	0
Gender Reassignment	1	0	0
Human Rights	1	0	0
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	2	+1	2
Religion or Belief	2	+1	2
Sexual Orientation	1	0	0
Socio-economic Deprivation	2	–2	–4
Welsh Language	1	0	0

Scoring Chart A: Evidence Available		Scoring Chart B: Potential Impact		Scoring Chart C: Impact	
3	Existing data/research	-3	High negative	-6 to -9	High Impact (H)
2	Anecdotal/awareness data only	-2	Medium negative	-3 to -5	Medium Impact (M)
1	No evidence or suggestion	-1	Low negative	-1 to -2	Low Impact (L)
		0	No impact	0	No Impact (N)
		+1	Low positive	1 to 9	Positive Impact (P)
		+2	Medium positive		
		+3	High positive		

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	**Policy will go to PODCC 15/12/2022**
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No

What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	Feedback from those engaging with L&D will be collected and monitored by the team. Any escalating issues will be shared with Dir of WF&OD.
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	Every three months
Where positive impact has been identified for one or more groups please explain how this will be maximised?	This will be continually reviewed for best practice.
Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.**	Ongoing work with the Digital Team and on the ground engagement activities by L&D will mitigate impact on those digitally excluded.

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
The L&D Manager and Digital Inclusion Manager are sourcing devices and improving access to login details to support those who may not have access online learning.	Digital Inclusion Manager & L&D Manager	January 2023	April 2023	Anticipate the introduction of new digital systems will rectify some of the issues with login information. Access to shared devices to be an ongoing and improving piece of work by both teams.
The L&D Manager has sent an SBAR to Dir of WF&OD recommending a review of Expenses Policy.	Dir of WF&OD	TBA	TBA	Agreement to a review must be established first and then facilitation of a review by Head of Workforce.
The L&D Team will always seek to source alternative training resources and not overly rely on in-person training unless absolutely necessary.	L&D Manager	January 2023	May 2023	Review of initial offering utilising recently identified resources with a view to improving access further once new budget is confirmed.
The L&D Team are pulling together a suite of resources to support those using English as a second language.	L&D Manager	Dec 2022	Feb 2023	Review of initial offering utilising recently identified resources with a view to improving access

				further once new budget is confirmed.
Access to education impacting literacy and numeracy abilities of staff may prevent engagement in development opportunities. L&D to support development of essential skills by utilising external specialist support.	L&D Manager	Dec 2022	Feb 2023	Review of initial offering utilising recently identified resources with a view to improving support based on feedback.

EqIA Completed by:	**Name**	**Gemma Littlejohns**
	Title	**Learning and Development Manager**
	Team / Division	**Learning and Development Team**
	Contact details	**Gemma.littlejohns@wales.nhs.uk**
	Date	**28/11/2022**
EqIA Authorised by:	**Name**	
	Title	
	Team / Division	
	Contact details	
	Date	

Organisational Induction Policy

Policy information

Policy number: 100

Classification:
Employment, Volunteering and Work Experience Placements

Supersedes:
Not applicable

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

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

Version number:
5.0

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 document outlines a clear framework for the induction of all new employees, volunteers and work experience placements, into the organisation across all areas of service and signposts to relevant processes, procedures, and other associated policies.

Scope:

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

To be read in conjunction with:
- 045 Performance Appraisal and Personal Development Plan Policy
- 113 Learning and Development Policy
- 201 All Wales Disciplinary procedure
- 203 All Wales Capability Policy
- 238 Information Governance Framework
- 248 Standards of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship
- 275 Secure Transfer of Personal Information Policy
- 291 Personal Employee Records Management Policy
- 347 Corporate Records Management Policy
- 443 - AW Pay Progression Policy
- 748 General Data Protection Policy (workforce related employee data)

Patient information:

Not applicable

Owning group:

Workforce and Organisational Development
Date signed off by owning group

Executive Director job title:

Lisa Gostling, Director of Workforce and Organisational Development

Reviews and updates:
1. New Policy – 08.03.2010
2. Revised – 04.04.2013
3. Revised – 18.05.2017
4. Data Protection Act / General Data Protection Regulations 2016 or any subsequent legislation to the same effect section 14 17.05.2018
5. Review

Keywords
Induction, Learning and Development, Compliance, Training

Glossary of terms
CPD   Continuous/Continuing Professional Development
CSTF   Core Skills Training Framework
ESR   Electronic and Skills Framework
HDUHB   Hywel Dda University Health Board
KSF   Knowledge and Skills Framework
L&D   Learning and Development
PADR   Personal Appraisal Development Review

Contents

Introduction

Induction is the process through which employees and non-employees (collectively referred to as new starters) adjust to their new position, whether they be new to Hywel Dda University Health Board (HDUHB) or an existing employee progressing to another role. Induction is a vital part of onboarding and integration into the working environment.

