



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Workforce & Organisational Development (W&OD) Policies
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce & Organisational Development and Deputy Chief Executive Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Heather Hinkin, Assistant Director of People Management

**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**

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the documents which are in line with legislation/regulations, the available evidence base and are put forward for approval and implementation within the Health Board.

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the Committee is asked to note or approve the recommendations in relation to the below:-

- Local policies for approval
- All Wales policies, documents and updates
- Policies not yet presented for approval (extension requests)
- Policies reallocated to another Committee

**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. In addition, All Wales documents, which require adoption and/or action on the part of individual Health Boards are brought to this Committee for consideration/assurance.

Details regarding each policy (including the changes made) are outlined below:

**Local Policy - for approval**

All of our policies have now been considered as part of a disrupted approach with the majority now meeting our aim to reduce to five pages or less. We continue to undertake desk top reviews where we can as the content has already been streamlined in a previous cycle.

100 – Organisational Induction Policy (Appendices 1a&b)

- A desktop review was undertaken and minor changes made to update hyperlinks, update language/terminology, clarification of responsibilities.
- Global consultation was undertaken
- Policy shared with local partnership forums, Health Board Staff Partnership Forum (HBSPF) and the Local Negotiating Committee (LNC).
- The Equality Impact Assessment (EQIA) has been updated.

#### 113 – Learning & Development Policy (Appendices 2a&b)

- A desktop review was undertaken and minor changes made to update hyperlinks, language/terminology, with updated wording around funding specifically to remove mandated training from fee repayments in Section 9.
- New wording included in ‘Study Leave’ Section relevant to counter fraud investigations
- Global consultation was undertaken
- Policy shared with local partnership forums, HBSPF and LNC
- The EQIA was updated to take account of the review/changes made.

#### 158 – Redeployment (Appendices 3a&b)

- A desktop review was undertaken of the policy and minor changes were made, language simplification, condensing word count in sections, reducing duplication and correcting links.
- The tone of the policy is now more employee-friendly focusing on clarity and support rather than procedure and legalities.
- Consultation was undertaken with the local partnership forums.
- It is anticipated that a new, All-Wales Redeployment Policy will be published soon hence why a desktop review was undertaken.
- Global consultation was not required due to the minor changes made.
- The EQIA was updated to take account of the review/changes made.
- However, HBSPF considered this policy on 20/1/26 and it was agreed to defer onward consideration by Committee to allow the trade unions more time to consider the changes. This process has now been completed and HBSPF agreed at its meeting on 7 May 2026 for onward consideration to the People, Organisational Development and Culture Committee (PODCC).

#### 283 – Alcohol and Drug / Substance Misuse (Appendix 4)

- A desktop review was undertaken of the policy and comments or suggestions on the current wording was requested of our trade union colleagues electronically. No comments or suggestions were received.
- Proposal is therefore to confirm to PODCC that a review has been undertaken and no changes have been made to the current policy.

#### 315 – Flexible Deployment of Staff Policy

- A desktop review was undertaken of the policy and comments or suggestions on the current wording was requested of our trade union colleagues electronically. No comments or suggestions were received.
- Proposal is therefore to confirm to PODCC that a review has been undertaken and no changes have been made to the current policy.

#### 948 - Disclosure and Barring Service Policy/Referrals Procedure and Checks Procedure (Appendices 5a&b)

- As this is a relatively new policy, only minor changes were made during the review to one of the supporting documents (948B). The policy wording remains unchanged.
- A TU rep was invited to the meeting to review however was unable to attend.
- Due to the minor changes made, global consultation was not required.

- Documents have been shared with local partnership forums, HBSPF and LNC.
- EQIA did not require update due to the minor changes made.

#### 1103 – Performance Management Policy (Appendices 6a&b)

- Only minor changes have been made to the policy ie:
  - one page introduction added (page 4) as a quick guide to give the ethos of performance management overall. This has been based on the performance management training content that the team deliver. The trade unions welcomed this addition.
  - Updated hyperlinks
    - The revised policy was shared with the local partnership forums, HBSPF and the LNC.
    - Global consultation was undertaken.
    - The EQIA was updated.
    - A full review of the policy will be undertaken in conjunction with our trade union colleagues, as part of a working group, to refresh the full policy over the next 12 months.

### **All Wales policies**

All Wales documents for adoption:

#### **NHS Wales Recognition Agreement with the British Medical Association (BMA)** (Appendix 7)

This document has been agreed on an All-Wales basis in social partnership at the Medical & Dental Business Group (MDBG) meeting held on 7 October 2025 and was initially discussed in the LNC meeting in January 2026. This document is to replace the former local negotiating committee recognition agreements that Health Boards had in place. The document was signed by our Executive Medical Director and Joint Staff Side Chair of the LNC on 8 and 1 April 2026 respectively. The document was further discussed at the LNC Meeting on 27 April 2026 where it was agreed for onward adoption by PODCC. As a result of this change, henceforth the LNC will be known as the Joint Local Negotiating Committee (JLNC).

#### **NHS Wales Protocol for Recognising Continuous Service**

This document was brought to Committee at its last meeting for noting. As members may recall, the Agenda for Change – (AfC) Handbook was being updated with the protocol to recognise continuous service for the purposes of annual leave calculations from 1 October 2024. As the Handbook had not been updated by January 2026, it was agreed to merely add this document to our SharePoint pages.

However, the implementation retrospectively of the policy has not been possible to achieve due to the way information is stored regarding former employment history. Since our last Committee meeting in February 2026, an internal process has been developed to enable managers to consider this protocol prior to the successful applicant taking up their post (complete with an approvals process to the W&OD People Management function to ensure that only public service in Wales is recognised under the Protocol).

During our analysis, a few other Health Boards in Wales also confirmed that they were not seeking to retrospectively apply the protocol due to similar difficulties. Of note is that the intention of this originally was to be a voluntary protocol and we are aware that not all public

sector organisations in Wales have been applying this when Health Board staff take up posts within their organisations.

The Committee is therefore asked to re-consider the noting of this protocol to being adopted from 17 February 2026 so that we can apply it consistently from this date now that we have the appropriate governance in place.

All Wales Documents for Information:

A copy of the updated All-Wales policy schedule from NHS Employers was received on 31 March 2026 and is attached as an Appendix for information.

The Committee is asked to note the following All Wales policies which were adopted through Chair's action on 12 April 2026:

- **All-Wales Improving Performance at Work**
- This policy was received by the Health Board on 26 February 2026 having been agreed at the November 2025 Welsh Partnership Forum Meeting.
- **All-Wales Disciplinary Policy and Process (including How to Guides)**
- This policy was received by the Health Board on 13 February 2026 having been agreed at the November 2025 Welsh Partnership Forum Meeting.
- **All-Wales Flexible Working Policy**
- This policy was received by the Health Board on 12 March 2026 having been agreed at the November 2025 Welsh Partnership Forum Meeting.

#### **Policies not yet presented for consideration**

The Committee has requested an update at each meeting on those policies that are not on track and for a brief explanation to be provided. A request for extension of four local policies together with rationale is therefore outlined below:

Policy Owner	Policy name and number	Rationale	Proposed Extension Date
Operational Workforce	109 – Time off in Lieu Procedure	A few minor amendments have been agreed with the trade unions. The Equality Impact Assessment is in the process of being updated. Policy will be ready for the next meeting.	31/08/2026
Operational Workforce	001 – Adverse Conditions Policy	Awaiting confirmation as to whether further global consultation is required post changes made regarding a new section on hot weather and how the policy is enacted at a local level.	31/08/2026
Staff Psychological Wellbeing Services	340 - Staff Psychological Wellbeing Policy	At a meeting on 27 April 2026 it was agreed to consider a	30/11/2026

		joint policy with Swansea Bay UHB as part of its regional working arrangements.	
Recruitment in conjunction with All Wales Policy Review Group	121 - Relocation Expenses Policy	We are still waiting for the approved version of the All-Wales policy following the consultation on the final draft. Our trade union colleagues are supportive of an extension rather than a full review of our local policy. It is therefore more prudent to extend rather than review our local policy at this time.	30/11/2026

**Local policy removed from PODCC Remit**

Safeguarding/Nursing	246 - Managing Allegations against Employees of Hywel Dda University Health Board of Harm/Abuse Involving Children or Adults Policy	This policy has been moved from PODCC's remit to the Quality, Safety and Experience Committee (QSEC).
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**Asesiad / Assessment**

The seven local policies have been shared with the Local Partnership Forums and documents that apply to Medical and Dental colleagues have been shared with the Local Negotiating Committee (LNC) for information. Staff Partnership Forum met on 7 May 2026 to consider the revised policies.

A screening Equality Impact Assessment (EqIA) has been developed or updated as required on advice from the Corporate Governance Team.

In addition, two All-Wales documents require adoption, and four policies require extension due to their review dates or stage of consultation. One policy change requires noting due to its removal from the PODCC's remit due to its re-allocation to QSEC. Finally, a number of documents have been provided for information as they have been approved through Chair's action outside of the Committee.

Following approval of the recommendations contained below, all documents will be uploaded/updated or removed from the intranet site.

**Argymhelliad / Recommendation**

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

- **RECEIVE ASSURANCE** that the above local policies have been developed/reviewed in line with Policy 190.
- **APPROVE** the seven revised/reviewed local policies listed and note the one removed from PODCC's remit.
- **EXTEND** four local policies in accordance with the dates provided.
- **ADOPT** the two All Wales documents and note the All-Wales policy schedule update provided.
- **NOTE** the documents provided for information.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
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:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Timely 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Legislation, national policy, terms and conditions
Rhestr Termiau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Local and Staff Partnership Forum and LNC where appropriate
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<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance.
<b>Gweithlu: Workforce:</b>	The policies apply to all staff unless stated otherwise in each policy.
<b>Risg: Risk:</b>	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.
<b>Cyfreithiol: Legal:</b>	It is essential that the UHB has up to date policies and procedures in place which comply with legislation as a minimum standard. The charter will support the implementation of the Fatigue and Facilities Charter that is already ongoing (including its links to working time).
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A

**Cydraddoldeb:  
Equality:**

Updated or new EQIA are attached as appropriate for the revised local policies.

# Organisational Induction Policy

## Policy information

**Policy number:** 100  
**Classification:** Employment, Volunteering and Work Experience Placements  
**Supersedes:** Not applicable  
**Version number:** 5.0  
**Date of Equality Impact Assessment:**

## Approval information

**Approved by:** People Organisation Development & Culture Committee PODCC  
**Date of approval:**  
**Date made active:**  
**Review 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 HDdUHB 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:

- [1103 – Performance management policy](#) (opens in a new tab)
- [113 Learning and Development Policy](#) (opens in a new tab)
- [201 All Wales Disciplinary procedure](#) (opens in a new tab)
- [203 All Wales Capability Policy](#) (opens in a new tab)
- [248 Standards of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship](#) (opens in a new tab)
- [443 - AW Pay Progression Policy](#) (opens in a new tab)
- 836: [All Wales Information Governance Policy](#) (opens in a new tab)
- 837: [All Wales Information Security Policy](#) (opens in a new tab)

- 238: [Information Governance Framework](#) (opens in a new tab)
- 275: [Secure Transfer of Personal Information Policy](#) (opens in a new tab)
- 347: [Corporate Records Management Policy](#) (opens in a new tab)
- 172: [Confidentiality Policy](#) (opens in a new tab)

**Owning group:** Workforce and Organisational Development

**Executive Director job title:** 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
HDdUHB	Hywel Dda University Health Board
KSF	Knowledge and Skills Framework
L&D	Learning and Development
PADR	Personal Appraisal Development Review

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## Introduction

Induction is the process through which employees and non-employees (collectively referred to as new starters) adjust to their new position, whether they are 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 HDdUHB 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:

### 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 \(sharepoint.com\)](#) – opens in a new tab. Please note that volunteers and those on

work experience placements are not required to attend Corporate Induction and complete localised inductions with the Future Workforce Team.

### 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 \(sharepoint.com\)](#) – opens in a new tab. The HDdUHB is committed to periodically reviewing induction and training arrangements to ensure they remain aligned with organisational priorities and professional requirements. Future updates to this policy may reflect these developments.

The L&D Team have produced a [range of tools and resources on our intranet site to support both corporate and local inductions](#) – opens in a new tab.

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.

