



Name of Meeting
People and
Organisational
Development
Committee
Date of Meeting
08 November 2023
Agenda item:

4.2e

Policy / Procedure Review and Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	My Contribution Policy	
Policy Owner	Kelly McFadyen. Learning and Development Manager.	
Lead Executive	Neil Lewis. Director of People and Organisational Development.	
PHW / All Wales?	PHW	
Date of last Review	August 2020	
Is the current policy / procedure within date?	No Current policy renewal date 14 September 2022	
Approving Body /Group	People & OD Committee	
Version Number		

Section 2 - Recommendation

FOR APPROVING BODY:

That the People and Organisational Development Committee:

- **Considers** the information contained within the Policy and Equalities Impact Assessment
- Note that the Leadership Team have endorsed the Policy to the People and Organisational Development Committee for approval



• **Approve** the Policy

3 - Details of the Review:

Background:

Reason for review	Existing Policy was overdue review. Review delayed due to a number of organisational initiatives including Work How It Works Best and Being our Best

Consultation:		
Has this Policy / Procedure been through the appropriate consultation process?	Yes	
Date range of consultation:	Policy Review Workshop held on 17 July 2023	
	Consultation period: 21 August – 29 September 2023	
Please provide details of any feedback received and outline what changes if any were made to the document as a result:		
No feedback provided during consultation period.		
Had this policy / procedure	Yes	
been considered by any other groups? Local Partnership Forum		
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this		
The Leadership Team also considered and commented as necessary on the Policy		

The Leadership Team also considered and commented as necessary on the Policy during October 2023.



4 – Impact Assessments

Equality and Health Impact Assessment	Has been completed and included as an appendix	
Risk and Assurance	N/A	
Health and Care Standards	This Policy / Procedure supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes	
	Theme 7 - Staff and Resources	
	Choose an item.	
	Choose an item.	
Financial implications	There are no financial implications	
People implications		

5 - Implementation

Implementation plan (with timescales)			
Next steps	Timescale	Responsible officer(s)	
My Contribution Toolkit and SharePoint Pages currently under review	October 2023 to January 2024	Kelly McFadyen	
Implementation to be discussed at Leadership Team and Business and Planning Leads	November 2023 to February 2024	Kelly McFadyen	
Ongoing timely staff communications e.g. reminders about end of year reviews and mid year reviews	Bi-annually and as part of New Employee Onboarding and Induction	Kelly McFadyen	
Following Staff Survey results, consider undertaking a My Contribution Quality Audit	March 2024	Kelly McFadyen	



Reference Number: xxxx Version Number: xxx Date of next review: xxx

MY CONTRIBUTION POLICY

Policy Statement

The purpose of this policy is to ensure that Public Health Wales has a clear, consistent and fair approach to performance management and personal development, and that individual objectives and work plans are aligned to the strategic and operational priorities of the organisation. We are at our best when we are clear on what we need to do, how we can do it better and what will improve when we've done it. This policy sets out the principles for agreeing and reviewing objectives and setting expectations around what we will do and how we will do it, in ways that are aligned to our values, as well as exploring wellbeing, support, learning and growth. There is a guidance document to support staff and managers get the most from the process, which should be used alongside the policy.

Through bi-annual structured conversations, underpinned by regular informal and formal conversations, My Contribution aims to help colleagues to be their best at work through two-way constructive feedback, development, and support from your manager. By achieving individual objectives everyone will contribute to the wider success of their team and the whole organisation.

Policy Commitment

This policy outlines Public Health Wales' proactive approach to 'appraisals' and is grounded in fostering a supportive and ongoing dialogue between managers and team members, ensuring clear expectations from the beginning. If colleagues have not yet engaged in these discussions, they are encouraged to first approach their manager. And if necessary, seek guidance from People and Organisational Development (PeopleSupport.PHW@wales.nhs.uk).

