

Public People & Culture Committee Meeting

Tue 14 May 2024, 09:00 - 11:00

Virtual - MS Teams

Agenda

09:00 - 09:05 **1. Standing Items**

5 min

1.1. Welcome & Introductions

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes from the previous meeting – 12th March 2024

Sara Moseley

📄 1.4 Draft Public People & Culture Minutes 12.03.24.pdf (7 pages)

1.5. Action Log following the previous meeting – 12th March 2024

Sara Moseley

📄 1.5 P&C Public Action Log following 12.03.24.pdf (1 pages)

1.6. Committee Chair's Actions

Sara Moseley

09:05 - 10:40 **2. Items for Review & Assurance**

95 min

2.1. Staff Story

Rachel Gidman

10 Mins

2.2. Board Assurance Framework – Wellbeing- Wellbeing Deep Dive

Claire Whiles

15 Mins

📄 2.2 People and Culture Committee May 2024 BAF Wellbeing Update.pdf (7 pages)

2.3. Key Workforce Performance Indicators

Lianne Morse

10 Mins

Regan, Nikki
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📄 2.3 People Culture Committee KPI Paper Mar-24 Data.pdf (3 pages)

📄 2.3a New IPR - Workforce Section Mar-24.pdf (3 pages)

2.4. Clinical Board Spotlight – Specialist Services

Jessica Castle / Catherine Twamley / Michael Stephens / Thomas Bolt

30 Mins

📄 2.4 SS PC plan presentation May 2024.pdf (13 pages)

2.5. Director of Public Health Update

Claire Beynon

10 Mins

📄 2.5 Director of Public Health Update.pdf (2 pages)

📄 2.5a DPH update.pdf (21 pages)

2.6. Update:- Health and Safety- Estates

Geoff Walsh / Robert Warren

20 Mins

📄 2.6 Estates Update - May 2024.pdf (6 pages)

📄 2.6a H&S Update.pdf (2 pages)

10:40 - 10:50 3. Items for Approval / Ratification

10 min

3.1. Fire Safety Personal Evacuation Plan (PEEP) Policy

Ryan Paxford

5 Mins

📄 3.1 PEEP Covering Report.pdf (3 pages)

📄 3.1a Fire Safety PEEP Policy updated (1).pdf (9 pages)

📄 3.1b Draft Fire Safety PEEP Policy EHIA December 2023 V 01.pdf (20 pages)

📄 3.1c Key Document Approval Form Fire Safety Personal Emergency Evacuation Plan Policy.pdf (2 pages)

3.2. No Smoking and Smoke Free Environment Policy

Sian Griffiths

5 Mins

📄 3.2 No Smoking Policy_cover paper.pdf (3 pages)

📄 3.2a POLICY No smoking and smokefree environment policy FINAL.pdf (5 pages)

📄 3.2b PROCEDURE No Smoking and Smoke Free Environment Policy FINAL.pdf (38 pages)

📄 3.2c EQIA NoSmoking Policy FINAL.pdf (25 pages)

10:50 - 10:55 4. Items for Information & Noting

5 min

4.1. Industrial Actions – Lessons Learnt – Verbal Update

Richard Skone


5 Mins

4.2. Estates Overview Slides (brought from H&S sub-committee)

Geoff Walsh

Regan, Nikki
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0 Mins - for information only

 4.2 Estates Update May 2024 (For Information).pdf (25 pages)

4.3. Digital Communications & Analytics

Joanne Brandon

0 Mins - for information only

 4.3 Digital Communications Analytics v2.pdf (12 pages)

4.4. People & Culture Committee – Annual Report 2023-24

Sara Moseley

0 Mins

 4.4 People & Culture Committee Annual Report.pdf (8 pages)

10:55 - 11:00 5. Any Other Business

5 min

Sara Moseley

5 Mins

11:00 - 11:00 6. Private Agenda Items:

0 min

6.1. i) Minutes from the previous meeting – 12.03.2024ii) Employee Relations Risksiii) Notices from the Welsh Language Commissioner

11:00 - 11:00 7. Review & Final Closure

0 min

7.1. Items to be deferred to Board/Committees

Sara Moseley

7.2. To note the date & time of the next meeting: Tuesday 9th July 2024 at 9am via MS Teams

Regan, Nikki
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**Draft Minutes of the Public People and Culture Committee
Held On 12th March 2024
Via MS Teams**

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Unions
Akmal Hanuk	AH	Independent Member for Local Community
Rhian Thomas	RT	Independent Member for Capital & Estates
Susan Lloyd-Selby	SLS	Independent Member for
In Attendance:		
Joanne Brandon	JB	Director of Communications
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Matt Phillips	MP	Director of Corporate Governance
Mitchell Jones	MJ	Head of Equality & Inclusion
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Claire Whiles	CW	Assistant Director of OD
Andy Jones	AJ	Director of Nursing / Midwifery – C&W Clinical Board
Catherine Wood	CW	Director of Operations – C&W Clinical Board
Geoff Walsh	DCE	Director of Capital & Estates
Rachel Pressley	HPA	Head of People & Assurance
Rob Warren	RW	Head of Health, Safety & Fire
Sandeep Hemmadi	SH	Clinical Board Director of Children & Women
Observers		
Ellie Webber	EW	Graduate Trainee
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Jason Roberts	JR	Executive Nursing Director
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Paul Bostock	PB	Chief Operating Officer

Item No	Agenda Item	Action
P&C 12/03/001	<p>Welcome & Introductions</p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p> <p>View the Minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
P&C 12/03/002	<p>Apologies for Absence</p> <p>Apologies for absence were noted.</p> <p>View the minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
P&C 12/03/003	<p>Declarations of Interest</p> <p>The IM-CE declared an interest as the Chair of the C&V Credit Union, which would be an ongoing declaration.</p>	

<p>P&C 12/03/004</p>	<p>Minutes from meeting on 23rd January 2024</p> <p>The Minutes were received and accurate.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 23RD January 2024 were agreed to be a true and accurate record of the meeting.</p> <p>To view the minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
<p>P&C 12/03/005</p>	<p>Action Log following 23rd January 2024 Meeting</p> <p>The Action Log was received, and the following comments were made:</p> <p>The Culture roadshow – The ADOD planned to shared the culture roadshow information with the committee, which focused on staff benefits such as discounts and financial well-being.</p> <p>How to bring workforce redesign and impact to the committee – The DDPC explained that HEIW had previously attended to discuss the impacts on the census and planned to come back and give an update.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p> <p>View the minute (int5ernal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
<p>P&C 12/03/006</p>	<p>Chair's Actions</p> <p>There were no Chair's Actions.</p>	
<p>Items for Review & Assurance</p>		
<p>P&C 12/03/007</p>	<p>Staff Story – My Health Passport</p> <p>The DDPC introduced the staff story and highlighted the importance for the staff member to speak Welsh and how it benefited her patients.</p> <p>The CC commented that the story was a gateway to commence discussions around Welsh as a first language. She noted the importance of resources and opportunities to learn Welsh and for colleagues to talk in Welsh in settings such as coffee mornings. She would write to the staff member in the video thanking her for highlighting the importance of the issues she raised.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p> <p>View the minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
<p>P&C 12/03/008</p>	<p>Board Assurance Framework Report - Culture</p> <p>The ADOD highlighted the need for staff to be encouraged and enabled to deliver change. She added that risks were everyone's responsibility and highlighted the following points:</p>	

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- Clinical Board / Executive reviews can discuss workforce / performance data and address issues
- The COO requested monthly meetings with EDPC / ADOD to monitor progress and identify issues and any additional support required
- Recent work included the culture & leadership programme implemented within theatres in Llandough
- Scoping phase of work being done in Theatres in Llandough to enable the work in UHW (60% of staff took part in the survey)
- ALAS work continued to be supported and had a team day in Dec 2023
- Cardiology & Radiology work progressed. An improvement programme in Cardiology would commence in April 2024
- Look how support can be given to senior leaders on shaping change and behaviours in the Children & Womens Clinical Board
- 301 staff members participated in the engagement work regarding the strategic & equality objectives
- Support has been identified regarding the anti-racist action plan and would bring support back and would implement / monitor effectively. Working with different organisations to ensure effective training is provided.
- Management Development will be discussed in SLB to ensure we are offering the correct things
- The all Wales community practise was established where an issue was found with the retention tool but now working with HEIW to develop it back by 31st March
- The staff survey results show concerns across NHS Wales. This will be a key priority and the Chief Executive noted that we need to work differently and engage with staff to develop the actions

Action:

To discuss the triangulation between the staff survey and priority areas at a future People & Culture Committee.

Action:

The Board Assurance Framework Report – Culture, including the cultural / emerging themes from the inquiry work, to be discussed at the next People & Culture Committee Meeting.

The IMCE asked how to tailor the work and keep it bespoke and relevant / methodology. The ADOD explained that the approach was evidence based taken from the Kings Fund / centre of creative leadership. There was an aim to understand issues emerging and to look what approach would be best to address these issues. Evidence based questions are used to work with the leadership team, which would help cascade good pieces of work. The COO & EDPC sponsored this work, which helped with the actions identified and planned a re-do survey in 12-18 months' time, which would become part of the 3-5-year approach.

The IMLC suggested to look at out Values along with the Quality & Safety work and the Waste culture. He noted that clarity would assure that CAV understood the culture and what improvement was needed.

The ADOD explained that the quality of service provision was at the centre of questions that were put forward, and would share these questions following this meeting.

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	<p>The DDPC noted the cultural work came through the Head of People & Culture, with the people services team highlighting areas of resolution cases and explained the work was multi-faceted.</p> <p>The Chair added for there to be a message from the People & Culture committee as this work develops to have a clear view. She would like for the committee to understand the challenges faced by managers / leaders who embrace the cultural change.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> 1) The risks to the delivery Strategic Objectives (Culture) detailed on the BAF for March 2024 were reviewed and noted. <p>View the minute (internal only): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
<p>P&C 12/03/009</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC provided the Key Workforce Performance Indicators Report. The report is available to view in detail alongside the papers received for the Public People & Culture Committee on the 12/03/2024 and highlighted the following points –</p> <ul style="list-style-type: none"> • Turnover continued to improve each month • Health Care Support Workers (HCSW) have a high turnover • The process to improve the number of returned exit questionnaires was worked on and requested to bring back to the People & Culture Committee <p>Action: <u>To discuss Exit Questionnaires at the People & Culture Committee Meeting May 2024</u></p> <ul style="list-style-type: none"> • The COO highlighted the importance of VBA's, which had gone from 79% to 74% within 1 month • Agreed to move away from showing compliance on job plans • Continued reduction in variable pay / agency spend – focus 24/25 will be to reduce reliance on temporary workforce <p>The ADOD explained that HCSW had always been a staff group that had a high turnover but was being looked in to and would bring this information to P&C Meeting May 2024.</p> <p>The IMTU questioned what the average timescale for the appointment of an investigating officer and the length of time an investigation was taking? The ADOD explained it was dependant on the complexity of the case. She added that the capacity of work was high but would bring further information back to the People & Culture Committee at a future date.</p> <p>The ADOD noted the following points:</p> <ul style="list-style-type: none"> • staff numbers had increased, which included new nursing staff (200) in September, with Medical & Dental remaining steady. • Training took place for managers regarding job planning • Agency staff like the flexibility of agency work <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The contents of the report were noted and discussed. <p>View the minute (internal only): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	

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<p>P&C 12/03/010</p>	<p>Clinical Board Spotlight – <u>C&W Clinical Board</u></p> <p>The DOCW & DNCW shared the presentation which provided a summary of the Clinical Board from a People & Culture lens. The presentation is available to view in detail alongside the papers received for the Public People & Culture Committee on the 12/03/2024 for Agenda item 2.4.</p> <p>The IMLC took over as Chair and questioned around the percentages and how the findings could be triangulated? The DNCW explained the information was continually brought together as it was a catalyst for more conversations and culminating with the celebration events. She added that exiting staff responses were mixed but included pay recognition / training / leadership opportunities / flexible working.</p> <p>The Committee resolved that:</p> <p>a) The Children & Women Clinical Board Spotlight was discussed and noted.</p> <p>View the minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
<p>P&C 12/03/011</p>	<p>Notices from the Welsh Language Commissioner</p> <p>The HEI noted the self-reporting tool was discussed with NWSSP and would continue to work on this and keep the committee updated on the progress. He highlighted the following points:</p> <ul style="list-style-type: none"> • CAV UHB met with the Welsh Language commissioner in January 2024 • The commissioner had seen a change of approach regarding the welsh language standards but more work was needed and reminded CAV this was a legal requirement • 4 matters remained open and CAV UHB were in breach: <ul style="list-style-type: none"> ○ <u>CS1135 – Reception wasn't in Welsh for patients / visitors.</u> The Welsh language officer attended areas and applied for funding to enable training to be delivered - A small task / finish group has been established. ○ <u>CS1175 –Bilingual switchboard services were not provided</u> – The Equality & inclusion team have worked with the switchboard manager and they are now able to offer bi lingual services ○ <u>CS1063 – CAV did not assess language preference appropriately.</u> CAV have undertaken a registration drive and it is now easier to record Welsh language. Welsh language in patient policy was approved and published ○ <u>CS1196 – CAV breached standards when a patient requested a response in Welsh.</u> This was addressed and the welsh language officer planned to deliver a training session • CAV need to look at how to advertise for Welsh speakers <p>The IMCE expressed frustration regarding the breaches CAV received and questioned how to move forward and not to be in breach? The HEI explained resources and culture were needed to make the changes.</p> <p>The Committee resolved to:</p> <p>a) The update was noted; and b) An update once the above actions had taken place was agreed.</p> <p>View the minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	

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<p>P&C 12/03/012</p>	<p>Health and Safety Update:</p> <ul style="list-style-type: none"> • Estates <p>The HHSF updated on Estates and highlighted the following points:</p> <ul style="list-style-type: none"> • The HSE reviewed the information and arranged another site visit at EU at UHW on 18.04.24 • The HSE visited UHL Porters, Waste and Housekeeping with no issues raised <p>The DoE highlighted the following points:</p> <ul style="list-style-type: none"> • A project being undertaken to identify critical risks, which followed operation POET • A review was completed of the 50 items on the process, with 13 scoring above 20 • £17.5mil funding was received for a program of works which will give CAV a clear indication of where we need to be • CAV need to highlight if further funding is needed to WG • CAV have an obligation to contribute 30%. <p>The EDF highlighted that CAV had suffered major clinical failures. Operation POET was a large piece of work and this was a 18month – 3-year piece of work. There were risks and the need to navigate a solution for UHW was important.</p> <p>The DoE noted CAV were in a different position to when the strategy was produced in 2018 and thought we would have a new hospital and noted new buildings. The importance of the next estates strategy will be how will we manage the estate over the next 10-15 years. Hope to have a clear view on the discussions over the next 9 – 12 months.</p> <p>The Committee resolved to:</p> <p>a) The Health and Safety Update was noted.</p> <p>View the minute (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	
Items for Approval / Ratification		
<p>P&C 12/03/014</p>	<p>Strategic Equality Objectives & Annual Equality Reports</p> <p>The HEI highlighted the following:</p> <ul style="list-style-type: none"> • CAV are required to review the report every 4 years. • the strategic objectives were the focus and would help align the work and strategies across the HB. • An engagement exercise took place from Dec 23 – Feb 24 with over 300 people taking part, with some key themes emerging, which was to enhance communication and improve accessibility. • The gender pay gap reduced at 17.13% for March 2023 <p>The EDPH noted the quality of data protection across CAV and would continue to work with HEI and team around the collection on our population.</p> <p>The Committee resolved to:</p> <p>a) The Strategic equality objectives report was approved.</p> <p>View the minute here (internal members): People & Culture Committee-20240312_085924-Meeting Recording.mp4</p>	

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	Items for Information & Noting	
P&C 12/03/015	<p>Response to Audit – Review of Workplace Planning Arrangements</p> <p>The ADOD noted the audit was welcomed with no surprises in the findings & recommendations. We lack capability as an Organisation and look to strengthen our expertise. Will bring further updates to the committee as the work is progressed.</p> <p>The Committee resolved to:</p> <p>a) The Response to Audit – Review of workplace planning arrangements were noted.</p>	
	Any Other Business	
P&C 12/03/016	No items.	
	Private Agenda Items	
P&C 12/03/017	<p>i) <i>Approval of Private Minutes</i></p> <p>ii) <i>Employee Relations Risks (Verbal)</i></p> <p>iii) <i>Fire Prosecution Update (Verbal)</i></p>	
	Review & Final Closure	
P&C 12/03/018	Items to be deferred to Board/Committees	
	<p>Date & time of the next meeting:</p> <p>Tuesday May 28th 2024 at 9am via MS Teams</p>	

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Public Action Log
Following People and Culture Committee Meeting
12th March 2024
(Updated for the Meeting 14th May 2024)

Minute Ref	Subject	Agreed Actions	Lead	Date	Status/Comments
Actions					
P&C 14/11/027	Welsh Language Standards Annual Report	Dashboard on compliance with the 121 standards to be shared.	Rachel Gidman / Mitchell Jones	12.03.2024	Completed – Update given at the P&C Committee on 12th March 2024
P&C 14/11/014	Policies for Approval – Introducing a consistent, evidence-based approach to Cultural and Leadership at CAVUHB	As the work to tackle the cultural hotspots within the organisation develops, for the updates, themes, and actions undertaken to be brought back to the Committee for assurance.	Claire Whiles Rachel Gidman Paul Bostock	12.03.2024	Completed – Update given at the P&C Committee on 12th March 2024
P&C 23/01/010	Clinical Board Spotlight – Children & Womens Clinical Board	SM and RG to consider how to bring workforce redesign planning to the Committee.	Sara Moseley Rachel Gidman	12.03.2024	Completed – Update given at the P&C Committee on 12th March 2024 by CW Clinical Board
P&C 23/01/010	Clinical Board Spotlight	Clinical Board Spotlight CD&T slides to be shared with other Clinical Boards to replicate the presentation format.	Paul Bostock	12.03.2024	Completed – slides were shared following the meeting
P&C 12/03/008	Board Assurance Framework Report - Culture	Agreed for the cultural themes / emerging themes from the inquiry to be discussed at the next committee meeting	Rachel Gidman	14.05.24	On the agenda for 14.05.24 P&C Committee Meeting
Actions referred from Board / Committees					

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Report Title:	Board Assurance Framework - Wellbeing	Agenda Item no.	
Meeting:	People and Culture Committee	Meeting Date:	
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture		

Main Report

Background and current situation:

Background

People working within Healthcare, including colleagues within CAVUHB, continue to be exposed to unprecedented levels of demand, change and uncertainty. Evidence indicates that Healthcare workers are at greater risk of developing mental health problems. This has been exacerbated by the experience of the Covid-19 pandemic, with evidence of similar events (SARs / natural disasters) indicating that the impact is more likely to be seen in the years following the event itself, with recovery time taking between 5 and 10 years. The impact of this is unlikely to be experienced equally, with people already experiencing inequity likely to be affected disproportionately, for example having a more detrimental impact upon those with existing mental health conditions or long-term health conditions, those from Black, Asian and minority ethnic communities, and those experiencing social deprivation.

For this reason, staff wellbeing currently sits on the Board Assurance Framework. This is due to a number of factors including:

- Lack of integration and understanding of importance of health and wellbeing amongst colleagues including managers and senior leaders
- Impact upon manager wellbeing of balancing and responding to staff and service needs
- Conflict between demands of service delivery and staff wellbeing
- Exposure to psychological impact of increasingly complex and challenging demands of care
- Inability to deliver care to required standard due to reasons including staff shortages (moral injury / moral distress)
- Ongoing demands over an extended period of time, often due to shortage of staff
- Cost of living
- Current financial climate within the UHB and healthcare as a whole

The Risk

The BAF outlines the risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the recovery following the pandemic and the pressures now emerging in term of continued high levels of demand, staffing shortages and societal issues such as the cost of living crisis. This, together with limited time to reflect and recover, has the potential to increase the risk of burnout in staff.

UHB Response to the Risk

The UHB are taking a number of steps, and implementing controls to reduce the risks linked to colleague health and wellbeing.

The BAF outlines the detail of actions taken over the latest period. This paper will highlight areas that continue to pose the highest levels of risk, and actions being taken to mitigate this risk. The areas covered by this paper include:

1. Support for colleagues at risk of or requiring mental health support – EWS activity update
2. Data insights to inform action – staff survey / cultural surveys / workforce data
3. Developing and supporting leaders and managers
4. CAVUHB Health and Wellbeing Framework

Current Situation – Areas of Risk & Emerging Data

National Context (NHS England*) – Sickness Absence levels returning to pre-Covid levels, anxiety / stress / depression / other psychiatric illnesses remaining main reason for absence (approx 25-26%)

For many years it has been widely evidenced that NHS staff face various health and wellbeing challenges due to the demanding nature of their work. Even pre-pandemic the key challenges recognised and reasons cited for sickness absence included:

- Stress / mental health related illnesses
- MSK problems
- Infectious diseases
- Respiratory illnesses
- Work-related injuries
- Chronic health conditions

Although sickness absence figures in the NHS peaked during the pandemic and immediate months following, figures are reducing across the NHS and heading towards pre-pandemic levels. However, anxiety / stress / depression / other psychiatric illnesses remains the highest reported reason for sickness absence across the NHS. The data for NHS England is currently only available to December 2023 with a sickness absence rate of 5.5%, absence reported as anxiety / stress / depression / other psychiatric illnesses at 25.6%.

In December 2023, 620,820 FTE days were lost to sickness absence relating to anxiety / stress / depression / other psychiatric illnesses in NHS England.

Sickness Absence CAVUHB - Levels returning to pre-Covid levels: anxiety / stress / depression / other psychiatric illnesses remaining main reason for absence (approx. 31%)

Within CAVUHB, the sickness absence figure for 2022/23 was 6.9%, this reduced in 2023/24 to 6.2%. However, in 2022/23, 26.6% of sickness absence reported was attributed to Anxiety / stress / depression / other psychiatric illnesses. In 2023/24, 31% of staff absence reported was attributed to this factor, indicating a larger percentage although of a smaller number.

To add further detail to this, in 2022-23 35.39% of the WTE calendar days lost for long-term sickness were attributed to Anxiety / stress / depression / other psychiatric illnesses, 8.97% for short-term sickness. This equates to 93,343 days lost.

In 2023/24 41.36% of the WTE Calendar Days lost through long-term sickness during Apr-23 to Mar-24 were attributed to Anxiety/stress/depression/other psychiatric illnesses (12.74% for short-term sickness). This equates to 105,382 days lost between April 2023 and March 2024.

Staff Survey Results: Wellbeing / Employee Experience

The UHB currently has access to the high-level organisational results for the NHS Wales Staff Survey 2023. Even at organisational level this highlights a number of areas of concern relating to the health and wellbeing of CAVUHB colleagues. These findings correlate to the factors outlined on the Wellbeing Board Assurance Framework with colleagues reporting negative impact on their working experience and performance due to:

- Inability to meet work demands / unrealistic time pressures
- Emotional and physical impact of work upon individual wellbeing and performance
- Negative impact due to lack of staffing / resource
- Negative responses to questions related to burnout – exhaustion / frustration / no energy for life outside of work
- Decrease in friends and family question from 75.1% 2020 to 58% 2023
- Increase in bullying and harassment / negative experiences
- Overall decline in employee engagement from 74% to 73%

Examples of Mitigating Actions to Manage Risk

(1) Immediate Risk / Supporting Colleagues requiring Wellbeing Support / Intervention

In March 2023 the UHB agreed to sustain changes to the Employee Wellbeing Service introduced during the pandemic. This investment in the service has enabled a number of benefits to the UHB:

A. Waiting Times Reduction

- A reduction in the average number of days employees are waiting for a Resource Appointment
- A reduction in the average number of days employees are waiting between a Resource Appointment to a Counselling Appointment from 77 days to 33 days.

B. Improvement in Returning to Work

- A decrease in the % of staff remaining 'off work' following intervention from 17% to 4%.

C. Improved Clinical Indicators/Measures

- On average following EWS interventions there has been a 30-50% clinical improvement

D. Introduction of the Assistant Psychological Therapy Practitioner (APTPs) role

- Supported the development and introduction of a stepped care approach
- Developed provision of low intensity intervention referred to as 'Guided self-help'
- Leading and developing the Well-being Champion network and training
- Increased the range of and capacity to provide regular psychoeducational group sessions

E. Development of EWS Reporting

- Development of measures and data analysis to inform approaches and evaluate outcomes.

F. Management of Complex/ High Risk Referrals and Wellbeing Calls

- There has been an increase in people presenting with more complex wellbeing issues. Employees assessed as being 'at risk' are escalated for an urgent wellbeing call. This has increased from 29% in 2022, to 31% in 2023.

The infographic below outlines some of the EWS activity for 2023/24:



Next Steps for EWS

The Employee Wellbeing Service is continually reviewed and developed to ensure a high-quality and impactful service is delivered. EWS play a pivotal role in ensuring the achievement of the UHB's 'Putting People First' priority and the P&C Plan objective, people feel valued, developed, supported, and engaged.

Examples of areas of focus for 2024/25 which support the mitigation of risk include:

- Improving support for employees presenting with trauma
- Improvement within EWS Reporting & Data Intelligence to inform wider audience
- Service Digitalisation to support accessibility and data reporting
- Promotion of Services Provided by EWS to support managers and leaders

(2) Understanding Staff Experience - Staff Survey Results

Where we are

The NHS Wales Staff Survey 2023 results dashboards are being released to NHS Wales organisations on the 30th April 2024. This is later than expected due to unexpected challenges with the survey provider experienced by HEIW which has resulted in this exercise having to be brought 'in-house' within HEIW.

The dashboards being released are in an excel spreadsheet format and the analysis will need to be undertaken by each organisation, rather than being provided by the supplier as originally described. Instructions around this are being provided by HEIW, but this has the potential to delay analysis due to the capacity of the staff survey lead.

Action Taken to Date

- Overarching themes from the UHB report have been reported upon and presented to senior teams and Trade Union partners and communicated widely across the UHB
- A call for colleague involvement from the Chief Executive Officer has resulted in over 25 people coming forward to be part of a colleague 'assembly / council' to inform actions being taken – first meeting of the group will take place in June 2024
- Clinical Boards have been made aware of the results received to date and are awaiting localised results

Next Steps

- User guide and access to be received 30th April 2024
- Assistant Director of OD, Wellbeing and Culture to assess timescales and level of analysis available with Survey Lead w/c 6th May 2024
- Timelines and level of detail available to be shared with Heads of People and Culture to prepare Clinical Boards and manage expectations w/c 13th May 2024
- Data sharing and communication (tbc following points above)
- Any areas of concern to be escalated to appropriate senior team during analysis
- Staff survey discussion / actions to be included within Executive CB Review
- Colleague 'assembly' initial meeting June 2024
- Analysis paper to be brought to People and Culture Committee July 2024

To Note

Work on analysis will take priority to ensure results can be shared and acted upon in a timely manner as there has already been a long delay. This analysis will be triangulated with existing data at CB level to enable the most impactful and appropriate response, and will require an engagement and communication plan at a UHB and local level that ensures colleagues are aware of both results and findings, and have the opportunity to inform subsequent actions and results.

(3) Developing and Supporting Leaders and Managers

Leaders and managers play a crucial role in shaping the health, wellbeing and experience of employees within an organisation, which impacts on levels and quality of performance, and ultimately patient experience and outcomes.

Areas where this influence is particularly relevant includes:

- Work environment / culture
- Support and recognition
- Communication
- Work-life balance
- Career progression and development
- Conflict resolution
- Role clarity

As outlined in the Board Assurance Framework, balancing the wellbeing of individuals within a team against the demands of the service can be challenging, and can in itself impact upon the health and wellbeing of the manager / leader. Being a compassionate leader requires personal investment, energy and time and is a skill that requires development and support to achieve and maintain.

What is currently available to support and develop managers?

- Management development programmes and masterclasses
 - All management development programmes / masterclasses are underpinned by the principles of compassionate leadership
 - All programmes have a theme of equity and inclusion, wellbeing throughout and specific sections to discuss and resolve concerns
- Managing Attendance at Work Training
- Stress Risk Assessment Training
- Values Based Appraisal Training
- Support / guidance from EWS
- Availability of bespoke programmes to improve team culture / relationships / ways of working / leadership

Next Steps to Support Leaders / Managers

- Launch of coaching and mentoring academy (June 2024)
- Development of leadership and management principles (Q2 2024)
- Training needs analysis to identify priority areas for development (Q2 2024)
- Enhanced leadership and management development offer to meet needs of the UHB – to include in-house provision and signposting to external opportunities
- Development and launch of leadership and management development academy, which will include a leadership and management alumni (Q3 2024)

(4) Developing the CAVUHB Health and Wellbeing Framework

Current Situation

CAVUHB does not currently have a colleague health and wellbeing framework. The development of such a framework would provide direction, guidance and clarity to the UHB of the elements that support healthy, well and motivated colleagues. It would also help develop an understanding of how each and every individual within an organisation can contribute to creating a culture that supports a healthy and well workforce.

The framework will also include evaluation and measurement to ensure that any wellbeing 'interventions' are effectively measured and evaluated to support sustainability, effectiveness and impact.

The Employee Health and Wellbeing Steering Group have established a working group to support the Assistant Director of OD, Wellbeing and Culture in the development of the Framework.

Next Steps

- The draft framework will be shared with Local Partnership Forum and Senior Leadership Board for input and feedback. (Q2 2024)
- The final framework will be presented to People and Culture Committee for agreement (Q2/3 2024)
- The People and Culture Team will develop a toolkit to support implementation of the Framework (Q2/3 2024)

Final Areas for Noting for Committee

The Corporate Health Standard Programme in Wales has now come to an end and will no longer run in Wales. This means that the previously awarded levels achieved by CAVUHB of Platinum CHS and Gold CHS, are no longer valid. As of May 2024, the UHB are no longer able to display or promote achievement of these awards in any way.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Staff Wellbeing remains on the Board Assurance Framework for the very valid reason that the wellbeing of our people is essential if we are to deliver and achieve our UHB strategy and ambitions.

People are core to everything that we do, and it is only by having a healthy, engaged, motivated and skilled workforce that we will be able to improve and uphold standards of patient care, attract and retain talent, enhance workforce productivity, promote health, safety and wellbeing, maintain organisational reputation, achieve cost savings, fulfill our legal and ethical obligations, and boost staff satisfaction and morale.

Looking at our workforce data, and that of the NHS as a whole, we know that there is much to do to address current issues and concerns and improve the experiences of those working within health. As an organisation we have done a lot to improve colleague health and wellbeing, and we have a lot more to do, some of which is outlined within the People and Culture Plan and local IMTPs.

The BAF enables a focus on health and wellbeing including the controls, assurances and actions required to support developments in this area. This report provides an overview of some of the work currently being undertaken to address risks, and serves to provide assurance to the committee.

Recommendation:

People and Culture Committee as asked to:

NOTE the information included within the paper and accept as assurance.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: yes – inability to identify areas of ‘poor’ culture / behaviours / practices that may impact on patient experience

Safety: yes – as above

Financial: yes - impact of poor culture on retention, recruitment and patient experience

Workforce: yes - impact of poor culture on retention, recruitment and patient experience

Legal: yes – strategic equality objectives	
Reputational: yes - impact of poor culture on retention, recruitment and patient experience	
Socio Economic: yes – strategic equality objectives	
Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience	
Decarbonisation: yes – opportunity to gather ideas for improvement at a local level	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

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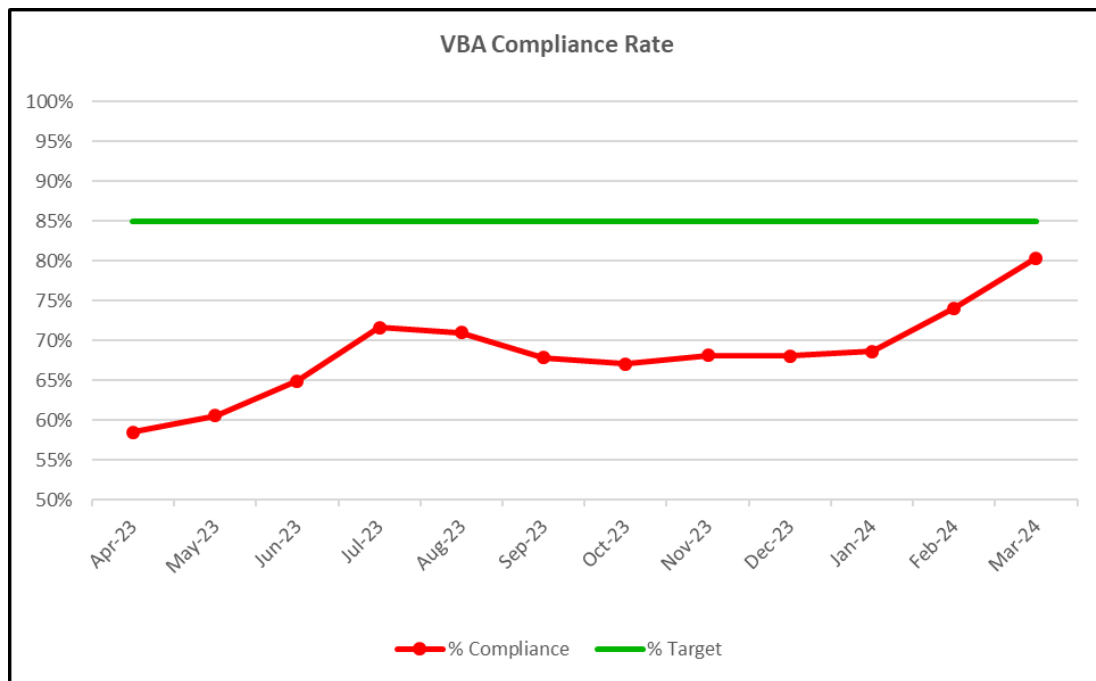
Report Title:	Key Workforce Performance Indicators		Agenda Item no.	2.3	
Meeting:	People & Culture Committee	Public	X	Meeting Date:	14.05.2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture / Head of People Analytics				

Main Report

Background and current situation:

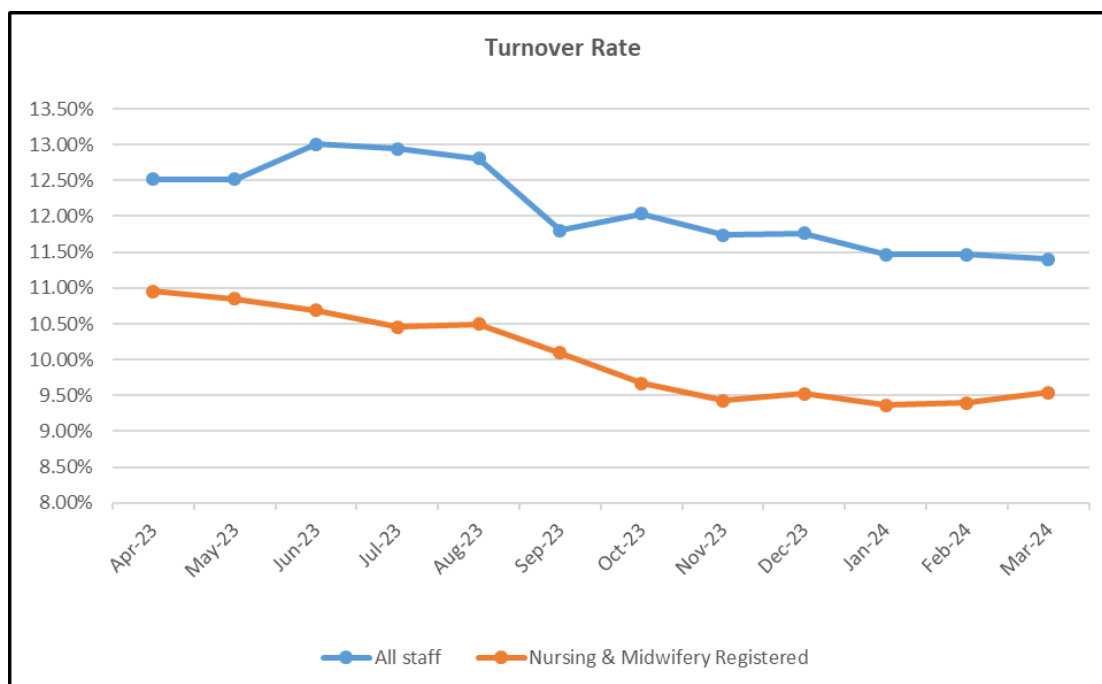
Section 2 of the attached Integrated Performance Report (IPR) provides the UHB position against the People and Culture key performance indicators, highlights to bring to the Committees attention include:

- VBA has risen from 58.43% in April-23 to 80.32% by the end of Mar-24, as can be seen below



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- Turnover for all staff improved from 12.52% at Apr-23 to 11.41% at Mar-24, and for Nursing & Midwifery Registered from 10.96% at Apr-23 to 9.54% at Mar-24



- The sickness absence rates, compared between Mar-23 and Mar-24, improved for the following staff groups:
 - Estates & Ancillary – from 10.5% to 8.9%
 - ACS (support workers) - 10.4% to 8.9%
 - Nursing & Midwifery – 7.1% to 6.3%

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Our approach

The Integrated Performance Report provides the Committee with high level assurance on key workforce performance indicators.

