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Cardiff and Vale  
University Health Board

## **STRATEGY AND DELIVERY COMMITTEE**

**THURSDAY, 28 JUNE 2018, 9.00am**

**Corporate Meeting Room,  
Headquarters, UHW**

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University Health Board

## STRATEGY AND DELIVERY COMMITTEE

**TUESDAY, 28 JUNE 2018 AT 9.00AM  
CORPORATE MEETING ROOM, HQ, UHW**

## AGENDA

<b>PART 1: PRELIMINARIES (Chair)</b>			
1.		Welcome and Introductions	Oral Chair
2.		Apologies for Absence	Oral Chair
3.		Declarations of Interest	Oral Chair
4.		To receive and note the minutes of the Strategy and Delivery Committee 13 March 2018	Chair
5.		To receive and note the Action Log from the Strategy and Delivery Committee held on 13 March 2018	Chair
<b>ITEMS FOR ACTION</b>			
6.		To receive the Terms of Reference for the Strategy and Delivery Committee	Chair
7.		To receive the Capital Programme Report	Director of Planning
8.		To receive and discuss the High Level Performance Dashboard	Chief Operating Officer
9.		To approve the Study Leave Procedure for Medical Staff	Director of Workforce and Organisational Development
10.		To approve the Recruitment Policy	Director of Workforce and Organisational Development
11.		To receive and approve the Annual Compliance Report on the Welsh Language Scheme	Director of Workforce and Organisational Development
12.		To receive and approve the Annual Equality Statement and Report	Equality Manager
13.		To note and approve the Strategic Equality Plan Delivery Plan 2018/19	Equality Manager

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14.		To discuss the Development of Committee Work Plan and Standard Agenda Items	All
<b>ITEMS FOR INFORMATION AND NOTING</b>			
15.		To note Working Together for Our Future Wellbeing: Action Plan 2018/19 Supporting Delivery of the UHB Framework for Working with the Third Sector	Director of Public Health
<b>REVIEW AND CLOSURE</b>			
16.		Review of the Meeting	Oral Chair
<b>SCHEDULE OF MEETINGS</b>			
17.		6 November 2018 8 January 2019 5 March 2019 30 April 2019 25 June 2019 3 September 2019	Chair
18.		To note the date, time and venue of the next meeting of the Committee: • <b>Tuesday, 11 September 2018, 1.00pm</b> Corporate Meeting Room, Headquarters, University Hospital of Wales	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. [Section 1(2) Public Bodies (Admission to Meetings) Act 1960]

**UNCONFIRMED MINUTES OF THE FIRST MEETING OF THE  
STRATEGY AND DELIVERY COMMITTEE  
HELD ON 13 MARCH 2018 AT 9AM  
CORPORATE MEETING ROOM, HEADQUARTERS, UHW**

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**Present:**

Charles Janczewski	Chair – UHB Vice Chair
Akmal Hanuk	Independent Member - Community
Dawn Ward	Independent Member – Trades Unions
Eileen Brandreth	Independent Member – ICT
John Antoniazzi	Independent Member – Business Planning

**In Attendance:**

Abigail Harris	Director of Planning
Martin Driscoll	Director of Workforce and OD
Robert Chadwick	Director of Finance
Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer

**Apologies:**

Gary Baxter	Independent Member – University
Maria Battle	UHB Chair
Sara Moseley	Independent Member – Third Sector
Geoff Walsh	Assistant Director of Planning
Len Richards	Chief Executive
Marie Davies	
Peter Welsh	Director of Corporate Governance
Ruth Walker	Executive Nurse Director

**Secretariat:**

Julia Harper

**SD: 18/001****WELCOME, INTRODUCTIONS AND PURPOSE OF THE  
MEETING**

The Chair welcomed everyone to the first meeting of the new Committee and explained that this would be replacing two Committees: Strategy and Engagement and Resource and Delivery. The purpose of today's meeting was to understand the basics and what the new Committee would be responsible for and how it would achieve this.

**SD: 18/002****APOLOGIES FOR ABSENCE**

Apologies for absence were noted.

**SD: 18/003****DECLARATIONS OF INTEREST**

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The Chair invited Members to declare any interests in the proceedings. Ms Eileen Brandreth explained that a short item included as any other business within the Committee papers contained her University title – Chief Information Officer. She made it clear that this item had nothing to do with her University role and was presented by her as an Independent Member of the UHB, and more specifically, as Chair of the UHB Information Technology and Governance Sub Committee.

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No other interests were declared.

**SD: 18/004                  MINUTES OF THE STRATEGY AND ENGAGEMENT COMMITTEE MEETING HELD ON 28 NOVEMBER 2017**

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 28 November 2017.

**SD: 18/005                  MINUTES OF THE RESOURCE AND DELIVERY COMMITTEE MEETING HELD ON 30 JANUARY 2018**

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 30 January 2018.

**SD: 18/006                  ACTION LOG FROM STRATEGY AND ENGAGEMENT COMMITTEE**

The Committee **RECEIVED** and **NOTED** the Action Log from the meeting of 28 November 2017.

**SD: 18/007                  ACTION LOG FROM RESOURCE AND DELIVERY COMMITTEE**

The Committee **RECEIVED** and **NOTED** the Action Log from the meeting of 30 January 2018.

An amalgamated action log from the two Committees would be produced and would include any further action from this meeting.

**Action – Mrs Julia Harper**

**SD: 18/008                  TERMS OF REFERENCE FOR THE STRATEGY AND DELIVERY COMMITTEE**

The Chair invited Members to consider the draft Terms of Reference to ensure that the Committee was clear of its remit and ensure that this was not so wide that Members would be inundated with operational information. It was hoped that an update could be provided to the March Board on the progress made and that the Terms of Reference could be approved at the May or July Board meeting.

**Action – Mr Peter Welsh**

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During a long discussion, clarification was provided on the UHB's overarching 10 year Strategy "Shaping Our Future Wellbeing" and the plans that were designed to help the UHB achieve this, namely the Integrated Medium Term Plan, the rolling annual programme as well as Clinical Board Plans and the corporate strategic plans for clinical services, estates and workforce. All these areas of work were designed to lead transformation and deliver the principles of home first, avoiding waste harm and variation, empowering people and delivering outcomes that mattered to people.

Amongst other things, Members considered the need for dashboards, key performance indicators, exception reporting and consideration of risks in order to measure and assess how the UHB was progressing towards the delivery of its Strategy. The question of everyday operational delivery was also discussed and the balance of these areas needed to be agreed and included within the Terms of Reference.

In order to progress and define responsibilities, the Chair proposed the he lead a small working group comprising the Directors of Planning and Public Health as well as the Chief Operating Officer. A revised document would then be circulated to the Committee for any last comment before the final version was presented at the next meeting.

**Action – Mr Charles Janczewski**

**SD: 18/009**

**ORAL UPDATE ON SHAPING OUR FUTURE WELLBEING STRATEGY**

Mrs Abigail Harris, Director of Planning tabled a high level summary that was still a work in progress, with her thoughts on how the UHB was progressing towards meeting each strand of the Strategy. Although new legislation had been introduced since the Strategy was approved, the Strategy did not need to be refreshed as changes were addressed and accommodated in the underlying plans.

Executive Directors were working on high level "bell weathers" that would indicate whether actions were sufficient to reduce inequality. It should be remembered however, that many actions and outcomes in terms of the Strategy would take several years to be seen – for example, reducing the incidence of stroke rather than just monitoring operational targets against the Stroke Measure.

It was acknowledged that this initial piece of work required further development to include an accurate baseline from which progress could be measured. It also needed timelines when it could be anticipated that progress would be seen. There was also work to do on the culture of the organization so that every worker knew that what they were doing was helping to meet the objectives of the Strategy. It was agreed that these measures would be developed.

**Action – Mrs Abigail Harris**

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The Committee **NOTED** the good progress already made and the sticking points, particularly around sustainability. It was **AGREED** to send comments on the format and content of the report to the Director of Planning.

**Action – All Committee Members and Attendees**

**SD: 18/010                   IMPLEMENTATION OF THE FRAMEWORK FOR WORKING WITH THE THIRD SECTOR – UPDATE**

Dr Sharon Hopkins, Director of Public Health gave an oral update on the work of the Steering Group that had been in existence for several years and comprised umbrella organizations. These organizations were relied upon to input, guide, engage and disseminate information. It was important that going forward, the Third Sector was a key component in UHB work as Third Sector would help deliver the UHB Strategy. The recently refreshed Framework also reflected new legislation – Future Generations Act. It was important that the Committee reflected on the added value and opportunities presented by working closely with the Third Sector.

**ASSURANCE** was provided by:

- A multi-agency Third Sector Strategic Alliance Steering Group, chaired by the Director of Public Health, which oversees this agenda.

The Strategy and Engagement Committee:

- **NOTED** the end of year progress in delivering the Action Plan for 2017/18 which supported implementation of the UHB Framework for Working with the Third Sector.
- **NOTED** the work underway to develop the Action Plan for 2018/19.

**SD: 18/011                   REVIEW OF THE PERFORMANCE REPORT – UPDATE**

Dr Sharon Hopkins, Director of Public Health, reminded Committee of discussions at the Board Development Day. Until the Terms of Reference of the new Committee had been agreed, it was not possible to devise appropriate performance indicators or determine whether an outcomes framework was required, similar to the Canterbury model.

Dr Hopkins offered to meet with all Members separately to understand their expectations of the type and level of information they required.

**Action – Dr Sharon Hopkins****SD: 18/012            REVIEW OF THE WORKFORCE AND ORGANISATIONAL DEVELOPMENT REPORT**

Mr Martin Driscoll, Director of Workforce and OD, updated the Committee on the development of new key performance indicators. Each Clinical Board was developing indicators pertinent to them, but these would overlap including the nurturing of talent to enable delivery of the Strategy. The Committee **NOTED** the verbal update.

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**SD: 18/013            DEVELOPMENT OF A COMMITTEE WORK PLAN**

As this was dependent on the agreement of the Terms of Reference, it was agreed to defer this item to the next meeting.

**Action - Secretariat****SD: 18/014            AGREEMENT OF STANDING AGENDA ITEMS FOR THE COMMITTEE**

As this was dependent on the agreement of the Terms of Reference, it was agreed to defer this item to the next meeting.

**Action - Secretariat****SD: 18/015            ANY OTHER BUSINESS****Items Raised by the Chair of the Information Technology and Governance Sub Committee Following the Meeting Held on 6<sup>th</sup> March 2018**

- 1. GDPR** - Concern was raised that the UHB had not made sufficient progress and would not be ready to comply with the new legislation that would be introduced in May 2018.
- 2. Information Governance Training** – the Clinical Boards were unable to get the right people trained in a timely manner.
- 3. Information Governance Workforce** – the strain on the very small Information Governance workforce was becoming unsustainable and it was close to breaking point trying to manage a very large agenda. A temporary increase in resources had been identified to mitigate the risks in the short term.

The Committee discussed aspirations for digitalization and a digitally enabled workforce. Both immediate and transition actions were required and the

Committee noted that Management Executive had already commenced such workforce conversations and how areas described as struggling could be supported.

Whilst the UHB was not an outlier in terms of progress, the Information Commissioner had previously undertaken an audit of the UHB and remedial actions had not yet been completed. A national audit of readiness for the new legislation had recently been received and the Committee was advised of the serious fines that could be imposed for non-compliance. In response, the Committee was also reminded that for every penny of investment in one area, decisions had to be made on disinvestments elsewhere and these risks were difficult to balance.

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The Committee **NOTED** the concerns and mitigating action and **AGREED** that these concerns should be highlighted at the March Board.

**Action – Mr Charles Janczewski**

**SD: 18/016**

**DATE OF NEXT MEETING**

The next meeting would be held at 9am on Tuesday 5<sup>th</sup> June 2018 in the Corporate Meeting Room, HQ, UHW.

**STRATEGY AND DELIVERY COMMITTEE**  
**(AMALGAMATED ACTION LOG OF THE STRATEGY AND ENGAGEMENT AND RESOURCE AND DELIVERY COMMITTEES)**

**ACTION LOG FOLLOWING MEETING IN MARCH 2018**

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS & ANTICIPATED COMPLETION DATE
SD 18/009	13.3.18	Shaping Our Future Wellbeing Strategy	Develop a series of performance/achievement measures and set a baseline for future reporting.	A Harris	July 2018
<b>ITEMS TO BE BROUGHT FORWARD TO FUTURE MEETINGS</b>					
SE: 17/046	28.11.17	Capital Programme Report	To ensure the next capital report continues the action being taken manage the neonatal slippage	A Harris	On June agenda
SD 18/008	13.3.18	New Committee Terms of Reference	Present new ToR for approval.		May or July Board
SD 18/013 & 014	13.3.18	Committee Workplan & Standing Agenda items	Deferred until Terms of Reference agreed.	Secretariat	June S&D Committee agenda
<b>COMPLETED ACTIONS (TO BE REMOVED ONCE REPORTED TO MEETING AS COMPLETE)</b>					
QSE 17/137	12.9.17	CHC Report – Branch Surgery Visits	Refer for discussion at the Strategy and Engagement Committee, the sustainability of general practice.	A Harris	<b>COMPLETED.</b> To go onto Management Executive work programme. To report on the Health Board's strategy for primary care / Community Mental Health Team.

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SD 18/007	13.3.18	Shaping Our Future Wellbeing Strategy	Send comments on format and contents of the report to the Director of Planning.	All Members and Attendees	<b>COMPLETED.</b> Limited response
SD 18/007	13.3.18	New Committee Terms of Reference	Set up a small working group to develop ToR and circulate to Members for final comment before the next meeting.	C Janczewski	<b>COMPLETED.</b> June S&D Committee agenda
SD 18/007	13.3.18	Action Logs from two former Committees	Amalgamate 2 action logs into a new single action log for the new Committee.	J Harper	<b>COMPLETED</b>
RD 17/043	30.01.18	WOD Delivery Plan Objective Report – Health & Wellbeing Including Sickness Management	To circulate Corporate Health Standards Report to Committee Members	M Driscoll	<b>COMPLETED.</b> Circulated by J Harper on 15/3/18
RD 17/047	30.01.18	Business Continuity Policy	To discuss revising documents to include Director of Therapies and Health Science around the professional and executive role in IT	G Walsh	<b>COMPLETED</b>
SD 18/015	13.3.18	AOB – Information Technology and Governance Sub Committee	Highlight to the Board the Committee's concerns and mitigating action with regard to the preparedness for introduction of GDPR legislation.	C Janczewski	<b>COMPLETED.</b> March Board
SE 17/023	5/09/17	Car parking contract specification	To be clear on measures and capture these around experience of all users in relation to the Workforce Organisational and Development work and	A Harris	<b>COMPLETED.</b> Communication and engagement plan developed which has included roadshows in

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			engagement with our stakeholders		UHW, night visits etc. Promotional material has been printed and distributed and included of CAV each week. Staff comments are recorded and staff had opportunity to email comments / suggestions to Parking team.
SD 18/008	13.3.18	New Committee Terms of Reference	Update the Board on progress.		<b>COMPLETED.</b> March Board
SD 18/011	13.3.18	Performance Report	Meet all Members to understand expectations of information needed in future.	Dr S Hopkins	<b>COMPLETED.</b> Discussed at Board Development
RD 17/047	30.01.18	Business Continuity Policy	To clarify if the 'no actions required at this stage' was robust	G Walsh	<b>COMPLETED.</b> No action required

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# Strategy and Delivery Committee

## Terms of Reference and Operating Arrangements

May 2018

Draft: Version 6

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## 1. PURPOSE

### 1.1 The purpose of the Strategy and Delivery Committee is to:

Advise and assure the Board on the development and implementation of the UHB's overarching strategy, "Shaping our Future Wellbeing", and key enabling plans. This will include all aspects of delivery of the strategy through the Integrated Medium Term Plan and any risks that may hinder our achievement of the objectives set out in the strategy, including mitigating actions against these.

In particular the Committee will monitor and receive assurances in respect of the following:

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## 2 RESPONSIBILITIES OF THE COMMITTEE

In broad terms the role and responsibilities of the Committee are divided into four categories as shown below:

- A. Strategy
- B. Delivery Plans
- C. Performance
- D. Other Responsibilities

### Part A

#### Strategy and/or Strategic Intent

**2.1 Shaping Our Future Wellbeing (SOFW).** Provide assurance to the Board that the overarching strategy (SOFW) of the UHB is being:

- a. Reviewed and progressed as intended, within the appropriate timescales to achieve desired outcomes.
- b. Provide assurance that key milestones identified in SOFW are being delivered.
- c. Provide assurance that SOFW is actively embedded and continually refreshed within the organisation
- d. Provide assurances that significant risks associated with the delivery of the SOFW are being mitigated

**2.2 Learning Alliance.** Provide assurance to the Board that the learning alliance with Canterbury District Health Board, New Zealand, Grampian and South East Sydney Health Boards is progressing, active learning being derived and used and benefits are captured.

**2.3 National Strategies.** Provide assurance to the Board that the organisation is strategically aligned with Welsh Government's health and social care strategy which includes:

- a. The Wellbeing of Future Generations Act
- b. The Social Care and Wellbeing Act
- c. The Long Term Plan (Wales) arising in response to the Parliamentary Review (January 2018)

## Part B

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### Development and Delivery of Plans that support Strategies

**2.4 Enabling/Supporting Plans:** The Committee will scrutinise and provide assurance to the Board that supporting UHB plans have been developed and that their objectives are being delivered as planned. This will include:

- a. **Integrated Medium Term Plan (IMTP):** The development and delivery of the Health Boards three year plan ensuring that service provision and quality, financial and workforce elements are aligned and integrated. Particular attention will be given to:
  - i. **Workforce Plan:** Scrutinise and provide assurance to the Board that:
    - The strategic workforce issues as set out in Shaping Our Future Wellbeing strategy are being fully addressed
    - That early consideration is given to key service and operational issues which may impact on the delivery of the Health Boards plans
  - ii. **Capital Plan:** Provide assurance to the Board that **major** capital investments are aligned with SOFW and to provide oversight to the prioritisation of investments. The Committee will where appropriate, be responsible for reviewing achievement of the intended outcomes following completion or implementation. The Committee will also receive the minutes and when required, reports from the UHB's Capital Management Group.
- b. **Other Significant Plans:** The Committee will scrutinise and provide assurance to the Board that other significant plans associated with the delivery of the UHB's strategy (SOFW) will be reviewed and monitored to ensure they are being progressed and implemented as intended. This will include the plan for:
  - i. Research and Development
  - ii. Digital Health Care
  - iii. Commercial Developments
  - iv. Infrastructure/Estates

- v. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
  - vi. Major consultations and or engagements that support the delivery of SOFW
- 2.5 Regional Plans:** The Committee will provide assurance to the Board that SOFW delivery plans are aligned with and reflect agreements reached in Regional Planning Groups/Forums/Programmes. This will include receiving notes and updates from:
- a. *South Central and East Planning and Delivery Forum*
  - b. *The Tertiary Service Provider Partnership*
- 2.6 Transformation Programme:** The Committee will scrutinise and provide assurance to the Board that the transformation programme is strategically aligned, progressing and being implemented as planned and at pace.

## Part C

### Performance

- 2.7 Performance:** The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:
- a. *The key organisational Performance Indicators as determined by the Board*
  - b. *Workforce Key Performance Indicators as determined by the Board*
  - c. *Closer scrutiny (“Deep Dives”) on areas of concern where the committee considers it appropriate*

## Part D

### Other Responsibilities

- 2.8 Equality and Health Impact Assessments:** To provide assurance to the Board that Equality and Health Impact Assessments are fully considered and properly addressed in all service change proposals and that full consideration is

given to the UHB's responsibilities for Equality, Diversity, Human Rights and the Welsh Language.

**2.9 “Staff Wellbeing.** To provide assurance to the Board that the wellbeing of staff:

- a. Is always fully considered regularly reviewed to ensure that suitable support is made available whenever necessary.
- b. Staff wellbeing plans are aligned with SOFW and the values of the organisation

**2.10 Information Governance and Data Quality:** To provide assurance to the Board that the organisation has effective and robust information governance and data quality arrangements and processes in place and complies with the requirements of the General Data Protection Regulations. This will include:

- a. Receiving the minutes and notes of the Information Technology and Governance Sub- Committee together with updates from the sub-committee chair
- b. The Sub Committee will also receive reports and updates as required from the Senior Information Risk Owner and Data Protection Officer of the organisation

### 3 GOVERNANCE

#### 3.1 Delegated Powers of Authority

As described above.

- The Committee will advise the Board on the adoption of a set of key indicators of service planning against which the UHB's performance will be regularly assessed and reported.
- The Committee will regularly review the high corporate risks associated with its functions and to ensure that appropriate and effective mitigating actions are in place.

#### 3.2 Authority

The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the UHB relevant

to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

### **3.3 Sub Committees**

The Information Technology and Governance sub Committee will report to the Strategy and Delivery Committee. However, the Committee may, subject to the approval of the UHB Board, establish other sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

### **3.4 Membership**

Chair: Independent member of the Board

Members: A minimum of 2 other Independent member of the Board,

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

### **3.5 Attendees**

In attendance: Chief Executive (Lead Executive)  
 Director of Planning  
 Chief Operating Officer  
 Director of Workforce and Development  
 Director of nursing or nominated deputy  
 Director of Finance or nominated deputy  
 Director of Public Health or nominated deputy  
 Director of Corporate Governance  
 Other Executive Directors should attend from time to time as required by the Committee Chair.  
 (nominated deputies must be consistent)  
 Deputy Director of Planning (Service Planning)  
 Director of Capital Estates and Facilities  
 Trade Union representation from the Local Partnership Forum

Specialist Advisor to the Board for Strategy / Transformation

**By invitation:** The Committee Chair may extend invitations to attend committee meetings as required to the following:

Chairs of the Stakeholder Reference Group and Professional Forum  
Clinical Board Directors  
Representatives of partnership organisations  
Public and patient involvement representatives  
Trade Union Representatives

as well as others from within or outside the organisation who the Committee considers should attend, taking account of the matters under consideration at each meeting.

### **3.6 Secretariat**

**Secretary:** As determined by the Director of Corporate Governance

### **3.7 Member Appointments**

The membership of the Committee shall be determined by the Board, based on the recommendation of the UHB Chair - taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Committee members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Board, based upon the recommendation of the UHB Chair {and on the basis of advice from the UHB's Remuneration and Terms of Service Committee}.

### **3.8 Support to Committee Members**

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

### **3.9 COMMITTEE MEETINGS**

#### **Quorum**

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.

#### **Frequency of Meetings**

Meetings shall be held bi-monthly and otherwise as the Chair of the Committee deems necessary – consistent with the UHB's annual plan of Board business.

#### **Withdrawal of individuals in attendance**

The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **4 RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES / GROUPS**

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business; and
- sharing of information

in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

The Committee shall embed the UHB's corporate standards, priorities and requirements, e.g., equality, diversity and human rights through the conduct of its business.

#### 4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- 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;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- 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.

The Board may also require the Committee Chair to report upon the committee's activities at public meetings, e.g., AGM, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

#### 4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (set within individual Terms of Reference)

#### 4.3 REVIEW

These terms of reference and operating arrangements shall be reviewed annually by the Committee with reference to the Board.

<b>CAPITAL PROGRAMME REPORT</b>	
<b>Name of Meeting :</b> Strategy & Delivery Committee	
<b>Date of Meeting :</b> 5 <sup>th</sup> June 2018	
<b>Executive Lead :</b> Director of Planning	
<b>Author :</b> Director of Capital, Estates and facilities	029 2074 4335
<b>Caring for People, Keeping People Well :</b> This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.	
<b>Financial impact :</b> Capital Resource Limit (CRL) £36.099m	
<b>Quality, Safety, Patient Experience impact :</b> Improving the environment and Estate Compliance	
<b>Health and Care Standard Number</b>	
2.1 Managing Risk and Promoting Health and Safety	
2.4 Infection Prevention Control (IPC) and Decontamination	
<b>CRAF Reference Number</b> 5.2, 6.4	
<b>Equality and Health Impact Assessment Completed:</b> Not applicable but individual EHIA's are prepared on a project basis where required.	

<b>ASSURANCE AND RECOMMENDATION</b>
<b>ASSURANCE</b> is provided by:
<ul style="list-style-type: none"> <li>Monthly reporting including dashboard reports presented to the Capital Management Group to ensure appropriate monitoring of the Estates and Compliance programmes</li> <li>Project dashboard reports for all schemes over £1m submitted to WG on a monthly basis</li> </ul>
The Committee is asked to:
<ul style="list-style-type: none"> <li><b>NOTE:</b> the content of the report recognising the difficulty in managing a large and complex programme of works within a limited resource.</li> <li><b>SUPPORT:</b> the approach taken to manage the competing requirements of the Clinical Boards by engaging with them through a series of workshops to agree the priorities.</li> <li><b>NOTE:</b> the risks outlined in the paper regarding backlog maintenance</li> </ul>

## SITUATION

The purpose of this report is to provide the group with an update on the Capital Programme and Estate Compliance.

The report will provide an overview of the Discretionary Capital Programme, in addition to the major capital schemes that are either in construction or at Business Case development.

An update on the progress on the Estate Compliance programme will be provided.

## BACKGROUND

The UHB received a Discretionary Capital allocation of £36.099m for 2018/19 which is allocated to support, Estate Backlog maintenance and small developments in addition to Medical Equipment replacement and IT infrastructure and Equipment.

In addition the UHB receive funding for major capital developments following the submission and approval of the appropriate Business Case, eg. the Neonatal development.

All capital funding received from WG forms part of the UHB Capital Resource Limit (CRL), see figure 1 below, and the spend profiles against each of the schemes is monitored by WG on a monthly basis. The UHB are required to ensure that they do not spend anything over the allocation in year and underspend by no more than £500k. This can be particularly difficult when managing the larger projects which can span several financial years and are often in delay for a number of reasons. Robust monthly monitoring of actual spend against planned spend is vital to ensure the UHB meet their obligations.

The UHB agreed a comprehensive Estates compliance programme some 3 years ago following an in depth 'health check' undertaken by an independent consultant. A dedicated team was established and they have been progressing each of the 44 areas of compliance on a risk prioritised basis.

Whilst the level of risk is reducing and the Backlog maintenance situation improving the lack of investment, historically and reduction in Estates resource has resulted in the initial programme plan being extended on numerous occasions. The lack of accurate engineering information has resulted in the team commencing from a low base, having to identify all assets across the UHB estate to ensure all compliance checks can be undertaken.

**Figure 1**

<b>Cardiff &amp; Vale</b>	
	<b>2018/19 - Capital Resource Limit (CRL) - 9th May 2018</b>
	<b>2018/19</b> <b>£m</b>
	<b>1) DISCRETIONARY CAPITAL FUNDING [A]</b>
	12.974
	<b>2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]</b>
	23.125
	Relocation of the Central Processing Unit from UHW to UHL
	0.307
	NeoNatal - Phase 2 Works
	7.772
	NeoNatal - Phase 2 Addendum
	11.952
	CRI- Wards 14 and 14a
	0.548
	Rookwood - Emergency Works
	0.499
	Anti-Ligature works
	0.100
	Interventional radiology suite at UHW
	0.500
	Acceleration and implementation of national clinical systems
	0.250
	Refurbishment of the Renal Facilities at UHW
	1.197
	<b>TOTAL CRL [C = A+B] (Approved Funding)</b>
	<b>36.099</b>
	<b>3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING</b>
	<b>3) Sub Total Forecast Capital Projects Without Approved Funding [D]</b>
	<b>0.000</b>
	<b>4) Total Potential CRL if all Funding Approved [E=C+D]</b>
	<b>36.099</b>

## ASSESSMENT AND ASSURANCE

The Capital Management Group report, 21<sup>st</sup> May 2018, is attached in appendix 1 which provides a detailed overview of the progress, costs and risks to the respective programmes.

The funding for Backlog maintenance programme for Estates, IM&T and Medical Equipment is insufficient to cover the current backlog costs, a risk rating criteria has been established to address the most urgent risks facing the UHB.

Backlog Maintenance	Overall Costs	Allocation prior to reduction	% Funding
Estates (C & D)	£126,000,000	£1,000,000	0.79%
IM&T	£31,504,275	£500,000	1.59%
Medical Equipment	£85,000,000	£1,000,000	1.18%

**Estates Backlog Maintenance Criteria** - Under the Health & Safety at Work Act, the UHB have a duty of care to ensure that appropriate governance arrangements are in place for the maintenance of the estate so that premises facilitating healthcare services are managed effectively to minimise risk to occupants.

NHS Estate is allocated a condition ranking which are based on 'Estatecode' (NHS Estates, 2002) Guidelines. Condition B is the minimum acceptable condition that must be achieved in order to avoid backlog costs.

Costs to replace, remove or upgrade assets that already meet condition A or B criteria (for example for modernisation or best practice purposes) are not be classified as backlog. The following list briefly outlines the different categories.

A - New buildings/plant that fully comply with national standards and have a full life expectancy (60 years) and comply fully with current mandatory fire safety requirements and statutory safety legislation. No immediate expenditure required except for routine operational maintenance.

B - Complies with all necessary mandatory fire safety requirements and statutory safety legislation with minor deviations of a non-serious nature

C - Operational but major repair or replacement is currently needed to bring up to condition B.

D - Operationally unsound and in imminent danger of breakdown.

In addition to the formal Capital Management Group meetings held on a monthly basis, a process of escalation is also agreed to ensure that urgent issues are dealt with without undue delay. This requires the 'sign off' of 3 Executive Directors, Planning, Therapies and Finance with decisions made outside the formal meetings recorded at the next meeting.

## Engagement with Clinical Boards

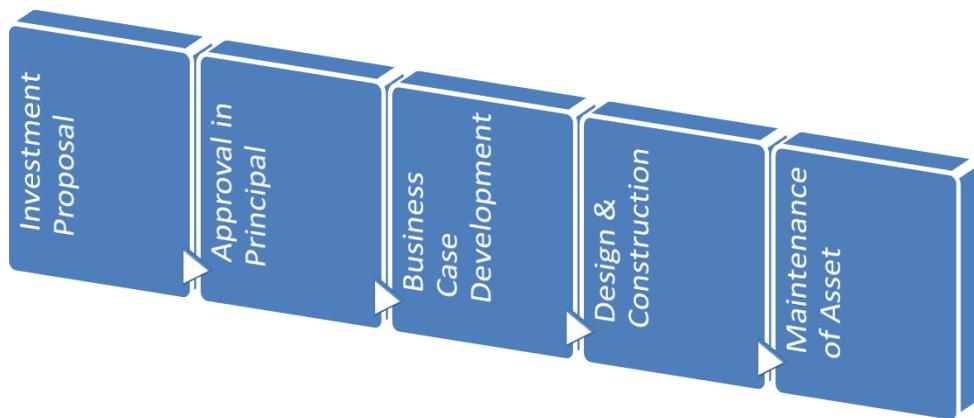
As part of the Integrated Medium Term Plan development, Clinical Boards are required to identify possible capital schemes to support their service. Typically this could be a minor re-configuration of a clinic space to the development of a new facility.

With the limited availability of Capital to fund these schemes, the UHB have now established a series of workshops, led by the Strategic and Capital Planning team to bring all the Clinical Boards together to understand each of the competing priorities and agree a way forward. The workshops are designed to ensure that the CB's understand the process of bidding for capital funding either from the UHB Discretionary Capital allocation or via the Business Case process from WG.

The workshops ensure that the CB's are aware of each others requirements and the associated benefits of any proposed schemes. And it allows them the opportunity to discuss where there may be the possibility of sharing facilities across the UHB.

# Directorate of Planning Capital, Estates & Facilities Strategic & Service Planning

7.1



## Capital Management Group Progress Update May 2018

**CARDIFF & VALE UNIVERSITY HEALTH BOARD**

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Property Disposal	Page 43
Estate Compliance Update	Page 44 - 47
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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

# Capital Management Group

7.1

## EXECUTIVE SUMMARY

21<sup>st</sup> May 2018

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

Committee	Capital Management Group
Committee Date	21 <sup>st</sup> May 2018
Report Author (s)	Geoff Walsh / Marie Davies
Date Written	11 <sup>th</sup> April 2018

### Title of Report

Capital Management Projects Update

### Purpose of Report

The purpose of the report is to provide the Capital Management Group with a summary on the current status of each of the projects included in the Health Boards Major Capital, Discretionary Capital and Compliance Programme. In addition the report will identify key issues for which approval will be required to allow the various Project Teams to proceed.

The report includes the 2018-19 Capital Resource Limit (CRL) as agreed with Welsh Government (WG) together with details of any income generated through the disposal of property.

The UHB has a CRL dated 9<sup>th</sup> May 2018 of £36.099m for the 2018/19 financial year.

The approved funding includes; £12.974m Discretionary Capital, £22.468m for Major Capital projects, £0.657 for other projects.

Funding movement from prior month:

Refurbishment of Renal Facilities at UHW	£1.197m
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Further funding to support the capital programme will be generated through disposal of the following UHB assets and additional donations.

	£m
Amy Evans	£0.260m
Colcott	£0.150m
Carbon Reduction Credits	£0.208m
<b>Total</b>	<b>£0.618m</b>

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## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

## CRL Statement

Cardiff & Vale	
<b>2018/19 - Capital Resource Limit (CRL) - 9th May 2018</b>	<b>2018/19 £m</b>
<b>1) DISCRETIONARY CAPITAL FUNDING [A]</b>	<b>12.974</b>
<b>2) CAPITAL PROJECTS WITH APPROVED FUNDING [B]</b>	<b>23.125</b>
Relocation of the Central Processing Unit from UHW to UHL	0.307
NeoNatal - Phase 2 Works	7.772
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Rookwood - Emergency Works	0.499
Anti-Ligature works	0.100
Interventional radiology suite at UHW	0.500
Acceleration and implementation of national clinical systems	0.250
Refurbishment of the Renal Facilities at UHW	1.197
<b>TOTAL CRL [C = A+B] (Approved Funding)</b>	<b>36.099</b>
<b>3) FORECAST CAPITAL PROJECTS WITHOUT APPROVED FUNDING</b>	
<b>3) Sub Total Forecast Capital Projects Without Approved Funding [D]</b>	<b>0.000</b>
<b>4) Total Potential CRL if all Funding Approved [E=C+D]</b>	<b>36.099</b>

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### **Major Capital**

#### **UHW Children's Hospital for Wales (CA9A)**

1. Remedial work is 100% complete, with the exception of work to cross-overs in the corridors.
  - a. Work to reconfigure the same will incur significant shut-downs
  - b. Temperature analysis is being undertaken to determine the necessity or otherwise of such work

#### **UHW Neonatal Unit Phase 2 (CAJ9)**

1. Works completed to Neonatal Phase 3 and Obstetrics 1.
2. Phase 2a & 2b & MRI – Target cost agreed.
3. Obstetrics 2 – Target Cost agreement recommended, awaiting approval.
4. Work has commenced in Phase 2a.
5. MRI & Phase 2b.
  - a. Construction of ground floor slab ongoing.
  - b. Decant update:
    - i. Cancer Services relocated to Peter Grey House.
    - ii. Radiology waiting area vacated.
    - iii. IPC relocated to Tower Block 2 GF
    - iv. Operations team moved to Tower Block 2 UGF
    - v. IVF Secure store relocated to room vacated by IPC
    - vi. C1 link corridor occupants being relocated to Peter Grey House.
    - vii. Newborn Screening moved to Tower Block 2 UGF.
6. Were all risks recognised on the project risk registers to be realized, the present financial position, accounting for all known commercial liabilities, would leave a contingency of £550K.
7. The revenue business cases to support the commissioning of the new regional service models for Neonatal and Obstetrics services will be produced following the confirmation of the revised Cwm Taf flows in April 2017.