Supporting Procedures and Written Control Documents

All corporate policies and procedures are available on the Public Health Wales website

My Contribution Guidance and Toolkit

My Contribution Form

Other related documents are:

All Wales Capability Policy
Pay Progression Policy
Learning and Development Policy
Work How it Works Best

Scope

All staff, except medical and dental staff registered with the General Medical Council and General Dental Council. Multi-disciplinary public health consultants participating in professional appraisals and using job plans may opt to use only parts of this process and accompanying documents where appropriate and where it complements alternative approved approaches. Medical and dental staff and multi-disciplinary public health consultants who are responsible for managing the performance of any other staff must use this policy and associated guidance and forms.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	Board/Committee
Approval Date	
Review Date	17 th July 2023
Date of Publication:	
Group with	Insert name of Executive/Management Group
authority to	
approve supporting	
procedures	
Accountable	Neil Lewis. Director of People and Organisational
Executive	Development.
Director/Director	
Author	Kelly McFadyen. Learning and Development Manager.

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or Corporate Governance.

Summary of reviews/amendments

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Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
V1	July 2023			Policy renewed in line with renewal period. Updates included: simplifying the Policy and removing duplicated information, including updated links to Pay Progression and incorporating Work How It Works Best and Being Our Best into the approach.

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1. Introduction

An effective performance management system plays a crucial role in empowering colleagues at Public Health Wales to achieve their objectives and thrive within their roles. By doing so, we collectively work towards our aims, strategic objectives, and the realisation of our long-term strategy (2023-35) - Working together for a healthier Wales.

We should all be clear of what is expected of us in our roles and how this contributes to the success of the immediate team and the wider organisation. My Contribution focuses on establishing well-defined objectives and how we need to work to accomplish them. Regular conversations to review progress and agree any development and resources needed are also vital. The benefit of the My Contribution process for individuals ensures guidance and support for employees so they can perform to their best. The organisation will benefit from having a capable and highly motivated workforce, who are clear on their role, how it links to PHW strategic direction and behaviours that reflects PHW's values.

2. Principles

Everyone should have at least two, structured and recorded reviews per year, and where possible these should be in-person, the first taking place at the start of the financial year (or as part of induction) and the second mid-way through the financial year as well as regular conversations, that will help you:

- Understand how your role contributes to the team and the organisation strategic priorities
- Agree your objectives for the coming year/review period
- Agree the resources that you need to achieve them
- Consider <u>Being Our Best</u> our values-based behavioural framework and reflect on and discuss how these are demonstrated in the way you work
- Discuss keeping your knowledge and skills up to date and agree what learning/development you'll undertake during the review period (taking into account any professional development requirements and required statutory and mandatory training needs)
- Discuss your broader career aspirations and what development can be considered to take steps towards realising them – including broader activity such as shadowing
- Discuss your wellbeing and engage with your line manager regarding the support you receive/need from them

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- Discuss <u>Work How It Works Best</u>, our strategic intent to shape work around life, empowering everyone to have more choice depending on your own role/responsibilities, the needs of your team and the organisation at any given time and of course how you work best
- Review and record your performance against expectations

Regular, quality conversations are at the heart of the My Contribution. You should have frequent conversations to discuss your wellbeing, recognise what is going well, monitor progress and address any issues that might prevent you meeting your objectives. We understand priorities can change throughout the review period and the availability of resources may be beyond our control. Plans need to be flexible so if there are understandable changes, you and your manager can revise your objectives and agree amended expectations.

3. Diversity and Inclusion

Public Health Wales is committed to implementing the policy in an inclusive way and one that meets the needs of all colleagues. Line managers are empowered to ensure the effective implementation of this policy and its supporting procedures, taking into consideration the unique needs of individuals within their teams. Colleagues and managers should discuss any individual needs openly, respectfully and with a view that reasonable adjustments will be supported.

Further advice can be sought from the People and Organisational Development team PeopleSupport.PHW@Wales.nhs.uk and/or an appropriate Staff Diversity Network.

In addition, aligned to <u>Being our Best</u> – our values-based behavioural framework, equality, diversity and inclusion objectives should also be discussed.

4. Welsh Language

The My Contribution Policy, Guidance and Forms are available in Welsh.

Colleagues wishing to conduct their appraisal in Welsh can request to do so if their line manager is a Welsh speaker. However, if completed in English, colleagues can request Welsh translation of the documentation.

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During at least one structured My Contribution conversation annually, colleagues should review their Welsh language skills and ensure it (or any changes) is updated in ESR. Colleagues should also discuss Welsh language skills development as part of learning needs.