Suspension/Exclusion from work

As at 30th April 2024, there were 24 ongoing formal cases being investigated in accordance with the All Wales Disciplinary Policy, plus 5 being investigated in accordance with the Upholding Professional Standard in Wales Procedure (UPSW). 12 of these investigations have been ongoing for more than 4 months.

The UHB currently has 1 member of staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. This suspension/exclusion has been in place for over 12 months due to the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy.

Recommendation:

The People & Culture Committee is requested to:

- **Note** and **discuss** the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
------------	--	-----------	--	-------------	--	---------------	--	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No No

Safety: Yes/No No

Financial: Yes/No No

Workforce: Yes/No Yes

Workforce risks and mitigating actions taken are described throughout this report

Legal: Yes/No No

Reputational: Yes/No No

Socio Economic: Yes/No No

Equality and Health: Yes/No No

Decarbonisation: Yes/No

Approval/Scrutiny Route:

Committee/Group/Exec Date:

Strategy & Delivery

Regan M
07705

[Return to Main Menu](#)

C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)

Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Apr-23; the rates have fallen from 12.52% to 11.41% in Mar-24 UHB wide. This is a net 1.11% decrease, which represents 196 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Voluntary Resignation - Relocation', 'Retirement Age', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation - Promotion'.</p>	March 2024	
Sickness Absence	<p>Rates remain high; although the rates appear to be falling towards more 'normal' levels. The monthly sickness rate for Mar-24 was 5.33%. The 12-month cumulative rate has fallen steadily over the past 12 months to 6.22% (by comparison with Mar-23, which was 6.90%).</p>	March 2024	
Statutory and Mandatory Training	<p>The overall compliance rates rose for Mar-24 to 83.06%, 1.94% below the overall target. The compliance for All-Wales Genomics Services, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics, Children & Women's and Corporate Executives are above the 85% target, and PCIC, pECIALIST Services and Mental Health are above 80% compliance.</p> <p>The compliance with Fire training was 72.80% for Mar-24. All Wales Genomics Service have reached 86.39%, but the compliance for all of the other Clinical Boards is below the 85% compliance target.</p>	March 2024	
Values Based Appraisal	<p>VBA compliance was to 80.32% for Mar-24. All Wales Genomics Service and Children & Women's have exceeded the 85% target. Capital, Estates & Facilities and PCIC are over 80%.</p>	March 2024	

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Priority	Performance Summary	Reported Period	Data
Employee Relations	As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and for November and December exceeded the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.	March 2024	
Job Plans	91.56% of clinicians have engagement with job planning and have a job plan in the system, however only 52.89% have a fully signed off job plan. Focus continues to be on supporting the approval and sign off process.	March 2024	
Medical Appraisals	The rate of compliance with Medical Appraisal has fallen for the past 4 months. At Mar-24 the compliance was 80.93% and remains below the 85% target.	March 2024	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 543 WTE, to 15,082.78 WTE. The change in the split between permanent and fixed-term as shown in the graph is largely due to validation of the ESR data held for staff contract type.	March 2024	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Apr-23 the percentage was 10.48% of the total spend on pay, but in Mar-24 had fallen to 9.34%. It must however be borne in mind that the total pay bill is increasing.	March 2024	
Staff Winter Vaccination Programme	The 2023-24 winter vaccination programme commenced in Sep-23. At the closure of the programme at Mar-24 35.78% of staff have received the flu vaccine and 39.39% have received the COIVID-19 vaccine, by comparison with a target of 75% vaccination. The 2022-23 flu vaccine programme reached 38.30% of staff by Feb-23.	March 2024	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend												
36.	Percentage of sickness absence rate of staff	March 2024	6%	5.33%	<table border="1"> <thead> <tr> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>6.57%</td> <td>6.40%</td> <td>6.77%</td> <td>6.92%</td> <td>6.39%</td> <td>5.33%</td> </tr> </tbody> </table>	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	6.57%	6.40%	6.77%	6.92%	6.39%	5.33%
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24												
6.57%	6.40%	6.77%	6.92%	6.39%	5.33%												
37.	Staff turnover	March 2024	7%-9%	11.41%	<table border="1"> <thead> <tr> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>12.03%</td> <td>11.74%</td> <td>11.76%</td> <td>11.47%</td> <td>11.47%</td> <td>11.41%</td> </tr> </tbody> </table>	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	12.03%	11.74%	11.76%	11.47%	11.47%	11.41%
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24												
12.03%	11.74%	11.76%	11.47%	11.47%	11.41%												
38.	Agency spend as a percentage of the total pay bill	March 2024	12 month reduction trend	0.60%	<table border="1"> <thead> <tr> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>1.35%</td> <td>1.28%</td> <td>1.33%</td> <td>1.16%</td> <td>1.39%</td> <td>0.60%</td> </tr> </tbody> </table>	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	1.35%	1.28%	1.33%	1.16%	1.39%	0.60%
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24												
1.35%	1.28%	1.33%	1.16%	1.39%	0.60%												
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	March 2024	85%	80.36%	<table border="1"> <thead> <tr> <th>Oct-23</th> <th>Nov-23</th> <th>Dec-23</th> <th>Jan-24</th> <th>Feb-24</th> <th>Mar-24</th> </tr> </thead> <tbody> <tr> <td>68.29%</td> <td>69.20%</td> <td>68.86%</td> <td>69.41%</td> <td>74.52%</td> <td>80.36%</td> </tr> </tbody> </table>	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	68.29%	69.20%	68.86%	69.41%	74.52%	80.36%
Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24												
68.29%	69.20%	68.86%	69.41%	74.52%	80.36%												

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Shaping Our Future
Workforce

Specialist Services People and Culture Plan

People & Culture Committee

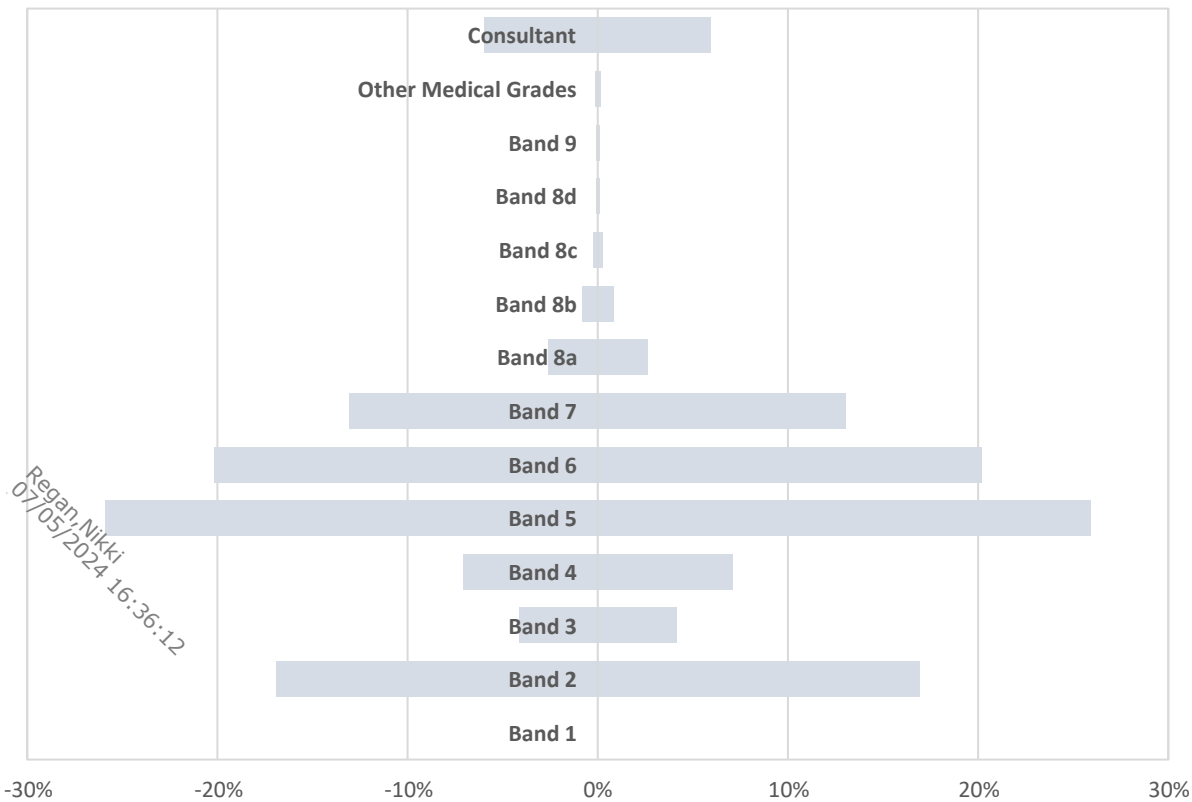
May 2024

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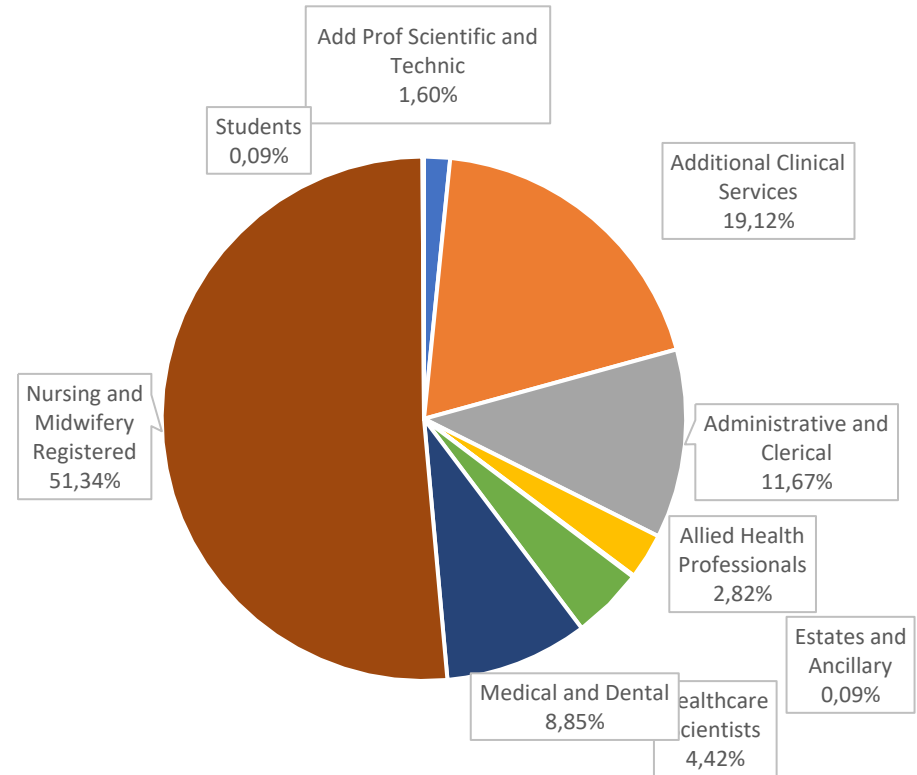


Workforce Profile as at March 2024

Staff in Post by Pay Band

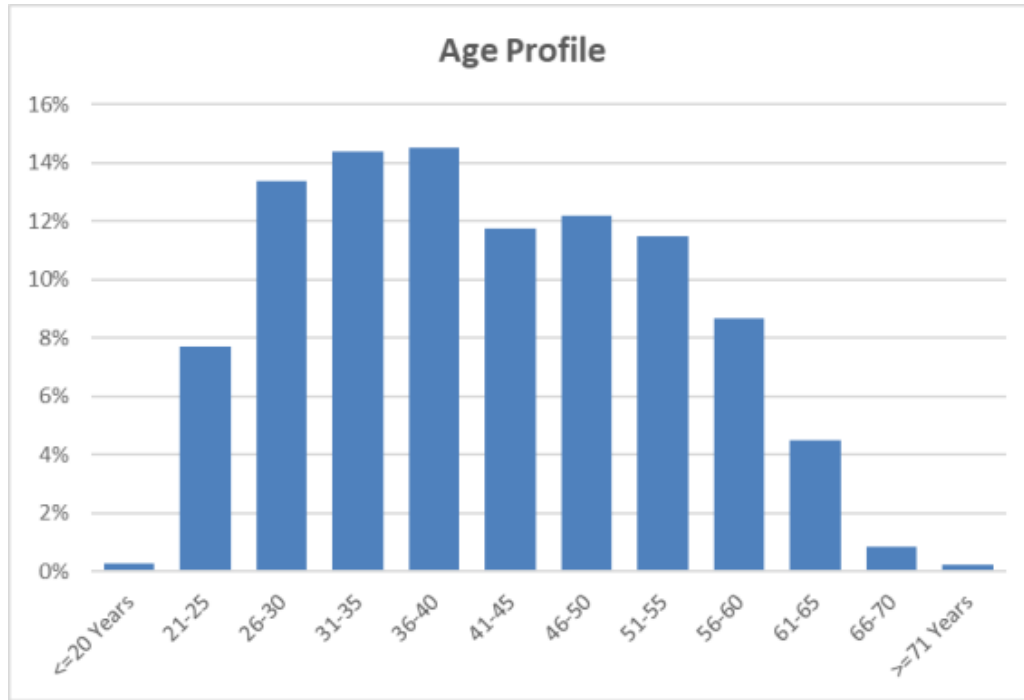


Staff Group



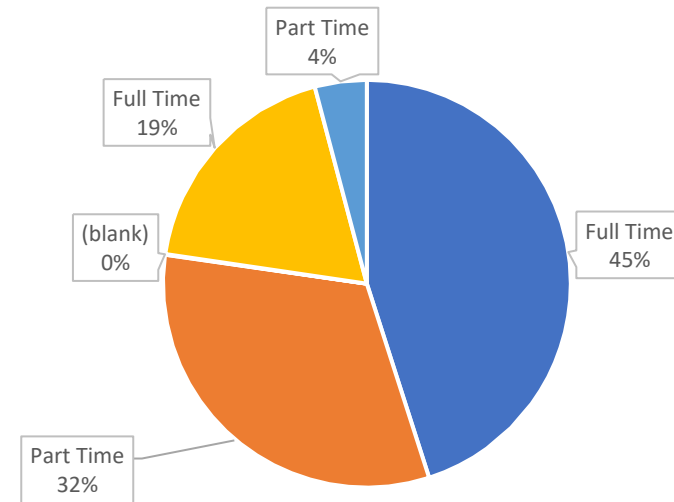


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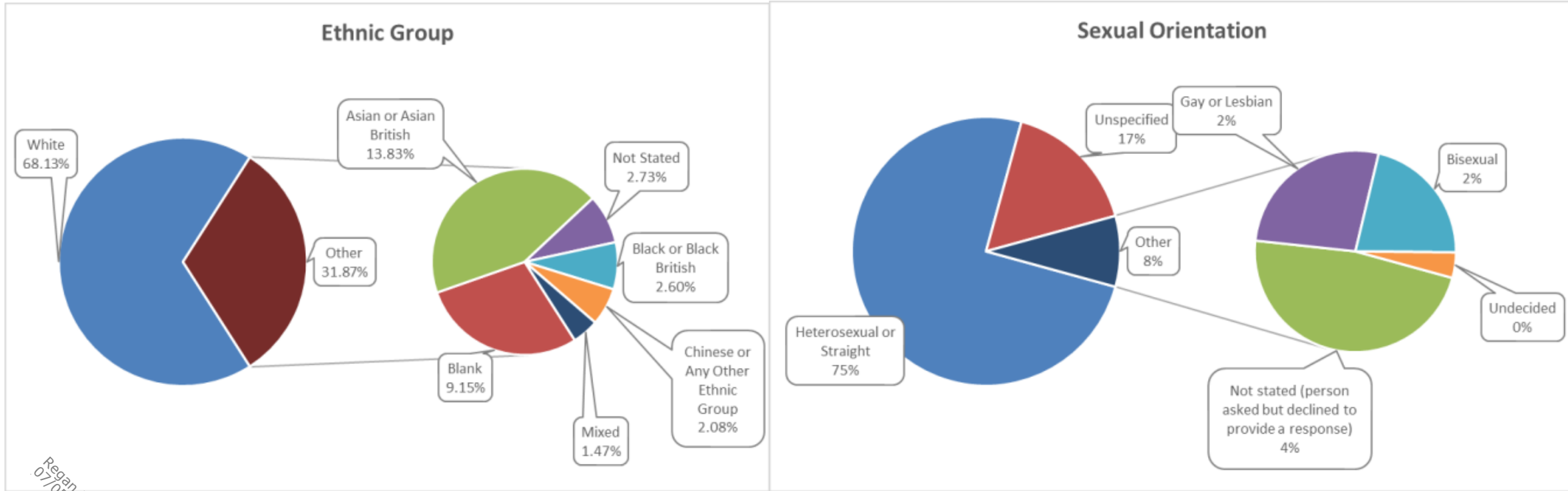
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Gender and Contract





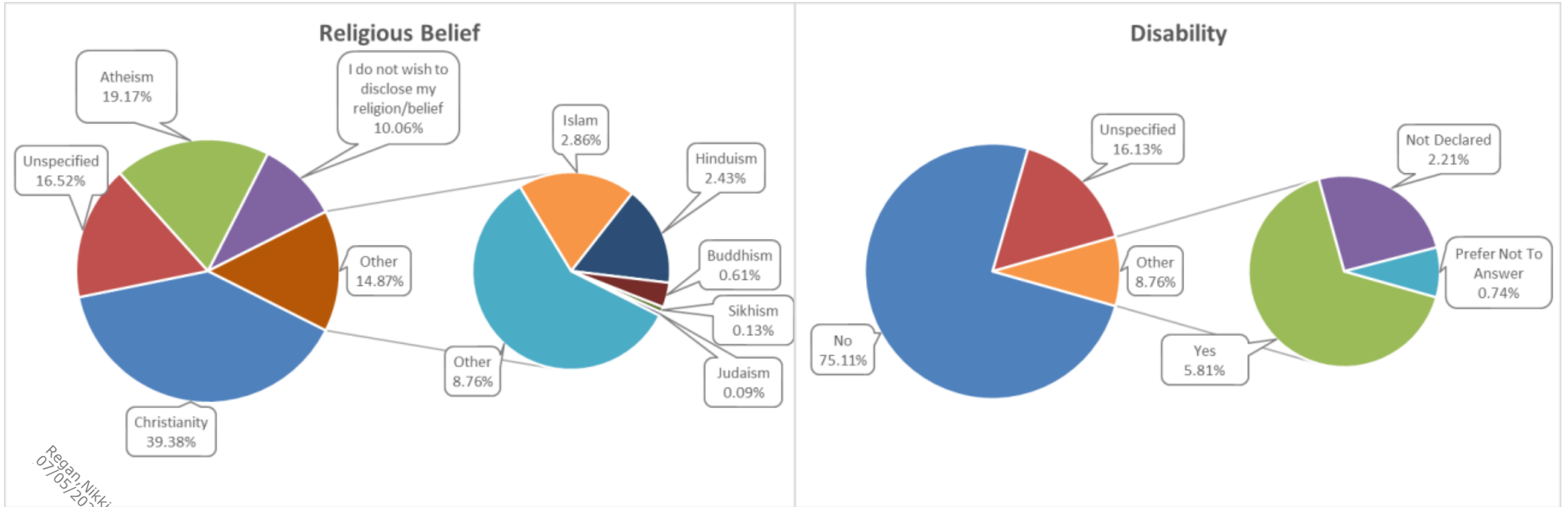
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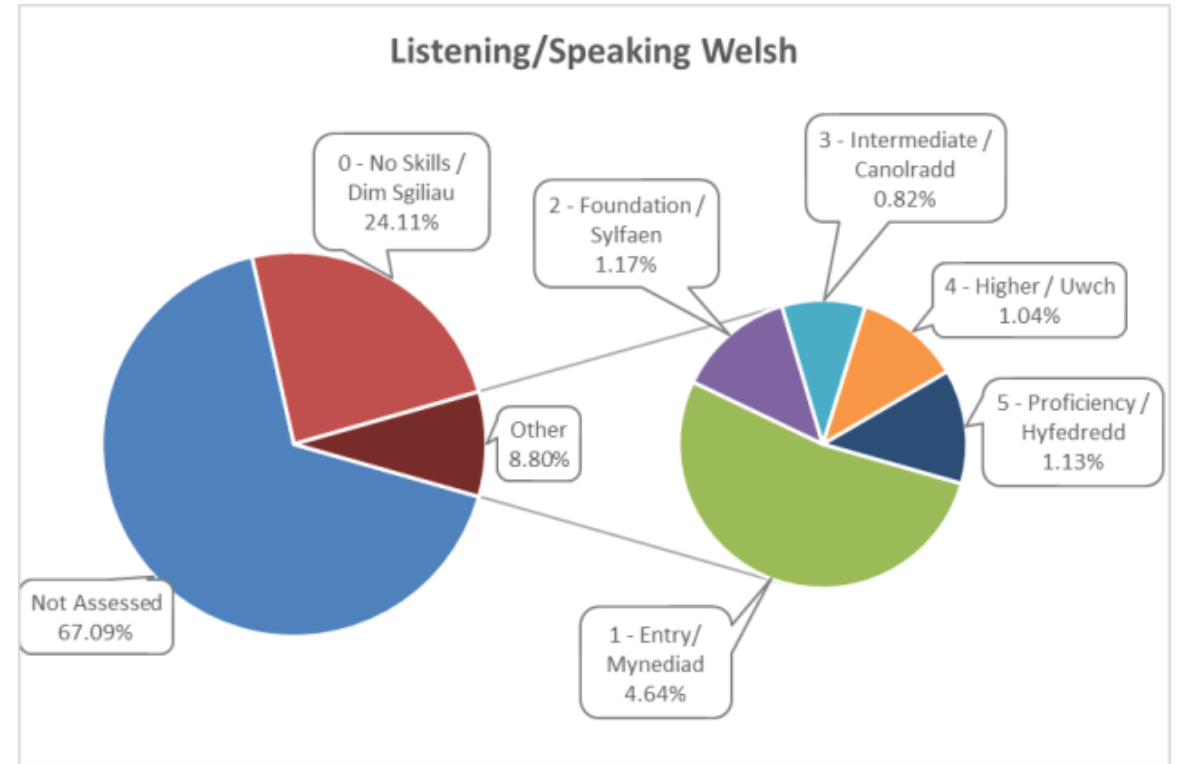
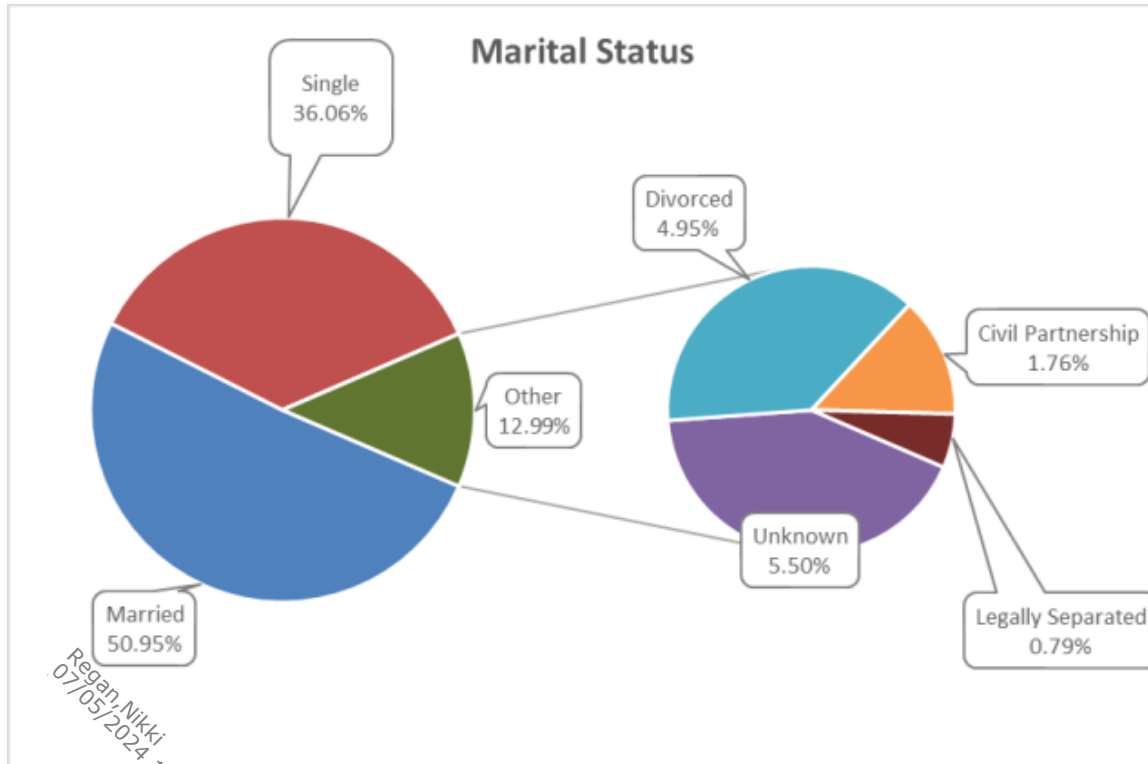
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Specialist Services CB Workforce KPI's March 2024

Key headlines:



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Sickness

- The CB saw a slight increase in sickness absence rates during the Winter months, peaking in January at 7.99%.
- However, sickness rates returned to below 6% in March (5.07%) and our cumulative performance for the year stands at 6.44% overall.
- Sickness surgeries will be starting in Q1 24/25 with the nursing teams.

Turnover

- The turnover rate is currently 11.58% with variation between Directorates and staff groups.
- Critical Care has the lowest overall turnover rate of 8.46% which is reflective of the significant efforts by the Directorate Management Team in recruitment, retention and staff wellbeing strategies.

Stat & Mand training

- The CB has not yet achieved the 85% target for Statutory and Mandatory training, compliance is at 78.12%.

VBA's

- The CB has made significant progress with VBA compliance in the last quarter, increasing from 64.53% at the end of December 23 to 79.04% at the end of March 24.
- Performance is monitored weekly with Directorates and is a standing agenda item at Local Partnership Forum meetings.

Clinical Board Approach to People & Culture

- Highlighting staff achievements
- Positive reinforcement of values and behaviours
- Celebrating successes
- Staff wellbeing initiatives
- Saying “thank you”
- Open and honest conversations
- Strong partnership working with Trade Union reps
- Compassionate leadership
- Empowering Directorate Management teams



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Congratulations!

Staff are our greatest asset, great teamwork creates great care

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Workforce

Key CB P&C Plan Achievements – Year 2



Seamless Workforce Models & Workforce Supply and Shape:

Rotational posts continue to be successful in Critical Care

Cardiac Physiology preceptorship programme being developed

Band 4 Assistant Practitioner roles have been embedded successfully

Continue to review skill mix requirements as part of workforce planning for funded services



Engaged, Healthy and Motivated Workforce:

Staff Newsletters

Inclusion Ambassadors are in place

Learning & Development ambassadors in place to support staff

Role of Practice Development Nurses

Promote opportunities for research & development, education & training and novel/innovative roles

Signposting to staff wellbeing opportunities

Promotion of Schwarz Rounds



Attract, Recruit and Retain:

Attract, Recruit

Attended National Recruitment Events

Active presence on social media

Active participation in Internationally educated nurses

Retain

Greatix

Celebrating successes

Highlighting achievements

Affording staff protected time for study



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Key CB P&C Plan Achievements – Year 2



Digital Ready Workforce:

Early adopters of Safe Care/Health Roster – in use across all 10 inpatient ward areas, now rolled out to specialist teams e.g. CC

Tendable – 19 inpatient and 12 outpatient areas set up, front runners with ward B1 being the first ward to join the ward accreditation programme

Attend Anywhere – in use in Cardiology specifically in support of the weekly nurse-led post-PCI clinic



Education and Learning:

Practice Development Nurses

Protected time for study

Training needs analysis/linked to VBAs and PDPs

Supporting staff to achieve speciality specific educational requirements

Bespoke induction programmes for new starters

Extended supernumerary period for new starters to Critical Care



Leadership:

Culture Leadership Programme progressed in ALAS; development of action plan to build upon staff engagement

Culture Leadership Programme being developed for Cardiac Services as part of the Cardiac Improvement Programme

Review of medical leadership time in Directorates



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Workforce

Reshaping our Workforce Plans



Workforce Sustainability:

Enhanced CB vacancy scrutiny

Review of fixed term contracts and retire & return applications

Opportunities for skill mix reviews

Efficiency reviews of Health Roster

Regular reviews with Directorates to discuss workforce sustainability options

Sickness absence support panels being scoped out to support managers and staff



Recruitment & Retention:

Workforce redesign plans– including opportunities for apprentice roles and scoping out of other available roles

Continue with active recruitment to reduce variable pay , particularly in relation to HCSW's (e.g. haematology & neurosciences)

Skill mix review – considered wherever possible

Continue recruitment and support of Internationally Educated Nurses



Introduction of New Roles:

PaRT – key role in early identification of the deteriorating patient, providing support, education & training to ward teams across the UHB

QSE roles – bespoke roles evolving according to need e.g. CC and neurosciences

Development of CNS roles to reduce reliance on consultant roles e.g. movement disorders service, neurovascular, intrathecal pump service

Led on the development of IACU and new model of working – reduced reliance on registered nursing, increased HCSW/therapy input to focus on rehabilitation and the team around the patient

Adopting multiprofessional approach to recruitment of practitioner roles e.g. PaRT have recruited an ODP to their team, Major Trauma service employ a number of therapists as practitioners



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CB Hotspots

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Artificial Limb and Appliance
Service



Cardiac Physiology



Haematology Nursing
Workforce



Shaping Our Future

Workforce Good news stories



Bwrdd Iechyd Prifysgol Caerdydd a'r Ffro Cardiff and Vale University Health Board

GREATix

Congratulations

You have been nominated for a GREATix Award

Gareth Jenkins

Thank you for your great work
CAV GREATix Team

Date: 1/30/2024 8:53:59 PM

Microprocessor Knee (MPK) Service Review: April 2022 - March 2023



Stuart Cunningham
is crowned
our Health Hero
for January



PARKPLAZA
HealthCharity Elusenlechydd
GIG CYMRU NHS WALES

less pain
more confident
better
improvement
easier
can

independence
gentle quality
helping
safe
natural
improved
stable
gaining
quicker
more
less dependent

AMAZING SOCIAL WORKER 2024




Deborah Barret
NHS

Nominated by Marcelle dos Santos
A celebration of social work

BASW
The professional association for social work and social workers

Trudy Logue
is crowned
our Health Hero
for November



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Isabel's Story
ABUHB Vimeo



02:57



Report Title:	Executive Director of Public Health update			Agenda Item no.	2.6
Meeting:	People and Culture Committee	Public	x	Meeting Date:	14 May 2024
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director of Public Health				
Report Author (Title):	Consultant in Public Health Medicine				

Main Report

Background and current situation:

A brief presentation will be given setting out the key population health issues in Cardiff and Vale and our local priorities for action; there will be an opportunity to comment on these priorities in the context of the development of a long-term plan for population health.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- The presentation will set out our key population health priorities which are vaccination, smoking and obesity; along with the necessity to consolidate our health protection system
- As part of engagement on the development of our long-term public health plan, we are keen to understand if there are any particular issues within these areas which are of concern to members of the Committee; and what contribution Committee members and their teams are able to make to helping address these public health challenges

Recommendation:

The Committee is requested to:

- NOTE** the presentation and our priorities for public health action
- PROVIDE** any additional feedback on population health priorities in our area, and any contributions Committee members may be able to make to addressing the priorities, to the Director of Public Health via email, or by completing a MS Forms questionnaire to be circulated

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

Safety: No

Financial: Yes

Many public health interventions have been shown to be highly cost-effective using NICE thresholds for funding, and in some cases cost-saving.

Workforce: No

Legal: Yes

Health Boards in Wales have a statutory duty to promote and protect health among their residents, as well as treating ill health. The Well-being of Future Generations Act and Social Services and Well-being Act both require the UHB to promote and support prevention of illness.

Reputational: Yes

A Healthier Wales and the NHS Wales Planning Framework set out expectations for Health Boards to shift their local healthcare systems to 'wellness' rather than 'illness' systems, and increase their focus on prevention. Failure to do this could present a reputational risk.

Socio Economic: Yes

Reducing inequalities, including those linked to deprivation, is a key part of our public health approach in Cardiff and Vale.

Equality and Health: Yes

Equality and health will be considered throughout the development of the long-term plan, with a formal EHIA completed in parallel.

Decarbonisation: Yes

Preventing ill health is one of the most impactful ways we can reduce our carbon impact as a Health Board, as secondary and tertiary care services have a large carbon footprint.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

Regan, Nikki
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Cardiff and Vale
University Health Board



Shaping Our Future Wellbeing

Public Health in Cardiff and the Vale of Glamorgan

May 2024

Regan, Nikki
07/05/2024 16:56:12



The Three Pillars of Public Health

Health Protection

Preventing and responding to infectious disease outbreaks and environmental hazards

Example: Responding to an outbreak of measles, or a fire at a chemical plant

Health Improvement

Addressing the wider determinants of health and supporting people to adopt healthy behaviours, to prevent/reduce illness

Example: Helping people to stop smoking, eat healthier food, or be more physically active

Healthcare Public Health

Improving health service quality and effectiveness; taking opportunities to prevent illness

Example: Implementing care pathways based on the latest evidence

Regan, Nikki
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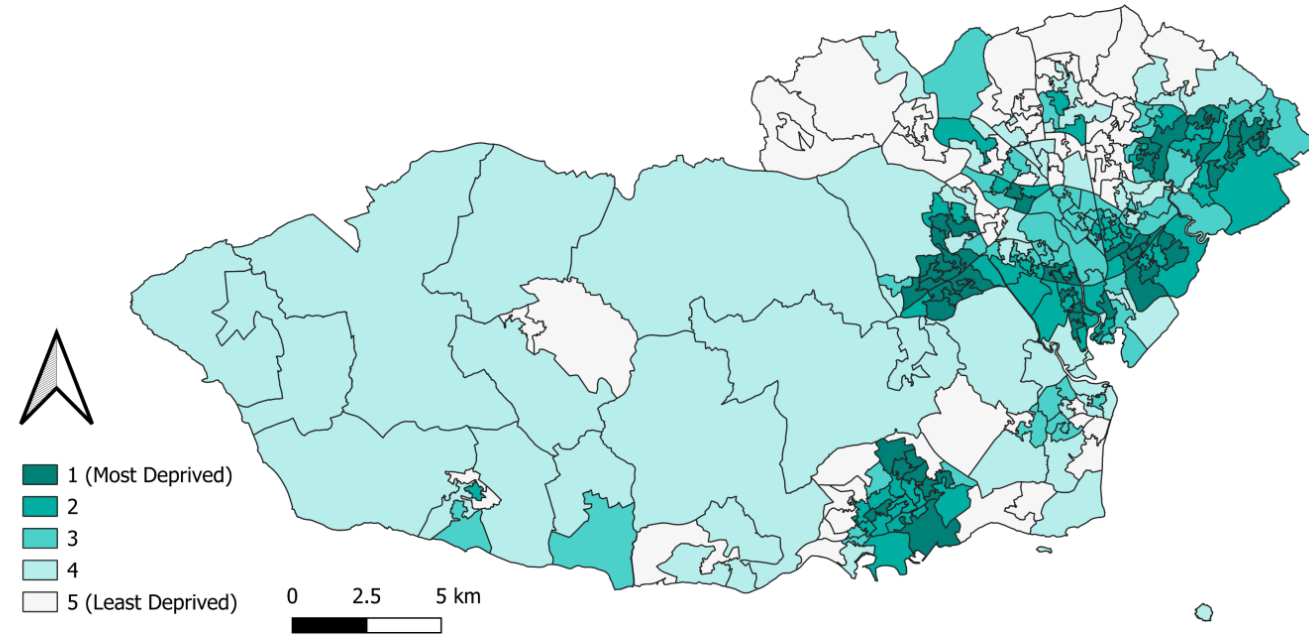
Our Vision

Reduce health inequalities,
and improve and protect the
health and well-being
of people in Cardiff and the
Vale of Glamorgan

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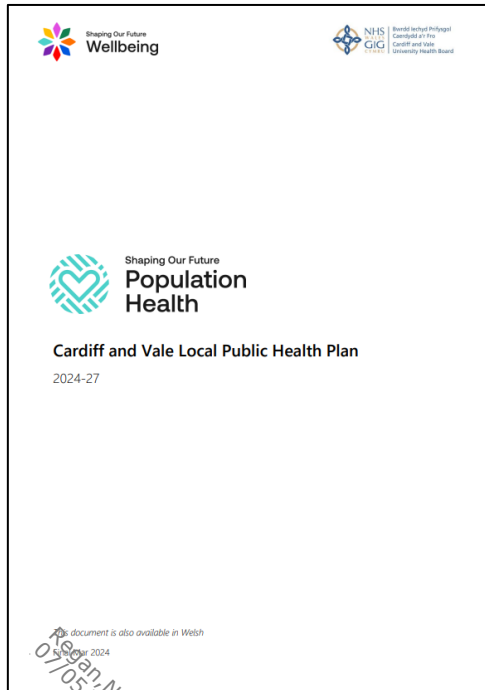
Health Board Fifths of Deprivation, Cardiff and Vale UHB
per Lower Super Output Area*



*Produced by C&V UHB, using WIMD 2019 (WG)



Our Priorities



1. Vaccination
2. Smoking
3. Obesity
(+ health protection)

*We are currently developing a **long-term public health plan** to accompany the refreshed Shaping Our Future Well-being strategy*





A Healthier Wales

“[Health and social care] will be a ‘wellness’ system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.”