#### **'Making a Difference' Rookwood Relocation (CAC4)**

1. FBC submitted to Welsh Government 3<sup>rd</sup> May 2018.
2. Scrutiny process commenced with queries being fielded.

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### CRI Enabling Works

1. Asbestos removal, demolition and stone cleaning continuing.
2. Window replacement and stained glass window repair commenced.

7.1

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Discretionary Capital

The Cardiff & Vale UHB discretionary capital program for 2017/18 is currently reporting a slight underspend of £0.088m. This figure is subject to finalisation and review by Audit.

#### Discretionary Capital Programme and Additional Schemes Allocation

Category	Funding £m
<b>Approved Allocation</b>	
Discretionary Capital	<b>12.974</b>
<b>Sub Total</b>	<b>12.974</b>
<b>Unapproved Allocation</b>	
<b>Sub Total</b>	<b>0.000</b>
<b>Land Disposal &amp; Acquisitions</b>	
Amy Evans	0.260
Colcott	0.150
Carbon Reduction Credits	0.208
Renal Spend 17/18	0.053
Anti Lig Spend 17/18	0.044
<b>Sub Total</b>	<b>0.715</b>
<b>Overall Funding</b>	<b>13.689</b>

7.1

#### Discretionary Capital and Additional Schemes – Expenditure

Item	Original Out-turn £m	Adjustments £m	Latest Out-turn £m	Orders Raised £m	Orders Received £m
Scheme B/F	1.164	0.000	1.164	0.703	0.000
Annual Commitments	1.620	0.000	1.620	0.151	0.151
IMTP	2.045	0.000	2.045	0.004	0.004
IM&T	0.250	0.000	0.250	0.000	0.000
Medical Equipment	0.500	0.000	0.500	0.000	0.000
Statutory Compliance	2.800	0.000	2.800	0.389	0.024
Other	2.400	0.000	2.400	0.901	0.055
Unallocated	1.291	0.000	1.291	0.000	0.000
Contingency	0.500	0.000	0.500	0.000	0.000
Interventional Radiology	0.569	0.000	0.569	0.000	0.000
CRI Wards 14 and 14a	0.550	0.000	0.550	0.000	0.000
	<b>13.689</b>	<b>0.000</b>	<b>13.689</b>	<b>2.148</b>	<b>0.234</b>

CARDIFF & VALE UNIVERSITY HEALTH BOARD

# Programme Overview

## **Refurbishment Programme**

## Ward Bathroom refurbishment

Tender being put together for Wards A2, Wards A1 & Wards A6.  
A2 being priority.

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Service Planning

#### Re-Provision of Specialist Neuro and Spinal Rehabilitation and Clinical Gerontology

Creation of a specialist neuro and spinal rehabilitation and recovery centre at UHL  
Includes associated relocation of clinical gerontology outpatient and day hospital services at St David's Hospital and development of a therapies hub at CRI.  
Subsequent closure of Rookwood Hospital.

##### **6 Overall Risk Category**

*Significant obstacles to programme delivery:*

**Estimated Capital:** £30.9 million

**Estimated Revenue:** £3k savings

##### **Status**

FBC submitted to Welsh Government 27<sup>th</sup> April 2018

##### **Significant Risks or Decisions**

Awaiting formal letter of support from WHSSC

Awaiting Welsh Government Approval

7.1

### Theatres

Theatre infrastructure at both UHW and UHL requires urgent improvement in order to sustain existing service provision and meet foreseeable medium term demand

##### **2 Overall Risk Category**

*Significant obstacles to programme delivery:*

**Estimated Capital: £25million+ phased over 5 year programme( £4-6million UHL)**

**Estimated Revenue:**  
Predominantly capital only schemes

##### **Status**

**UHL Modular Build – Approved by Welsh Government.** Theatre completed and commissioning concluded.

##### **Significant Risks or Decisions**

##### **Strategic Context Paper for Theatres/Haematology/Radio Pharmacy Block**

A paper is currently being produced in relation to the development of a strategic context development plan for the above, within Cardiff & Vale University Health Board, for the next 10-15 years. This paper will provide the rationale for developing several business cases as detailed below.

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### **Tranche 1 Business Cases**

#### **SOC/OBC**

The SOC/OBC will include new accommodation for:

- The replacement of 6 of the main theatres as well as 2 decant theatres linked to the existing theatre accommodation
- Haematology facilities - Development of facilities for Haematology has been subject to significant risk as a result of potential loss of JACIE accreditation due to care environment concerns
- Radio Pharmacy facilities
- Provision of a surgical ward to allow the transfer of the T&O ward from A3 link to allow the development of a Poly-Trauma ward as part of the MTC

Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes.

**UHW – Provision of a Hybrid Theatre in Main Theatres, UHW.** - Development of the BJC is progressing. The Project team have been undertaking survey works to establish the deliverability of the Hybrid Theatre in the Main Theatre suite at UHW. To date the surveys are suggesting that due to existing building constraint on the 3<sup>rd</sup> floor the development of a Hybrid theatre would not be possible. The team have now been requested to consider the A3 Link ward area.

The alternative option to the main theatre suite would be in the courtyard adjacent to the SSSU, although this has a number of operational issues.

#### **Theatres**

- Plant failure risk leading to serious loss of essential operating capacity
- Significant reduced capacity and environmental issue
- Limited available local and WG capital
- Timescales likely to be longer than originally anticipated due to a more stringent appointment process for the engagement of the Design Team and Contractor and lack of project management support.

#### **Haematology**

- Serious risk to service continuity in Haematology. Plan for JACIE compliance essential by Autumn 2018.

#### **Radio Pharmacy**

- Requires delivery in the same timescale as the completed construction of the Velindre Cancer Centre
- Desired timescale for construction completion of end 2019 – planning process is being expedited to meet this target.

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

A workshop was held on Monday 14<sup>th</sup> May with stakeholders and a specialist Hybrid theatre installation company to discuss the options in terms of equipment and the current thinking in relation to Hybrid development across the UK and Europe.

**UHL - Replacement of Theatres 5 and 6 –**  
 Development of the BJC is progressing. Project Team has been established. Outstanding information in relation to condition of current estate is required. Programme has now been developed showing timeline and key events, with anticipated completion of the BJC November 2018.

The Capital & Estates team have considered an alternative scheme to deliver the replacement theatres in a shorter timescale. This is being considered by the respective teams (Capital & Surgical CB).

### Tranche 2 Business Cases

- **UHW - Refurbishment of Main Theatres rolling programme**
- **Hybrid Theatre – Major Trauma**

### Decisions, Actions and Next Steps

- Ongoing development of Business Cases
- Design layouts under development
- Further work on medium and longer term demand and capacity requirements and service model
- Secure project management support to progress complex service planning and modelling required.
- Final design/location solution for Vascular Hybrid Theatre

### SOFW: In Our Community

There are currently two levels of community infrastructure business case developments being led by the UHB:-

- **Shaping Our Future Wellbeing: In Our Community Programme** Tranche 1

Delivery of a network of community facilities to support the implementation of the SOFW strategy.

### 5 Risk Category

*Some risks to delivery of either programme or corresponding service .*

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

<b>Estimated Capital:</b> Estimate to be confirmed	<b>Estimated Revenue:</b> Anticipate redesign of service delivery models within available revenue envelope.
<b>Status</b> Programme Business Case due to be completed end May 2018. Submission to WG July 2018	<b>Significant Risks or Decisions</b> <ul style="list-style-type: none"> <li>Potential revenue pressure likely in relation to facilities management but not fully quantified. To be partially offset through rationalisation of community estate and potential joint arrangements with Local Authority where appropriate</li> <li>PBC to be submitted for approval through the Programme Management Structure and internal approval mechanisms</li> </ul>
	<b>Decisions, Actions and Next Steps</b> <ul style="list-style-type: none"> <li>Likely revenue position/affordability to be confirmed by Finance Lead by Mid May 2018</li> <li>Capital costs for first tranche projects to be confirmed by Mid May 2018</li> <li>Commercial Case to be finalized by Mid May 2018</li> <li>PBC document and appendices to be completed by end May 2018</li> </ul>

• **Shaping Our Future Wellbeing: In Our Community Projects.**

<b>Health and Wellbeing Centre @ CRI – Masterplan</b>	<b>Status</b> <ul style="list-style-type: none"> <li>Masterplan for future phases in development. Further work required to identify potential creative solutions to accommodate the draft service scope. To be progressed once D4L Framework in place</li> </ul>	<b>6 Risk Category</b> <i>Minor areas of concern regarding elements of the programme or service.</i>
<b>Health and Wellbeing Centre @ CRI – Phase 2 Projects</b> BJCs:- <ul style="list-style-type: none"> <li>SARC/ Links/CAU Capital only Projects:</li> <li>Chapel;</li> <li>Safeguarding/ Remedial Works</li> </ul>	<ul style="list-style-type: none"> <li>SARC Business Case to include enabling works - temporary relocation of CAU and Links</li> <li>Anticipate BJC route – to be confirmed by WG</li> <li>Plans and capital costs to be developed to inform BJC</li> </ul>	<b>6 Risk Category</b>
<b>Wellbeing Hub @ Park View OBC</b> Collaborative project with LA and Third Sector to replace Park View HC with a wellbeing hub.	<b>Status</b> <ul style="list-style-type: none"> <li>OBC in development. Work required to develop plans and capital costs to inform the OBC, using new D4L Framework</li> <li>Schedules of accommodation being confirmed with service leads</li> </ul>	<b>6 Risk Category</b>

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

<b>Capital - £15-20m</b>		
<b>Wellbeing Hub @ Maelfa OBC</b> Primary Care Pipeline Project to replace Llanedeyrn Health Centre. Submission to WG end 2018 <b>Capital - £8m</b> outturn cost	<p><b>Status</b></p> <ul style="list-style-type: none"> <li>• OBC/FBC route confirmed by WG</li> <li>• Population focus for WH to be confirmed</li> <li>• Draft service scope to be reviewed</li> <li>• Development of design and capital costs to be progressed using new D4L Framework</li> <li>• Engagement with local community started</li> </ul>	<p><b>7 Risk Category</b> <i>Only minor manageable risk to service delivery and programme. Being mitigated, unlikely to impact on delivery timescales or service sustainability</i></p>
<b>Wellbeing Hub @ Penarth OBC</b> Primary Care Pipeline Project. Submission to WG end 2018 <b>Capital - £6m</b> outturn cost	<p><b>Status</b></p> <ul style="list-style-type: none"> <li>• OBC/FBC route confirmed by WG</li> <li>• Development of design and capital costs to be progressed using new D4L Framework</li> <li>• Engagement plan to be initiated</li> <li>• Service scope to be determined</li> <li>• GMS delivery model to be determined</li> </ul>	<p><b>5 Risk Category</b></p>

7.1

### Suite 19 – Renal Dialysis Unit

Renal accommodation replacement	<b>6 Risk Category</b> <i>Minor areas of concern regarding elements of the programme or service. Minor delays possible</i>
<b>Estimated Capital: £1.2m</b>	<b>Estimated Revenue: Revenue Neutral</b>
<b>Status</b> Suite 19 BJC approved by CMG 20/11/2017 and BCAG 13/11/2017. Board Approval 25/01/2018. Letter of support now received from Renal Network. Submitted to WG 1/02/2018.	<b>Significant Risks or Decisions:</b>
<b>Decisions, Actions and Next Steps:</b> Awaiting WG scrutiny comments.	

### Upgrading of Cystic Fibrosis Facilities at University Hospital Llandough

Development of a BJC for the upgrading of Cystic Fibrosis facilities at UHL to meet	<b>5 Risk Category</b>
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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

<p>capacity requirements and current HBN/HTM environmental standards along with UK Cystic Fibrosis Trust environmental guidelines.</p>	<p><i>Some risks to delivery of programme or service continuity; delivery programme may need to be delayed or changed.</i></p>
<b>Estimated Capital: £TBC</b>	<b>Estimated Revenue: £TBC</b>
<b>Status</b> <p>The development of the BJC is now progressing following the decision of CMG in Sept 2017 to take the scheme off hold. The BJC is being developed to include for the provision of additional capacity to accommodate growth in demand, as well as environmental improvements. The utilisation of the additional capacity will be phased as it is dependent on the approval of additional revenue funding from WHSSC. It is anticipated that the completion of the BJC will be late 2018.</p>	<b>Significant Risks or Decisions:</b> <ul style="list-style-type: none"> <li>• Current facilities are not compliant with environmental guidelines</li> <li>• Capital cost is likely to exceed initial proposed allocation of £1million</li> <li>• Number of patients with CF is rising each year – additional capacity is required</li> </ul>

**Decisions, Actions and Next Steps:** Completion of the BJC.

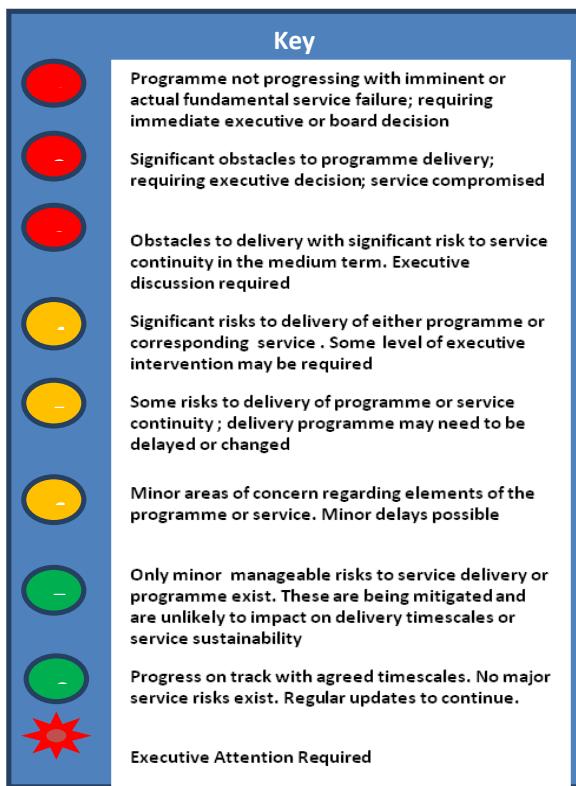
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### Mortuary Refurbishment

<p>Refurbishment of Existing Mortuary Facilities</p>	<p><b>5 Risk Category</b> <i>Some risks to delivery of programme or service continuity; delivery programme may need to be delayed or changed.</i></p>
<b>Estimated Capital: £1.6m</b>	<b>Estimated Revenue:</b>
<b>Status</b> <p>Discussions are on-going in relation to the scope of the refurbishment work required.</p>	<b>Significant Risks or Decisions:</b> <p>Following a recent HTA inspection, findings were that there was significant refurbishment required in order to meet the requirements of the HTA standard.</p>

**Decisions, Actions and Next Steps:** Agreement in relation to the scope of the scheme.

## CARDIFF & VALE UNIVERSITY HEALTH BOARD



7.1

### Planning Programme Tracker

Appendix 1 – Planning Programme Report

Appendix 2 – C&V Planning Programme Tracker

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Statutory Compliance

Good progress is being made in a number of the 44 individual elements of the Estate installations which were identified as requiring annual inspection, necessary to achieve compliance with the relevant UHB's statutory and mandatory obligations.

#### Progress of 44 Elements of Statutory Compliance

Compliant	23
Non-Compliant	21
Long Term Contracts (4 year plus for all sites)	16
Rolling Programme	5

No.	COMPLIANT	Rating	Long term Contract	No.	NON - COMPLIANT	Rating	Completion Date	Rolling Programme
1	Legionella (RO Plant)			1	Legionella (annual)		Sep-18	
2	Medical Gas		Yes	2	Ventilation/AHU (Smoke Dampers)		Apr-20	Yes
3	Fire Doors compliance check			3	Ventilation/AHU (Fire Dampers)		Apr-20	Yes
4	Annual asbestos survey and re-inspections			4	Insurance		Dec-18	
5	Periodic Inspections		Yes	5	Emergency Lighting		Dec-20	Yes
6	Dry Risers & Hydrants			6	Legionella risk assessments		Jul-18	Yes
7	High Voltage		Yes	7	Ventilation/AHU Verification (Intake Cleaning)		Feb-18	Yes
8	Generators		Yes	8	Steam		Aug-18	
9	Fire Hoses			9	Fume Cupboards/Safety Cabinets		Dec-18	
10	Fire Alarms		Yes	10	Fire Suppression		Dec-18	
11	Ventilation/AHU (annual)		Yes	11	Automatic Doors		Dec-18	
12	Gas Safety (inc proving)		Yes	12	Bed Heads		Oct-18	
13	Fire Extinguishers			13	IPS		Sep-18	
14	Air conditioning units/chillers		Yes	14	Lifts		Dec-18	
15	Commercial Kitchen		Yes	15	HeliPad Fire Protection		Dec-17	
16	Kitchen Canopy & Ductwork: Main		Yes	16	Sterile Services		Oct-18	
17	Kitchen Canopy & Ductwork: Ward		Yes	17	Chimney		Oct-18	
18	BMS Controls		Yes	18	Nurse Call		Dec-18	
19	Emergency Backup (UPS)		Yes	19	Local Extract (workshop equipment, suites etc)		Dec-18	
20	Patient Hoist		Yes	20	Legionella (Audits)		Dec-18	
21	Lightning Conductors			21				
22	Pools			22				
23	PAT Testing		Yes	23				
24	Sprinklers		Yes	24				
25				25				
26				26				

Compliant
Short term programme to verify Assets
Long term programme to verify Assets
Non Compliant

OJEU contract for Legionella shortlisting for presentations in progress.

Emergency lighting ready to go to OJEU.

#### Risks

##### Legionella Risk Assessments (RA)

Risk Assessments 90% complete under current contract.

11 RA were carried out two years ago by a different company, these are now due for renewal.

The above contract has now been commissioned to re-assess these 11 RA so all in same format.

Remedial works being assessed

## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

2018-19					
Category	Surveys	Revenue	Remedial Works	Other £m	Total £m
Mechanical Surveys	0.013				
Electrical Surveys	0.008				
Building Surveys	0.003				
Mechanical Estates Revenue		0.096			
Electrical Estates Revenue					
Building Estates Revenue		0.082			
Mechanical Approved Works			0.010		
Electrical Approved Works			0.005		
Building Approved Works			0.004		
Dedicated Team				0.200	
Asbestos Works (400k)				0.209	
Fees					
Other					3.641
Fire (200k = 147k Surv, 53k Rem)					
<b>Total Funding</b>	<b>1.070</b>	<b>0.841</b>	<b>0.780</b>	<b>0.950</b>	<b>3.641</b>
<b>Spend</b>	<b>0.024</b>	<b>0.178</b>	<b>0.019</b>	<b>0.409</b>	<b>0.630</b>
<b>Total Budget Available</b>	<b>1.046</b>	<b>0.663</b>	<b>0.761</b>	<b>0.541</b>	<b>3.011</b>

7.1

CARDIFF & VALE UNIVERSITY HEALTH BOARD

# Monthly Welsh Government Meeting Summary

Awaiting summary from Welsh Government

7.1

CARDIFF & VALE UNIVERSITY HEALTH BOARD

## Capital Management Group

### MAJOR CAPITAL PROJECT STATUS REPORT

7.1

21<sup>st</sup> May 2018

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

# Major Capital Projects

**UHW Neonatal Unit BJC 2 (CAJ9)**

**'Making a Difference' Rookwood Relocation (CAC4)**

**CRI Safeguarding (CEGL)**

7.1

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Major Capital Project Status Report

Project Title	UHW Neonatal Unit Phase 2
Project No	CAJ9
Capital Management Group	21 <sup>st</sup> May 2018

Description	
<p>The development has been expedited in response to the proposed configuration of services following public consultation relating to paediatrics, neonatal and obstetric care as part of the South Wales Programme (SWP).</p> <p>This configuration of services will increase the flow to UHW to accommodate specialist neonatal activity. Consequently, there is a need to increase the number of cots, at all levels of care, to accommodate the increased flow expected following the reconfiguration of neonatal services within Cwm Taf and Aneurin Bevan Health Boards, particularly around the closure of neonatal facilities at Royal Glamorgan Hospital.</p>	

Scheme Management		
Role	Name	Organisation
Project Lead	A Harris	Cardiff & Vale UHB
Project Director	G Walsh	Cardiff & Vale UHB
Project Manager	C Thomas	Gardner & Theobald
SRO		
IDM		
Cost Advisor	I Bolt	Mott MacDonald
Supervisor	D Allen	Pick Everard
Supply Chain Partner	D Pugh	Kier

Programme				
Stage	Description	Planned Completion	Current Forecast	Status
0	Business Justification Case			Completed
1	Full Business Case			
2	Design			
3	Tender & Contract (2 Stage)			
4	Construction			
	Phase 3	31/7/17	10/8/17	Completed
	Obs 1 (Duthie)	14/11/17	5/12/17	Completed
	Obs 2 (T2)	16/11/18	16/11/18	Commenced
	Phase 2a	7/12/18	3/4/19	Commenced

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

	Phase 2b	10/12/18	19/11/18 3/4/19	(anticipated) Pending
	MRI	22/02/19	05/7/19	Ongoing
5	Operational Commissioning			
6	Post Project Evaluation			

### Major Capital Project Status Report

Project Title	UHW Neonatal Unit Phase 2
Project No	CAJ9
Capital Management Group	21 <sup>st</sup> May 2018

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Progress Report																																		
1. Service Planning																																		
There are no outstanding service planning or Business Case activities																																		
2. Technical																																		
<p>A second Business Justification case (BJC2) for the completion of the Neonatal and Obstetrics works has been approved by Welsh Government. Approval, in the sum of £25,139,141.</p> <p>Furthermore, an addendum to BJC2, incorporating a new MRI facility in conjunction with the completion of the Neonatal scheme, has also been approved by Welsh Government. This increases the funding to £37,091,524.</p>																																		
<p>Design development and market testing status:</p> <ul style="list-style-type: none"> <li>• Phase 3 – Works completed.</li> <li>• Obs 1 (Duthie) – Works completed.</li> <li>• Obs 2 (T2) – Target cost recommendation made, awaiting approval.</li> <li>• Phase 2a, 2b &amp; MRI – Works ongoing.</li> </ul> <p>A detailed construction programme has been developed and establishes the following delivery milestones:</p> <table border="1"> <thead> <tr> <th></th> <th>Original Start Date</th> <th>Original Completion Date</th> <th>Actual Start Date</th> <th>Anticipated Completion Date</th> </tr> </thead> <tbody> <tr> <td><b>PHASE 3</b></td> <td>27-02-17</td> <td>10-08-17</td> <td>11.05.17</td> <td>10.08.17</td> </tr> <tr> <td><b>OBS 1</b></td> <td>22-05-17</td> <td>14-11-17</td> <td>15.05.17</td> <td>05.12.17</td> </tr> <tr> <td><b>OBS 2</b></td> <td>21-05-18</td> <td>16-11-18</td> <td>21-05-18</td> <td>16.11.18</td> </tr> <tr> <td><b>PH2A (Main works)</b></td> <td>09-07-18</td> <td>07-12-18</td> <td>09-07-18</td> <td>03.04.19*</td> </tr> <tr> <td><b>MRI (Incl 2B)</b></td> <td>31-07-17</td> <td>22-02-19</td> <td>31-07-17</td> <td>05.07.19</td> </tr> </tbody> </table>						Original Start Date	Original Completion Date	Actual Start Date	Anticipated Completion Date	<b>PHASE 3</b>	27-02-17	10-08-17	11.05.17	10.08.17	<b>OBS 1</b>	22-05-17	14-11-17	15.05.17	05.12.17	<b>OBS 2</b>	21-05-18	16-11-18	21-05-18	16.11.18	<b>PH2A (Main works)</b>	09-07-18	07-12-18	09-07-18	03.04.19*	<b>MRI (Incl 2B)</b>	31-07-17	22-02-19	31-07-17	05.07.19
	Original Start Date	Original Completion Date	Actual Start Date	Anticipated Completion Date																														
<b>PHASE 3</b>	27-02-17	10-08-17	11.05.17	10.08.17																														
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<b>OBS 2</b>	21-05-18	16-11-18	21-05-18	16.11.18																														
<b>PH2A (Main works)</b>	09-07-18	07-12-18	09-07-18	03.04.19*																														
<b>MRI (Incl 2B)</b>	31-07-17	22-02-19	31-07-17	05.07.19																														

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">2B Takeover date</td><td style="padding: 2px;">10-12-18</td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;">03.04.19</td></tr> </table>	2B Takeover date	10-12-18			03.04.19	7.1			
2B Takeover date	10-12-18			03.04.19					
<p>*Phase 2a take-over scheduled to be 19.11.18</p> <p>The initial construction phase of the works (Phase 3), being the refurbishment of C2 link corridor, is completed. Occupation of the area has taken place during w.c. 6/11/17.</p>									
<p>The development of Obstetrics 1 (Duthie) has been completed. Occupation took place 22/12/18</p>									
<p>Upon occupation of Obs 1 (Duthie), colorectal relocated from T2, which ward become winter bed facility for 2017/18.</p>									
<p>Decant strategy update:</p> <ul style="list-style-type: none"> <li>• An area of Children's Hospital has been refurbished to relocate staff from the ground floor of the Women's Unit.</li> <li>• Some residents of Duthie Library area relocated to the ground floor of the Women's Unit.</li> <li>• Palliative Care have been accommodated in a modular building situated on the elevated road adjacent to concourse.</li> <li>• Paeds Waiting Room has been reconfigured to take Radiology staff from first floor MRI unit.</li> <li>• Cancer Services office relocated from UGF to Peter Grey House.</li> <li>• Radiology waiting area vacated to allow demolition of the existing area.</li> <li>• IPC relocated to GF of Tower Block 2.</li> <li>• IVF Secure store moved into the room vacated by IPC.</li> <li>• Operations team moved to UGF of Tower Block 2.</li> <li>• C1 link staff relocated to Peter Grey House</li> <li>• Newborn Screening moved to Tower Block 2 UGF</li> </ul>									
<p>Phase 2A work has commenced.</p>									
<p>Demolition of existing foundations has been completed within the courtyard. Unforeseen asbestos and historic foundations have been discovered in the ground, contributing to 10 weeks delay to the programme.</p>									
<p>Piling has been completed. Unforeseen ground conditions impact on programme is 2 weeks 4 days delay.</p>									
<p>Construction of ground-floor slab commenced in courtyard. Offices on UGF above radiology have been demolished.</p>									
<p><b>3. Key Activities for the next month</b></p> <ul style="list-style-type: none"> <li>• Progression of ground-floor slab.</li> <li>• Asbestos removal C1 link corridor</li> <li>• Progression of Obs 2 works</li> </ul>									
<p><b>4. Key Issues / Red Flags</b></p> <ul style="list-style-type: none"> <li>• Timely appointment of MRI Supplier by 13.08.18</li> </ul>									

## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

5. Project Administration				
Type	New in Month	Total Raised	Total Resolved	Total Outstanding
Early Warning Notice – Section 1 (Ph.1A&B)	0	28	28	0
Compensation Event – Section 1 (Ph.1A&B)	0	42	42	0
Early Warning Notice – Section 2 (Ph.3)	0	12	12	0
Compensation Event – Section 2 (Ph.3)	0	9	9	0
Early Warning Notice – Section 3 (Obs.1)	0	16	16	0
Compensation Event – Section 3 (Obs.1)	0	26	25	1
Early Warning Notice – Section 4 (MRI Demol)	0	2	2	0
Compensation Event – Section 4 (MRI Demol)	0	11	11	0
Early Warning Notice – Section 5 (MRI Constr)	1	6	3	3
Compensation Event – Section 5 (MRI Constr)	4	12	6	6
Early Warning Notice (BJC2 Preconstruction)	0	89	89	0
Project Managers Instruction	1	91	91	0
Request for Quotation	0	1	1	0
Project Issue Form	6	115	111	4

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## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Major Capital  
Project Status Report

Project Title	UHW Neonatal Unit Phase 2
Project No	CAJ9
Capital Management Group	21 <sup>st</sup> May 2018

Project Issues			
Ref	Issue	Recommendation	Decision
1	Target Cost agreement	Approval of Target Cost for Obs 2	
2	MRI Supplier	Appointment required by 13.08.18	

Project Risk					
Ref	Risk	Owner	Due Date	Countermeasures	Probability Impact
1	Disruption	SCP		Liaison and mitigating methodology	H/M
2	Not giving vacant possession	C&V		Effect decant out of MRI to commence works	M/H
3	Affordability of Target Cost	C&V		Interrogate costs and consider value engineering measures	M/M
4	Inflationary increase on Obs2 Target Cost	C&V		Cost to be evaluated with price indices	H/M
5	Early orders storage	C&V		Monitor security conditions	M/H

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## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Overall Project Financial Performance						
Description	Approved BC	Adjustments to *BC	Adjusted *BC	Forecast - Out turn	Variance	Headline Comments
<b>Works Cost</b>					£0	
Main Contract	£18,914,228		£18,914,228	£18,914,228	£0	
Secondary Contract (if applicable)					£0	
<b>Fees</b>					£0	
SCP (if applicable and depending on Project Stage)	£2,130,259		£2,130,259	£2,130,259	£0	
Health Board			£0	£0	£0	
<b>Non- Works</b>	£836,813		£836,813	£836,813	£0	
<b>Equipment (Groups 2-4)</b>	£5,634,292		£5,634,292	£5,634,292	£0	
<b>Planning Contingency</b>	£4,127,339		£4,127,339	£4,127,339	£0	
SCP (if applicable and depending on Project Stage)					£0	
Health Board			£0	£0	£0	
<b>VOP Inflation (if applicable)</b>			£0	£0	£0	
<b>Other: Projected Gain Share</b>			£0	£0	£0	
<b>VAT (Inc and Reclaim if applicable)</b>	£5,448,593		£5,448,593	£5,448,593	£0	
<b>Total</b>	£37,091,524	£0	£37,091,524	£37,091,524	£0	
Cost Summary Report						
Forecast out turn figures per Mott Macdonald 9/12/16						

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## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Approved Budget						In Year Cashflow						
	Original Approved Budget	Inflation	Revised Approved Budget	Revised Expenditure Profile	Variance	Period	Original CRL	Latest CRL	Actual	Forecast	Variance	Cumulative Variance
Contract Sum	18,914,228		18,914,228	18,914,228	0	Apr-17	124,067		122,895		-1,172	0
Fee			0	0	0	May-17	48,949					0
Works			0	0	0	Jun-17	281,457					0
Fees	2,130,259		2,130,259	2,130,259	0	Jul-17	868,258					64,835
Non-Works	836,813		836,813	836,813	0	Aug-17	1,790,535					21,280
Equipment	5,634,292		5,634,292	5,634,292	0	Sep-17	2,035,322					179,790
Quantified Risk	4,127,339		4,127,339	4,127,339	0	Oct-17	2,122,195					71,177
VAT	5,448,593	0	5,448,593	5,448,593	0	Nov-17	1,869,218					-603,588
<b>Out-turn Cost</b>	<b>37,091,524</b>	<b>0</b>	<b>37,091,524</b>	<b>37,091,524</b>	<b>0</b>	Dec-17	1,655,477					-1,204,519
<b>Comments:</b>						Jan-18	1,015,510					-1,284,830
£25.139m approved 22/12/16 & an additional £11.952m on 8/2/17						Feb-18	1,060,658					-2,216,514
						Mar-18	6,852,354					156,220
						Sub-Total		122,895	0			
						Total	19,724,000	0	122,895	-1,172	-1,172	
<b>Performance against CRL to date</b>												
	Pre 2018/19		2018/19	Future Years		Total						
	£'000		£'000	£'000		£'000						
Actual/Requested Funding Profile	17,368		19,724	0		37,092						
Actual Expenditure to Date	17,624											
<b>Comments:</b>												
The Forecast expenditure for the year is per Mott Macdonald May 9th 2018												

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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Major Capital Project Status Report

Project Title	'Making a Difference' Rookwood Relocation
Project No	CAC4
Capital Management Group	21 <sup>st</sup> May 2018

Description	
To provide accommodation to support the future configuration of specialist neuro and spinal rehabilitation at University Hospital Llandough and elderly care services at St David's Hospital in Cardiff, thus enabling the Rookwood Hospital Charity to dispose of the Rookwood Hospital Site.	
The project also takes account of the investment required that underpins and facilitates the implementation of these developments by relocating some other services to facilities better suited to supporting their models of care across other areas of the existing UHB estate to release the space required.	