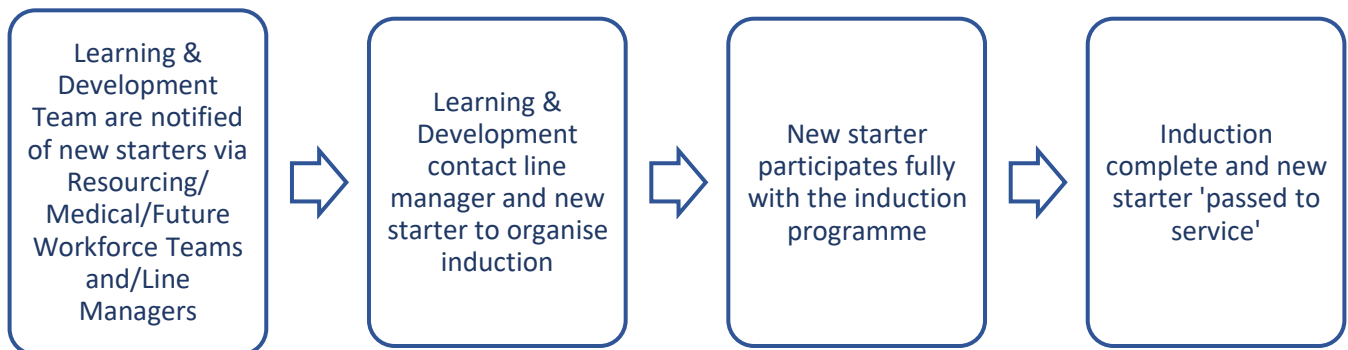


Figure 1 Managing the induction process

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 HDdUHB 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 HDdUHB 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](#) – opens in a new tab - 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](#) – opens in a new tab -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.

### **Hywel Dda Recruitment Team**

It is the responsibility of the Recruitment team to ensure that:

- Learning & Development Department are informed of all new starters to enable the relevant induction to be arranged.

### **Line Managers**

Line Managers are responsible for: Ensuring the candidate's first day of employment is spent attending the organisational induction programme.

- 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.
- Ensuring that the Local Induction procedure and checklists are followed for all new starters.
- 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 HDdUHB 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 HDdUHB recognised training programs such as the All-Wales Passport, which includes their level of competence, pending agreement with training SME).
- 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 HDdUHB.
- Records are maintained of attendance and non-attendance and received by the Learning & Development Department and are entered on the HDdUHB'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 HDdUHB 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 HDdUHB**

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 HDdUHB.
- Chief Executive to discuss the strategic direction of the HDdUHB as a whole and for their service.
- Medical Director to discuss the HDdUHB 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 HDdUHB.
- Associate Medical Director to discuss the service aims of the directorate, job planning and appraisal process.
- Clinical leads within the HDdUHB on areas such as clinical audit, risk management, clinical effectiveness, R&D and clinical standard setting.
- Chairs of relevant professional/other bodies within the HDdUHB 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](#) – opens in a new tab

[Knowledge and Skills Framework](#) – opens in a new tab

[Welcome to Hywel Dda \(sharepoint.com\)](#) – opens in a new tab

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Tracy Walmsley – People Development
<b>Service Area</b>	Learning and Development

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	Corporate Induction Policy
--	----------------------------

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

**Scope**

This policy applies to all employees (medical and non-medical) and non-employees of the HDUHB 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.

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.

**Policy**

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 \(sharepoint.com\)](#).(opens in a new tab).
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 \(sharepoint.com\)](#). (opens in a new tab) The HDUHB is committed to periodically reviewing induction and training arrangements to ensure they remain aligned with organisational priorities and professional requirements. Future updates to this policy may reflect these developments.

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

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

- Policy ongoing for a number of years, no complaints from protected groups.
- Sought consultation and no EDI issues were highlighted as concerns.
- Amendments have been assessed and supported by Governance team.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact
				X
Justification of impact identified: Consideration given to the impact of familiarity of use with digital tools to complete induction processes, but as induction occurs after application and recruitment procedures, which also include digital processes, no impact was deemed appropriate in relation to Age. However, if digital elements are identified as a challenge, the line manager and the employee should work with the L&D team to agree an appropriate solution.				
<b>Disability</b>				

Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: Corporate induction is designed to be accessible, with delivery being both face-to-face and online. Trainers support learners by asking for any support needs which allows adaptations to be made, such as the opportunity to share resources in advance, captions can be used for online sessions, regular breaks and BSL interpreters.					
<b>Gender Reassignment</b>					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: Corporate induction supports individuals as they begin their journey of entry into the HB.. Corporate Induction delivery team focuses primarily on information sharing, and approaches this with an inclusive ethos that demonstrates respect for all.					
<b>Marriage / Civil Partnership</b>					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: No impact was identified.					
<b>Pregnancy and Maternity</b>					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: No impact has been identified since the inception of corporate induction procedures, and no challenges are foreseen.					
<b>Race / Ethnicity</b>					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: All trainers are bilingual, enabling delivery in both Welsh and English as necessary. Inclusive ethos is maintained during corporate induction sessions, with delivery team reinforcing our commitment to EDI.					
<b>Religion or Belief</b>					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified: An inclusive ethos is maintained during corporate induction sessions, with delivery team reinforcing our commitment to EDI, delivery team promote respect for all as a part of the corporate induction sessions.					
<b>Sex</b> Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: There is no direct impact around sex.					
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: An inclusive ethos is maintained during corporate induction sessions, with delivery team reinforcing our commitment to EDI, delivery team promote respect for all as a part of the corporate induction sessions.					
<b>Armed Forces Community</b> Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'  For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: <a href="#">Armed-Forces-Covenant-duty-statutory-guidance</a>					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: The Armed Forces network is outlined in the Corporate Induction delivery session, to highlight it as a priority for those who have joined us from the forces.					
<b>Socio Economic Duty</b> 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 resources please see: <a href="#">more-equal-wales-socio-economic-duty</a>					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: There are challenges that could be considered within socio-economic factors due to ability to drive, access to laptops and technology in terms of training. Whilst the corporate induction team will go out of their way to support with queries, and delivery of corporate induction takes place across all 3 counties and online, we do all that we can to address barriers to attending corporate induction, we aren't able to provide transport, but we can offer spaces where people can attend online. Overall we believe the impact is positive, but as we cannot always guarantee this, we are mindful and do our best to overcome challenges faced by our new members of staff.					

<b>Welsh Language</b>			
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>
		No Impact	<input type="checkbox"/>
Justification of impact identified: All Corporate Induction trainers are bilingual and will engage with the Welsh language based on learner needs.			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Scott Thomas
	Title	L&D Operational Manager
	Contact details	Scott.thomas4@wales.nhs.uk
	Date	07/05/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	
	Title	
	Contact details	
	Date	
Guidance has been provided by Diversity & Inclusion Team:	Name	
	Title	
	Contact details	
	Date	
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate’s responsibility to update the EqlA and inform the D&I team.**

# Learning and Development Policy

## Policy information

**Policy number:** 113  
**Classification:** Employment  
**Supersedes:** Not applicable  
**Version number:** 7.0  
**Date of Equality Impact Assessment:**

## Approval information

**Approved by:** People Organisation Development & Culture Committee PODCC  
**Date of approval:**  
**Date made active:**  
**Review date:**

## Summary of document

This document communicates our HDdUHB 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](#) (opens in a new tab).

## To be read in conjunction with:

- [1103 Performance Management Policy](#) (opens in a new tab)
- [100 Organisational Induction Policy](#) (opens in a new tab).
- [201 All Wales Disciplinary procedure](#) (opens in a new tab).
- [203 All Wales Capability Policy](#) (opens in a new tab).
- [248 Standards Of Behaviour Policy - Incorporating Declarations of Interests, Gifts, Hospitality and Sponsorship](#) (opens in a new tab).
- [443 - AW Pay Progression Policy](#) (opens in a new tab).
- 836 [All Wales Information Governance Policy](#) (opens in a new tab).
- [837: All Wales Information Security Policy](#) (opens in a new tab).
- [238: Information Governance Framework](#) (opens in a new tab).
- [275: Secure Transfer of Personal Information Policy](#) (opens in a new tab).
- [347: Corporate Records Management Policy](#) (opens in a new tab).

- [172: Confidentiality Policy](#) (opens in a new tab).

**Owning group:** Workforce and Organisational Development

**Executive Director job title:** 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
6. Full review
7. Full reiew

**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

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## 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](#) (opens in a new tab) process.

## Policy statement

To achieve a learning culture, the Hywel Dda University Health Board (H DUHB) 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.

Learning and Development within H DUHB is guided by the organisation's performance, development and progression processes and other competency frameworks, consistent with [Agenda for Change requirements](#)

## 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 H DUHB 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 H DUHB.
2. Outline key personnel with responsibilities to ensuring the policy is implemented correctly and associated compliance requirements are met.

## Policy

### 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 deemed 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) **HDUHB Priority** – identified as an organisational need that is essential to delivering the agreed service strategy or in response to an inspection, or audit 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.
- e) **Role Compliance** – This category includes training and certification requirements that are essential for an individual to remain compliant within their specific role. It ensures that staff meet all professional, regulatory, legal, and organisational standards relevant to their job function. Role compliance training may be dictated by professional bodies, service protocols, or contractual obligations with directly impact patient care and is critical to maintaining safe, lawful, and effective practice.

### 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.

Study Leave time awarded to staff as part of an application **must only** be used for study related to the course/training being attended.

Any Study Leave time that is remaining following the completion of the course/training **will be** lost. Any contravention of the policy may result in investigation by the NHS Counter Fraud Service and individuals may be liable for criminal prosecution, disciplinary action and loss of any study leave pay entitlement.

Approval of Study Leave must be keyed into ESR as study leave days are taken.

### 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.

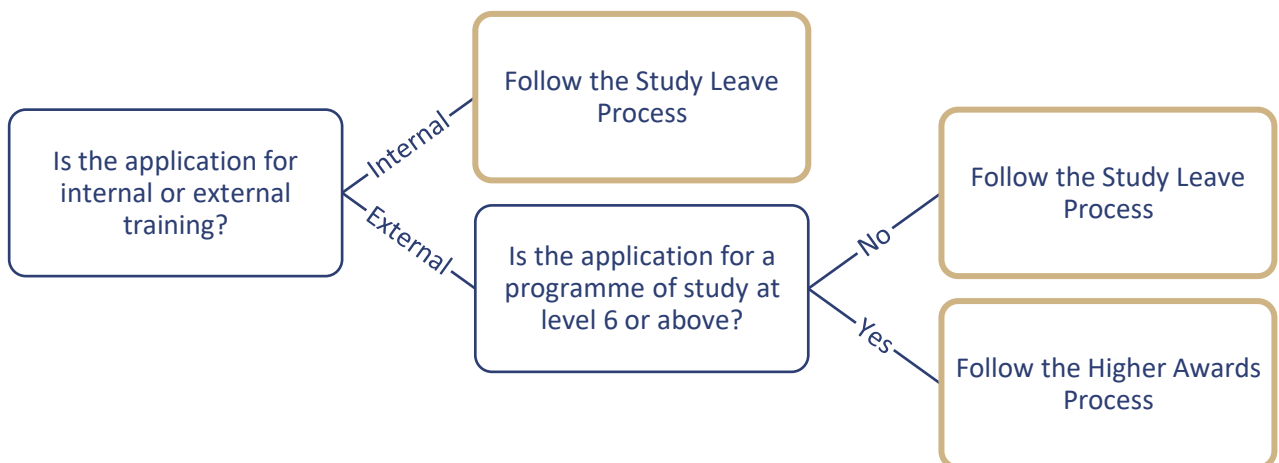


Figure 1 How to identify correct process for booking/requesting training

\*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. Please note expenses rates differ in remuneration depending on the category of training and that CPD/Non-compulsory training is reimbursed at a lower rate in line with the [NHS Terms and Conditions of Service Handbook](#) (opens in a new tab).

## **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.

## **8. 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.

## **9. 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.

## **10. 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.

To ensure fairness and consistency, all funding decisions must adhere strictly to the approved Study Leave and Higher Awards processes; applications made outside these processes will not be retrospectively funded. In addition, the HDUHB is committed to reviewing funding allocations for postgraduate and doctoral level study to promote equity and support staff development across all levels.

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

Please note, no training should be procured or attended prior to formal approval being granted through the Study Leave and Higher Awards panels.

## **11. Fee repayment requirement**

Where a contribution of the fees for an individual's study or higher award has 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 HDUHB within a specified period of completion:

<b>Leaving HDUHB employment</b>	<b>Fees pay-back</b>
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 HDUHB reserves the right to request employees to repay the fees already incurred.