5. Roles and Responsibilities

5. 1 People managers are responsible for:

- Conducting My Contribution in line with the principles and completing any relevant training available. They should discuss and agree requirements for statutory and mandatory training, Continuous Professional Development (CPD)/revalidation as part of the individual's development review linking to the appropriate appraisal cycles
- Recording all structured My Contribution dates in ESR through which organisational compliance is reported both internally and externally
- Recognising the importance of frequent conversations throughout the year which underpin My Contribution. Discussing progress, giving and receiving feedback, discussing wellbeing and raising any development needs or resource implications etc. If required, use short interventions or the informal capability process to support direct reports if they are struggling to meet objectives
- Being prepared for all conversations and structured reviews
- Agreeing an overall performance evaluation at the end of year review based on previous conversations and the extent to which expectations have been met.

The managers of line managers are also responsible for ensuring their direct reports are adhering to the requirements of the policy.

5.2 Colleagues are responsible for:

- Actively participating in the My Contribution process planning and preparing for My Contribution meetings. Employees are responsible for raising any concerns regarding objectives as soon as possible and voicing their desire to attended future training or development opportunities
- Engaging in frequent conversation throughout the year with your line manager to discuss progress, giving and receiving feedback, discussing wellbeing and raise any development needs, resource implications etc.
- Being prepared for all conversations and structured reviews

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 keeping a record of objectives and plans agreed and ensure any supporting documentation is completed and updated in a timely manner.

5.3 The People and Organisational Development Directorate

The People and Organisational Development Directorate is responsible for reporting compliance to the PHW Business Executive Team.

The People and Organisational Development Directorate will invite a proportion of staff who have a recorded My Contribution to complete a quality survey each year. This will give the opportunity between staff surveys to gather views on the quality and impact of My Contribution and to provide assurance that it is being implemented in line with the principles.

A more detailed list of what these responsibilities mean in practice is set out in the My Contribution guidance.

6. Capability

My Contribution is a supportive approach, aimed at ensuring all colleagues have clear and agreed objectives, and agree expectations as to how work will be delivered in line with PHW values and understand what learning and development should be undertaken to maintain and improve skills and knowledge. This is based on regular dialogue between line manager and employee to provide clarity over the resources required to meet agreed expectations.

If there are concerns over the ability to meet objectives, it is the responsibility of all colleagues and their manager to discuss this as soon as possible and agree next steps.

Where concerns can be addressed by agreeing short-term adjustments, such as an extension to a deadline or additional resources/support, this can be agreed between the relevant manager and any others responsible for the deliverable against workplans. Adjustments should be documented within the form and followed up with feedback where appropriate.

Should the concerns not be addressed, or if the concerns cannot be addressed with short-term support, line managers should refer to the All-Wales Capability Policy for next steps.

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People and OD can support with any queries with either policy or the inter-relationship between them.

7. Pay Progression

In 2015, the Minister for Health and Social Services set out the intention to introduce a pay progression scheme into the NHS in Wales from April 2016, which would be linked to performance.

Whilst the My Contribution Policy and Pay Progression Policy are linked, they are not one and the same. Colleagues seeking further information on Pay Progression and its accompanying guidance, should view the latest policy on the staff intranet.

8. Review

This policy will be reviewed in 3 years' time or sooner if required.

The named lead will monitor this policy to ensure it is compliant with current legislation, to ensure it is effectively implemented, and ensure that it is reviewed in accordance with the timetable for review.

We are continually looking to improve our employment practices and welcome any feedback you may have in relation to this policy. Feedback can be provided by emailing PeopleSupport.PHW@wales.nhs.uk or you may wish to feedback via your Trade Union representative.

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Template Equality & Health Impact Assessment for

My Contribution Policy

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	People and Organisational Development Kelly McFadyen Learning and Development Manager Kelly.McFadyen@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	All non-medical and non-dental staff working in Public Health Wales have a consistent and structured approach to performance management and appraisals, linking their role directly to team, business and organisational plans and strategy. Multi-professional consultants may opt to complement professional appraisals/job plan with elements of My Contribution, but must record conversation dates in ESR.
4.	Evidence and background information considered. For example population data	Staff groups – ESR UK Core Skills Training Framework

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	 staff and service users data, as applicable needs assessment engagement and involvement findings research good practice guidelines participant knowledge list of stakeholders and how stakeholders have engaged in the development stages comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need. 	
<u> </u>		
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All non-medical/dental staff other than those who manage non-medical/dental staff. All line managers of the above staff groups. Multi-professional consultants (recording only)
	Consider staff as well as the population that the project/change may affect to different degrees.	