Scheme Management		
Role	Name	Organisation
Project Lead	A Harris	Cardiff & Vale UHB
Project Director	G Walsh	Cardiff & Vale UHB
Project Manager	S Williams	Gleeds
SRO		
IDM		
Cost Advisor	N Watkins	Gleeds
Supervisor	N Hadfield	Gleeds
Supply Chain Partner	I James	Willmott Dixon

Programme				
Stage	Description	Planned Completion	Current Forecast	Status
0	Outline Business Case	Oct 2016	Oct 2016	Completed
1	Full Business Case (updated)	End Dec 2016	April 2018	Ongoing
2	Design			
3	Tender & Contract (2 Stage)			
4	Construction			
5	Operational Commissioning			
6	Post Project Evaluation			

Notes

7.1

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

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### Major Capital Project Status Report

Project Title	'Making a Difference' Rookwood Relocation
Project No	CAC4
Capital Management Group	21 <sup>st</sup> May 2018

Progress Report
<b>1. Service Planning</b> The Full Business Case (FBC) is currently being developed and it is anticipated that this will now be completed by April 2018 consequent to the confirmation of the revenue status of the case and sign off by the Business Case Approval Group.
<b>2. Technical</b> Approval of OBC and award of funding to develop the Rookwood Relocation FBC having been received on 18th August 2015, work to compile the FBC was completed and the document was submitted to Welsh Government in June 2017.  C&V UHB have received confirmation of funding for safeguarding works at CRI (asbestos removal, dry rot etc).  As advised at June 2017 CMG, C&V UHB were advised by the SCP that they no longer wished to undertake the works.  Discussions with Welsh Government have determined that it will be a requirement to provide a market tested cost of Rookwood Relocation works with the replacement Contractor.  With the approval of Welsh Government and Shared Services, in light of technical difficulties in appointing from Designed for Life framework, approval has been given to appoint a Contractor from a National Framework.  Meetings conducted to receive / hand-over historic project design information. Replacement contractor gaining familiarity with the scheme through review of documentation and site visits. Delivery programme received from the replacement Contractor.  Market tested not-to-exceed cost received and verified by Cost Advisor.  FBC was submitted to Welsh Government on 3 <sup>rd</sup> May 2018.  Design and market testing ongoing to establish Target Cost by the end of May 2018
<b>3. Key Activities for the next month</b> <ul style="list-style-type: none"> <li>• Answer scrutiny questions</li> </ul>

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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

• Establish Target Cost				
4. Key Issues / Red Flags				
• Target cost agreement within not-to-exceed cost				
5. Project Administration				
Type	New in Month	Total Raised	Total Resolved	Total Outstanding
CEs	2	8	7	1
EWNs	0	4	4	0
PMIs	0	2	2	0
RFQ's	0	0	0	0
PIF's	2	7	6	1

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## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Major Capital  
Project Status Report

Project Title	'Making a Difference' Rookwood Relocation
Project No	CAC4
Capital Management Group	21 <sup>st</sup> May 2018

Project Issues			
Ref	Issue	Recommendation	Decision
1	Target cost	Establish Target Cost within not-to-exceed figure	

Project Risk					
Ref	Risk	Owner	Due Date	Countermeasures	Probability Impact
1	Maintaining existing Rookwood Site	C&V UHB		Costs have been obtained to undertake remedial to sustain the site for a further 2/3 years. Discussion ongoing with WG	
2	Market tested cost inflates	C&V UHB		Works package cost monitoring	

7.1

## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Overall Project Financial Performance						
Description	Approved BC	Adjustments to *BC	Adjusted *BC	Forecast - Out turn	Variance	Headline Comments
<b>Works Cost</b>						
Main Contract	£8,678,145		£8,678,145	£18,400,380	-£9,722,235	
Secondary Contract (if applicable)					£0	
<b>Fees</b>						
SCP (if applicable and depending on Project Stage)	£1,518,118		£1,518,118	£2,085,469	-£567,351	
Health Board			£0	£1,033,120	-£1,033,120	
<b>Non- Works</b>	£4,818,584		£4,818,584	£2,770,024	£2,048,560	
<b>Equipment (Groups 2-4)</b>	£616,784		£616,784	£518,657	£98,127	
<b>Planning Contingency</b>	£1,195,196		£1,195,196	£1,430,856		
SCP (if applicable and depending on Project Stage)			£0	£0	£0	
Health Board			£0	£0	£0	
<b>VOP Inflation (if applicable)</b>			£0	£0	£0	
<b>Other: Projected Gain Share</b>			£0	£0	£0	
<b>VAT (Inc and Reclaim if applicable)</b>	-£482,725		-£482,725	£3,745,508	-£4,228,233	
<b>Total</b>	£16,344,102	£0	£16,344,102	£29,984,014	-£13,404,252	
Cost Summary Report						
The budgeted figures those per the approved OBC . The forecast out-turn is per the submitted FBC Due to Laing O'Rourke pulling out of the scheme, target costs are currently being updated in conjunction with Wilmott Dixon.						

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## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Approved Budget						In Year Cashflow						
	Original Approved Budget	Inflation	Revised Approved Budget	Revised Expenditure Profile	Variance	Period	Original CRL	Latest CRL	Actual	Forecast	Variance	Cumulative Variance
Contract Sum			0	0	0	Apr-18	0	0	0		0	0
Fee			0	0	0	May-18	0	0	0		0	0
Works			0	0	0	Jun-18	0	0	0		0	0
Fees			0	0	0	Jul-18	0	0	0		0	0
Non-Works			0	0	0	Aug-18	0	0	0		0	0
Equipment			0	0	0	Sep-18	0	0	0		0	0
Quantified Risk			0	0	0	Oct-18	0	0	0		0	0
VAT			0	0	0	Nov-18	0	0	0		0	0
<b>Out-turn Cost</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	Dec-18	0	0	0		0	0
<u>Comments:</u>												
Performance against CRL to date												
		Pre 2018/19	2018/19	Future Years	Total	Period	Original CRL	Latest CRL	Actual	Forecast	Variance	Cumulative Variance
		£'000	£'000	£'000	£'000	Sub-Total			0	0		
Actual/Requested Funding Profile		3,244	0	27,637	30,881	Total	0	0	0	0	0	0
Actual Expenditure to Date		3,116										
<u>Comments:</u>												
Until the full business case is approved any expenditure incurred is being underwritten by Discretionary Capital.												

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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Major Capital Project Status Report

Project Title	CRI Safeguarding Works
Project No	CEGL
Capital Management Group	21 <sup>st</sup> May 2018

Description	
<p>The remediation and stabilization works concentrates on Blocks 14 &amp; 14a at Cardiff Royal Infirmary (CRI).</p> <p>The work entails protecting the fabric of the grade 2 listed building, making the area suitable to accommodate therapy services as part of the 'Re-provision of Specialist Neuro and Spinal Rehabilitation Services from Rookwood Full Business Case' and to provide accommodation that is suitable for any longer term developments aligned to the Shaping Our Future Well-being in the Community programme.</p>	

Scheme Management		
Role	Name	Organisation
Project Lead	A Harris	Cardiff & Vale UHB
Project Director	G Walsh	Cardiff & Vale UHB
Project Manager	S Williams	Gleeds
SRO		
IDM		
Cost Advisor	N Watkins	Gleeds
Supervisor	N Hadfield	Gleeds
Supply Chain Partner	I James	Willmott Dixon

Programme				
Stage	Description	Planned Completion	Current Forecast	Status
0	Outline Business Case			
1	Full Business Case	July 2016	Jan 2018	
2	Design			
3	Tender & Contract (2 Stage)			
4	Construction	24/08/18	24/08/18	
5	Operational Commissioning			
6	Post Project Evaluation			

Notes

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Major Capital Project Status Report

Project Title	CRI Safeguarding Works
Project No	CEGL
Capital Management Group	21 <sup>st</sup> May 2018

Progress Report	
6. Service Planning	The Business Case has been approved by Welsh Government and funding received.
7. Technical	<p>It was determined by Capital Management Group in July 2017 that Willmott Dixon Construction Limited (WDCL) be appointed, from the SCAPE national construction framework, to progress the CRI Safeguarding and Rookwood Relocation Projects in lieu of Laing O'Rourke Construction Limited (LOR), who had taken the commercial decision not to proceed with the schemes.</p> <p>Subsequent to appointment WDCL have undertaken a market testing exercise, at the behest of Welsh Government to establish the works cost. This exercise was undertaken with works packages being re-negotiated where possible, namely when LOR lowest tender sub-contractors were common to WDCL supply chain and packages being re-tendered where the preferred LOR sub-contractors were not on WDCL supply chain.</p> <p>During the time lapse since LOR withdrawal, discussions have been ongoing with Cardiff City Council to collaborate on a project utilising the CRI Chapel, to house cross-public sector services. WG have indicated their approval for safeguarding works to the building envelope of the Chapel being incorporated into the scope of the CRI Safeguarding works to be funded by the proceeds from the sale of Longcross House.</p> <p>The re-tendering exercise has been completed by WDCL and verified by Gleeds Cost Advisors acting on behalf of C&amp;VUHB.</p> <p>The present overall project cost is calculated as being £2,928,140 (incl VAT) against the original funding allocation of £2,148,838 (incl VAT), representing a funding shortfall of £499,302 (incl VAT).</p> <p>Construction ongoing with asbestos removal, demolition works, stone cleaning and window repairs.</p>
8. Key Activities for the next month	<ul style="list-style-type: none"> <li>• Progression of window replacement</li> <li>• Stained glass window repair to Chapel</li> </ul>
9. Key Issues / Red Flags	<ul style="list-style-type: none"> <li>• Asbestos remediation</li> </ul>
10. Project Administration	

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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

Type	New in Month	Total Raised	Total Resolved	Total Outstanding
CEs	1	7	7	0
EWNs	2	8	7	1
PMIs	0	1	1	0
RFQ's	3	4	0	4
PIF's	1	6	6	0

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## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Major Capital Project Status Report

Project Title	CRI Safeguarding Works
Project No	CEGL
Capital Management Group	21 <sup>st</sup> May 2018

Project Issues			
Ref	Issue	Recommendation	Decision
1	Asbestos remediation	Additional testing being undertaken	

Project Risk					
Ref	Risk	Owner	Due Date	Countermeasures	Probability Impact
	Planning conditions	C&VUHB		Dialogue with Planning Authority	H/H
	Drainage	C&VUHB		Surveys undertaken	M/H
	Rising damp	C&VUHB		Ground floor construction to address	H/H
	End User changes	C&VUHB		Liaison with Cardiff City Council to ascertain aspirations	H/H

7.1

## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Overall Project Financial Performance						
Description	Approved BC	Adjustments to *BC	Adjusted *BC	Forecast - Out turn	Variance	Headline Comments
<b>Works Cost</b>						
Main Contract	£1,522,856		£1,522,856	£2,181,558	-£658,702	
Secondary Contract (if applicable)					£0	
<b>Fees</b>						
SCP (if applicable and depending on Project Stage)	£101,000		£101,000	£186,275	-£85,275	
Health Board			£0	£0	£0	
<b>Non- Works</b>			£35,000	£15,931	£19,069	
<b>Equipment (Groups 2-4)</b>		£0		£0	£0	
<b>Planning Contingency</b>		£225,000		£129,000	£96,000	
SCP (if applicable and depending on Project Stage)					£0	
Health Board			£0	£0	£0	
<b>VOP Inflation (if applicable)</b>				£0	£0	
<b>Other</b>				£0	£0	
<b>VAT (Inc and Reclaim if applicable)</b>	£264,982		£264,982	£215,321	£49,661	
<b>Total</b>	£2,148,838	£0	£2,148,838	£2,728,085	-£579,247	
Cost Summary Report						

7.1

## CARDIFF &amp; VALE UNIVERSITY HEALTH BOARD

Approved Budget					
	Original Approved Budget	Inflation	Revised Approved Budget	Revised Expenditure Profile	Variance
Contract Sum	1,522,856		1,522,856	2,181,558	658,702
Fee			0	0	0
Works			0	0	0
Fees	101,000		101,000	186,275	85,275
Non-Works	35,000		35,000	15,931	-19,069
Equipment			0	0	0
Quantified Risk	225,000		225,000	129,000	-96,000
VAT	264,982	0	264,982	215,321	-49,661
<b>Out-turn Cost</b>	<b>2,148,838</b>	<b>0</b>	<b>2,148,838</b>	<b>2,728,085</b>	<b>579,247</b>

Comments:

Performance against CRL to date				
	Pre 2017/18	2017/18	Future Years	Total
	£'000	£'000	£'000	£'000
Actual/Requested Funding Profile	1,601	548	0	2,149
Actual Expenditure to Date	1,629			

In Year Cashflow						
Period	Original CRL	Latest CRL	Actual	Forecast	Variance	Cumulative Variance
Apr-18	158,373	0	158,373	0	0	0
May-18	282,360	0	0	0	0	0
Jun-18	107,267	0	0	0	0	0
Jul-18	0	0	0	0	0	0
Aug-18	0	0	0	0	0	0
Sep-18	0	0	0	0	0	0
Oct-18	0	0	0	0	0	0
Nov-18	0	0	0	0	0	0
Dec-18	0	0	0	0	0	0
Jan-19	0	0	0	0	0	0
Feb-19	0	0	0	0	0	0
Mar-19	0	0	0	0	0	0
<b>Sub-Total</b>			<b>158,373</b>	<b>0</b>		
<b>Total</b>	<b>548,000</b>	<b>0</b>	<b>158,373</b>	<b>0</b>	<b>0</b>	<b>0</b>

Comments:

The Forecast expenditure for the year is per Gleeds 11/5/18. The projected overspend will be covered by the UHB's discretionary programme.

CARDIFF & VALE UNIVERSITY HEALTH BOARD

Capital Management Group

DISCRETIONARY CAPITAL  
PROJECT STATUS REPORT

7.1

21<sup>st</sup> May 2018

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

Committee	Capital Management Group
Committee Date	21 <sup>st</sup> May 2018
Report Author (s)	Tony Ward
Date Written	16 <sup>th</sup> May 2018

**Title of Report:** Discretionary Capital Update Report

**Purpose of Report**

The purpose of the report is to provide the Capital Management Group with a summary on the current status of the projects included in the Health Boards Discretionary Capital Programme.

In addition the report will identify key issues for which approval will be required to allow the various Project Teams to proceed.

The Cardiff & Vale UHB discretionary capital program currently reporting a breakeven position.

7.1

### Discretionary Capital Programme and Additional Schemes Allocation

Category	Funding £m
<b>Approved Allocation</b>	
Discretionary Capital	<b>12.974</b>
<b>Sub Total</b>	<b>12.974</b>
<b>Unapproved Allocation</b>	
<b>Sub Total</b>	<b>0.000</b>
<b>Land Disposal &amp; Acquisitions</b>	
Amy Evans	<b>0.260</b>
Colcott	<b>0.150</b>
Carbon Reduction Credits	<b>0.208</b>
Renal Spend 17/18	<b>0.053</b>
Anti Lig Spend 17/18	<b>0.044</b>
<b>Sub Total</b>	<b>0.715</b>
<b>Overall Funding</b>	<b>13.689</b>

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Discretionary Capital and Additional Schemes – Expenditure

Item	Original Out-turn £m	Adjustments Out-turn £m	Latest Out-turn £m	Orders Raised £m	Orders Received £m
Scheme B/F	1.164	0.000	1.164	0.703	0.000
Annual Commitments	1.620	0.000	1.620	0.151	0.151
IMTP	2.045	0.000	2.045	0.004	0.004
IM&T	0.250	0.000	0.250	0.000	0.000
Medical Equipment	0.500	0.000	0.500	0.000	0.000
Statutory Compliance	2.800	0.000	2.800	0.389	0.024
Other	2.400	0.000	2.400	0.901	0.055
Unallocated	1.291	0.000	1.291	0.000	0.000
Contingency	0.500	0.000	0.500	0.000	0.000
Interventional Radiology	0.569	0.000	0.569	0.000	0.000
CRI Wards 14 and 14a	0.550	0.000	0.550	0.000	0.000
	<b>13.689</b>	<b>0.000</b>	<b>13.689</b>	<b>2.148</b>	<b>0.234</b>

7.1

### Refurbishment Programme

Refurbishments	Completion Date	Comment
UHL East 1 (phase 3)	June	On Site
Paeds South decant	July	Design
Paeds South (winter beds)	November	Design
Ward & Bathroom refurb A2	October	Design
ISO Lab	June	On Site
Temporary Lift concourse	June	On Site
Unit 1 & Unit 6	September	Design
DOSA & Theatre 7	May/June	On site
Aroma Concourse	July	Tender
Link Block 5 Roof	July	On Site
Latch Rainbow	Sept	Mobilisation
Latch Bathroom	June	Site
B Block Lifts	May/June	On site
Sub Station 3	August	Build works off site
Lift Replacement Phase 2	Oct/April	Build works off site
Concourse new lift		Design
Rookwood main boiler rep	June	Build work off site
Peter Grey Office Acc	May	Complete
Eye Clinic AHU Replacement	May	On Hold
Panel Pumping Station 1 & 3	September	On Site

#### Ward Bathroom refurbishment

Tender being put together for Wards A2, Wards A1 & Wards A6.  
A2 being priority.

# CARDIFF & VALE UNIVERSITY HEALTH BOARD

## Property Disposal

Capital And Vale UHB												
Capital, Estates & Facilities												
Property Disposal as at 01/04/18												
Site	Notes	NBV	NBV	OMV	OMV	Profit	Impairment	Revenue		Capital		
		Land £m	Build £m	Land £m	Build £m	£m		18-19 £m	19-20 £m	18-19 £m	19-20 £m	
In Progress												
Amy Evans		0.035	0.513	0.260	0.000	0.225	-0.513	0.225			0.035	
Colcott		0.060	0.086	0.150	0.000	0.090	-0.086	0.090			0.060	
Total In Progress		0.095	0.599	0.410	0.000	0.315	-0.599	0.315	0.000	0.095	0.000	

7.1

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

# Capital Management Group

7.1

## ESTATE COMPLIANCE PROGRAMME STATUS REPORT

21<sup>st</sup> MAY 2018

The purpose of the report is to provide the Capital Management Group with a summary on the current status of the Estate Compliance Programme.

**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**

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

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

In addition the report will identify key issues for which approval will be required.

2017-18					
Category	Surveys	Revenue	Remedial Works	Other £m	Total £m
Mechanical Surveys	0.800				
Electrical Surveys	0.144				
Building Surveys	0.105				
Mechanical Estates Revenue		0.282			
Electrical Estates Revenue		0.360			
Building Estates Revenue		0.137			
Mechanical Approved Works			0.283		
Electrical Approved Works			0.771		
Building Approved Works			0.031		
Dedicated Team				0.200	
Asbestos Works (400k)				0.519	
Fees					
Other			0.007		3.641
Fire (200k = 147k Surv, 53k Rem)					
<b>Total Funding</b>	<b>1.070</b>	<b>0.841</b>	<b>0.780</b>	<b>0.950</b>	<b>3.641</b>
<b>Spend</b>	<b>1.049</b>	<b>0.779</b>	<b>1.092</b>	<b>0.719</b>	<b>3.639</b>
<b>Total Budget Available</b>	<b>0.021</b>	<b>0.062</b>	<b>-0.312</b>	<b>0.231</b>	<b>0.002</b>

7.1

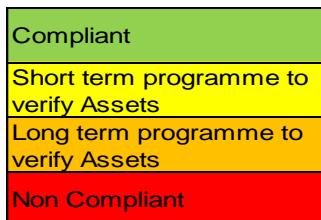
### Progress of 44 Elements of Statutory Compliance

Compliant	23
Non-Compliant	21
Long Term Contracts (4 years plus for all sites)	16
Rolling Programme	5

### Position Detail

No.	COMPLIANT		Long term Contract	No.	NON - COMPLIANT		Completion Date
	Description	Rating			Description	Rating	
1	Legionella (RO Plant)	Yes		1	Legionella (annual)	Red	Sep-18
2	Medical Gas	Yes		2	Ventilation/AHU (Smoke Dampers)	Yellow	Apr-20
3	Fire Doors compliance check			3	Ventilation/AHU (Fire Dampers)	Yellow	Apr-20
4	Annual asbestos survey and re-inspections			4	Insurance	Yellow	Dec-17
5	Periodic Inspections	Yes		5	Sprinklers	Red	Feb-18
6	Dry Risers & Hydrants			6	Emergency Lighting	Yellow	Dec-20
7	High Voltage	Yes		7	Legionella risk assessments	Yellow	Apr-18
8	Generators	Yes		8	Ventilation/AHU Verification (Intake Cleaning)	Yellow	Feb-18
9	Fire Hoses			9	Steam	Yellow	Apr-18
10	Fire Alarms	Yes		10	Fume Cupboards/Safety Cabinets	Yellow	Dec-17
11	Ventilation/AHU (annual)	Yes		11	Fire Suppression	Yellow	Dec-17
12	Gas Safety (inc proving)	Yes		12	Automatic Doors	Yellow	Dec-17
13	Fire Extinguishers			13	Bed Heads	Yellow	Apr-18
14	Air conditioning units/chillers	Yes		14	IPS	Yellow	Dec-17
15	Commercial Kitchen	Yes		15	Lifts	Yellow	Dec-18
16	Kitchen Canopy & Ductwork: Main	Yes		16	HeliPad Fire Protection	Yellow	Dec-17
17	Kitchen Canopy & Ductwork: Ward	Yes		17	Sterile Services	Yellow	Apr-18
18	BMS Controls	Yes		18	Chimney	Yellow	Apr-18
19	Emergency Backup (UPS)	Yes		19	Nurse Call	Yellow	Dec-17
20	Patient Hoist	Yes		20	Local Extract (workshop equipment, suites etc)	Yellow	Dec-17
21	Lightning Conductors			21	Legionella (Audits)	Yellow	Dec-17
22	Pools			22			
23	PAT Testing	Yes		23			
				24			

## CARDIFF & VALE UNIVERSITY HEALTH BOARD



OJEU contract for Legionella now out to tender.

Emergency lighting OJEU contract preparation for procurement

### Risks

#### Legionella Risk Assessments

Risk Assessment 85% complete.  
Remedial works being assessed.

7.1

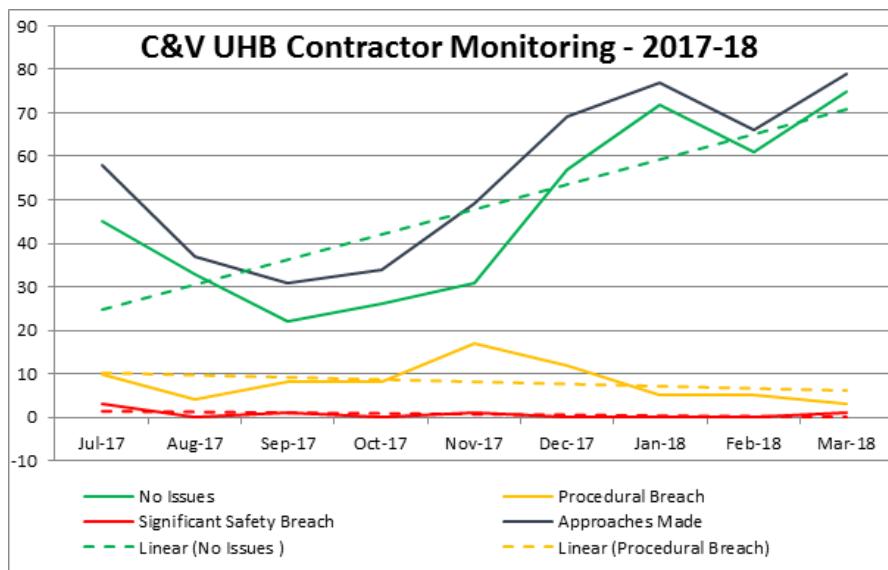
#### Compliance Software

Initial start-up meeting to be held on 19<sup>th</sup> April..

### Health & Safety

#### Contractor Control

The monitoring of contractors on site as continued during March. There were 79 approaches made. The overall trend still remains positive. There was 1 red card issued in March. There were 3 recorded procedural breaches during March (a decrease of 2 on Februarys figure). And a slight increase on the number of overall approaches made.



## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### Divisional risk register

Awaiting confirmation of overall Risk Register format is decided, then further departmental Risk Registers and their supporting summary document will be included

### Asbestos

#### Regulation 18 Areas

Asbestos Regulation 18 areas, No changes.



Regulation 18 Area

7.1

## CARDIFF & VALE UNIVERSITY HEALTH BOARD

### WELSH GOVERNMENT MINUTES & APPROVAL LETTER

#### Minutes

Minutes not yet available

#### Approval Letters



7.1

## Regulation 18 - Asbestos Areas (Respirator areas) - version 19 - updated 12/10/17

Site	Location	Access by Category B trained personnel	Planned Physical Work	Emergency Work	Permit to Access	Air Monitoring Required	1 Hour Rule
UHW	PPS 1 (main plant area)	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Basement high level soffits / pipe work and services (various areas)	Rooms below can be accessed normally. PPE/RPE required for accessing high level services.	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Basement floor trenches	Rooms below can be accessed normally. PPE/RPE required for accessing trench.	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Physiotherapy tunnels - LGF04 & LGF08	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	B Block lift riser cupboard (adj. to lift 15)	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
Whitchurch	Tunnels	PPE/RPE required to access area via airlock system in basement	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Estates large store (old boiler room)	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
CRI	Building 7 - 2nd floor loft space	Rooms below can be accessed normally. PPE/RPE required for accessing loft space.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Blocked up sections of basement tunnels	Not readily accessible. Entrances blocked up. PPE/RPE required to access.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Building 10 - first and second floor ceiling and floor voids	Rooms can be accessed normally. PPE/RPE required for accessing voids and risers.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Building 14 - entrance corridor	PPE/RPE required to access area	Yes - most work done by LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
	Building 14 - external plant rooms	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Coronation plantroom (basement) and adjacent duct	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Links Centre - basement plant room	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
Rookwood	Ducts and undercrofts	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Undercroft below John Pathy	No access!!!!!!	All work to be undertaken by a LARC under fully controlled conditions	All work to be undertaken by a LARC under fully controlled conditions	N/A	Yes	N/A
	Floor ducts in X Ray	Rooms can be accessed normally. PPE/RPE required for opening floor ducts.	Yes - all work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
Dental Hospital	Ceiling Voids / Risers	Rooms can be accessed normally. PPE/RPE required for accessing voids and risers.	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
Lansdowne Community Building	Loftspace	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Cat B or LARC dependent on task	Yes	Yes	Yes
UHL	Crawlways leading off main basement tunnels	PPE/RPE required to access area	Yes - most work done by LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Ward West 2 (main area)	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Yes - All work done by LARC	Yes	Yes	Yes
	Loft spaces above Catering & Admin (rear loft and central square)	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Yes - most work done by LARC	Yes	Yes	Yes
	Ward East 2 (main area)	PPE/RPE required to access area	Routine maintenance can be done with Cat B training. Anything intrusive to be done by a LARC	Yes - most work done by LARC	Yes	Yes	Yes

Reg 18 CAR 12: areas designated as Asbestos Areas under Regulation 18, Control of Asbestos Regulations 2012 and subject to access control measures managed by Estates

Access by Category B Personnel: transiting through the area, fault finding, inspection of plant / equipment

Planned Physical Work: use of tools on cables/pipes etc equipment and building elements.

Emergency work: repair or stabilisation of a service or building element failure where response is required immediately and the fault is identified as being within the controlled location

LARC: Licensed Asbestos Removal Contractor (Shield to be contacted for emergency work on 02920 448 040 - Mon - Fri 0900-1700hrs or 07788 318 016 out of hours)

AMT: Asbestos Management Team (02920 742720 or 07641 134 224)

## Downgraded or Removed

Site	Area	Change	Caveats	Future Work Limitations
UHW	PPS 4	Friable ACM's removed	Encapsulated ACMs remain (pipework, sections of wall etc)	No drilling or disturbance of encapsulated surfaces without involvement of AMT
	PPS 2	Friable ACM's removed	The ceiling, large sections of wall and all plant have been encapsulated	Any intrusive or significant work should involve the AMT
	PPS 3	Friable ACM's removed	Pipework and some sections of wall (behind fixed plant) are encapsulated	Work on pipework, encapsulated valves or removal of fixed plants will require involvement of AMT. Minor or less intrusive tasks can be done independently by Estates.
CRI	House 54 - basement plant room	Friable ACM's removed	Walls and floors encapsulated	N/A. No plant left in area.
UHL	Corridor adj. To Ward West 4	ACM's removed	No caveats	No restrictions on future work.
	Ward West 2 Hub Room and adj. Corridor	ACM's removed	No caveats	No restrictions on future work.
	Ward East 2 Hub room and adj. Corridor	ACM's removed	No caveats	No restrictions on future work.
	Corridor adj. To Ward West 4	ACM's removed	No caveats	No restrictions on future work.

**7.2**

<b>HIGH LEVEL PERFORMANCE DASHBOARD</b>	
<b>Name of Meeting :</b> Strategy & Delivery Committee	<b>Date of Meeting</b> 5 <sup>th</sup> June 2018
<b>Executive Lead :</b> Chief Operating Officer	
<b>Author :</b> Assistant Chief Operating Officer – 02920 744120	
<b>Caring for People, Keeping People Well:</b> This report is a summary of performance against key operational performance targets, which underpin the Sustainability and Service Priorities elements of the Health Board's strategy.	
<b>Financial impact:</b> Not applicable – this report provides an update on performance against key operational performance measures	
<b>Quality, Safety, Patient Experience impact:</b> Timely and effective access to unplanned and planned services is integral to the delivery of safe clinical care and good patient experience	
<b>Health and Care Standard Number</b> 1 and 5.1	
<b>CRAF Reference Number</b> 5.3	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

8

## ASSURANCE AND RECOMMENDATION

### ASSURANCE

- is provided by:
- The development of an IMTP delivery dashboard outlining performance against a range of key operational performance targets
  - The Board receives a full Performance Report outlining the UHBs current level of performance against 60 performance measures.

### The Strategy and Delivery Committee is asked to:

- NOTE: 2017-18** performance and 2018-19 year to date performance against key operational performance targets.

## SITUATION

Timely and effective access to unplanned and planned care is integral to the delivery of the Health Board's strategy "Caring for people, keeping people well". The purpose of this paper is to provide a summary of 2017/18 and 2018/19 year to date performance against key operational performance targets.

## BACKGROUND

A full Performance Report is presented to the Board on the Health Board's performance against the Welsh Government's Outcome Framework and other priority measures, including actions being taken to improve performance. This report for the Strategy and Delivery Committee provides a high level summary

of end of year (2017/18) and year to date (2018/19) performance against key operational performance targets.

## ASSESSMENT AND ASSURANCE

The tables in Appendix 1a and 1b provide a high level summary of the Health Board's performance for 2017-18 against key operational performance targets. The tables in Appendix 2a and 2b provide the year to date performance for 2018/19. Actual performance is shown against both Welsh Government targets and the delivery profiles set out in the Health Board's Integrated Medium Term Plan.

A verbal assessment will be provided to the Committee on year-end and year to date performance against Welsh Government targets and the delivery profiles as set out in the Health Board's Integrated Medium Term Plan.

**Appendix 1a****Performance against key operational performance targets****Unscheduled Care: April 2017 to March 2018**

2017/18		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Unscheduled Care</b>													
	IMTP 17/18 profile	87.0%			87.0%			90.0%			87.0%		
EU waits - 4 hours (95% target)	17/18 Actual - Monthly	87.9%	84.3%	85.0%	86.0%	86.9%	86.6%	83.4%	85.2%	82.1%	80.6%	75.1%	80.3%
	17/18 Actual - Qty	85.7%			86.5%			83.6%			78.7%		
	IMTP 17/18 profile	100			100			100			175		
EU waits - > 12 hours (0 target)	17/18 Actual - Monthly	13	60	47	10	8	23	80	37	91	200	290	207
	17/18 Actual - Qty	120			41			208			697		
	IMTP 17/18 profile	370			370			739			924		
Ambulance handover > 1 hour (number)	17/18 Actual	163	281	207	77	91	168	302	188	319	430	535	344
	IMTP 17/18 profile	70.0%			70.0%			70.0%			70.0%		
Ambulance - 8 mins red call (65% target)	17/18 Actual	86.5%	82.9%	86.6%	86.6%	84.3%	84.5%	83.1%	77.5%	78.1%	78.2%	75.8%	78.9%
Delayed Transfers of Care	17/18 Actual	77	76	60	51	54	48	54	53	38	41	46	47
<b>Stroke</b>													
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 60.2%)	IMTP 17/18 profile	60.0%			60.0%			60.0%			60.0%		
	17/18 Actual	67.5%	62.3%	42.6%	48.6%	53.3%	57.1%	44.9%	48.7%	45.1%	21.1%	43.5%	48.60%
2 - % of patients who receive a CT scan within 12 hours (Target = 94.3%)	IMTP 17/18 profile	96.0%			96.0%			96.0%			96.0%		
	17/18 Actual	97.8%	98.3%	98.0%	100.0%	96.8%	100.0%	98.1%	95.2%	100.0%	90.3%	95.9%	97.4%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 82.9%)	17/18 Actual	86.7%	86.2%	76.0%	77.5%	95.2%	92.2%	92.5%	73.8%	72.2%	77.4%	85.7%	78.9%
Time 2b - Thrombolyzed patients door to needle <=45 mins (Target = reduction - 12 month trend)	17/18 Actual	12.5%	10.0%	40.0%	33.3%	40.0%	30.0%	0.0%	25.0%	12.5%	14.3%	66.7%	14.3%

**Appendix 1b****Performance against key operational performance targets****Planned Care: April 2017 to March 2018**

2017/18		April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Planned Care</b>													
RTT - 36 weeks (Target = 0)	IMTP 17/18 profile		1,173		1,098			1,023			800 * (Revised)		
	17/18 Actual	2,754	3,095	1,134	3,002	3,512	1,053	3,340	3,305	1,012	2,933	2,921	783
RTT - 26 weeks (Target = 95%)	IMTP 17/18 profile		86%		86%		86%		86%		87%-88% * (Revised)		
	17/18 Actual	84%	84%	86%	86%	84%	83%	84%	85%	85%	85%	86%	87%
31 day NUSC cancer (Target = 98%)	IMTP 17/18 profile		98.0%		98.0%			98.0%			98.0%		
	17/18 Actual	98.48%	98.85%	97.62%	100.00%	100.00%	94.20%	100.00%	98.80%	98.80%	98.25%	100.00%	95.52%
62 day USC cancer (Target = 95%)	IMTP 17/18 profile		90.0%		90.0%			91.0%			92.0%		
	17/18 Actual	90.53%	91.75%	85.06%	95.56%	88.35%	83.53%	90.99%	89.74%	85.71%	86.79%	82.11%	87.00%
62 day USC cancer (Target) - Quarterly cumulative	IMTP 17/18 profile		89.25%		88.72%			88.9%			85.4%		
	17/18 Actual												
Diagnostics > 8 weeks (Target = 0)	IMTP 17/18 profile (revised)		1,837		1,770			1,703			998 * (Revised)		
	17/18 Actual	1,969	1,915	1,642	1,651	2,005	1,970	1,850	2,070	1,869	1,822	1,111	883
<b>Mental Health measures</b>													
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	IMTP 17/18 profile	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	17/18 Actual	23%	20%	18%	71%	81%	89%	97%	92%	84%	83%	95%	94%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	IMTP 17/18 profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	17/18 Actual	88%	87%	83%	85%	84%	85%	80%	79%	86%	73%	75%	67%
Part 2: % of UHB residents in receipt of secondary mental health services (all ages) who have a valid CTP (Target = 90%)	IMTP 17/18 profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	17/18 Actual	91%	89%	88%	90%	91%	91%	90%	90%	90%	90%	90%	91%
Part 3: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working	IMTP 17/18 profile	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
	17/18 Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Part 4 - % of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients (Target = 100%) - 6 monthly assessment	IMTP 17/18 profile		100%								100%		
	17/18 Actual										100%		

**Appendix 2a****Performance against key operational performance targets****Unscheduled Care: April 2018 to March 2019**

2018/19		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Unscheduled Care</b>														
EU waits - 4 hours (95% target)	IMTP 18/19 profile	-	87.0%			87.0%			88.0%			87.0%		
	18/19 Actual - Monthly	80%	82.1%											
	18/19 Actual - Qty	-												
EU waits - > 12 hours (0 target)	IMTP 18/19 profile	-	100			0			0			0		
	18/19 Actual - Monthly	207	116											
	18/19 Actual - Qty	-												
Ambulance handover > 1 hour (number)	IMTP 18/19 profile	-	370			300			730			900		
	18/19 Actual	344	374											
	IMTP 18/19 profile		65.0%			65.0%			65.0%			65.0%		
Ambulance - 8 mins red call (65% target)	18/19 Actual	78.9%	83.1%											
	Delayed Transfers of Care	18/19 Actual	47	48										
	Stroke													
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 58.7%)	IMTP 18/19 profile	-	60.0%			65.0%			65.0%			70.0%		
	18/19 Actual	48.6%	52.2%											
2 - % of patients who receive a CT scan within 12 hours (Target = 94.5%)	IMTP 18/19 profile		97.0%			98.0%			99.0%			100.0%		
	18/19 Actual	97.4%	100.0%											
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84.5%)	IMTP 18/19 profile		80.0%			80.0%			80.0%			80.0%		
	18/19 Actual	78.9%	91.5%											
Time 2b - Thrombolyzed patients door to needle <=45 mins (Target = reduction - 12 month trend)	IMTP 18/19 profile		25.0%			30.0%			35.0%			40.0%		
	18/19 Actual	14.3%	44.4%											

**Appendix 2b****Performance against key operational performance targets****Planned Care: April 2018 to March 2019**

2018/19		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Planned Care</b>														
	IMTP 18/19 profile	-	725		600			475			350			
RTT - 36 weeks (Target = 0)	18/19 Actual	783	2,266											
	IMTP 18/19 profile	-												
RTT - 26 weeks (Target = 95%)	18/19 Actual	87%	86%											
	IMTP 18/19 profile	-	98.0%		98.0%			98.0%			98.0%			
31 day NUSC cancer (Target = 98%)	18/19 Actual	95.52%	Avail 01/06											
62 day USC cancer (Target = 95%)	IMTP 18/19 profile	-	92.0%		92.0%			92.0%			93.0%			
62 day USC cancer (Target) - Monthly	18/19 Actual	87.00%	Avail 01/06											
62 day USC cancer (Target) - Quarterly cumulative	18/19 Actual	-												
	IMTP 18/19 profile (revised)	-	800		600			300			0			
Diagnostics > 8 weeks (Target = 0)	18/19 Actual	883	1,136											
<b>Mental Health measures</b>														
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	IMTP 18/19 profile	-	> 80%		> 80%			> 80%			> 80%			
	18/19 Actual	94%	Avail 31/05											
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	IMTP 18/19 profile	-	> 90%		> 90%			> 90%			> 90%			
	18/19 Actual	67%	Avail 31/05											
Part 2: % of UHB residents in receipt of secondary mental health services (all ages) who have a valid CTP (Target = 90%)	IMTP 18/19 profile	-	90%		90%			90%			90%			
	18/19 Actual	91%	Avail 31/05											
Part 3: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days (Target = 100%)	IMTP 18/19 profile	-	100%		100%			100%			100%			
	18/19 Actual	100%	Avail 31/05											
Part 4 - % of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients (Target = 100%) - 6 monthly assessment	IMTP 18/19 profile	-	100%								100%			
	18/19 Actual	100%												

<b>APPROVAL AND ADOPTION OF EMPLOYMENT POLICIES</b>
<b>Name of Meeting :</b> Strategy and Delivery Committee
<b>Date of Meeting:</b> 5 June 2018

<b>Executive Lead :</b> Executive Director of Workforce and OD
<b>Author :</b> Workforce Governance Manager, 47559
<b>Caring for People, Keeping People Well :</b> This report underpins the Values elements of the Health Board's Strategy.
<b>Financial impact :</b> not applicable
<b>Quality, Safety, Patient Experience impact :</b> The implementation of this policy will impact positively on the delivery of clinical services through the raising of standards
<b>Health and Care Standard Number</b> 7.1
<b>CRAF Reference Number</b> not applicable
<b>Equality and Health Impact Assessment Completed:</b> Yes

<b>ASSURANCE AND RECOMMENDATION</b>
<b>ASSURANCE</b> is provided by:
<ul style="list-style-type: none"> <li>• Agreed local processes have been followed to review this Procedure</li> <li>• Information is contained within this procedure on the criteria, types and standards of study leave and the processes to be followed</li> <li>• Dissemination of information across the UHB</li> </ul>
The Strategy and Delivery Committee is asked to:
<ul style="list-style-type: none"> <li>• <b>APPROVE</b> the revised Study Leave Procedure For Medical &amp; Dental Staff (Not In Training)</li> <li>• <b>APPROVE</b> the full publication of it in accordance with the UHB Publication Scheme</li> </ul>

## SITUATION and BACKGROUND

Within Cardiff and Vale University Health Board (the UHB), employment policies and procedures relating to medical and dental staff only are developed and reviewed in partnership through the Local Negotiating Committee (LNC). This paper summarises for the Strategy and Delivery Committee changes made to the revised Study Leave Procedure for Medical & Dental Staff (Not in Training) for consideration and approval.