Policy statement

To help us give the best possible care and services all new starters, regardless of pay grade or position, must undertake the Corporate Induction and a Local Induction.

Scope

This policy applies to all employees (medical and non-medical) within the Health Board in all locations, including, temporary employees and locums, volunteers, and those on work experience placements. Doctors in training will also attend a specialised 'local' induction programme organised through the relevant Post Graduate Departments at the start of their rotations.

Collectively these groups will be referred to as 'new starters' within this policy.

Aim

It is the aim of HDUHB to ensure that induction is dealt with in an organised and consistent manner, to enable new starters to be introduced into their role and working environment quickly and safely, so that they can contribute effectively as soon as possible.

This induction policy, associated procedures and guidelines aim to set out general steps for managers and to follow during the induction process. It is expected that all employees and new starters will adhere to this policy.

Objectives

The aim of this document will be achieved by the following objectives:
1. Signpost to resources and provide support to facilitate successful inductions for all new starters.
2. Outline key personnel with responsibilities to ensuring the organisational induction is implemented in line with this policy and associated compliance requirements.

Main body

There are two parts to our organisational induction:

1. **Corporate Induction**
   This is organised centrally by the Learning and Development Team and will contain mandatory, statutory and CPD training. For more detail please see Induction Journey Explained (sharepoint.com).

2. **Local Induction**
   This is organised by the post holder's line manager, or in the case of doctors, the Medical Education Team. This will include service and role specific training, some of which will be mandatory, statutory or CPD. For guidance, please see Manager's Pack (sharepoint.com).

The L&D Team have produced a range of tools and resources on our intranet site to support both corporate and local inductions.

The usual process by which Learning and Development (L&D) are notified of a new starter is primarily via the Resourcing Team (fig.1), however sometimes other teams such as the Medical Team or Future Workforce Team, liaise with L&D direct.
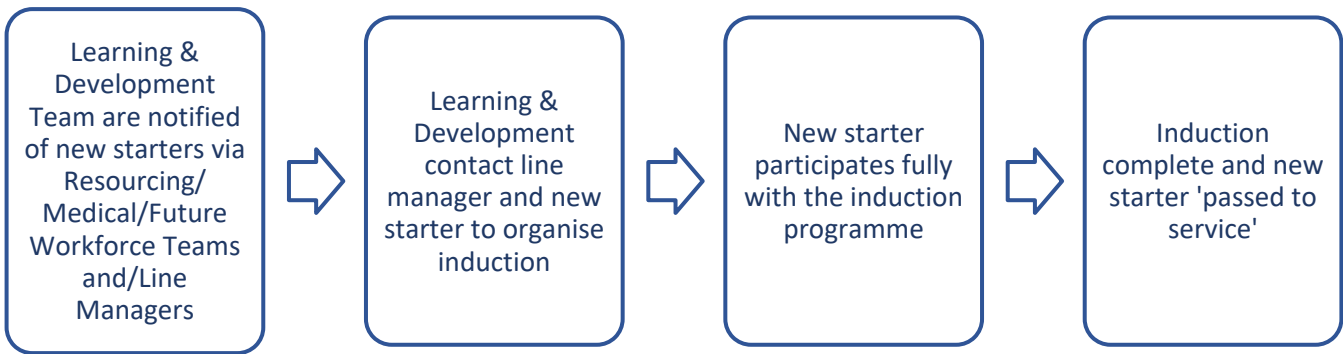
Learning & Development Team are notified of new starters via Resourcing/ Medical/Future Workforce Teams and/Line Managers ⇨ Learning & Development contact line manager and new starter to organise induction ⇨ New starter participates fully with the induction programme ⇨ Induction complete and new starter 'passed to service'

Figure 1 Managing the induction process

Ultimately, it remains the responsibility of the line manager to ensure that all new starters have received an organisational induction therefore should contact L&D with any queries or referrals. See 'Responsibilities' for further detail.

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board 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.

