Bundle Strategy and Delivery Committee 6 November 2018

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3 Apologies for Absence
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Oral: Chair

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23 SCHEDULE OF MEETINGS

To note the date, time and venue of the next meeting of the Committee:

Tuesday, 8 January 2019, 9.00am

STRATEGY AND DELIVERY COMMITTEE

TUESDAY, 6 NOVEMBER 2018 AT 9.00 AM
CORPORATE MEETING ROOM, HQ, UHW

AGENDA

PART 1: PRELIMINARIES *(10 mins - Chair)*			
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 held on 11 September 2018	*Chair*
5.		To receive and note the Action Log from the Strategy and Delivery Committee held on 11 September 2018	*Chair*
ITEMS FOR ACTION			
6.	*10 mins*	Performance Mapping	*Verbal Director of Transformation*
7.	*15 mins*	Occupational Health Support for Staff with Mental Health Problems	*Director of Workforce and OD*
8.	*15 mins*	Clinical Innovation and Research	*Director of Planning*
9.	*15 mins*	Capital Plan	*Director of Planning*
10.	*15 mins*	High Level Performance Dashboard	*Chief Operating Officer*
11.	*10 mins*	Review of Committee Work Plan and Standard Agenda Items	*Director of Corporate Governance*
12.	*10 mins*	Managing Attendance Policy	*Director of Workforce and OD*
ITEMS FOR DISCUSSION			
13.	*15 mins*	The Equality Agenda	*Verbal Chair*
ITEMS FOR INFORMATION AND NOTING			
14.		Staff Survey Results	*Director of Workforce and OD*
15.		Transformation Bid Update	*Director of Transformation*

16.	*10 mins*	Staff Nursing Act – Mental Health Services	*Executive Nurse Director*
REVIEW AND CLOSURE			
17.		Any other business	*Chair*
18.		Review of the Meeting	*Oral Chair*
SCHEDULE OF MEETINGS			
19.		To note the date, time and venue of the next meeting of the Committee: • **Tuesday, 8 January 2019, 9.00am** 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
STRATEGY AND DELIVERY COMMITTEE
HELD ON 11 SEPTEMBER 2018 AT 2.00PM
CORPORATE MEETING ROOM, HEADQUARTERS, UHW

Present:

Charles Janczewski	Chair – UHB Vice Chair
Dawn Ward	Independent Member – Trades Unions

In Attendance:

Abigail Harris	Director of Strategic Planning
Fiona Jenkins	Director of Therapies and Health Sciences
Martin Driscoll	Director of Workforce and Organisational Development
Nicola Foreman	Director of Corporate Governance
Robert Chadwick	Director of Finance
Ruth Walker	Executive Nurse Director
Sharon Hopkins	Director of Public Health
Steve Curry	Chief Operating Officer

Apologies:

Eileen Brandreth	Independent Member – ICT
Gary Baxter	Independent Member – University
Sara Moseley	Independent Member – Third Sector
Geoff Walsh	Assistant Director of Planning
Keithley Wilkinson	Equality Manager
Len Richards	Chief Executive
Marie Davies	Deputy Director of Planning

Observer:

Urvisha Perez	Wales Audit Office

Secretariat: Glynis Mulford

SD: 18/040 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting, in particular Urvisha Perez from the Wales Audit Office who was in attendance to observe the meeting.

SD: 18/041 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

SD: 18/042 DECLARATIONS OF INTEREST

The Chair invited Members to declare any interests in the proceedings. The Chair stated that he presided over the WHSSC Quality and Patient Safety Committee.

SD: 18/043 UNCONFIRMED MINUTES OF THE MEETING HELD ON 5 JUNE 2018

The Committee **RECEIVED** and **APPROVED** the minutes of the meeting held on 5 June 2018.

SD: 18/044 ACTION LOG FROM MEETING HELD ON 5 JUNE 2018

The Committee **RECEIVED** the Action Log from the meeting of 5 June 2018 and **NOTED** the following:

18/025 Study Leave Procedure for Medical Staff - For document to be shared with Director of Corporate Governance to discuss timings with Head of Internal Audit.

18/009: Shaping Our Future Wellbeing Strategy: - Work on some measures was being undertaken; awaiting feedback from Executives.

SD: 18/045 SHAPING OUR FUTURE WELLBEING:

1. **CURRENT POSITION REPORT**
2. **PLANNED PERFORMANCE DELIVERY AND MEASURE FRAMEWORK – UPDATE REPORT**

Mrs Abigail Harris, Director of Strategic Planning presented the above reports. The Chair had asked for a current position report in order to inform where we are in certain areas, to scrutinize and support the Shaping our Future Wellbeing (SOFW) and Integrated Medium Term Plan (IMTP) so this could be challenged with open discussion.

It was stated the document presented the reporting arrangements and what is in the plan for current year. It was noted that the Plan on a Page was a high level and detailed document setting the priorities, actions and outcomes set out in the current annual plan/IMTP. The Plan on a Page was welcomed and it was agreed that it would be produced again for the 2019 – 2021 IMTP as a useful reference document for the key priorities. It was noted that Welsh Government had indicated that it was looking for a shorter IMTP document, but one that provided more granular detail on the priorities and outcomes. It was noted that this was an area where further work was needed.