## ASSESSMENT

The Study Leave Procedure for Medical & Dental Staff has been updated has been reviewed in line with the Employment Policy Schedule to reflect current practice, legislation and the UHB strategy. Key changes to document are as follows:

- The UHB mission, vision and values have been incorporated, along with the core principles of NHS Wales
- Study Leave for doctors and dentists in training is now managed through the Deanery – references which were applicable to junior doctors only have now been removed
- The preferred method for applying study leave is electronic
- A flow chart showing the study leave application process has been incorporated
- It has been made explicit that decisions for approval should be made within 2 weeks of application
- A new appeals process has been included

The Study Leave Procedure for Medical & Dental Staff has been developed in partnership with the BMA and was agreed by the LNC on 22<sup>nd</sup> March 2018.

The primary source for dissemination of this Procedure within the UHB will be via the intranet and clinical portal. They will also be made available to the wider community and our partners via the UHB internet site.

<b>Reference Number:</b> TBA <b>Version Number:</b> 1	<i>Date of Next Review: To be included when document approved</i> <i>Previous Trust/LHB Reference Number: 219</i>
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## STUDY LEAVE PROCEDURE FOR MEDICAL & DENTAL STAFF (not in training)

### Introduction and Aim

Study leave for medical and dental staff is determined in the Terms and Conditions of Service as leave granted for “postgraduate purposes and approved by the UHB and includes study (usually but not exclusively or necessarily on a course), research, teaching or taking examinations, visiting clinics and attending professional conferences”.

The UHB is committed to supporting activities that are aligned to the needs of the individual and the organisation in delivering the health outcomes and healthcare priorities of NHS Wales in line with the principles of Continuing Professional Development (CPD).

This procedure provides clarity on all aspects of the study leave process for medical and dental staff other than those in training programmes.

### Objectives

- Clarify the criteria for approval of study leave
- Identify the categories of study leave available
- Illustrate the recommended standards for study leave
- Detail the process for approval and recording of study leave within the UHB

### Scope

This procedure applies to all medical and dental staff employed within Cardiff and Vale University Health Board (including honorary contract holders where applicable) except for those doctors and dentists in training programmes with the Wales Deanery.

<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment has been completed and found there to be a positive impact.
<b>Documents to read alongside this Procedure</b>	Continuing Professional Development (CPD) Policy Standards of Behaviour Framework Policy incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship
<b>Groups Consulted</b>	British Medical Association (BMA)
<b>Outcome of Consultation</b>	Agreed procedure
<b>Accountable Executive or Clinical Board Director</b>	Dr Graham Shortland, Medical Director
<b>Author(s)</b>	Mr Peter Durning, Assistant Medical Director

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Approved By:		

Mrs Hilary Sharp, Senior Medical Workforce Manager Mr Saty Bhatia, BMA representative
<b><u>Disclaimer</u></b> <b>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 <a href="#">Governance Directorate</a>.</b>

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	TBA <i>[To be inserted by the Gov. Dept]</i>	<i>State if either a new document, revised document (please list main amendments). List title and reference number of any documents that may be superseded</i>
2			

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## 1. INTRODUCTION

The Cardiff and Vale University Health Board subscribes to the aims and values that underpin the National Health Service across the United Kingdom. Fundamental to these are the provision of patient / client services of the highest standard and support for healthcare education, research and development.

Our mission is “Caring for People, Keeping People Well”, with our vision being that a person’s chance of leading a healthy life should be the same wherever they live and whoever they are, and our values are

- kind and caring
- respectful
- trust and integrity
- personal responsibility

These are aligned to the NHS Wales Core Values:

- We put patients and users of our services first:
- We seek to improve our care
- We focus on wellbeing and prevention
- We reflect on our experiences and learn
- We work in partnership and as a team
- We value all who work for the NHS

9.1

Achievement of the above requires a highly skilled and motivated medical workforce and consideration will be given to a person’s individual development / learning needs within the context of the service and organisation’s objectives.

Study leave for medical and dental staff is determined in the Terms and Conditions of Service as leave granted for “postgraduate purposes and approved by the UHB and includes study (usually but not exclusively or necessarily on a course) research, teaching or taking examinations, visiting clinics and attending professional conferences”.

The UHB is committed to supporting activities that are aligned to the needs of the individual and the organisation in delivering the health outcomes and healthcare priorities of NHS Wales in line with the principles of Continuing Professional Development (CPD).

## 2. CRITERIA FOR APPROVAL OF STUDY LEAVE

Study leave will normally be granted subject to the necessity of maintaining essential services. Consideration will be given to the following in deciding whether to give approval:-

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- 2.1** that it is of benefit to the person concerned;
- 2.2** that it is of benefit to the Clinical Board and the UHB;
- 2.3** that it gives value for money;
- 2.4** that resources are available (money and number of staff that can be released at any one time). Study leave and associated expenses are entitlements as allowed under the terms and conditions of service (Para 251-254). Leave may be applied and approved without associated expenses if the individual wishes to do so.
- 2.5** amount and cost of study leave already granted or not used to the individual concerned;
- 2.6** in the case of Consultant (and other senior) medical and dental staff, consideration will be given to fulfilment of job plans, as well as compliance with GMC / GDC revalidation requirements. Expenses will be paid for study leave taken in line with the doctor / dentist's Personal Development Plan / annual appraisal
- 2.7** Requests for study leave must be made in accordance with the UHB's procedures for recording absence.

9.1

Study leave must be approved within the Clinical Board in which the doctor / dentist will be working six weeks prior to the time the leave is to be taken. Applicants must be in possession of authorisation prior to embarking on study leave. On approval the decision to support the leave with expenses will be clearly stated.

The preferred system for applying for study leave (as well as other absences) is any current electronic leave system implemented by the UHB. In general, a minimum of 6 weeks' notice should be provided but in agreed circumstances late applications will be considered by the Clinical Director / Clinical Board Director. Expenses for retrospective study leave applications will not be approved however time will be deducted from study leave allocation.

Medical and dental staff are reminded of the need to maintain strict ethical standards in the conduct of NHS business in line with the UHB's Declarations of Interest Policy and as laid down in DGM(93)84, paragraph 26 – *"Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable, but only where the employee seeks permission in advance and the UHB is satisfied that acceptance will not compromise purchasing decisions in any way."*

### 3. CATEGORIES OF STUDY LEAVE

The following types of study leave may be granted to medical and dental staff:-

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### 3.1 Courses

Leave may be granted for attendance at relevant postgraduate courses and, where available, may be restricted to locally held courses. Where medical and dental staff are unable to avail themselves of these courses or where training requirements for particular specialties are such that no suitable courses are available in the locality, approval may be given for attendance at the nearest available and appropriate centre. In certain circumstances, the leave approval may be restricted to the cost and duration of the local course unless a satisfactory explanation is given as to why the local course is not appropriate.

### 3.2 Leave for Private Study

This may be granted for specific purposes for not more than five days within one year of study leave allocation, and usually before sitting a higher professional examination in line with continuous professional development requirements.

### 3.3 Study of a particular subject or technique

Leave may be granted to allow a doctor or dentist to increase knowledge of a particular subject or to study a special problem or technique. Such applications will be subject to specific review by the Clinical Director / Clinical Board Director.

### 3.4 Examinations

For attendance at examinations at Centres in the United Kingdom and Ireland for specialist / higher medical and dental diplomas. Travelling expenses and subsistence allowances will normally be payable for two attempts for the same exam during the period of the doctor's appointment with the UHB. Study leave exam day will not be deducted from entitlement.

Applications to sit an examination which has already been passed at another centre will not attract financial support. Such additional leave will be deducted from the doctor's / dentist's study leave entitlement or may be taken as annual leave.

Examination fees are not payable.

### 3.5 Meetings and Conferences

For attendance at scientific and educationally approved meetings of national or international societies or conferences in the UK or abroad (see also 3.8).

Consultants and SAS doctors are entitled to an additional two days per annum to attend Welsh Professional Society Meetings.

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### 3.6 Leave of Absence for Extended Periods

Attachments to other hospitals (whether paid or unpaid) within the UK or abroad will continue to be encouraged but will be at the discretion of the appropriate Clinical Director and Clinical Board Director.

### 3.7 Special Study Leave

In certain circumstances where a Consultant or SAS doctor is expected to develop a new service, it may be necessary to grant him / her special study leave to attend a centre away from base for the purpose of special training. This is a matter for negotiation between the Consultant concerned, his / her Clinical Director and/ or the Clinical Board Director.

Any granting of special study leave in this way should not affect the Consultant or SAS doctor's allowance for ordinary study leave.

### 3.8 Study Leave overseas

Where it is identified in the annual appraisal and where approval by the appropriate Clinical Director/ Clinical Board Director is given, Consultants and SAS doctors / dentists will be granted study leave with pay, expenses to port / airport of embarkation, maximum subsistence allowance for days of the course and course fees. The Clinical Director / Clinical Board Director will have discretion to grant overseas travel (outside the British Isles and Republic of Ireland) expenses if appropriate.

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#### 4. RECOMMENDED STANDARDS FOR STUDY LEAVE IN THE UNITED KINGDOM

- 4.1 The recommended standards for study leave for medical / dental staff are as follows:-

Consultants Associate Specialists SAS Hospital Practitioners	Leave, pay and expenses for a maximum of 30 days in three years counted from day of appointment 6 days for Welsh Meetings
Clinical Fellows	A maximum of 30 days per annum counted from day of appointment
Senior / Clinical Medical Officers	Maximum of 30 days in three years
Senior Dental Officers and Community Dental Officers	Maximum of 21 days in three years
Clinical Assistants	Study leave equivalent to at least 30 days per 3 years with full expenses, granted in line with agreed outcomes of the annual appraisal. Additional leave at the discretion of Clinical Director / Clinical Board Director.
'Honorary' staff	Full study leave entitlement; expenses proportionate to the sessions identified in the honorary contract. These arrangements may not apply to all honorary staff; entitlement to expenses will be in accordance with their contract. For example, contracts for employees on soft monies may specifically exclude entitlement to reimbursements.  Study leave in respect of NHS commitments identified at annual appraisal will be met in full.
Locums	Entitlement would be in proportion to the length of the contract issued and only at the discretion of the Clinical Director / Postgraduate Organiser.  Study leave will not be granted during the first month of a locum contract.

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- It should be noted that these are recommended standards and are **not individual entitlements**.
- Study leave 'entitlement' not taken cannot be transferred from one leave period to the next.
- Study leave will be given in proportion to the duration of the contract. This will also apply to short-term contract holders.
- Study leave expense forms plus receipts **must** be submitted within three months of attending courses.

## 5. PROCEDURE FOR APPROVAL AND RECORDING OF STUDY LEAVE

The attached flowchart indicates the process to apply for study leave (Appendix A).

- 5.1** Retrospective approval of study leave will not be granted. Exceptions will only be made where the applicant has not been the cause of the delay.
- 5.2** Where study leave with pay and expenses is approved, Medical and Dental staff are asked to travel by a cost-effective mode of travel. Reimbursement of travel expenses incurred at a higher rate could be approved at the discretion of Clinical Director / Clinical Board Director. For example – if the travel by air attracts a higher travel fare than other means of travel but it reduces the overall cost of the stay and the duration of the leave then it could be considered acceptable - but this would be at the discretion of the Clinical Director / Clinical Board Director.
- 5.3** The decision for approval should be made within 2 weeks of application. In case of no action in 2 weeks with no agreed reason then the application should be forwarded to the Assistant Medical Director for Workforce and Revalidation for approval.
- 5.4** In instances of disagreement with the Clinical Director regarding the study leave application, the leave application can be appealed via the Clinical Board Director. Response to the application should be within a week. If there is a delay then it can be forwarded to the Assistant Medical Director for Workforce and Revalidation for consideration and approval as mentioned above.
- 5.5** If there is still disagreement with the decision made by the Clinical Board Director then an appeal can be made via the Medical Director. All efforts would be made to address the appeal within 1 week of bringing it to the attention of the Medical Director.
- 5.6** The Finance department will maintain appropriate budgetary information for the purpose of budgetary control.
- 5.7** It is the responsibility of Clinical Boards (Clinical Board Director) to ensure that robust mechanisms for granting and approving leave exist.

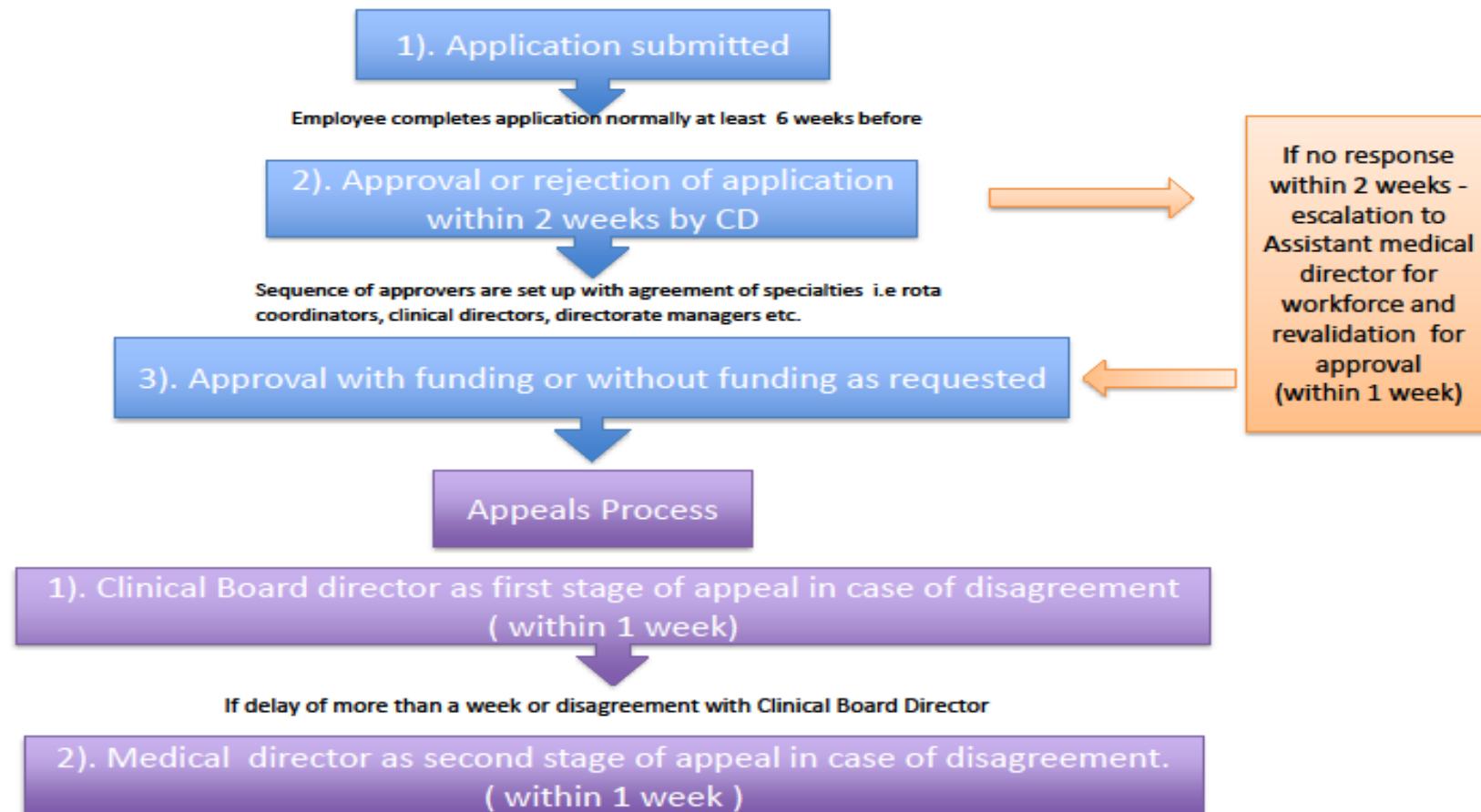
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**5.8** Once the study leave is granted, it is to be honoured by the UHB.

**9.1**

## APPENDIX A

Cardiff and Vale UHB - Study leave application process



**Equality & Health Impact Assessment for  
Study Leave Procedure for Medical & Dental Staff (not in training)**

**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 required<sup>1</sup>
- 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	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Peter Durning, Assistant Medical Director for Workforce & Revalidation Hilary Sharp, Senior Medical Workforce Manager Saty Bhatia, BMA
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale University Health Board (the UHB) is committed to developing and maintaining arrangements which make it a great place to work and learn. The UHB will seek to ensure that medical and dental staff (not in training) are able to access Study Leave opportunities and thereby maintain continuous professional development activities as required.

9.2

<sup>1</sup>[http://www.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL)

		<p>The aim of this Procedure is to:-</p> <ul style="list-style-type: none"> <li>• clarify the criteria for approval of study leave</li> <li>• identify the categories of study leave available</li> <li>• illustrate the recommended standards for study leave</li> <li>• detail the process for approval and recording of study leave within the UHB</li> </ul> <p>whilst also recognising that there needs to be consistent service cover in order to be able to deliver an effective and safe service to our patients.</p>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<p><b>Workforce monitoring data</b> (see end of document)</p> <p>A number of <b>EQIAs from other organisations</b> were examined as part of this EQIA process – of those checked:</p> <p>Plymouth Hospitals NHS Trust undertook an Equalities and Human Rights Impact Assessment in respect of its Senior Medical &amp; Dental Staff Study Leave Policy. In reviewing the policy in relation to race, religion, disability, sex, gender identity, sexual orientation, age, socio-economic data, and human rights, it found there were no specific human rights or equality issues and data gaps which needed to be addressed.</p> <p>St George's Healthcare NHS Trust undertook an Equality Impact Assessment in relation to its Study Leave Policy &amp; Procedure. In reviewing the policy and procedure in relation to race, disability, gender, sexual orientation, age, religion or belief, and human rights, it considered that existence of the policy/procedure would have a positive impact by promoting equality of access to learning opportunities and providing managers with guidance when considering applications for study leave and training.</p>

<sup>2</sup> <http://www2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

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

	<p>Northern Devon Healthcare NHS Trust undertook an Quality Impact Assessment in relation to its Study Leave Policy for Senior Doctors. In assessing the policy, it found there was no impact in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation, and sex.</p> <p>On the <a href="#">ACAS</a> website it is noted that fairness in the workplace is a vital part of a successful public body and supported by the Equality Act 2010. The aim of the Act is to improve equal job opportunities and fairness for employees and job applicants and highlighting it is unlawful to discriminate against people at work because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. It also highlights the benefits of promoting equality and diversity such that employees have a better chance of getting training, career development and promotion opportunities and developing skills, knowledge and experience relevant to the role which thereby benefits the individual and the organization as a whole.</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <ul style="list-style-type: none"><li>• Our employees</li><li>• Managers</li><li>• Patients</li><li>• The public</li></ul>

9.2

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

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.	Copies of the procedure can be made available in alternative formats (e.g. large print) on request. Managers/Medical Education can provide support to individuals unable to understand/access the forms/on-line application system. Trade Union members can also seek support from their staff side organisation.	<span style="background-color: black; color: white; padding: 2px 5px;">9.2</span>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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 procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.</p> <p>However, it should be noted that more female medical and dental staff work less than full time working patterns.</p>	<p>There should be flexibility to ensure that those medical and dental staff who work variable hours/shifts or less than full time are able to access study leave opportunities in the same way as colleagues working a standard / full-time pattern.</p>	
<p><b>6.4 People who are married or who have a civil partner.</b></p>	<p>This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.</p>		
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a</b></p>	<p>This procedure has a positive impact on this group by</p>		

9.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	<p>setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.</p> <p>Recommended standards of study leave allowance are not negatively impacted by maternity absence.</p>		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
<b>6.7 People with a religion or belief or with no religion or belief.</b>	This procedure has a positive impact on this group by setting out the processes to be followed for accessing,	When providing educational facilities, the UHB should be mindful of the <a href="#">ACAS guide for Religion or Belief in the</a>	<span style="background-color: black; color: white; padding: 2px 5px;">9.2</span>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
The term 'religion' includes a religious or philosophical belief	requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.	workplace – a guide for employers and employees which encourages awareness in relation to the timing of religious festivals and provision of facilities which may impact on any courses / educational events it holds.	
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language	No evidence was found to suggest that this procedure impacts on individuals because of their Welsh Language Skills		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.</p>		
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>This procedure has a positive impact on this group by setting out the processes to be followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of where the doctor / dentist lives.</p>		
<p><b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b></p>	<p>No evidence was found to suggest that any other groups or risk factors relevant to this procedure have a negative impact. This procedure has a positive impact on this group by setting out the processes to be</p>		

9.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	followed for accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way.		

9.2

**7. 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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	This procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of access to services offered.		
<b>7.2 People being able to improve /maintain healthy lifestyles:</b> 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	This procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of the		<b>9.2</b>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>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>individuals' ability to improve or maintain health lifestyles</p>		
<p><b>7.3 People in terms of their income and employment status:</b> 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>This procedure only applies to medical and dental employees (not in training) within Cardiff and Vale UHB.</p>	<p>There should be flexibility to ensure that those medical and dental staff who work variable hours/shifts or less than full time are able to access study leave opportunities in the same way as colleagues working a standard / full-time pattern.</p>	
<p><b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the</p>	<p>This procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring</p>		

9.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p>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>that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of the individual's use of the physical environment.</p>		
<p><b>7.5 People in terms of social and community influences on their health:</b> 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>This procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of social and community influences on their health.</p>		

9.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> 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 procedure has a positive impact by setting out the processes to be followed for requesting and approving accessing, requesting and approving Study Leave opportunities, thereby ensuring that all medical and dental staff (not in training) accessing the procedure will be treated in the same way irrespective of macro-economic, environmental or sustainability factors.</p>		

9.2

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

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<p>The Study Leave Procedure for Medical &amp; Dental Staff (not in training) has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same processes are followed in accessing/requesting/approving study leave procedures. In particular:</p> <ul style="list-style-type: none"> <li>▪ Recommended standards of study leave are not negatively impacted by sick leave or maternity/adoption/parental leave absences.</li> <li>▪ A larger proportion of female medical and dental staff (not in training) work less than full time. A flexible approach should be taken to ensure that those medical and dental staff who work variable hours/shifts or less than full time are able to access study leave opportunities in the same way as colleagues working a standard / full-time pattern.</li> </ul>
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**Action Plan for Mitigation / Improvement and Implementation**

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Copies of the policy can be made available in alternative formats (e.g. large print) on request.</p> <p>Managers/Medical Education can provide support to individuals unable to understand/access the forms/on-line application system. Trade Union members can also seek support from their staff side organisation.</p>	Line managers	Ongoing	Action to be taken as and when required

9.2

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  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.			

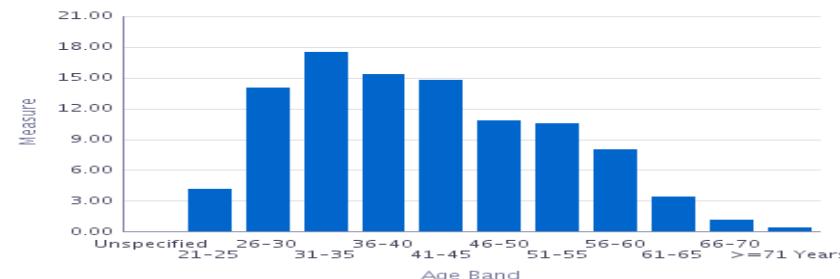
9.2

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.4 What are the next steps?</b>  Some suggestions:- <ul style="list-style-type: none"><li>• Decide whether the strategy, policy, plan, procedure and/or service proposal:<ul style="list-style-type: none"><li>○ continues unchanged as there are no significant negative impacts</li><li>○ adjusts to account for the negative impacts</li><li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li><li>○ stops.</li></ul></li><li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li><li>• Publish your report of this impact assessment</li><li>• Monitor and review</li></ul>	The Study Leave Procedure for Medical & Dental Staff (not in training) is to continue unchanged as there are no significant negative impacts.  The Procedure and EHIA will be published on the UHB internet and intranet sites.  On publication, the procedure will be communicated via a briefing for staff and managers advising of the key changes and reminding staff of their entitlements and obligations. This will be communicated via the WOD internet pages 'Working for Us', email to Clinical Boards and the CAV You Heard? (UHB) Newsletter.  The Procedure and EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.			

9.2

## APPENDIX: UHB STAFFING DATA (March 2018)

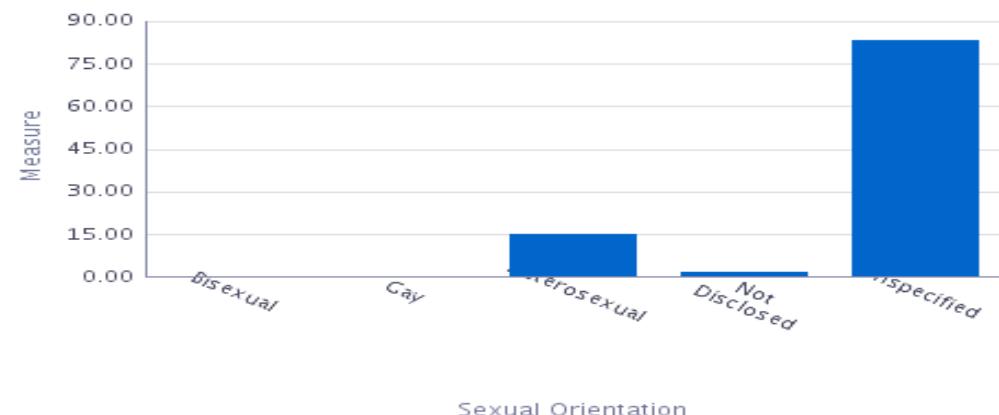
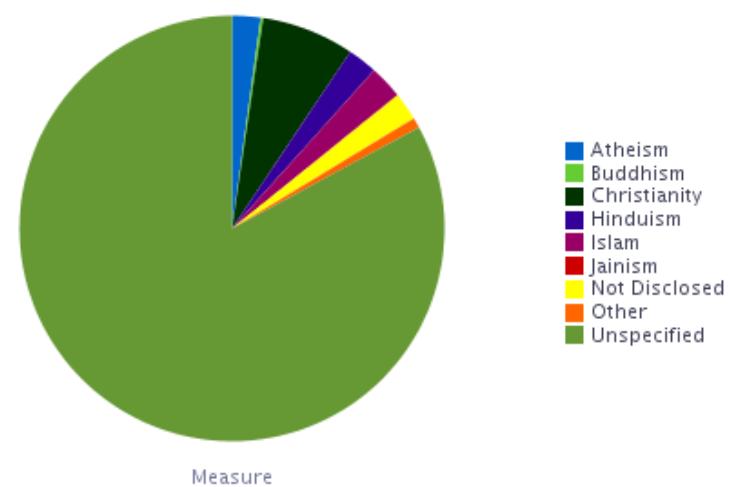
### Age Profile (Medical & Dental staff)



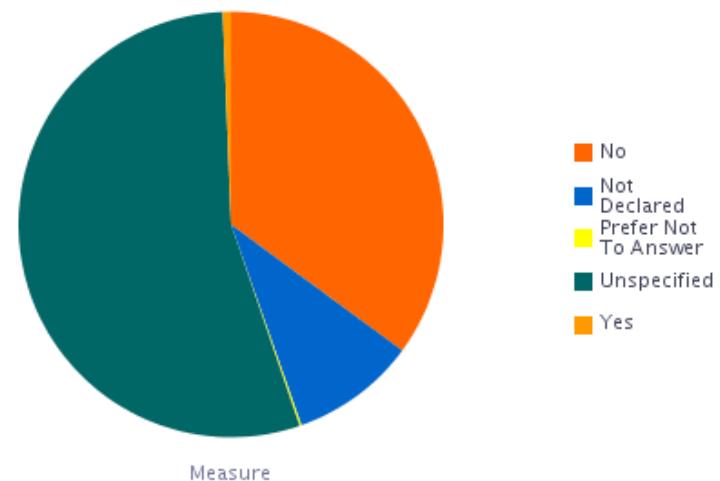
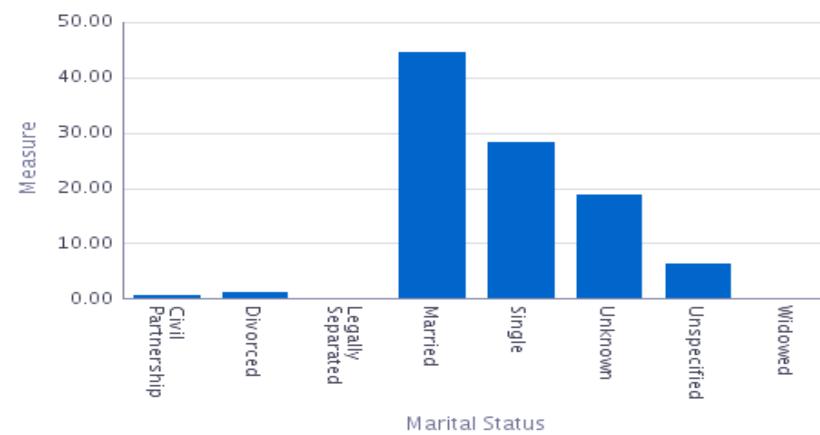
### WTE by Pay Grade (Medical & Dental staff)

Payband	Grade	Total
Consultant		551.74
Junior Medical	MN13	67.00
	MN15	67.00
	MN21	29.00
	MN37	387.35
	MN39	60.00
	MT50	2.10
	MT59	52.55
Other Medical Grades	LD01	11.64
	LD11	4.28
	LD21	4.59
	LPG3	0.40
	LPGP	3.76
	MC41	21.99
	MC46	43.90
	MD11	0.18
	MDPC	0.00
	ME21	1.09
	MGCD	3.50
	MQ00	2.92
Grand Total		1315.00

9.2

**Sexual Orientation (Medical & Dental staff)****Religious Belief (Medical & Dental staff)**

9.2

**Disability (Medical & Dental staff)****Marital Status (Medical & Dental staff)**

9.2

**Welsh Language skills (all UHB staff)****9.2**

**9.2**

**APPROVAL AND ADOPTION OF EMPLOYMENT POLICIES (2) – Recruitment and Selection Policy**

**Name of Meeting :** Strategy and Delivery Committee

**Date of Meeting:** 5 June 2018

**Executive Lead :** Executive Director of Workforce and OD

**Author :** Workforce Governance Manager, 47559

**Caring for People, Keeping People Well :** This report underpins the Values elements of the Health Board's Strategy.

**Financial impact :** not applicable

**Quality, Safety, Patient Experience impact :** The implementation of this policy will impact positively on the delivery of clinical services through the raising of standards

**Health and Care Standard Number** 7.1

**CRAF Reference Number** not applicable

**Equality and Health Impact Assessment Completed:** Yes

**ASSURANCE AND RECOMMENDATION**

**ASSURANCE** is provided by:

- Agreed local processes have been followed to review this Policy and the accompanying Procedure
- The Policy sets out our legal, contractual and best practice obligations and responsibilities
- Dissemination of information across the UHB

The Strategy and Delivery Committee is asked to:

- **APPROVE** the revised Recruitment and Selection Policy
- **APPROVE** the full publication of it in accordance with the UHB Publication Scheme

10

**SITUATION**

This paper summarises for the Strategy and Delivery Committee details of the Recruitment and Selection Policy for approval and adoption by the UHB.