Legislation includes:

- Well-being of Future Generations (Wales) Act
- Social Services and Well-being (Wales) Act
- Environment (Wales) Act
- Active Travel (Wales) Act
- Socioeconomic Duty of the Equality Act (2010)

Other strategy and plans:

- Cardiff and Vale Well-being Plans
- Joint Area Plan (Regional Partnership Board)
- C&V UHB - Shaping Our Future Well-being
- Public Health Wales Long-term Strategy

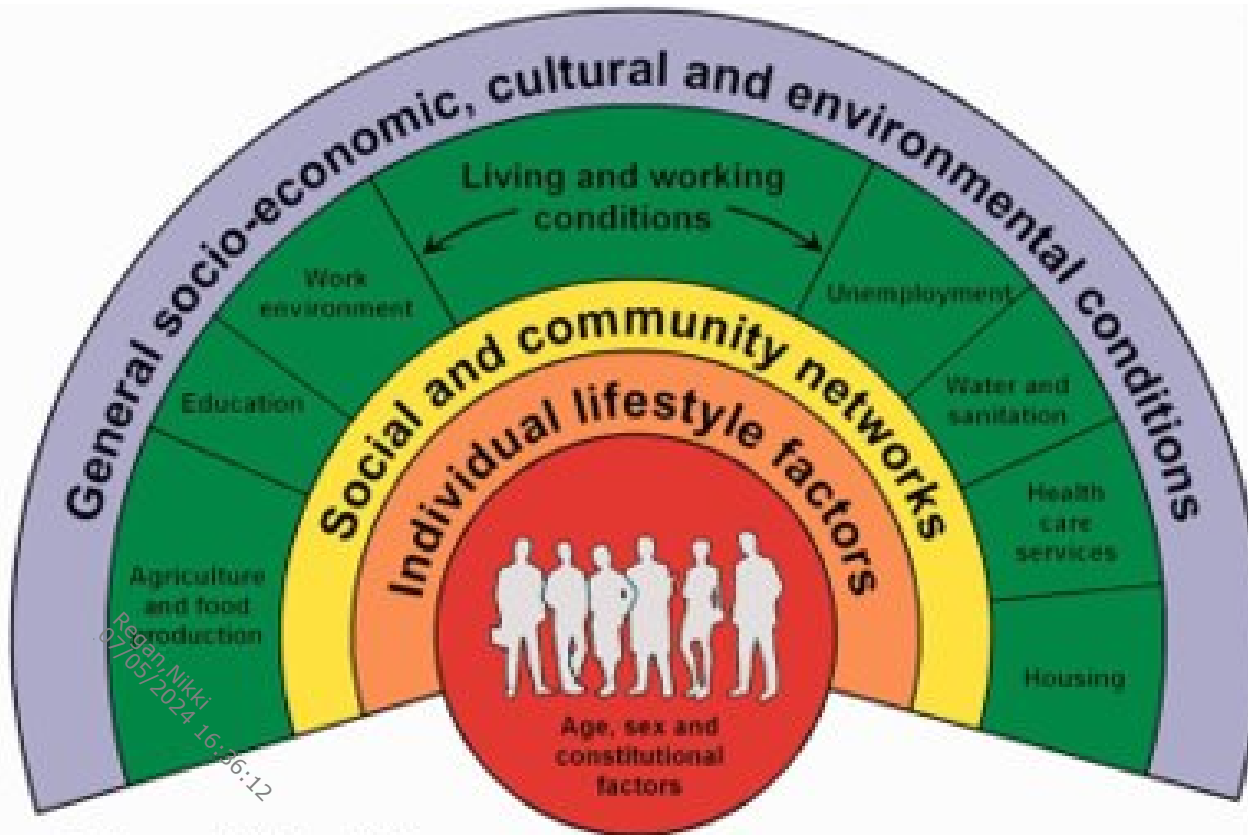


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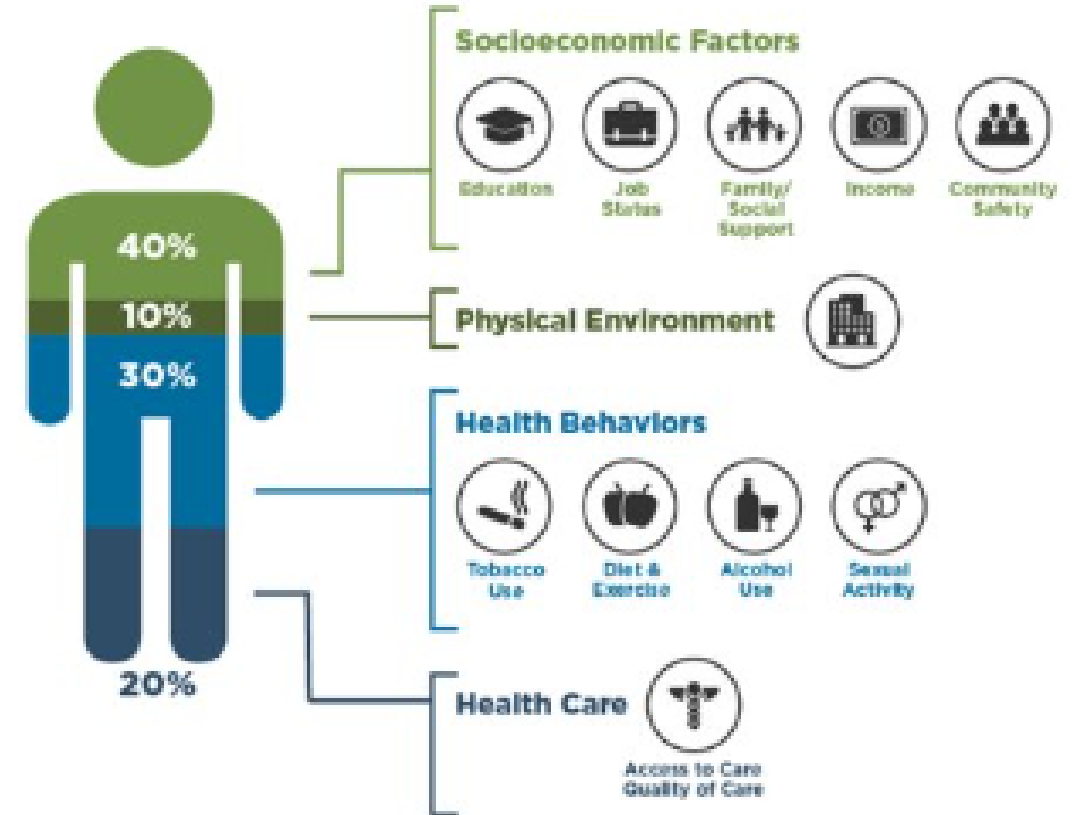




What Contributes to Health?



Source: Dahlgren and Whitehead, 1991



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Adapted from The Bridgespan Group

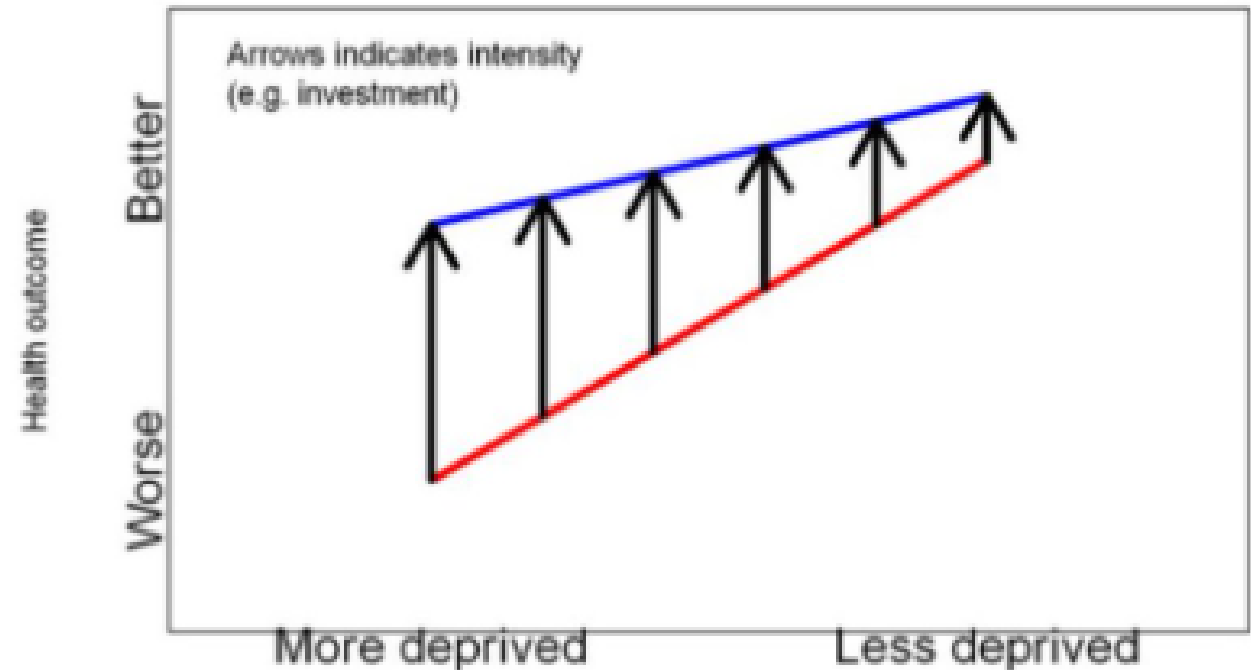




'Prevention Is Better than Cure'

Public health interventions save
£14 for every £1 spent on average

To reduce inequalities, we need
to take a 'proportionate
universalism' approach



Revised: Nikki
07/05/2024 16:36:12



Our Population



- Nearly 500,000 people live in C&V
- Our population is projected to grow by 3-4% a year, or 15-20,000 more residents in the next 10 years
- International migration - 10,000 people moved into Cardiff from overseas (net) 2021-22, 500 in Vale
- Around a quarter of people in Cardiff are from ethnic minorities
- Over three quarters of adults report being in good or very good health (National Survey for Wales 2021-23), the highest in Wales. However, levels are lower than the average for England (Census 2021)
- There is significant deprivation in the 'southern arc' of Cardiff, and central Vale
- People living in our least deprived areas live on average 8-9 years longer than people in our most deprived areas (life expectancy gap)
- For healthy life expectancy the gap is 14-18 years





Why is this an issue?

- The most effective public health intervention after water sanitation
- Victim of its own success, so some people not concerned about diseases now
- Uptake has decreased and hesitancy is on the rise
- Ethnic minority and deprived communities generally have lower uptake than average
- Measles outbreaks are occurring in the UK, concern that this may happen again in Cardiff and Vale

What are we doing about it?

- We are organising engagement opportunities with members of ethnic minority communities to share the importance of vaccines and dispel misinformation
- We are providing translated information in a number of languages
- We are offering vaccines in schools and catch-up MMR vaccination appointments, we are meeting with parents and headteachers to give information and answer questions
- We have produced a range of communication materials including films and animations in various languages
- We are supporting GP practices with tools to help increase uptake when inviting patients for vaccines





Smoking



Why is this an issue?

- Smoking remains the biggest preventable cause of ill health
- Smoking rates are highest in areas of high deprivation and in certain population groups
- Welsh Government have set a target of reducing smoking prevalence to **5%** by 2030, from the current rate in Cardiff and Vale of 12.7%
- To get smoke-free by 2030 we need to help **31,000** people in C&V to quit smoking, *and* prevent new smokers from starting

What are we doing about it?

- Continually refreshing our communications, particularly targeting groups and areas with higher numbers of people who smoke
- We will be requesting an expansion of our 'Help Me Quit' service to give people who smoke the best chance of quitting
- Working with our colleagues on hospital sites to promote non-smoking
- Helping pregnant people quit smoking

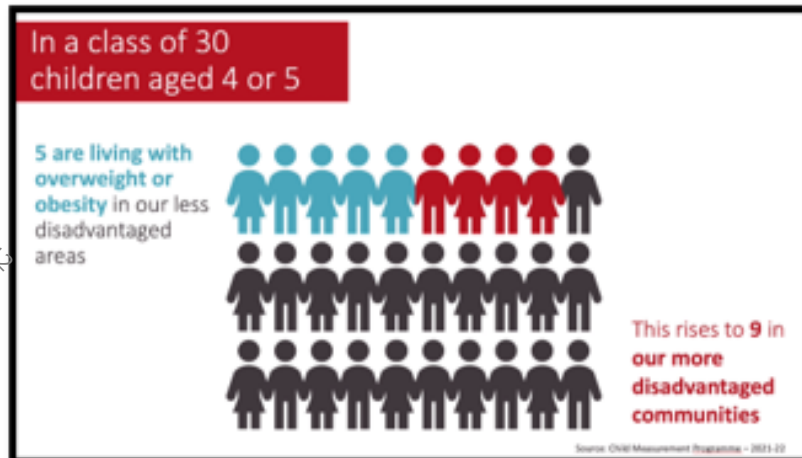




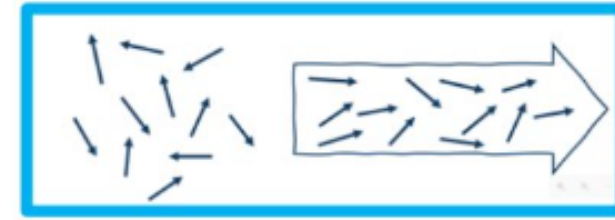
Obesity



- Obesity is a **complex issue**; with **no single simple solution**
- **Many factors** have contributed to increasing levels of overweight and obesity (*e.g. less manual job roles, labour saving devices, high car use, availability of energy dense food*)
- Overweight and obesity **affects our population differently** with higher levels in disadvantaged areas



- We are taking a **whole system approach**; individual level solutions are not enough



- Our Move More, Eat Well Framework (2024-2030) sets out our **approach to healthy weight, opportunities to be active, and to eat well**
- We work **collaboratively**; creating the **right conditions for change** in our **environment**, our **settings** and **for people** (*e.g. accessible and affordable food, neighbourhood design, play spaces, curriculum design, workplace policies*)





Obesity and food



Sustainable Food Partnerships

- Food Cardiff and Food Vale are the local sustainable food partnerships bringing together individuals and organisations to promote healthy, affordable, accessible sustainable and ethical food
- The work of both partnerships is embedded in the Well-being Plans for both local authorities

UHB Restaurant & Retail Standards

- Introduced healthy eating standards for all Health Board-run retail food outlets
- The Health Board policy is a 60-40% split in favour of healthy options
- Work in partnership with key teams within the Health Board to deliver, and audit compliance on a regular basis
- Resources developed for staff to promote healthy eating through *Eat Well@Work*

Key Projects Include:

- Food and Fun
 - Llantwit Major More Than Food Hub
- Healthy Food Procurement in the public sector





Obesity and physical activity



Why is this an issue?

- Changes to modern life are resulting in reduced physical activity levels and increased sedentary time. Nearly a third of the population are classed as inactive
- Certain groups experience higher levels of inactivity including: women and girls; disadvantaged communities; culturally diverse communities, and people living with a disability or limiting illness

What are we doing about it?

- The Move More Cardiff Physical Activity and Sport Strategy 2022-2027, and yearly implementation plans are based on the themes in the WHO Global Action Plan for Physical Activity
- Public health leadership on the Central South Regional Sports Partnership

Examples of work in C&V:

- Place-based focus in Riverside and Llanrumney
 - Active Soles in workplaces
 - Targeted behaviour change campaign
- Strengthen focus on physical activity within Local Development Plan strategic policies

Regan, Nikki
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Why is this an issue?	What are we doing about it?
<ul style="list-style-type: none"> • Health protection includes action on environmental and infectious disease threats, chemical incidents and the emergency response to these • Health protection risks pose a significant threat to population health if not adequately controlled, for example Measles, TB, Hepatitis B + C, HIV, Covid-19, Influenza, Mpox and more • Health protection action has proactive and reactive elements and is a statutory function for us and some partner organisations 	<ul style="list-style-type: none"> • Regional partner organisations have always worked together to provide a health protection response • Learning from our pandemic experience, we have developed an integrated partnership plan to further strengthen our approach • The initial priority is infectious disease control, with a focus on individuals, groups and settings that are at increased risk • We are working with Welsh Government and other Health Boards to ensure our approach aligns to national frameworks and guidance

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Healthy Environments



Why is this an issue?

- The built and natural environment has a significant impact on our health
- Factors includes air quality, choice of food, green space access, availability of services, community cohesion, transport systems – all worse on average in more deprived areas
- Health outcomes impacted include cardiovascular disease, mental well-being and cancer

What are we doing about it?

- Engaging locally and nationally with partners, Government and employers on sustainable transport, including via Healthy Travel Charters
- Measuring air quality at University Hospital of Wales and University Hospital Llandough sites to inform sustainable travel planning
- Collecting baseline data on biodiversity at our sites
- Influencing local and national planning policies and developments, including Local Development Plans

Regan, Nikki
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Settings Example - Schools

Schools and educational settings are ideal environments for promoting health

Regan, Nikki
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A whole school approach involving the leadership, curriculum, ethos and environment of the school, and linking with the local community offers the best chance of creating lasting change

All schools in Cardiff and Vale are engaged in the Whole School Approach to Emotional and Mental Health and Well-being – collaborating with partners to improve the well-being of learners, staff and families

Many organisations are actively contributing to this approach, and commitment to achieving better outcomes for young people is very high



Communications and engagement

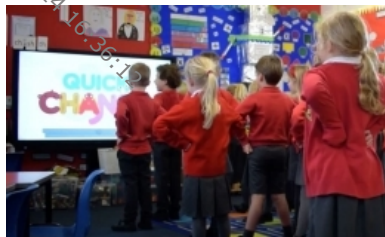


Aims and Objectives

- To support effective communication and engagement aligned to public health priorities, working with partner organisations to achieve this
- Raise the profile of the work of the public health team, for both internal and external audiences

Examples

- **Help Me Quit** – human interest stories, used by ASH Wales as part of their No Smoking Day coverage
- **QuickChange** – filmed school children doing exercises along with animation, included in CEO Christmas message, positive partnership working between public health and podiatry





Shaping Our Future
Wellbeing

Our Vision

Reduce health inequalities,
and improve and protect the
health and well-being
of people in Cardiff and the
Vale of Glamorgan

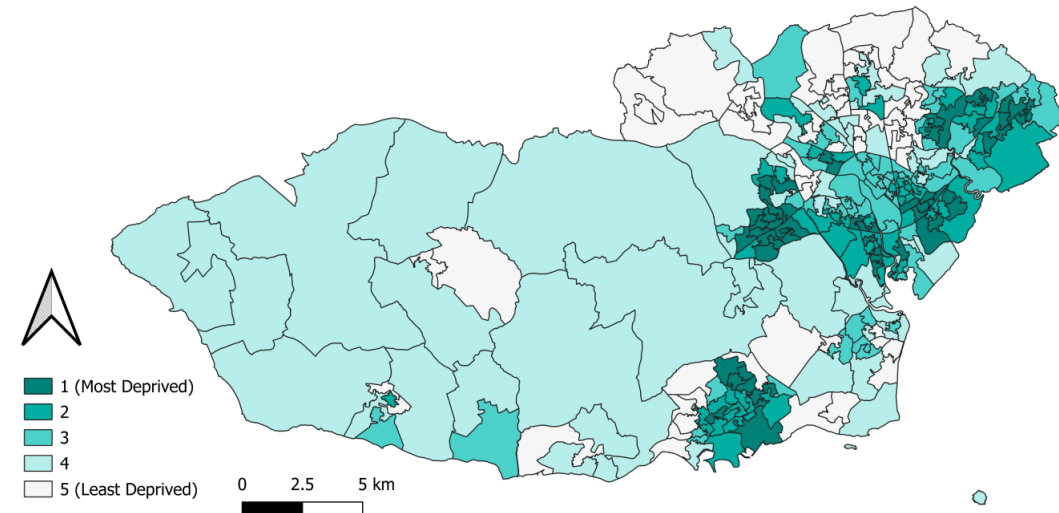
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University Health Board

Health Board Fifths of Deprivation, Cardiff and Vale UHB
per Lower Super Output Area*



*Produced by C&V UHB, using WIMD 2019 (WG)



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University Health Board



Shaping Our Future Wellbeing

Developing our long-term public health plan

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Shaping Our Future
Wellbeing



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Cardiff and Vale
University Health Board



Organisation strategy

10-12 years



Strategic programmes

5-10 years



IMTP & LPH plan

1-3 years



Shaping Our Future
**Population
Health**

Long-term public health plan

- *In development*
- *Final draft Jun/Jul 24*
- *Implement Sep 24 onwards*



Regan, Nikki
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20



Our initial priorities

1. Vaccination
 2. Smoking
 3. Obesity
- (+ health protection)

Questions...

- Are you happy to support these?
- What contribution could you / your teams make to these priorities?
- Are there any particular issues within these topics we should be prioritising?

Regan, Nikki
07/05/2024 16:36:12



Report Title:	Capital, Estates & Facilities Update		Agenda Item no.	2.7
Meeting:	People & Culture Committee	Public	√	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	x	Approval	Information
Lead Executive:	Director of Finance			
Report Author (Title):	Director of Capital Estates & Facilities			

Main Report

Background and current situation:

The purpose of this paper is to provide the People and Culture Committee with an information regarding recent estate infrastructure failings, assurance that Capital Estates and Facilities (CEF) have managed the situations to minimize disruption to patients and clinical services and to update members on the programme of works currently being undertaken to identify critical risks.

At the recent Health and Safety Sub Committee, held 16th April 2024, the Director of Capital, Estates and Facilities (CEF) delivered a comprehensive presentation of;

- Estates Maintenance Key Performance Indicators
- Recent significant events across the UHB
 - Extensive Roof Leaks at UHW affecting patient areas
 - Extensive Water Leak from main pipe at UHW affecting patient areas
 - Foul Drainage incidents
 - Critical Ventilation Plant Failure
- Upgrade / Improvement schemes
 - UHW Tunnel Upgrade – Phase 1
 - UHL Engineering Infrastructure Upgrade
 - UHW Passenger Lift Upgrade
 - Maintenance Enhancement Team
- Planned Major Isolations
- Approved Persons, current situation and training programme to meet standards

The presentation is available, item 7.4, for the People and Culture Committee to note.

UHW Roof Leaks

The Maternity Unit at the University Hospital Wales (UHW) was affected by significant water ingress, during torrential rain in recent months, which affected a number of clinical spaces, including theatres and bedded areas. The roof above the theatres required repair work to address a leak whilst the bedded area water ingress was the result of a blocked drainage outlet, which prevented to discharge of water to drain, subsequently the rainwater gully's were unable to cope with the volume of rain and overflowed penetrating the building, affecting a bedded bay preventing its use for a short period of time.

CEF have also identified corrosion of the profile metal sheet roof which is installed across the original hospital ward block. Whilst this appears to be isolated above the 'A' block area a full survey of the roof structure will be undertaken and if necessary a Business Case to obtain funding to replace the roof will be developed and submitted to Welsh Government. The funding to undertake remedial works above block 'A' have been included on the draft Discretionary programme for funding support and will be considered at the next scheduled meeting of the group.

UHW Water Main

A significant leak was discovered at UHW resulting from a rupture of both of the main supply pipes. Initial investigations exposing the pipework identified that the severity of the damage required the intervention of Dwr Cymru who are understandably equipped to deal with such events. The problem was amplified by the fact that the estates teams could not isolate the pipe run affected as the valves had become inoperative due to the age.

The excavation and repair began on Friday 22nd March and continued through the night, eventually being completed in the afternoon of Saturday 23rd March 2024. For the most part, cold water supplies serving the hospital were not affected, however, when demand increase in the morning of 23rd March the water pressure and availability of cold water to wards etc was affected.

Dwr Cymru supported the UHB with bowsers which were used to replenish the Water tanks, with bottled water also provided for patients and staff, particularly on the upper floors of the ward tower block.

During the remedial works, the condition of some of the original pipework was observed as requiring replacing given the level of corrosion, with other sections being of a material that has proved unsuccessful over a number of years and is being replaced. Consequently the Director of CEF has had early discussions with Welsh Government colleagues to inform them of the issues relating to the main water supply feed pipework and proposed developing a Business Justification Case to seek All Wales Capital Funding to support its replacement..

UHW Foul Drainage

Works to replace the soil stacks which run through the ward block, from the 7th floor to the Ground floor have commenced. This 5 year programme will replace some 42 stacks and ensure that the wards will be unaffected by drainage issues moving forward.

Operation POET

The project team has been re-established to commence the preparatory works to undertake the annual full power outage exercise at UHW. The exercise will also be extended to include UHL with the intention to complete this in 2024-25.

It is anticipated that the exercise will coincide with a clinical audit day which will have reduced patient activity on the day. Whilst it is recognised that the electrical load will not be at full capacity on this day, the team are able to demonstrate that the High Voltage (HV) generator and local generators have adequate provision to support the site(s) in the event of unexpected loss of power.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

- The 2024-25 UHB's Discretionary Capital Allocation is significantly constrained with limited contingency allowance available to upgrade or replace critical infrastructure
- Capital Management Group, at their meeting held on 15th April 2024, supported the development of a Business Justification Case for Welsh Government consideration of All Wales Capital funding to address failing infrastructure, such as the Water Main Pipe UHW & UHW Roof Replacement
- The initial Operation POET exercise was successfully undertaken at UHW in 2023. It was evident that those involved and the clinical teams were educated with the understanding of what to expect in an electrical outage.

Recommendation:

The Committee are requested to:

NOTE: the comprehensive estates update, agenda item 7.4, recognising;

a) the challenges that the team continue to face and the efforts to maintain business as usual for clinical services in an aging environment

b) the recent improvement works that have been achieved

c) the update on the Foul Drainage Programme

d) Planned Major Isolations

NOTE: the UHBs requirement to seek Welsh Government capital funding support via

development of a Business Justification Case for the recent significant issues set out in the paper

NOTE: the UHBs intention to undertake Operation 'POET' at UHW & UHL during 2024-25, in line with the requirements of the relevant Health Technical Memorandum.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration		Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Maintaining an aging environment

Safety: Yes

Some risks do have safety implication that is currently being managed.

Financial: Yes

Most risk do incur funding, hence the application for external funding via EFAB and WG 'All Wales' Capital funding via Business case submissions

Workforce: No

Legal: Yes

Statutory compliance failures could lead to HSE involvement

Reputational: Yes

Patient complaints and press reports are on occasion received

Socio Economic: Yes/No NO

Equality and Health: Yes/No NO	
Decarbonisation: Yes/No NO	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Regen, Nikki
07/05/2024 16:36:12

Regan, Nikki
07/05/2024 16:36:12

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07/05/2024 16:36:12

Report Title:	H&S Update		Agenda Item no.	2.7	
Meeting:	People & Culture	Public	X	Meeting Date:	14.05.24
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X	
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of Health and Safety				

Main Report

Background and current situation:

The Health Board is committed to ensuring that suitable arrangements are in place in line with statutory requirements to minimise the risk of any hazards that could lead to a safety related incident to one of its patients, visitors, employees, contractors or other stakeholders.

Health and Safety Executive (HSE)

The HSE completed their Musculoskeletal and V&A intervention programme at CAVUHB and issued 5 notices of contraventions. A UHB response was sent by the 29th February 2024 deadline, detailing the improvements and mitigation that had been implemented. The HSE reviewed the documentation and conducted a second visit to EU on 18th April and they were satisfied that appropriate measures were in place, as a result they have closed the case.

Some of the assurance such as training compliance is an ongoing metric and the H&S department continue to support the wider UHB in such areas.

South Wales Fire and Rescue Service

The South Wales Fire & Rescue Service prosecution of the UHB is associated with EN3/21 for alleged non-compliance with Articles 8 of The Regulatory Reform (Fire Safety) Order 2005. Several dates have been set for trial but it is now currently fixed for 21st October 2024. The Head of Health, Safety and Fire is working closely with the Director of Corporate Governance and external legal team in formulating a defence.

SWFRS Audit

SWFRS conducted the first part of a two-day audit at Hafan Y Coed on 10th April 2024. The visit resulted in two informal notices

1. Article 14 – Emergency routes and exits

1.1 Inappropriate storage within escape routes.

1.1.1 A large amount of towels were found stored under the main escape stairs adjacent to the Alder Ward.

1.1.2 There was combustible materials stored in the rear corridor within the Maple Ward.

The stored items were removed and the requirement reaffirmed with all similar areas within the unit. A response detailing this was sent to SWFRS on 11th April 2024.

The second visit is due to be conducted on 7th May 2024, this has not taken place at the time of writing.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

To note that the highest risk Health and Safety issues across the UHB will feed into the People and Culture meeting.

Recommendation:

The Board is requested to: Note the findings of this report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	X	Long term		Integration		Collaboration		Involvement	
------------	---	-----------	--	-------------	--	---------------	--	-------------	--

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

No: The contravention notice has been satisfactorily closed.

Safety: Yes/No

No:

Financial: Yes/No

No

Workforce: Yes/No

No

Legal: Yes/No

No:

Reputational: Yes/No

No

Socio Economic: Yes/No

No

Equality and Health: Yes/No

No

Decarbonisation: Yes/No

No

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

People & Culture

14th May 2024

*Approved by Wiki
07/05/2024 16:36:12*

Report Title:	Personal Emergency Evacuation Plan (PEEP) Policy		Agenda Item no.	3.1
Meeting:	People & Culture Committee	Public	✓	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	✓	Information
Lead Executive Title:	Executive Director of People and Culture			
Report Author (Title):	Senior Fire Safety Advisor			

Main Report

Background and current situation:

Background

Cardiff and Vale University Health Board (CAVUHB) both want and are required to enable persons with a disability and those with other long term or temporary health conditions to be able to work safely.

Under Article 8 of the Regulatory Reform (Fire Safety) Order 2005 (RRO 2005) – Duty to take general fire precautions.

The Responsible person must-

(a) take such general fire precautions as will ensure, so far as is reasonably practicable, the safety of any of their employees; and

(b) in relation to relevant persons who are not their employees, take such general fire precautions as may reasonably be required in the circumstances of the case to ensure that the premises are safe.

Situation

As defined within the Equality Act 2010 the term ‘disability’ refers to a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on a person’s ability to do normal daily activities;

A Personal Emergency Evacuation Plan (PEEP) is an individual plan developed and enacted in the event of a fire or any other emergency. The purpose of a PEEP is to secure the safety of the named individual in the event of a building evacuation. It provides the person with the necessary information to be able to manage their escape and ensures that the correct level of assistance is available.

The Policy outlines the requirements for securing the safety of specific individuals in the event of an emergency situation within a building and ensures risks are identified and that control measures provided as necessary to enable safe evacuation from the building in the event of an emergency.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The paper outlines the requirements to ensure all members of C&V UHB are supported

Kegan, Nikki
07/05/2024 16:36:12

Recommendation:

The Committee is requested to:

- a) Approve Policy to increase assurance of fire safety across C&V UHB.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant

1. Reduce health inequalities	✓	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	✓	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	✓	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	✓	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	✓
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention	✓	Long term	✓	Integration		Collaboration		Involvement	✓
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes/No

The Policy reduces any potential risk to the UHB.

Safety: Yes/No

The provision to ensure all staff members are safe in the event of fire is mandated within the RRO 2005.

Financial: Yes/No

The Policy reduces any potential financial risk to the UHB.

Workforce: Yes/No

Members of C&V UHB have a statutory duty to help in the evacuation of any person who requires assistance. Any training will be provided to meet these requirements.

Legal: Yes/No

This is a legal requirement under current Fire Safety Legislation.

Reputational: Yes/No

The Policy mitigates any reputational risk to the UHB.

Socio Economic: Yes/No

The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the

development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)

(If this has been addressed in the main body of the report, please confirm)

Equality and Health: Yes/No

EHIA completed with this policy.

Decarbonisation: Yes/No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:

- A focus upon preventing ill health in our population
- Saving energy or increasing throughput.
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

Does the subject matter of your paper risk any of the above not being achieved. Any queries, please contact edward.hunt@wales.nhs.uk or calum.shaw@wales.nhs.uk.

Approval/Scrutiny Route:

Committee/Group/Exec	Date: 14 th May 2024

Regan, Nikki
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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

IMS-06-03-CAV: Fire Safety Personal Emergency Evacuation Plan (PEEP) Policy

Regan, Nikki
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Reference Number: IMS-06-03-CAV (UHB XXX) Version Number: 1	Date of Next Review: Previous UHB Reference Number: <i>Any reference number this document has been previously known as N/A</i>
IMS-06-03-CAV: Fire Safety Personal Emergency Evacuation Plan (PEEP) Policy	
<p>Purpose</p> <p>This document is supplementing the Cardiff and Vale University Health Board Fire Safety Policy.</p> <p>At Cardiff and Vale University Health Board, fire safety responsibilities are core values, which means always acting and operating in a way that prevents harm to people, the environment and the communities in which we operate. We expect all our employees, contractors and volunteers to conduct themselves at all times in alignment with the values, commitments and principles in this policy. The policy provides details on how and when to implement procedures to enable persons with a disability and those with other long term or temporary health conditions to be able to work safely.</p> <p>Audience</p> <p>The target audience for this document is all employees.</p> <p>The policy is also applicable to our organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CAVUHB.</p> <p>Health and Safety Committee</p> <p>The Health and Safety Committee must approve the PEEP Policy and commit to its full implementation.</p> <p>Board of Directors</p> <p>The Board of Directors should agree the PEEP Policy and commit to its full implementation.</p> <p>Policy Review</p> <p>The Policy will be reviewed within three years of implementation or under significant Health Board or legislative change or significant fire incident. This will be determined by the Head of Health and Safety in collaboration with the Chief Executive.</p>	

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Line Managers

Line managers **must** ensure that their employees and contractors understand the requirements of the Fire Safety PEEP Policy. All line managers should demonstrate the importance of the Fire Safety PEEP Policy by ensuring that their own behaviours actively promote and serve as a role model for the desired health and safety values and principles.

Communication to organisational partners.

Managers **must** ensure that the PEEP Policy is communicated to stakeholders and other business partners and ensure that they actively cooperate with the Health Board to achieve compliance with the policy.

All employees

All our employees must ensure that they adhere to the policy and understand the implications for them.