Each case will be reviewed individually and agreed by the People Development, Education and Compliance 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.

Where a contribution of fees for individual study has been awarded by HDUHB for CPD, 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 HDUHB funding for the course.

Where training is mandated by HDUHB, individuals are not required to reimburse the HDUHB at any point, nor are they required to sign a training agreement. This applies irrespective of the reason for leaving the organisation, including dismissal.

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

## **12. Commercial sponsorship for attendance at courses and conferences**

Please refer to the [Standards of Behaviour Policy](#) (opens in a new tab)..

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 HDUHB has appropriate written control documents (WCDs) in place. These WCDs must

comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based, and sustainable.

### **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.

### **People Development Service**

People Development will lead the effective implementation of this policy and promote good governance. They will manage centralised funds designated for HDUHB 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. People Development 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](#) (opens in a new tab)

[Higher Awards Process](#) (opens in a new tab)

[Study Leave Process](#) (opens in a new tab)

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Tracy Walmsley – Workforce and OD
<b>Service Area</b>	People Development (Learning and Development)

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	Learning & Development Policy
--	-------------------------------

**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

<p>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.</p> <p>The aim of this document will be achieved by the following objectives:</p> <ol style="list-style-type: none"> <li>1. Signpost to the relevant processes and support materials that underpin learning and development at HDUHB.</li> <li>2. Outline key personnel with responsibilities to ensuring the policy is implemented correctly and associated compliance requirements are met.</li> </ol>
---

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

<ul style="list-style-type: none"> <li>• Policy ongoing for a number of years, no complaints from protected groups.</li> <li>• Sought consultation and no EDI issues were highlighted as concerns.</li> <li>• Amendments have been assessed and supported by Governance team.</li> </ul>
--

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>
------------

Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: Consideration given to the impact of familiarity of use with digital tools to complete induction processes, but as interaction with L&D occurs after application, recruitment and Induction procedures, which also include digital processes, no impact was deemed appropriate in relation to Age.					
<b>Disability</b> Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: All L&D functions consider accessibility, and all team members respond proactively to any requests received. Trainers, support learners by asking for any support needs which allows adaptations to be made, such as the opportunity to share resources in advance, captions can be used for online sessions, regular breaks and BSL interpreters.					
<b>Gender Reassignment</b> Is it likely to affect those who either:					
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including Gender Reassignment.					
<b>Marriage / Civil Partnership</b> Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	x
Justification of impact identified: No impact has been identified in relation to marriage/civil partnership					
<b>Pregnancy and Maternity</b> Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	x	Negative Impact		No Impact	x
Justification of impact identified: The policy specifically refers the need to keep in touch with those on long term leave such as maternity, meaning they are given the opportunity to continue to develop during this period.					
<b>Race / Ethnicity</b> Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	x	Negative Impact		No Impact	

Justification of impact identified:  
 Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including Race and Ethnicity.

**Religion or Belief**  
 Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	x	Negative Impact		No Impact	
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Justification of impact identified:  
 Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including Religion or Belief.

**Sex**  
 Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact		Negative Impact		No Impact	xx
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Justification of impact identified:  
 No impact identified.

**Sexual Orientation**  
 Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	x	Negative Impact		No Impact	
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Justification of impact identified:  
 Training such as Hywel Dda Manager, Foundations of Management, Making a Difference and Inform sessions, are all designed to elicit respect in practices across Health Board staff, and as such will have a positive impact in terms of EDI characteristics including Sexual Orientation.

**Armed Forces Community**  
 Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:  
[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	x	Negative Impact		No Impact	
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Justification of impact identified:  
 The Armed Forced Network is outlined in training provided by Programme Development within L&D.

**Socio Economic Duty**  
 Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:  
[more-equal-wales-socio-economic-duty](#)

Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: While some socio-economic factors such as access to transport, laptops, or other technology can occasionally present challenges, we remain committed to making learning as accessible as possible. The L&D team consistently goes above and beyond to support colleagues with queries, and we deliver training across all three counties, as well as online, to maximise flexibility. Although we aren't able to provide transport, we do offer dedicated spaces for staff to join sessions virtually. Overall, we believe the impact of our approach is strongly positive. We remain mindful that individual circumstances vary, and we continually look for new ways to remove barriers and support our new team members in feeling confident and included in their learning journey.					
<b>Welsh Language</b> Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact	x	Negative Impact		No Impact	
Justification of impact identified: All Corporate Induction trainers are bilingual and will engage with the Welsh language based on learner needs					

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Scott Thomas
	Title	L&D Operational Manager
	Contact details	Scott.thomas4@wales.nhs.uk
	Date	29/04/2026
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	
	Title	
	Contact details	
	Date	
Guidance has been provided by Diversity & Inclusion Team:	Name	
	Title	
	Contact details	
	Date	
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.**



GIG  
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Hywel Dda  
University Health Board

# Redeployment Policy

## Policy information

**Policy number:** 158

**Classification:** Employment

**Supersedes:** Previous Versions

**Version number:** 5

**Date of Equality Impact Assessment:**

## Approval information

**Approved by:** People, Organisational Development and Culture Committee (PODCC)

**Date of approval:**

**Date made active:**

**Review date:**

## Summary of document:

Redeployment is the process by which suitable alternative employment is sought for employees who are unfit or no longer able to carry out the duties of their current post for reasons other than Organisational change.

## Scope:

Policy applies to all Health Board Staff.

## To be read in conjunction with:

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

[204 - All Wales Secondment Policy](#) (opens in new tab)

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

[121 - Relocation Expenses Policy](#) (opens in new tab)

[203 - All Wales Capability Policy and Procedure](#) (opens in new tab)

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

[1197 – All Wales Flexible Working Policy](#) (opens in new tab)

[315 - Flexible Development of Staff Procedure](#) (opens in new tab)

[948 - Disclosure & Barring and Referral \(DBS\) Policy](#) (opens in new tab)

**Owning group:** Workforce & OD Department

**Executive Director job title:** Director of Workforce and Organisational Development

## Reviews and updates:

1.0 – New Policy – 30.10.2011

2.0 – No Changes – therefore extended for 3 years – 05.02.2015

3.0 – Revised – 15.03.2021

4.0 – Revised – 20.10.2022

5.0 – Revised – 5.11.2025

**Keywords:** Redeployment

**Glossary of terms**

OD – Organisational Development  
OCP - Organisational Change Policy  
DBS – Disclosure and Barring Check

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## Introduction

This policy outlines the process to be followed when an employee needs to be redeployed for reasons other than organisational change. The [All Wales Organisational Change Policy \(OCP\)](#) (opens in new tab) sets out the process to be followed for staff who need to be redeployed due to organisational change.

## Policy statement

NHS Wales recognises that finding alternative roles for staff who cannot stay in their current job requires a consistent and supportive approach. Hywel Dda University Health Board is committed to following best practice.

This policy covers redeployment for health-related capability and performance issues. In some cases, redeployment may also result from matters under the [995 - All Wales Respect and Resolution Policy](#) (opens in new tab) issue.

The policy is intended to support staff who are unable to remain in their current role and equality considerations apply throughout.

## Scope

This Policy applies to all employees of the Health Board.

## Aim

The aim of this document is to:

- Secure alternative employment for displaced employees within the Health Board.

## Objectives

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

- Ensure staff are aware of redeployment opportunities and the process followed to match appropriate vacancies with eligible staff.
- Eligibility is determined jointly by Occupational Health and Workforce in line with the criteria in the policy. Responsibilities are clearly set out in the final section

## Circumstances which may lead to Redeployment

### Health Reasons

If Occupational Health advises that an employee cannot continue in their current role for health reasons, redeployment will be considered. Before this, reasonable adjustments to the role or workplace should be explored. Ill-health retirement should only be considered after these options.

### Temporary Redeployment

Sometimes Occupational Health, a GP, or Consultant may recommend short-term redeployment (e.g., during recovery from surgery or long-term sickness). This will be managed under the [768 - All Wales Managing Attendance at Work Policy](#) (opens in new tab) and employees will not be placed on the redeployment register.

The Flexible Deployment of staff procedure can be found [here](#) (opens in new tab).

### **Capability - Performance**

The outcome of a capability process could also result in a member of staff being temporarily or permanently redeployed.

### **Respect and Resolution**

If a complaint involves another person, steps may be taken to protect employees during the investigation, such as adjusting duties or hours to reduce contact. The [995 - All Wales Respect and Resolution Policy](#) (opens in new tab) should be followed.

### **Agreement**

Whatever the reason the employee is being considered for redeployment, an agreement form must be signed by both the employee and the designated Workforce Representative.

The Employee agreement proforma can be found [here](#) (opens in new tab).

## **Procedure**

### **Staff Consultation**

The Health Board is committed to partnership working and will work in partnership with the employee and their representative at all stages of the redeployment procedure. Employees may be accompanied by a trade union representative or a colleague at any stage, except informal or competitive interviews.

### **Entry onto the Redeployment Register**

Employees who are required to be on the redeployment register must complete the form below:

[Registration onto redeployment register](#) (opens in new tab).

### **Timescales**

Redeployment opportunities will be explored for 12 weeks, excluding any trial periods. This timeframe includes the employee's notice period. If the notice period is shorter than 12 weeks, the start date will be confirmed in writing by the line manager

Should the search for alternative employment prove unsuccessful, the employment will be terminated on the grounds of incapacity due to ill-health, performance or redundancy at the end of the 12 week period with notice having been served appropriately during that time in line with the employees contractual notice provisions.

### **Identification of Suitable Employment**

Employees on the redeployment register will receive a weekly link to Hywel Dda vacancies. It is their responsibility to review these and contact their Workforce Representative if interested. Communication requirements can be explored and adapted if required.

Suitable roles are deemed as roles at the same band or one band lower. If placed in a lower band, employees will still receive priority for roles at their original band while on the register. Flexibility is

expected, and while preferences will be considered, employees should not refuse reasonable offers within travel distance or at a lower band.

If an employee unreasonably declines a suitable role, the Workforce Representative will explain the implications.

### **Informal Interview**

Employees on the redeployment register will be given priority for suitable vacancies they meet the essential criteria for. This means they will be interviewed before other candidates.

When an employee expresses interest in a vacancy, they should contact their Workforce Representative, who will inform the health board recruitment team who will hold the vacancy until an informal interview or work trial takes place.

Employees can still apply for other roles, including higher band posts, through the normal recruitment process.

If only one employee is interested, the decision to offer a trial period will depend on whether they can reasonably perform the role, with training considered where needed. If multiple employees apply, a competitive interview will be held.

Managers who decide not to offer a trial period must clearly document their reasons. These reasons will be discussed with Workforce.

Fixed-term or temporary redeployment may be considered, and employees can remain on the register until a permanent role is found.

### **Employment and Disclosure and Barring Check**

Should the role require a disclosure and barring (DBS) check, the appointing manager will need to discuss this with the Workforce Representative supporting the redeployment process to make arrangements for the employee to complete the DBS check.

New DBS checks should be carried out when there is a change in the job role that requires either a different level of DBS, a new DBS or where the employee has not had one in their previous role. Refer to [948 - Disclosure & Barring and Referral \(DBS\) Policy](#) (opens in new tab).

### **Trial Period**

During the trial period, the employee and manager will hold regular informal reviews to check progress and address any issues. The manager should keep a record of these meetings.

At the end of the trial, a formal review will decide if the employee will stay in the role permanently. If successful, managers complete the required documentation. If the employee proves competent early, the appointment can be confirmed before the 4-week trial ends.

Here is a link to the form to record the trial period. [Record of Trial Period](#) (opens in new tab).

If the role is clearly unsuitable, the trial period may be ended early by mutual agreement. If the trial is unsuccessful, both the manager and the employee must provide written reasons. The Workforce Representative will review the case to ensure that the role is substantively different from the previous

post, that appropriate training has been provided, and that all other relevant factors have been taken into account.

If the trial period is not successful, the manager, employee, and Workforce Representative will work together to identify further redeployment options. Trial extensions may be agreed where required to support successful adjustment or to allow additional training.

### **Funding Arrangements**

During the trial period the employee will be paid by the department in which the trial period is being undertaken who will also fund any additional training required.

### **Appeals**

Any employee who feels they have been treated unfairly during the redeployment process, or can demonstrate that the procedure has not been properly followed, can raise their concerns as part of their appeal against termination in line with the [995 - All Wales Respect and Resolution Policy](#) (opens in new tab).