Learning and Development Team

The Learning and Development team are responsible for ensuring that:

- The policy is published, reviewed, and updated and held on the Health Board intranet site.
- Sufficient organisational induction programmes are planned a year in advance to ensure seamless employment practice to meet anticipated projected recruitment need.
- The programme content and delivery methods are reviewed and updated regularly (minimally annually).
- The team adapt and plan for additional programmes if required and identify capacity issues in a timely manner to all key colleagues within resourcing and operational services.
- They liaise with the resourcing team and hiring managers to ensure new starters have places booked in a timely manner.
- Bookings are arranged for all new starters on relevant programmes.
- All attendance is inputted to ESR to inform accurate reporting.
- The Welcome to Hywel Dda: Manager's Pack is available to hiring managers and made available via the intranet.
- Anyone who has been 'risk assessed', attend and complete the full programme and report any failure to attend to their line manager who is responsible for ensuring attendance.
- Provide a Welcome to Hywel Dda information pack for all new staff.
- There is effective monitoring and evaluation of the induction programme to inform all reviews of content and delivery.

Clinical Education Team
The team are responsible for ensuring that:

- Sufficient clinical induction programmes are planned a year in advance to ensure seamless employment practice to meet anticipated projected recruitment need.
- The programme content and delivery methods are reviewed and updated regularly (minimally annually).
- The team adapt and plan for additional programmes if required and identify capacity issues in a timely manner to all key colleagues within resourcing and operational services.
- They liaise with the Learning and Development Team to ensure new starters are supplied with places on courses in a timely manner.
- All attendance is recorded and shared with Learning and Development to inform accurate reporting.

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

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

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

- Candidates commence work on the first day of an organisational induction programme.

- Learning & Development Department are informed of all new starters (and Post Graduate Department for Doctors in training) prior to the organisational induction programme commencing, and to the relevant Post Grad Centres for junior doctors in training.

Line Managers

Line Managers are responsible for:

- Ensuring protected time is provided to enable completion of all e-learning modules.
- Ensuring their new starter has a copy of their job description, KSF outline and initial core objectives and PADR, by the end of their organisational induction period.
- Ensuring their new starter has attended and completed the organisational induction programme and all mandatory training requirements, before carrying out any duties within the workplace.
- If mandatory training is not completed, line managers should complete the appropriate risk assessments and return to Learning and Development (i.e., delayed training risk assessments for Manual Handling.)
- Ensuring that the Local Induction procedure and checklists are followed for all new starters.
- An IT System Access form is included in all interview packs.
- IT are informed of new starters and their commencement date so that new starters can be given access to the relevant organisational IT systems and can be allocated network and e-induction passwords.
- Keeping copies of completed checklists on file and for notifying the Learning & Development Team on completion.
- Identifying mentors, preceptors, and supervisors as appropriate for new, who will provide them with guidance and support for a period.
- Ensuring that within the first week the new starters have an initial PADR meeting to set core objectives for the first year.
- Ensuring that the policy is disseminated throughout the Department.
- Ensuring that all, having attended organisational and Local Induction programmes are fully aware of their responsibilities in relation to competence.
- Ensuring that all new starters are kept up to date with news and developments, both locally and from across the organisation, through the Health Board's internal communication channels (e.g., Team Brief, Hywel's Voice newsletter, Global emails, Intranet etc).

Health, Safety & Security Department

It is the responsibility of the Health, Safety and Security Department to ensure that all employees are aware of their responsibilities under health and safety legislation by ensuring that:

- The content of the programmes delivered is compliant with statutory Health and Safety regulations and HSE requirements.
- All new starters complete appropriate subject-specific training, such as Manual Handling and Violence & Aggression, prior to commencing any duties in the workplace (or can provide documentary evidence of having previously completed Health Board recognised training programs such as the All-Wales Passport, which includes their level of competence).
- Records are maintained of attendance and non-attendance.
- The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.
- In exceptional circumstances, and only after all other options have been explored, the Manual Handling and/or Violence & Aggression teams (as appropriate) will discuss with the employee and the employee's manager, alternative arrangements and risk reduction measures that must be put in place until training can take place.

Fire Officer

It is the responsibility of the Fire Officer to ensure that:

- Employees requiring higher level of fire safety training other than that given at Corporate Induction receive this training within one month of commencement of duties in the Health Board.
- Records are maintained of attendance and non-attendance and received by the Learning & Development Department and are entered on the Health Board 's Learning Management System.
- The programmes delivered are evaluated and reflect current research based best practice and statutory requirements.

Post Graduate Manager

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

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

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. However,

the Health Board notes that some employees will be governed by the specific guidance of their Professional Bodies.