Policy Commitment

The Chief Executive’s commitment to this policy is underpinned by the Fire Safety Policy of Intent.

Supporting Documents

- IMS-06-01-CAV: Fire Safety Policy
- IMS-06-02-CAV: Fire Safety Management Arrangements

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and confirmed there is no adverse impact

Policy Approved by	Board of Directors Health and Safety Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Operational Health and Safety Group
Accountable Executive or Clinical Board Director	Executive Director of People and Culture
<u>Disclaimer</u>	
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 the Governance Directorate.	

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Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1			

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Document title: Fire Safety Personal Emergency Evacuation Plan (PEEP) Policy	Page 5 of 9	Approval date:
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Approved by: Health & Safety Committee		

Fire Safety Personal Emergency Evacuation Plan (PEEP) Procedures

Contents	Page No
1. Purpose	6
2. Aims and Objectives	6
3. Scope	6
4. Implementation	7
5. Training	8
6. Monitoring	9

Fire Safety PEEP Policy of: -

Cardiff and Vale University Health Board
Woodland House
Maesycoed Road
Cardiff
CF14 4HH

Applicable to all Health Board Locations Including: -

- Woodland House
- Barry Hospital
- Cardiff Royal Infirmary
- Children's Hospital for Wales
- Community Premises/Health Centres and Clinics
- Rookwood Hospital
- St David's Hospital
- University Dental Hospital
- University Hospital Llandough
- University Hospital Wales

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Approved by: Health & Safety Committee		

1. Purpose

- Cardiff and Vale University Health Board (CAVUHB) want to enable persons with a disability and those with other long term or temporary health conditions to be able to work safely.
- As defined within the Equality Act 2010 the term ‘disability’ refers to a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on a person’s ability to do normal daily activities;
- A Personal Emergency Evacuation Plan (PEEP) is an individual plan developed and enacted in the event of a fire or any other emergency. The purpose of a PEEP is to secure the safety of the named individual in the event of a building evacuation. It provides the person with the necessary information to be able to manage their escape and ensures that the correct level of assistance is available.

2. Aims and Objectives

- Outline the requirements for securing the safety of specific individuals in the event of an emergency situation within a building
- To ensure risks are identified and that control measures provided as necessary to enable safe evacuation from the building in the event of an emergency.

3. Scope

This policy applies to all staff working at CAVUHB

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4. Implementation

4.1 A PEEP will be developed when:

- A new starter informs their Line Manager or People team of an existing disability.
- An existing member of staff informs their Line Manager or People team of a new issue.
- It is identified by the Line Manager or HR that the staff member has mobility or other issues which may hinder evacuation in the event of a fire/emergency.

The PEEP will:

- Record evacuation routes, corridors, stairs or refuges etc.
- Identify any specialist equipment required e.g. tremor alarms for people hard of hearing.
- Identify persons who will assist in carrying out the evacuation
- Identify training or practice required to implement the plan successfully.

4.2 The plan will be tailored to meet individual requirements and, where applicable, highlight the person/s that may be required to assist with the evacuation of the identified person.

4.3 The PEEP is a personal plan and will be drawn up in consultation with the person identified within the document, the Line Manager and a member of the Fire Safety Team. The evacuation plan should not rely upon the intervention of the Fire and Rescue Services.

4.4 If assistance with escape is required, the extent of such assistance should be identified in the PEEP i.e. the number of assistants and the method to be used.

4.5 Staff working in other locations should consider multiple personal emergency evacuation plans due to the unique characteristics of most buildings.

4.6 Staff who develop temporary mobility difficulties for example following an accident or surgical intervention, should also produce a PEEP to ensure safe evacuation in the event of an emergency.

4.7 The PEEP process will use a checklist to aid its development which includes items relating to the individual's requirements, location, and activities.

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4.8 Once a person has identified their need for a PEEP, a Fire Safety Advisor (FSA) will meet with the employee and Line Manager to develop the PEEP.

4.9 It is a requirement that the employee is briefed on the contents of the PEEP and that they sign to acknowledge that they have received this information.

4.10 In addition, the Line Manager should:

- Inform fire wardens and other relevant persons of the PEEP form and advise what to do in the event of evacuation;
- Set up a 'Buddy' system where required by the PEEP;
- Provide a copy of the PEEP to the Line Manager.

NB. Arrangements for visitors with disabilities will be assessed as the need arises.

4.11 To be effective, the PEEP depends on the ability of helpers to respond quickly and effectively. Helpers should be given sufficient instruction, practical demonstration, and training as appropriate. The plan should be tested when completed and used during regular fire drills to ensure that the person with mobility challenges and helpers are fully aware of the procedures to be undertaken and have confidence in those procedures.

4.12 All employees have a duty of care to inform their Line Manager or People Team of any temporary or long-term health problem, which could increase potential health and safety risks and should:

- Assist in risk assessment and the creation of a Personal Emergency Evacuation Plan (PEEP).
- Comply with the PEEP
- Advise of any changes which may affect ability to comply with the PEEP or health and safety in general.

5. Training

5.1 If the PEEP identifies any specialist training (evacuation chair, emergency exit routes etc.) it is the responsibility of management to ensure that this training is provided.

5.2 A practice evacuation drill should be carried out at least once a year to monitor the effectiveness of any active PEEP and training and practice dates must be recorded.

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Approved by: Health & Safety Committee		

6. Monitoring

6.1 The individual nature of a PEEP ensures it will require regular monitoring, as things change and at least once on an annual basis.

Document Information

Version	Authors	Reviewers	Reason for review	Date	Approved
1	R Paxford	R Warren	New document		

Change History

Version	Description of Change

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Equality & Health Impact Assessment for

CVUHB Fire Safety Personal Emergency Evacuation Plan (PEEP) Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
 - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
 - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required¹
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	No service change, this is a review of a statutory policy.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Robert Warren, Head of Health and Safety. Fire Safety. Health and Safety. People and Culture
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Statutory Requirement to implement and regularly review Fire Safety Policy. <ul style="list-style-type: none">• Outline of the management of fire safety arrangements within the Health Board through the statement of intent, the organisation and structures.• To minimise the fire safety risks within the Health Board to all staff, patients and others.

¹http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		<ul style="list-style-type: none"> • Recognise the obligation imposed under the Regulatory Reform (Fire Safety) Order 2005 and Welsh Health Technical Memorandum 05/01 to prepare an appropriate policy. • This document underpins the statutory duty for the organisation to hold a fire risk assessment.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service user's 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 <p>Population pyramids are available from Public Health Wales Observatory² and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need³.</p>	<p>2018 NHS Wales Staff Survey results for the UHB (health and wellbeing and engagement questions):</p> <ul style="list-style-type: none"> ○ 63% of respondents had come into work in the preceding 3 months despite not feeling well enough to perform their duties (57% in 2016, 71% in 2013) ○ 25% have felt under pressure from their manager to come to work (31% 2016, 39% 2013) and 20% have felt pressure from colleagues (23% 2016, 29% 2013) ○ 50% of respondents believe the UHB is committed to helping staff balance their work and home life (45% 2016, 38% 2013) ○ 34% of respondents have been injured or felt unwell as a result of work-related stress during the preceding 12 months (28% 2016, 35% 2013) ○ 22% had personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public in the preceding 12 months (20% 2016, 19% 2013) ○ 18% had personally experienced harassment, bullying or abuse at work from managers/line managers/team leaders or other colleagues in the preceding 12 months (16% 2016, 21% 2013) • Gold and Platinum Corporate Health Standard assessments in March 2023 found the UHB to have robust data, evaluation and comprehensive and diverse health and wellbeing practices, to the extent that the UHB is now recognised as an exemplar organisation • A consultation has taken place between 14 March and 15 April 2019 via the UHB intranet site – views have been specifically sought from Clinical Board teams,

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² <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

³ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

		Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD (People and Culture) and the Rainbow Flag Network. Re
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The policy will benefit all staff, patients, visitors, contractors and stakeholders by setting out the commitment of the UHB to high standards of health, fire safety and welfare.

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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'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.		All applicable groups must adhere to and support the policy.
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 medical conditions such as diabetes	This policy applies to all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB. Providing safe access/egress in emergency situations.	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for. Examples include potential protected disability characteristics through the wellbeing policy.

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>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</p>	<p>This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.</p>		
<p>6.4 People who are married or who have a civil partner.</p>	<p>This policy applies irrespective of whether individuals are married, in a civil partnership or not.</p>		
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>This policy applies irrespective of whether individuals are on maternity leave or have recently had a baby.</p>		<p>This is covered in the UHB Maternity Procedure which requires managers to complete a Maternity Risk Assessment for pregnant employees</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy applies to all all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners etc) when undertaking services for, or on behalf of CVUHB.		
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	This policy applies irrespective of sexual orientation.		The UHB is committed to equal opportunities and is ranked on the Stonewall Index which indicates that the UHB is committed to making the workplace LGBT+ friendly in all its practices
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	This policy applies irrespective of whether staff are Welsh speakers.	Copies of the policy and can be made available in Welsh.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy applies irrespective of of the income of the individual concerned.		
6.11 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	This policy applies irrespective of where the individual concerned lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence was found to suggest that any other groups or risk factors relevant to this policy have a negative impact. The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual concerned.		

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6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The policy has a positive impact by ensuring that the same processes are followed irrespective of access to services offered.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination,</p>	<p>No negative impact</p>		<p>Other procedures exist to cover this, including Stress at Work and Alcohol and Substance Misuse. The health and wellbeing agenda is apparent throughout the WOD 3-year workplan, which is used as the basis for the workforce aspects of each Clinical Board plan.</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual's income and employment status.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment</p>	<p>No negative impact.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	No negative impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>This policy has a positive impact by ensuring that the same processes are followed irrespective of macro-economic, environmental or sustainability factors</p>		

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The policy aims to ensure that the Health Board has appropriate policies, procedures and other written control documents to allow it to fulfil its responsibilities. There is an impact on service users whose first language is not English and those with visual impairment.</p> <p>The procedure developed in support of this document requires staff take responsibility of ensuring that the principles of the policies and written control documents are explained to service users via an interpreter, translated as appropriate or explained to them with the use of a hearing loop where available if they are aware that the publication of documents in English may cause a difficulty.</p> <p>Impact expected to be positive. The supporting procedure seeks to address any issues regarding language and disability.</p> <p>This review of the Fire Safety PEEP Policy not only reaffirms the previous commitment from the Chief Executive, but also the commitment of the Senior Management Team who support the implementation of it. The policy document is headed by a new policy statement of intent to confirm this.</p> <p>This revision will be rolled out to all employees, contractors and volunteers to ensure they are aware of their responsibilities and duties under the policy and confirm their commitment to it.</p> <p>It is assessed that the impact of this Policy will be overwhelmingly positive for all employees, contractors and volunteers and those who may be affected by the Health Board's activities such as patients, carers, service users, visitors, and members of the public</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Line managers	Ongoing	Action to be taken as and when required
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No, as the overall impact is positive.			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment <p>Monitor and review</p>	<p>The Policy and EHIA will be taken to the Health and Safety Committee meeting for agreement, and will require approval from the Board of Directors.</p> <p>The Policy will be published on the UHB internet and intranet sites.</p> <p>On publication, the policy will be communicated via a briefing for staff and managers advising of the key changes. This will be communicated via the Health and Safety internet pages and the monthly H&S Dashboard.</p> <p>The Policy and EHIA will be reviewed two years after approval unless changes to legislation or best practice determine that an earlier review is required</p>			

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Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)⁴

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

⁴ <http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015>

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)⁵
- Equality Act 2010⁶
- Well-being of Future Generations (Wales) Act 2015⁷
- Social Services and Well-being (Wales) Act 2015⁸
- Health Impact Assessment (non statutory but good practice)⁹
- The Human Rights Act 1998¹⁰
- United Nations Convention on the Rights of the Child 1989¹¹
- United Nations Convention on Rights of Persons with Disabilities 2009¹²
- United Nations Principles for Older Persons 1991¹³
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹⁴
- Welsh Government Health & Care Standards 2015¹⁵
- Welsh Language (Wales) Measure 2011¹⁶

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

⁵ <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

⁶ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁷ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁸ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

¹⁰ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

¹¹ <http://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

¹² <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹³ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹⁴ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹⁵ <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹⁶ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

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For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates¹⁷
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide¹⁸

¹⁷ <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

¹⁸ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998¹⁹

The Act sets out our human rights in a series of ‘Articles’. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as ‘the Convention Rights’:

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

¹⁹ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

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Key Document Approval Form

This form should be completed by the document author and sent to the Corporate Governance Department for approval before production of the document.

1. Key Document Category:	New	<input checked="" type="checkbox"/>	Existing	<input type="checkbox"/>
2. Key Document Type:	Policy Document			
3. What is the reason for developing a new key document?				
• Improve or standardise organisational procedures				<input checked="" type="checkbox"/>
• In response to learning from a complaint, incident or claim				<input type="checkbox"/>
• In response to alerts, safety notifications, Welsh Health Circulars etc				<input type="checkbox"/>
• Re-organisation of a service/department				<input type="checkbox"/>
• New or amended legislation				<input type="checkbox"/>
• Other (please specify)	Click here to enter text.			
4. What is the reason for amending an existing key document?				
• Routine review				<input type="checkbox"/>
• Improve or standardise organisational procedures				<input type="checkbox"/>
• In response to learning from a complaint, incident or claim				<input type="checkbox"/>
• In response to alerts, safety notifications, Welsh Health Circulars etc				<input type="checkbox"/>
• Re-organisation of a service/department				<input type="checkbox"/>
• New or amended legislation				<input type="checkbox"/>
• Other (please specify)	Click here to enter text.			
What Key Document need replacement/update?				
Review type required:	Full Review		Interim Review	
5. What will be/is the title of the key document?	Fire Safety Personal Emergency Evacuation Plan (PEEP) Policy			
6. What will be/is the aim of the document?	To provide a framework for evacuation of vulnerable patients in the UHB			
7. Which other key documents will be/are relevant to the document?	Fire Safety Policy Statement of intent Fire Safety Policy			
8. Please indicate which of the following will need to be considered/consulted when developing/reviewing this document:				
• Consent				<input type="checkbox"/>
• Deprivation of Liberty Safeguards (DOLS)				<input type="checkbox"/>
• Mental Capacity Act				<input type="checkbox"/>
• Mental Health Act				<input type="checkbox"/>
• Data Protection/GDPR				<input type="checkbox"/>
• Safeguarding				<input type="checkbox"/>
• Equality and Diversity				<input type="checkbox"/>
• Welsh Language				<input type="checkbox"/>

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• Patient Safety and Concerns	<input type="checkbox"/>		
• Health and Safety	<input checked="" type="checkbox"/>		
• Risk and Regulation	<input checked="" type="checkbox"/>		
• Workforce and Development	<input type="checkbox"/>		
• Information Governance	<input type="checkbox"/>		
• Financial	<input type="checkbox"/>		
• Business Continuity/Emergency Planning/Major Incident	<input checked="" type="checkbox"/>		
• Other:	Click here to enter text.		
9. Who will be/is the sponsoring Executive Lead for this key document?	Rachel Gidman		
10. Lead Author Details:			
Name:	Ryan Paxford	Job Title:	Senior Fire Safety Advisor
Email Address	Ryan.paxford@Wales.nhs.uk		

For Use by Corporate Governance:			
a. Date Received by Corporate Governance	Click here to enter a date.		
b. Permission to develop key document given?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
c. Full or Interim Review approved:	Choose an item.		
d. If NOT permitted why? What actions must author take to gain permission?	Click here to enter text.		
e. Approved title and reference number for NEW Key Document	Click here to enter text.		
f. Identify any other external or UHB Key Documents to be signposted/referenced in the new/reviewed key document	Click here to enter text.		
g. General Advice and follow up actions:	Click here to enter text.		
Name of Approver:	Click here to enter text.		
Job Role:	Click here to enter text.	Date Approved:	Click here to enter a date.
Date that Approval Form Returned to Author:	Click here to enter a date.		

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Report Title:	No Smoking and Smoke Free Environment Policy - update			Agenda Item no.	3.2
Meeting:	People and Culture Committee	Public		Meeting Date:	14.5.24
		Private			
Status <i>(please tick one only):</i>	Assurance		Approval	<input checked="" type="checkbox"/>	Information
Lead Executive Title:	Executive Director of Public Health				
Report Author (Title):	Consultant in Public Health Medicine Principal Public Health Practitioner Senior Public Health Specialist				

Main Report

Background and current situation:

Smoking is extremely damaging to health and costs the NHS in Wales an estimated £302 million per year. Public Health Wales reports that in the year ending March 2023, **13%** of adults in Cardiff and the Vale of Glamorgan were smokers, similar to the all-Wales average of **12.8%** and the UK average of 12.9%. We know that those living in deprived communities are much more likely to smoke than those in the least deprived areas. The impact of tobacco use is a key component of deep-rooted health inequalities.

The University Health Board (UHB) has had a No Smoking and Smoke Free Environment Policy since 2011, which has been regularly reviewed and updated to take account of changes to legislation and the evidence base. The last update was published in April 2021 after the Smoke-free Premises and Vehicles (Wales) Regulations 2020 came into force, which required hospital grounds to be smoke free from 1 March 2021.

As part of a scheduled review, a small working group reviewed the Policy, its accompanying procedure and the associated EQIA/HIA.

No changes have been made to the policy statements following that review.

The Policy has been updated to reflect research findings and service developments since it was last reviewed.

No significant changes have been made to the EQIA and HIA assessments; both assessments found the policy to have an overall positive impact

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Maximising health is a critical element in achieving a sustainable health service into the future. This Policy represents a clear demonstration of our commitment as a Health Board to ensure all our premises are smoke free and that we comply with smoke free regulations, specifically the Public Health (Wales) Act 2017 and the Smoke-free Premises and Vehicles (Wales) Regulations 2020. It also contributes to creating a supportive environment for those quitting smoking, and a culture where non-smoking is the norm. It is important that all Health Board premises are exemplars of good practice in relation to promoting non-smoking.

Recommendation:

The Committee is requested to:

- a) Approve the updated Policy documentation.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Pr ev en tio n	x	Long term	x	Integration	x	Collaborati on	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: No

No new risk assessments were undertaken in updating the policy documents

Safety: Yes

This policy aims to improve patient safety by ensuring that appropriate support is offered to manage the risk factors of smoking, and reduce the risk of fire

Financial: No

No additional financial considerations

Workforce: No

No additional workforce considerations

Legal: Yes

The UHB has legal obligations to comply with smoke-free legislation.

Reputational: Yes

As a health board here is a reputational risk in not taking a strong stance against smoking, as it is such a major cause of disease and ill health. This has been considered and actions put in place to ensure this policy is a well publicised demonstration of our commitment as an organisation to promote non smoking, and support people in their attempts to quit.

Socio Economic: Yes

An EHIA was undertaken when the policy was initially developed and has been updated as part of this revision of the policy. It found an overall positive impact.

Equality and Health: Yes

The Equality and Health Impact Assessment was reviewed and updated. Both assessments found the policy to have an overall positive impact

Decarbonisation: Yes

This Policy aims to prevent ill health, utilises community based services and encourages self-management. It therefore supports action to reduce carbon emissions.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

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Reference Number: UHB73 Version Number: 5	Date of Next Review: <i>To be included when document approved</i> UHB Reference Number: Trust91
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NO SMOKING AND SMOKE FREE ENVIRONMENT POLICY

Introduction and Aim

On 1 March 2021, as part of the Smoke-Free Premises and Vehicles (Wales) Regulations 2020, Welsh Government implemented changes to smoke-free requirements. This legislation means that hospital grounds, schools grounds and public playgrounds, as well as outdoor day care and child-minding settings will be required to be smoke-free by law. Some changes within this legislation also extended the 2007 Smoke-free Premises etc (Wales) Regulations, resulting in the need to revise the Cardiff and Vale University Health Board's No Smoking and Smoke Free Environment Policy in 2021.

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and
- to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020
- to actively promote and support health and wellbeing

Policy Statement

Smoking is not permitted by law, in all UHB hospital sites, (inside buildings and grounds), from 1 March 2021, and for all UHB buildings inside. Smoking is not permitted as part of the UHB's No Smoking and Smoke Free Environment Policy at other health board ground. The only exemptions are:

- (a) Mental health patients-who are considered long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of the inability to smoke whilst admitted. In these cases, the patient will be permitted to smoke outside in a designated area of the Mental Health Unit provided:
 - A full consultation with an appropriate member of staff has been undertaken and assessment of smoking status ascertained and a management plan agreed.
 - If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in permitted areas which will be closely monitored.
- (b) in private rooms within staff residence.

Objectives

The objective of this policy is to improve health by promoting action to reduce smoking, ensure compliance with Regulations and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy and legislation
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers

Scope

This Policy is applicable to all employees (including those with honorary contracts), contractors, visitors and service-users (patients).

The Policy includes staff who are required to visit private residents as part of their duties.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) was completed in 2013, amended in 2016 and further amended to reflect Policy changes, in 2021. It was reviewed and updated in 2024. This found there to be an overall positive impact.
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Documents to read alongside this Procedure	<p>British Thoracic Society (2005). <i>Smoke Free Hospitals</i>. London: The British Thoracic Society</p> <p>Phillips, C. And Bloodworth, A. (2009) <i>Costs of smoking to the NHS in Wales</i>. ASH Wales and BHF</p> <p>Optimising Outcomes Statement Policy, UHB Board 3 July 2013</p> <p>Public Health England (2014). E-cigarettes: An evidence update.</p> <p>Mc Robbie H et al. (2014). Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose?</p> <p>Royal College of Physicians (2016). Nicotine without smoke. Tobacco harm reduction</p> <p>Welsh Government (2021) Smoke-Free law: Guidance on the changes from March 2021</p> <p>The Smoke-Free Premises and Vehicles (Wales) Regulations 2020</p>
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Approved by	Will be submitted for approval to the People and Culture Committee on 14.5.24
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Accountable Executive or Clinical Board Director	Executive Director of Public Health
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Regan Munn
07/05/2024 16:36:42

Author(s)	Consultant in Public Health Medicine Principal Public Health Practitioner, Senior Public Health Practitioner
<u>Disclaimer</u>	
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 the Governance Directorate.	

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	N/A	02/09/11	New policy to replace Trust Version 91
2	03.07.2013	September 2013	New policy replaces existing UHB Version 1 (UHB73). Amendments include: <ul style="list-style-type: none"> • Full no smoking ban across all UHB sites, with no provision for on-site smoking (except exceptions as listed) and removal of the designated smoking shelters • Prohibit of use of e-cigarettes inside UHB buildings • To strengthen the 'Responsibilities' section of the policy.
3	28.07.2016	17.08.2016	New policy replaces UHB Version 2. Amendments include: <ul style="list-style-type: none"> • Policy reformatted into new UHB style • All sections updated to include new legislative changes and any relevant narrative amended to reflect these changes (Section 1, 3, 4, • Amendments with regard to mental health patients and smoking and use of e-cigarettes • Section 10.6 and Appendix 6 – Level 3 Pharmacy information included • Section 11 – training • Section 12 – Communication • Appendix 1: Guidance and evidence section updated • Appendix 2: Mental health.
4	26.04.2021	TBA	TBA: 26.4.21 New Policy replaces UHB Version 3. Amendments include: <ul style="list-style-type: none"> • Procedures document reformatted into new UHB style

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			<ul style="list-style-type: none"> • New legislation narrative added to Section 1 and referenced in all relevant sections throughout the Policy • Section 10.6 name change relating to Smoking Cessation Services and additional Enhanced Community Pharmacy Scheme added (and relevant amendments made to Appendix 6, List of participating Community Pharmacies) • Appendix 1: Guidance and evidence section updated to reflect new legislation and updated Public Health Wales E-Cigarette Statement (2016) • Appendix 2: Mental Health section updated to reflect changes relating to use of e-cigarettes • Appendix 3: List of Definitions amended • Appendix 4: Amended to ‘non-hospital settings’ • Appendix 5: Added – relevant to Hospital settings only • Appendix 6: Updated with current participating Community Pharmacies Level 2 and Level 3 Enhanced Schemes • Appendix 7: Updated • EHIA amended to reflect changes as above
5			<p>New Policy replaces UHB Version 4. Amendments include:</p> <ul style="list-style-type: none"> • Policy statement included in ‘Introduction and Aim’ • Change to governance arrangements – approval committee changes from Strategy and Delivery Committee to People and Culture Committee • Correction to the name of the relevant legislation throughout i.e. to ‘Smoke-Free Premises and Vehicles (Wales) Regulations 2020’ • Appendix 2 – Update added regarding clinical board arrangements and mental health patients

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			<ul style="list-style-type: none">• Titles of 'procedure' and 'policy' documents have been amended to become consistent with health board format.• In Appendix 3 in the procedure there have been some amendments to the list of definitions.
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Reference Number: UHB73 Version Number: 5	Date of Next Review: <i>To be included when document approved</i> Previous UHB Reference Number: Trust91
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NO SMOKING AND SMOKE FREE ENVIRONMENT PROCEDURE

Introduction and Aim

On 1 March 2021, as part of the Smoke-Free Premises and Vehicles (Wales) Regulations 2020, Welsh Government implemented changes to smoke-free requirements. This legislation means that hospital grounds, schools' grounds and public playgrounds, as well as outdoor day care and child-minding settings are required to be smoke-free by law. Some changes within this legislation also extended the 2007 Smoke-free Premises etc (Wales) Regulations, resulting in the need to revise the Cardiff and Vale University Health Board's No Smoking and Smoke Free Environment Policy.

Smoking is extremely damaging to health and remains the single most important cause of preventable illness and mortality. It is the cause of death for around half of all long-term smokers. In Wales in 2018 around 5,600 deaths in people aged 35 and over were attributable to smoking. Treating smoking related diseases also has major economic impacts, costing the NHS in Wales an estimated £302 million per year. (<https://www.gov.wales/tobacco-control-strategy-wales-html>)

Rates in Cardiff and Vale of Glamorgan University Health Board area mirror the national picture with 13 per cent of the population smoking. In Cardiff Local Authority area 13 per cent of the population smoke compared to 14 per cent in the Vale of Glamorgan (National Survey for Wales, 2022 – 2023). Smoking rates are significantly higher amongst those living in areas of high deprivation. The most recent data available for Cardiff and Vale of Glamorgan show 26 per cent of those living in the most deprived areas smoke, compared with only 11 per cent of those living in the least deprived (National Survey for Wales, 2019-2020).

Welsh Government has the ambition for Wales to be smoke-free by 2030. To achieve this smoking prevalence rates will need to be 5 per cent or less. 'A Smoke-free Wales: Our long term tobacco control strategy for Wales' sets out the vision and how this can be achieved.

It is recognised that tobacco smoke is a health hazard to both smokers and non-smokers. In addition to putting people at risk from diseases, smoking can also act as an irritant in the eyes, throat and respiratory tract, aggravate asthma and pose a significant fire risk. Ventilation or separating smokers and non-smokers within the same airspaces does not stop potentially dangerous exposure.

Legislation concerning reducing smoking incidence and the harmful effects of tobacco in public places – including workplaces - was introduced in 2007 (Smoke Free Premises etc (Wales) 2007) and measures in Wales aimed at preventing the uptake of smoking among young people such as the raising the minimum age to purchase tobacco to 18 (2007), removal of vending machines selling tobacco products from public places (2012) and banning smoking in vehicles carrying children (2015) have been implemented successfully and have contributed to the reduction in smoking prevalence from 24 per cent in 2007 (Welsh Health Survey, 2006-2007) to 13 per cent in

2022-2023 (National Survey for Wales, 2022-2023) in Cardiff and Vale of Glamorgan. During 2022-2023 71 per cent of smokers accessing support, quit smoking at 4 weeks.

The Public Health (Wales) Act 2017 set out the intention for new smoke-free regulations which came into force on 1 March 2021 prohibiting smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 banned smoking on hospital grounds and also set out deadlines to phase out dedicated smoking rooms inside mental health units (1 September 2022) and reduced those permitted to smoke in dedicated areas within adult care homes and hospices, to residents only. Cardiff and Vale University Health Board (UHB) has a legal duty to ensure compliance to the legislation, working in partnership with enforcement agencies.

Cardiff and Vale University Health Board (UHB) has a statutory responsibility for improving the health of the population as well as providing individual patient centred care for promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

In order to be a credible and effective advocate for population health improvement, in addition to ensuring the Smoke-Free Regulations are adhered to, the UHB must be able to demonstrate that it is actively promoting health and wellbeing and preventing ill health. Our employees are ambassadors for health and have a key role to play in promoting health and wellbeing.

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and
- to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020
- to actively promote and support health and wellbeing.

Policy Statement

Smoking is not permitted by law, in all UHB hospital sites, (inside buildings and grounds), from 1 March 2021, and for all UHB buildings inside. Smoking is not permitted as part of the UHB's No Smoking and Smoke Free Environment Policy at other health board ground. The only exemptions are:

- (a) Mental health patients-who are considered long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of the inability to smoke whilst admitted. In these cases, the patient will be permitted to smoke outside in a designated area of the Mental Health Unit provided:
 - A full consultation with an appropriate member of staff has been undertaken and assessment of smoking status ascertained and a management plan agreed.
 - If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in permitted areas which will be closely monitored.

- (b) in private rooms within staff residence.

Objectives

The objective of this policy is to improve health by promoting action to reduce smoking, ensure compliance with Regulations and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy and legislation
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers

Scope

This Policy is applicable to all employees (including those with honorary contracts), contractors, visitors and service-users (patients).

The Policy includes staff who are required to visit private residents as part of their duties.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) was completed in 2013, amended in 2016 and further amended to reflect Policy changes, in 2021. It was reviewed and updated in 2024. This found there to be an overall positive impact.

Documents to read alongside this Procedure

<https://www.gov.wales/smoke-free-law-guidance-changes-march-2021>

[Phillips, C. And Bloodworth, A. \(2009\) *Costs of smoking to the NHS in Wales*. ASH Wales and BHF Optimising Outcomes Statement Policy, UHB Board 3 July 2013 \(last updated 2024\)](#)
[Public Health England \(2014\). *E-cigarettes: An evidence update*. Mc Robbie H et al. \(2014\). *Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose?* Royal College of Physicians \(2016\).](#)
[Nicotine without smoke. Tobacco harm reduction](#)

Approved by

People and Culture Committee

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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 the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	N/A	02/09/11	New policy to replace Trust Version 91
2	03.07.2013	September 2013	New policy replaces existing UHB Version 1 (UHB73). Amendments include: <ul style="list-style-type: none">• Full no smoking ban across all UHB sites, with no provision for on-site smoking (except exceptions as listed) and removal of the designated smoking shelters• Prohibit of use of e-cigarettes inside UHB buildings• To strengthen the 'Responsibilities' section of the policy.
3	28.07.2016	17.08.2016	New policy replaces UHB Version 2. Amendments include: <ul style="list-style-type: none">• Policy reformatted into new UHB style• All sections updated to include new legislative changes and any relevant narrative amended to reflect these changes (Section 1, 3, 4,• Amendments with regard to mental health patients and smoking and use of e-cigarettes• Section 10.6 and Appendix 6 – Level 3 Pharmacy information included• Section 11 – training• Section 12 – Communication• Appendix 1: Guidance and evidence section updated• Appendix 2: Mental health.
4	11.05.2021	TBA	<i>TBA:</i> New Policy replaces UHB Version 4 approved on 11.5.2021 . Amendments include:

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			<ul style="list-style-type: none"> • Policy reformatted into new UHB style • New legislation narrative added to Section 1 and referenced in all relevant sections throughout the Policy • Section 10.6 name change Smoking Cessation Services and additional Enhanced Community Pharmacy Scheme added (and relevant amendments made to Appendix 6, List of participating Community Pharmacies) • Appendix 1: Guidance and evidence section updated to reflect new legislation and updated Public Health Wales E-Cigarette Statement (2016) • Appendix 2: Mental Health section updated to reflect changes relating to use of e-cigarettes • Appendix 3: List of Definitions amended • Appendix 4: Amended to 'non-hospital settings' • Appendix 5: Added – relevant to Hospital settings only • Appendix 6: Updated with current participating Community Pharmacies Level 2 and Level 3 Enhanced Schemes • Appendix 7: Updated
5			<p>New Policy replaces UHB Version 4. Amendments include:</p> <ul style="list-style-type: none"> • Policy statement included in 'Introduction and Aim' • Change to governance arrangements – approval committee changes from Strategy and Delivery Committee to People and Culture Committee • Correction to the name of the relevant legislation throughout i.e. to 'Smoke-Free Premises and Vehicles (Wales) Regulations 2020' • Appendix 2 – Update added regarding clinical board arrangements and mental health patients • Titles of 'procedure' and 'policy' documents have been amended to become consistent with health board format.

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			<ul style="list-style-type: none">• In Appendix 3 in the procedure there have been some amendments to the list of definitions
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1. INTRODUCTION

Smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and 6 per cent of outpatient costs (*Phillips & Bloodworth, 2009*)

In Wales, 13 per cent of the population smoke. In Cardiff and Vale of Glamorgan 13 per cent smoke with higher levels of prevalence in the age groups of 16-44 (*21 per cent) compared to 45-64 (*19 per cent) and over 65+ (10 per cent). Men are more likely to smoke than women in all age groups (National Survey for Wales, 2022-23).

Smoking rates are significantly higher amongst those living in areas of high deprivation. In Cardiff and Vale of Glamorgan, 26 per cent of those living in the most deprived areas smoke, when compared with only 11 per cent of those living in the least deprived (National Survey for Wales, 2019-2020).

It is recognised that second hand tobacco smoke in the environment is a health hazard to both smokers and non smokers. In addition to putting people at risk from diseases, smoking can also act as an irritant in the eyes, throat and respiratory tract, aggravate asthma and pose a significant fire risk. Ventilation, or separating smokers and non-smokers within the same airspaces, does not stop potentially dangerous exposure.

Legislation concerning reducing smoking incidence and the harmful effects of tobacco in public places – including workplaces - was introduced in 2007 (Smoke Free Premises etc (Wales) 2007). Measures aimed at preventing the uptake of smoking among young people such as the raising the minimum age to purchase tobacco to 18 (2013), removal of vending machines selling tobacco products from public places (2009) and banning smoking in vehicles carrying children (2010) have been implemented successfully and have contributed to the reduction in smoking prevalence in Wales. During 2022-23 - 71 per cent of smokers in Cardiff and Vale of Glamorgan who accessed smoking cessation support, quit smoking at 4 weeks.

The Public Health (Wales) Act 2017 set out the intention for new smoke-free regulations which came into force on 1 March 2021 prohibiting smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00. This new legislation also relates to school, pre-school, nursery and children's recreation grounds.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 banned smoking on hospital grounds and also set out deadlines to phase out dedicated smoking rooms inside mental health units (1 September 2022) and reduced those permitted to smoke in dedicated areas within adult care homes and

hospices, to residents only. Cardiff and Vale University Health Board (UHB) has a legal duty to ensure compliance to the legislation, working in partnership with enforcement agencies.

Cardiff and Vale University Health Board (UHB) has a statutory responsibility for improving the health of the UHB population as well as providing individual patient centred care for promotion, prevention, diagnosis, treatment and rehabilitation. Maximising health is a critical element in achieving a sustainable health service into the future.

In order to be a credible and effective advocate for population health improvement, in addition to ensuring the Smoke-Free Regulations are adhered to, the UHB must be able to demonstrate that it is actively promoting health and wellbeing and preventing ill health. Our employees are ambassadors for health and have an important role to play in promoting health and wellbeing.

In March 2011, following an extensive consultation and engagement process, the UHB approved the No Smoking and Smoke Free Environment Policy, supported by a comprehensive Action Plan. The Policy banned smoking across all UHB sites except those considered to have 'particular circumstances'. UHB staff, visitors and contractors were not permitted to smoke on site. This policy was revised in 2013, 2016 and again in 2021 to reflect on-going work – to include the impact on mental health patients and the use of e-cigarettes outside on hospital grounds.