## **Responsibilities**

### **Chief Executive**

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

### **Director of Workforce and OD**

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

### **Managers**

It is the responsibility of the manager in liaison with the Workforce and Organisational Development Department to identify suitable alternative employment opportunities and provide advice to employees in respect of this policy.

### **Occupational Health Department**

Occupational Health will advise on reasonable adjustments to help the employee remain in their current role and on redeployment options if they cannot remain in that role due to health reasons.

### **Workforce and Organisational Development Department**

The Workforce Representative will ensure full details of eligible staff are collected and placed on the redeployment register and provide support and guidance to managers and affected employees.

### **Health Board Recruitment Team**

The health board recruitment team will ensure on instruction from colleagues in Workforce that vacancies are held once a suitable vacancy has been identified for anyone on the redeployment register to undertake a work trial and or an informal interview.

## Employee

All employees who are placed on the redeployment register have a responsibility to review all vacancies weekly, should they identify a post which may be suitable they must contact their Workforce Representative to obtain further information.

## Staff Representative

Staff representatives have a role in supporting and advising employees regarding the redeployment process and working with the employee and managers to help achieve a successful outcome.

## Where can I get Further Advice?

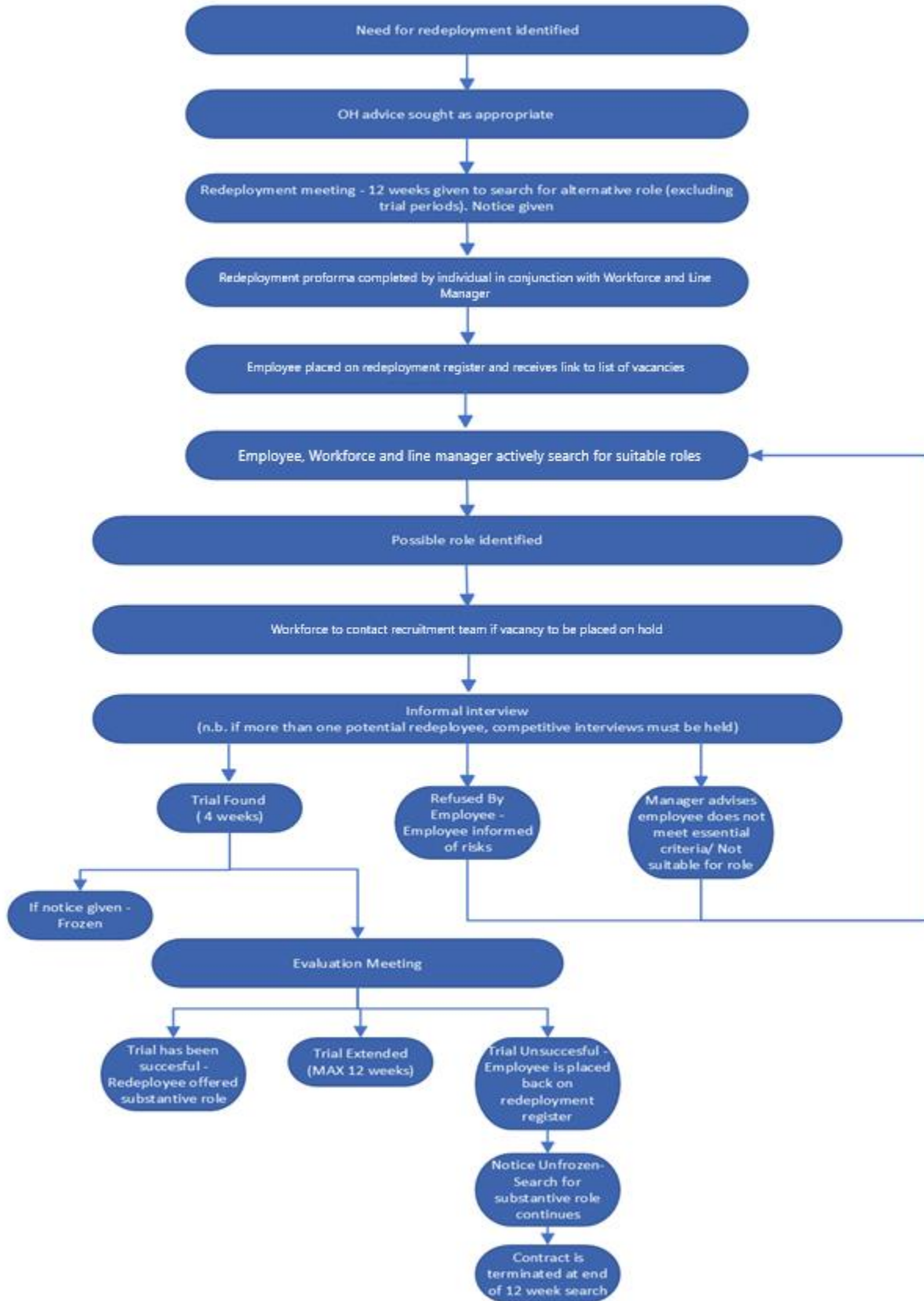
In the first instance speak to your line manager, alternatively you may contact:

### Operational Workforce Team:

Carmarthenshire: 0300 303 6138      Pembrokeshire: 01437 773138

Ceredigion: 01970 635782      Or email: [Human.Resources.HDD@wales.nhs.uk](mailto:Human.Resources.HDD@wales.nhs.uk)

Redeployment Process Flowchart



## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Heather Hinkin / Workforce and Organisational Development
<b>Service Area</b>	Workforce and Organisational Development

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	Redeployment Policy
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The policy outlines the procedure to be followed where necessary for staff to be redeployed. The policy enables staff to be made aware of redeployment opportunities across the Health Board and outlines the process to match appropriate vacancies with eligible staff. It sets out the process to secure alternative employment for staff who are unable to continue in their current role due to Ill Health, performance or an outcome of a Respect and Resolution case. The policy is a local policy and will be implemented in line with other Health Board policies which address Equality, Diversity and Inclusion which are designed to support staff with a protected characteristic and eliminate discrimination.

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

The current Redeployment Policy has undergone a desktop review, which identified only minimal changes were necessary at this stage. It is anticipated that a new, unified All-Wales Redeployment Policy will be published in the near future, at which point a revised Equality Impact Assessment (EQIA) will be completed and submitted accordingly. No complaints or concerns have been raised by employees with protected characteristics in relation to the existing policy. This suggests that the policy continues to be applied fairly and equitably across the workforce.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)**

<b>Age</b>
------------

Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	X	Negative Impact		No Impact
<p>Redeployment can support employees to work longer and retain their experience and skills. We understand that times of change can feel overwhelming for those experiencing shifts in their needs. However, every individual will be met with compassion, and their evolving needs will be thoughtfully considered at every stage.</p> <p>Older staff may require adjustments (e.g. flexible hours, ergonomic support) in new roles.</p>				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	x	Negative Impact		No Impact
<p>Redeployment enables staff with disabilities to move into roles better suited to their needs, supporting retention and wellbeing. We understand that times of change can feel overwhelming for those experiencing shifts in their needs. However, every individual will be met with compassion, and their evolving needs will be thoughtfully considered at every stage.</p>				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact		Negative Impact		No Impact
				x
no evidence shows that those that go through Gender Reassignment will be impacted differently to others as a result of this policy				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.				
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact		Negative Impact		No Impact
				x
no evidence shows that those who are married or in a civil partnership will be impacted differently as a result of this policy				
<b>Pregnancy and Maternity</b>				
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	x	Negative Impact		No Impact
<p>Under the Equality Act and maternity protection regulations, employers have a higher duty to provide suitable alternative work where a pregnant employee's role is no longer available or safe. In addition, for up to 18 months after a role ceases to exist, there is a legal requirement to give priority to redeployment opportunities before considering redundancy.</p>				
<b>Race / Ethnicity</b>				
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact		Negative Impact		No Impact
				x

No evidence shows that this policy will impact people differently according to their race, colour or ethnic origin.

**Religion or Belief**

Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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No evidence shows that those with different religions or beliefs will be impacted differently to others as a result of this policy.

**Sex**

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

There is no evidence that this policy impacts males or females differently.

**Sexual Orientation**

Whether a person's sexual attraction is towards their own sex, the opposite sex or either.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
-----------------	--------------------------	-----------------	--------------------------	-----------	-------------------------------------

No evidence shows that an individuals sexual orientation will be impacted as a result of this policy.

**Armed Forces Community**

Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
-----------------	-------------------------------------	-----------------	--------------------------	-----------	--------------------------

Veterans may have unique health / well being needs and therefore Redeployment will enable them to find a role that suits these required needs following an assessment from Occupational Health.

**Socio Economic Duty**

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
-----------------	-------------------------------------	-----------------	--------------------------	-----------	--------------------------

Redeployment can support individuals to remain in work, gaining an income if they are unable to continue in their current role. Redeployment may reduce financial stress and support career progression.

<b>Welsh Language</b>			
Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.			
Positive Impact	<input type="checkbox"/>	Negative Impact	<input checked="" type="checkbox"/> No Impact
The opportunity for a person to use the Welsh Language will remain the same as a result of this guidance.			

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Laura Palmer
	Title	Senior Workforce Manager
	Contact details	Laura.Palmer3@wales.nhs.uk
	Date	5/11/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Heather Hinkin
	Title	Assistant Director of People Management
	Contact details	Heather.hinkin@wales.nhs.uk
	Date	10.12.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	<a href="mailto:Kylie.daniels@wales.nhs.uk">Kylie.daniels@wales.nhs.uk</a>
	Date	23/12/2025
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqlA and inform the D&I team.**

# Alcohol and Drug / Substance Misuse Policy

## Policy information

Policy number: 283

Classification: Employment

Supersedes: V5

Version number: V6

Date of Equality Impact Assessment:

## Approval information

Approved by: People Organisation Development & Culture Committee *PODCC*

Date of approval:

Date made active:

Review date:

Summary of document: This policy supports the Health Board's commitment to the health and wellbeing of staff and its aim of ensuring staff are guided by helpful and useful policies to promote healthier lifestyles.

Scope: This policy applies to all Health Board employees and bank workers.

To be read in conjunction with:

[768 – Attendance at Work All Wales Policy](#) – opens in a new tab

[336 - Guidance on Referral of Employees to the Occupational health Service](#) – opens in a new tab

[201 – All Wales Disciplinary Policy](#) – opens in a new tab

[340 - Staff Psychological Wellbeing Policy](#) – opens in a new tab

[203 – All Wales Capability Policy](#) – opens in a new tab

[010 - Health and Safety Policy.](#) – opens in a new tab

[488 - Professional bodies guidance and Upholding professional standards for Medical and Dental staff.](#)

[995 – All Wales Respect & Resolution](#) Policy – opens in a new tab

Owning group: Workforce & OD Sub Committee

Executive Director job title: Director of Workforce & OD

Reviews and updates:

1	New Policy	April 2012
2	Review – minor amendments	24 May 2016
3	Minor amendments to PRISM contact details page 8	30 August 2017
4	Full review	19 March 2019
5	Full review	15.2.2023
6	Full review	

Keywords: Alcohol, Drugs, Substance, Misuse

## Introduction

The Health Board recognises its duty to take care of the health, safety and welfare of employees who have alcohol or drug/substance misuse and is committed to providing support. The Health Board also has a responsibility to protect other employees, patients and members of the public and to ensure that any risk is minimised. If an employee is observed in the workplace in a potentially unfit state due to alcohol, drug or substance misuse they could be the subject of disciplinary action.

## Policy statement

This policy supports the Health Board's commitment to the health and wellbeing of staff.

## Scope

This policy covers alcohol, drug/substance misuse problems and applies to all Health Board employees and bank workers.

## Aim

The aim of this document is to:

- Ensure the Health Board provides support to employees with alcohol and drug/substance misuse related problems ensuring that employees are treated according to their circumstances and needs
- Balance the needs of the individual with delivering safe patient care and a safe working environment for all employees

## Objectives

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

- To ensure that the principles of equity and consistency are applied when dealing with employees who may have alcohol and drug/substance misuse related problem and to support the Health and Wellbeing of those employees.
- To ensure Alcohol or substance misuse problems will be treated as employee health problems and individuals will be treated sympathetically and offered support and assistance in overcoming the problem

## Principles

Where a line-manager observes, or is advised of concerns relating to the conduct or performance of a work colleague, with reference to potential use of alcohol or drugs / substance misuse the steps outlined in the [Guidance – Alcohol and Drugs / Substance Misuse, section 2](#) – opens in a new tab - will be followed.