The individuals are responsible for:

- Completing the Corporate Induction fully and any additional training/activities required.
- Completing their Local Induction programme with their manager.
- Carrying out tasks and duties in the manner described by their manager or specialist, always acting safely and competently. Where an individual does not feel that they are competent to carry out their role safely and competently they should refrain from continuing and seek advice from their manager as soon as possible, so that further support can be provided.
- To carry out their roles within the workplace.

Employees moving from other departments within the health board
When existing employees move from one department to another, they should be provided with a Local Induction programme. These employees do not need to attend the Hywel Dda Welcome if already completed but may be required to carry out other mandatory training required for their new role.

Organisational Induction – Medical Employees

All medical employees will carry out e-learning within their workplace. The Service Delivery Manager must ensure protected time is provided to enable completion of all e-learning modules.

Consultant Employees

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

- They are required to attend Day 1 of Corporate Induction.
- Details of the Induction programme must be forwarded to medical staffing for inclusion on the relevant personal file.

They should meet with the:

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

Junior Doctors

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

Departmental Induction will dovetail the core programme and will take place directly following the half day core programme on the first Wednesday in either August or February. For

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

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

References
Agenda for Change
Knowledge and Skills Framework
Welcome to Hywel Dda (sharepoint.com)

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:
- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	Corporate Induction Policy
2.	**Brief Aims and Description**	It is the aim of HDUHB to ensure that induction is dealt with in an organised and consistent manner, to enable new starters to be introduced into their role and working environment quickly and safely, so that they can contribute effectively as soon as possible. This induction policy, associated procedures and guidelines aim to set out general steps for managers and to follow during the induction process. It is expected that all employees and new starters will adhere to this policy.
3.	**Who is involved in undertaking this EqIA?**	Learning and Development Team
4.	**Is the Policy related to other policies/areas of work?**	No
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	All staff
6.	**What might help/hinder the success of the Policy?**	Access via non-digital means by those who do not ordinarily have access to computers during their normal day to day duties. This issue applies to all policies and not just this one.

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Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.		
Consider, is the Policy relevant to:	**Yes**	**No**
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control		x
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control		x
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		x
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence		x
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life		x
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		x

Form 3 Gathering of Evidence and Assessment of Potential Impact

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?		x		The policy and associated processes are stored online. Some induction resources are digital. Digital exclusion is disproportionately experienced by older people.	The Digital Inclusion Manager is working towards improving standards within HDUHB. The L&D Team will carry out regular in-person events to promote the policy and access to opportunities.
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes		x		The policy and associated processes are stored online. Some induction resources are digital. Some people are disabled by digital services.	The Digital Inclusion Manager is working towards improving standards within HDUHB. The L&D Team will carry out regular in-person events to promote the policy and access to opportunities, as well as continually sourcing reasonable adjustments. The induction programmes includes in-person and online alternatives.
Gender Reassignment Consider the potential impact on individuals who either: •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.			x		
Marriage and Civil Partnership This also covers those who are not married or in a civil partnership.			x		

Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.			X		
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.	X			It was recognised that overseas staff may have additional requirements so a dedicated resource has been created and is shared with all known overseas staff.	
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.	X			Specific resources have been included within the programme itself to ensure signposting to religious and cultural support.	
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?			X		
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			X		
Socio-economic Deprivation	X			Those employed into roles where a condition of employment is to complete a qualification may see costs of training as a barrier to employment.	Policy now includes 100% funding for approved applications for training.

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. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty			Access to in-person training courses may not be financially viable (transportation costs).	The L&D Team will always seek to source alternative training resources and not overly rely on in-person training unless absolutely necessary.
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		x		

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	Yes
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	n/a
3.	**Does the information collected relate to all protected characteristics?**	Yes
4.	**What additional information (if any) is required?**	n/a
5.	**How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).**	n/a

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	2	–2	–4
Disability	2	–1	–2
Sex	1	0	0
Gender Reassignment	1	0	0
Human Rights	1	0	0
Marriage and Civil Partnership	1	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	2	+1	2
Religion or Belief	2	+1	2
Sexual Orientation	1	0	0
Socio-economic Deprivation	2	–1	–2
Welsh Language	1	0	0

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	**Policy will go to PODCC 15/12/2022**
If No please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No

What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	Feedback from new starters will be collected and monitored by L&D. Any escalating issues will be shared with Dir of WF&OD.
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	Every three months
Where positive impact has been identified for one or more groups please explain how this will be maximised?	This will be continually reviewed for best practice.
Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.**	Ongoing work with the Digital Team and on the ground engagement activities by L&D will mitigate impact on those digitally excluded.