Reducing smoking prevalence has been a priority public action within the Integrated Medium Term Plan (IMTP) for the UHB and reducing the incidence of smoking has involved implementing a comprehensive communications plan (to include signage, audio warnings outside targeted areas within University Hospital Wales and social media), development of the 'Clean Air' Champion role, delivery of Brief Intervention Training for Smoking Cessation to staff, increased capacity of the UHB's in-house hospital based smoking cessation service, introduction of Enhanced Services for Smoking Cessation at Community Pharmacies, improved patient pathway referral for pregnant women – including the introduction of a dedicated Smoking Cessation Midwifery Support Worker (February 2021) and introduction of an electronic system to record smoking status on admission and booking as part of the Optimising Outcomes Policy. Other actions have included organised litter picks, penalty fines for litter dropping (in partnership with Cardiff Council), removal of waste bins with in-built cigarette ashtrays and the 'Tobacco 20 Challenge' in 2016 to further strengthen staff engagement.

In April 2016 all mental health wards moved to the Hafan y Coed (HYC) Unit at University Hospital Llandough (UHL) and smoking was prohibited inside on all wards. In December 2023 smoking was prohibited in all outdoor areas within HYC. Visitors to this unit are not permitted to smoke. Following a comprehensive engagement exercise involving patients and staff in 2017-

2018, the use of single use e-cigarettes inside, in specific, indoor, risk assessed areas of HYC was permitted under supervision.

The use and accessibility of e-cigarettes has been considered in previous iterations of the No Smoking and Smoke Free Environment Policy. Public Health Wales issued a Position Statement on the use of Electronic Nicotine Delivery Systems (ENDS) in 2016 and these recommendations were included in the Policy. A link to this Guidance is listed in Appendix 6.

It is widely accepted that for smokers wishing to quit, e-cigarettes may have a positive role and have been supported for their contribution to the harm reduction approach to quitting smoking evidenced in the Royal College of Physician's report 'Nicotine without smoke – Tobacco harm reduction', April 2016. As such the UHB agreed that the use of e-cigarettes outside, in hospital grounds was permissible.

Welsh Government has been supportive of all health boards actively encouraging a smoke free environment. Linked to Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management of the NHS Performance Framework. A target has been issued to health boards to increase the number of smokers setting a firm quit date and quitting smoking at 4 weeks. The target is:

- 5 per cent of adult smokers must have made a quit attempt via smoking cessation services with at least 40 per cent of those quitting smoking (carbon monoxide CO validated quit rates) at 4 weeks.

2. GUIDANCE AND EVIDENCE

Guidance and Evidence is attached as Appendix 1.

3. POLICY STATEMENT

3.1 Smoking is not permitted by law, in all UHB hospital sites, (inside buildings and grounds), from 1 March 2021, and for all UHB buildings inside. Smoking is not permitted as part of the UHB's No Smoking and Smoke Free Environment Policy at other health board grounds. The only exemptions are:

- (c) Mental health patients-who are considered long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of the inability to smoke whilst admitted. In these cases, the patient will be permitted to smoke outside in a designated area of the Mental Health Unit provided:
 - A full consultation with an appropriate member of staff has been undertaken and assessment of smoking status ascertained and a management plan agreed.

- If it is agreed in the management plan that the patient should be permitted to smoke, this can only take place in permitted areas which will be closely monitored.

(d) in private rooms within staff residence.

Further information regarding Section 3.1 (a) is detailed within Appendix 2.

3.2 The UHB does not permit the use of e-cigarettes inside buildings/hospitals (except patients within Mental Health Units where a designated indoor, risk assessed areas has been agreed).

The UHB is committed to supporting employees and patients who wish to stop smoking.

4. NATIONAL LEGISLATION

The Health and Safety at Work etc Act 1974 places a duty of care on employers to 'provide and maintain a safe working environment which is, so far as is reasonably practical, without risk to health and adequate as regards facilities and arrangements for their welfare at work'

The Health Act 2006 & The Smoke-Free Premises etc (Wales) Regulations 2007 prohibit smoking in virtually all enclosed public places and workplaces and came into force on 2nd April 2007. These regulations only exempt in addition to private residences the following types of residential accommodation, subject to specific conditions:

- Designated bedrooms in hotels, guesthouses etc
- Care Homes as defined in the Care Standards Act 2000
- Adult Hospices
- Mental Health Units providing residential accommodation

The Act created three offences:

1. Failure to provide appropriate signage in smoke free premises (maximum fine £1,000)
2. Smoking in a smoke free place (maximum fine £200).
3. Allowing smoking to take place in smoke free premises (maximum fine £2,500).

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibits smoking on hospital grounds with enforcement of Fixed Penalty Notices (FPNs) of £100.00. The legislation also includes school, pre-school, nursery and children's recreation grounds. Welsh Government set out what the changes in the law mean for hospitals and the actions required to implement the Regulations. These are:

- Hospital grounds in Wales will be required to be smoke-free

- It will be an offence to smoke in hospital grounds. Smoking in a smoke-free space from the 1 of March 2021 could result in a £100 fine
- The manager or person responsible for the hospital grounds must take reasonable steps to stop smoking
- The display of 'No Smoking' signs will be required
- Designated smoking areas within the hospital grounds can be provided if the hospital wishes to do so

Authorised officers within the local authority have the power to enforce the new laws across Wales and issue Fixed Penalty Notices.

The Regulations also amend who can use designated smoking rooms in adult care homes and adult hospices.

5. AIM

The aim of this policy is:

- to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke)
- to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke Free Premises and Vehicles (Wales) Regulations 2020
- to actively promote and support health and wellbeing.

6. OBJECTIVES

The objective of this policy is to improve health by promoting action to reduce smoking and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy and legislation
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers

7. SCOPE

This Policy is applicable to all employees (including those with honorary contracts), contractors, visitors and service-users (patients).

The Policy includes staff who are required to visit private residents as part of their duties. Further details on this are outlined on page 15.

Whilst it is illegal to smoke on hospital grounds (Smoke-Free Premises and Vehicles (Wales) Regulations 2020), smoking outside on any grounds of other UHB premises is not permitted as part of the No Smoking and Smoke Free Environment Policy. The definition of 'hospital grounds' are defined by Welsh Government as:

Hospital has the meaning given by section 206 of the National Health Service (Wales) Act 2006. The grounds of a hospital includes all grounds that adjoin the hospital, are used by or occupied by it, and are not enclosed or substantially enclosed. The smoke-free requirements will apply to all NHS and independent sector hospitals in Wales.

8. DEFINITIONS

A full list of definitions used in this policy are listed as Appendix 3.

9. ROLES AND RESPONSIBILITIES

This policy affects all UHB employees as everyone in the UHB has some responsibility for ensuring the health and wellbeing of staff and those accessing UHB sites.

As it is an offence to smoke in hospital grounds, the manager or person responsible for the hospital grounds must take reasonable steps to stop smoking.

9.1 The UHB Board

The UHB Board is responsible for ensuring that UHB policy is implemented effectively. The UHB is responsible for ensuring adherence to legislation as noted.

The Board in recognising the importance of promoting no smoking will ensure that all patients and staff have access to smoking cessation services.

The People and Culture Committee of the Board will be responsible for monitoring the policy on behalf of the UHB Board.

9.2 Chief Executive

As Accountable Officer the Chief Executive is ultimately accountable for the effective management of the UHBs business and for ensuring that policies and legislation are adhered to.

9.3 Executive Director of Public Health

The Executor Director of Public Health is responsible for ensuring the appropriate policy is in place on behalf of the Chief Executive of the UHB.

9.4 Directors and Assistant Directors

Directors and Clinical Board Directors have responsibility for compliance with the No Smoking and Smoke Free Environment Policy. They must ensure compliance with No Smoking legislation and for compliance at premises for which they are accountable.

Directors, Clinical Board Directors and Assistant Directors should ensure that everyone in their Clinical Board/Directorates understands their responsibilities in ensuring compliance.

Each Clinical Board will work to ensure that reducing smoking and supporting smokers to quit is embedded within all clinical pathways, and that recording smoking on routine admission/booking and referring smokers to smoking cessation support services is part of systematic action.

9.5 Clinical Governance Leads

Leads on Clinical Governance in each Directorate will ensure that presentations on smoking prevention and cessation feature at least annually in their sessions with reference the No Smoking and Smoke Free Environment Policy.

9.6 Managers

Managers have a responsibility to ensure that their staff and patients understand and comply with the requirements of this policy and legislation.

They will provide appropriate support to staff who wish to give up smoking.

It is the responsibility of the contracting UHB manager to ensure all contractors are aware of and adhere to the policy and legislation.

9.7 All Employees

All our employees have a responsibility to adhere to UHB policy and the legislation and to promote the health and wellbeing of our population.

10. APPLICATION OF THIS POLICY

The policy was introduced from 1 March 2021 and replaces the previous No Smoking and Smoke Free Environment Policy (V3, 2016) agreed by the UHB Board. The previous policy was based on 'voluntary compliance' of not smoking in hospital grounds, this version reflects the legal change that smoking is prohibited by law across all hospital grounds.

The UHB will ensure that it has appropriate signage to ensure that it fulfils its legal duties as described below.

10.1 No Smoking Signage

The UHB is required, by law (2007 and 2020) to display appropriate 'No Smoking Signs' in prominent positions at each entrance to the premises. This includes signage to reflect the 2007 (no smoking inside enclosed, public places) and the 2020 Regulations (no smoking on hospital grounds).

Welsh Government have provided templates for signage which outline the minimum requirement to comply with the 2020 legislation and these have been installed as per the Guidance.

10.2 Application of the policy to vehicles

The 2007 Regulations included legislation that covered vehicles which are used to transport the public or used by more than one employee in carrying out work duties. The UHB applies this policy to;

- UHB owned vehicles;
- Vehicles leased through arrangements with the UHB when being used for UHB business;
- Privately owned vehicles when carrying one or more passengers travelling on UHB business (i.e. claiming travel expenses from the UHB).
- Privately owned vehicles when parked on UHB sites

The 2020 Regulations now include legislation to cover people who are providing paid for or voluntary goods or services to another person in a vehicle. Welsh Government has included examples below that would need to be adhered to:

- a carer uses their car to take the person they support to the doctor's surgery. The car will be required to be smoke-free during those journeys. If the car is used for social, domestic or other private purposes at all other times, smoking in the car is permitted.
- a volunteer collects people in their own car to visit a day centre. The car would need to be smoke-free during these journeys, but does not need to be smoke-free at other times

- a car that is used only part-time to provide private hire services will be required to be smoke-free whilst providing those private hire services

10.3 Non-compliance

Authorised officers from the local authority have powers to enter the UHB premises to establish that smoke-free legislation is being enacted in accordance with the law. They can give a Fixed Penalty Notice (FPN) to people whom they believe are committing, or have committed, an offence under the legislation. In addition to routine enforcement patrols that may be carried out by the Regulatory Authorities on hospital grounds, the UHB may ask for specific support if adherence to the legislation requires further support.

The Wales Regulations of 2007 apply to all individuals smoking in enclosed premises and the 2020 Regulations apply outside, in UHB hospital grounds. Employees smoking in breach of this policy may face disciplinary action in accordance with UHB disciplinary rules.

The commitment to enforcing this policy (and it's legal requirements) should not just be a formal statement but be evident in the day to day activities of the UHB, so that it is readily known and understood by all staff. Where managers become aware of deficiencies in adherence to the policy and take no action to remedy them, the staff and others will readily perceive that such actions are condoned, because of the habitual nature of smoking. It is therefore particularly important from the outset to ensure those areas where breaches regularly occur (such as hospital entrances) are closely monitored and offenders asked to refrain from smoking and reminded it is against the law to smoke on hospital grounds and could be subject to a FPN.

Managers, staff and staff representatives are jointly responsible for ensuring that:

- Individual staff, patients, visitors and contractors know, understand and comply with this policy
- The policy is monitored in their own areas and contraventions are identified and managed.

UHB Staff are personally responsible for complying with this policy. Managers Guidance, intranet and internet advice and ward based posters and flyers outlining the process for implementing the No Smoking Policy have been disseminated and promoted.

Certain areas within the UHB present an acute risk if a smoking prohibition is not strictly enforced. Failure to adhere to the smoking policy in these areas will be considered as gross misconduct and shall be subject to disciplinary procedures. These areas will be normally highlighted by the relevant statutory signs, in addition to the standard 'No Smoking' sign to alert people to the increased risk. Below is a list of these areas:-

- Areas where flammable liquids or gases are handled
- Areas where food is prepared and served including bar serveries
- Laboratories
- Wards and other clinical areas
- Front of main entrances

10.4 Staff visiting private residences

In line with other NHS organisations, where staff are required to visit private residents as part of their duties (such as manager on staff sickness visits or staff providing services in private residences) where possible, correspondence should be issued in advance of the visit requesting the household refrains from smoking in anticipation of the scheduled visit by the UHB employee.

Where managers are aware of staff who regularly enter private residences of individuals who are known smokers, staff rotas should be drawn up to reduce the exposure of any one member of staff to the smoking environment.

Community staff on duty must not smoke within patients/service users' homes.

10.5 Authorised breaks

UHB Staff are entitled to scheduled breaks as agreed with their manager, local policy and in line with their contract of employment. The UHB does not recognise smoking breaks.

Staff are reminded to be responsible and considerate to local residents when smoking off site. They must ensure that any form of UHB identification (including uniform) is completely covered up. This is to ensure that they are not identified as UHB staff and also to keep their uniforms clean and free from smoke odour.

10.6 Support for staff who want to give up smoking

Smoking Cessation services are available from 3 sources;

- Hospital in-house smoking cessation services

Contact details: Helen Poole, Smoking Cessation Counsellor
02920 743582 INTERNAL 43582
Helen.poole@wales.nhs.uk

A hospital in-house smoking cessation service exists for all staff and patients (and their families) accessing Cardiff and Vale UHB. This service commenced in 1985 at UHL and later in 2000 at UHW. The service can be accessed either by self-referral or referral 'in house' within the UHB. The programme incorporates elements from various behavioural therapies to allow flexibility,

tailoring support to each individual. The first month consists of an intensive phase of weekly advice and support sessions, which includes a discussion of the various kinds of treatment available, such as Nicotine Replacement Therapy (NRT) and the newer stop-smoking aids that do not contain nicotine. The in-house service is also able to prescribe NRT patches/lozenges or Champix (signed by an appropriate consultant). Follow up sessions take place at 3, 6 and 12 months, with telephone support at 2, 5 and 9 months. Patients who have not stopped smoking are discharged at 3 months but can be further supported by all smoking cessation services available.

- Help Me Quit

Contact details; Freephone 0800 085 2219 or access the website www.helpmequit.com. Professional referral (via online App, email or telephone) is available.

Help Me Quit (HMQ) offers free, friendly support for smokers who are ready to stop.

Before stopping, a trained specialist will help staff understand the reasons for smoking. A quit date is planned and information about the different kinds of treatment available, such as Nicotine Replacement Therapy (NRT) and the newer stop-smoking aids that do not contain nicotine are discussed.

Weekly community based sessions are held across Cardiff and Vale of Glamorgan in local venues. Those attending can continue to attend sessions even after the quit date to provide help and on-going motivation.

- Level 3 Enhanced Smoking Cessation Service Community Pharmacy

Over 30 Community Pharmacies can currently deliver a Level 3 Enhanced Smoking Cessation Service (April 2024). Staff (and members of the public) can access this service directly by walking into a participating Pharmacy and asking for advice and support to quit smoking. A full programme of support is available including free prescribing and dispensing of NRT.

- Level 2 Enhanced Smoking Cessation Service Community Pharmacy

Over 30 Community Pharmacies are currently participating in a Level 2 Enhanced Smoking Cessation Service (April 2024). For those clients who have accessed smoking cessation support via HMQ, free NRT can be dispensed over the counter at any participating community pharmacy (by providing the relevant documentation), without the necessity of a GP generated prescription.

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11. TRAINING

Issues related to smoking and public health will be included in the following:

- Cardiff and Vale UHB Induction
- Brief Intervention Smoking Cessation Training
- Making Every Contact Count (MECC)
- Fire Lectures

12. COMMUNICATION

12.1 Communication to staff

This policy will be regularly communicated to staff via the internet, intranet, social media accounts, clinical portal, bulletins and staff magazine.

Managers must bring this policy to the attention of their staff through team meetings or similar mechanism.

Leads on Clinical Governance in each Directorate will ensure that presentations on smoking prevention and cessation feature at least annually in their sessions with reference to the No Smoking and Smoke Free Environment Policy.

All induction and fire lectures must refer to this policy.

Job advertisements, job descriptions and interviews will include reference to the smoking policy. Staff shall be told about arrangements for smoking in their place of work on appointment, and means of accessing smoking cessation support.

Areas should also be well sign posted.

12.2 Communication to Patients

Appointment notices of both inpatient and outpatient cards include advice on the UHB No Smoking and Smoke Free Environment Policy with some patient letters re-worded to include no smoking messages.

On admission and or booking at a clinic, as part of the patient electronic record system (Clinical Workstations, COM and PMS), all patients must be asked their smoking status and the response recorded on this system. If a smoker, smoking cessation support offered and an internal referral to the UHB's in-house Smoking Cessation Service be completed using the contact details listed in point 10.6 above.

Advice leaflets will be available on each ward containing advice as to how to access smoking cessation services, discussing concerns with their clinician.

Patients and visitors can access the full policy on the UHB Internet site.

12.3 Communication to Visitors

All entrances and pedestrian exits to car parks have signage reinforcing that the UHB's policy and legal requirements. For hospital sites, smoking signage reflects Welsh Government's template which states Fixed Penalty Notices (FPNs) will be issued to smokers.

Sufficient No Smoking signs are placed at entrances at all UHB sites – including non-hospital sites. This has been supplemented by audio notices (where appropriate) at some hospital locations.

It is recognised from evidence gathered that most smokers challenged on hospital grounds are visitors, and it is therefore important that the wider public and patients are aware, prior to visiting hospital sites, that it is illegal to smoke on the grounds.

12.4 Communication to Contractors

Contractors are not permitted to smoke on UHB sites. At hospital sites, it is illegal to smoke.

Wherever possible, contractors should receive written guidance on the UHB No Smoking and Smoke Free Environment Policy prior to work being carried out – as part of work agreement or contract. All contractors should be made aware of the policy prior to carrying out scheduled work and this should be included in any contract statement. Contractor managers and site supervisors are responsible for ensuring all staff they employ comply with this policy. As previously stated, is the responsibility of the contracting UHB division to ensure all contractors are aware and adhere to the policy.

12.5 Consultation

The No Smoking and Smoke Free Environment Policy was extensively consulted on during development.

A No Smoking Policy Task and Finish Group, a sub-group to the Smoke Free UHB Steering Group, formed in 2013, to include membership from relevant stakeholders including smoking cessation, clinicians, nursing, fire, public health, staff representation, health and safety, estates, procurement and workforce and organisation development was formed and the Policy presented to the following UHB Groups:

- Employment Policy Sub-Group (EPSG)
- Local Partnership Forum

- Health and Safety Committee

Version 3 (2016) of the No Smoking and Smoke Free Environment Policy was discussed at the EPSG, Local Partnership Forum and Health & Safety Committee.

Support to the initial policy has been gained from the Wales Medical Committee, Medical Advisory Group, and the Cardiff Chest Physicians Group.

As part of a planned pilot period for mental health patients, a full engagement programme involving patients and staff took place to implement changes to smoking permissions at specific mental health units of the UHB. These changes were reflected in Version 5 of the Policy and are referenced in Appendices 1 and 2.

On-going consultation involving UHB Local Partnership Forums, Health and Safety Committees and other Clinical Board Director meetings is required to ensure maintenance of this Policy.

13. RESOURCES

13.1 Signage

The UHB will need to replace defaced and vandalised signage. The UHB will need to ensure that full compliance with both 2007 and 2020 signage requirements. There may be ongoing maintenance required to the audio system.

13.2 Enforcement

It is anticipated that there will be high levels of compliance with the new legislation. The UHB recognises the significant role enforcement has in reinforcing policy and ensuring equity of implementation.

The UHB has a responsibility to ensure compliance with the legislation and must take 'reasonable steps' to stop a person smoking.

The 2020 Regulations state that:

The person who controls or is concerned with the management of the hospital grounds must take reasonable steps to stop a person who is smoking there from smoking.

Only authorised officers within each local authority can issue Fixed Penalty Notices to enforce the law across Wales. Options to increase support to ensure compliance will have cost implications to the UHB.

13.3 Smoking cessation support

It is recognised that smokers access support from a variety of different methods with most smokers choosing no support from a specialist service. Smokers are 4 times likely to quit smoking with support from a Smoking Cessation Service

The provision of NRT will increase with an impact on prescribing budgets.

On-going commitment to provide a UHB Smoking Cessation Service for patients and staff is integral to this policy.

On-going commitment to enforcing the Policy will be required to ensure compliance with legislation.

13.4 Designated Smoking Shelters

All smoking shelters must be removed as part of this policy, apart from those linked to the exemptions listed above

14. REFERENCES

Details of the documents referred to in the development of this Policy are shown in Appendix 7.

15. EQUALITY AND HEALTH IMPACT ASSESSMENT

The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats staff reflects their individual needs and does not discriminate against individuals and/or groups or exacerbate health inequalities.

The UHB has undertaken an integrated Equality Impact Assessment and Health Impact Assessment of this policy using an integrated screening tool. The UHB wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age, or other protected characteristics. It also wanted to know if the services offered in the policy were accessible and whether they contributed to improving/maintaining healthy lifestyles; income and employment; physical environment; social and community influences on health and macroeconomic and sustainable factors.

The assessment found that there was an overall positive impact on the equality groups mentioned or on the health of the local population and health inequalities. An action plan was developed to address some minor negative impacts identified to ensure that the UHB meets its responsibilities under the equalities and human rights legislation.

16. MONITORING AND AUDIT

16.1 The identified Tobacco lead for the UHB – part of the Cardiff and Vale Public Health Team – will monitor the progress of the policy and adherence to the legislation. Enforcement data will be provided by the Local Authorities to Welsh Government which will be available to the UHB - which will feed into any specific reviews or actions that may be needed.

16.2 The following indicators have been used previously to monitor the effectiveness of the policy and are suggested to continue (where possible):

- Awareness of staff to the requirements of the policy via staff polls and data collected by the local authorities relating to enforcement
- Compliance as indicated by data collected by any Enforcement Officer
- Cleanliness of Entrances (observed and complaints received)
- Compliance will also be incorporated into the Workplace Inspection Programme
- Staff accessing smoking cessation support (data provided quarterly by the UHB Smoking Cessation Service)
- Random spot checks through walkabouts
- Number of complaints received to the UHB's Patient and Public Experience Team

16.3 Performance indicators have been developed as part of UHB performance management processes and IMTP. This includes referral to smoking cessation services.

An NHS Wales performance measure linked to Quadruple Aim 1 of the NHS Performance Framework has been set by Welsh Government to health boards which requires quarterly returns that are prepared and provided by the Cardiff and Vale Public Health Team, managed by the Executive Director of Public Health.

As part of Welsh Government 'Prevention funding' quarterly returns are required against outcomes agreed relating to the tobacco work streams. This includes the UHB's Models for Access to Maternity Smoking Cessation Support (MAMSS) programme and the implementation of the Level 2 Enhanced Smoking Cessation Community Pharmacy programme.

17. REVIEW

The No Smoking and Smoke Free Environment Policy will be reviewed every 3 years.

NO SMOKING POLICIES - GUIDANCE AND EVIDENCE

1. 'Smoke free' hospital policy

The guidance document 'Smoke Free Hospitals' (*British Thoracic Society, 2005*) advocates a 'developed and resourced comprehensive programme supported by the Trust Boardcoupled with advice and help on smoking cessation', as the most effective intervention for preventing smoking in hospitals. This document recommends four steps in implementing a smoking ban:

Step 1: Obtain commitment from the Trust (*UHB*) Board with publication of a 'No Smoking Policy'.

Step 2: Restrict smoking by patients and staff within the hospital to various permitted areas.

Step 3: Restrict smoking to areas outside the hospital and clear of the hospital entrances.

Step 4: Move to a smoke-free hospital, including buildings and grounds.

NICE Guidelines recommend the development of a policy that provides smoking cessation as part of a wider tobacco control strategy (*NICE Public Health Guidance 10, 2008*). Crucially, smoking cessation support to staff is seen as a success factor in the effectiveness of smoking bans (*McKee and Gilmore, 2003*).

Evidence suggests that smoke free policies at work typically reduce the absolute prevalence of smoking by about 4 per cent and partial policies by 2 per cent. Combining the effects of reduced prevalence with lower consumption per continuing smoker yields a mean reduction of 1.3 cigarettes per day per employee which corresponds to a relative reduction of 29% (*Fichtenberg, 2002*). Smoke free policies are also known to reduce the number of cigarettes smoked each day by those who continue to smoke (*Nicotine Addiction in Britain, 2000*). A study published in 2009 further found that whilst a full workplace No Smoking Ban reduced the current smoking rate by 6.4% among all workers the average daily consumption amongst those continuing to smoke reduced by 3.7% (*Kim, 2009*). There is some evidence that compares quit rates of employees working in a full smoking ban with that of a partial ban. Smokers in total bans were more likely to stop smoking during working hours whereas those in partial bans were more likely to increase their consumption (*Style and Capewell, 1998*).

This policy will ensure compliance with the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020. It will also support the implementation of the Corporate Health Standard at Work. It follows the work of any previous UHB No

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Smoking Policies and that of the Cardiff and Vale NHS Trust Policy, (January 2008).

Within the wider Cardiff and Vale community, the Tobacco Free Partnership engaged with a wide range of stakeholders to agree detailed outcomes and actions to reduce the prevalence and incidence of smoking which were published in the Tobacco Control Cardiff Strategy and Smoke Free Vale Strategic Action Plan. Implementation of the UHB policy contributed to this wider approach.

2. The use of e-cigarettes

Electronic cigarettes (e-cigarettes) or electronic nicotine delivery systems (ENDS) have become increasingly popular since the mid 2000s. An estimated 16.6 per cent of young people in school year 11 (15/16 years) were smoking or vaping at least weekly in Wales in 2021 (SHRN)

In Cardiff and Vale of Glamorgan 7 per cent of people self-reported as using e-cigarettes in 2019-2020 (National Survey for Wales, 2020), compared to 6 per cent in Wales.

E-cigarettes are battery powered products that typically look like real cigarettes containing a cartridge of liquid nicotine, the atomizer (or heating element), a rechargeable battery (although some are 'one use' products), and electronics. They turn nicotine, flavour and other chemicals into a vapour that is inhaled by the user. The exhaled vapour can be seen and the tip of the cigarette has a light emitting diode (LED) which lights when the user inhales, resembling a real cigarette.

Vaping puts young people at risk of nicotine dependence. This level of dependency impacts on their education, their behaviour and their daily life. It is not possible to understand the full impact on health at this stage, as the products have not been on the market long enough, but there is concern that there may be additional harms in the longer term that are not yet known. Growing concerns about the number of young people who are vaping. It is illegal to sell vapes to those under 18, but many children and young people are still vaping, particularly those who don't smoke and would never smoke tobacco.

There are many illegal products in shops that don't comply with safety regulations. These put young people at additional risk as these illegal vapes can contain unknown and possibly harmful contaminants.

phw.nhs.wales/news/tackle-dependency-visibility-and-availability-to-address-rapid-rise-in-youth-vaping-say-public-health-experts/vaping-amongst-children-and-young-people-in-wales-incident-response-group-report/

A report by the Royal College of Physicians concludes that e-cigarettes remain an important tool to alleviate the burden of tobacco use but that much

more can and should be done to reduce their appeal, availability and affordability to people who do not smoke, including children and young people, and reduce environmental harms. E-cigarettes and harm reduction: An evidence review. RCP, 2024

Two thirds of all smokers in the UK would like to quit smoking and around 45% of smokers try to give up every year. [Public Health England has declared e-cigarettes 95% less harmful than tobacco](#). Based on the most up-to-date evidence, ASH Wales would encourage anyone who smokes to try switching to vaping. Vaping should be viewed solely as a smoking cessation aid and not used recreationally, particularly among young people and never smokers. <https://ash.wales/campaign/electronic-cigarettes/>

- Several key organisations supported the use of e-cigarettes to help people stop smoking. Both Public Health Wales (PHW) and Public Health England (PHE) have acknowledged that for some smokers, the use of ENDS may positively support a quit attempt.

A link to the PHW Position Statement issued in 2017, is included in Appendix 6. Public Health Wales states:

ENDS present both potential benefits and potential harms, so a balance of approaches is needed to help minimise the risks to children and young people and non-smokers in the general population and to maximise the potential benefits to committed smokers who are unwilling or unable to quit as well as those who wish to quit smoking.

It was noted by PHW that the use of ENDS by children and young people has no benefits, to the general population may in fact have a negative impact on indoor air quality and therefore represent a risk to health and for smokers who wish to quit:

NHS stop smoking services which provide behavioural support and access to licensed pharmacotherapy currently offer the greatest likelihood of stopping smoking. However, the majority of smokers who make a quit attempt do so without specialist support. For these smokers, ENDS may prove helpful in achieving a successful quit from tobacco although they are not currently licensed as a medicine for this purpose.

Public Health England have stated that a combination of e-cigarettes and support from a smoking cessation service helps most smokers to quit tobacco altogether (Public Health England, 2015). Similarly, the Royal College of Physicians are promoting the use of e-cigarettes alongside NRT and other non-tobacco products as a substitute for smoking in the UK (Royal College of

Physicians, 2016). Medicine licences have been awarded for two new e-cigarette products, a nicotine-metered dose inhaler (Voke) and an e-cigarette (E-Voke).

E-cigarettes are not currently covered by the smoke-free laws in operation in Wales - this includes the Regulations of 2007 and 2020. There is concern amongst various groups that allowing use of e-cigarettes in places where smoking will normalise smoking behaviour and undermine the public health progress made so far (Public Health Wales, 2015). In June 2015 Welsh Government consulted on a proposal to restrict the use of nicotine inhaling devices, such as e-cigarettes, in enclosed public places as part of the Public Health (Wales) Bill, however, this was not included in the 2020 Smoke-Free Regulations.

The UHB's No Smoking and Smoke Free Environment Policy primarily aims to protect staff and public from the dangers of tobacco smoke. As e-cigarettes do not contain this danger, it is important to consider all the issues before agreeing a full ban on the use of these products. As such, it was agreed in 2016 to permit the use of e-cigarettes outside in the grounds of UHB premises, but not inside.

Additionally, following wider consultation with the Mental Health Clinical Board during 2017-2018, it was agreed that for mental health patients who smoke, the use of e-cigarettes inside, in specific, risk assessed locations at mental health units, would be permitted. This approach reflects the guidance listed in the PHW Position Statement which states:

For committed smokers who are unwilling or unable to quit there is a high degree of consensus that the benefits of using ENDS significantly outweigh the harms. The harms associated with the alternative, of continuing to use tobacco, are significant and well established. The exception to this advice would be for pregnant women, as the potential risks to the unborn child are unknown.

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NO SMOKING AND SMOKE FREE ENVIRONMENT POLICY

Consideration of Particular Situations

Introduction

In previously considering a No Smoking and Smoke Free Environment Policy, the UHB understood that there exist particular situations which by their very nature, may act as trigger points in terms of increasing incidence (and by default, prevalence) of smoking in the grounds of the UHB. Furthermore, acknowledgment that some specific patients – such as those on long-stay or mental health wards - may need to be considered as ‘special circumstances’ – and smoking should be permitted (outside, in enclosed gardens linked to the mental health unit) as long as the certain actions are taken prior to permission being granted. Therefore, and within the allowed exemptions of the Smoke-Free Regulations 2020, smoking is permitted outside, for some mental health patients in specific, outside areas within the perimeter of mental health units.

Under the Smoke Free (Wales) Regulations etc (2007) mental health units were considered exempt and designated ‘smoking rooms’ permissible. However, under the new Smoke-Free (Wales) Regulations this became illegal from 1 September 2022.

Since April 2016, mental health patients at the UHB’s Hafan y Coed unit at UHL, have been prohibited from smoking inside and were only able to smoke outside, in the designated smoking area - other patients are not included within this exemption.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prescribe specific conditions which apply to sites that can be used as a smoking shelter/area on hospital sites. The external locations available to Mental Health Clinical Board for in-patients within the unit do not currently meet these requirements. Mental Health Clinical Board therefore became smoke free in December 2023. The impact of this is being closely monitored.

CONSIDERATION OF PARTICULAR SITUATIONS: LONG TERM SMOKERS

As part of the consultation process relating to the No Smoking and Smoke Free Environment policy, the UHB considered the situation of long term smokers, who are resistant to quitting smoking and who may decline their medical treatment because of their inability to smoke whilst admitted, and whether these may require exceptional permission to smoke in permitted smoking areas – these permissions are not included within this revised Policy

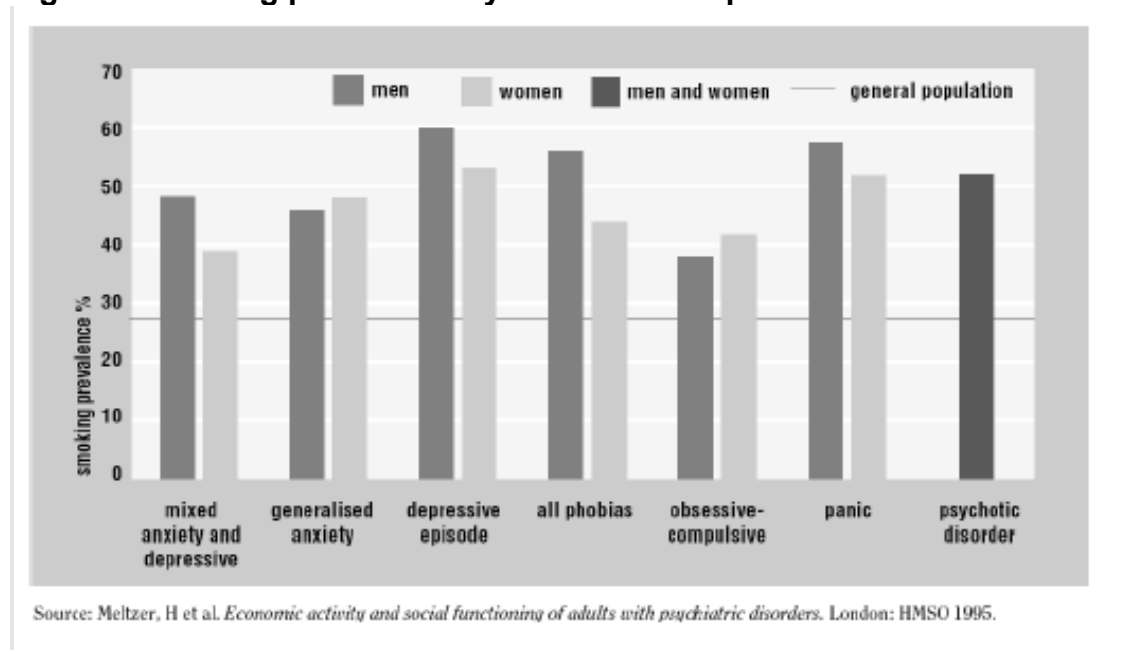
as it now illegal to smoke either inside or outside on grounds of hospitals under the 2020 Regulations.

CONSIDERATION OF PARTICULAR SITUATIONS: MENTAL HEALTH

1. Mental Health and smoking prevalence

Smoking and heavy smoking is associated with all measures of mental health (McNeill 2004, McNeil 2001, ONS 2000). In all categories of mental health smoking prevalence is higher than the general population (Melzter et al. 1995).

Figure 1 Smoking prevalence by mental health problem



1.1 Understanding mental health and smoking

1.1.1 Why are smoking rates higher in people with mental health problems?

Several hypotheses have been generated to attempt to explain why smoking rates are higher in people with mental health problems than the general population. These are summarised as follows:-

- Self medication hypothesis

Nicotine is physically addictive and because it has a short half-life, withdrawal symptoms such as cravings, tension and low mood occur frequently (McNally 2009). Smokers are thought to self medicate against these withdrawal symptoms. Some people with mental health illness may find smoking rewarding and smoking may compensate for some of the difficult symptoms of their condition (Campion et al. 2008a).

- Cultural hypothesis

In the general population and as a consequence of the smoking ban in public places smoking has become de-normalised in society and is seen as less acceptable. However, smoking is seen as central to the culture of mental health care institutions (Lawn and Pols 2005). As a result, it is therefore presumed that to make a quit attempt would be more difficult as cessation maybe discouraged (McNally 2009). Trinkoff and Storr (1998) found that a large proportion of staff are smokers themselves and that non-smoking policies are less acceptable to mental health staff than other health care professionals (McNally et al. 2006).