**BACKGROUND**

Within Cardiff and Vale University Health Board (the UHB), employment policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG). The development of such policies involves a

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KEEPING PEOPLE WELL**



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

comprehensive consultation process before submission for approval by the Strategy and Delivery Committee. A similar process exists for policies and procedures which apply to Doctors and Dentists only, but in these cases they are considered and recommended by the Local Negotiating Committee (LNC).

Authority for approval general employment procedures is delegated to the Employment Policy Sub Group.

## ASSESSMENT

The Recruitment and Selection Policy and the accompanying procedure has been updated has been reviewed in line with the Employment Policy Schedule to reflect current practice, legislation and the UHB strategy. Key changes to document are as follows:

- The Policy now covers all staff, not just those under AFC terms and conditions. Separate Procedures exist to describe the processes to be followed for the recruitment of AFC and medical/dental staff.
- It has been made explicit that the norm is for staff to be employed on permanent contracts of employments, with fixed term contracts only used where necessary and appropriate
- The Policy states that we will endeavour to engage workers as employees whenever possible. If this is not possible the preferred route is through the Temporary Staffing Office (Bank) / Agencies. Self-employed contractors will only be engaged if the usual routes are not possible, and will be subject to the Off Payroll Procurement Process
- The Executive Director of Workforce and OD and/or the Director of Corporate Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors

A consultation has taken place between 5 October 2017 and 3 November 2017 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD, and the Rainbow Fflag Network. In addition views have been sought from the NHS Wales Shared Services Partnership (NWSSP) Recruitment Services department.

The Recruitment and Selection Policy was initially considered by the Employment Policy Sub Group on 8<sup>th</sup> November 2017 and was agreed in principle, subject to a small number of amendments being made. The EPSG meeting on 24 May 2018 was cancelled due to the number of apologies received, but Chair's Action was taken to support the approval of this Policy by the Co-Chairs (Rachel Pressley, Workforce Governance Manager and Peter Hewin, BAOT/UNISON). Chair's Action has also been taken to approve the accompanying Recruitment and Selection Procedure for AFC Staff, subject to the approval of this Policy.

The primary source for dissemination of this Procedure within the UHB will be via the intranet and clinical portal. They will also be made available to the wider community and our partners via the UHB internet site.

<b>Reference Number:</b> UHB220 <b>Version Number:</b> 2	<b>Date of Next Review:</b> To be included when document approved <b>Previous Trust/LHB Reference Number:</b> TR56
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## **RECRUITMENT AND SELECTION POLICY**

### **Policy Statement**

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that the recruitment and selection of staff is conducted in a systematic, comprehensive and fair manner, promoting equality of opportunity at all time, eliminating discrimination and promoting good relations between all.

### **Policy Commitment**

Cardiff and Vale University Health Board (the UHB) recognises that its employees are fundamental to its success. In view of this, the UHB is committed to attracting, appointing and retaining qualified, motivated staff with the right skills and experience to ensure the delivery of a quality service and support its values. In order to achieve this we will:

- Provide a well-defined Policy and supporting Procedure for managers to work within and ensure they are clear about the principles underlying the recruitment and selection processes
- Promote the values of the UHB and ensure that this is reflected in the selection of candidates
- Work at all times within current employment legislation and best practice guidelines to ensure a fair and equitable recruitment process
- Consider, before a job is advertised, whether there is scope for modernisation or skill mix to enable improvement
- Ensure that every post has a written job description, person specification and KSF outline / Job Plan (as appropriate)
- Endeavour to engage workers as employees whenever possible. If this is not possible the preferred route will be through the Temporary Staffing Office (Bank) / Agencies. Self-employed contractors will only be engaged if the usual routes are not possible, and will be subject to the Off Payroll Procurement Process to ensure compliance with the Off Payroll Working in the Public Sector legislation which was introduced in April 2017
- Employ staff on permanent contracts of employment as the norm, with fixed term contracts only used where necessary and appropriate. Any employee engaged on a fixed term contract will be entitled to terms and conditions of employment that are no less favourable on a pro-rata basis than the terms and conditions of a comparable permanent employee, unless there is an objective reason for offering different terms. Fixed term employees will be treated in the same way as

10.1

comparable permanent employees in relation to opportunities for training, promotion, transfer and appraisal

- Make reasonable adjustments should people with disabilities apply
- Shortlist applicants for interview on the basis of the information they provide on their application form against the criteria set out in the person specification for the post
- Ensure that all shortlisted applicants have a formal interview before an appointment can be made. No discriminatory questions will be asked.
- Ensure that all offers of employment are conditional and subject to pre-employment checks, including Disclosure and Barring checks and professional registration (if appropriate)
- Ensure that the Executive Director of Workforce and OD and/or the Director of Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors
- Actively consider Welsh language skills as part of the recruitment process to help meet the UHB's commitment to providing quality healthcare through the medium of Welsh
- Provide information for managers on starting salaries (including when reckonable service or incremental credits apply) and the evidence required to make a salary offer
- Ensure that new staff are welcomed and settled into their role in the organisation, and enable them to become as effective as soon as possible, through a carefully planned induction programme

### **Supporting Procedures and Written Control Documents**

This Policy and the supporting Procedure describe the following with regard to recruitment and selection:

- Roles and responsibilities
- Principles governing recruitment and selection
- Recruitment and the Welsh Language
- Evidence required to make a salary offer
- Induction

### **Other supporting documents are:**

- Recruitment and Selection Procedure
- Recruitment and Selection Procedure for Medical and Dental Staff
- Recruitment & Selection Toolkit for NHS Managers
- Disclosure and Barring Service Policy and Procedure
- Secondment Policy
- Fixed Term Contract Policy
- Professional Registration Policy
- Organisational Change Policy
- Redeployment Policy and Procedure
- New and Changed Jobs Protocol
- Supporting Transgender Staff Procedure

**10.1**

<b>Scope</b>	
This Policy applies to all managers who are involved in the recruitment and selection of staff.	
<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact. Key actions have been identified and these have been incorporated within this policy/supporting procedure.
<b>Policy Approved by</b>	Strategy and Delivery Committee
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Employment Policy Sub Group
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Workforce and OD
<b>Disclaimer</b> 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 <a href="#">Governance Directorate</a> .	

<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	04.03.14	09.04.14	Updated from Trust document to reflect change in process due to Shared Services
2			<ul style="list-style-type: none"> <li>• Policy and Procedure separated in line with UHB format.</li> <li>• Policy now covers all staff, not just those under AFC terms and conditions</li> <li>• Reference to self employed contractors included</li> <li>• The Executive Director of Workforce and OD and/or the Director of Corporate Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors</li> </ul>

10.1

**Equality & Health Impact Assessment for  
RECRUITMENT AND SELECTION 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 required<sup>1</sup>
- 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	Recruitment and Selection Policy  This EHIA also considers the Recruitment and Selection Procedure and Fixed Term Contract Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager, 47559 Judith Harry, Assistant Head of Workforce and OD Peter Hewin, BAOT/UNISON

10.2

<sup>1</sup>[http://www.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253,73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://www.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL)

3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The recruitment and selection of staff is a key responsibility of all UHB managers. This Policy has been designed to support managers in providing a fair, consistent and effective approach to the recruitment and selection processes. By following the guidance in this policy, and in the accompanying Recruitment and Selection and Fixed Term Contract Procedures, recruiting managers can be assured that they are operating within the confines of current employment legislation and they are able to avoid discrimination and recruit safely without putting the UHB at risk.</p>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>2</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>3</sup>.</p>	<ul style="list-style-type: none"> <li>• Workforce monitoring data (see end of document)</li> <li>• A consultation has taken place between 5 October 2017 and 3 November 2017 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD, and the Rainbow Fflag Network. In addition views have been sought from the NHS Wales Shared Services Partnership (NWSSP) Recruitment Services department.</li> <li>• A number of Policies and EQIAs from other organisations were accessed via a <a href="#">Google Search</a> on 13.09.2017 – of those accessed: <ul style="list-style-type: none"> <li>○ <a href="#">Tameside Hospital NHS Foundation Trust</a> did not find any of the protected characteristic groups to be affected</li> <li>○ <a href="#">Royal Cornwall Hospitals NHS Trust</a> found that a genuine occupational requirement may require a particular gender for a specific job role. This would not constitute unlawful discrimination. They also noted that the Trust was a 'Positive about being Disabled' employer which meant that candidates applying under the Disability Guaranteed Interview Scheme who met the essential criteria of the post would be offered an interview.</li> <li>○ <a href="#">North Staffordshire Combined Healthcare NHS Trust</a> found that their Recruitment and Selection Policy could have an adverse impact on all</li> </ul> </li> </ul>

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

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

		<p>protected characteristics on the grounds that positive action could take place to address identified gaps/shortfalls in the workforce profile (i.e. positive discrimination could take place). However, this could be justified in terms of developing greater equality and inclusion, working to overcome barriers and bias, or because of a genuine occupational requirement. Except for these circumstances the policy protects individuals from discrimination. Their policy also refers to the 'Positive about Disability' scheme and reasonable adjustments for disabled applicants.</p> <ul style="list-style-type: none"> <li>○ <a href="#">Surry and Borders Partnership NHS Foundation Trust</a> did not find any of the protected characteristic groups to be affected</li> <li>○ The <a href="#">Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust</a> found that their Recruitment and Selection Policy did not affect one group more or less favourably than another on the basis of any of the protected characteristics</li> <li>● The processes described and eligibility for pre-employment checks are set out on the <a href="#">NHS Employers website</a></li> <li>● Knowledge and experience of EHIA authors and key stakeholders</li> </ul>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The groups of individuals who will benefit from this policy include:</p> <ul style="list-style-type: none"> <li>● Our patients and their families</li> <li>● Managers (especially recruiting managers and managers who engage staff on a Fixed Term Contract basis)</li> <li>● Our staff</li> <li>● Other groups who come into contact with our patients e.g. volunteers, honorary contract holders, bank and agency staff</li> <li>● Workforce and OD</li> <li>● NWSSP Recruitment Services</li> <li>● The public</li> </ul>

10.2

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

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned.  Equal Opportunity Monitoring Information, including age, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.  The Policy states that emphasis should be placed on quality and skills rather than length of experience to avoid putting younger applicants at a		The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it is up to date and provides clear guidance for managers

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>disadvantage. In the case of Fixed Term Contracts which are being terminated, length of service is a factor in determining notice periods and potential redundancy entitlements – this is governed by contractual and statutory requirements.</p> <p>All adverts state that the UHB is committed to flexible working and equal opportunities. All adverts include the ‘we’re supporting age positive logo’, which indicates that the UHB is committed to ensuring we do not discriminate against job seekers on the grounds of age.</p>		
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of whether	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
term medical conditions such as diabetes	<p>or not the individual concerned has a disability.</p> <p>There is some evidence to suggest that accessibility may be an issue for some groups e.g. individuals with sensory loss, learning disabilities or dyslexia</p> <p>The Recruitment and Selection Procedure states that the UHB has signed up as a 'disability confident' employer and therefore actively looks to recruit and attract disabled people, provide a fully inclusive and accessible recruitment process, offer an interview to disabled people who meet the minimum criteria for the job, and enable flexibility when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job. We also proactively offer and make reasonable</p>	<p>Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members can also seek support from their TU.</p> <p>Peer Support workers referenced in procedure, in relation to GOR</p>	is up to date and provides clear guidance for managers

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>adjustments as required. The UHB demonstrates this committed by displaying the Disability Confident symbol (which replaces the 'two ticks' scheme) in all adverts.</p> <p>The Policy reminds managers that each job should have a written job description, person specification and KSF outline. These should be reviewed every time a vacancy occurs to ensure that they remain relevant and are flexible, including making reasonable adjustments should people with disabilities apply.</p> <p>Pre-employment questions, including asking about sickness absence are only asked after a job offer has been made.</p> <p>Service Users are represented where appropriate on Mental Health recruitment panels, to</p>		

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<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>ensure services are responsive to the needs of people who use them. All adverts state that the UHB is committed to flexible working and equal opportunities. All adverts include the Mindful Employer symbol which indicates the UHB is committed to increasing awareness of mental health at work, and offering a positive approach in the retention and recruitment of staff living with mental health issues.</p>		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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</p>	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual, except where a genuine occupational requirement requires a particular gender for a specific job role.</p>	<p>Supporting Transgender Staff Procedure to be added to the list of documents to be read alongside this Policy</p>	<p>The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it is up to date and provides clear guidance for managers</p>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
going through any medical procedures. Sometimes referred to as Trans or Transgender	<p>This would not constitute unlawful discrimination.</p> <p>Equal Opportunity Monitoring Information, including Gender, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.</p> <p>Our workforce profile shows that we have more female than male employees, but also that more female employees work part time – it is assumed that one reason for this is caring/family responsibilities. All our adverts state that the UHB is committed to flexible working and equal opportunities. Employees on fixed term contracts have the same rights to apply for flexible working as long as they meet the</p>		

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>criteria as set out in the Flexible Working Policy</p> <p>The UHB has a Supporting Transgender Staff Procedure. This states that “The UHB welcomes applications for employment from Trans* people, and all applicants can be assured of equal and fair treatment. It should not be expected that applicants and interviewees for employment would wish to disclose their gender history. It is neither a relevant criterion for selection for a post, nor a question that should be asked at interview or alluded to in the recruitment and interview process.” There are some limited exceptions to this which are described in the Procedure, and managers are strongly encouraged to seek advice if considering claiming exemption as very specific criteria apply.</p>		

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.4 People who are married or who have a civil partner.</b>	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the marital status of the individual concerned.</p> <p>Equal Opportunity Monitoring Information, including marital status, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.</p>		The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it is up to date and provides clear guidance for managers
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after	This policy and the accompanying Recruitment and Selection Procedure have a positive impact on this group by ensuring that the same recruitment processes	Guidance on the Government website states that AFC terms and conditions state that employee subject to fixed-term contracts which	The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
having a baby whether or not they are on maternity leave.	<p>are followed irrespective of whether or not the individual concerned is on maternity leave or has recently had a baby.</p> <p>Candidates should not be asked about their marital status, family commitments and/or domestic arrangements, nor should they be asked about any actual or potential pregnancy/maternity leave.</p> <p>In the case of Fixed Term Contracts, the procedure has a positive impact on staff who are pregnant or have just had a baby. The procedure states that in certain circumstances it may not be appropriate to terminate a fixed term contract at its end date, for example if an employee is pregnant or on maternity or adoption leave. In these circumstances managers are</p>	expire after the 11 <sup>th</sup> week before the expected week of childbirth shall have their contracts extended to allow them to receive 52 weeks maternity leave (this includes paid and unpaid maternity leave).	is up to date and provides clear guidance for managers

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	advised to refer to the Maternity, Adoption , Paternity and Shared Parental Leave Policy and accompanying Procedures and contact Workforce and OD for further guidance		
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<p>This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned.</p> <p>Equal Opportunity Monitoring Information, including race, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.</p>		The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it is up to date and provides clear guidance for managers

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>However, it is known that members of Black and other Minority Ethnic (BME) communities are more likely to be unemployed (See Equality and Human Rights Commission Research Report 47) and find it harder to gain employment. Currently 79% the UHB workforce is white (this can be compared to the UK 2011 Census data, 86% of the population in England and Wales are classified as white) but the termination of a fixed term contract is likely to have a greater impact on member of BME groups. (See Equality and Human Rights Commission Research Report 47).</p>		
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are		The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>followed irrespective of the religion or belief of the individual concerned.</p> <p>Equal Opportunity Monitoring Information, including religion, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.</p>		is up to date and provides clear guidance for managers
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of what sexual orientation the individual concerned is attracted to.</p> <p>Equal Opportunity Monitoring Information, including sexual</p>		The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it is up to date and provides clear guidance for managers

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>orientation, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.</p> <p>All adverts state that the UHB is committed to equal opportunities and include the Stonewall logo which indicates that the UHB is committed to making the workplace LGBT+ friendly</p>		
<b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language	<p>Yes, the policy and the accompanying procedures have a positive impact:</p> <ul style="list-style-type: none"> <li>• The UHB is committed towards providing quality healthcare through the medium of Welsh. Welsh language skills must be actively considered as part of</li> </ul>		The Recruitment and Selection Procedure includes a section on genuine occupational requirements – this has been reviewed by the Equality Manager to ensure that it is up to date and provides clear guidance for managers

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>the recruitment process, based on the healthcare needs of Welsh speaking patients and service users.</p> <ul style="list-style-type: none"> <li>• For clinical workplaces, teams, and posts where the desirability or need to appoint a Welsh speaker has been identified, posts must be advertised and recruited to on that basis, provided that all other professional qualifications and experience are suitable.</li> </ul>		
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the income of the individual concerned.		
<b>6.11 People according to where they live:</b> Consider people living	This policy and accompanying procedures have a positive		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	impact by ensuring that the same processes are followed irrespective of the where the individual concerned lives.		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	No evidence was found to suggest that any other groups or risk factors relevant to this policy and accompanying procedures have a negative impact. The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual concerned.		

**7 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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales</p>	<p>This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of access to services offered.</p>		
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> 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, falls prevention). Also consider impact on access to supportive services including</p>	<p>Before start employment, candidates are asked to complete an Occupational Health questionnaire as part of the pre-employment check process. – this includes questions regarding their health and any relevant immunisations/vaccinations they have received in the past. This information is then assessed by a qualified nurse in Occupational Health to determine if there are any current or potential health issues that may affect them in</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
smoking cessation services, weight management services etc  Well-being Goal – A healthier Wales	their new post, along with any adjustments that may need to be considered. The purpose of this screening is to ensure both the individual and UHB are safeguarded.  Occupations undertaking Exposure Prone Procedures (EPPs) will require screening for blood borne viruses such as HIV, Hep B and Hep C		
<b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales	Applicants must provide detailed information regarding their full employment history to date in all cases. As part of the pre-employment checks, a reference from the current or most recent employer is required. If the individual does not have a current or previous employer a character reference would be considered.		No amendment to policy required

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
	Apart from this, the policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the individuals income and employment status.		
<p><b>7.4 People in terms of their use of the physical environment:</b>            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>This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed irrespective of the individuals use of the physical environment</p>		

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A resilient Wales			
<b>7.5 People in terms of social and community influences on their health:</b> 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  Well-being Goal – A Wales of cohesive communities	This policy has a positive impact by ensuring that the same processes are followed irrespective of social and community influences on the individual's health.		
<b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product;	This policy has a positive impact by ensuring that the same processes are followed irrespective of macro-economic,		

10.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
economic development; biological diversity; climate  Well-being Goal – A globally responsible Wales	environmental or sustainability factors		

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

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<p>The Policy has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same recruitment and selection and fixed term contract processes are followed irrespective of the individual concerned.</p> <p>Equal Opportunity Monitoring Information is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process.</p> <p>In particular it is worth noting the following points:</p> <p>AGE: emphasis should be placed on quality and skills rather than length of experience to avoid putting younger applicants at a disadvantage. In the case of Fixed Term Contracts which are being terminated, length of service is a factor in determining notice periods and potential redundancy entitlements – this is governed by contractual and statutory requirements.</p> <p>DISABILITY: There is some evidence to suggest that accessibility may be an issue for some groups e.g. individuals with sensory loss, learning disabilities or dyslexia . The UHB has signed up as a ‘disability confident’ employer offers an interview to disabled people who meet the minimum criteria for the job and proactively offers and makes reasonable adjustments as required. Pre-employment questions, including asking about sickness absence are only asked after a job offer has been made.</p> <p>GENDER: Where a genuine occupational requirement requires a particular gender for a specific job role this would not constitute unlawful discrimination. The UHB</p>
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10.2

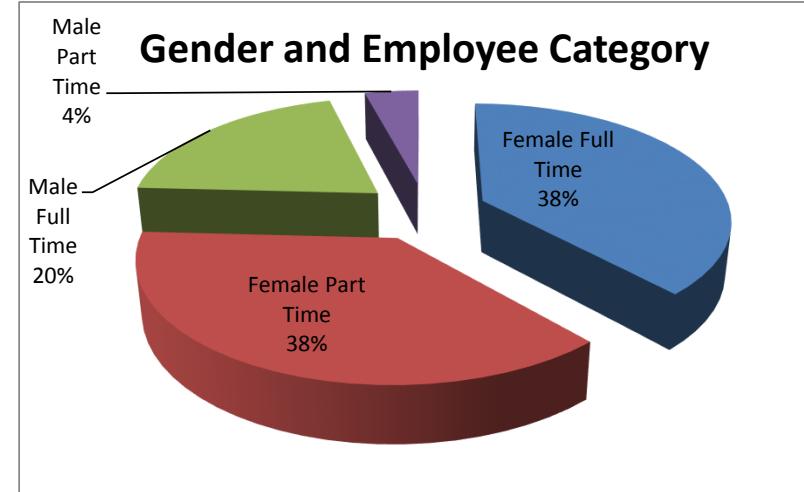
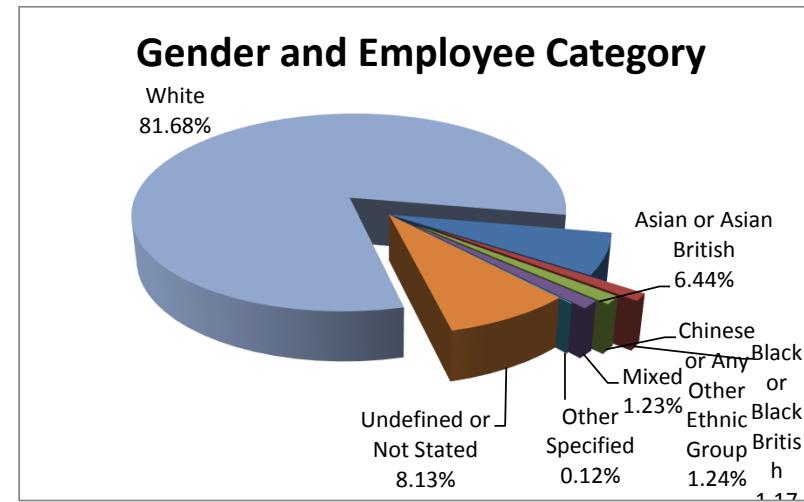
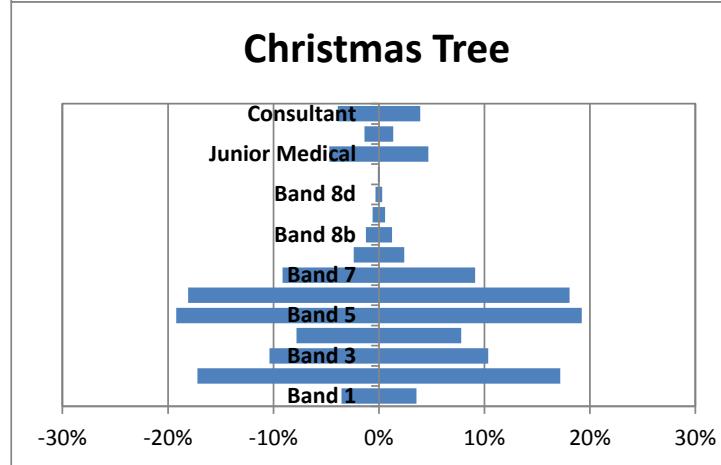
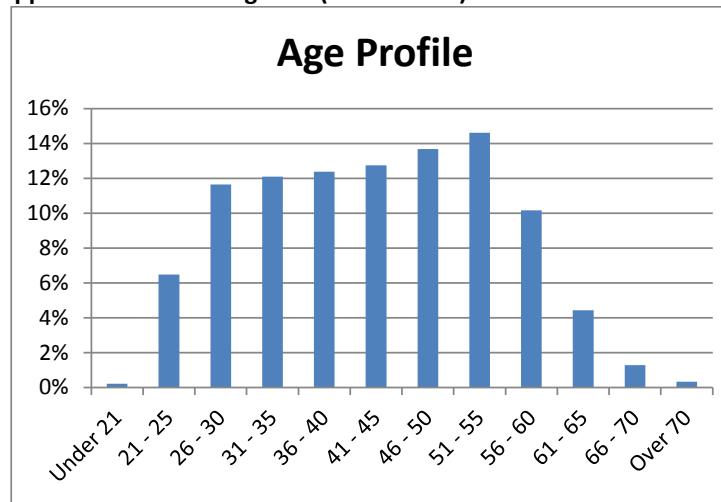
	<p>welcomes applications for employment from Trans people – applicants should not be asked about or expected to disclose their gender history.</p> <p>PREGNANCY/MATERNITY: Candidates should not be asked about their marital status, family commitments and/or domestic arrangements, nor should they be asked about any actual or potential pregnancy/maternity leave. In the case of Fixed Term Contracts, it may not be appropriate to terminate a fixed term contract if an employee is pregnant or on maternity or adoption leave.</p> <p>WELSH LANGUAGE SKILLS: Welsh language skills must be actively considered as part of the recruitment process, based on the healthcare needs of Welsh speaking patients and service users.</p> <p>MAINTAIN/IMPROVE HEALTHY LIFESTYLE: candidates are asked to complete an Occupational Health questionnaire as part of the pre-employment check process.</p> <p>INCOME/EMPLOYMENT STATUS: Applicants must provide detailed information regarding their full employment history to date in all cases. As part of the pre-employment checks, a reference from the current or most recent employer is required.</p>
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## Action Plan for Mitigation / Improvement and Implementation

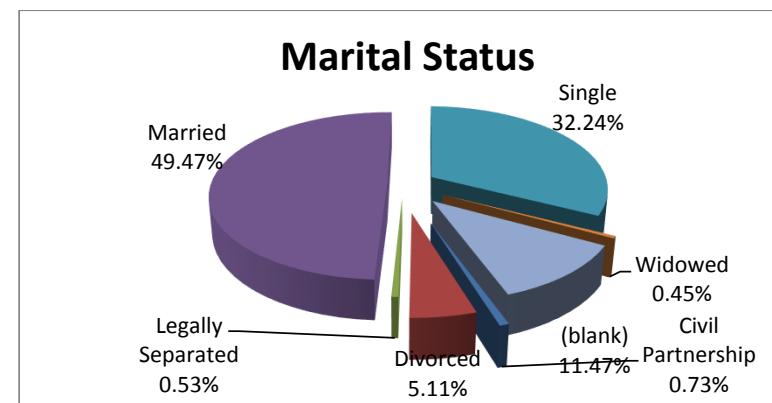
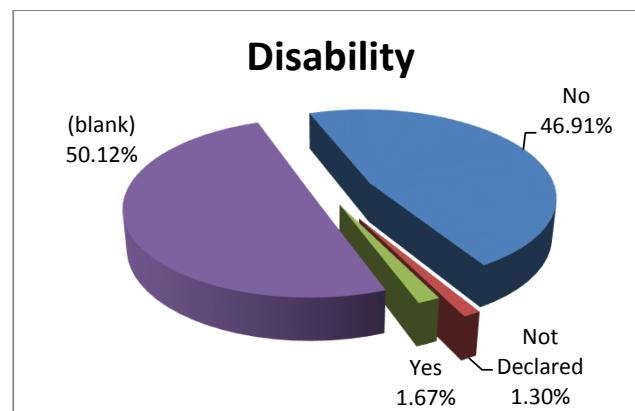
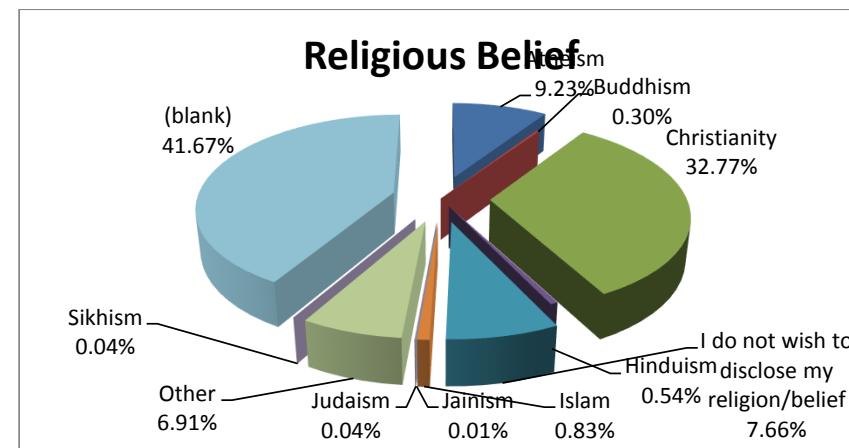
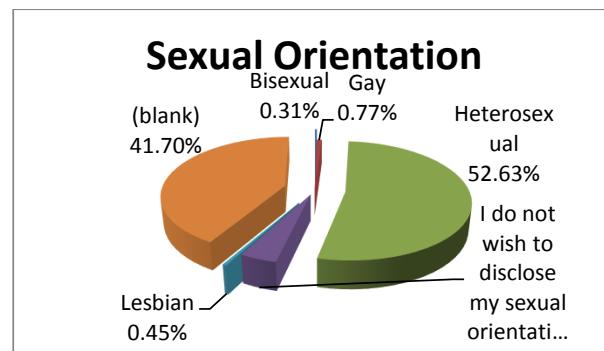
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Copies of the policy can be made available in alternative formats (e.g. large print) on request.</p> <p>Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members can also seek support from their TU</p> <p>The Supporting Transgender Staff Procedure to be added to the list of documents to be read alongside this Policy</p>	Line managers   Workforce Governance Manager	Ongoing   Prior to consultation	Action to be taken as and when required
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  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.			10.2

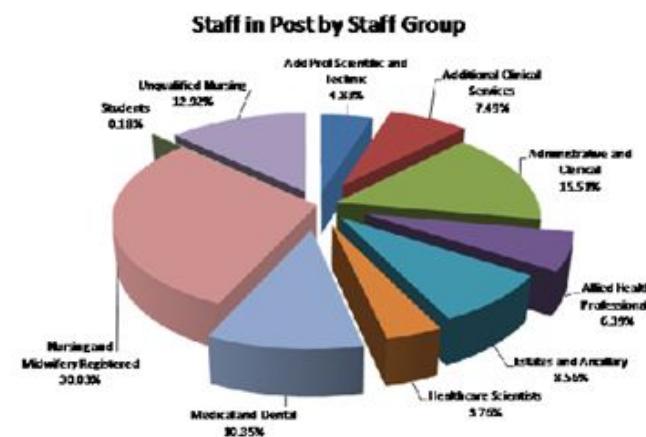
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>The Policy and accompanying procedures are to continue unchanged as there are no significant negative impacts</p> <p>The Policy, Procedures and EHIA 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 and reminding staff of the requirement to declare cautions or convictions. This will be communicated via the WOD internet pages 'Working for Us', email to Clinical Boards and the CAV You Heard? (UHB) Newsletter.</p> <p>The Policy, Procedure and EQIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required</p>			

10.2

**Appendix: UHB Staffing data (March 2017):**

10.2





### Welsh language skills levels



Skill level 1 - Cannot speak Welsh at all to Can speak a few phrases of Welsh

Skill level 2 - Very basic conversational Welsh to Fair conversational Welsh

Skill level 3 - Good conversational Welsh to Fluent in spoken Welsh

10.2

<b>ANNUAL COMPLIANCE REPORT ON THE WELSH LANGUAGE SCHEME</b>	
<b>Name of Meeting:</b> Strategy and Delivery Committee	<b>Date of Meeting:</b> 5 June 2018
<b>Executive Lead :</b> Executive Director for Workforce and Organisational Development	
<b>Author :</b> Welsh Language Officer – ext 2265	
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's "Deliver outcomes that matter for people" and "Values".	
<b>Financial impact :</b> N/A	
<b>Quality, Safety, Patient Experience impact:</b> Ensuring that the Welsh Language will mean that patients and service users will receive quality healthcare if their preferred language is Welsh.	
<b>Health and Care Standard Number:</b> 3.2 (Communicating Effectively) 4.1 (Dignified Care) 6.2 (People's Rights)	
<b>CRAF Reference Number :</b> 8.1.6: Failure to comply with Equality Legislation (including Welsh Language) & operationalise policies	
<b>Equality and Health Impact Assessment Completed:</b> Not Applicable	

## ASSURANCE AND RECOMMENDATION

**ASSURANCE** is provided by:

- the report showing the progress made in complying with the Welsh Language Scheme.

The Board is asked to:

- **APPROVE the report**

11

## SITUATION

Cardiff and Vale UHB will submit by 8th June, the annual Welsh Language Scheme report for the Welsh Language Commissioner.

The report provides data and feedback on the key performance indicators that were in the organisation's Welsh Language Scheme. It provides data indicators on how well Cardiff and Vale UHB is complying with the Scheme and progressing on its Welsh language agenda.

Due to the Welsh Language Standards framework being introduced to the Welsh health sector by end of June, this is the last report that the organisation will submit for its Welsh Language Scheme.

The Welsh Language standards will support the UHB Shaping our Future Wellbeing Strategy-under these objectives:

**Our Patients:** by helping to achieve a health outcome for patients which are meaningful.

**Our Services Priorities:** by offering services which deliver the improvements in population health that our citizens are entitled to expect.

## BACKGROUND

Each year, the Board submits an annual report on its progress against the Welsh Language Scheme which was approved in 2010. It sets out how the UHB will work to ensure patients, service users and the public receive services through the medium of Welsh. The report will be based on 10 subjects the board has to report back on in relation to key performance indicators within the Welsh Language Scheme, including the concerns received by patients, website, recruitment and training. It will also provide positive evaluation from the clinical boards on work they have done to promote the Welsh language within their frontline areas.