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
 6.1 Age For most purposes, the main categories are: under 18; between 18 and 65; and over 65 	There should be no positive or negative impact on any specific age groups		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	There should be no positive or negative impact on any colleague with a disability – adjustments should and would be made as recommended within any assessment. Colleagues are encouraged		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
medical conditions such as diabetes	to discuss broader wellbeing during their MYC discussions.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	There should be no positive or negative impact on any gender or person undergoing gender reassignment.		
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.4 People who are married or who have a civil partner.	This also covers those who There should be no positive or negative impact on anyone who is married or has a civil partner.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	There should be no positive or negative impact on any woman who is expecting a baby/on maternity leave after having a baby or breastfeeding.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	There should be no positive or negative impact on anyone on the basis of nationality, race, colour, culture or ethnic origin.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	There should be no positive or negative impact on anyone on the basis of religious belief/no religious belief.		
 6.8 People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) 	There should be no positive or negative impact on anyone on the basis of sexual attraction.		
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless,	There should be no positive or negative impact on anyone in any income related group		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
people who are unable to work due to ill-health			
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There should be no positive or negative impact on anyone according to where they live.		
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None.		

6.12 Welsh Language

There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Opportunities for persons to use the Welsh language	The policy, guidance and form are available in both English and Welsh. Colleagues who wish to conduct their appraisal in Welsh may do so if their manager is also a Welsh speaker.		
Treating the Welsh language no less favourably than the English language	The policy, guidance and form are available in both English and Welsh. Colleagues who wish to conduct their appraisal in Welsh may do so if their manager is also a Welsh speaker.		

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
None.	N/A

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)

- 2. Record any unintended consequences (negative impacts) and/or gaps identified
- 3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
- 4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts	Unintended	Population	Mitigation/recommendations
	or additional	consequences or	groups	
	opportunities	gaps	affected	
 7.2 Lifestyles Diet/nutrition/breastfeeding Physical activity Use of alcohol, cigarettes, e-cigarettes Use of substances, non-prescribed drugs, abuse of prescription medication Social media use Sexual activity Risk-taking activity i.e. gambling, addictive behaviour 	A space has been created on the My Contribution form to capture any discussion and actions around an individual's wellbeing or health.			
 7.3 Social and community influences on health Adverse childhood experiences Citizen power and influence Community cohesion, identity, local pride Community resilience Domestic violence Family relationships Language, cultural and spirituality Neighbourliness Social exclusion i.e. homelessness Parenting and infant attachment Peer pressure Racism Sense of belonging 	A space has been created on the My Contribution form to capture any discussion and actions around an individual's wellbeing or health.			

 Social isolation/loneliness Social capitol/support/networks Third sector & volunteering 7.4 Mental Wellbeing Does this proposal support sense of control? Does it enable participation in community and economic life? Does it impact on emotional wellbeing and resilience? 	A space has been created on the My Contribution form to capture any discussion and actions around an individual's wellbeing or health.		
 7.5 Living/ environmental conditions affecting health Air quality Attractiveness/access/availability/quality of area, green and blue space, natural space. Health & safety, community, individual, public/private space Housing, quality/tenure/indoor environment Light/noise/odours, pollution Quality & safety of play areas (formal/informal) Road safety Urban/rural built & natural environment Waste and recycling Water quality 	A space has been created on the My Contribution form to capture any discussion and actions around an individual's wellbeing or health.		
 7.6 Economic conditions affecting health Unemployment Income, poverty (incl. food and fuel) Economic inactivity Personal and household debt 	A space has been created on the My Contribution form to capture any discussion and actions around an		

 Type of employment i.e. permanent/temp, full/part time Workplace conditions i.e. environment culture, H&S 	individual's wellbeing or health.		
 7.7 Access and quality of services Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 	A space has been created on the My Contribution form to capture any discussion and actions around an individual's wellbeing or health and development needs.		
 7.8 Macro-economic, environmental and sustainability factors Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	My Contribution toolkit includes guidance on including environmental and sustainability factors in the conversation.		

Stage 3
Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead	

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).