In the event that an employee is observed in work in what their manager or colleagues consider to be potentially an unfit state due to alcohol, drug or substance misuse, the steps outlined in the [Guidance – Alcohol and Drugs / Substance Misuse, section 2](#) – opens in a new tab - will be followed.

An employee with alcohol, drug and substance misuse related problems will be required to co-operate fully with any referral or treatment recommended by the Occupational Health Department.

It is recognised that employees may unexpectedly be called into work to cover staff shortages or to respond to a major incident. Employees will be expected to behave responsibly and if they had consumed alcohol or substances, they must not report for duty and must inform their line manager that they are unable to fulfil their duties. They would then not be in breach of this policy.

The [201 – All Wales Disciplinary Policy](#) – opens in a new tab - will be applied where it is determined that an individual has:

- Attended work or carried out work duties under the influence of alcohol, drugs or any other substance;
- Consumed alcohol or inappropriate drugs or other substances whilst at work or on duty.

Any member of staff proven to have brought in or consumed an illicit drug on the organisation's premises will be reported to the police who will undertake the relevant investigations.

## Appeals

Any appeal arising from the application of this policy will be dealt with under the [995 – All Wales Respect & Resolution](#) Policy – opens in a new tab - appeals procedure.

## Responsibilities

### Chief Executive

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

### Director of W&OD

Has responsibility for ensuring that this policy is monitored and reviewed on a 3 yearly basis.

### Managers Role

- Ensure that all staff are aware of and adhere to this policy and understand its implications.
- Ensure they treat all alcohol, drug and substance misuse related cases confidentially and with sensitivity.
- Support employees at work and encourage them to seek help voluntarily in the first instance.
- Ensure they are aware of the health, safety and welfare of their staff.

### Employees Role

- Seek appropriate support and advice from their manager, Occupational Health Department, Workforce or their GP as appropriate if a problem is identified personally or concerns arise regarding a colleague.
- Avoid covering up for or colluding with colleagues and advise their manager if a work colleague has a suspected alcohol, drug and substance misuse related problem that is endangering the safety of other staff, patients or the public.
- To behave responsibly about consuming alcohol or substances and to remember that they must comply with their professional codes of practice at all times.

### Occupational Health Department Role

- Provide support, guidance and advice to managers and staff
- Respond to referrals from Managers

- Provide an impartial, confidential service to staff which includes advice or referral/signposting to another agency.
- Raise awareness of this policy and actively promote health promotion initiatives in relation to alcohol, drug and substance misuse.

#### Workforce Role

- Co-ordinate the monitoring of the effectiveness of this policy.
- Provide advice, guidance and support when required.
- Ensure fairness and consistency in the treatment of all employees.
- Refer employees to external bodies where appropriate.
- Advise on the appropriateness of invoking disciplinary procedures.

#### Staff side Role

- Encourage their members to seek help where appropriate.
- Inform members of their rights and responsibilities under this policy.

## REVIEW

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

# Disclosure & Barring Service (DBS) Checks Procedure

## Procedure information

Procedure number: 948B

Classification: Employment

Supersedes: N/A

Version number: 2.0

Date of Equality Impact Assessment: 05.02.2026

## Approval information

Approved by: People, Organisation, Development and Culture Committee PODCC

Date of approval:

Date made active:

Review date:

Summary of document:

To inform employees of the Disclosure and Barring Service (DBS) Checks procedure.

Scope:

To all staff who have a responsibility as detailed in the Disclosure and Barring Service (DBS) Policy.

To be read in conjunction with:

[948 - Disclosure and Barring Service Policy](#) – opens in a new tab

Executive Director job title: Director of Workforce and OD

Reviews and updates:

1 – originally one policy

2– new procedure (split from original 948 Policy)

Keywords: Disclosure Barring Service DBS

Glossary of terms

DBS – Disclosure and Barring Service

SRA – Senior Recruitment Advisor

AM – Appointing Manager

NWSSP – NHS Wales Shared Services Partnership

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## Scope

To all staff who have a responsibility as detailed in the [948 - Disclosure and Barring Service \(DBS\) Policy](#) – opens in a new tab.

## Aim

The aim of this document is to ensure a robust and consistent approach in the DBS checking.

## Objectives

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

- Assessing the need for a DBS
- Identify the types of DBS
- DBS process
- Identify process for positive disclosures

## DBS

### Types of DBS Check

The following types of DBS check are available to employers in the NHS, each providing different types of information:

1. Basic
2. Standard
3. Enhanced without barred list
4. Enhanced with children's barred list information
5. Enhanced with adults barred list information
6. Enhanced with children's and adults barred list information

For up to date guidance on workforce guides please visit: [Eligibility guidance for enhanced DBS checks - GOV.UK \(www.gov.uk\)](#) [Eligibility guidance for standard DBS checks - GOV.UK \(www.gov.uk\)](#) - opens in a new tab.

For information relating to DBS Periodic checks - refer to the periodic checks section.

For more information on the types of checks and regulated activity please visit:

<https://www.nhsemployers.org/your-workforce/recruit/employment-checks/criminal-record-check> - opens in a new tab.

### Advertising Posts Which Require Disclosure

Disclosure checks will be required for all posts, which will require the person engaged in that work, to have access to patients as part of their normal day to day duties. In such cases the advertisement will clearly advise applicants of this requirement.

Appointing managers are responsible for identifying if a post requires a DBS check as part of the Vacancy Authorisation process on the Trac Recruitment system. This will also include whether or not the post holder will have access to children or adults or both groups.

Further guidance on the level of checks required for posts within the Health Board is available at [DBS eligibility guidance - GOV.UK \(www.gov.uk\)](#)  
[Eligibility guidance for standard DBS checks - GOV.UK \(www.gov.uk\)](#) – opens in a new tab. Staff should approach the Resourcing Team for advice /guidance if required.

A statement is added to the advert to make applicants aware that the post is subject to the Rehabilitation of Offenders Act (Exceptions Order) 1974 and as such it will be necessary for a submission for disclosure to be made to the Disclosure and Barring Service to check for any previous criminal convictions

All Doctors and Dentists require enhanced disclosure with barred lists checks which will be processed by the Medical Recruitment/Workforce Department.

### Appointing to Posts Which Require Disclosure

The interview panel should remind candidates during the interview process that appointment to the post is subject to a satisfactory Disclosure Check if applicable. They should also, as part of the interview, ask candidates if they are aware of any legal reason they can't undertake the role eg: have any criminal convictions, cautions, reprimands or other disposals that will show up on a DBS. It should be emphasised that this includes spent convictions and also includes details of driving offences, including speeding (if dealt with within a court) and drink-driving.

Where an appointment is subject to a satisfactory disclosure, this will be outlined in the appointee's offer of employment letter.

### Requesting Disclosure

If a candidate is made a conditional offer of employment to a post where disclosure is required, the requirement for them to undertake a DBS check will be outlined in the offer letter and they will be sent an electronic link to the e-DBS system to complete before attending their Pre Employment Appointment meeting.

They will be required to bring a specified set of documentation with them to their Pre- Employment Appointment meeting for verification before the e-DBS form is submitted via the Trac system by secure electronic connection to the DBS.

The DBS performs the checks.

### Receipt of Disclosure

When the checks are complete, Trac is notified via the secure electronic connection and the DBS post the certificate to the applicant.

Trac automatically updates the applicant's file on the Trac system to 'success' for clear DBS forms or 'await DBS certificate' if there is something on the certificate. The actual details of the information included are not disclosed.

DBS is requested from the applicant by either NWSSP or the Senior Recruitment Advisor (SRA) and is sent to the SRA who will then discuss this with the Appointing Manager (AM) and only escalated if there is not an agreed outcome with the AM.

If withdrawing a job offer is being considered the Senior Recruitment Advisor will refer the matter to the Assistant Director of W &OD for further discussion/consideration.

### **Starting Work Prior To Receipt Of A DBS Check**

In exceptional circumstances staff may be allowed to commence employment prior to the receipt of their DBS check. In such exceptional circumstances a Risk Assessment must be completed. The Risk Assessment form can be found – [DBS Risk Assessment Form](#). – opens in a new tab.

### **Dealing with Unsatisfactory Disclosures**

When assessing applicants who declare convictions, cautions etc. the criteria should allow for the fact that a conviction does not automatically stop a person gaining employment. However, someone who is barred must not be engaged in regulated activity as this is a criminal offence.

Appointing managers should consider the situation carefully before making a conditional offer of employment to individuals who are:

- On probation (in a legal sense);
- Under a suspended prison sentence;
- Released from prison on parole;
- Still under a conditional discharge;
- Subject to Terrorism Prevention and Investigation Measures.

A DBS disclosure will reveal if the individual has a criminal record, including details of convictions, cautions, reprimands or warnings – subject to filtering. The certificate will only provide the basic facts such as the name and date of offence(s) and, if applicable, details of any sentence(s). It will not put them into context.

When considering disclosure information employers must assess:

- Any legal or regulatory requirements;
- The nature of the offence;
- Its relevance to the position being applied for;
- The length and type of sentence issued;
- At what age the individual committed the offence;
- Whether the applicant has a pattern of offending behaviour, for example, if there are multiple offences;
- Whether the applicant's circumstances have changed since the offending behaviour. For example, where the offence was time limited or committed as a juvenile, and the individual has taken on responsibilities in life to enhance their standing in society, such as through education or voluntary work;
- The circumstances surrounding the offending behaviour and the explanation offered by the individual.

However, where the disclosure indicates that the DBS has made a barring decision against regulated activity, it is illegal for an employer to allow them to engage in regulated activity from which they are barred.

A record of the decision made must be kept by the Appointing Manager for six months.

### **Withdrawing an Offer of Employment**

If the nature of the additional information provided, is such that the Health Board feels that the conditional offer of employment should be withdrawn, the applicant should be informed that the reason for the withdrawal is due to the contents of their DBS. Managers must discuss such cases with the Senior Recruitment Advisor before taking any action.

However, where a disclosure check reveals that the DBS has made a barring decision against regulated activity, the offer of employment must be withdrawn immediately as it is illegal for the employer to allow them to engage in the regulated activity from which they are barred. The appointing officer must explain to the appointed employee that it is a criminal offence and give consideration as to whether the Health Board wants to notify the police for the Health Board to knowingly offer or give employment to any person who has been barred from working with children or adults or to fail to remove them from such work if it is discovered that they have been barred.

### **Internal Applicants (Internal to Health Board or NHS Wales)**

Internal applicants (to Health Board or NHS Wales) who are moving to a post which demands the same level of disclosure will not require another disclosure provided a satisfactory DBS check was carried out within the last 3 years prior to the application for the post.

The trigger for a new check is where:

- Their current DBS check is more than 3 years old;
- They have never had a DBS check before and are moving to a position that now requires them to have a check. The level of check is dependent on the roles and responsibilities of the job;
- They have made a positive declaration;
- Their role has changed and they now require a higher or lower level check or a check against one or both of the barred lists;
- There is concern about the individual's suitability for the post.

If any of the above triggers apply, a new DBS check must be undertaken.

Under no circumstances should a previous Standard DBS check be accepted for posts which require an Enhanced DBS check.

### **Recruiting from overseas**

Currently, the DBS cannot access criminal records held overseas.

If the Health Board is recruiting individual staff from any overseas country, the Recruitment Team will request a certificate of good conduct or overseas criminal record check at the offer stage.

If the Health Board is recruiting a number of overseas applicants as part of a dedicated recruitment campaign, the Health Board must ask the applicant to provide a certificate of good conduct or overseas criminal record check at the offer stage.

N.B. if the individual requires a skilled worker visa and Certificate of Sponsorship in order to be able to work in the UK, a certificate will be required for applicants and from their partners covering the last 10 years.

For guidance on how to obtain certificates visit [Criminal records checks for overseas applicants - GOV.UK \(www.gov.uk\)](https://www.gov.uk) - opens in a new tab.

Before commencing all overseas recruits must complete a DBS overseas risk assessment. This Risk Assessment form can be – [DBS Risk Assessment Form](#). - opens in a new tab.

#### Arrangement for Checking Staff Not Engaged by the Health Board

##### Agency Workers/Locums

It is important that all workers or locums provided via an Agency are subject to checks that are no less rigorous than for employees. The agency is accountable for ensuring that the appropriate DBS checks have been conducted to the required level three yearly. This will include Enhanced Checks for regulated activity if required.