- Void hypothesis

In this theory it is thought that quitting smoking will leave a greater void in the life of mental health service users than it does for the general population: that they may have "nothing else in life" (McNally 2009). Many people with mental health problems lack structure in their daily lives and have fewer coping skills which may deter them from trying to stop smoking. McNally (2009) suggests that rather than accept that there is a void created, a positive approach might help service users to quit, assist them to fill this void and empower them to explore new activities.

1.1.2 The impact of smoking on mental health

Some studies have demonstrated that smoking can have a temporary positive effect on mental health, whereas others have shown the adverse effects of smoking for a longer period, in regard to anxiety and depression (McNally 2009).

There are studies that indicate that smoking is associated with poor mental health. It was found by Pasco et al. (2008) that women with no history of depression had a higher risk of developing a major depressive disorder by the end of the ten year period if they were smokers. Johnson et al. (2000) noted that anxiety was exacerbated by smoking. The self medication hypothesis does not provide a full picture as whilst smoking has the potential to have rewarding psychological effects these are likely to be temporary and not likely to add benefit to a person with mental health problems or improve their quality of life (McNally 2009).

Depression

There is now sufficient evidence to identify that smoking is a significant risk factor for the onset and worsening of mental health problems; in particular depression and anxiety (McNally 2009). A study by Pasco et al. (2008) found that in women with no history of major depressive disorder at baseline, those who smoked had a 93% higher risk of having developed a major depressive disorder over the ten-year study period.

Schizophrenia

The evidence is less conclusive in schizophrenia (McNally 2009). Some studies have concluded that smoking lowers the risk of onset of schizophrenia (Zammit et al. 2003) other studies have found it more likely (Kelly and Mc Creadie 1999).

Anxiety

There also appears to be a link with anxiety and smoking (McNally 2009). A study by Breslau and Klein (1999) found smoking to be associated with an increased risk of the first occurrence of panic attacks. Breslau (2004a) found that the onset of panic disorder and agoraphobia were twice and four times more likely in case of pre-existing daily smoking.

Physical health

In general, people with mental health issues present with poorer physical health and higher mortality rates (Hennekens et al. 2005, Brown et al. 2000). There have been a number of hypotheses as to the cause, including smoking, obesity, diabetes and hypertension (McNally 2009). Brown et al. (2000) found that the standardised mortality ratio (SMR) for all-cause mortality attributable to smoking was higher for all age groups with schizophrenia. Makikyro et al. (1998) found respiratory problems to be twice as likely amongst women with a psychiatric diagnosis than the general female population (McNally 2009).

1.2 Mental health 'in-patients'

The highest levels of smoking in any population group occur among inpatients in mental health units where up to 70 per cent smoke. Smoking has a significant impact on the health of people with mental health illness. Research shows that this has a disproportionate impact on their morbidity and mortality.

The 2007 Regulations permitted smoking in a designated area within mental health units (as defined in section 1(2) of the Mental Health Act 1983) which provide residential accommodation. Similar exemptions applied in relation to residential care homes as defined in Section 3 of the Care Standards Act, and to adult hospices. The exemption in the Regulations allowed the relevant premises to have 'designated rooms' where smoking by patients is permitted provided that certain conditions are met.

The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibited smoking inside mental health units from 1 September 2022. Since April 2016, mental health patients admitted to a residential ward or unit at the UHB's Hafod y Coed Unit at University Hospital Llandough, are only permitted to smoke outside in designated areas.

2. Supporting clients with mental health issues

It is recognised smoking cessation needs to be specifically tailored for patients with mental health problems.

Low mood has been commonly thought to be a symptom of nicotine withdrawal (McNally 2009). Overall, the information is unclear whether smoking cessation can lead to relapse in among those who have been diagnosed with depression (McNally 2009).

It has been suggested that depression may be improved by smoking cessation (McNally 2009). The National Household Survey on Drug Abuse in the USA found that among ex-smokers the risk of depression decreased as more time elapsed since quitting smoking (Martini et al. 2002).

A study by Hughes (2007) found that anxiety is a withdrawal symptom from quitting smoking. However, another study found that people who had quit for four weeks that there was a decrease in their anxiety levels from week one of their quitting process (West and Hajek 1997).

Campion et al (2008a) found that there is little evidence to suggest an adverse effect of smoking cessation on psychotic symptoms. Baker et al. (2006) conducted a randomised control trial of a cessation programme with people with psychotic disorders. The active treatment was nicotine replacement, motivational interviewing and cognitive behaviour therapy. There was no apparent effect of either cessation or the treatment side effects from quitting smoking on the patient's symptoms (McNally 2009); however, a study by Barnes et al. (2006) found that akathisia can occur after quitting smoking.

There are known interactions between smoking and mental health medication. The Health Development Agency states the following:

Smoking increases the metabolism of certain medication, which can lead to lower plasma levels and greater doses are therefore needed to achieve a similar therapeutic effect. A positive outcome of stopping smoking is that the metabolism of these medications may be reduced; however, it is important to note that people in this situation will need monitoring by a healthcare professional in case the dose they are taking needs adjusting (Willis 2009).

There is currently little in the way of high-level evidence to suggest what the best type of smoking cessation intervention in mental health settings may be most effective (Willis 2009, NICE 2007).

A number of factors were identified as important to address when developing a protocol for working within mental health settings. These include:

- evidence base for delivery of smoking cessation services

- interaction between cessation and medication
- impact of cessation on mental health symptoms
- access to pharmacotherapy treatment
- the need for different models of smoking cessation to reflect the range of service delivery to the spectrum of mental health

2.1 Smoking Cessation Services for Mental Health Patients

2.1.1 Help Me Quit

Currently, Help Me Quit provides behavioural support for clients with low level mental health problems who live in the community and who would like to give up smoking and are able to participate in the community groups already established following an agreed model of delivery. There is no specific, tailored programme for acute mental health patients who smoke.

- **2.1.2 Hospital In-House Smoking Cessation Service**

The UHB hospital, in-house smoking cessation service will see a client if referred via a clinical (as opposed to mental health) department but in recognising the intensive support required to patients with mental health issues, currently do not offer general one-to-one cessation support.

The Mental Health Clinical Board in recognising the specific support is required to help patients quit smoking, has identified smoking support champions in every ward and provided opportunities for staff training.

CONSIDERATION OF PARTICULAR SITUATIONS: STRESSFUL SITUATIONS

Distressed relatives or carers who wish to smoke should be dealt with sympathetically, within the legislation. Whilst for many this is seen as helping them deal with the stress and aid in the coping mechanism, smoking is triggered by the addiction which is increased in times of particular additional pressure on an individual.

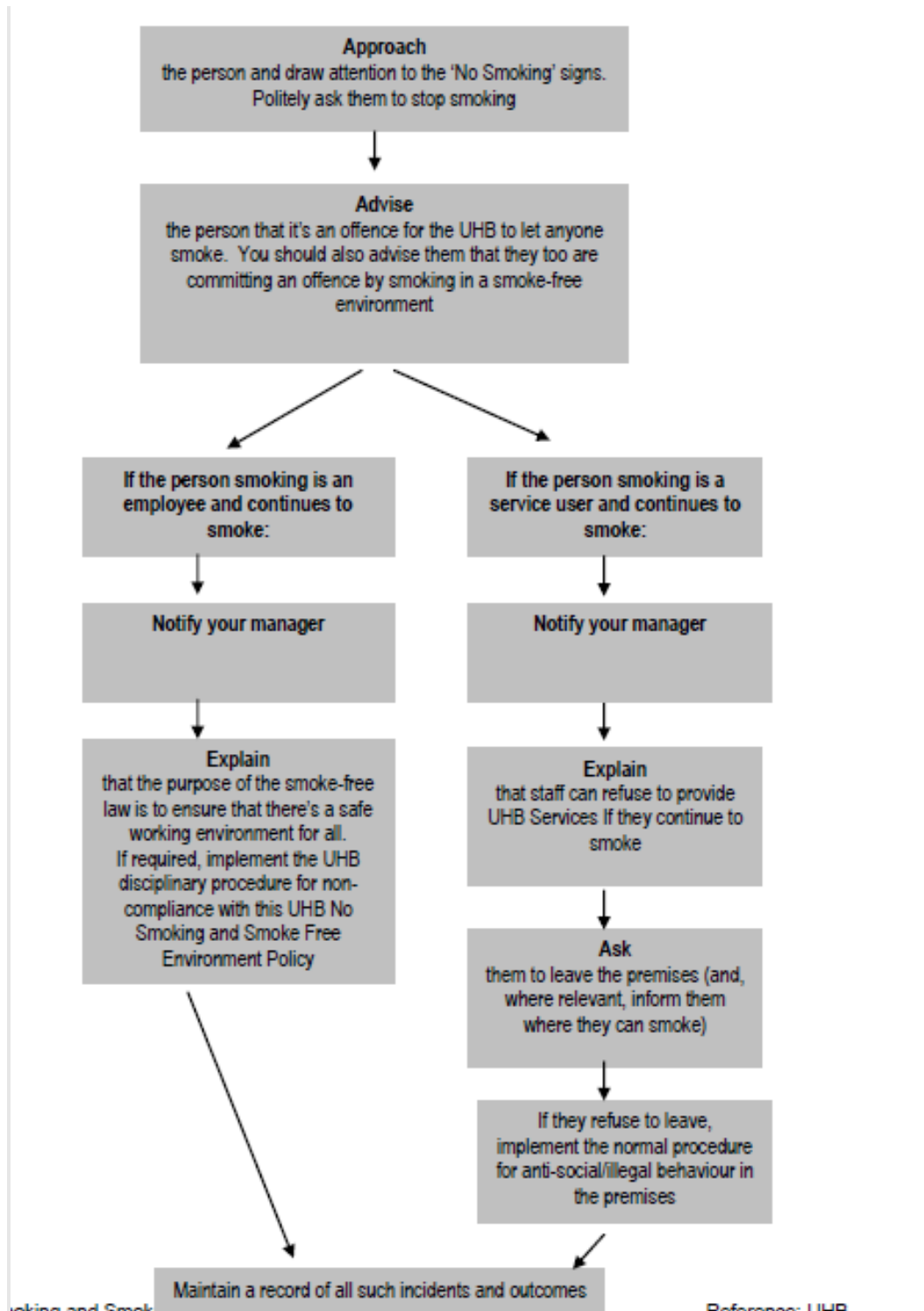
The UHB recognises this but also has a duty to ensure compliance with legislation and protect others from the harmful dangers of cigarette smoking and to be seen as a credible health promoting organisation.

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LIST OF DEFINITIONS

Advocate	An advocate is an individual/organisation who speaks on behalf of another person(or population)
Electronic Nicotine Delivery Systems (ENDS)	ENDS are electronic nicotine delivery systems and are usually referred to as either 'e-cigarettes' or 'vapes'
Prevalence	The ratio (for a given time period) of the number of occurrences of a disease or event to the number of units at risk in the population
Incidence	The incidence of a disease is the rate at which new cases occur in a population during a specified period
Performance Indicators	Measures that are used to demonstrate achieved action
Accessing smoking cessation services	Adults who smoke, who have confirmed an appointment, attending at least one smoking cessation session
Quit rates	Adults who have quit smoking (validated and self-reported) from those accessing smoking cessation services
Premature death	Death which occurs before the average death within a given population
Brief Intervention Smoking Cessation Training	Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready

**ACTION TO CONSIDER IF SOMEONE IS SMOKING ON UHB GROUNDS
(Non- Hospital setting)**



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Reference: UHB

**ACTION TO CONSIDER IF IGNORES THE SMOKING BAN
(Hospital setting)**

Cardiff and Vale University Health Board are confident that the majority of the people who visit our hospital setting, will respect the law on smoking. However, the UHB has set out 6 steps to be taken if someone is seen ignoring the ban:

1. Approach the person and draw attention to the 'No Smoking' signs (if the person is smoking in a place where a sign is required). Politely ask them to stop smoking
2. Advise the person that it is an offence for you (as owner, manager etc.) to let anyone smoke. You should also advise them that they too are committing an offence by smoking in a smoke-free area
3. Advise them that they may be issued a Fixed Penalty Notice of £100 if an Enforcement Officer witnesses them smoking
4. If the person smoking is an employee and continues to smoke:
 - explain that the purpose of the smoke-free legislation is to ensure that there is a safe environment for all, free from the harms of second-hand smoke
 - if required, implement your disciplinary procedure for non-compliance (see Appendix 4, above)
5. If the person smoking is a customer, visitor etc and continues to smoke: ask them to leave the smoke-free premises (and, where relevant, inform them where they can smoke*)
*Mental Health patients only
6. If they refuse to leave, implement the normal procedure for anti-social/illegal behaviour in the premises
 - Maintain a record of all such incidents and outcomes

In all cases where physical violence or intimidation is threatened or encountered, seek the assistance of UHB Security/Police.

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Equality & Health Impact Assessment for No Smoking and Smoke Free Environment Policy

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	Executive Director of Public Health, Cardiff and Vale University Health Board
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The aim of this policy is:</p> <ul style="list-style-type: none"> • to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and • to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020 • to actively promote and support health and wellbeing. <p>The ban, which was introduced on the 1st October 2013, prohibits smoking by patients, staff, contractors and visitors throughout the UHB workplace, grounds and vehicles. The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibit smoking by law on the grounds of hospital sites with Fixed Penalty Notices of £100 issued to those breaching the Regulations.</p> <p>The policy outlines the implementation and monitoring of the ban on smoking across Cardiff and Vale UHB grounds and the measures required to adhere to the Smoke-Free Premises and Vehicles (Wales) Regulations 2020.</p>

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<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • 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 <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>Mid year population estimated for 2022 suggest 505,581 people are resident in Cardiff and Vale UHB area, 48.8% of whom are male³. 18.2% of the population is aged 0-15 years and 16.5% are aged 65 years and older.</p> <p>The ethnic diversity of the populations of Cardiff and the Vale of Glamorgan vary significantly, with Cardiff being more diverse and the Vale having a profile similar to Wales as a whole. Estimates suggest that in Cardiff, 79.2% of the population identify as White (compared to 94.6% in the Vale), 4.0% of mixed ethnicity (Vale 2.3%), 9.7% Asian/Asian British/Asian Welsh (Vale 2.1%), 3.8% Black/Black British/Black Welsh/Caribbean/African (Vale 0.5%), and 3.3% 'other' ethnic group (Vale 0.5%)⁴.</p> <p>At the last Census (2021) the majority of people in the region reported either having no religion (Cardiff 42.9%; Vale 47.9%) or did not answer (Cardiff 6.3%; Vale 5.7%). The most commonly reported religions were Christian (Cardiff 38.3%; Vale 44.1%), Muslim (Cardiff 9.3%; Vale 0.9%), Hindu (Cardiff 1.5%; Vale 0.3%) and 'other religion' (Cardiff 0.6%; Vale 0.5%). In Cardiff, 48.6% of people aged 16 years and over reported that they were never married/registered a civil partnership, 36.8% were married/in a registered civil partnership, 7.8% divorced/dissolved civil partnership and 5.0% widowed/surviving civil partner; the equivalent proportions for the Vale of Glamorgan are 33.5%, 47.4%, 10.1% and 7.0%.</p> <p>Most recent estimates (2021-22 & 2022-23) show that 13% of the population in Cardiff and the Vale of Glamorgan smoke⁵. Smoking prevalence in Wales (2022-23) is highest in the 16-44 age group (16%) and the 45-64 age group (13%) but thereafter the prevalence of smokers declines to 7% by 65+ years. The prevalence of smoking in males aged 16+ in Wales is 13% compared to 12% in females.</p>
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³ Stats Wales. [Local health boards \(gov.wales\)](https://gov.wales) [Last accessed 10/2/24]
⁴ Office for National Statistics: Census 2021. Accessed at [Census - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) [Last accessed 10/2/24]
⁵ StatsWales Accessed at [Adult lifestyles \(gov.wales\)](https://gov.wales) Last accessed 10/2/24

		<p>The following information is copied from ‘A Smoke Free Wales – Tobacco Control Delivery Plan 22-24’ (Pgs 9-10)⁶, and provides insight into smoking prevalence among different population groups:</p> <p>“As identified in our strategy, A Smoke-free Wales, there are groups and communities in Wales for who have higher smoking prevalence, have a higher risk of taking up smoking, or experience increased health impacts from smoking. These priority groups are defined as pregnant women, children and young people, people from socio-economically deprived backgrounds, people in routine and manual occupation, people who are unemployed, people living in social housing, people engaged with mental health services, people from ethnic backgrounds which have a higher smoking prevalence, and people from the LGBTQ+ community. A cohesive, community-led approach is required to prevent uptake and reduce smoking prevalence in people who belong to one or more of these groups.”</p> <p>“We have good data which shows smoking rates vary amongst different groups in our society. Smoking rates amongst people living in the most socio-economically deprived areas of Wales are over twice as high as the rates for people living in the least deprived areas⁷. People in routine and manual occupations are 2.5 times more likely to smoke than those in professional occupations, whilst people who are unemployed are 2.8 times more likely to smoke.⁸ People living in social housing are twice as likely to smoke compared</p>
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⁶ A Smoke Free Wales: Tobacco Control Delivery Plan 2022-2024 Accessed at <https://www.gov.wales/sites/default/files/consultations/2021-10/tobacco-control-delivery-plan-2022-to-2024.pdf> [Last accessed 12/2/24]

⁷ Public Health Wales. 2020. Smoking in Wales. Available at: <https://publichealthwales.shinyapps.io/smokinginwales/>

⁸ Office for National Statistics (ONS). 2020. Adult smoking habits in the UK 2019 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

		<p>to those living in other housing tenures.⁹ Higher smoking rates contribute to existing equalities and health inequalities in these disadvantaged groups.”</p> <p>“We also know, prevalence of smoking and use of other tobacco products varies between people from different ethnic backgrounds. In Great Britain, smoking rates are higher for men and women of mixed ethnic backgrounds, compared to people from white ethnic backgrounds, and lower for most other ethnic groups.¹⁰ . There are also strong links between gender and smoking for people from different ethnic minority groups, with smoking rates being much higher in men from Black, Asian or Chinese ethnic backgrounds compared to women from those groups.¹⁹ - There are also differences in the types of tobacco products used by people from different ethnic groups, such as use of smokeless tobacco by people from South and South East Asian ethnic backgrounds.¹⁹ It is important that our tobacco control actions consider these differences to provide appropriate support to people from a wide range of ethnic backgrounds.”</p> <p>“Smoking rates are higher in lesbian, gay and bisexual people compared to heterosexual people.¹¹ Surveys also show that transgender people are more likely to smoke.¹² The relationship between members of the LGBTQ+ community and higher smoking rates is also seen from a young age, with 40% of 15-16-year olds who do not identify as either male or female smoking at least weekly. ¹³ Despite these higher rates many LGBTQ+ people report that they can</p>
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⁹ Office for National Statistics Smoking status and housing tenure, England and London, 2015 to 2017. 2018. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/>

¹⁰ ASH. 2019. Tobacco and ethnic minorities. Available at: https://ash.org.uk/wpcontent/uploads/2019/08/ASH-Factsheet_Ethnic-Minorities-Final-Final.pdf

¹¹ National Institute of Economic and Social Research. 2016. Inequality among lesbian, gay, bisexual and transgender groups. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/

160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf [Last accessed 22/2/24]

¹² ASH. 2020. Smoking: LGBT People. Available at: <https://ash.org.uk/wp-content/uploads/2019/09/HIRPLGBT-community.pdf>

¹³ SHRN. 2021. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. Available at: https://www.shrn.org.uk/wpcontent/uploads/2021/03/SHRN-NR-FINAL-23_03_21-en.pdf

		feel excluded from healthcare by non-inclusive language and policies. ¹⁵ Further work is required in Wales to support LGBTQ+ people to reduce smoking rates amongst these communities.”
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The stakeholders include:-</p> <ul style="list-style-type: none"> • In-patients, outpatients, staff, contractors and visitors. • Any referrer e.g. General Practitioners, Surgeons, Physiotherapists, Outpatient Nurses etc. • Primary Care – General Practices, Community Directors, Local Medical Committee (LMC) • CVUHB, Clinical Boards • CVUHB IT Department • Cardiff and Vale Public Health Team • Llais • Help Me Quit • Hospital in-house Smoking Cessation Service • Level 3 Pharmacy • Level 2 Pharmacy • Local Authority • Shared Regulatory Services

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'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

¹⁴ SHRN. 2021. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. Available at: https://www.shrn.org.uk/wpcontent/uploads/2021/03/SHRN-NR-FINAL-23_03_21-en.pdf

¹⁵ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>The policy has a positive impact on children and young people as the policy contributes to a smoke free environment thereby reducing their exposure to second hand smoke. The policy also means children are less likely to see adults smoking in public places influencing their social norms so they perceive smoking as less common and less acceptable. This helps to prevent initiation of smoking as children are less likely to take up smoking when older. The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibit smoking outside on grounds of hospitals and also with nursery, pre-school and school settings.</p> <p>In terms of supporting children and young people to give up smoking, the UHB's in-house</p>	<p>No recommendations.</p>	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>smoking cessation service can provide 1-2-1 support to those under 16 years old. However, the in-house service can only prescribe to those 12+ years. Help Me Quit (HMQ) can provide support to under 16s in a 1-2-1 context or by telephone. It would not be appropriate for under 16s to access a support group of mixed ages.</p> <p>Telephone and online support to quit smoking is available from HMQ and telephone support also available to patients via the Hospital in-house Smoking Cessation Service.</p> <p>Older people can choose to access any of the in-house, HMQ or Level 2 and 3 pharmacy services face to face or via telephone/online.</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Smoking cessation services are provided in easily accessible venues enabling access for those with physical impairments.</p> <p>HMQ conduct an accessibility assessment of each of the venues they use.</p> <p>HMQ cessation support can also be accessed via telephone and online.</p> <p>Those with learning disabilities would need to access one to one provision. Carers are invited to attend appointments.</p> <p>For those with hearing impairments, HMQ can provide the hearing loop system and a British Sign Language interpreter.</p> <p>For those with visual impairments, no specific adaptations are provided by any of the services.</p>	<p>Smoking Cessation Provision for clients with visual impairment, learning disability and mental health diagnoses (in the community) will continue be considered as part of any service developments.</p>	<p>HMQ in the community to consider service developments for clients with visual impairment, learning disability and mental health diagnoses</p>

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>HMQ does not offer a formal one to one support programme for community based mental health patients, but will see clients with low level mental health issues.</p> <p>Services are in place for mental health in-patients.</p> <p>Regarding access for those with a learning disability, HMQ assess on an individual basis and support offered in the most appropriate way.</p> <p>Overall no negative or positive impacts were identified for the majority. HMQ strive to support client needs as required.</p> <p>Mental health patients - If the mental health condition is the primary issue they would access the community mental health team. The management of their mental health would be prioritized initially</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>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</p>	<p>There is currently no service data available to assess whether males and females are accessing smoking cessation services in a way which is proportional to the prevalence of smokers who are male or female in the local population.</p> <p>No positive or negative impact was identified.</p>	<p>Continue to monitor the data collected and recorded on the UHB systems with a view to better understanding access to services by gender and to determine if any mitigation is required.</p>	<p>UHB to improve data collection related to protected characteristics</p>
<p>6.4 People who are married or who have a civil partner.</p>	<p>Data on access to services by marriage and civil partnership is not collected.</p> <p>No negative impact was identified.</p>	<p>Continue to monitor the data collected and recorded with a view to better understanding access to services by marriage and civil partnership and to determine if mitigation is required.</p>	<p>UHB to improve data collection related to protected characteristics</p>
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p>	<p>A question about pregnancy is asked in the assessment telephone call with HMQ at the start of the 6week programme.</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>All pregnant women, on booking with maternity services, are carbon monoxide monitored (via a breath test) and offered a referral to smoking cessation services if found to be a current smoker.</p> <p>A dedicated maternity staff member is in post to provide support to pregnant smokers and their families.</p> <p>Data is collected on the number of pregnant women who smoke on booking, the number quitting during pregnancy, the number of women smoking on delivery, the number referred and accepting an appointment and quitting smoking at 4 weeks (CO Verified).</p> <p>Overall, a positive impact was identified on pregnant women in terms of smoking cessation.</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>Smoking Cessation services can be provided in other languages with an interpretation service and language line.</p> <p>Some HMQ resources are available in different languages, in addition to English and Welsh.</p> <p>Patient leaflets can be translated into to other languages on request.</p> <p>Overall, no negative or positive impact was identified.</p>	<p>No recommendations.</p>	
<p>6.7 People with a religion or belief or with no religion or belief The term 'religion' includes a religious or philosophical belief</p>	<p>Stigma may be experienced by individuals whose religion discourages smoking. Access to in-house and HMQ services is confidential and can be done on a 1-2-1 basis and via</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>telephone/online support to reduce stigma.</p> <p>No culturally specific adaptations to the smoking cessation advice are necessary because of differences in an individual's religion and belief.</p> <p>No positive or negative impact was identified.</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>No positive or negative impact was identified.</p>	<p>No recommendations.</p>	
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Patient information for HMQ is available in both Welsh and English.</p> <p>HMQ can provide consultations in Welsh with the assistance of language line.</p> <p>Overall, a positive impact.</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>Smoking Cessation All smoking cessation services are free to access and prescriptions for Nicotine Replacement Therapy are free.</p> <p>Telephone support is available for people unable to travel to appointments</p>	<p>No recommendations.</p>	
<p>6.11 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</p>	<p>The smoking cessation services (HMQ, Level 2 and 3 Enhanced Smoking Cessation Community Pharmacy schemes) are aligned with areas of deprivation where there is a higher smoking prevalence. Therefore, there are more Community Pharmacies offering these services in these areas of deprivation.</p> <p>Overall, a positive impact was identified.</p>	<p>No recommendations.</p>	
<p>6.12 Consider any other groups and risk factors relevant to this strategy,</p>	<p>Health Inclusion Groups may experience issues with access to services in general, HMQ</p>	<p>Access for health inclusion groups will be kept under</p>	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>policy, plan, procedure and/or service</p>	<p>services strive to offer a variety of options to meet individual needs.</p> <p>Overall, no specific impact was identified</p>	<p>review and action taken as required</p>	

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6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The policy promotes access to several smoking cessation services in the community at venues across Cardiff and Vale.</p> <p>If choosing to access HMQ, there is the flexibility for individuals to choose to access a group that is convenient for them, for example, they could access a group near to work or home.</p> <p>Smoking cessation services are available face to face, online and telephone support.</p> <p>Individuals can self-refer to smoking cessation services. The quality of services is monitored and reported on regularly i.e. by the number of individuals accessing each</p>	<p>No recommendations</p>	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>service and the number of smokers quitting at 4 weeks.</p> <p>Building knowledge, skills and confidence to help individuals change their behaviour is a key component of the support provided by the smoking cessation services.</p> <p>Overall, a positive impact on access to services.</p> <p>Resources in relation to smoking cessation is now available via the UHBs 'Keeping Me Well' website</p> <p>Overall, a positive impact on access to services.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and</p>	<p>The purpose of this policy and the smoking cessation services promoted within it are to empower individuals to make decisions that support healthy lifestyles.</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>/or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>Pre-operative patients are routinely asked if they smoke and offered referral to smoking cessation services as per the UHB’s Optimising Outcomes Policy.</p> <p>Work is underway to systematically record smoking status for all patients on booking and admission and automate referral systems to smoking cessation services.</p> <p>Overall, a positive impact on access to lifestyles</p>		
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The policy may help support individuals to reduce their level of absenteeism, as the evidence suggests smokers have a higher level of absenteeism compared to non-smokers and this may have an impact on their employment, income and job security. Therefore, quitting smoking is likely to have a positive impact on an</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>individual's income, employment and work.</p> <p>Overall, a positive impact.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>The policy aims to produce smoke free UHB hospital sites enabling universal access to an environment which is free from second hand smoke. This improves the air quality and reduces the exposure of all individuals using the site to harmful pollutants. It can also contribute to improved open spaces for use by all.</p> <p>The design of the UHB environment has been considered in that smoking shelters have been removed prior to the Policy being implemented and signage has been erected ubiquitously across all locations in compliance with legislation.</p> <p>A key element of the policy is to support individuals to give up</p>	No recommendations.	

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>smoking. Individuals who stop smoking will experience an improvement in the quality of the air in their living environment. There may also be a reduction in passive smoking by other individuals living in that environment and therefore their exposure to pollutants will be reduced also.</p> <p>Overall, the policy has a positive impact.</p>		
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Smoking cessation services empower individuals to manage the social and community influences on their health.</p> <p>HMQ group sessions may help to build social networks and social support through shared behaviour change of the individuals attending the groups.</p> <p>Overall, a positive impact.</p>	No recommendations.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>The policy aims align to Welsh Government policies in relation to improving population health (e.g. Tobacco Control Strategy and NHS Performance Measures)</p> <p>Overall, a positive impact on access to services.</p>	<p>No recommendations.</p>	

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Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The overall impact was determined to be a positive one.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Visual impairment – There is a need to develop supporting resources for people with sensory impairments e.g. audio books.</p> <p>Learning disability – a gap has been identified and further consideration of mitigation is required.</p> <p>Review the data collected and recorded on the UHB systems with a view to better understanding access to services by gender and to determine if any mitigation is required.</p>	<p>Tobacco Lead /HMQ in the Community Service Lead</p>	<p>By March 2027</p> <p>By March 2027</p> <p>By March 2027</p>	

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No further assessment required			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>The policy will continue to the People and Culture Committee on 14.5.24 to seek approval in its current format as no significant negative impacts were identified. Action will be implemented to address the negative impacts identified above.</p> <p>This impact assessment will be published on the intranet and internet of the UHB.</p>			

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GIG
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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

People & Culture Committee

4.2 Estate Update

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For information



Discussion Points

- **Estates activity**
- **Recent events**
- **Programme for appointment of Approved Persons**

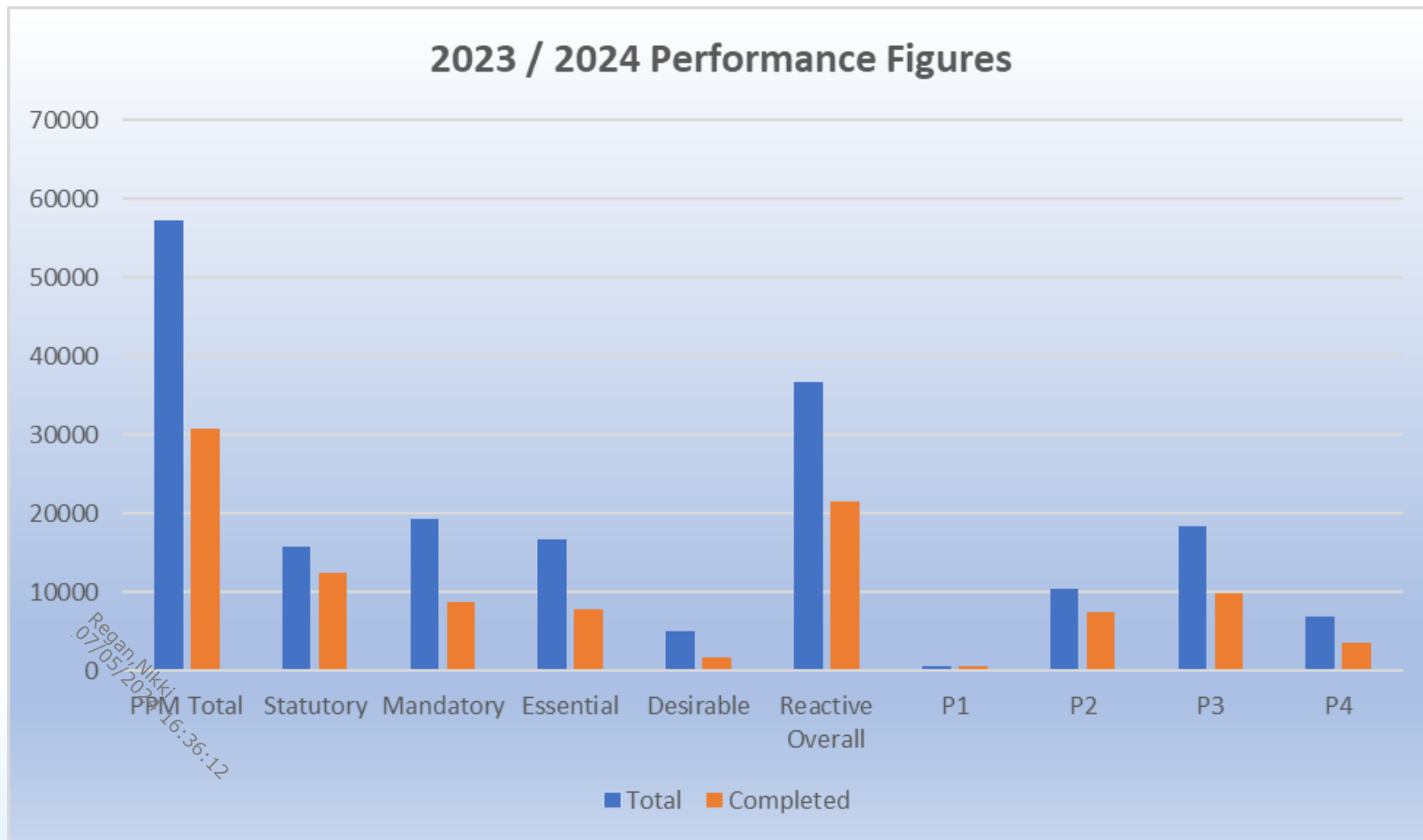
Regan, Nikki
07/05/2024 16:36:12

Maintenance Request Categories

- **Priority 1 – Urgent Priority** / Immediate Attention (Including Emergencies) – Attend within 2 Hours, Complete within 24 hours.
- Consequences directly affected by a **lift entrapment** of patient, visitor or staff member and has the potential for further deterioration if not dealt with urgently.
- Consequences directly affected by a **fire alarm activation** affecting the safety of patients, visitors or staff members and has the potential for further deterioration if not dealt with urgently.
- Consequences directly affected by a **loss of power to a significant area** affecting the safety of patients, visitors or staff members and has the potential for further deterioration if not dealt with urgently.
- Consequences directly affected by a **flood** that not be contained temporarily, affecting the safety of patients, visitors or staff members and has the potential for further deterioration if not dealt with urgently.
- Consequences directly affected or contributed to a **significant health, safety or infection control risk** affecting the safety of patients, visitors or staff members and has the potential for further deterioration if not dealt with urgently.
- **Priority 2 – Service Requirement** / Important – Attend and Completed within the same day.
- Consequences that directly affect the quality of patient care (non-critical).
- Consequences that directly affect the effectiveness of Infection control processes (non-critical).
- Consequences that directly affect the ability to deliver the Health Board's primary business activities (non-critical).
- Consequences that directly lead to an increased risk of injury to staff, visitors or others (non-critical).
- Consequences that directly lead to an increased risk of damage to plant, buildings or equipment (non-critical).
- **Priority 3 – Medium Priority** / General – Complete within 7 Days.
- Inconvenience to staff, patients, visitors or others.
- Reduced performance or failure of non-critical plant or equipment.
- Anything that does not fit the above definition of Urgent or Important.
- **Priority 4 – Low Priority**
-
- **Statutory Maintenance:**
- These work tasks are defined as our statutory duty to undertake by law, failure to undertake these work tasks would lead to non-compliance with legislative requirements and Health & Safety Executive (HSE) guidance. This would include fire alarm testing, boiler checks, safety related inspections for plant and equipment.
- **Mandatory Maintenance:**
- These work tasks are defined as a mandatory duty and require completion in order to ensure the infrastructure is maintained to suitable standard in ensure service continuity, that does not affect patient care, support hygiene and infection prevention and control or pose risk to patients staff and visitors. This would include the requirements defined within the Health Technical Memorandum, such as checks and maintenance of our medical gas pipeline systems, high and low voltage networks, decontamination equipment, ventilation systems and hot and cold water systems.
- **Essential Maintenance:**
- These work tasks are defined as essential to ensure the ongoing condition and general up keep of the hospital is maintained. Regular checks for failure, damage and cleanliness that if not completed could lead to further estates issues. This would include regular plant room checks, including heat exchangers, pumps and the distribution systems.
- **Desirable Maintenance:**
- These work tasks are Maintenance activities that are desirable to the estates department and when completed provided additional information and assurance of the ongoing condition of the health boards estates. This would include inspections of pathways and roads, car parks, lighting condition and the general environment.