This will be the last year that the Board will be expected to report back based on this template. For next year it will be expected to report back on the progress on complying with the Welsh Language Standards. The Welsh Language Commissioner is expected to place these standards on the UHB by 29th June 2018. It is unclear as to how the board will be expected to report on the standards next year.

11

## ASSESSMENT AND ASSURANCE

Progress on the Welsh Language Scheme has been steady over the past year by some of our Clinical Boards (CB).

Clinical areas have developed local practices to ensure Welsh language care.

The Dental CB, for example, has now a list of Welsh speakers who can provide a bilingual service for patients and service users via face-to-face or over the telephone. Clinical Boards such as Women and Children have now begun to develop bilingual leaflets and put up bilingual posters on their walls for the benefit of patients and service users. There also has been a positive response by staff on the offer of a free online Welsh language lessons run by the National Welsh Language Centre. Three members of staff also took advantage of the free residential course offered by the Nant Gwrtheyrn Learning Centre.

For the last three months there has been some gradual but positive progress on ensuring that the Welsh language is mainstreamed into the recruitment processes of the organisation. When the specialist board integrated the Welsh

language into the recruitment drive for band 5 nursing position, half of those interviewed had Welsh language skills. We also had a positive outcome following a concern on our parking facilities. The Estates team will be assessing the Welsh language as part of the tender document for the parking contract, ensuring that the contract winner will provide an effective Welsh language service when necessary.

However there are still many challenges that need to be overcome. The website is still mainly in English only, with limited resource to provide it fully bilingually. Meanwhile the opportunities for staff to develop their Welsh language skills for the workplace is limited and is dependent on outside support. Furthermore, there has been a decline in the percentage of staff who have registered their language skills on the Employment Staff Record. This is due to staff who still have their Welsh language skills as registered under the older level of appraisal and have not updated it for the new one. Cardiff and Vale UHB has been and will be continuing to encourage their staff, through the co-operation of CB's, to register or update their details.

While there has been some positive progress made with the organisation's Welsh language agenda there is still considerable amount of work to do in preparation of the new Welsh language standards. In comparison to the current Welsh language scheme, the new standards will place greater expectation for the organisation to provide an effective Welsh language service for patients', service users and the public at large. Cardiff and Vale UHB will be expected to enact and fully comply with these standards within a short space of time instead of working towards them, as practiced under the Welsh Language Scheme.

However, the organisation will be working with its staff in the immediate and longer term future to set out how it will comply with these new expectations. Beginning with a workshop in July and led by the Executive Director for Workforce and Organisational Development, it will consult with the staff across the UHB on how to progress before moving onto the most challenging aspects of the standards. There will be an action plan drafted in preparation to ensure steady progress by the UHB and show the Commissioner how it will comply with these new regulations.

**Cardiff and Vale University Health Board Annual Welsh Language Scheme Report 2017-2018**

Category	
Policy impact assessment	<p>22 policies were passed by the UHB between April 2017 – March 2018. 100% of them were assessed for impact on the Welsh Language.</p> <p><b>Annex 1</b> provides an example of a policy assessed based on the impact on the Welsh language. The equality and health impact assessment showed the impact on users who preferred to use the Welsh Language. As a response, the policy would ensure that the service users would be able to receive bilingual information and discuss any issue in Welsh or English. The policy would also ensure that registrar for birth, marriages and deaths would provide a Welsh language service.</p>
Services provided by others	<p>95 and 100% of third party agreements monitored to ensure they comply with the relevant requirements of the Welsh language scheme.</p> <p>A concern was received regarding the lack of Welsh language service by Parking Eye, the parking facilities management under contract in Llandough University Hospital. As a response, the organisation requested that they adhere to our Welsh Language scheme. Additionally, the contract will be renewed shortly with a contractual requirement that they provide a Welsh Language service.</p>
Workforce planning	<p>Cardiff &amp; Vale UHB is slowly progressing on mainstreaming the Welsh Language into the recruitment process. It recognised that the introduction of Welsh language skills as an essential part of recruitment is a gradual process. However, early indicators show positive outcomes. When the Specialist board included specific Welsh language skills in the job description for a Grade 5 nursing staff, half of the candidates were shown to have Welsh language skills.</p> <p>Please see <b>Annex 2</b> for data. Note for this year, the amount of staff who have registered their Welsh language skills has declined. This is due to change of how Welsh language skills data is being kept from the old 3 different levels of skills to 5 more detailed levels. Cardiff and Vale UHB will be cooperating with the Clinical Boards to remind staff to re-register their language skill levels through their Employment Staff Records account.</p>
Training to improve Welsh language skills	43 people (0.3% of the total workforce) have attended or registered the Welsh Language courses made available by the National Welsh Language Learning Centre of Wales.
Recruitment	One role was advertised as essential

	<p>1805 and 100% of roles were advertised with Welsh Language skills as desirable</p> <p>No posts were advertised with Welsh Language skills not required.</p>
Language awareness training	<p>916 and 50% of new members of staff attended Welsh Language awareness between April 2017 – March 2018. The percentage was calculated based on the comparison of how many attended the awareness sessions and how many staff were recruited overall during the year.</p> <p>6459 members of staff (46% of total staff) have received Welsh Language Awareness sessions since the inception of the corporate induction.</p> <p>The Specialist Service Clinical Board have piloted the gradual integrating of the Welsh Language into the recruitment processes. They started with putting relevant Welsh language skills as desirable as part of the job specification itself. It received a positive response. For example, half of the candidates who were shortlisted for interview for one grade 5 nursing had good Welsh language skills.</p>
Website	<p>In comparison to the English website, 3.6 % of the website is available in Welsh.</p> <p>The organisation has found the task of translating the total 2580 pages of the website very challenging. As an alternative means of maximising the resources available, it has focused on developing and maintaining the most popular pages on the website.</p>
Welsh language services provided	<p>In collaboration with the local Welsh Language partnership (Menter Iaith Caerdydd), the Midwifery Directorate has held Welsh ante-natal classes for Welsh speaking/bilingual expectant parents. They also distribute bilingual Pregnancy notes folder, promoting the Twf Initiative.</p> <p>Dental Hospitals have distributed a prompt card with the relevant greetings in Welsh for all their telephone operators and reception areas to help them welcome service users bilingually.</p> <p>The wearing of the iaith gwaith badge by staff with Welsh language skills is becoming increasingly popular. The badge can be sown onto a range of various staff group uniforms. Local directorates have also raised awareness about the 'iaith gwaith' badges through poster and information boards.</p> <p>Good practice has been noted around improving the opportunities for patients to speak Welsh including grouping Welsh speaking inpatients together on wards.</p>

	<p>Some wards have been asking patients for their preferred language choice and have been encouraging staff members to use their Welsh with patients.</p> <p>The annual staff recognition awards highlight and celebrate excellent Welsh language care for service users. Cardiff and Vale UHB use various means to audit and assess the Welsh Language. The most popular is the "<i>Minute of your Time</i>" surveys which are given to patients to fill out during their stay/treatment. The survey includes questions on Welsh language services.</p>
Complaints	The organisation received a total of 5 complaints during 2017-2018.
Statutory investigation	<p><b>Parking Facilities Management (Parking Eye &amp; Indigo)</b></p> <p>The Capital and Estates team recognised that Parking Eye and Indigo (responsible for managing parking facilities for the Cardiff and Vale UHB) were not responding positively to Welsh language correspondence. A new contract tendering process for the parking management facilities will include assessment on whether the contractor can provide a Welsh language service.</p> <p><b>Bilingual leaflets at Flu vaccines</b></p> <p>Primary Community and Intermediate Care Clinical Board will be working with their primary care providers (who ran the flu vaccines session) to ensure that these sessions in the future comply with the Welsh language policy of the UHB. They will encourage the local practices to provide bilingual forms and posters.</p> <p><b>Llandough Telephone Operators</b></p> <p>As a response to the lack of availability for Welsh service, the operational team has been attempting to recruit telephone operators with Welsh language skills but has found it very difficult. As an alternative, they are working on options on improving Welsh language services offered by the team. i.e referring them to Welsh speakers in nearby teams.</p> <p><b>Patient Announcement System in a GP surgery</b></p> <p>The system which was used to call the next patient was owned wholly by the practice, making it difficult for the organisation to ensure that system can say Welsh names of their patients . However, Primary Intermediate and Community Care are working with primary care providers to generally improve the level of care offered by the sector.</p>

<b>Reference Number:</b> UHB 218 <b>Version Number:</b> 2	<b>Date of Next Review:</b> 28 <sup>th</sup> Sep 2020 <b>Previous Trust/LHB Reference Number:</b> N/A
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## **MANAGEMENT OF FETAL REMAINS, STILLBIRTH AND NEONATAL DEATH POLICY**

### **Policy Statement**

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that all staff within Cardiff and Vale University Health Board provide consistent advice and support to women, couples, their families or carers following the loss of their fetus, baby, pregnancy remains, fetal material as well as stillbirth and neonatal death.

The UHB's respect for sexuality, culture and belief is fundamental and people are treated individually with their wishes respected where possible, ensuring true person centred care.

The Human Tissue Act, enforced by the Human Tissue Authority (HTA) provides a legal framework for the storage and use of tissue from the living and for the removal, storage and use of tissue and organs from the dead. HTA best practice indicates that the woman's wishes are the most important driver when deciding on disposal methods. In particular, the HTA acknowledges that many women feel distressed by questions on disposal options and prefer NOT to be involved in the process. HTA also advises that, if the woman wishes this, the same principles should be applied to pregnancy remains and fetal material (less than 24 weeks gestation that shows no signs of life), as those applied to tissue retained at post-mortem i.e. examination and disposal require specific consent for fetus / babies of all gestational loss as well as stillbirth and neonatal death.

### **Policy Commitment**

We will ensure consistency in practice and take account of changing public expectations. We will also ensure that all Health Board service users have information to support the giving of informed consent surrounding the choices for disposal of fetal remains, which will be managed and disposed of in a sensitive and dignified manner, in line with, the Royal College of Nursing Guidance (2015), the 2004 Human Tissue Act. The Human Tissue Authority guidance on disposal of pregnancy remains (March 2015), sets out the minimum standard, which is: cremation, burial or incineration.

The Health Board accepts that women should have choices, regardless of pregnancy gestation and it acknowledges that all pregnancy loss at any gestation can be a significant event. Such loss in the first or second trimester of pregnancy may resemble a stillbirth or neonatal death and thus be similar to other bereavement. In addition to this practical support, staff will ensure that care meets personal, cultural, spiritual, religious and holistic individual requirements (MBRRACE 2017).

Document Title: Fetal Remains, Stillbirths and Neonatal Death Policy	2 of 29	Approval Date: 28 Sep 2017
Reference Number: UHB 218		Next Review Date: 28 Sep 2020
Version Number: 2		Date of Publication: 1 <sup>st</sup> Nov 2017
Approved By: UHB Board		

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and that we do not discriminate, harass or victimise individuals or groups unfairly on the basis of sex, pregnancy and maternity, gender identity, disability, race, age, sexual orientation, disfigurement, religion and belief, family circumstances including marriage and civil partnership. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service delivery standards and our Strategic Equality Plan and Equality Objectives.

To achieve this, staff training is made available throughout the UHB.

### **Supporting Procedures and Written Control Documents**

This Policy and the supporting procedures describe the management of fetal remains, still births and neonatal deaths.

#### **Other supporting documents are:**

Fetal Remains, Still Birth and Neonatal Death Procedures  
[Guidance for Transferring a Deceased Baby or Child](#)

### **Scope**

This Policy and supporting procedure applies to all of our staff in all locations including those with honorary contracts.

Whilst the policy does not specifically relate to the Health Board's contractors, as a UHB-wide policy, elements of it may be used as good practice guidance in Primary Care.

<b>Equality and Health Impact Assessment</b>	An Equality and Health Impact Assessment (EHIA) has been completed and thus found there to be an overall positive impact. Key actions have been identified and these can be found incorporated within this procedure /supporting policy.
<b>Policy Approved by</b>	Board
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Bereavement Strategy Group
<b>Accountable Executive or Clinical Board Director</b>	Medical Director

Document Title: Fetal Remains, Stillbirths and Neonatal Death Policy	3 of 29	Approval Date: 28 Sep 2017
Reference Number: UHB 218		Next Review Date: 28 Sep 2020
Version Number: 2		Date of Publication: 1 <sup>st</sup> Nov 2017
Approved By: UHB Board		

**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 Review Approved	Date Published	Summary of Amendments
1	21/01/14	16/04/14	New Policy
2	28/09/17	01/11/17	Revised Document in so much that it has been separated from the Procedure.  Inclusion of current HTA guidance.  Removal of Health Board Funded funerals for stillbirth.

**Equality & Health Impact Assessment for**  
**MANAGEMENT OF FETAL REMAINS,**  
**STILLBIRTH AND NEONATAL DEATH POLICY AND PROCEDURE**

<b>1.</b>	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	<b>Management Of Fetal Remains, Stillbirth And Neonatal Death Policy And Procedure</b>
<b>2.</b>	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Women and Children Clinical Board, Consultant Midwife 02920746293, Bereavement Midwife 02920743341 Clinical Diagnostics and Therapeutics Clinical Board Cellular Pathology Services Manager 02920744277, Senior Nurse Bereavement Service 02920744949
<b>3.</b>	Objectives of strategy/ policy/ plan/ procedure/ service	To provide local guidance for all health care professionals of varying disciplines to ensure consistent care for fetal remains stillbirth and neonatal deaths at Cardiff and Vale University Health Board. To provide consistent advice, practice and support to women / couples, their families or carers following the loss of their fetus / baby.
<b>4.</b>	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> </ul>	Under the Well-being of Future Generations (Wales) Act 2015MBRRACE, Welsh Initiative Stillbirth Reduction, Each Baby Counts WG ONS, National still birth working group, Stillbirth and Neonatal Death charity Royal College of Obstetricians and Gynaecologists Gender reassignment discrimination, ACAS, <a href="http://www.acas.org.uk/index.aspx?articleid=2064">http://www.acas.org.uk/index.aspx?articleid=2064</a> Equality Act 2010

	<ul style="list-style-type: none"> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012). Links</p> <p><a href="http://www.acas.org.uk/media/pdf/0/m/Managing-bereavement-in-the-workplace-a-good-practice-guide.pdf">http://www.acas.org.uk/media/pdf/0/m/Managing-bereavement-in-the-workplace-a-good-practice-guide.pdf</a></p> <p><a href="https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales">https://www.gov.uk/government/publications/abortion-notification-forms-for-england-and-wales</a></p> <p><a href="http://www.arc-uk.org/">http://www.arc-uk.org/</a></p> <p><a href="https://www.hta.gov.uk/">https://www.hta.gov.uk/</a></p> <p><a href="http://www.nafd.org.uk/">http://www.nafd.org.uk/</a></p> <p><a href="https://www.rcoq.org.uk/">https://www.rcoq.org.uk/</a></p> <p><a href="http://www.publichealthwales.wales.nhs.uk/">http://www.publichealthwales.wales.nhs.uk/</a></p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Women / couples, intended parents, their families or carers following the loss of their fetus / baby.

<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	There is a potential positive impact as the aim of the policy is to ensure consistent care for fetal remains, stillbirth and neonatal deaths at Cardiff and Vale University Health Board to all . To provide consistent advice, practice and support to women / couples, their families or carers following the loss of their fetus / baby regardless of age.		
<b>6.2 Persons with a disability as defined in</b>	There is the potential for there to be a negative impact on people	All efforts will be made to recognise people with disabilities and all steps	<b>11.2</b>

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	with learning difficulties & people with a compromised level of understanding for example.	taken to minimise any negative impact on the individual and their family. The UHB recognises the importance of providing skilled and sensitive communication, including the communication needs of relatives and carers as well as the cultural and spiritual elements of care and giving relevant information at the right time and in the right way, such as with the use of communication aids as noted in the guidance. example	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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 was no specific information or mention in search as to gender issues related to this type of guidance though we know that for some cultures it is important that people are cared for by people of the same gender and we would meet this where we could.</p> <p>There does not appear to be any impact on people with this protected characteristic in respect for adults.</p> <p>There is no specific data available to assess whether the content of this policy will have an equality impact relating to gender reassignment. It is not anticipated that that gender reassignment status of any parent/family member or carer will adversely impact on the relationships built</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>with UHB staff. However, It is known that trans people face considerable ignorance, prejudice and discrimination in their daily lives, which impacts on their general health and wellbeing. Informed and appropriate healthcare can make significant improvement to their health outcomes (Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012). Research shows that trans people can experience many barriers and issues in relation to their trans related <b>and/or</b> their general healthcare <b>and/or</b> their use of NHS services.</p>		
<b>6.4 People who are married or who have a civil partner.</b>	There does not appear to be any impact on people with this protected characteristic.	The guidance aims to ensure that all couples are treated with the same	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
		dignity and respect whether they are in a same sex or heterosexual relationship and thus implicit, whether they are married or in a civil partnership.	
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	We would be respectful of patients with this protected characteristic in meeting their wishes and the wishes of their carer/families.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<p>No It was noted that there might be a positive impact in the following information in accommodating differing cultural needs</p> <p>However, it should be noted that there is a higher incidence of baby loss amongst the black, ethnic minority community</p>	<p>If required Cardiff and Vale UHB can provide interpreters through face to face contact and also via the telephone.</p>	
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	There is the potential for the impact to be positive as the UHB has a number of ways of ensuring that cultural needs are met.	There is access to Chaplains of varying faiths to provide spiritual support to patients, carers and staff who have a faith and those of no faith. This service is available 24 hours a day	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
		<p>via an on call service out of hours.</p> <p>There are also Multi Faith Customs Charts and a Ward Guide for the Religious Care for Patients accessible to Health Board staff.</p> <p>There are certain cultures that require an expedited burial often within twenty four hours; this can include deceased from both Muslim and Jewish Communities. Guidance is provided to assist this process but there are certain situations where this might not be possible, an example being if it is necessary to</p>	

11.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
		involve HM Coroner. If for instance, a death has occurred within twenty four hours of admission to hospital, regulation and law could prevent a short notice burial occurring as referral the HM Coroner would be necessary. Unfortunately, this situation is outside the remit of the Health Board.	
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	Yes.	There does not appear to be any impact on people with this protected characteristic. The guidance aims to ensure that all couples are treated with the same dignity and respect	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
		whether they are in a same sex or heterosexual relationship. There is no specific data available to assess whether the content of this policy will have an equality impact relating to sexual orientation issues. It is not anticipated that the sexual orientation of any parent/family member or carer will adversely impact on the relationships built with UHB staff. However, it is known that if an individual is a lesbian, gay or bisexual (LGB) they may face considerable ignorance, prejudice and	

11.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
		<p>discrimination in their daily lives, which impacts on their general health and wellbeing. Informed and appropriate healthcare can make significant improvement to their health outcomes (Trans Mental Health Study, (McNeil, Bailey, Ellis et al, 2012). Research shows that the LGB community can experience many barriers and issues in relation to their sexual orientation <b>and/or</b> their general healthcare <b>and/or</b> their use of NHS services.</p>	

11.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p><b>Yes</b></p> <p><b>Welsh Language (Wales) Measure 2011</b></p> <p><a href="http://www.legislation.gov.uk/mwa_20110001_en.pdf">http://www.legislation.gov.uk/mwa_20110001_en.pdf</a></p> <p>Accessed at 09.04 14.02.17</p>	<p>This procedure covers many aspects of caring for women / couples, their families or carers following the loss of their fetus / baby and the care of the bereaved that follows the death. Information providing help and advice following the death is provided bilingually.</p> <p>Cardiff and Vale University Health Board Welsh Language Scheme suggests that:</p> <p>The UHB will ensure that members of the public who wish to have dealings with us are able and welcome to do so in Welsh or English.</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
		Also, if requested the Registrar of Births, Deaths and Marriages are able to provide a service in Welsh for the bereaved that require it. Following the death, if families wish to discuss information through the medium of Welsh then a relevant member of staff or an interpreter could be arranged. Religious and cultural needs will also be considered: many patients, the deceased and their relatives may have specific Welsh language religious needs.	

11.2

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>There does not appear to be any impact on people with this protected characteristic. The guidance aims to ensure that all couples are treated with the same dignity and respect whether they are on a low income.</p>	<p>The removal of the hospital funded cremation for still births may have impacted low income etc. The organisational bereavement team will support bereaved individuals in obtaining 'low cost/free services'</p>	
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>There does not appear to be any impact on people living in areas that exhibit poor economic/health indicators. There is a higher incidence of fetal/baby loss in this group of people. The guidance aims to ensure that all couples are treated with the same dignity and respect</p>	<p>The removal of the hospital funded cremation for still births may have impacted low income etc. The organisational bereavement team will support bereaved individuals in obtaining 'low cost/free services'</p>	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	Not applicable		

**7. 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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<b>7.1 People being able to access the service offered:</b> Consider access for those	All people are given access to care , there are no restrictions to those living in		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	area of deprivation or health inequalities		
<b>7.2 People being able to improve /maintain healthy lifestyles:</b>  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, falls prevention). Also consider impact on access to supportive services including smoking cessation	All people are encouraged to improve/maintain healthy lifestyles.  There are support services within CAV UHB for smoking cessation, drug and alcohol dependence, weight management. Safer Pregnancy Launch March 2017		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
services, weight management services etc  Well-being Goal – A healthier Wales			
<b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions  Well-being Goal – A prosperous Wales	All people are cared for irrespective of income and employment status		
<b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility	All people are cared for in terms of the physical environment.		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
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  Well-being Goal – A resilient Wales			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.5 People in terms of social and community influences on their health:</b> 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>There is a potential positive impact as the aim of the policy is to ensure consistent care for fetal remains, stillbirth and neonatal deaths at Cardiff and Vale University Health Board to all . To provide consistent advice, practice and support to women / couples, their families or carers following the loss of their fetus / baby regardless of who they are, their culture or what they believe. The policy is there to support all. There is no discrimination in respect of social/community influences.</p>		

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate</b> Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b>            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>There is no discrimination in respect of macro-economic, environmental and sustainability factors. We undertake disposal of fetal remains appropriate to meet the requests of the family, respecting biodiversity and ethical principles.</p>	

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

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	Positive impact is that parents have a choice following fetal/baby loss, without discrimination. Staff have clear guidance regarding options available to parents, and are trained in giving this information to ensure the person is fully informed when making decisions relating to care.
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**11.2**

### Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Time scale	Action taken by Clinical Board / Corporate Directorate
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	<p>Interpreters will be provided for every family that English is not their first language; to facilitate effective communication.</p> <p>Incineration is to be introduced as an option for families who wish, this is a change to the current policy, in line with the Human Tissue Authority guidance.</p> <p>Hospital contracted funerals for stillbirths will no longer be offered to parents. Parents will be supported by the bereavement team to arrange funerals.</p>			

	Action	Lead	Time scale	Action taken by Clinical Board / Corporate Directorate
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  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, a more comprehensive Equalities Health Impact Assessment has not been undertaken as the impact is not deemed necessary for a more formal consultation.			

	Action	Lead	Time scale	Action taken by Clinical Board / Corporate Directorate
<b>8.4 What are the next steps?</b>  Some suggestions:- Decide whether the strategy policy, plan, procedure and/or service proposal:  -continues unchanged as there are no significant negative impacts -adjusts to account for the negative impacts -continues despite potential for adverse 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	Yes, with update of policy adhering to HTA guidance Yes, all views taken into account, we have to adhere to HTA guidance. Yes, the Executive Board will decide approval of the policy  On reviewing this policy minor positive changes have been made. The EHIA has been consulted upon. It has been approved by the Bereavement Strategy Group, and will continue to be reviewed every 6 months as part of the groups Terms of Reference. When this policy is reviewed, this EHIA will form part of that consultation exercise. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement) consultation via the Intranet.			

	Action	Lead	Time scale	Action taken by Clinical Board/ Corporate Directorate
-Publish your report of this impact assessment -Monitor and review				

11.2

Number and percentage of the organisation's employees:

- whose Welsh language skills have been assessed;
- that has Welsh language skills (per skill level).

**All staff:** -

<b>Welsh Speaking Level</b>	<b>Headcount</b>	<b>Percentage</b>
0 - No Skills / Dim Sgiliau	4332	29.21%
1 - Entry/ Mynediad	682	4.60%
2 - Foundation / Sylfaen	143	0.96%
3 - Intermediate / Canolradd	77	0.52%
4 - Higher / Uwch	104	0.70%
5 - Proficiency / Hyfedredd	195	1.31%
Not Assessed	9297	62.69%
<b>Grand Total</b>	<b>14830</b>	<b>100.00%</b>

Number and percentage of employees working in the following priority group services, whose language skills have been assessed.

Number and percentage of employees working in the following priority group services, working in the above priority group services that have Welsh Language skills

**Paediatrics:** -

<b>Welsh Speaking Level</b>	<b>Headcount</b>	<b>Percentage</b>
0 - No Skills / Dim Sgiliau	282	26.58%
1 - Entry/ Mynediad	65	6.13%
2 - Foundation / Sylfaen	9	0.85%
3 - Intermediate / Canolradd	3	0.28%
4 - Higher / Uwch	10	0.94%
5 - Proficiency / Hyfedredd	19	1.79%
Not Assessed	673	63.43%
<b>Grand Total</b>	<b>1061</b>	<b>100.00%</b>

**School Nursing:** -

<b>Welsh Speaking Level</b>	<b>Headcount</b>	<b>Percentage</b>
0 - No Skills / Dim Sgiliau	17	40.48%
1 - Entry/ Mynediad	3	7.14%
2 - Foundation / Sylfaen		
3 - Intermediate / Canolradd		
4 - Higher / Uwch		
5 - Proficiency / Hyfedredd	1	2.38%

11.3

Not Assessed	21	50.00%
<b>Grand Total</b>	<b>42</b>	<b>100.00%</b>

**Health Visiting: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	31	17.22%
1 - Entry/ Mynediad	5	2.78%
2 - Foundation / Sylfaen	1	0.56%
3 - Intermediate / Canolradd	2	1.11%
4 - Higher / Uwch	3	1.67%
5 - Proficiency / Hyfedredd	5	2.78%
Not Assessed	133	73.89%
<b>Grand Total</b>	<b>180</b>	<b>100.00%</b>

**Elderly Care Medicine: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	25	29.41%
1 - Entry/ Mynediad	4	4.71%
2 - Foundation / Sylfaen		
3 - Intermediate / Canolradd		
4 - Higher / Uwch		
5 - Proficiency / Hyfedredd	1	1.18%
Not Assessed	55	64.71%
<b>Grand Total</b>	<b>85</b>	<b>100.00%</b>

**Mental Health Services - Child and Adolescent: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	4332	29.21%
1 - Entry/ Mynediad	682	4.60%
2 - Foundation / Sylfaen	143	0.96%
3 - Intermediate / Canolradd	77	0.52%
4 - Higher / Uwch	104	0.70%
5 - Proficiency / Hyfedredd	195	1.31%
Not Assessed	9297	62.69%
<b>Grand Total</b>	<b>14830</b>	<b>100.00%</b>

**Mental Health Services - Adult: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	225	29.07%
1 - Entry/ Mynediad	46	5.94%
2 - Foundation / Sylfaen	10	1.29%
3 - Intermediate / Canolradd		

4 - Higher / Uwch	6	0.78%
5 - Proficiency / Hyfedredd	2	0.26%
Not Assessed	485	62.66%
<b>Grand Total</b>	<b>774</b>	<b>100.00%</b>

**Mental Health Services - Community: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	22	33.33%
1 - Entry/ Mynediad	2	3.03%
2 - Foundation / Sylfaen	1	1.52%
3 - Intermediate / Canolradd		
4 - Higher / Uwch		
5 - Proficiency / Hyfedredd	1	1.52%
Not Assessed	40	60.61%
<b>Grand Total</b>	<b>66</b>	<b>100.00%</b>

**Mental Health Services - Older People: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	115	28.40%
1 - Entry/ Mynediad	23	5.68%
2 - Foundation / Sylfaen	2	0.49%
3 - Intermediate / Canolradd	2	0.49%
4 - Higher / Uwch	2	0.49%
5 - Proficiency / Hyfedredd	7	1.73%
Not Assessed	254	62.72%
<b>Grand Total</b>	<b>405</b>	<b>100.00%</b>

**Mental Health Services - Learning Disabilities: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	1	50.00%
1 - Entry/ Mynediad		
2 - Foundation / Sylfaen		
3 - Intermediate / Canolradd		
4 - Higher / Uwch		
5 - Proficiency / Hyfedredd		
Not Assessed	1	50.00%
<b>Grand Total</b>	<b>2</b>	<b>100.00%</b>

**Speech and Language Therapy: -**

Welsh Speaking Level	Headcount	Percentage
0 - No Skills / Dim Sgiliau	26	27.96%
1 - Entry/ Mynediad	13	13.98%
2 - Foundation / Sylfaen	3	3.23%
3 - Intermediate / Canolradd	2	2.15%
4 - Higher / Uwch	2	2.15%
5 - Proficiency / Hyfedredd	1	1.08%

Not Assessed	46	49.46%
<b>Grand Total</b>	<b>93</b>	<b>100.00%</b>

11.3

<b>ANNUAL EQUALITY STATEMENT AND REPORT 2017-18</b>	
<b>Name of Meeting:</b> Strategy and Delivery Committee	<b>Date of Meeting</b> 5 June 2018
<b>Executive Lead:</b> Executive Director of Workforce and Organisational Development	
<b>Author:</b> Equality Manager	
<b>Caring for People, Keeping People Well:</b> This report underpins the Health Board's 'Priorities', 'Sustainability', 'Culture' and "Values" elements of the Health Board's Ten Year Shaping Our Future Wellbeing Strategy	
<b>Financial impact:</b> There are no anticipated costs identified with this paper.	
<b>Quality, Safety, Patient Experience impact:</b> The information provided in this paper provides opportunities for enhancing and broadening high quality, safe and equitable public, patient/carer experiences.	
<b>Health and Care Standard Number 3.2, 4.2 &amp; 6.2</b>	<b>CRAF Reference Number 8.1.6</b>
<b>Equality Impact Assessment Completed:</b> Not applicable	

## RECOMMENDATION

### ASSURANCE AND RECOMMENDATION

**ASSURANCE** is provided by:

- This report outlines progress made in meeting the obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP).
- This report is structured in accordance with the Equality and Human Rights Commission document, 'Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales'.
- This report has been presented to the Local Partnership Forum for consultation, as part of a wider consultation and engagement exercise

The Equality, Diversity & Human Rights Sub Committee is asked to:

- **COMMENT** on the Annual Equality Statement and Report
- **APPROVE** the Annual Equality Statement and Report

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## SITUATION

This paper reports on the annual progress made by Cardiff and Vale University Health Board (the UHB) in meeting its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20 (SEP).

## BACKGROUND

The UHB is required, under the Equality Act 2010 to publish an Equality Annual Report, this can be found attached as **Appendix 1** and will be

published on the intranet and the UHB internet site. This is the second such report based on the new SEP and relates to the period 2017-18. The previous annual reports focused on the period leading up to the development and implementation of the Strategic Equality Plan 2012-2016. It reflects the ‘transitional’ progress that is being made in the overall journey to embed the equality agenda into the UHB.

## ASSESSMENT AND ASSURANCE

This report is structured in accordance with the Equality and Human Rights Commission document, ‘Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales’.

The SEP Fair Care 2016-2020 is premised on all of the above while working to ensure that its planning is embedded into the UHB business processes. The finalizing of the 2017-18 delivery objectives provided an opportunity to transfer and embed good practice through the mandating of proven initiatives. These were previously identified from a number of sources including Clinical Board presentations to the Equality, Diversity and Human Rights Sub Committee (EDHRSC). By providing clarity on a set of minimum delivery objectives, the actions of Clinical Boards and Corporate Teams allowed for better alignment, making achieving them more likely. The development of the 2016-2020 Strategic Equality Plan (SEP) is closely aligned to our ten year strategy ‘Shaping Our Future Wellbeing’ and our Intermediate Medium Term Plan 2015/16-2017/18 (IMTP) and provides an opportunity to produce a UHB framework for equality which supports and enables Clinical Boards and corporate teams to achieve their delivery objectives.

The UHB is aware that meeting its obligations may involve focusing on some people more than on others at particular times within the lifespan of the SEP and will do so, as long as this does not contravene other provisions within the 2010 Equality Act.

The Health and Care Standards for Wales provide a common framework of health and care standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. It is aimed at improving the patient experience and placing patients at the centre of the way in which services are planned and delivered, promoting the development of safe, high quality care for all patients in Wales.

The Standards, therefore, represent an appropriate guide and focus for the SEP, as relevant progress is fed back to the public through the annual self-assessment and external review processes such as this report. The attached report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines.

## Caring for People Keeping People Well

Our Mission is: (This is why we exist)

### **CARING FOR PEOPLE KEEPING PEOPLE WELL**

Our Vision is: (This is what we want to do)

**A person's chance of leading a healthy life is the same wherever they live and whoever they are**

Our Strategy is: (This is our game plan)

**Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them**



### Annual Equality Report 2017/18

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#### Accessible Formats

If you would like information in another language or format (large print, Braille, audio, BSL), please ask us.



**CARING FOR PEOPLE  
KEEPING PEOPLE WELL**



**GIG  
CYMRU  
NHS  
WALES**

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

**This report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines, and focuses on**

- ❖ Steps taken to identify and collect relevant information
- ❖ How the UHB has used this data in meeting the three aims of the general duty
- ❖ Any reasons for not collecting the relevant information
- ❖ The effectiveness of the UHBs' arrangements in identifying and collecting relevant information
- ❖ Progress toward fulfilling each of the authority's equality objectives
- ❖ Effectiveness of the steps taken to meet these objectives

Information on Welsh Speakers is collected and an action plan is in place to fulfil the requirements of the Welsh Language Measure. This is available through the [Welsh Language Scheme Annual Report 2016/17](#).

### About Us

Cardiff and Vale University Health Board was established in October 2009 and is one of the largest NHS organisations in the UK. We have a responsibility for the promotion of health and well being of around 472,400 people living in Cardiff and the Vale of Glamorgan, the provision of local primary care services, running of health centres, community health teams, hospitals – providing treatment and care when health and well-being isn't the best it could be. We are increasingly focusing the planning and delivery of our care based on neighbourhoods and localities to help ensure people receive care as close to home as possible where it is safe and effective to do so. We also provide specialist services for people across South Wales and in some cases the whole of Wales. Detailed information about the services we provide and the facilities, from which they are run, can be found on the [Health Board's website](#).

Our population is:

- growing rapidly in size - projected 4% increase between 2013-17; will pass 500,000 for the first time (much higher than average growth across Wales)
- ageing - number of over 85s increasing at a much faster rate than the rest of the population (10.4% increase between 2013-17)
- ethnically very diverse, compared with much of the rest of Wales. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is one of the few centres in the UK designated as a receiving centre for people newly arrived in the UK who are seeking asylum.