The Health Board reserves the right to conduct random audits of the DBS checks completed by agencies.

The requirement of agencies to undertake disclosure on their staff is written into and form part of the Agency's Terms and Conditions with the Health Board.

##### Temporary Staffing

All Bank-only workers, who require a DBS check, will be required to undertake the appropriate level of DBS Disclosure prior to commencement in post.

##### Contractors

Where private contractors provide staff who work in positions giving them access to patients, they must carry out an appropriate level of DBS Disclosure checks in respect of each member of their staff with the Disclosure and Barring Service. This must happen at least once a year, and they must be able to provide the results of the disclosure to the Health Board upon request.

The requirement of private contractors to undertake disclosure on their staff will be written into and form part of their contract with the Health Board. Refer to the Health Board Policy: [541 – Control of Contractors Policy](#). - opens in a new tab.

## Placement Students

It is the responsibility of the relevant university or college to carry out DBS checks on any of their students who will be undertaking clinical placements where they will undertake work that falls within the Exceptions Order, Police Act regulations and/or regulated activity within Health Board.

The level of disclosure must be agreed with the Health Board in advance. The Health Board will advise on any placement that meets this criterion. Eligibility criteria must be met.

## Honorary Contract Holders

In terms of honorary contracts it is the responsibility of the employing organisation to carry out DBS checks and to ensure that the correct level of disclosure check is undertaken. A DBS Eligibility Checklist should be completed and provided with the Honorary Contract request to ensure the correct level of check.

DBS Checks that are more than 3 years old will not be accepted. This also applies to requests for an extension to an Honorary Contract.

Refer to [713 – Honorary Contract procedure](#) - - opens in a new tab.

## Work Experience/Placements

A minimum age limit for DBS checks has been set in the Protection of Freedom Act 2012. This means that employers must not apply for a DBS check for individuals aged under 16.

Students aged 16-18 who are on work experience placements engaging in activity with vulnerable groups will also not be required to have a DBS check on the basis that the roles they are undertaking will involve them observing or carrying out minor duties under full supervision. Within the Health Board, work experience students are 16 years, or older, on commencement.

## Volunteers

The eligibility criterion for a DBS check is the same regardless of whether the individual is a paid employee or unpaid volunteer.

If a volunteer requires a DBS check because of their volunteering role and responsibilities, consideration will be given as to whether the position satisfies certain criteria to qualify for a free of charge disclosure. The definition of a 'volunteer' is outlined within the Police Act 1997 (Criminal Records) Regulations 2002 as:

“A person engaged in an activity which involves spending time, unpaid (except for travel and other approved out-of-pocket expenses), doing something which aims to benefit some third party other than or in addition to a close relative.”

For DBS purposes it is deemed that 'unpaid' means not in receipt of any payment (for example, remuneration, allowance, financial benefit, payment in kind, or other means of support) in relation to the activity. The applicant must not therefore:

- Receive payment for activities (except for travel and other approved out of pocket expenses);

- Be on a placement/work experience;
- Be on a course that requires them to do this job role;
- Be in a trainee position that will lead to a full-time role/qualification.

Refer to the Health Board Policy [107 – Volunteers Policy](#) - opens in a new tab..

### Redeployment

The Health Board's [158 - Redeployment Policy](#) - opens in a new tab. notes a number of reasons why a member of staff may be redeployed. Dependent on the role of the redeployed staff member, a DBS check may be required. The receiving Line Manager must liaise with the staff member to complete the Registration onto the Redeployment Register. Where required the DBS of the staff member being redeployed, must be checked if the role requires this.

### Retire and Return

A check may take place to ensure the person retiring and returning has a relevant DBS check in place. Dependant on the role returning to a DBS check may be required.

### Periodic Checks

There is no legal requirement for employers to carry out periodic checks, however positions within the Health Board which require staff to work with children will be required to have a DBS re-check every 3 years.

### Use of the DBS Update Service

The DBS Update Service is a facility where an individual may choose to have their DBS Disclosure certificate continually monitored to ensure the information is still correct and take it with them from role to role – where the new role does not change the level of check required or the workforce they will be working or volunteering with i.e. children, adults or both.

If an applicant declares that they have subscribed to the Update Service, the Health Board can go online, with employee consent, and carry out a free, instant check to find out if the information released on the DBS certificate is current and up-to-date. This negates the need to undertake a periodic check if applicable. The responses to the update service checks will be:

- No new information exists;
- If the original certificate contained 'no relevant information';
- New information exists;
- There is no record of the certificate in the service.

## References

Disclosure & Barring Service (DBS)

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Director of Workforce and OD
<b>Service Area</b>	Workforce

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	948 - Disclosure & Barring and Referral Policy
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

The aim of the DBS Policy is to inform all Health Board employees of the parameters for undertaking Disclosure and Barring Service (DBS) checks and referrals for prospective and existing employees.

The Health Board is committed to ensuring that people in its care are safeguarded against exploitation and harm, from any of its actions or its staff. The purpose of this Policy is to ensure a robust and consistent approach in the DBS checking and referral processes.

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

- Identify the need for a DBS
- Identify the types of DBS
- DBS process
- Identify process for positive disclosures
- Identify the process for referral to DBS

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

It is written in conjunction with:

- 201 - All Wales Disciplinary Policy
- 098 - All Wales Policy on the Protection of Vulnerable Adults from Abuse All Wales Child Protection Guidance
- 836 – All Wales Information Governance Policy
- 158 – Redeployment Policy
- 173 – Freedom of Information Act Policy <https://www.gov.uk/dbs-check-applicant-criminal-record>
- 107 – volunteers Policy
- 192 – Records Management Policy
- 713 – Honorary Contract procedure
- 541 – Control of Contractors Policy

The HB employs staff representing the full range of protected characteristics.

Referrals to DBS are made in accordance with regulations and are not on the basis of any protected characteristic.

Employees would be treated equally under the terms of the policy. Should any training be required this can be accessed by the suite of recruitment training available to be booked via the learning and development portal. The Health Board approved translation services can also be accessed if required.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken:** [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)

<b>Age</b>				
Is it likely to affect older and younger people in different ways or affect one age group and not another?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Disability</b>				
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Gender Reassignment</b>				
Is it likely to affect those who either:				
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Marriage / Civil Partnership</b>				
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>

Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Pregnancy and Maternity</b> Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Race / Ethnicity</b> Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Religion or Belief</b> Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Sex</b> Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or either.				
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact <input checked="" type="checkbox"/>
Justification of impact identified: The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.				
<b>Armed Forces Community</b> Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to				

civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:  
 The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

**Socio Economic Duty**  
 Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:  
 The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

**Welsh Language**  
 Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:  
 The decision to undertake a DBS or to refer an employee to the DBS would be based solely on the grounds outlined in the policy and not in relation to any protected characteristic and would be a legal obligation.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments \(EqIAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Sally Owen
	Title	Head of Recruitment and Workforce Equality, Diversity and Inclusion
	Contact details	<a href="mailto:Sally.owen4@wales.nhs.uk">Sally.owen4@wales.nhs.uk</a>
	Date	2/2/26
Screening Authorised by:	Name	Heather Hinkin
	Title	Assistant Director of Workforce & OD

(Directorate level owner of the procedures/ proposals/ projects/ policy)	Contact details	<a href="mailto:Heather.Hinkin@wales.nhs.uk">Heather.Hinkin@wales.nhs.uk</a>
	Date	4/2/26
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity and Inclusion Officer
	Contact details	<a href="mailto:Alan.Winter@wales.nhs.uk">Alan.Winter@wales.nhs.uk</a>
	Date	5/2/2026
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**

# Performance Management Policy

## Policy information

Policy number: 1103

Classification: Employment

Supersedes: 045 - Performance Appraisal and Personal Development Plan Policy

Version number: 2.0

Date of Equality Impact Assessment: 03.02.2026

## Approval information

Approved by: People, Organisational Development and Culture Committee (PODCC)

Date of approval:

Date made active:

Review date:

Summary of document:

To ensure staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles.

Scope:

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

To be read in conjunction with:

[133 - Equality, Diversity and Inclusion Policy](#) (opens in new tab)

[203 - All Wales Capability Policy and Procedure](#) (opens in new tab)

142 – All Wales Grievance Policy - in draft currently

Learning and Development Strategy

314 - Medical Staff Appraisal Policy – in draft currently

[113 - Learning and Development Policy](#) (opens in new tab)

[443 - All Wales Pay Progression Policy](#) (opens in new tab)

[836 - All Wales Information Governance Policy](#) (opens in new tab)

[173 - Freedom of Information and Environmental Information Policy](#) (opens in new tab)

Owning group: W&OD Policy Group

Executive Director job title: Director of Workforce and Organisational Development

Reviews and updates:

1.0 – New Policy – approval 20.10.2022

### Keywords

PADR, PDP, Performance Appraisal, Personal Development Plan

### Glossary of terms

PADR – Performance Appraisal and Development Review  
CPD – Continuous Personal and Professional Development  
HIW – Health Inspectorate for Wales  
NICE – National Institute for Clinical Excellence  
NPSA – National Patient Safety Agency  
TNA – Training Needs Analysis  
IMTP – Integrated Medium Term Plan  
PDPs - Personal Development Plans  
ESR – Electronic Staff Record  
HR – Human Resources  
HDdUHB - Hywel Dda University Health Board

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# A Culture of Meaningful Performance Conversations



**This one-page guide sets the tone for how we approach performance at Hywel Dda - grounded in people, relationships, and meaningful conversations. It describes the spirit behind PADR: a continuous, person-led dialogue that supports wellbeing, development and connection, far beyond an annual meeting.**

## **Performance Management is About People - Not Paperwork**

- Performance management is a continuous, relationship-based process.
- PADR is a single moment in a year long conversation that helps us grow.
- Great performance comes from everyday check ins, openness, curiosity, and trust.

## **Who Owns Performance? Everyone.**

- Individuals lead their own development.
- Managers create space, safety, and clarity.
- Teams build trust and belonging.
- The organisation provides tools and values that support growth.

## **A Year of Conversations - Not a Once-a-Year Event**

- Meaningful performance management happens all year.
- Short, informal, supportive conversations matter.
- Nothing in a PADR should ever be a surprise. A Holistic, Person-Led Approach is the aim.
- Every colleague brings different strengths, needs, and experiences.
- Conversations should explore wellbeing, support, barriers, and what matters most.
- It's people first, not process.

## **Culture Starts With Us**

Every interaction shapes our culture. Let's keep conversations human, curious, and supportive.

**Want support with Performance Management Conversations? Contact the Culture and Workforce Experience Team [workforce.experience.hdd@wales.nhs.uk](mailto:workforce.experience.hdd@wales.nhs.uk)**

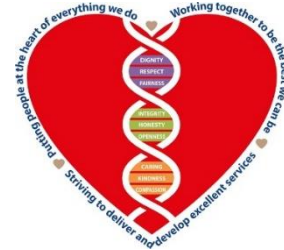
## Introduction

It is the policy of HDdUHB that all staff have continuous feedback on their performance. It is imperative that staff at all levels have clear performance objectives, with agreed development plans to support the delivery of their roles and to align with the requirements of the [443 - All Wales Pay Progression Policy](#) (opens in new tab).

## Policy statement

The purpose of this policy is to ensure that Hywel Dda University Health Board (HDdUHB) has a clear, consistent and fair performance management and development process and that there is a clear link between individual contribution and achieving team, service and organisational strategic objectives of:

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services
4. The best health and wellbeing for our communities
5. Safe, sustainable, accessible, and kind care
6. Sustainable use of resources



The policy will align to one of Welsh Government's four goals for the health and care system in Wales ([the Quadruple Aim](#)) (opens in new tab) and also support:

- [A Healthier Mid and West Wales strategy](#) (opens in new tab)
- [Workforce, Organisational Development and Education Strategy 2020-2030](#) (opens in new tab)

## Scope

This policy applies to all non-medical or dental employees of the Health Board in all locations, including, temporary employees and locums. These staff will get an annual yearly appraisal as a minimum requirement. Medical staff have a separate medical appraisal system in place. The majority of staff fall under the terms and conditions of the Agenda for Change National Agreement, which includes the Development Review, and forms part of the Agenda for Change national agreement.

Consultant medical staff are subject to annual appraisal as set out in Advance Letter (MD)W5/2001. Other grades of medical staff within the organisation will receive an annual appraisal; this will be carried out using the pro forma and process described in the above Advance Letter.