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
The L&D Manager and Digital Inclusion Manager are sourcing devices and improving access to login details to support those who may not have access online learning.	Digital Inclusion Manager & L&D Manager	January 2023	April 2023	Anticipate the introduction of new digital systems will rectify some of the issues with login information. Access to shared devices to be an ongoing and improving piece of work by both teams.
The L&D Team will always seek to source alternative training resources and not overly rely on in-person training unless absolutely necessary.	L&D Manager	January 2023	May 2023	Review of initial offering utilising recently identified resources with a view to improving access further once new budget is confirmed.

EqIA Completed by:	Name	Gemma Littlejohns
	Title	Learning and Development Manager
	Team / Division	Learning and Development Team
	Contact details	Gemma.littlejohns@wales.nhs.uk
	Date	28/11/2022
EqIA Authorised by:	Name	
	Title	
	Team / Division	
	Contact details	
	Date	

Time off in Lieu Procedure
Draft for Staff Consultation

Procedure information

Procedure number: 109

Classification:
Employment

Version number:
4

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information

Approved by:
People, Organisational Development and Culture Committee

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 procedure is intended to facilitate flexible time management whilst establishing an agreed procedure which deals effectively with time accrued.

Scope:
This procedure applies to all staff working under Agenda for Change Terms and Conditions of Service.

To be read in conjunction with:
131 - Flexible working flexi time policies
201 – Disciplinary Procedure

Owning group:
People, Organisational Development and Culture Committee (PODCC)
Date signed off by owning group

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

Keywords:
Time in Lieu
TOIL

Glossary of terms:
TOIL – Time off in Lieu

1. INTRODUCTION

The Health Board recognises that it may be necessary for staff to work above and beyond their contracted working hours to support service delivery objectives. It is imperative to note however, that any additional hours are worked on a purely voluntary basis.

Where staff and their line manager or team leader have agreed to the extra time being performed outside their standard hours, it is important that extra hours are recorded and compensated. This policy must be applied consistently and fairly across the Health Board.

Time owing is time worked over an employee's contracted hours which can be taken as time off in lieu, provided there has been prior agreement with their manager.

This guidance is further to the provisions set out in Section 3 of the Agenda for Change Handbook.

2. SCOPE

This protocol applies to all staff working under Agenda for Change Terms and Conditions of Service.

3. AIM

The purpose of this protocol is to facilitate flexible time-management whilst establishing agreed principles which deal effectively with time accrued.

4. OBJECTIVES

This protocol will achieve consistent and fair practice in the application of time off in lieu.

5. PRINCIPLES

5.1 The recognition of time worked over an employees' contracted hours must be by agreement with line management and should only ever be in response to service delivery needs. The minimum time off in lieu that may be accrued is 15 minutes.

The requirements of the Working Time Regulations in relation to unpaid rest breaks must be observed as outlined in the Agenda for Change Terms and Conditions of Service and Working Time Regulations. It is recognised that in response to service delivery needs it may be necessary, on occasions, to work through breaks but this should only be done as an exception and with the authority of the appropriate line manager. Unpaid compensatory rest will be given in these circumstances.

5.2. All time owing worked and taken back must be recorded either electronically via Allocate or by using the form in Appendix 1 and should be this is to be authorised by the appropriate manager on each occasion. Failure to maintain full and proper records will result in time in lieu not being granted. Each individual member of staff is responsible for maintaining their own time in lieu record, which must then be held securely in their department.

5.3 Every effort will be made to accommodate staff requests for taking back time owing but ultimately this will depend on the needs of the service and the staffing arrangements at the time.

All requests to take time owing back must be planned and authorised by the appropriate manager.

5.4 Managers will not normally allow the accrual of more than 15 hours' time owing within a calendar month. Where the maximum accrual is reached it is the responsibility of the manager and the employee to:

- take the necessary action to reduce the time owing by giving time back, or

- arrange payment for any TOIL not taken within 3 months as set out in Section 3 of the Agenda for Change Handbook.

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

6.MONITORING

Details of concerns and disciplinary issues related to this protocol will be recorded in a database and reported on periodically to the Partnership Forum and the Executive Board.

7.DISCIPLINE

Breaches of this procedure will be investigated and may result in the matter being treated as a disciplinary offence under the Health Board's 201 - Disciplinary Procedure.