This change in the population presents a unique set of challenges for the UHB, as these groups generally have a greater need for healthcare. Currently the NHS in Wales spends around £1,700 per person per year on health and

wellbeing services with significantly more being spent in the first year of life and on people over the age of 65.

We also face many of the same challenges as other health services across the developed world, for example:

- Many children are also developing unhealthy behaviours
- Two thirds (66%) of under 16s don't get enough physical activity
- Nearly a third (31%) of under 16s are overweight or obese
- Around 1 in 10 adults are recorded as having high blood pressure
- There are stark inequalities in health outcomes and how, when people access healthcare
- Life expectancy for men is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas
- The number of years of healthy life varies even more, with a gap of 22 years between the most- and least-deprived areas
- Premature death rates are nearly three times higher among the most-deprived areas compared with the least deprived
- There are significant inequalities in the 'wider determinants' of health, such as housing, household income and education
- For example, the percentage of people living without central heating varies by area from 1% to 13%
- A recent Annual Report of the Equality and Human Rights Commission highlights that of the 23% of people living in poverty in Wales, 46% are disabled, 43% are from minority ethnic communities, 27% are aged 16-25 years and 48% are lone parents (9/10 are women). There are clear links between socio-economic inequalities and those associated with particular protected characteristics who may have specific health needs to be met.

There is a specialist programme of health improvement, health protection and healthcare quality actions and advice for Cardiff and Vale, to improve the health and wellbeing of the local population. These focus on the areas of need described above, in addition to other key needs. These areas were chosen because, with targeted action, they will lead to the biggest health benefits for the local population. Each has a detailed [action plan](#).

### **Living Our Values**

The Values into Action programme launched in Spring 2016, with six core values: Trust, Respect, Integrity, Care, Kindness and Personal Responsibility. These values were co-produced in line with the Health Board's ten year Strategy, Shaping our Future Wellbeing.

'Our Values into Action' is about translating our values into the tangible behaviours we want to see from each other, and to inspire us to keep improving our patient and staff experience.

In 2016, we held a number of engagement events for staff and patients. Almost 3,000 contributions were made to the Health Board's Values into

Action project designed to examine the values and behaviours that staff and patients wanted to see.

This work has resulted in a set of revised values and a description of the expected behaviours which emphasise the importance of teamwork and our ambition to always improve; key issues that staff felt were missing from the original values.

The revised values are:

- Kind and caring
- Respectful
- Trust and integrity
- Personal responsibility.

The next phase of this programme will require more engagement with staff to encourage and challenge them to demonstrate the behaviours aligned to the values.

The framework shows what behaviours we want to see what from individuals and teams and also provides what we don't want to see. This is what we mean by Living the Values

### **1. Progress toward fulfilling each of the authority's equality outcomes and objectives**

Four main equality outcomes are identified and are discussed below after small revisions to the wording were made during the year. They are:

Outcome 1: People are and feel respected

Outcome 2: People are communicated with in ways that meet their needs

Outcome 3: More people receive care and access services that meet their needs (including those from disadvantaged communities)

Outcome 4: Gender and any other protected characteristic pay gap reduced

This section provides a brief overview of progress around the high level strategic equality plan outcomes with the specific objectives set out in our [SEP Fair Care 2016-20](#).

In 2014 we developed an Equality, Diversity and Human Rights Strategy Map in order to ensure alignment with the UHB vision and agenda. This provided us with further clarity and focus on our journey, who we will work with to meet our objectives and what outcomes matter to us as a UHB. We continued this approach throughout 2016/17. The following is a summary of the strategy.

<b>EQUALITY STRATEGY MAP: <i>What are we here for?</i></b>	Putting patients first to ensure an equitable approach to the service we provide and to our staff and others who work with us.
<b><i>What matters/ Outcomes</i></b>	<p>Improved outcomes for patients and staff in a fully accessible environment where people are treated with respect and dignity, to reflect their individual needs.</p> <p>A place where equality, diversity and human rights are promoted, protected and celebrated/valued.</p> <p>Services are planned and developed collaboratively taking account of protected characteristics and Welsh Language issues.</p>

### 1.1 People are and feel respected

Our progress with this outcome can be seen through the following examples of our work:

- A Trauma and Orthopaedic Ward at University Hospital of Wales (UHW) has been opened following a refurbishment to meet RNIB standards.



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Ward B6 at UHW was given an overhaul so its design, colour and layout meet the needs of patients with dementia and sight loss. The refurbishment also gives the ward a home from home environment for patients and visitors. The improvements to the ward area were planned following engagement with patients, their families and carers to find out what was important about their stay in hospital in order to improve the overall patient experience. Other initiatives have been implemented to

improve the overall feel of the ward including the introduction of dementia friendly crockery to aid with nutrition and organising a range of activities to enable patients to get involved in such as weekly dance classes, lunch clubs, arts and crafts and music.

- The Cardiff and Vale University Health Board Younger Onset Dementia Service won the Innovation in Mental Health award at the Health Service Journal Awards. The Innovation in Mental Health category is about seeking out the innovation that is leading the way in delivering better services, empowering service users, putting them at the centre of care, engaging the community and reducing stigma.



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The team beat competition from nine other shortlisted entrants in the category and is the only Welsh winner in the 2017 awards. The Younger Onset Dementia Service is a specialist and dedicated service for people, their carers and families who receive a diagnosis of dementia under the age of 65. The service works closely with the patient and their families to connect them with support during these challenging times. Younger people diagnosed with dementia may have different needs to older people such as still being in work at the time of diagnosis, having dependent children still living at home or caring for ageing parents.

- The 10th October marked World Mental Health Day and the second annual Employee Health & Wellbeing Day in Mental Health Clinical Board. Over 150 staff attended the Unison-sponsored event in the Seminar Room

at Hafan y Coed, which was dedicated to improving their physical and psychological health and wellbeing. Mental Health staff work tirelessly to provide care and support to vulnerable patients and service users so this event was to focus on their own health and wellbeing. The Mental Health Clinical Board places a high value on staff engagement, health and wellbeing. Our annual Health & Wellbeing Week forms part of our wider engagement strategy, which we hope will provide positive workplace experiences for staff and recognise them for their outstanding contributions.

- The Dietetic Team and specialist Diabetes Nurse, who are part of the wider Health Board Multi-Disciplinary Team which delivers the structured diabetes education programme, DAFNE, celebrated this year after winning the FIVE STAR Award from the Wales Council for Deaf People. This is in recognition of the high quality support and good practice in the Health Service, provided to a patient during 2016/2017. The award was presented by Rhun ap Iorwerth AM, at the SENEDD.



***An extract from the patient who nominated the team for the award stated:***

"(After receiving) the first contact letter DAFNE referral, I responded explaining I was hard of hearing but could lip read and wanted to attend the DAFNE programme. Communications followed by email explaining the course. I was invited to see the room where this week long course was held. I was offered loop hearing system along with my own hearing loss equipment. I was one of 8 people in my group and was made very comfortable during my stay. Staff were great, very caring and treated me very well). I am delighted to have nominated the team for their hard work."

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- In November 2017 the Health Board celebrated its work to recognise the ***It Makes Sense Campaign*** as we continued to promote our work on meeting the [All Wales Standards for Accessible Communication and Information for People with Sensory Loss](#).



## It Makes Sense

**SENSORY LOSS AWARENESS MONTH**

- We recognised the International Day for the Elimination of Racial Discrimination. It was a perfect opportunity to help our communities celebrate human unity and the diversity of the human race rather than allow our differences to become an excuse for racial separation. The day was a chance to recognise prejudice, stereotypes and discrimination in our society, and how each of us may have our own prejudices and may be making people feel excluded without even realizing it. The Health Board reaffirmed our commitment to do what we can to eliminate all forms of discrimination and help create communities and societies where all citizens can live in dignity, equality and peace. Staff were asked to stand up against racial prejudice and intolerant attitudes. In the lead-up to the 70th anniversary of the Universal Declaration of Human Rights in December 2018, join us in fighting racism and standing up for human rights!  
#StandUp4HumanRights #FightRacism #JoinTogether  
#AfricanDescent
- We have also publicized a variety of other public awareness campaigns relating to protected characteristics such as: International Women's Day (8 March); International Day Against Homophobia, Biphobia and Transphobia ( IDAHOBiT Day); UK Older People; Disability Awareness Day; Anti-Bullying Awareness Week; Universal Children's Day, Hate Crime Awareness Week, World Elder Abuse Day; and Holocaust Memorial Day.
- A number of male staff from Cardiff and Vale University Health Board will be slipping on a pair of heels this Friday as part of 'Walk a Mile in Her Shoes'.



The campaign encourages men of all ages and backgrounds to take part and proudly wear a pair of women's shoes on a walk through Cardiff. The men will walk one mile in heels to show their support for the campaign which aims to eradicate violence against women, domestic abuse and sexual violence. Every year in the UK more than one million women suffer domestic abuse and more than 360,000 are sexually assaulted. Although abuse against women is disproportionately higher, anyone can be affected by violence and abuse.

Martin Driscoll, Executive Director of Workforce and Organisational Development at Cardiff and Vale UHB said: "The Health Board has over 14,000 staff and around 76% are women. We want to promote awareness of violence not just against women, but everyone, regardless of someone's gender identity, race, sexual orientation, religion or age. We want to challenge attitudes and behaviours and engage men in talking about these issues. 'Walk a Mile in Her Shoes' is one of the ways we can demonstrate our commitment to the Health Board's Values and our commitment to the White Ribbon campaign." For more information about the White Ribbon Campaign or to sign-up to be an ambassador please visit [www.whiteribboncampaign.co.uk](http://www.whiteribboncampaign.co.uk)

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- Cardiff and Vale University Health Board piloted a campaign supporting carers to continue their caring role, if they wish, while the person they care for is in hospital. It is aimed specifically at carers of people living with dementia. The campaign was launched at St David's Hospital by Ruth Walker, Executive Nurse Director, Charles Janczewski, Vice

Chair and Julia Jones, Co-Founder of Johns Campaign. The Patient Experience Team worked closely with carers and staff to develop the 'Four P's' ensuring that the principles adopted were affiliated to the 'Social Services and Wellbeing (Wales) Act 2014'. The elements are;

**Priority** – early identification of carers.

**Principles** – ensuring carers have a voice, and that they are informed and communicated with.

**Our Promises** – are that we will always welcome carers and where possible we will support them to continue their caring role, if they wish, for example at mealtimes.

Finally we ask that carers **Please** – respect other patients privacy, ward issues and tell us if you need our help and support.

For more information on John's Campaign visit [www.johnscampaign.org.uk](http://www.johnscampaign.org.uk)

- The Equality Diversity & Human Rights winners at the 2018 Staff Recognition Awards were Adele Watkins, a Paediatric Mental Health Nurse who works tirelessly with other healthcare professionals, internal departments as well as external organisations to end stigma and discrimination around mental health issues. This individual's work has resulted in reducing the need for patients to keep having to repeat their experiences over and over again.
- Young people with Diabetes have helped the Paediatric Diabetes Team produce a series of useful videos to explain what happens during routine appointments. The videos will help to break down barriers and make young people feel less anxious about attending clinic for the first time or for a different appointment. Rachel Harris, Paediatric Diabetes Nurse Specialist said: "It can be quite daunting for young patients who are coming in to use the service for the first time if they don't know what to expect". Noah's Ark Children's Hospital for Wales (NACHW) is the first health organisation to sign the Time to Change Wales pledge for Young People.



The pledge is part of the Time to Change Young People's Programme which aims to increase awareness and understanding around mental health problems, reducing the negative impact of stigma and discrimination and improving young people's confidence so they can talk more openly about mental health. NACHW, part of Cardiff and Vale University Health Board has developed an action plan and will also identify mental health champions from across the hospital to show its commitment to the mental health of younger people's mental health.

### A Patient Story

The following poem was written by a patient on the Rookwood Neuro-rehabilitation ward regarding the excellent care they received from the nursing staff there.

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#### **Superheroes**

Today I'd like to talk  
About Superheroes, not the type  
You see in magazines,  
Or that wear capes.  
The type that work in hospitals.  
Give up their time, not just  
To save people's lives and nurse  
Them back to health.  
They also keep patients company  
And are a friend to them,  
Even just a smile can make  
A lonely patient's day.  
I've been fortunate enough to  
Have the pleasure of having

The company of these superheroes.  
 They really have changed my life.  
 I wish I could return the  
 Good they have kindly given  
 To me for four months of my  
 Short sixteen years of life.

## 1.2 People are communicated with in ways that meet their needs

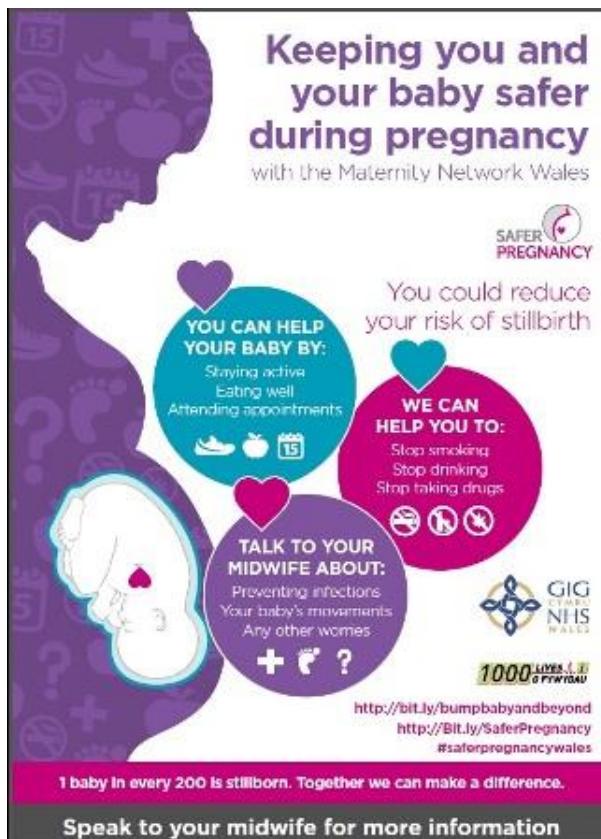
Our progress with this outcome can be seen through the following examples our work:

- Helpful information and advice for those who are deaf or living with hearing loss was given out at the University Dental Hospital during Deaf Awareness Week. The Dental Clinical Board was pleased to support Deaf Awareness Week which co-insides with the launch of the Welsh Governments' framework of Action for Wales 2017-2020. The integrated framework of care supports people who are deaf or living with hearing loss. Action on Hearing Loss supported the event and displayed information and advice on a stand within the University Dental Hospital. Patients, visitors and staff were able to discuss any personal or family members' needs and were presented with helpful suggestions and advice to help those living with hearing loss.



- We launched the Safer Pregnancy Wales campaign which aims to highlight the importance of keeping healthy and fit during pregnancy to reduce the risk of stillbirth. This year long campaign was launched in collaboration with the Wales Maternity Network and Public Health

Health Board maternity staff held a stall in the Antenatal Clinic and Concourse at the University Hospital of Wales (UHW) with information about smoking cessation, reducing alcohol intake, food portion sizes and healthy eating. Each new expectant mother in 2017 received key messages on a folder that holds their appointment notes.



- The North West Community Mental Health Team held a carers support event in partnership with Hafal. The event was held as part of Carers Week so the teams could spend the morning thinking about ways to improve assessment and support for carers. Local carer Vicky Yeates shared her story about life as a carer, revealing some of the challenges involved and the support that has helped her. She shared with staff some important messages including how services communicate diagnosis to patients/carers and the need for kindness and compassion in this. Services need to consider that carers can go through grieving process following such news, particularly in the case of lifelong illness. Carers of mental health service users can get further information on support via Hafal including this useful [10 point plan](#)
- A project to improve access to therapies for stroke patients won the health sector award at the All Wales Continuous Improvement Community awards. The Health Board undertook a service change project which focused on the development of an integrated therapy team providing a seven day service model to acute stroke patients at

the University Hospital of Wales. This 20 week project aimed to deliver a weekend acute stroke therapy service, enabling patients to begin their treatments promptly and receive continued rehabilitation over weekends. It also increased the number of weekend discharges and improved patient flow through the ward. Patient and carer satisfaction was high with positive feedback received about the availability of therapists at weekends, and the fact that rehabilitation of patients could start immediately. The All Wales Continuous Improvement Community's Awards aim to celebrate success and provide the opportunity to spread good practice across public services.



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- Haematology staff from the Health Board (UHB) won two awards at the prestigious South Wales Argus Health and Care Awards which aim to shine a light on excellence in the health and care sector. Dr Keith Wilson, Consultant Haematologist and Director of the South Wales Blood and Marrow Transplant Programme won 'Health Care Professional of the Year'. Dr Wilson has transformed the Blood and Marrow Transplant (BMT) service and was nominated for the award for the way he supports patients throughout their journey, always being open and honest about their treatment options. He is an extremely hard working individual with extremely high standards and his patients appreciate his honesty and integrity and feel safe and fully supported within his care.



The Haematology Trials Unit was nominated for 'Hospital Team of the Year' for their work to collaborate and extend the breadth of their research knowledge-informing evidence based care. Dr Jonathan Kell, Clinical Director for Haematology at Cardiff and Vale UHB said: "I'd like to congratulate the whole team on being nominated at these awards. It is wonderful to see their hard work and dedication being recognised for going the extra mile by patients and their families."

- The Health Board's Community REACT (Response Enhanced Assessment Crisis Treatment) team were highly commended runners up in the Mental Health Team of the Year Category at the 2017 British Medical Journal (BMJ) Awards.



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The REACT team was developed in February 2012 to provide a dedicated crisis service for older people with dementia, depression or psychosis. Previously people who suffered a crisis usually ended up being admitted to hospital, and the REACT service has grown rapidly to meet demand. The aim is to treat patients safely in their own home environment. Referrals are usually made by secondary mental health services, though recently we've extended that to GPs. We have found that 80% of hospital admissions can be avoided, and we also help in supporting the discharge of those that have been admitted."

The Welsh Language Award Winner at the Staff Recognition Awards was Anthony Cusack, a Physiotherapist from Orthopaedics who had demonstrable commitment in helping colleagues to develop their Welsh language skills. His determination from being a self-taught beginner working towards providing a better service for Welsh speaking patients was outstanding. His team's appreciation for his hard work was clearly recognised through the number of independent departmental nominations received.

### **1.3 More people receive care and access services that meet their needs (including those from disadvantaged communities)**

Our progress with this outcome can be seen through the following examples our work:

- A pilot text messaging service was launched in the urology outpatient clinic to improve patient attendance and experience. The service, which sent patients reminder texts about outpatient appointments, was piloted for 60 days as part of the Turning the Curve to Transformation programme that aims to deliver more efficient and effective care. It also aimed to ensure that patients will not be brought back for unnecessary appointments and that services are delivered in a timely manner. The text reminder service will send two messages to all new and follow-up patients reminding them of their outpatient appointments. Patients will then have the opportunity to either confirm, cancel or rebook their appointment as necessary. At the end of the 60 day cycle the project will be evaluated to see the impact made and any lessons learned. The urology pilot will be the second to take place in the health board and hopes to mirror the success of the text reminder service currently being tested for ENT (Ear, Nose and Throat) patients.
- A new dental practice has opened in Barry to provide NHS treatment options to the local community.



- West Quay Dental Practice, encompasses six brand new fully equipped surgeries to provide fully accessible treatment. The new practice is from the relocation of Tynewydd Road Practice in Barry and is based at West Quay Medical Centre. The new practice is a partnership between Cardiff and Vale University Health Board and Rodericks Dental. West Quay now provides a dedicated primary care centre for the community to include GPs and a pharmacy, as well as community audiology services. The practice is also fully accessible to disabled patients and contains an intermediate bariatric chair to allow dental treatment for patients up to 30 stone. Standard dental chairs currently only accommodate up to 21 stone. The practice is located on accessible bus routes and offers ample free parking for those accessing services at the Centre.

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- The Clinical Diagnostics and Therapeutics Clinical Board recently reopened its Radiology Unit at the University Hospital of Wales which has been redesigned in line with the Royal National Institute for the Blind (RNIB) Visibly Better Cymru Scheme. Cardiff and Vale UHB are the only Health Board in Wales to have used the Visibly Better design principles while undergoing a redesign of a service area. Visibly Better Cymru supports organisations to develop and maintain accessible environments so that many more people can feel more confident in getting in and around the places they visit, work or live. Having accessible environments means that people with sensory loss such as sight loss, can also benefit from inclusive design as well as people with physical disabilities. The Visibly Better design principles include fundamental considerations to help prevent falls and promote an individual's confidence by establishing appropriate lighting level requirements. Lighting has to then be

complimented by colour and tonal contrast of surfaces, fixtures and fittings to aid identification, task work and way finding.



Ceri Jackson, Director of RNIB Cymru said: "The University Hospital of Wales is the first hospital to be recognised for adopting these inclusive Visibly Better Cymru design principles, and it is highly encouraging to see that the application of inclusive design has gone beyond the Radiology clinic and has been applied in many of the other wards throughout the hospital."

- A nurse who has helped provide innovative and ground-breaking care for patients with dementia was named one of our Health Hero's.

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Katherine Martinson, a refocussing nurse on East 18 at University Hospital Llandough, said she was “humbled” to be given the accolade. She works with dementia and Alzheimer’s patients who often need lengthy stays in the hospital. She played a key role in setting up ‘The Cwtch’, a 1950s-style sitting room on the ward which offers patients a home environment and a safe place to relax. Katherine also provides activities for patients, runs groups with the help of occupational therapists and takes patients on trips. “Every person with dementia is different, so we try to promote patient-centred care and treat the individual,” she said.

- Patients from Ash Day Unit at Hafan y Coed recently organised a celebration day of food, live music and activities for patients and staff to enjoy. Four patients attending the neuropsychiatry unit took part in a 14-week project led by Occupational Therapist, Ian Nurse resulting in a day of enjoyment for patients and staff. The project enabled patients to meet individual occupational goals and inform follow-on goals by taking part in tasks and activities to create the event. Ian also facilitated patient feedback sessions for 15 day unit patients to understand their experiences of the neuropsychiatry service to tailor future service provision. Live music was provided to enhance this celebration ale Health Charity.



Patients valued the support they received from the service and also said that being supportive to other patients and participating in project-based work helps them to prepare for risks in the community and develop or maintain independence.

- A poster competition to promote the independence of our patients during their stay in hospital was won by Oliver Williams, a Senior Physiotherapist in the Vale Community Resource Service.



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There is extensive evidence that demonstrates patients wearing their own clothes is more dignifying, provides a sense of normality and allows patients to be more independent whilst in hospital. Oliver came up with the concept of Get up, Get dressed, Get moving to encourage people to think differently when staying in hospital. This will now be the brand for the health board campaign in line with the National #EndPJParalysis campaign.

- For carers, the Health Board has a dedicated email account, [cardiffandvale.carers@wales.nhs.uk](mailto:cardiffandvale.carers@wales.nhs.uk), for people who are carers to use for any carer-related enquiries, problems, requests for information etc. A Carers Information Support Group (CSING) is run by Glamorgan Voluntary Services (GVS) for third sector and statutory organisations who work with carers to network.
- A team of paediatric diabetes specialist nurses (PDSNs) who help children and young people with diabetes have been named our latest Health Heroes. The team provide emotional support and containment for families as well as the highest level of care and professionalism.



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They look after children from the ages of 0 to 17 so some may be in school and others may be in college but they are all helped to come to terms with their condition. They are helped to overcome the fear of injections and are encouraged to feel more confident.

#### **Other achievements reported by protected characteristic group**

##### **Trans/gender reassignment**

To address any inequalities, or possible levels of discrimination, that members of this community may face relative to the wider population when accessing healthcare, the awareness of gender reassignment, and our public duty towards members of the public covered by this characteristic, is covered as part of the UHB's mandatory induction and refresher training for all staff. It is also demonstrated through our tailored Trans awareness sessions.

### **Marriage and civil partnership equality**

The health Board's Electronic Staff Records (ESR) collects data on the status of our Workforce.

### **Religion and belief equality**

#### **Chaplaincy services**

A Chaplaincy service is provided across all sites twenty-four hours per day, every day of the week. The local Chaplaincy service is there to support staff, patients and their families of all religions or beliefs including those with no religion or belief.

#### **Multi faith space**

Staff members and patients have access to a multi faith space at each of our hospital sites which is further evidence to support the UHB's commitment towards the promotion of equality for all, irrespective of their religion or belief.

#### **Spiritual Care Group**

A key purpose of the Spiritual Care Group is to provide the strategic direction for meeting the spiritual needs of patients, relatives, carers, staff and students. It provides oversight and guidance regarding spiritual care in the healthcare delivered by the staff of the UHB and in support of the staff delivering that care.

The Spiritual Care Group continues to promote a close working partnership between service providers and local faith/belief communities regarding the provision of spiritual care.

#### **Patient information**

As part of our efforts to enable our patients to make informed choices, information and advice for people with diabetes about fasting during Ramadan, the Muslim holy month, is made available to our patients.

### **Information Centres**

The information and support centres, funded by Macmillan Cancer Support, are based in the Concourse area of UHW, in the Outpatients waiting area Hospital and opposite the Art Gallery within the Plaza of the University Hospital Llandough. The centres offer confidential advice and support and help patients, their families or carers, access financial and other help. Visit the Centres or contact Sarah Davies, Information and Support Facilitator, 02920

2074 5655, email [sarah.davies37@wales.nhs.uk](mailto:sarah.davies37@wales.nhs.uk) A multi-agency information service is also run at both UHW and Llandough, from which a number of local third sector organisations run sessions.

### **Sexual orientation equality**

The UHB has been recognised as the top health and care organisation In Wales and one of the top ten in the UK, demonstrating the strength of our work for the lesbian, gay and bisexual (LGBT+) community, which includes staff. We have a very established and active LGBT+ staff network.

### **Languages Spoken by GPs in Cardiff and the Vale of Glamorgan**

Cardiff and Vale UHB serves a diverse population who speak a large number of different languages. In relation to our GP services we have made available a [list of those who have knowledge of Welsh and other languages, and who are able to consult in that language.](#)

### **Welsh Language**

The last census showed that Cardiff is one of the areas of growth for the Welsh Language. The UHB serves 50,000 Welsh speakers across the City and the Vale of Glamorgan. It is the second largest used language in the area. Further background includes:

- Older people, particularly those with dementia, need to be able to communicate in a language of their choice: in many cases this is Welsh.
- Children and young people: the increase in Welsh medium education means that we must also provide services for children in Welsh when required - for example for school visits.
- New Welsh Language Standards will now replace the Welsh Language Scheme in June 2018 as initially anticipated.
- Plans and changes for services actively consider how bilingual services will be provided.

This year the UHB has produced responses to the Welsh Language Commissioner in regard to the Welsh Language Standards Framework consultation. Also this year the UHB continued to progress its work on the More Than Just Words Strategy, which is the Welsh Government strategy on improving bilingual services offered by NHS Wales. While progress has been achieved in some areas, such as increased availability of bilingual appointment letters, we recognise that substantial progress needs to be achieved against other actions, particularly in the area of recruitment and looking to ensure that we offer more posts with Welsh language as an essential criteria within job descriptions. The UHB recognises that it has more to do and has aligned the Welsh Language agenda to the Integrated Medium

Term Plan. The forthcoming Welsh Standards will act as a barometer for our future work.

#### **1.4 Gender and any other protected characteristic pay gap reduced**

The job evaluation system ensures that job banding is allocated on the principle of equal pay for work of equal value.

Work has continued in preparation for the regulations on gender pay gap reporting which came into effect in April 2018. We will publish our report in the autumn of 2018.

#### **2. Human rights framework in healthcare**

The Health Board is committed to adopting a Human Rights approach in the delivery of healthcare in a constantly changing environment, ensuring that in everything we do, we give due regard to the FREDA principles:

- F** - Freedom
- R** - Respect
- E** - Equality
- D** - Dignity
- A** - Autonomy

Our Human Rights approach includes the enabling of people to access services and information and also the promotion of inclusion at all levels of involvement, engagement and consultation of service users, their family and staff.

#### **3. Equality and Health Impact Assessment**

Training and support has been provided to individuals and teams in undertaking the EHIA of their respective service areas, policies and functions throughout the reporting year. Embedding the principle of conducting EIAs is beginning to become successful, with recognition highlighted during receipt of our Platinum Corporate Health Standard and nomination in the recent Staff Recognition Awards.

All new policies and functions cannot be ratified unless an EHIA has been undertaken. This enables the UHB to ensure a full integration of the principles of equality, diversity and human rights into policy development for our employment practices and service delivery. Details of the EIAs have and will continue to be posted on the staff intranet and the internet.

#### **4. Our plans for the future**

Our mission is to Care for People, to Keep People Well and to provide health services in which we can all take pride. Success will see the health of the population transformed and health inequities considerably reduced. This commitment is what assists to define our organisation and our values. We are working to create stronger links to local communities to develop services in line with the needs of local people and patients.

We continue to shape our strategy in partnership. We want to hear the views of local people, patients, partners and regulators as we develop our strategy. This report provides an opportunity for stakeholders to be aware of this development and play an important part in the future of the UHB. Building on the work that we have started, our future plans include focusing on the following overarching themes:

#### **A. Better health outcomes and reducing health inequalities**

The UHB has a responsibility to tackle Health Inequality and a number of options present themselves a) UHB Employees as 'Agents for Change, b) use of equality data, c) use of Health Inequality data d) promoting effective interventions and e) adopting a framework for Inclusion in service delivery and employment practices. For the latest information on what the Health Board is doing around health inequalities and inequities please see our [Progressing Our Future – Summary Plan 2017-2018.](#)

#### **B. Patient access and experience**

The NHS has a responsibility to provide equitable access to effective healthcare in relation to need and this places a responsibility upon the UHB to improve patient access and experience all together. Studies show that there are variations across protected characteristic groups. The UHB Clinical Boards, Patient Experience and Engagement Teams and Planning, Estates & Operational Services have already started to play a key role in bringing about improvements in this area.

#### **C. Our employees**

The UHB workforce approximates 14,500. This is valuable capital that can be deployed as 'agents of change' not just in the workplace but also in the wider community. With our commitment to the Public Sector Equality Duty demonstrated in the Employment process and practice, together with an infusion of the Living Our Values giant strides can be made.

#### **5. Training**

The UHB continues to offer support to staff to ensure that in carrying out their duties they promote equality and good relations, with dignity and respect. The UHB works on the principle of integrating training on equality, diversity and human rights into all relevant training provided. Therefore within the training provided at Induction for healthcare staff (which includes medical staff, nursing staff and healthcare support workers, professions allied to medicine and administrative and clerical staff) there is an element around equality, diversity and human rights. 76.47% of UHB staff have attended equality related training during the three year refresher period of 1 April 2015 through to 31 March 31 2018 (**Please see Appendix 1 below**).

The UHB is committed to providing environments in which staff, patients and the public feel safe, valued, respected and encouraged to contribute to the quality of services provided. The UHB Learning, Education Development

Team has provided training and support for services in working with patient stories. The UHB recognises that listening to people talking about their experience in their own words is a powerful way of better understanding what actually happens and gaining insight into what is good and what could be improved. The Team has developed a database of patient stories to ensure good governance for the use of stories as well as increasing the opportunities to utilize them within service improvement.

The Committed to Care Programme for Healthcare Support Workers continues to include a comprehensive section around equality, diversity and human rights and sensory loss.

## **6. Procurement**

Procurement is a specific duty for Wales. Cardiff and Vale UHB holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services, for some of which equality considerations will have more relevance than others. However, we are aware of our obligation to always have due regard to the general duties when considering the awarding of contracts.

The UHB adheres to the All Wales Conditions of Contract guidelines and the equality related issues. When seeking to contract with external organisations, the UHB has been mindful of the need to seek assurance that any organisation providing services on behalf of the UHB adhere to the principles of equality, diversity and human rights in their policies and practices.

## **7. Specified employment information**

The workforce profile identifies that the UHB has more women (approximately 76.17%) working for it than it does men. The local population is more of a 50-50 basis. This indicates that the workforce is not representative of the local community where a little more than half of the population is female. It also suggests that there are low levels of disclosure and/or unspecified declaration around sexual orientation and religion.

You can read the equality profile in regard to job applicants in regard marital status, gender, disability, race, age, religion and sexual orientation and marital in Appendix 2 attached. However gender-reassignment and maternity and pregnancy information is not currently gathered on the ESR system. The figures are for the time period 01 April 2016 to 31 March 2018.

## **8. Progress against Healthcare Standard 2 Equality**

The new Health and Care Standards came into force on 1 April 2015 and require self-assessment against set criteria. Meeting the Health and Care Standards are an integral part of the SEP. The Clinical Boards were asked to provide evidence of their equality related work specifically against the Standards. The overall assessment of performance is that we are beginning to 'Meet the Standards', in terms of the criteria laid down.

## 9. Conclusion

This report demonstrates the UHB's compliance with the Public Sector Equality Duty across its functions and we welcome your feedback. It demonstrates the progress made under each of the key areas identified in the UHB Strategic Equality Plan.

Being faced with an increasing ageing population, the health inequities between the populations and geographical areas that the UHB serves, means that there are challenges that will have to be faced. The UHB recognises that there is still too much difference in people's access, experience and outcomes but progress is being made. The UHB Equality Delivery Plan will assist us in our attempts to address such issues whilst recognising that the population the UHB serves has to play their part. Collaborative work with other Health Boards, as with our consultation work around the new Strategic Equality Plan, and partnership with the Third Sector will become increasingly significant to enable the UHB to meet its objectives.

The UHB wants to go further in achieving change in equality for people who use its services and for its own staff. With this in mind the UHB has looked to continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values.

[You can see our new Strategic Equality Plan Fair Care 2016-20 here.](#)

The plan and its objectives were developed in partnership with Velindre NHS Trust through engagement with patients, staff and external stakeholders. It sets out the approach that the Health Board will take to continue to advance, mainstream and integrate equality, diversity and human rights throughout the organisation.

### How to give us your comments

We really need your feedback! Your feedback - good and bad - helps us to improve our services. There is a range of ways that you can do this:

- **Complete a survey**

If you are an inpatient you may be asked to complete a survey asking a range of questions about your overall experience. We send a more detailed questionnaire to some patients when they return home or after a clinic appointment.

- **Leave your comments on the website.** Please click on the following link [www.cardiffandvaleuhb.wales.nhs.uk](http://www.cardiffandvaleuhb.wales.nhs.uk).

- **Join a patient group**

We listen to views passed on to us by a wide range of patient support groups. A list of groups can be found at: [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk).

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- **The Patient Experience team can also help on 02920 335468**

- **Tell us your story**

Your stories provide us with helpful feedback about good and not so good care. If you would like to tell us your story please ring 02920 745294.

### Raise a concern

If you want to raise a formal concern please contact our Concerns Team on 029 2074 4095.