## Equality

HDdUHB recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and equally and with dignity and respect. The Health Board recognises that the promotion of equality and human rights is central to its work both as a provider of health care and as an employer. This policy has been impact assessed using the Health Board integrated impact assessment tool.

## Aim and Objectives

An effective performance management system is key in supporting the delivery of the Health Board's strategic vision, purpose and objectives. All staff must be clear of what is expected of them in their roles and how this contributes to the success of their teams and the organisation. Effective performance management is centred on agreeing clear objectives, discussing behavioural expectations and having regular feedback to review progress and agree any development or resources required.

The individual and the organisation will benefit from having clear guidance and support to enable a capable and highly motivated workforce clear on their role and expected behaviours as set out in the [HDdUHB Values and Behaviour Framework](#) (opens in new tab).

The organisation and the individual staff member benefits from the support and guidance given during regular meaningful feedback conversations which will enable them to embed an organisational value and be the best they can be. This results in an effective, efficient and highly motivated skilled workforce.

## Principles of Performance Feedback and Development

The delivery of high-quality care within the NHS depends on every member of staff:

- Having a clear understanding of their role and the part they play in their team and the organisation.
- Having an agreed set of priorities and objectives for their work.
- Possessing and applying the knowledge and skills they need to perform the role effectively and achieve their objectives.

Performance management is aligning leaders and staff to be clear about expectations and objectives and how their performance contributes to the Health Boards strategic vision and success. It also requires clarity on how progress with objectives are evaluated and measured.

The need for regular, meaningful performance feedback is one that requires a continuous process. It involves ensuring that the work and performance of all staff contribute to the goals of teams, services and HDdUHB as a whole. The aim to continuously improve performance through regular feedback supports the wellbeing of individuals, teams and maximizes workforce effectiveness.

The four key stages to the approach are:

- **Plan** – Setting goals
- **Act** – Doing the job and developing
- **Monitor** – Ongoing feedback conversations, coaching and improvement
- **Review** (PADR) – Final check in and rating

### Benefits of Positive Performance Discussions

Regular performance discussions provide benefits to the workforce and organisation as detailed in [Appendix 12](#).

## Welsh Language

Colleagues wishing to conduct their appraisal in Welsh can request to do so if their line manager is a Welsh speaker. All the documentation is available in the medium of Welsh to comply with Welsh Language Standards and promote the use of the Welsh language where appropriate.

During at least one PADR discussion, managers and colleagues should review welsh language proficiency and ensure it (or any changes) is updated in ESR. Colleagues should also discuss welsh language skills development as part of learning needs if it would be beneficial to the delivery of their work.

## Quality and Assurance

The OD Department in collaboration with service leads, will quality assure the implementation of the process and supporting documentation. This will be achieved through on-going quality checks, audits and ESR data, to monitor compliance and quality, as well as through PADR leads established in Directorates.

Performance metrics for PADR are as follows;

- **85%** of staff have undertaken a Performance Appraisal & Development Review with their nominated appraiser in a 12-month period.
- **85%** of staff have a Personal Development Plan in place.
- Training Needs Analysis (TNA) is completed annually from all areas.
- Number of employees passing through pay progression.
- Number of consultant and non-consultant career grade appraisals undertaken.

## Pay Progression

The [443 - All Wales Pay Progression Policy](#) (opens in new tab) and Annex 23 of the NHS Terms and Conditions of Service set out five specific pay progression standards, which outline the requirements to be demonstrated before an employee is able to progress to the next pay step point on their pay step date.

## Health Board Guidance

HDdUHB has developed guidance forms and checklists for managers and staff providing a clear explanation of the process and associated documentation. The forms are available on the intranet [forms library](#) (opens in new tab) See [Appendix 8](#), [Appendix 9](#), [Appendix 10](#) and [Appendix 11](#).

Staff who fall outside of the Agenda for Change Agreement (i.e. Directors, Medical and Dental staff) should still follow the principles of the guidance in this document, excluding the references to the [443 - All Wales Pay Progression Policy](#) (opens in new tab).

## Documentation

Copies of the framework and associated guidance for managers and staff including the PADR documentation are available on the HDdUHB Intranet are documented in from [Appendix 1 – 12](#)).

## Responsibilities

### Chief Executive

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

### Executive Directors

Executive Directors have responsibility to ensure that:

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

- All Executive Directors proactively role model the associate behaviours to build a performance led culture.

### **Director of Workforce and Organisational Development**

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

- The policy is formulated and disseminated.
- The policy is reviewed and updated.
- Owning and monitoring the policy and audit the quality of the process
- Ensuring all managers have access to suitable training
- Reporting compliance to Welsh Government on an annual basis

### **Senior Managers, Heads of Services**

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

- The policy is disseminated throughout their respective services and departments
- All Senior Managers, Heads of Service proactively role model the associate behaviours to build a performance led culture.
- All levels of staff within their department or professional group adhere to this policy in all respects
- The Welsh Government compliance attained within their services through compliance with this policy by ensuring all staff have an annual PADR and PDP and build a performance led culture through continuous feedback.
- Where development plans have associated costs identified to support learning and development, authorisation processes are clear within the team
- The required Health Board process followed within the Health Board Guidance Documentation reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge and skills and pay progression may be affected.
- Payroll notified in a timely manner using the defined Health Board process and documentation if a member of staff should not progress through pay progression.
- All identified appraisers have the requisite skills and knowledge to undertake an appraiser role. (An appraiser may not necessarily be the appraisee's line manager but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through personal development plans into a local service-training plan as part of the Training Needs Analysis (TNA) process.

### **Heads of Department and Ward Managers**

Ward Managers and Heads of Department are responsible:

- All Heads of Departments/Ward Managers proactively role model the associate behaviours to build a performance led culture.
- The reporting of the number of PADRs undertaken and Personal Development Plans (PDPs) recorded in the Electronic Staff Record (ESR) to enable accurate corporate reporting monthly to the Board.
- Ensuring all staff have annual PADR and PDP and gain regular performance feedback via one-to-ones / supervisions.
- Monitoring compliance of PADRs and PDPs locally with their team.
- Following required Health Board process within the Health Board guidance documentation (accessed via the intranet [forms library](#) (opens in new tab)) reviews where individuals have not demonstrated the requisite delivery of objectives or knowledge, skills, and pay progression may be affected, and notifying line manager and HR team throughout the process.

- All identified appraisers have the requisite skills and knowledge to undertake the role (An appraiser may not necessarily be the appraisee's line manager but must supervise them sufficiently on a regular basis).
- Collating all training needs identified through Personal Development Plans into a Departmental Training Plan, and submitted to the service manager for information/authorisation and then the Learning and Development Department as part of the Training Needs Analysis process.

### **Workforce and Organisation Development**

The Workforce and Organisation Department are responsible for ensuring that:

- The policy is published, reviewed, updated and held on the Health Board intranet site.
- [Training](#) (opens in new tab) for appraisers and appraisees will be available for all staff to enable them to participate in Performance Appraisal and Development Review.
- Records of attendance at training held on the Health Board ESR record.

### **The Employee**

- Take personal responsibility to participate in regular 121's, supervision to gain feedback on their performance.
- Follow the required Health Board process within the Health Board guidance documentation (accessed via the intranet [forms library](#)) (opens in new tab)
- Undertake the Health Board's [Performance Management Training Workshop \(opens in new tab\)](#).
- Have an annual PADR and PDP with their appraiser.

## **Data Protection Act 1998 / General Data Protection Regulations 2016 or any Subsequent Legislation to the same Effect**

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

## **Freedom of Information Act 2000**

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

## **Records Management**

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

## Review

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

## Monitoring

Details of all PADR's completed are recorded in a database and reported on periodically to the Partnership Forum and the Health Board.

## Discipline

Breaches of this policy being investigated and may result in the matter being treated as a disciplinary offence under the Health Board's disciplinary process. (See [201 - All Wales Disciplinary Policy and Procedure](#) (opens in new tab)).

## **Appendix 1 – Revalidation Form**

[PADR Revalidation Form](#) (opens in new tab)

## **Appendix 2 – NMC 2018 Practice Supervisor Form**

[NMC 2018 Practice Supervisor Form](#) (opens in new tab)

## **Appendix 3 – Clinical Supervision Form**

[Clinical Supervision Form](#) (opens in new tab)

## **Appendix 4 – How to Enter PADR Dates to ESR**

[How to Enter PADR Dates to ESR](#) (opens in new tab)

## **Appendix 5 – PADR PDP Form**

[PADR Personal Development Plan Proforma Form](#) (opens in new tab)

## **Appendix 6 – Core PADR Form**

[Core PADR Form](#) (opens in new tab)

## **Appendix 7 – Leadership PADR Form**

[Leadership PADR Form](#) (opens in new tab)

## **Appendix 8 – Appraisee Guidance**

[Appraisee Guidance](#) (opens in new tab)

## **Appendix 9 – Appraiser Guidance**

[Appraiser Guidance](#) (opens in new tab)

## **Appendix 10 – Checklist for Appraisees**

[Checklist for Appraisees](#) (opens in new tab)

## **Appendix 11 – Checklist for Appraisers**

[Checklist for Appraisers](#) (opens in new tab)

## **Appendix 12 – Benefits of Positive Performance Management**

[Benefits of Positive Performance Management](#) (opens in new tab)

## Equality Impact Assessment (EqIA) Screening Template

### When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

### Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full [EqIA](#).

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

### On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk) for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

### Support

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

<b>Director and Directorate</b>	Lisa Gostling – WOD
<b>Service Area</b>	Culture and Workforce Experience

<b>Title of Procedure, Project, Proposal, Policy being screened:</b>	1103 - Performance Management Policy
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**Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)**

Aim of the policy;

To ensure all staff have clear performance objectives and agreed development plans that support role delivery and align with organisational goals, underpinned by continuous, meaningful performance conversations and an annual PADR.

The aims will be achieved by:

- Provide a consistent, fair performance management approach
- Strengthen the link between individual contribution and HDdUHB strategic objectives
- Support pay progression standards and high-quality care
- Promote a people-first culture emphasising wellbeing, development, and regular feedback

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

- Policy scope and content, including equality statement and Welsh language commitments in the Performance Management Policy.
- All Wales Pay Progression Policy requirements and PADR compliance metrics referenced in the policy.
- Internal guidance and forms available via intranet (PADR forms, appraiser/appraisee guidance, ESR recording guidance).
- Relevant HDdUHB policies: Equality, Diversity & Inclusion; Data Protection; FOI; Records Management.
- Welsh Language Standards and practice regarding offering documentation and discussions in Welsh.

**Assess which protected characteristics will potentially be affected by the proposal in the table below** (please ✓ the relevant box to confirm positive, negative or no impact).

**If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqlA must be undertaken: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](https://sharepoint.com)**

<b>Age</b>					
Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Policy applies to all staff groups uniformly and focuses on conversations and development needs tailored to the individual. No age-specific criteria are introduced. Access to PADR and development opportunities is based on role requirements, not age.					
<b>Disability</b>					
Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Managers will ensure that PADR's are undertaken with individuals in an environment which is suitable for their individual needs e.g. quiet areas for people with sensory loss, hearing loss, learning disabilities etc. Any reasonable adjustments will be made throughout the PADR process for staff who require it.					
The policy emphasises person-led, regular conversations which facilitate early identification of barriers and reasonable adjustments. Documents can be provided in accessible formats and meetings conducted with adjustments as required.					
<b>Gender Reassignment</b>					
Is it likely to affect those who either:					
<ul style="list-style-type: none"> <li>• Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>• Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth</li> </ul>					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Policy is universally applicable and prohibits differential treatment. Confidentiality of personal data is protected through Data Protection policies; appraisals focus on role objectives and behaviours, not gender history.					
<b>Marriage / Civil Partnership</b>					
Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.					
Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
No policy provisions relate to marital or partnership status; processes and access to development remain the same.					