Appendix 1 - INDIVIDUAL TIME OWING RECORD

Name		Hospital/Unit				Accrued Hours	
Date	Reason for accrual of time owing	Time period worked	Total Time	Authorised signature	Total time back and date	Running balance	Authorised signature
NB Authorisation may be by telephone or email but should be backed up by a signature at a later date. A copy of this sheet should be retained in the employee's personal file							

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Guidelines for Extending Sick Pay

Scope

This document covers staff employed on Agenda for Change (under the NHS Terms and Conditions of Service, Section 14.13 - Sickness Absence) and Medical and Dental Terms and Conditions (under section 225) where employers have discretion to extend sick pay beyond the employee's contractual sick pay provisions.

Principles
   a) In all cases of sickness absence, it is important to review all methods of support available as detailed in the Wales Managing Attendance at Work (MAAW) Policy prior to considering a discretionary extension of sick pay, for example referral to Occupational Health, reasonable adjustments or temporary redeployment
   b) Particular consideration should be given to those staff without full sick pay entitlements, i.e. 6 months full and 6 months half sick pay
   c) A discretionary extension should be considered:
   - where there is an expectation of a return to work in the short term (within 4 weeks) and an extension would materially support a return and/or assist recovery
   - in any other circumstances that the Heath Board deems reasonable, for example where the employee has already paid for treatment/aides to expedite a return to work or in line with our commitment to the employee in accordance with our Dying to Work Charter
   d) In accordance with the WPF Guidance, the Health Board will proactively consider the discretionary extension of sick pay applications, from employees with diagnosed Long COVID-19 sickness absence where their sickness absence continues beyond their full pay contractual entitlement (see b. above).
   e) Each case will be considered sensitively and will be assessed on its own merits, in line with the above principles (Appendix 2 outlines the approval process that must be followed)
   f) Any approved discretionary extension must be reviewed to ensure it remains appropriate and supportive (for example for a 4 week extension, a review may take place after 2 weeks to ensure the anticipated return to work/recovery is still on track). If there are changes or delays to the planned return to work date, the continued extension of sick pay should be reviewed

Additional Information
It is important to review all the methods of support available for staff if they are absent from work. The flowchart in Appendix 1 illustrates all the considerations that should be included in the Request Form.

A discretionary extension of sick pay should only be considered if a staff member has exhausted or is about to exhaust sick pay provisions. The Health Board would not normally consider an extension of pay if the employee is on full pay or still has substantial half pay provision available. Further guidance/support on the application of these discretionary payments can be obtained from the operational county Workforce team.

Process
Please see Appendix 1 – *Process Flowchart* and Appendix 2 – *Request to Extend Sick Pay Form* which must be completed in all cases.

1

Appendix 1 – Process Flowchart

Has a request to extend sick pay been received from employee?

Yes

Is the member of staff currently on Long Term Sick **and** meets one of the following criteria:
1. Entitled to less than 6 months full pay and six months half pay?
2. On half pay?
3. About to go into no pay?
4. Already in no pay?

Yes

Have you had at least one Formal Long Term Sickness meeting (as per the Managing Attendance at Work Policy) with the staff member and discussed and/or implemented supporting measures that may facilitate a return to work, for example reasonable adjustments or temporary redeployment (if appropriate)?

No

Yes

Application paused. Please meet with the staff member as per the Managing Long Term Sickness Absence section of the Managing Attendance at Work Policy. You will need to discuss any supportive measures that may assist.

Is the staff member awaiting an operation or treatment?

Yes

No

When reviewing the reasons for potentially extending sick pay provisions, there needs to be an expectation of a return to work in the short term (within 4 weeks) and an extension would materially support a return and/or assist recovery. Please speak to the Workforce team if you would like additional support with this

Complete Appendix 2 – Request to extend sick pay.

2

Appendix 2

REQUEST TO EXTEND SICK PAY FORM

Please fully complete all sections of the form

EMPLOYEE DETAILS			
Name:		**Employee Number:**	
Job Title:		**Pay Band:**	
Employment Start date:		**Date of Birth:**	
Department / Directorate:		**Line Manager:**	

Date absence began:	
Reason for absence:	
Date full pay expires*:	
Date half pay expires*:	
Date of expected return to work:	

*Includes all periods of paid sickness absence during the 12 months immediately preceding, and including the current period of absence

Sickness Absence Pay Entitlement	Tick One Box Only
During the first year of service: one month's full pay and two months' half pay	
During the second year of service: two months' full pay and two months' half pay	
During the third year of service: four months' full pay and four months' half pay	
During the fourth and fifth years of service: five months' full pay and five months' half pay	
After completing five years of service: six months' full pay and six months' half pay	

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Please include absence record, dates of review meetings, arrangements for return to work for example (this list is not exhaustive):

- *Occupational Health advice*
- *GP Fit Note / Consultant advice*
- *Details of support already provided – e.g. Reasonable/Tailored Adjustments, Temporary Redeployment*
- *Details of any previous requests*
- *Annual leave arrangements/balance outstanding at date of request*
- *Any exceptional circumstances to be considered*

Is the staff member awaiting surgery or treatment?