If you wish to submit your complaint via e mail, please send it to [concerns@wales.nhs.uk](mailto:concerns@wales.nhs.uk) or write to:

Len Richards, Chief Executive  
Cardiff and Vale University Health Board,  
Headquarters, University Hospital of Wales, Heath Park, Cardiff CF14 4XW.

The Advocacy and Concerns Team, comprising members of the Health Board Concerns Team and Cardiff and Vale Community Health Council, will be available on Tuesdays and Thursdays at the Information Centre in University Hospital Llandough. Their role is to listen, advise and support

### Accessibility

Accessibility on the UHB's website is guided by government standards and the [Web Content Accessibility Guidelines \(WCAG\)](#). WCAG guidelines are widely accepted as the international standard for accessibility on the web.

Whilst we aim to make this website accessible to all users and achieve a WCAG conformance level 'AA'; we continually work with stakeholders to ensure that conformance level 'A' is adhered to as a minimum.

If you experience any accessibility issue on this site or have any comment, please contact us.

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## Appendix 1

**Equality Training Figures**

1st April 2016 - 31 March 2018

<b>Clinical Board</b>	<b>Staff in Post</b>	<b>Mandatory Training Programme - Equality &amp; Diversity</b>	<b>Equality &amp; Diversity Equality Impact Assessment</b>	<b>Equality &amp; Diversity Awareness Training (Human Rights)</b>	<b>Grand Total</b>
001 Capital, Estates & Facilities	1228	863	3	114	2208
001 Children & Women Clinical Board	2097	1635	3	259	3994
001 Clinical Diagnostics & Therapeutics Clinical Board	2357	1834	2	167	4360
001 Dental Clinical Board	558	492	0	2	1052
001 Medicine Clinical Board	1820	1249	1	69	3139
001 Mental Health Clinical Board	1408	1023	3	244	2678
001 Primary, Community Intermediate Care Clinical Board	898	703	3	117	1721
001 Specialist Services Clinical Board	1817	1312	2	149	3280
001 Surgical Services Clinical Board	1995	1292	2	98	3387
					0
001 Finance Division	105	100		1	206
001 Chief Operating Officer	94	81		3	178
001 Director of Governance	55	39		3	97

001 Director of Transformation	1	0		0	1
001 Nursing Division	124	99		10	233
001 Planning Division	31	24		2	57
001 Public Health Division	75	58		1	134
001 Director of Therapies & Health Science	72	44		2	118
001 Medical Division	104	82	1	16	203
001 Workforce & OD Division	135	112		24	271
(blank)					
Grand Total	14974	11042	20	1281	



And no reference to Appendix 2 in the text?

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**Equality Training Figures –Refresher Period 1<sup>st</sup> April 2015 through to March 31<sup>st</sup> 2017****Appendix 1**

<b>Clinical Board</b>	<b>Staff in Post</b>	<b>Mandatory Training Programme - Equality &amp; Diversity</b>	<b>Equality &amp; Diversity Equality Impact Assessment</b>	<b>Equality &amp; Diversity Awareness Training (Human Rights)</b>	<b>Grand Total</b>
001 Capital, Estates & Facilities	1253	1184	0	126	1310
001 Children & Women Clinical Board	1889	1491	4	433	1928
001 Clinical Diagnostics & Therapeutics Clinical Board	2250	2660	13	348	3021
001 Dental Clinical Board	521	547	1	23	571
001 Director of Therapies & Health Science	73	87	0	6	93
001 Executive Services	140	130	1	3	134
001 Finance Division	104	112	0	3	115
001 Medical Division	103	63	0	32	95
001 Medicine Clinical Board	1664	1341	0	163	1504
001 Mental Health Clinical Board	1351	929	3	456	1388
001 Nursing Division	105	72	8	14	94
001 Planning Division	51	44	3	7	54
001 Primary, Community Intermediate Care Clinical Board	852	862	10	176	1048
001 Public Health Division	78	71	0	3	74
001 Specialist Services Clinical Board	1650	1534	9	261	1804
001 Surgical Services Clinical Board	1800	1512	4	106	1622
001 Trust Board Level 2D		172	0	30	202
001 Workforce & OD Division (blank)	141	178	1	35	214
<b>Grand Total</b>	<b>14025</b>	<b>12989</b>	<b>57</b>	<b>2225</b>	<b>15271</b>

Appendix 3

Clinical Board	(All)
Directorate	(All)
Sub-Directorate	(All)
Department	(All)
Staff Group	(All)
Payband	(All)

Clinical Board	Directorate
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Headcount
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Gender	Employee Category	Headcount
<b>Female</b>	Full Time	37.72%
	Part Time	38.44%
<b>Female Total</b>		<b>76.17%</b>
<b>Male</b>	Full Time	19.61%
	Part Time	4.22%
<b>Male Total</b>		<b>23.83%</b>
<b>Grand Total</b>		<b>100.00%</b>

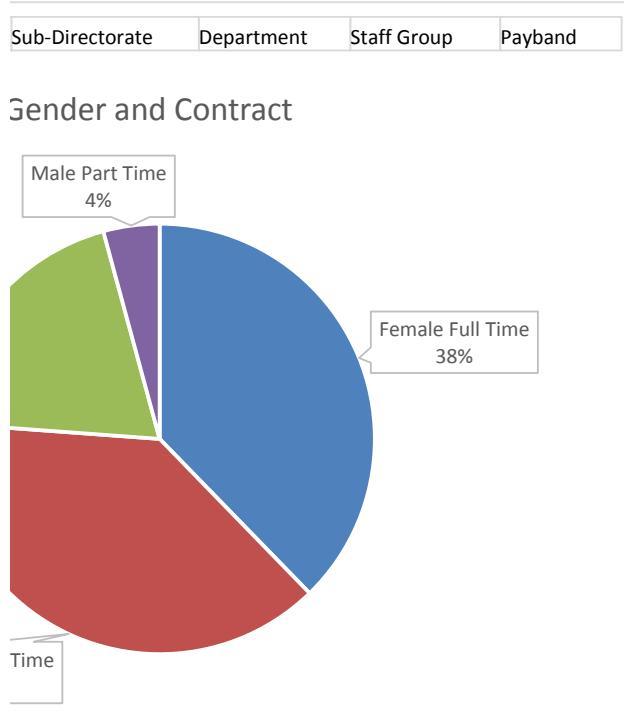
Male Full Time 20%
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Female Part 38%
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[Return to Contents Page](#)

12.1

**12.1**

Strategic Equality Objectives - Delivery Plan Framework 2017-18	
<b>Name of Meeting:</b> Strategy and Delivery Committee	<b>Date of Meeting</b> 5 June 2018
<b>Executive Lead:</b> Executive Director of Workforce and Organisational Development	
<b>Author:</b> Equality Manager	
<b>Caring for People, Keeping People Well:</b> This report provides an overview of delivery of the Action Plan for 2018/19 which supports and underpins the Health Board's 'Priorities', 'Sustainability', 'Culture' and "Values" elements of the Health Board's Ten Year Shaping Our Future Wellbeing Strategy	
<b>Financial impact:</b> There are no anticipated costs identified with this paper.	
<b>Quality, Safety, Patient Experience impact:</b> The information provided in this paper provides opportunities for enhancing and broadening high quality, safe and equitable public, patient/carer experiences.	
<b>Health and Care Standard Number</b> 3.2, 4.2 & 6.2 <b>CRAF Reference Number</b> 8.1.6	
<b>Equality Impact Assessment Completed:</b> Not applicable	

## RECOMMENDATION

### ASSURANCE AND RECOMMENDATION

**ASSURANCE** is provided by:

- The actions stated within the delivery plan helps the UHB meet its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP).

## RECOMMENDATION

The Strategy and Engagement Committee is asked to:

- NOTE** the contents of this paper
- APPROVE** the third year SEP delivery Plan

## SITUATION

The four year Strategic Equality Plan Fair Care 2016-20 is now in to its third year. This paper identifies the priority interventions of the delivery plan based on an analysis both of the UHB's performance and of trends in the work of the Clinical Boards. For example, this plan places a special emphasis on improving attention to Trans related issues, the continuation of some pieces of work and identifies other new pieces of work. (Please see Appendix 1)

## BACKGROUND

# CARING FOR PEOPLE KEEPING PEOPLE WELL



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

The Strategic Equality Delivery Plan Framework was approved at the June 2016 meeting of the Equality, Diversity and Human Rights Sub Committee (EDHRSC). It also introduced a Route Map that identifies 3 self-assessment areas - Getting Started, Transition Phase and Transformation Occurs - which covers the 4 equality objectives. The Route Map assists us in deciding where we are in our equality journey of embedding equality within the work of the UHB. (Please see Appendix 2) As the EDHRSC was stood down in June 2017 the Strategy and Delivery Committee has the responsibility for monitoring its progress as identified in the EDHRSC legacy document.

## ASSESSMENT

During the second year there had been steady progress on the plan, with nearly all of the 17 key actions being completed. The completion of these and other tasks means that the UHB now has an understanding of what needs to be done and the actions that need to continue and of new ones that need to begin if there is to be sustainability of the equality agenda. For example, meeting fully the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards) as identified in the SEP provides many challenges and so the work needs to continue. As for meeting the Welsh Language Standards, we now have some idea as to what they will look and some anticipatory work, such as holding a workshop in July, has begun. It is clear that just like the Sensory Loss Standards, these too will have their challenges. Both sets of Standards require a cultural change, i.e. 'the way we do things around here'. As we begin to have some success around Sensory Loss there are lessons to learn and apply to the Welsh Language agenda.

This third year or transition period with its continuation of some actions as well as the identification of new actions helps assist efforts to strengthen wider leadership and ownership. As part of the continuation work, Lesbian, Gay, Bisexual & Transgender work (LGBT) remains a focus whilst broadening the scope to support UHB efforts to respond to Trans related equality issues. This focus, which is additional to previously identified work, concentrates on learning/training/education.

The transition plan shifts efforts towards improving our engagement work, working more closely with patients through regular UHB operations. It also seeks to secure assurance that the Equality, Diversity & Human Rights (EDHR) agenda continues to be a visible part of the UHB priorities.

The embedding of equality, with due regard through use of the Equality and Health Impact Assessment (EHIA) is beginning to bear fruit. For example, the EHIA was noted as an exemplary piece of work within our successful Platinum Corporate Health Standard submission and was nominated in the recent Staff Recognition Awards. It is vital that EHIA'S are utilized in our work to reduce health inequalities across the different populations. While the UHB

has made some progress in mainstreaming equality during the past few years, there is still much to do if we are to move from transition to transformation

## Fair Care - Cardiff and Vale Health Board SEP Delivery Plan 2018-2019: Living our Values

### Outcome 3 More people receive care and access services that meet their needs (including those from disadvantaged backgrounds)

<b>Objective 3.1</b>	<b>To support the implementation of Addressing Health Inequalities and Access IMTP 2016/17-2018/19</b>	
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>
Number and quality of Equality and Health Impact Assessments (EHIA)		

Action	Action owner	Action delivery by	Target date	Tasks
Engage with service users to ensure they are involved in service redesign, for example, adults with learning disabilities and asylum seekers and refugees	Clinical Boards	CB Directors of Operations	Mar-19	1. To develop engagement plan for service redesign that includes a diversity of methods 2. To implement plan in conjunction with communities identified 3. To develop a communication plan - internally and externally- for diverse communities including roadshows and community letters. 4. To implement the communication plan

<b>Objective 3.2</b>	<b>To ensure that we have the necessary mechanisms in place to capture and monitor the protected</b>		
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>	

Action	Action owner	Action delivery by	Target date	Tasks
Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide.	Chief Operating Officer/ Director of WOD	Director of WOD	Mar-19	1. To review and monitor any equality data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide

<b>Objective 3.3</b>	<b>To create combined Equality and Health Impact Assessment (EHIAs) process</b>		
<b>Performance Measures</b>	<b>Data Source</b>	<b>Frequency of data</b>	

Number of EHIAs completed and published

Action	Action owner	Action delivery by	Target date	Tasks
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Monitor the quality of Equality & Health Impact Assessments.	Equality Manager/ Governance Manager/Principal Health Promotion Specialist	Principal Health Promotion Specialist/Equality Manager	Oct-18 1. Develop a monitoring plan to assess the quality of EHIA's and linking in to the IMTP. 2. Review the EHIA training package 3. Explore the possibility of establishing a virtual EHIA group for quality assurance purposes.
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Objective 3.4	To explore the Health literacy needs of patients so as to reduce health inequalities	
Performance Measures	Data Source	Frequency of data
Number of participants with protected characteristics		

Action	Action owner	Action delivery by	Target date	Tasks
Explore how to build upon the work of the pilot Ophelia Approach that supports the identification of community health literacy needs	Clinical, Diagnostic and Therapies Clinical Board/ Equality Manager	Associate Lecturer & Physio/ Equality Manager	Nov-18	1. Review Evaluation Report of the pilot



ged communities)

9 including support for people with learning disabilities and for asylum seekers and refugees

Progress

Deliverables	Progress	RAG rating
1. Engagement Plan developed. 2. Engagement Plan implemented with community support 3. Communication Plan developed. 4. Communication Plan implemented	The deliverables are evident throughout the 2015/16-2017/18 IMTP.	

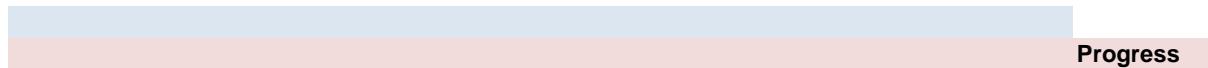
characteristics data		Progress
Deliverables	Progress	RAG rating
1.To produce regular updates to the appropriate Board Committee.	This work has begun. The deliverables are evident throughout the 2015/16-2017/18 IMTP. It is also tied in with what we already know from events such as Pride where data is collected.	

		Progress
Deliverables	Progress	RAG rating

Deliverables	Progress	RAG rating
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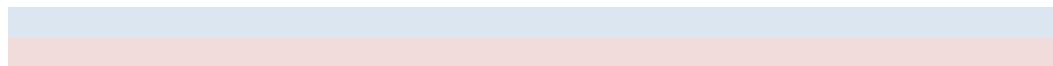
1. Monitoring plan for EHIA is developed, communicated and available for use across the UHB.

Work on monitoring and review has begun, including exploring the possibility of establishing a virtual EHIA group for quality assurance.



Progress

Deliverables	Progress	RAG rating
1. Decide whether work can be taken forward	Beginning to embed health literacy needs in transformation work of the UHB. For example in falls prevention, primary and community care. the MSK pathway, promoting independence. Meeting will take place in the autumn to monitor the work. forward.	Green







<b>Strategic Equality Plan - Fair Care Route Map for Sustainability 2017/2018 and beyond</b>							
Reading the Route Map	<b>Getting There</b> Equality Routine. Equality Culture Embedded	We Embed Taking account of equality is always considered	You Expect an organisation that does not value equality to be totally unacceptable	We Self Regulate so that Equality is part of our culture - the way we do things around here	We Integrate Equality so that no opportunity is wasted in managing, prompting and addressing the agenda	We Tailor our integrated plans with all stakeholders to ensure the vision of equality is fit for purpose and for the UHB requirements	2019/20
<b>Transformation</b>							
The Route Map covers 4 Outcomes and runs over the remaining 3 year of the Strategic Equality Plan and will be achieved by: 1. Getting Started – where understanding the context and what needs to be done is vital and where actions needs to begin 2. Transition Phase – where there is an expectation that mainstreaming equality is becoming the norm and we are definitely on the way to a sustainable approach to equality 3. Transformation Occurs – where equality has become totally routine, culturally embedded and self regulating.  Work has already begun with the following underpinning supports in place:  1. Equality & Health Impact Assessment Toolkit in place – designed to ensure that a policy, project or service does not discriminate against any disadvantaged or vulnerable people 2. Promotion of Equality celebratory events 3. SEP Delivery action plan to assist transaction actives which will ultimately lead to effective change management and transformational change	<b>On the Way</b> Expecting Equality to be the 'norm'	We Integrate equality into our ethos and the way we behave. Appreciating the positive impact that this will bring	You Recognise that equality is everybody's business and can impact on both patients and staff	We Account for to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people - we accept accountability for the agenda	We Model the holistic approach Equality Training needs to be seen as one element within a wider organisational plan that is embedded within governance systems to ensure continuous improvement in the quality of service to protected groups.	We Collaborate and Truly Integrate with all stakeholders to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people	2018/19
<b>Transition</b>							
For Further information please contact the Equality Manager or look on the intranet site	<b>Understanding Equality</b> Taking Ownership, Taking Action	We engage in promoting the equality agenda and explain the priorities placed on equality and we invest in these priorities	You understand the importance of maintaining equality, you know the importance of delivering culturally sensitive, inclusive, accessible and appropriate services which make a difference to individual lives	We agree on responsibilities, mechanisms and measures for reporting and managing equality	We adopt an holistic approach to managing this agenda, using and integrating all resources and addressing any gaps in knowledge	We explore models of equality that measure organisational equality to ensure that the services we provide do so without discrimination.	2017/18
Getting started	UHB	Individual	System Governance	Use of Resources	Models of Equality	Achievement Dates	
Behaviours		Processes		Innovation		Specific Actions	



<b>Working Together for Our Future Wellbeing: Action Plan 2018/19 supporting delivery of the UHB Framework for Working with the Third Sector</b>	
<b>Strategy and Delivery Committee</b>	<b>5 June 2018</b>
<b>Executive Lead :</b> Director of Public Health	
<b>Author :</b> Strategic Planning and Partnership Manager	
<b>Caring for People, Keeping People Well:</b> This report introduces the Action Plan for 2018/19 which supports implementation of the UHB Framework for Working with the Third Sector: Working Together for Our Future Wellbeing.	
<b>Financial impact :</b> None, delivery within existing resources	
<b>Quality, Safety, Patient Experience impact :</b> Working with the third sector provides opportunities for enhancing and broadening public, patient/carer experience	
<b>Health and Care Standard Number</b> 1.2, 3.3, 6.1 <b>CRAF Reference Number</b> Objectives 1,2,3,4,9	
<b>Equality Impact Assessment Completed:</b> The Framework facilitates enhanced working with a broad spectrum of the third sector	

## ASSURANCE AND RECOMMENDATION

### ASSURANCE

- A multi-agency Third Sector Strategic Alliance Steering Group, chaired by the Director of Public Health, which oversees this agenda and has agreed this Action Plan

The Strategy and Delivery Committee is asked to:

- **NOTE** the Action Plan 2018/19 which supports implementation of the UHB Framework for Working with the Third Sector

## SITUATION

The UHB's [Framework for Working with the Third Sector](#) sets out the organisation's ambitions for working collaboratively with the third sector to enhance the lives of individuals, communities and the population of Cardiff and the Vale of Glamorgan. This report introduces the Action Plan for 2018/19 which was agreed at a meeting of the Third Sector Strategic Alliance Steering Group in March 2018 and is being shared with the Committee for information.

## BACKGROUND

In March 2018, the Strategy and Delivery Committee received a paper providing an end of year update on implementation of the 2017/18 Action Plan and a description of the work underway to develop the Action Plan for 2018/19. An action plan is developed annually by a multi-agency Steering Group chaired by the Director of Public Health, which provides oversight of the UHB Framework and its implementation. The Framework itself is a

product of a comprehensive review of the UHB's relationship with the third sector undertaken in 2015/16; the 2018/19 action plan represents the third annual action plan developed since the agreement of the Framework and is a refresh of last year's action plan.

A review of the 2017/18 Action Plan was initiated at the end of January 2018 inviting key contributors to identify whether the current actions were completed, needed to be rolled over, updated or if there were any new actions which contribute directly to delivery of the strategic objectives and themes. In order to demonstrate our commitment to the Well-being of Future Generations Act, the review template for 2018/19 required contributors to identify how the actions would adopt the 5 ways of working in line with the Sustainable Development principle.

### **ASSESSMENT AND ASSURANCE**

The attached Action Plan 2018/19 identifies how the key themes in the UHB Framework for Working with the Third Sector are to be implemented and the actions we have collectively agreed to take forward in the coming year. The themes are set out in a way which demonstrates their contribution to the UHB's Shaping Our Future Wellbeing strategic principles. The front page of the action plan describes how the relationship between the UHB and the local third sector will be characterised by the 5 ways of working required under the Well-being of Future Generations Act.

The Action Plan has now been widely circulated to those who have inputted to its development and will contribute to its delivery within the UHB, third sector and other partners. The Steering Group will receive regular progress reports on its delivery. Over the last two years, the Steering Group has considered the most appropriate way to evaluate whether the work delivered through the Framework has made a difference, with the Group taking the view that traditional performance measures are not particularly helpful in this context. Further discussions are now taking place to explore how some high level measures might be identified which relate to the outcomes we are trying to achieve and which can support the evidential base around where the relationship between the UHB and third sector should be developed going forward.

A wider review of the Framework and how it can best be implemented is planned in a year's time to tie in with the reinvigoration of the Shaping Our Future Wellbeing Strategy in light of the learning from Canterbury, the development of a UHB Clinical Services Plan and to ensure alignment with the outcome of the Parliamentary Review of Health and Social Care.

## Cardiff and Vale UHB Framework for Working with the Third Sector Action Plan 2018/19

The [UHB Framework for Working with the Third Sector](#) sets out how the UHB and local Third Sector will work together to deliver the [Shaping Our Future Wellbeing](#) strategy. The Action Plan 2018/19 identifies how the key themes in the Framework are to be implemented. Progress on delivering the plan is monitored by a Steering Group chaired by the UHB Director of Public Health.

The Wellbeing of Future Generations (Wales) Act puts in place a sustainable development principle that describes how we must meet our duties under the Act. In developing this year's plan, we have considered what more we can do to adopt the five ways of working which define this principle – these should underpin the way the UHB and third sector work together:

Long Term



Prevention



Integration



The serious health challenges that face our population can only be tackled by taking a long term approach, finding new ways of working with the third sector as a key partner in developing solutions that are responsive to local need

The third sector plays a key role in championing the prevention of ill health, influencing behaviours and supporting people in choosing healthy behaviours and building community resilience

Enabling people to maintain or recover their health in or as close to home as possible means delivery of third sector services as part of integrated health and social care provision in the community

Collaboration



Involvement



Achieving our vision requires us to build on local third sector infrastructure arrangements, to create new collaborative alliances, build capacity and develop innovative solutions

To deliver outcomes that matter to people, we need to draw on third sector expertise to adopt a co-productive approach that supports involvement of service users and carers in planning and designing services which are centred on the person.

The following table sets out the actions we have collectively agreed to take forward in 2018/19. To support our commitment to the wellbeing of future generations, it also identifies which of the five ways of working will be adopted in implementing each of the actions: Long Term (LT), Prevention (P), Integration (Ig), Collaboration (C), Involvement (Iv).

## Cardiff and Vale UHB Framework for Working with the Third Sector

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15.1

<b>Strategic Principle: Empower the Person</b>			
<b>Theme</b>	<b>Action</b>	<b>5 Ways</b>	<b>Who (lead in bold)</b>
<b>1.1 Maximise third sector relationships and knowledge of communities to influence behaviours and support people in choosing healthy behaviours and to build community resilience</b>	<p>a. Targeted Making Every Contact Count (MECC) rollout to third sector and volunteers.</p> <p>b. Work with the existing network of MECC trainees, to maintain their ability to influence using the most up to date information and explore the impact they are having.</p> <p>c. Continue to promote an annual programme of public health messages supported by a work plan which identifies opportunities for equipping the third sector to deliver consistent timely interventions.</p>	P, C, Iv  P, C, Iv  P, C, Iv	<b>UHB Public Health Team, HSCFs and cavamh, UHB Volunteer Services Manager</b>  <b>UHB Public Health Team and HSCFs</b>  <b>UHB Public Health Team, HSCFs and cavamh</b>
<b>1.2 Unlock the value of volunteering in the community and develop champion roles which support health and wellbeing</b>	<p>a. Work with third sector organisations to increase the range and diversity of volunteers in the UHB</p> <p>b. Work with third sector and community groups to deploy their volunteers in the UHB and primary and community care</p> <p>c. Build sustainable mechanisms for supporting volunteering for people with mental health needs</p> <p>d. Partnership working with local Universities and Colleges to proactively engage and unlock the potential of recruiting students studying for a Health Profession.</p> <p>e. Champion the involvement of volunteers as part of The Orchard project and Horatio's Garden project</p>	P, C, Iv  C  C, Iv  C  LT, P, C, Iv	<b>UHB Volunteer Service Manager</b> CVCs and cavamh  <b>UHB Volunteer Service Manager</b> and CVCs, and cavamh  <b>Cavamh, GVS, VCS and C3SC</b>  <b>UHB Volunteer Service Manager</b>  <b>UHB Engagement Lead for SOFW in the Community, UHB Volunteer Service Manager</b>

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#### ***Strategic Principle: Home First***

- ***Enable people to maintain or recover their health in or as close to home as possible***

<b>Theme</b>	<b>Action</b>	<b>5 Ways</b>	<b>Who</b>
<b>2.1 Deliver third sector services as part of integrated health and social care provision in the community</b>	<p>a. Build on, and support, current alignment of third sector organisations to primary care cluster, Locality, First Point of Contact/Single Point of Contact and SOFW in the Community developments</p> <p>b. Identify further opportunities for co-location and integration of third sector into multi-disciplinary teams which support the principle of Home First and SOFW in the Community</p> <p>c. Engage in the development of social prescribing approaches within the primary care setting. Examples include the Wellbeing 4U programme in 3 clusters, local food growing projects, ACE stress management courses</p> <p>d. Develop opportunities for TS to work more closely with individual or groups of GPs including GP clusters.</p>	P, Ig, C  LT, P, Ig  P, Ig, C  P, Ig, C	<b>HSCFs</b> and cavamh  <b>HSCFs</b> , cavamh and PCIC Locality Managers  <b>Cluster leads and Public Health leads</b> , HSCFs and cavamh  <b>HSCFs</b> and PCIC Locality Managers

## Cardiff and Vale UHB Framework for Working with the Third Sector

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#### ***Strategic Principle: Outcomes that Matter to People***

- ***Create value by achieving outcomes and experience that matter to people at an appropriate cost***

<b>Theme</b>	<b>Action</b>	<b>5 Ways</b>	<b>Who</b>
<b>3.1 Adopt a co-productive approach</b> , drawing on third sector expertise to design services as part of integrated health and social care provision in the community	<ul style="list-style-type: none"> <li>a. Develop a new mechanism for third sector health and social care innovative ideas, which support the UHB and regional health and social care integration strategic priorities. The mechanism will enable evidence-based ideas to be received by the Third Sector Strategic Alliance Steering Group for consideration and escalation to the Regional Partnership Board as appropriate.</li> <li>b. Focus on working with individual Clinical Boards to identify new opportunities for working with the third sector</li> <li>c. Continue to ensure that the third sector is a key stakeholder in the implementation of Shaping our Future Wellbeing and in the development of other key UHB and NHS Wales collaborative strategies and service models</li> <li>d. Work with third sector and citizens to shape future community services in relation to Health &amp; Wellbeing Centres &amp; Wellbeing Hubs as part of the Shaping our Future Wellbeing : in the Community Programme</li> </ul>	LT, Ig, C, Iv  Ig, P, LT  Ig, C, Iv  P, Iv, Ig,	<b>HSCFs, cavamh, UHB Planning and Integrated H&amp;SC teams</b>  <b>HSCFs, cavamh and UHB Clinical Boards</b>  <b>UHB Planning Team and HSCFs and cavamh</b>  <b>UHB Corporate Strategic Planning Lead with HSCFs and cavamh</b>

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	e. UHB work will continue with the Third sector to promote communication about the growing number of their services in the 3 information centres. The Patient Experience Team work closely with the third sector to increase awareness and access to services for our service users.	Ig, C	<b>UHB PET</b> and HSCFs
<b>3.2 Support the involvement of service users and carers in health and social care planning</b>	<p>a. Work with third sector networks to engage with local communities on implementation of key UHB and NHS Wales Collaborative strategies and service proposals.</p> <p>b. Promote mechanisms whereby third sector can support service users to feedback their experiences of health and identify ways to capture the learning from people who support UHB patients as part of the existing UHB patient experience framework.</p> <p>c. Work with UHB Equality Manager on identified areas where third sector can have a positive influence on equality and diversity issues.</p> <p>d. Work with partners to develop and deliver on Child Rights supporting both the work of the Children's Commissioner Child Rights programme and as part of Cardiff becoming a Child Friendly City.</p>	Iv, C  Iv, C  Ig, C, Iv  LT, P, Iv	<p><b>UHB Planning Team</b> and HSCFs and cavamh</p> <p><b>UHB PET</b> and HSCFs and UHB PET (and cavamh with Mental Health Clinical Board)</p> <p><b>HSCFs</b> and UHB Equality Manager</p> <p><b>C&amp;W CB Head of Operations and Delivery Child Community Health</b>, Public Health, HSCFs and Cavamh</p>

## Cardiff and Vale UHB Framework for Working with the Third Sector

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#### ***Strategic Principle: Avoid harm, waste and variation***

- ***Adopt evidence based practice, standardising as appropriate***
- ***Fully use the limited resources available, living within the total***
- ***Minimise avoidable harm***
- ***Achieve outcomes through minimum appropriate intervention***

Theme	Action	5 Ways	Who
<b>4.1 Fully use local third sector infrastructure arrangements</b> to forge new alliances, build capacity and develop innovative solutions	<p>a. Ensure there is third sector representation in partnership and planning structures including integrated health and social care arrangements. Utilise third sector infrastructures to enable wider third sector to have influence and voice, to complement strategic HSCF contribution.</p> <p>b. HSCFs to work collaboratively to lead and contribute to specific areas of work that support implementation of the Framework and action plan, maintaining regular liaison with cavamh to make best use of resources.</p> <p>c. Undertake analysis of H&amp;SC and associated CVC and cavamh Networks to ensure networks have diverse membership from wide range of third sector organisations.</p> <p>d. Produce, and disseminate information about third sector services, new initiatives, research, case studies and best practice in response to specific requests for information or in response to specific</p>	C, Iv  Lt, P, Ig, C, Iv  Iv, C  Iv, C, P	<b>HSCFs</b> , cavamh, UHB Planning Team and Integrating H&SC programme team  <b>HSCFs</b> , UHB Planning Team and cavamh  <b>CVCs</b> and HSCF and cavamh  <b>HSCFs</b> , cavamh and UHB Planning Team

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	<p>issues. Align to UHB priorities, Clinical Boards, national, regional and local policy as appropriate.</p> <ul style="list-style-type: none"> <li>e. Map third sector services in the Vale and Cardiff in response to specific areas of work, e.g. perfect locality, and work with third sector and statutory sectors to ensure accurate picture of community services.</li> <li>f. Utilise opportunities for TS funding allocation to support small scale TS projects which align to the Framework for Working with the TS, and any other priorities as related to specific funding streams utilised.</li> </ul>	P, Ig, LT	<b>HSCFs and cavamh</b>
	<ul style="list-style-type: none"> <li>a. Develop case studies to illustrate the contribution made to health and social care services, focusing on UHB priorities</li> <li>b. Promotion of Dewis Cymru by all partners to increase awareness with UHB staff, TS organisations and the general public, especially in the period of the national launch in July 2018</li> <li>c. Produce targeted information briefings for Clinical Boards and other health and social care staff, focussing on those which have the direct relevance to UHB priorities.</li> </ul>	LT, Ig, P	<b>HSCFs and Cavamh</b>
<b>4.2 Strengthen operational links between third sector and front line NHS staff to explore potential collaborations to improve outcomes for people</b>	<ul style="list-style-type: none"> <li>a. Develop case studies to illustrate the contribution made to health and social care services, focusing on UHB priorities</li> <li>b. Promotion of Dewis Cymru by all partners to increase awareness with UHB staff, TS organisations and the general public, especially in the period of the national launch in July 2018</li> <li>c. Produce targeted information briefings for Clinical Boards and other health and social care staff, focussing on those which have the direct relevance to UHB priorities.</li> </ul>	LT, Ig, P	<b>HSCFs, cavamh and IHSC team</b>
	<ul style="list-style-type: none"> <li>c. Produce targeted information briefings for Clinical Boards and other health and social care staff, focussing on those which have the direct relevance to UHB priorities.</li> </ul>	Ig, P	<b>HSCFs</b>

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	d. Third sector and UHB to collaborate with Cardiff University to deliver an innovative Bee project	LT, P, Ig, C, Iv	<b>UHB Engagement Lead for SOFW in the Community</b> , University and partners including HSCFs and cavamh
<b>4.3 Support the adoption of best practice in commissioning and procurement with the third sector</b>	a. Publish a final UHB Commissioning Framework ensuring opportunities for Third Sector to comment during consultation  b. Develop a toolkit of resources and guidance tailored for the commissioning relationship between the UHB and Third Sector	C, LT  C	<b>UHB Planning, Commissioning and Procurement Teams</b> and HSCFs and cavamh  <b>UHB Commissioning and Procurement Teams</b> and CVCs and cavamh
<b>4.4 Share learning, resources and skills across the sectors</b>	a. HSCFs and cavamh to work with the UHB Assistant Director of Organisational Development and Planning Team to explore opportunities for shared and joint training opportunities and better understanding of the role of the third sector across the UHB	Ig, C	<b>HSCFs</b> , cavamh, UHB Asst Dir of OD and Planning Team



**GIG  
CYMRU  
NHS  
WALES**

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

## STRATEGY & DELIVERY COMMITTEE 2018/19

### SCHEDULE AND AGENDA SETTING MEETINGS

<b>AGENDA SETTING MEETING ALL MEETINGS TO BE HELD IN SMALL MEETING ROOM</b>	<b>DEADLINE FOR PAPERS REQUIRED TO BE SIGNED OFF BY LEAD EXECUTIVE TO BE RECEIVED BY NOON ON DATE SPECIFIED</b>	<b>COMMITTEE TO COMMENCE AT 9.00AM CORPORATE MEETING ROOM, HQ, UHW</b>
Tuesday, 8 May 2018, 12.00pm	Monday, 21 May 2018	Tuesday, 5 June 2018
Monday, 6 August 2018 – 9.00am	Monday, 20 August 2018	Tuesday, 11 September 2018
Monday, 2 October 2018 – 9.00am	Monday, 23 October 2018	Tuesday, 6 November 2018
10 December 2018 – 9.00am	24 December 2018	Tuesday, 8 January 2019
Monday, 4 February 2019 – 11.00am	Monday, 18 February 2019	Tuesday, 5 March 2019
Monday, 1 April 2019 – 9.00am	Monday, 15 April 2019	Tuesday, 30 April 2019
Monday, 3 June 2019 – 9.00am	Friday, 14 June 2019	Tuesday, 25 June 2019
Monday, 5 August 2019 – 9.00am	Tuesday, 20 August 2019	Tuesday, 3 September 2019