Estates Activity



2023 / 2024 Performance Figures



	Total	Completed	% Completed
PPM Total	57178	30764	54
Statutory	15876	12432	78
Mandatory	19416	8739	45
Essential	16775	7862	47
Desirable	5111	1731	34
Reactive Overall	36734	21520	59
P1	676	660	98
P2	10532	7400	70
P3	18317	9832	54
P4	6918	3624	52

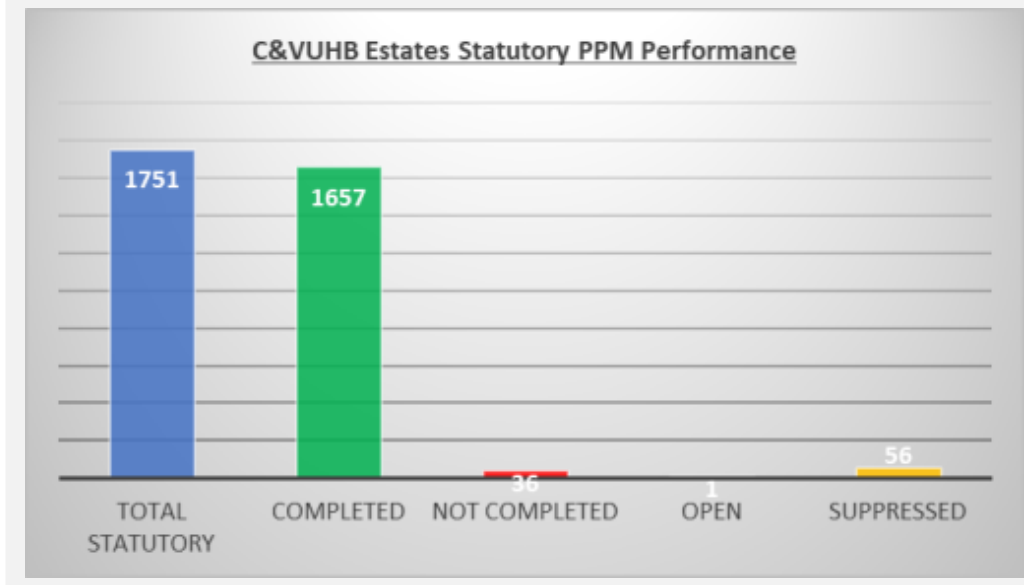
KPI's

STATUTORY PPM

TARGET	Statutory 95%	January 2024	 96.31%	February 2024	 95%
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February Position

Key points:



- **Positive Increase in Performance Figures**, target hit.
- Still having issues with some staff not signing off within the allotted times.

Major Risk:

Mitigating Action:

Decision / Intervention required:

- Not Compliant with Statutory Planned Maintenance.

- Lack of management process implemented to ensure tasks are closed off prior to expiry correctly.

- Senior Management intervention weekly to ensure these tasks are being closed off.

KPI's

Priority 1 Reactive

TARGET	PRIORITY 1 95%	January 2024	94.89%	February 2024	98%
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February Position

KEY POINTS:

Positive Increase – met target.

Still some issues with staff not signing off in correct timeframe.



Major Risk:

Mitigating Action:

Decision / Intervention required:

- Some tasks not actual P1 Criteria.

- Continued discussion with Team Leaders (inc Shifts) around they're responsibility to managed accordingly and chase starting and closure of tasks.
- Reviewed Criteria for MiCAD.

Created by Nikki
 07/05/2024 16:36:12



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Recent Events

- Water Main Burst – UHW
- Foul Drainage Issue – UHW
- Ventilation – UHW
- Maternity Leak – UHW

Regan, Nikki
07/05/2024 16:36:12

Water Main Burst UHW



- Friday 22nd March
- Affected 2 main feeder pipes
- Dwr Cymru had to attend the repairs due to the severity
- Requirement to use bowsers to keep the main water tanks filled to supply water to the wards
- Bottled water was supplied to provide drinking water
- Repair completed and lines recharged at 15.30 on Saturday 23rd March
- Over 10 estates staff called in to support
- Difficulty in isolating sections due to age of valves
- Consideration being given to replacing all underground pipework

Repair Nikki
07/05/2024 16:36:12



Foul Drainage – B2 Riser



- Blockages fairly regular caused often by users putting hand towels, clothes etc into the toilets
- Cast iron pipework significantly corroded and whilst most bursts are from joints, this photograph illustrates how fragile the walls of the pipework are

Foul Drainage – Level 106



- This major foul drainage incident occurred on level 106
- The impact was realised by the 7 storey ward tower block
- Maintenance had to release the blockage into the laundry type bins (as shown) which had 7 storeys of sewage held within the riser.
- The photo on far left show the clothes and a shirt removed which caused the problem

Replacement Programme

- A total of 42 Risers across Tower Block 1(14 risers in each of the ward blocks A, B & C)
- Estimated to be a 5 year programme
- Total estimated cost £3.96m
- £1.289m provided by WG (Estate Funding Advisory Board – EFAB)
- £0.165m approved from discretionary capital programme 24/25
- Total of 12 risers to be completed within current approved funding envelope
- Further funding to complete wards to be confirmed

Regan, M
07/05/2024 16:38:16

Blockages – Upper Ground Floor



- Newly refurbished area
- Previous problems with leaking sewage to the floor below – one member of staff threatened to report to HSE
- This behaviour is what out housekeeper's and maintenance staff have to put up with on regular basis
- People continued to flush the toilet and the overflowing water found it way to the floor below which then resulted in housekeeping and maintenance having to clean the labs below and fit new ceiling tiles

Regan, Nikki
07/05/2024 16:36:12

Ventilation - UHW



- Critical Ventilation plant failure
- This equipment has a lifespan of circa 20 years but this plant is over 50 years old.
- Annual inspections are undertaken and validation testing

Regan Nikki
07/05/2024 16:36:12

Maternity Leak - UHW



- Several roof leaks over the last few months
- Initially problem above Theatre 1 – this has now been repaired
- Most recently – multi bed bay
- On inspection a floor mat was discovered covering a roof gulley outlet
- On removal the downpipe could not cope with the volume of water

Tunnel Upgrade UHW



Upgrade of Tunnels

- Not originally designed for patient access/transfer
- Significant traffic passing through from waste, stores etc
- Main routes for patient transfer identified
- Phase 1 complete from EU to main 'B' block lifts
- Phase 2 through to the Childrens Hospital for Wales

UHL Infrastructure Upgrade



- New Electrical Sub-station and backup power Generators.
- Scheme consists of a new sub-station building to house two new High Voltage Transformers, two new main electrical switchgear panels and two new backup generators.

Scheme costs:- £5.8m WG Funded. Works were split over 2022/23 & 2023/24 financial years

Project Benefits:- Scheme provides resilience for the electrical systems in Llandough that serve critical areas throughout the Hospital. Meets HTM requirements, Reduces maintenance

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07/05/2024 16:36:12

Lift Upgrade UHW

- WG funding approved to replace 19 lifts in the main UHW building
- £10.2m
- A phased programme over the next 3 years

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07/05/2024 16:36:12

KPIs

LIFTS

TARGET

>90% availability

January 2024



91.4%

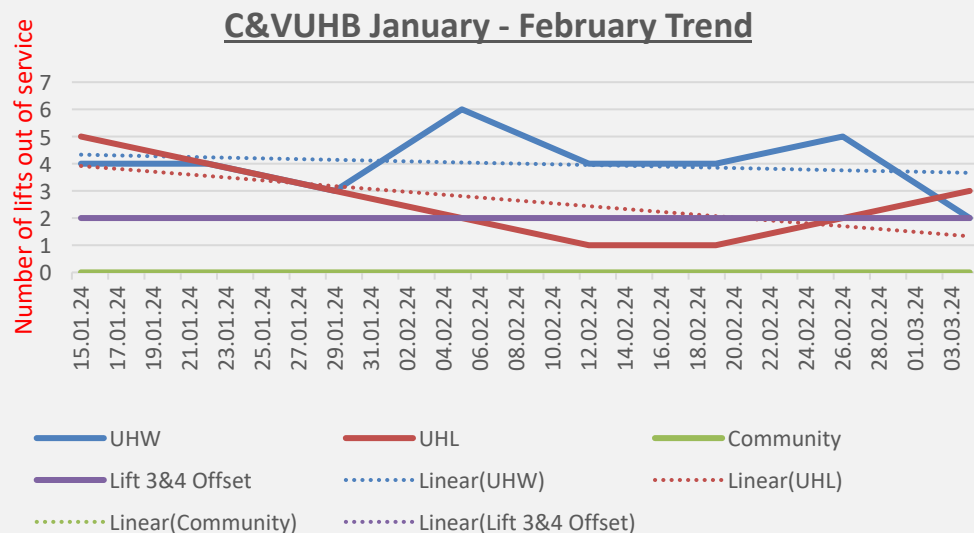
February 2024



99%

February Position

KEY POINTS:



- C&V UHB Lift availability was 91.4%.
- Lift performance remains good, but issues with aged lifts & control.
- Lift 73 TCT Returned to Service January and remained in service throughout February.
- Lift 3 & 4, Modification works planned W/C 18/3/24
- 3 lifts OOS during February due to water leaks/flood

- Due lift age availability target reduced – although targets have been achieved most months

Major Risk:

- Lift 3, 4 (B Block) remain out of service.
- Denbigh house lift 40 – pit flooded
- Lift 35 UHL (SRS) – roof leak onto MRL lift car top and into car
- Lift 15 UHW (Motor room roof leak) into lift car

Mitigating Action:

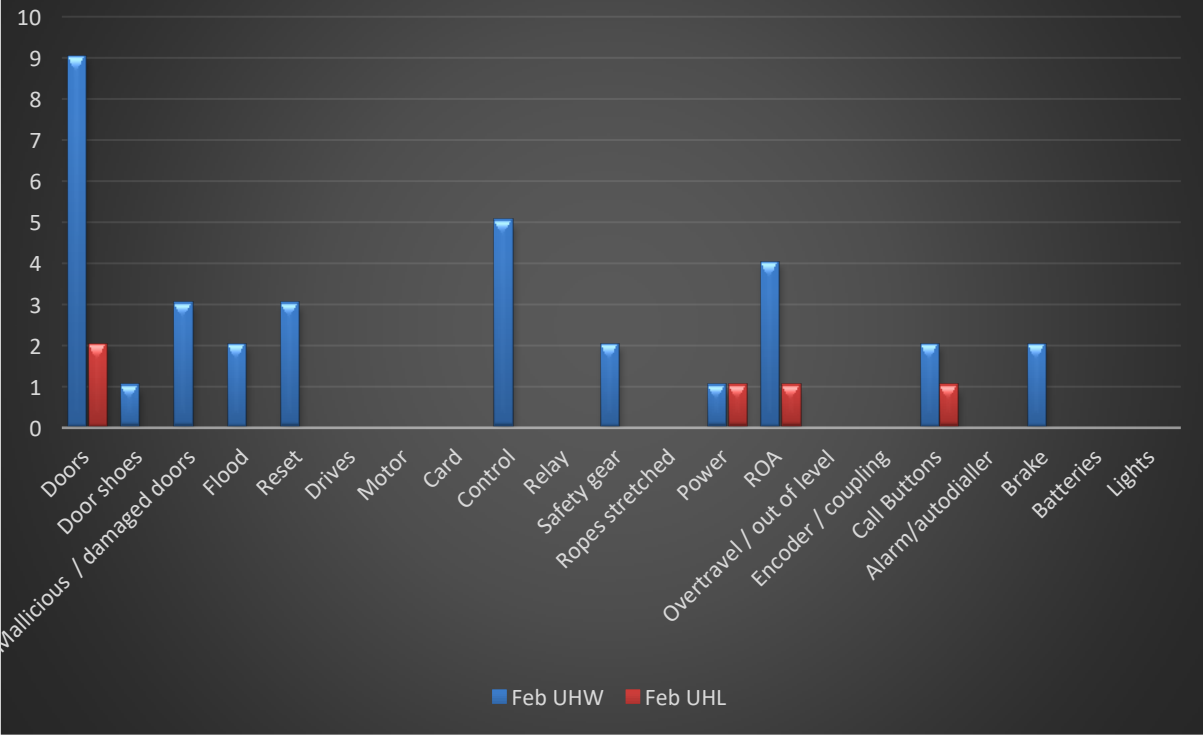
- Further work to resolve traction issue.
- Sump pump replaced, for new internal float type
- Gutters and drains checked and clear- Tarp placed over car top
- Pig set up

Decision / Intervention required:

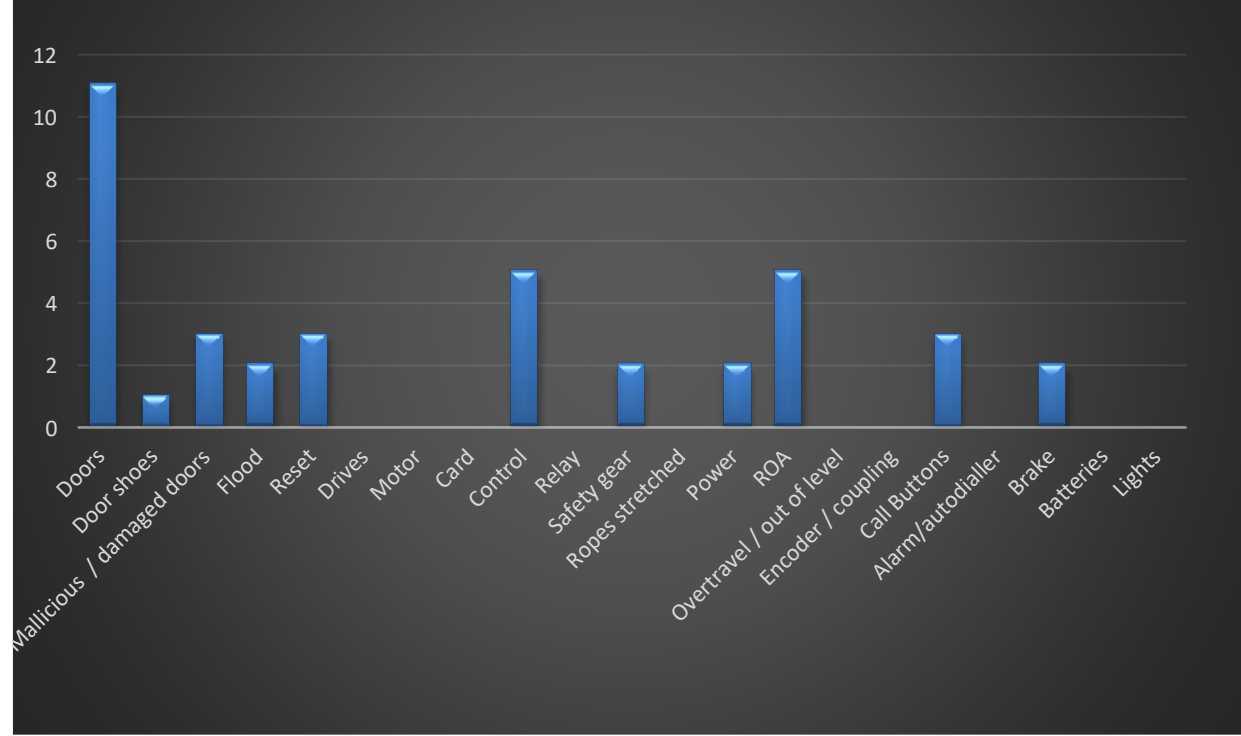
- 3 & 4, to be modified to change wrap angles (Wittur/Thyssenkrup) during March
- lift pit emptied, safety work required to return to service (Buffer Ram oil to renew)
- Lift turned off – as failure of electric parts on roof car top could cause entrapments, with CAVUHB unable to release
- Lift returned to service with monitoring

KPI s CAVUHB – Analysis of Lift Breakdowns

Lifts OOS Feb 24

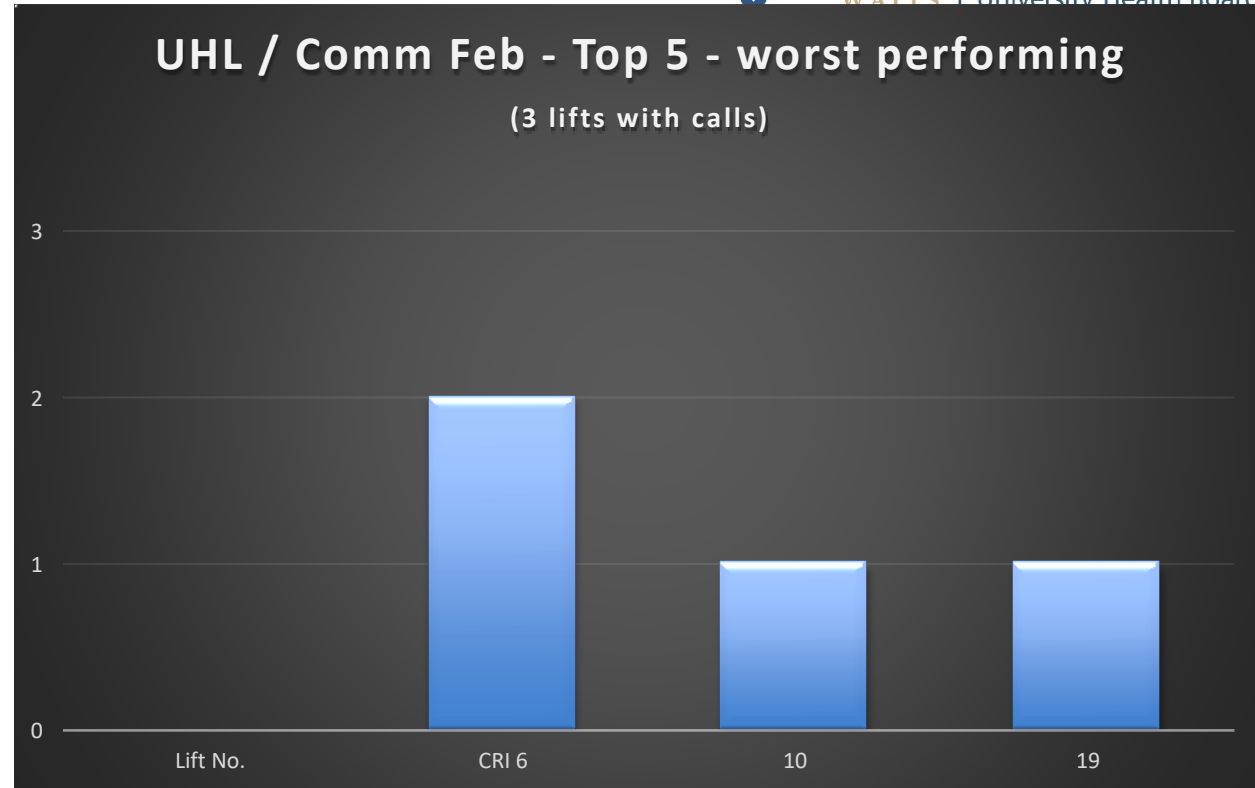
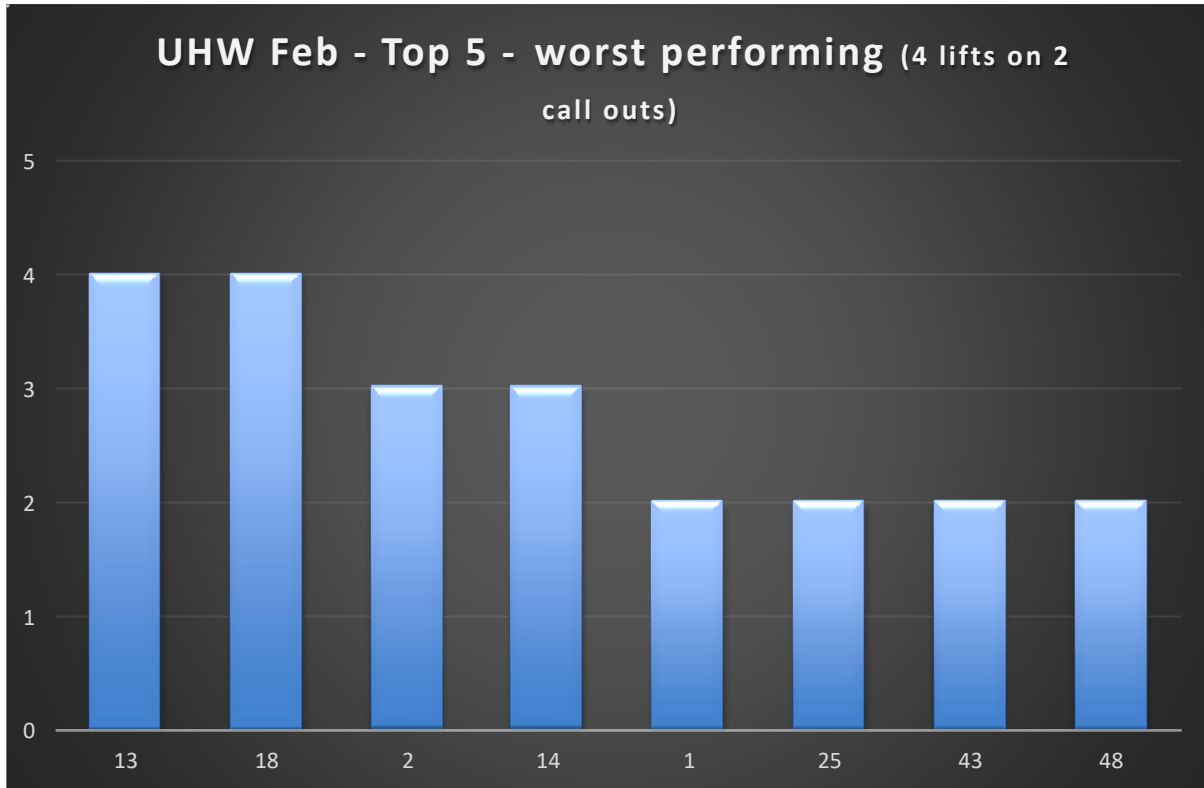


Feb Totals



Key Points

- 39 Call outs for lifts during the month of February (same as January)
- 38.5% calls for lift door issues, 2 call for doors damaged by being hit (not reported) - 5.1% of total door issues
- 20.5% of calls for lifts with resets / control issues
- 5 calls OOS and Lift Running On Arrival - ROA, 12.8%(on 5 occasions lift visited and OOS – Running when OTIS attended)
- Zero calls for community lifts – UHL 7 calls 17.9% - UHW 32 calls 80.1% of total



UHW,
 Lift 13, joint worst performing lift – 2 x resets (4 Calls)
 Lift 18, Joint worst performing lift- 2 x doors, 1x damaged, 1x track, 1x OSG, 1x reset
 Lift 2, 2x door issues (3 Calls)
 Lift 14 – 3 different issues

UHL/ Comm
 Lift 6 CRI worst performing 2 calls – 1 x entrapment reset OSG, 1 stone jammed in door runner, under door
 UHL Lift 10 - 1 x call – power issue
 Lift 19 – 1 x call - level 1 car button U/S

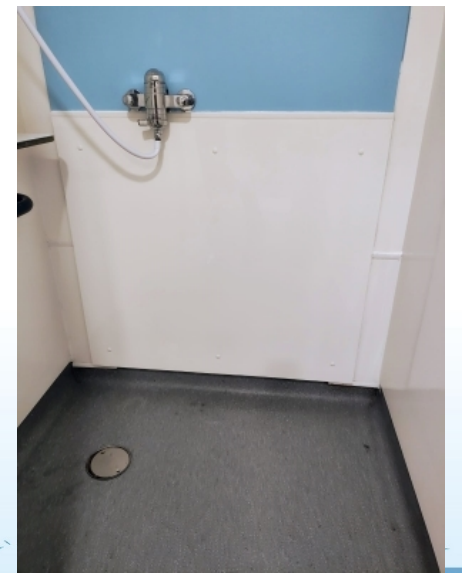
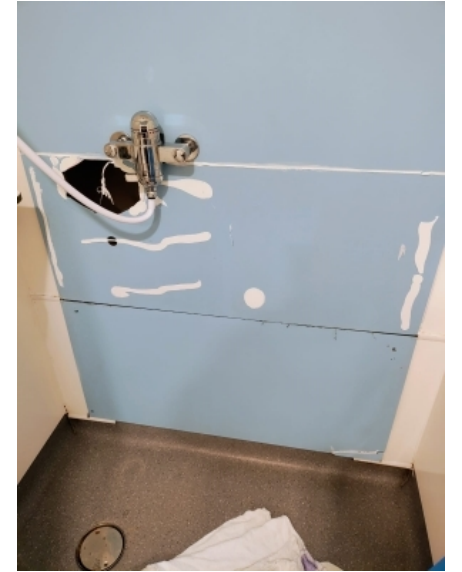


Maintenance Enhancement Team

- A maintenance enhancement team has been established in Estates to undertake small works to improve the appearance of the environment and prevent any potential IP&C issues
- The works identified are less intrusive and therefore have minimal impact on the continuation of patient activity
- The following slide provides some images of the great achievements

Regan, Nikki
07/05/2024 16:36:12

Maintenance Enhancement Team





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Major Isolations planned

- Medical Gas upgrade work at UHW
- Hot Water system drain down to allow new plant to be connected and new valves to be fitted
- Planning for operation 'POET' annual electrical isolation

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07/05/2024 16:36:12

Approved Persons

- To comply with the Health Technical Memoranda (HTM) for each specialist area, listed below, there is a requirement to appoint dedicated Approved Persons (APs)
 - Medical Gas
 - Ventilation
 - Low Voltage and High Voltage Electrical Systems
 - Decontamination
 - Lifts
- Engineers within Capital and Estates undergo specific training in these areas and are assessed by the Authorising Engineer from NWSSP Specialist Estate Services, where if successful, are appointed as an Authorised Person
- Recruitment issues and a shortfall of specialist knowledge impacts on achieving full compliance, however, the following schedule outlines the current position and a training programme to meet the standards.

Regan, N
07/05/2024 14:56:12



Capital, Estates & Facilities
ONE TEAM, ONE GOAL



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UHB HTM APs - Current Position:											
Role	Site	Name	Trained	Appointed	Comments	Date of Assessment/Est Time to Meet the Standard	Risk Rating			Controls	Assurances
							C	L	Total		
HV Electrical (HTM 06-03)	UHW	Gareth Simpson	YES	YES			4	1	4	Suitable management of annual leave, to ensure cover for out of hours emergencies.	Further training being offered.
		Paul George	YES	YES							
HTM AP Establishment:		Christopher Watts	YES	YES							
UHW: 3		Peter Cox	YES	NO	Currently being assessed.	Estimated: July 24					
UHL: 3	UHL	Gareth Simpson	YES	YES			4	1	4		
		Paul George	YES	YES							
		Christopher Watts	YES	YES							
		Michael Burns	NO	NO		Estimated: Oct 24					
LV Electrical (HTM 06-02)	UHW	Christopher Watts	YES	YES			4	3	12	Gaps within current requirement, this is due to levels of technical knowledge which needed to be addressed, along with being unable to fill to require WTE in positions within UHL. Annual leave being managed by Senior Managers to ensure availability for critical concerns however further management of project requirements required.	Training in place for those with the requirement along with support from a additional sites.
		Peter Cox	YES	NO		Estimated: July 24					
HTM AP Establishment:		Paul George	YES	YES							
UHW: 4		Gareth Morgan	YES	NO		Estimated: Sept 24					
UHL: 3	UHL	Christopher Watts	YES	YES			4	3	12		
		Peter Cox	YES	YES							
		Michael Burns	NO	NO		Estimated: Dec 24					
		Mark Bowen	NO	NO		Estimated: Dec 25					
MGPS (HTM 02-01)	UHW	Ian Fittall	YES	YES		10th/11th April 24	4	4	16	Significant gaps within current HTM Requirement. Currently all works are to be co-ordinated through Ian Fittall - Coordinating AP, due to risk All HighRisk Works to be signed off by Geoff Walsh prior to work being undertaken.	Additional sign off measures are being implemented to control all High Risk Activities.
		Paul George	YES	NO		Estimated: July 24					
HTM AP Establishment:		Gareth Simpson	YES	NO		Estimated: Oct 24					
UHW: 4		Mike Reed	YES	NO		Estimated: Sept 24					
UHL: 3		Christopher Watts	YES	NO	Potential Restrictions	Estimated: July 24					
		Vivian Rees	YES	NO	Potential Restrictions	Estimated: July 24					
		David Sharp	YES	NO	Potential Restrictions	Estimated: July 24					
		Michael James	YES	NO	Potential Restrictions	Estimated: July 24					
	UHL / BARRY	Ian Fittall	YES	YES			4	4	16		
		Karen Doyle	YES	YES							
		Thomas Gerrett	NO	NO		Estimated: Jan 25					
		Anthony Davies	YES	YES	With Restrictions						
	Dave Evans	YES	YES	With Restrictions							
Ventilation (HTM 03-01)	UHW	Paul George	YES	YES			4	3	12	Competent Service Contractor carrying out regular routine maintenance with all critical plant managed using an external consultant for verification to the HTM. Repair works carried out by competent CP's.	Ongoing training and site knowledge being gained to support assessment of AP's currently trained. Further AP's to be trained following other successful assessments for AP duties.
		Richard Sheppard	YES	NO		Unknown					
HTM AP Establishment:		Richard Jones	YES	NO		Unknown					
UHW: 2											
UHL: 2	UHL	Paul George	YES	YES			4	3	12		
		Mark Branch	YES	NO	Currently being assessed, awaiting new AE	Estimated: June 24					
Water Systems (HTM 01-01)	UHW	Ian Fittall	YES	YES			4	1	4	Suitable management of annual leave, to ensure cover for out of hours emergencies.	Further training being offered.
		Gareth Simpson	YES	YES							
HTM AP Establishment:		Paul George	YES	YES							
UHW: 3		Paul Morgan	YES	NO		Estimated: Sept 24					
UHL: 2	UHL	Ian Fittall	YES	YES			4	1	4		
		Gareth Simpson	YES	YES							
		Paul George	YES	YES							
		Paul Morgan	YES	NO		Estimated: Sept 24					
	Mark Branch	YES	NO	Awaiting new Assessment Date	Estimated: June 24						
Decontamination (HTM 01-01)	UHW	Vivian Rees	YES	YES	AP(D) Development Role - Restrictions with Support		4	4	16	Significant gaps within the current HTM requirement. Training being focused on other areas, however longer term plans in place to increase training with other team members to support AP Duties.	Further training being offered. Continued support through the use of the AE and Decontamination Safety Group.
		Simon Collins	NO	NO	Training Booked	Estimated: April 25					
HTM AP Establishment:											
UHW: 3		UHL	Thomas Gerrett	YES	NO						
UHL: 2											
Lifts (HTM 08-20)	UHW	Gareth Simpson	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2025	4	2	8	Significant gaps within current HTM Requirement, however a significant number of staff trained. Additional support from a competent lift service provider and LOLER specialist providing statutory inspections 6 monthly.	Dedicated Band 7 Manager supporting lift operations, consultant employed to support with installation and refurbishments planned throughout the UHB. Regular meetings with the service provider along with All Wales Group
		Paul George	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2026					
HTM AP Establishment:		Jody Sheppard	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2027					
UHW: 1											
UHL: 1	UHL	Gareth Simpson	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2029	4	2	8		
		Paul George	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2030					
		Jody Sheppard	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2031					
		Mark Wright	YES	NO	Currently no Authorising Engineer (AE) Appointed	Estimated: 3rd Quarter 2032					

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CAVUHB Digital Communications Analytics

2024

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07/05/2024 16:36:12

Updated: 23 April 2024

Website Traffic

February

Jobs - Cardiff and Vale University Health Board	37,720
Home - Cardiff and Vale University Health Board	17,961
University Hospital of Wales - Cardiff and Vale University Health Board	9,114
Search Results - Cardiff and Vale University Health Board	8,307
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	5,531
Sexual Health - Cardiff and Vale University Health Board	4,352
University Hospital Llandough - Cardiff and Vale University Health Board	4,213
Maternity Services - Cardiff and Vale University Health Board	2,554
E-Rostering - Cardiff and Vale University Health Board	2,539
Contact Us - Cardiff and Vale University Health Board	2,340

 Views: 288, 114

 Visitors: 86,175

 Views per visitor:
3.34

March

Jobs - Cardiff and Vale University Health Board	32,140
Home - Cardiff and Vale University Health Board	13,994
University Hospital of Wales - Cardiff and Vale University Health Board	6,858
Search Results - Cardiff and Vale University Health Board	5,746
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	4,422
Sexual Health - Cardiff and Vale University Health Board	3,300
University Hospital Llandough - Cardiff and Vale University Health Board	3,117
(not set)	2,448
E-Rostering - Cardiff and Vale University Health Board	2,300
Maternity Services - Cardiff and Vale University Health Board	1,942

 Views: 222, 130

 Visitors: 70,932

 Views per visitor:
3.13

April (to date)

Jobs - Cardiff and Vale University Health Board	30,614
Home - Cardiff and Vale University Health Board	13,055
University Hospital of Wales - Cardiff and Vale University Health Board	6,555
Search Results - Cardiff and Vale University Health Board	6,167
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	4,403
University Hospital Llandough - Cardiff and Vale University Health Board	3,432
Sexual Health - Cardiff and Vale University Health Board	3,122
E-Rostering - Cardiff and Vale University Health Board	2,379
Maternity Services - Cardiff and Vale University Health Board	1,889
Noah's Ark Children's Hospital for Wales - Cardiff and Vale University Health Board	1,645

 Views: 217, 308

 Visitors: 67,308

 Views per visitor:
3.23

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07/05/2024 16:36:12

SharePoint News engagement

Articles that do well include staff benefits, competitions, awards, training courses with broad appeal, legislation changes and retirements/appointments.



Annual Leave Carry Over 2023/24

Annual Leave is an important tool for maintaining our physical...

News (Cardiff and Vale UHB - Communications) 6 March

1223 views



YOUR £1,000 JANUARY STAFF LOTTERY WINNERS ARE;

★ Samantha Skelton, Health & Safety, Woodland House ★ Ta...

News (Cardiff and Vale UHB - Communications) 8 February

617 views



New Workplace recycling

The way we get rid of waste is altering – and we need your help...

News (Cardiff and Vale UHB - Communications) 7 March

571 views

Last 90 days



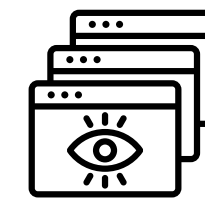
Views of News Homepage: 2,033



Number of News articles published: 197



Number of articles with <100 views: 120



Number of articles with >200 views: 30

Inclusion and placement in the weekly roundup has a significant effect on the number of views an article receives

Facebook engagement



Followers: 33.7k ↑ 66

Post impressions: 1.7m ↑ 408.2k

Link clicks: 26.4k ↑ 20.1k

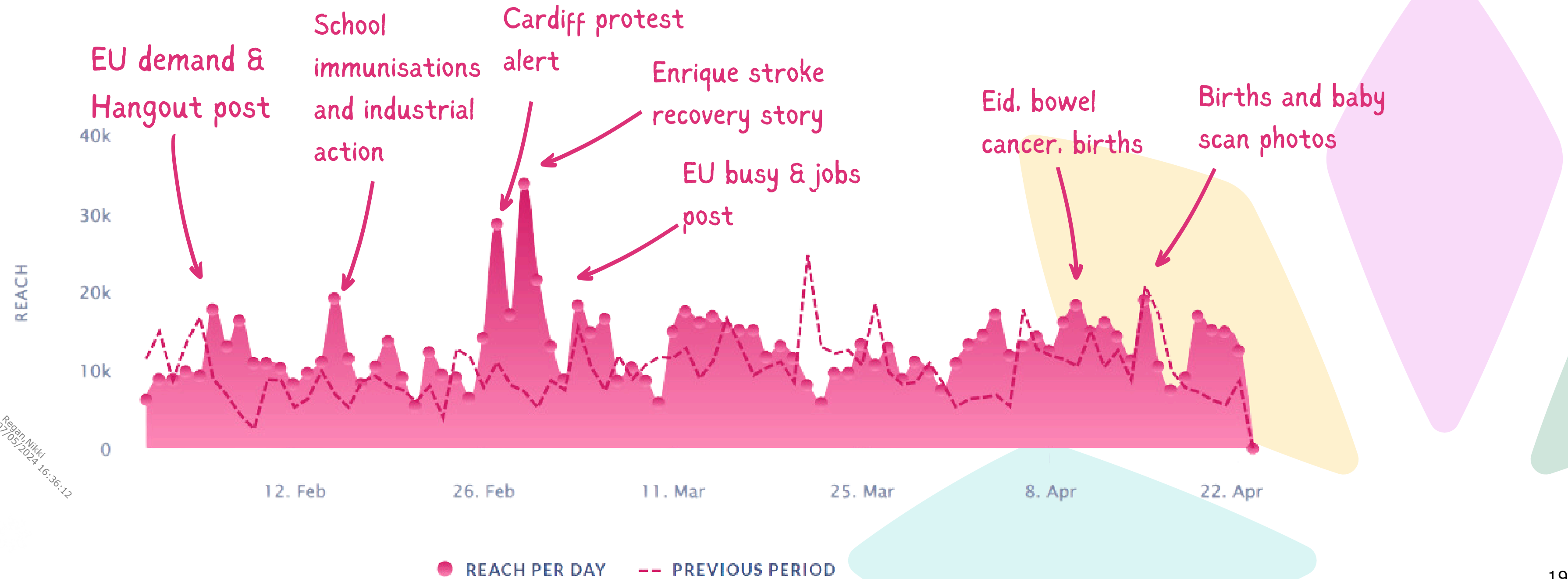


Number of posts: 234 ↑ 14



Post engagement: 2.08% ↑ 0.95%

Our engagement rates are above average for health sector.