Yes/No*

Please complete as necessary:

When is the procedure/treatment due to take place?	
Is this the first date you have been given for this surgery/treatment? **Previous date offered?** **What was the reason for cancellation?**	**Yes/No*** **Date:**

*N.B if there is no date given for the treatment and/or its likely that the treatment will take place for 3 months or more, it is unlikely that there will be an expectation of return to work in the short term. For these reasons, it is unlikely that an extension of pay will be granted.

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Length of extension requested: **Date extension to commence:**	
Full or Half Pay*: **see note below regarding final review meeting*	

Is the extension request because the third or final absence review meeting has not taken place?	**Yes / No** *If Yes, please select section 1(a) or 1(b)*
*If **NO**, when considering whether Full or Half Pay is appropriate you will need to consider the individual's circumstances and needs, for example are there other means of financial support in place or that may be explored? You can signpost to financial advice through many resources, including Citizens Advice / Money Advice Service / Gov.UK*	
Please note: Option 1(a) or 1(b) will only apply where the failure to undertake the final review meeting is due to a delay by the employer. If the request is successful, the reinstatement of sick pay should continue until a third or final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of no pay in the preceding 12 months of continuous absence (Sections 14.10, 14.11 and 14.12 of the NHS Terms & Conditions of Service), i.e. will only apply to the period of sickness noted on this request.	

Option	Employee Circumstances	Tick One Box Only
1(a)	The employee has exhausted sick pay entitlements and may request to be reinstated at **half pay** because: They have **more** than 5 years reckonable service, a third or final review meeting for long term sickness has not taken place and they have had at least 12 months of continuous sickness absence (*Section 14.10 NHS Terms & Conditions*)	
1(b)	The employee has exhausted sick pay entitlements and may request to be reinstated at **half pay** because: They have **less** than 5 years reckonable service and a third or final review meeting has not taken place within 12 months of the start of their sickness absence (*Section 14.10 NHS Terms & Conditions*)	

Submitted By:	Job Title:	Date:

5

AUTHORISATIONS *For completion by authorisers only*					6
AUTHORISER	**SIGNATURE**	**APPROVED / DECLINED** *Delete as appropriate*	**RATIONALE**		**DATE**
Senior Directorate Manager		APPROVED / DECLINED			
Head Of Workforce (*or authorised Representative*)		APPROVED / DECLINED			
Director of Workforce & OD (*or authorised Representative*)		APPROVED / DECLINED			

6

Adverse Conditions Policy

Policy information

Policy number: 001

Classification:
Employment

Supersedes:
Previous Versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:
N/A

Version number:
4.0

Date of Equality Impact Assessment:
Detail date of EqIA

Approval information

Approved by: People, Organisational Development and Culture Committee (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 outlines the arrangements for attendance at work during adverse conditions.

Scope:
The provisions of this policy apply to all staff employed by Hywel Dda University Health Board.

To be read in conjunction with:
122 - All Wales Special Leave Policy

Patient information:
N/A

Owning group:
People, Organisational Development and Culture Committee (PODCC)
Date signed off by owning group

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

Reviews and updates:
1.0 – New Policy
2.0 – Review
3.0 – Review
4.0 – Full Review

Keywords
Adverse Conditions, Adverse Weather

Glossary of terms
OD – Organisational Development

Contents

Introduction

This policy is to support managers and employees to understand the arrangements for attendance at work during adverse conditions.

Policy statement

Hywel Dda University Health Board expects all employees to make every reasonable effort to attend work, when their normal arrangements have been disrupted e.g. due to extreme weather, petrol shortages, cessation of public transport, etc.

The Health Board has a public duty to continuously provide a service and relies on its staff to be able to fulfil this expectation. Absence can cause serious problems in respect of care delivered to patients and there is a particular problem in maintaining effective cover arrangements, which minimise disruption to the services.

Scope

The provisions of this policy apply to all staff employed by Hywel Dda University Health Board.

Aims and objectives:

The aim of this policy is to outline the process to be followed in the event of adverse conditions, the reporting procedures and entitlements for staff, whilst considering the needs of the service.