<b>Pregnancy and Maternity</b>					
Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Regular performance conversations enable planning for leave, handovers, and support during pregnancy/maternity. Objectives and PADR timings can be flexed. Pay progression standards are applied fairly with consideration of statutory leave.					
<b>Race / Ethnicity</b>					
Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Policy applies equally to all staff. Commitment to plain language and access to guidance supports inclusion. Conversations focus on role performance and development; where language support is required, managers can provide additional support.					
<b>Religion or Belief</b>					
Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
The approach enables flexible scheduling and respectful consideration of religious observance and beliefs; policy content is neutral with respect to belief.					
<b>Sex</b>					
Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Policy content is sex-neutral. Any differences in outcomes (e.g., access to development) can be monitored through ESR and addressed by relevant teams.					
<b>Sexual Orientation</b>					
Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
Justification of impact identified:					
Policy is universally applicable and focuses on role performance and development. Data confidentiality maintained via GDPR policy.					
<b>Armed Forces Community</b>					
Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to					

civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'

For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:

[Armed-Forces-Covenant-duty-statutory-guidance](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

The emphasis on person-led conversations supports consideration of unique employment histories, service-related health needs, and transition support without detriment.

**Socio Economic Duty**  
 Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see:

[more-equal-wales-socio-economic-duty](#)

Positive Impact	<input type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input checked="" type="checkbox"/>
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Justification of impact identified:

The policy promotes equitable access to development and regular manager support. Monitoring of PADR completion and TNA enables targeted support for staff who may face barriers (e.g., travel costs/time) which can be reviewed by relevant teams.

**Welsh Language**  
 Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.

Positive Impact	<input checked="" type="checkbox"/>	Negative Impact	<input type="checkbox"/>	No Impact	<input type="checkbox"/>
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Justification of impact identified:

Policy explicitly enables appraisal in Welsh where possible and confirms documentation availability in Welsh in line with Welsh Language Standards. ESR recording of Welsh language skills is encouraged.

If a negative impact has been identified, you are not required to complete this form as a full EqlA must be undertaken. A full EqlA template and guidance can be found on the following link: [Equality Impact Assessments \(EqlAs\) \(sharepoint.com\)](#)

Screening Completed by:	Name	Claire Steel
	Title	Culture and Workforce Experience Manager
	Contact details	<a href="mailto:Claire.Steel@wales.nhs.uk">Claire.Steel@wales.nhs.uk</a>
	Date	2/2/26
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Claire Steel
	Title	Culture and Workforce Experience Manager
	Contact details	<a href="mailto:Claire.Steel@wales.nhs.uk">Claire.Steel@wales.nhs.uk</a>
	Date	02/02/2026
Guidance has been provided by Diversity & Inclusion Team:	Name	Alan Winter
	Title	Senior Diversity & Inclusion Officer
	Contact details	<a href="mailto:Alan.winter@wales.nhs.uk">Alan.winter@wales.nhs.uk</a>
	Date	3/2/2026
Diversity and Inclusion Team additional Comments:		

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.**



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## Recognition Agreement

### 1. Agreement and Title

- 1.1 This Recognition Agreement (the Agreement) is between Hywel Dda University Health Board (henceforth referred to as the Health Board) and the British Medical Association Cymru Wales (BMA) and its Local Negotiating Committee (henceforth referred to as the LNC).
- 1.2 The committee shall be called the Hywel Dda UHB/Trust joint medical and dental staff local negotiating committee (JLNC).

### 2. Recognition

The Health Board recognises that it is to the mutual benefit of the Health Board and its employees for the employees to be represented by Trade Unions and professional Associations and therefore recognises the BMA and its LNC as having sole recognition and collective bargaining rights in respect of medical and dental staff employed in the Health Board.

### 3. General Principles

- 3.1 The Health Board and the BMA recognise they have as common objectives: -
  - a) The efficient operation and development of the Health Board and the best interests of the patients and staff.
  - b) The maintenance of harmonious and constructive relations.
- 3.2 Both sides recognise their pursuit of these common objectives shall be by: -
  - a) Negotiation – for the purposes of reaching agreement and avoiding disputes.
  - b) Consultation – the exchange of views involving an opportunity to influence decisions and their application.
  - c) Information – keeping each side informed of all relevant matters.
- 3.3 The BMA recognises the Health Board's responsibility to plan, organise and manage its activities to achieve its set objectives.
- 3.4 The Health Board recognises the BMA's responsibility to represent the interests of medical and dental staff and to work for improved conditions of employment.
- 3.5 The LNC will also be informed and consulted on all matters that may pertain to the wider workforce, and impact on the Health Board and its services. Policies which apply to all Health Board staff will also be shared



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with the LNC for approval. Although the JLNC is the exclusive forum for engaging with the Health Board, the LNC does wish to engage as appropriate with the Health Board Local Partnership Forum in line with the principle of true partnership working between staff organisations and Health Board Management whilst maintaining the integrity of the LNC.

#### 4. Scope of the Agreement

4.1 The Agreement specifies the following areas as appropriate for collective bargaining including, but not limited to, that specified in the Trade Union and Labour Relations (Consolidation) Act 1992 and the following:

- a) Interpretation and application of national pay and terms and conditions of employment/terms of engagement for medical and dental staff.
- b) Local implementation of pay, salary structure and terms and conditions of employment/terms of engagement, in accordance with national agreements.
- c) Representational rights relating to disciplinary, suspension, restriction of practice and termination of employment/terms of engagement of one or more medical/dental staff.
- d) Issues and policies relating to recruitment, redundancy, redeployment, suspension, termination of employment/terms of engagement, discipline (Upholding Professional Standards in Wales) and grievance and all other employment policies relating to medical and dental staff in accordance with national agreements.
- e) Matters of health and safety including the physical conditions in which medical and dental staff work.
- f) Facilities and time off for BMA LNC representatives.
- g) Negotiation or consultation machinery including recognition rights.
- h) Introduction of new working practices, new technology, new equipment and new techniques.
- i) Contracting out/Transfer of Undertakings, Protection of Employment (TUPE).
- j) Strategic Planning decisions including the allocation of resources that have workforce implications, reorganisation of staff and relocation of offices.
- k) Organisational decisions likely to affect the job prospects or job security of medical and dental staff.
- l) Any other matters which both sides agree to refer.



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4.2 The Health Board shall disclose information for collective bargaining purposes including, but not limited to, matters pertaining to pay, benefits, conditions of service, productivity and financial information. This information may be of a sensitive or commercial nature and could be subject to the confidentiality clause in the employment contract or by the professional codes of conduct.

## 5. Negotiation and Consultation Procedures

5.1 Where national terms and conditions of service or All-Wales policies agreed through MDBG are silent, the LNC will be the sole recognised body to negotiate on all local terms and conditions of service and/or local policies affecting medical and dental staff employed/engaged within the Health Board.

5.2 The LNC will consist of representatives of all branches of practice of medical and dental staff engaged with the employer

5.3 Representatives will be drawn from those with an interest in the items for negotiation/discussion. However, the LNC may choose to co-opt any other person who may not be an LNC representative for consultation purposes or to address a specific issue that is on the agenda.

5.4 The Health Board's representatives will comprise of the Executive Medical Director, Executive Director of Workforce and OD and Head of Medical Staffing (or equivalent). In addition, the Chief Executive will attend at least on an annual basis. Other senior managers may attend depending on the agenda.

5.5 The JLNC shall typically meet quarterly. Written notice of the venue and agenda shall be circulated 10 working days in advance of the JLNC meetings. The minutes shall be circulated within 10 working days of the JLNC meeting being held. The dates of the meetings shall be agreed in advance for a 12-month period

5.6 Chairing of the meetings will rotate between the Staff Side LNC Chair and Executive Medical Director or Deputy.

5.7 The Health Board will appoint secretarial support who will be responsible for administrative arrangements for JLNC meetings and will agree agendas and minutes with both Chairs.

5.8 Sub-Groups may be established to deal with matters of specific interest.



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## 6. Facilities and Time Off

The LNC Chair and/or associate/hospital site Chair will receive a minimum of 1 session per week to support them in undertaking this role plus time off to attend LNC meetings (both pre and main) including reasonable preparation time within working hours.

A Deputy Chair will receive a minimum of half a session per week to support them in undertaking this role plus time off to attend LNC meetings (both pre and main) including reasonable preparation time within working hours

Notification of appointment as an accredited representative will be provided to the Executive Medical Director to enable them to confirm with the employing department the requirement to facilitate paid time off for trade union duties/activities (including preparation time associated with those duties/activities) plus, where necessary, regular sessions in the Job Plan.

Accredited representatives of the LNC will receive reasonable paid time off to attend LNC meetings (both pre and main) including reasonable preparation time during normal working hours. LNC representatives who are able to identify the need for additional time, will be granted an additional sessional allowance and/or as appropriate trade union time off.

Accredited representatives will also have reasonable paid time off and facilities to carry out the duties and activities of the LNC and the BMA. No accredited BMA representative will suffer any loss in pay due to their trade union duties/activities.

## 7. Flexibility

Both sides recognise the varying demands and the flexibility required of the role as a BMA union/LNC representative, and employers will therefore ensure that they accommodate additional requests for time off in a flexible manner.

Where a union/LNC representative undertakes trade union duties/activities/training outside of their normal working hours, the Health Board/Trust must have a suitable mechanism in place to ensure paid time is being recognised e.g. through agreeing Time off In Lieu or via a local claim form.

## 8. Maintaining Good Relations

- 8.1 Both parties recognise that it is in their mutual interest to observe a negotiating procedure, by which issues arising between meetings can be considered and resolved.
- 8.2 Both parties agree that at each stage of the procedure, every reasonable attempt will be made to resolve issues raised until such efforts have been exhausted, and there shall be no action taken which would unreasonably exacerbate the dispute.
- 8.3 In the event of failure to agree, matters should be referred to ACAS or a neutral third party by either side for conciliation or jointly for arbitration.



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While the matter is in dispute both parties agree that the status quo will be observed.

#### 9. Review and Changes

This Agreement will be reviewed after 12 months and at agreed intervals thereafter. Changes to this Agreement may only be made by agreement of the JLNC. There will normally be a 6-month notice period for changes, unless otherwise agreed

#### 10. Document approval

This document is approved by the signatories below.

On behalf of Hywel Dda University Health Board: Mr Mark Henwood

A handwritten signature in blue ink, appearing to read 'M Henwood'.

Executive Medical Director

Date of approval: 8 April 2026

On behalf of LNC: Dr Paul Underwood

HDUHB LNC Chair

A handwritten signature in blue ink, appearing to read 'P Underwood'.

Rachael Jeffers

BMA Regional Support Officer

A handwritten signature in blue ink, appearing to read 'R Jeffers'.

Date of approval: 1 April 2026

<b>Date:-</b>	<b>Mar-26 Name of All Wales Policy</b>	<b>Last Issue Date</b>
	Disciplinary	Feb-26
	Organisational Change	Dec-25
	Improving Performance at Work	Feb-26
	Managing Attendance at Work	Oct-18
	Menopause	Dec-18
	Respect and Resolution	Jul-24
	Employment Break Scheme	Dec-25
	Reserve Forces Training and Mobilisation	Dec-25
	Procedure for NHS Staff to Raise Concerns	Sep-23
	Pay Progression	Jan-20
	Special Leave	Dec-20
	Recruitment and Retention Payment Protocol	Dec-20
	Secondment	Jul-21
	Flexible Working	Jan-24
	Pregnancy Loss Support	Sep-24
	Flexible Pensions	Oct-24
	Job Evaluation	Dec-24
	Anti-Sexual Harassment Policy	Sep-25
	Upholding Professional Standards in Wales	Oct-15

At its meeting held on 8 June 2023, the Welsh Partnership Forum Business Committee, agreed to a r

The core element of this approach is to move away from using a review date as a prompt for review. All Wales W&OD policies remain extant until replaced by an updated version approved by the Welsh NHS Wales Employers. This schedule will be issued on a quarterly basis as confirmation of policies remain

\*Extant - legal term derived from Latin for still in existence/still live

Original Planned Review Date	Currently Under Review	Current Position
N/A	No	Extant*
N/A	No	Remains Extant*
N/A	No	Extant*
Dec-21	Yes	Remains Extant*
Dec-21	No	Remains Extant*
N/A	No	Remains Extant*
N/A	No	Remains Extant*
N/A	No	Remains Extant*
May-23	Yes	Remains Extant*
Oct-23	No	Remains Extant*
Jan-24	No	Remains Extant*
Apr-24	No	Remains Extant*
Jul-24	No	Remains Extant*
N/A	No	Extant*
N/A	No	Extant*
N/A	No	Extant*
N/A	No	Extant*
N/A	No	Extant*
Oct-18	No	Remains Extant*

revised approach to the review of All Wales policies and procedures.

of an existing policy, to recognise key prompts for review and to provide an option for a transaction Partnership Forum.

ing extant to provide clarity and support organisations from a governance and assurance perspective

ial review where changes/updates to an existing policy are more administrative than material.