Successful Facebook posts

Longer posts with colleague photos receive the most likes and comments.

Job posts consistently receive the most clicks.

Urgent, serious messaging is widely shared.

Insights

Static photography is more effective than video.

Colleague stories, posts marking Islamic occasions and maternity/birth posts have generated the most positivity.

Cardiff and Vale University Health Board
Published by Orlo · 29 February ·

In 2023, head chef Enrique suffered a life changing stroke at age 35. Enrique was admitted on to the Acute Stroke ward at University Hospital Wales, then transferred to Stroke Rehabilitation Centre (SRC) for intensive rehab therapy. During one of the bakery sessions at SRC, Occupational Therapy lead, Amy suggested that Enrique should lead on the next session, bringing his chef skills to the Centre.... See more

Cardiff and Vale University Health Board
Published by Orlo · 26 February ·

#JOBS | Take a look at some of the exciting roles we have available this week

Nursing and Midwifery
<https://orlo.uk/exgua>
<https://orlo.uk/O9VFF>
 ... See more

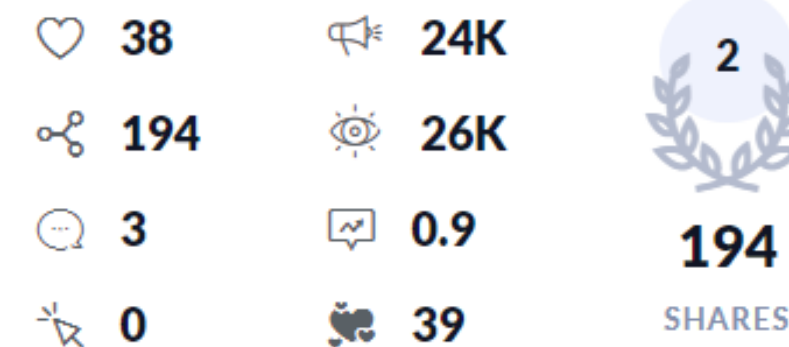
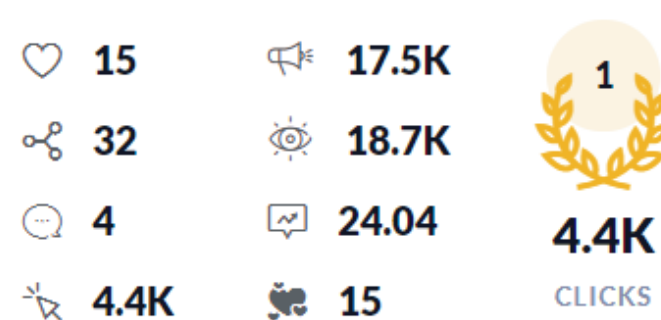
Cardiff and Vale University Health Board
Published by Orlo · 12 April at 11:02 ·

A measles outbreak has been confirmed in Wales. Measles is highly infectious and can be very serious. The only way to prevent large outbreaks is through high uptake of the MMR vaccination (2 doses). People living in Cardiff and Vale can get their vaccination by walking into one of our Mass Vaccination Centres

Walk-in MMR vaccines

Available for children and adults at Mass Vaccination Centres in Rookwood Hospital (CF5 2YN) and Barry Hospital (CF62 8YH)

Open seven days a week, 9-6pm



Twitter X engagement



Followers: 28.7k 107

Post impressions: 224k 139k

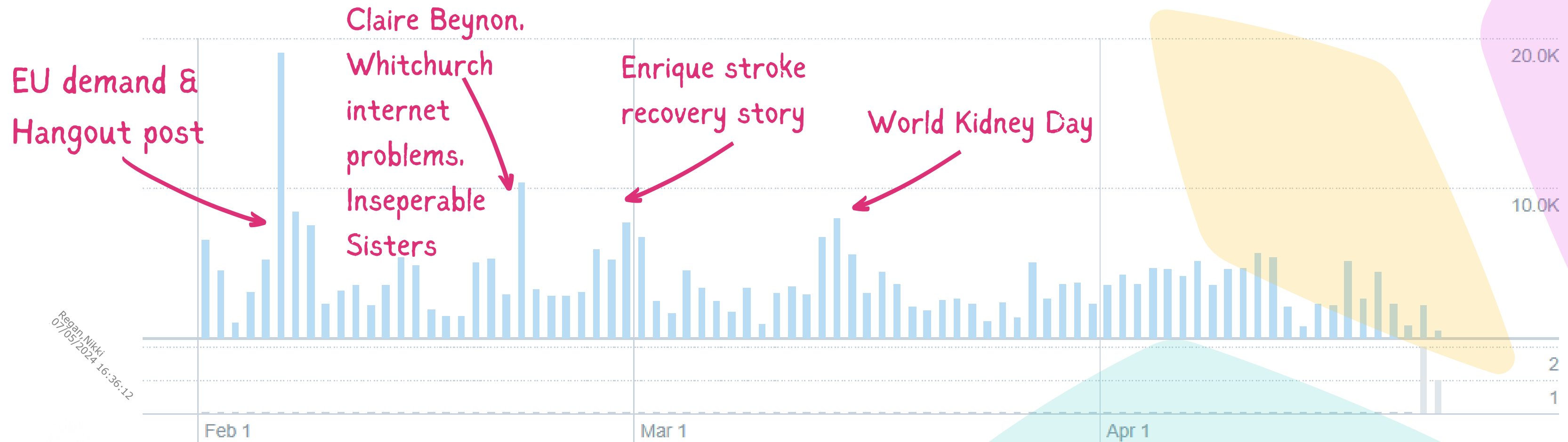
Link clicks: 807 1.2k

Number of posts: 167 37

Post engagement: 0.98% 0.07%

Our engagement rates are average for health sector.

Your posts earned **331.4K impressions** over this **83 day** period



Successful Twitter X posts

Colleague photos receive the most likes and comments.

Cardiff and Vale University Health Board @CV_UHB

Innovative work within the Children's Heart Unit, working closely with patients and their families, has enabled children with heart arrhythmia to wear technology that monitors their heart activity.

More: orlo.uk/B4hRd

#HeartMonth ❤️ Happy Valentine's Day.

2:

❤️ 31	👁️ 3.3K	🏆 2
💬 7	💬 1.5	🏆 31 LIKES
💬 0	👍 31	
🚩 11		

Short videos receive a high number of impressions

Cardiff and Vale University Health Board @CV_UHB

Measles is spreading across the UK. Our Consultant in Public Health Medicine, Dino Motti, explains 3 things you might not already know about #measles #MMRVaccine #VaccinationSavesLives

❤️ 24	👁️ 5.8K	🏆 3
📄 26	💬 0.87	🏆 5.8K IMPRESSIONS
💬 0	👍 24	
🚩 0		

Urgent, serious messaging is widely shared.

Cardiff and Vale University Health Board @CV_UHB

! PLEASE SHARE !

Due to a protest taking place in Cardiff tomorrow, patients may experience traffic delays when travelling to our hospital sites. Please take this into consideration before you travel and call ahead if you are experiencing disruption.

Thank you.

❤️ 20	👁️ 6.6K	🏆 1
📄 27	💬 0.71	🏆 6.6K IMPRESSIONS
💬 0	👍 20	
🚩 0		

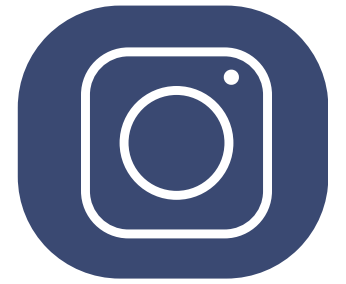
Insights

Colleague achievements and recognition performs very well.

Links do better when placed in the post rather than the comments.

Our X engagement is declining.

Instagram engagement



 Followers: 663  121

 Post impressions: 7.7k  5.4k



Number of posts: 21  15



Post engagement: 3.12%  0.76%

Our engagement rates are above average for health sector.

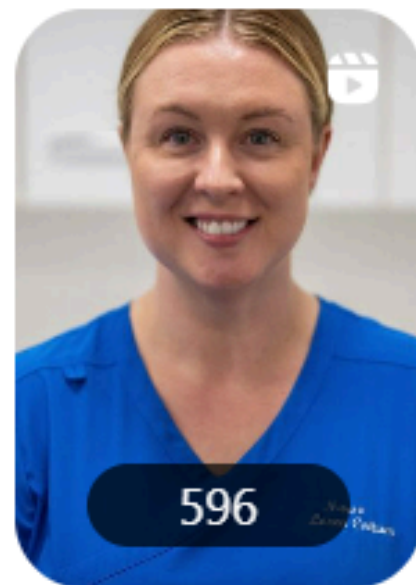
Top content based on reach



6 Feb



29 Feb



20 Feb



8 Feb



11 Feb

Regan, Nikki
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Insights

Reels that perform best feature colleagues talking directly face on to the camera

Posting at 12 noon is the best time.

Photos with colleagues looking at camera with a longer story do well.

LinkedIn engagement



Followers: 13.7k 718

Post impressions: 25.9k 1.4k

Link clicks: 147 54



Number of posts: 10 2



Post engagement: 2.27% 0.18%

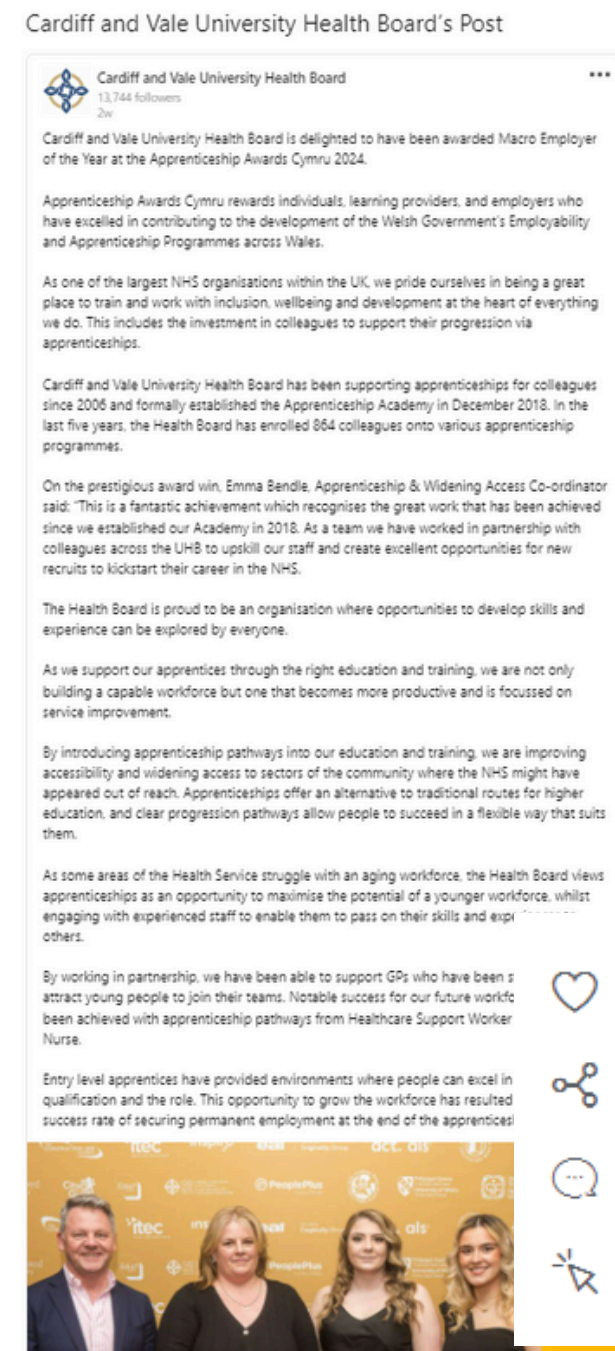
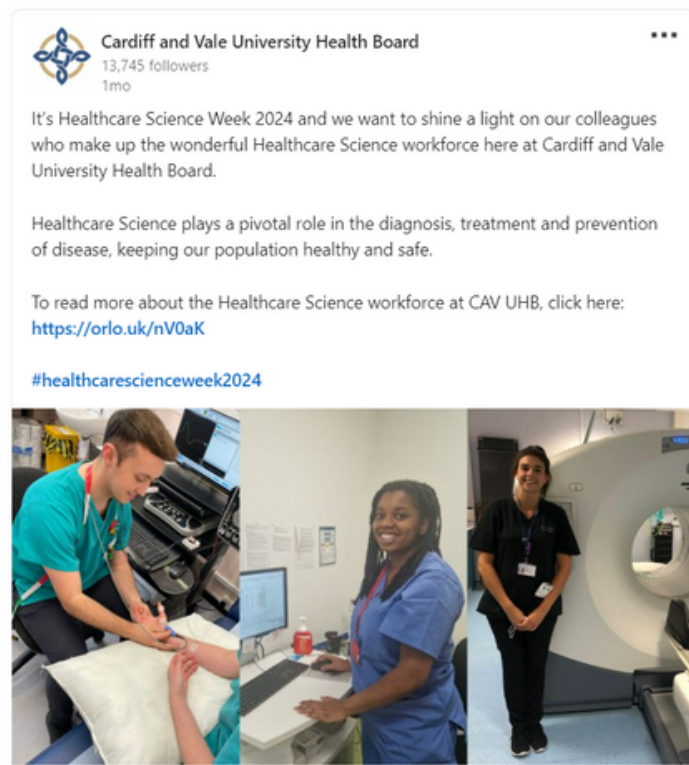
Our engagement rates are above average for health sector.

Insights

Our LinkedIn audience is growing at a faster rate than any other channel.

Complete articles, colleague achievements and spotlighting roles perform well.

The channel is not currently being used to its full potential.



59
 8
 0
 83
 1.7K
 2.9K
 5.16
 65
 1
83
 CLICKS

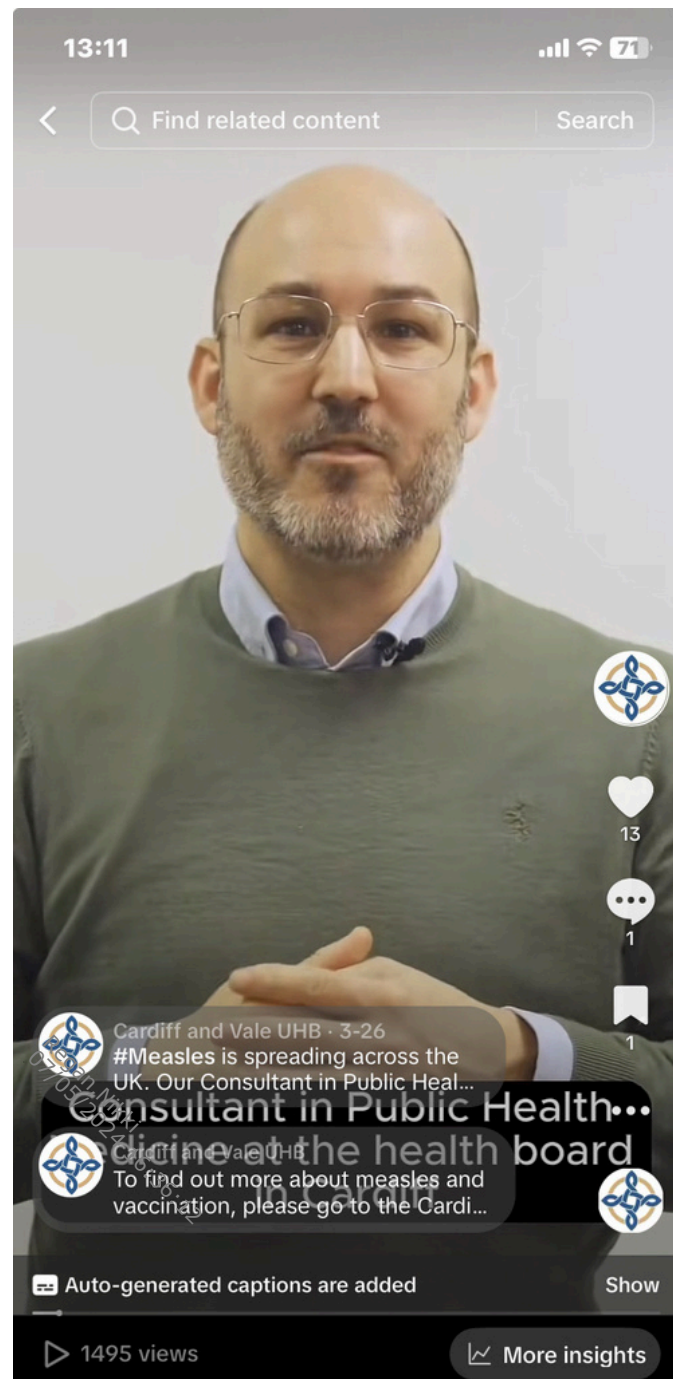
72
 0
 11
 0
 3.5K
 4.9K
 1.7
 88
 1
11
 COMMENTS

TikTok engagement



Followers: 606 Number of posts: 7

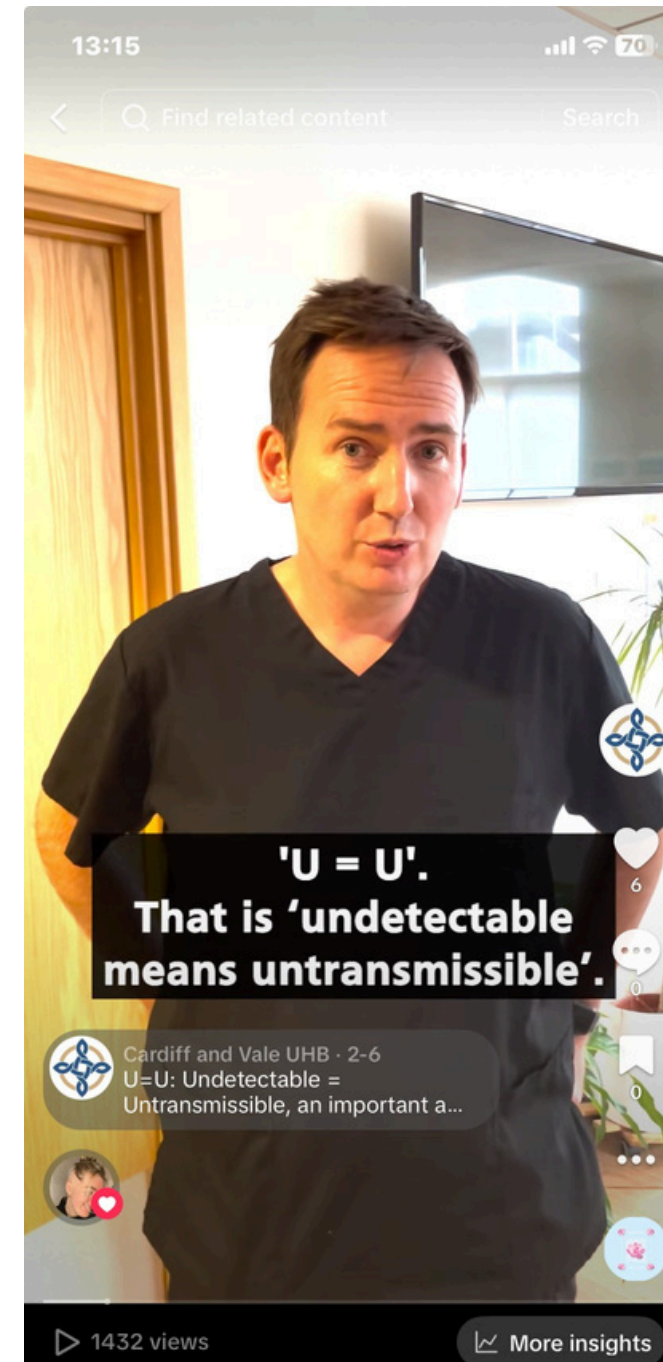
Views: 6,356 Likes: 2,315



1495
 13



1458
 32



1432
 6

Insights

Videos that perform best feature colleagues talking directly face on to the camera

CEO Communications

CEO Connects

March



AWTCC



175 views



Watchtime:
19.9 hours

April



Decarbonisation



122



Watchtime:
7.0 hours



Feb

237 views

113 attendees

Mar

130 views

84 attendees

Apr

91 views

55 attendees

Social Media Tips

Colleague stories or colleagues talking to camera consistently outperforms other content.

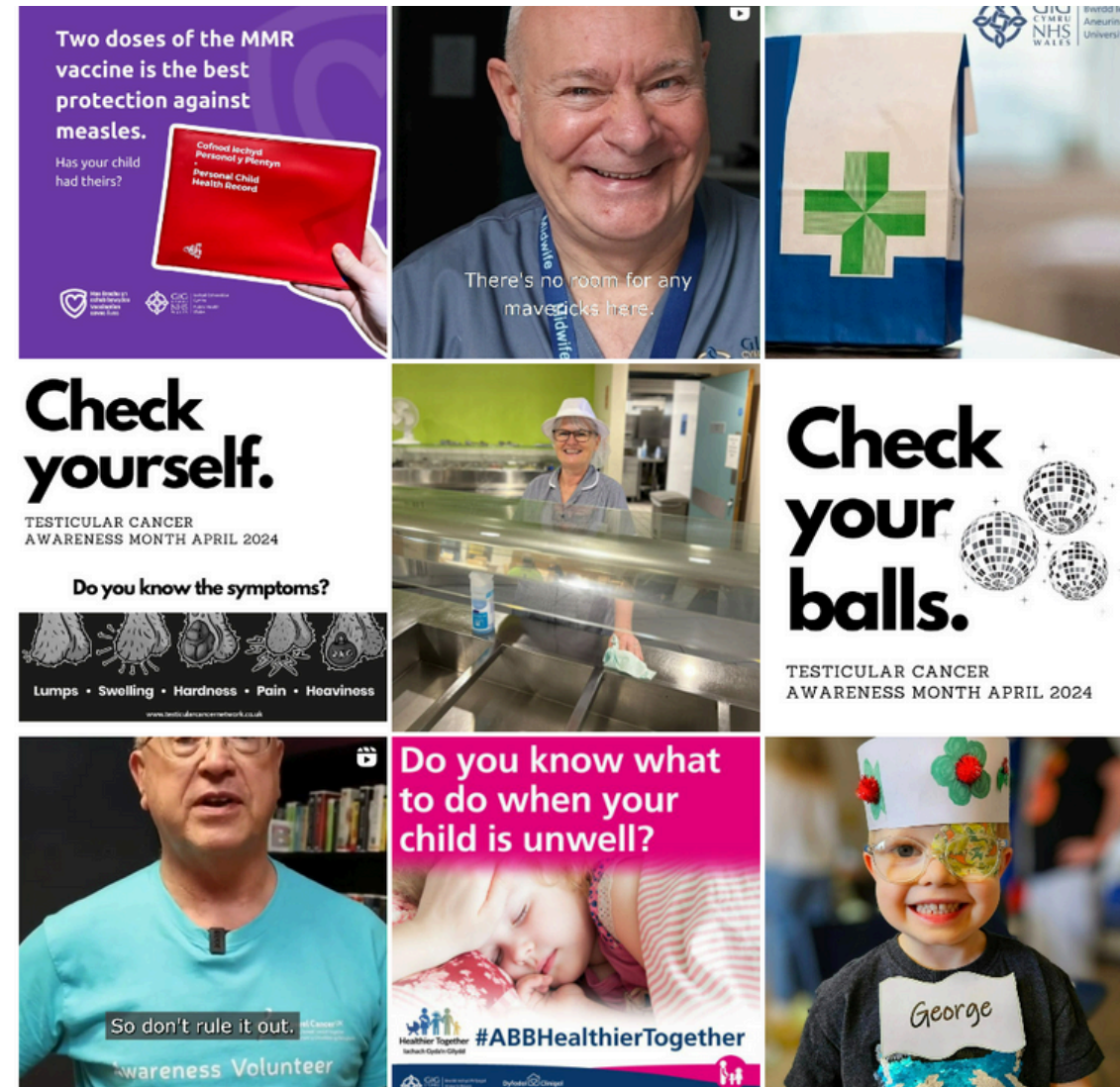
Starting a post with a question encourages engagement.



! PLEASE SHARE !

The '! Please Share !' tag and Urgent graphics are effective on emergency messaging

All video on Facebook is going portrait (9:16).



Aneurin Bevan UHB is producing successful and engaging content on Insta and TikTok.



Posts celebrating colleagues receive the most positive engagement

Best Practice

Use photos of people over graphic artwork

Feature real people as this leads to their networks sharing the content

Celebrate colleagues including everyday colleagues

X has stated that it is a video first platform

Celebrate colleagues' efforts in an emergency

Reels are the most successful format of posting for the public sector on Instagram

Reference: [DanSlee.co.uk](https://dانسlee.co.uk)

Regan Nikki
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the People & Culture Committee 2023/24

Regan, Nikki
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1.0 Introduction

In accordance with best practice and good governance, the Strategy & Delivery Committee (the Committee) produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2.0 Membership

The Committee membership comprises of the Chair (who must be an Independent Member of the Board) plus a minimum of three other Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2023 to 31 March 2024. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The People & Culture Committee achieved an attendance rate of 87% (80% is considered to be an acceptable attendance rate) during the period 1st April 2023 to 31st March 2024 as set out below:

	16.05.23	11.07.23	12.09.23	14.11.23	23.01.24	12.03.24	Attendance
Sara Moseley (Chair)	✓	✓	✓	✓	✓	✓	100%
Akmal Hanuk (Vice Chair)	✓	x	✓	x	✓	✓	67%
Susan Elsmore (left 31.10.23)	✓	✓	✓	x	x	x	100%
Dr. Rhian Thomas	✓	✓	✓	✓	✓	✓	100%
Mike Jones	✓	✓	x	✓	x	✓	67%
Total	100%	80%	80%	75%	75%	100%	87%

4.0 Terms of Reference and Workplan

The Terms of Reference and Work Plan were reviewed and approved by the Committee on 11th July 2023.

5.0 Work Undertaken

During the financial year 2023/24, the Committee reviewed the key items at its meetings as set out in this Report.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews and “deep dives” in the following key areas:

- Emerging thinking for developing care at a System Level
- Primary Care and Community Care
- Stroke Performance
- Rehabilitation Model Implementation
- Ophthalmology in Primary Care
- Digital Transformation
- Scoping of the Long-Term Strategy
- Shaping our Future Population Health
- Well-being of Future Generations (Wales) Act in Cardiff and Vale UHB
- Employee Relations.
- Leading Sustainable Culture Change

These detailed reviews and “deep dives” included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas.

Public People & Culture Committee Key matters which were reviewed and discussed by the Committee included the following: -

Staff Story

A different staff story was shared at each of the People & Culture Committee meetings.

Key Workforce Performance Indicators

In May 2023 the Key Workforce Performance Indicators (KPIs) showed an improvement in the workforce position. The KPIs had worsened since the start of the pandemic and were moving back to pre-pandemic levels. The turnover rates had reduced since November 2022. The aim was to get back to a 10% turnover rate in the next 12 months. The People and Culture teams worked close with Clinical Boards and discussed challenging areas. Statutory and mandatory training had improved, with the Value-Based Appraisals (VBA) meeting the target set by the Executive team of 60%.

In July 2023 the following points were highlighted:

- Going forward the KPI report would be replaced by the Integrated Performance Report.
- Key Performance Indicators (KPI's) continued to improve.
- More work was required around Values Based Appraisals (VBA) rates. The team were maturing the benchmarking data.

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In September 2023 the committee were advised the sickness absence for July 2023 was 6.12%.

In November 2023 the flu vaccination rates amongst staff were highlighted:

- Vaccination uptake – 18-35% for flu and 37% for COVID
- All staff were given appointments to mass vaccination clinics, and pop-up sessions were held
- Clinical Boards were asked to nominate vaccination champions
- CAV hoped to reach the target of 75% uptake
- CVUHB had fairly high Did Not Attend (DNA) rates

Board Assurance Framework

In May 2023 the Board Assurance Framework was presented and the Health Board had proposed that it would go out for a second cohort of internationally educated nurses, with a cost of £2.5m. Following discussions, it was decided to remodel that to include an Assistant Practitioners role at a Band 4.

A meeting took place between Welsh Government and the Trade Unions in May 2023. RCN rejected the pay offer, but Unison accepted the pay deal, which was pleasing because it was one of the biggest unions for Cardiff and Vale.

In November 2023 the BAF looked at the potential impact of the post-pandemic period on colleagues, and it was reviewed over time to reflect the current climate's challenges.

In January 2024 a risk to the UHB was being unable to recruit, attract and retain staff to deliver high-quality services. This was due to an increased demand for services, national shortages in certain professions, the impact of COVID and staff burnout, the negative media portrayal of the NHS, and a lack of awareness of the range of professions in the NHS. The People Resourcing Team developed action plans to address the issues:

- The improvement of inclusive recruitment – teams had reached out to deprived areas and supported initiatives for people with autism, learning disabilities, and care leavers.
- Schools and colleges – they had potentially reached over 5000 students through virtual meetings and taster sessions, generating interest in different career pathways.
- They also worked with refugees and people coming out of prison to provide them a fresh start.
- Apprenticeships – they hoped to have 1% of employees on apprenticeship schemes.
- Recruitment events were held three times a year in Cardiff City Centre which helped recruit for difficult areas such as housekeeping, catering, and healthcare support workers.
- Retention –the exit questionnaire was relaunched along with starter surveys for new employees. Positive feedback was received from newly qualified nurses, with 8.7 out of 10 recommending Cardiff as a good place to work.

Clinical Consultation Plan – Welsh Language

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The Clinical Consultation Plan – Welsh Language was approved at the P&C Committee meeting in May 2023. The plan looked at how to improve the offer of Welsh Language services in clinical consultations. As part of the Welsh Language Standards, the Health Board was required to promote and facilitate the use of the Welsh language, particularly in public services, ensuring that Welsh was treated no less favourably than English. The Welsh language was important in Wales because it allowed patients to communicate in their first language.

Anti-racist Action Plan

The Anti-racist Wales Action Plan was published in June 2022 outlining the vision to create an Anti-racist Wales by 2030. Included in the plan were specific actions for 'Health' which were set out under five headings:

- Goal 1: Leadership & Accountability
- Goal 2: Workforce
- Goal 3: Data
- Goal 4: Access to Services
- Goal 5: Tackling Health Inequalities

As an action, the Health Board was required to develop an organisational Anti-Racist Action Plan and to align closely with the all Wales version and set out how the Health Board would build an anti-racist organisation. In line with advice from experts in race equality, the Health Board had co-designed a draft version of its action plan alongside colleagues from the One Voice Staff Network and Trade Union partners. The Equity & Inclusion Senior Manager and Assistant Director of OD, Wellbeing and Culture had presented the approach to the Welsh Government's steering group which was responsible for the delivery of health actions under the Anti-racist Wales Action Plan.

Focus on Census 2021 for Workforce Planning Presentation

The Head of Strategic Workforce Planning at HEIW (HSWPH) presented the Focus on Census 2021 for Workforce Planning Presentation and highlighted that her team went through the published ONS data sets for the census and created a workforce planning analysis through a supply lens. The population in Wales had grown by 1.4%, which was less than anticipated, with Cardiff and Vale UHB top at 4.6%. The working age population shrank by 2.4%. The 35 to 44-year-old category and the dependent young population had shrunk. The Cardiff and Vale younger population was "bulging", which was due to the high number of students within the area.

The gender split of the Welsh population was female 51.1% and male 48.9%. The life expectancy for females was higher than males in Wales, however the healthy life expectancy age was lower than the pension age. Education levels were higher in the South East. Welsh speaking was much higher in the Hywel Dda UHB area. Cardiff and Vale had the largest ethnic minority makeup in Wales. Overall, the NHS Wales workforce was 4.6% of the working age population (age 18-64). The average age of the workforce was older than the average age of the population. In the future, it was predicted that the population would grow by 6%. The working population was expected to increase. This was due to the increase in state pension age. There were also issues with workforce supply. There were less 18-year olds in Wales than

Regain
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16:38:17

England. There was also a larger ageing population of 65+. The younger population would be more ethnically diverse.

Cost of Living Impact Presentation

The Cost of Living Impact was presented and the following highlighted:

- It was the highest level of demand mental health services had experienced to date.
- There were 250 primary care liaisons a day.
- In one month, there were 1500 referrals to Mental Health Services.
- A conversation took place with Mental Health Community teams around fragile situations leading to increased admissions.
- The majority confirmed they were experiencing the highest bed capacity.
- There was an impact on English integrated health boards with a large number of individuals presenting in Cardiff.
- Unions reported an increased number of staff referred to food banks.
- There was an increasing request for 'long day' shifts to reduce travel costs.

Gender Pay Gap Report 2022

The Gender Pay Gap Report was previously agreed by the Strategy & Delivery Committee, but was sought for approval by the People & Culture committee following a chairs action.

Health and Safety Update

In September 2023 it was noted there was an increase in training compliance but there was a decrease in the Violence & Aggression module, potentially to do with mental health's issues with ESR. Smoking continued to be an issue, but planned to have an extended push on holding people to account on site. A review took place following a waste bin falling off a delivery lorry and struck an employee.

Welsh Language Annual Report

In September 2023 the Welsh Language Annual Report was received and a number of areas were identified within the report for the committee to receive which included:

- Governance and structure
- Activities under the 'Meddwl Cymraeg / Think Welsh' Campaign
- Provision of bilingual information for patients and the public
- Compliance with the Service Delivery Standards
- Recruitment of Welsh language skills
- Translation services
- Concerns raised
- Welsh language skill profile of staff

Clinical Board Spotlight

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The People & Culture Committee requested for a different clinical board to attend each Committee meeting to give a spotlight on their Clinical Board.

Corporate Risk Register

The Corporate Risk Register was presented and noted at each of the Committee meetings.

Policies approved by the Committee

The Committee considered and approved/adopted a number of Policies and Procedures during the year which included the following: -

- Waiting List Initiative Procedure Medical & Dental Staff
- Industrial Action (All Wales) Guidelines

The Committee Terms of Reference and Work Plan – 2023/24

The Committee undertook its annual review of its Terms of Reference and Work Plan for 2023/24 and ratified the same at its July meeting, prior to the same being presented to full Board for formal approval.

Private People & Culture Committee

May, July, September, November 2023 & January, March 2024

The following points were discussed at the Private People & Culture Committee Meetings:

- Suspension/ Exclusion Report
- Fire Prosecution Update
- Welsh Language Standards Annual Report
- Employment Tribunal Cases
- Employee Relations Risks
- Notices from the Welsh Language Commissioner

6.0 Reporting Responsibilities

The Committee had reported to the Board after each Committee meeting by presenting a summary report of the key discussion items at the Committee. As per the Committee's Terms of Reference the report is presented by the Committee Chair in which they must:

1. Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports throughout the year;

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2. Bring to the Board's specific attention any significant matters under consideration by the Committee;
3. Ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

7.0 Opinion

The Committee is of the opinion that the draft People & Culture Committee Annual Report 2023/24 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Sara Moseley

Committee Chair

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