Application of the Adverse Conditions Policy

In the event of conditions worsening, the County Director/Site Manager are responsible for assessing the need to apply this policy within their respective county in conjunction with Emergency Planning colleagues. If adverse conditions are declared then line managers within the service will be notified and must apply this policy to their service areas. The County Director/Site Manager will designate a Lead Manager who will co-ordinate staffing requirements throughout the service in conjunction with the line managers. This will include provision of on-call services.

If extreme conditions continue for a lengthy period, further guidance will be issued by a member of the County Director/Site Manager, which will address exceptional circumstances and payments, in discussion with the Workforce and Organisational Development Department.

This plan should be brought to the attention of all members of staff prior to potential disruption to normal working arrangements, in order to raise awareness of their duties and responsibilities.

Departmental and Reporting Process

The Health Board expects that all staff will make reasonable efforts to attend work during adverse conditions including arrangements of lifts with other members of staff, the use of public transport services and walking, if appropriate.

Where staff are prevented from attending work due to such adverse conditions, they must notify their manager at the earliest opportunity (not later than one hour into the shift), and maintain in regular contact during the period of absence.

Any requests for unpaid leave, annual leave, Time Off In Lieu (TOIL) are to be processed in the standard manner.

Each department will review the staffing requirements for their area in the event of adverse weather or the disruption of public transport, petrol shortage, etc in order to assess whether safe staffing levels can be maintained. In accordance with local escalation arrangements and in line with their departmental/site contingency plan, departments may need to source additional resources including facilitating the redeployment of available staff if required.

Staff may be asked for example to re-arrange shift patterns, work at another location, provide support in the community or to work from home and the expectation is, that where possible, both managers and employees work flexibly together to ensure the safe provision of services.

Line managers are expected to consider the individual requirements of employees in their teams and undertake risk assessments and implement any appropriate reasonable adjustments in accordance with Health Board policies, for example, New and Expectant Mothers Procedure and the Equality, Diversity and Inclusion Policy.

Staff who normally work independently in the community should discuss with their line manager if they feel they need to return home if they feel that the adverse conditions represent a serious risk to their safety or the safety of others.

Members of staff are expected to adhere to the reporting procedures in this policy. Failure to do so, or leaving the premises without authorisation, may result in action being taken in accordance with the Disciplinary Procedure.

Payment

When the Adverse Conditions policy is declared, any staff who attend work for any part of their shift, including if they arrive late or leave early will be paid in full for the shifts affected.

If staff cannot attend work then Annual Leave, TOIL, Flexi-time or hours worked back as agreed with line manager must be taken in order to receive normal pay. For members of staff with dependants or caring responsibilities, provisions within the Special Leave Policy may apply for the first day of absence.

If the Adverse Conditions policy isn't declared and a member of staff either arrives late or requests to leave early, they will be credited with the hours worked, and will be required to make up the hours not worked by taking either Annual Leave, TOIL, Flexi-time or hours worked back as agreed with their line manager

Where no leave entitlements remain, a member of staff will be required to take time off as either unpaid leave, time owing/flexi-time, working extended hours once conditions have returned to normal in order to repay time back; (this will be at plain time) or a combination of the above.

Staff who are required to work beyond their normal hours will be paid at the appropriate rate, or will be entitled to time in lieu at plain time, to be taken at a mutually agreed time.

Other leave

Requests for leave for any other purpose including caring for dependents or to attend to domestic emergencies are detailed in the Special Leave policy.

Accommodation and Transport

Accommodation will be provided where necessary (e.g. if a member of staff is prevented from returning home as a result of not being allowed to leave early in deteriorating conditions, or where they provide a service at the request of the organisation, which is beyond that which is normally required of them). However, this will not necessarily be on site. Employees will be advised by their line manager of specific arrangements. There will be no expectation for portering staff on any University Health Board site to provide transport in hired vehicles for other staff during periods of adverse weather conditions.

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 has responsibility for ensuring that all employment polices are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

Line Managers
Whilst the University Health Board continues to be conscious and appreciative of the effort that the vast majority of staff make in attending for work in such conditions, no member of staff should put themselves or others at risk or danger in their endeavour to reach the workplace. In expecting staff to attend work, the manager should be sympathetic to the needs of an individual, taking into consideration personal circumstances, and having regard to health and safety. The aim of the manager is to treat all staff in a fair and consistent manner.

Staff
It is the responsibility of each member of staff to make every reasonable effort to report for duty at their place of work in adverse circumstances.

Implementation

Managers are responsible for raising awareness of the policy to all employees.

Monitoring and Review

This policy will be reviewed by the Director of Workforce and OD in conjunction with Employment Policy Review Group.