The Plan on a Page will be used to summarise the actions set out in the full IMTP. It will be a useful reference document and the Committee in keeping an oversight of the progress being made against the key actions. The Chair asked for an update on what executives have agreed.

The second document, Planned Performance Delivery and Measure Framework, has been developed to provide the Committee with an overview against the strategic objectives set out in Shaping Our Future Wellbeing, and indicates were we assess that we are not on track, and where further action is required.

It was noted that the Joint Executive Team meetings with Welsh Government take place twice a year, and that the focus of the meetings was changing so that more time was spend on looking forward, with less time on looking back on progress over the reporting period just gone. The Executive Team welcomed this shift in emphasis as the monthly Quality and Delivery Meetings with WG discussed in depth progress with delivering the plan.

The following points were discussed:

- Regarding the rag rates there was a need to have an understanding of profile of delivery intended. It was explained that 'green' indicated that everything was on track to deliver against the actions set out in the plan to deliver against the strategic objective. Amber indicated where the deliver was off profile. It was noted that in relation to securing sustainable planned care services, we still need to outsource services in a small number of specialties where demand is currently outstripping supply and this may have to continue as we do not have all of the capacity we need over the next year in a small number of specialties. In-year, our performance is delivering what was described in the IMTP. Areas flagged as amber were not hitting every target all of the time and were not completely sustainable. It was further explained that the assurance was in the performance reports and we were on track to deliver this and were able to demonstrate making year on year improvements.
- Concerning the work programme, this looked at relevant points in year.
- The point was raised that the opportunity to congratulate performance well delivered should not be missed. The challenge of reporting on the in-year plan delivery and connecting this to progress against the strategic objectives and milestones set out in our Strategy needed more work.
- This was an assessment against the objectives and more work was needed on the outcome measure. The milestones against outcomes should show us if we are making progress.
- The executives who were responsible for certain areas of the plan would report on these areas to the Committee.

Wider discussion ensued on targets performance improvements outcomes and KPIs and how national targets are delivered.

ACTION: For an update to be presented on what Management Executives have agreed to come forward to the Committee

The Committee:

- **NOTED:** The update on Shaping Our Future Wellbeing

SD: 18/046 INTEGRATED MEDIUM TERM PLAN:

1. **CURRENT POSITION REPORT**
2. **PLANNED PERFORMANCE DELIVERY AND MEASUREMENT FRAMEWORK – UPDATE REPORT**

Mrs Abigail Harris, Director of Planning, presented an update on the above report. There was a clear process in place to deliver the IMTP in the timeframe set by WG and key milestones had been completed. In a recent meeting the key deliverables had been signed off by Management Executive. It would roll forward the commitments for this year on key performance targets. Intentions had been confirmed of continuing to improve against key performance in order to move to a balanced financial plan. The Clinical Boards (CBs) would be attending a focused workshop discussing key principles and priorities and CBs would be setting out the key elements they will be taking forward in the IMTP. A series of workshops had been arranged to put more detail with final submissions from CBs in early November. The direction given was that very few new investments would be included in the plan for next year.

In terms of interface with the Board, a progress report would be to the November Board meeting in order for the Independent Members (IMs) to see the emerging narrative around the IMTP. Priorities will be revisited as previously may not have had the resource or capacity to bring them through. The document will end up as product containing granular detail which shall be a shorter, sharper document. There will be changes in the report as the whole narrative will not be put in the IMTP. There will be key headlines and will develop links to strategies to provide the detail such as the Research and Development Strategy. There will be a complete draft of the plan by the end of January with a final submission to WG in March.

It was discussed and commented:

- In response to CBs requiring additional support in producing their plans, it was stated the requirements had been toned down but what was needed from them was more clarity of the 'how' and 'when' and looking for CBs to help fill in the detail to populate the IMTP. CBs were getting a much clearer sense of what was needed which entailed a more streamlined process.
- The team was commended for a well-constructed process stating it gave the organisation a chance to ensure that the IMTP fits the need.
- Although it was implied, there was no indication of patients within the document and asked for CBs not to lose sight of this within their plans. In response it was advised that through the Transformation work CBs were being encouraged to use characters as way and socialising 'new friends'. This was new with the intent of focusing conversation around citizens.

The Committee:

- **NOTED:** the process for the development of the IMTP in 2019/22

SD: 18/047 CAPITAL PLAN

The Capital Programme Assurance Report was presented to the Committee by the Director of Planning. The new format was explained which gave a clearer overview and highlighted where we were against projects looking at key risks.

The following was discussed:

- The report did not include IT or medical equipment and it was requested for this to be factored into the Assurance Report.
- Regarding certain projects it was observed that some did not have dates or timelines. It was stated that specifics of those schemes were not available.
- The neonatal development and the low level of contingency remaining to complete the project, was explained. The programme was on course and delivering.
- The arrangements and principles for accommodation in the Tesco building would be brought to Management Executives and would set out more detail about the open plan working arrangements. The Capital, Estates and Facilities team were working through the detailed plan. In regard to the car parking at Woodland House, the same rules would apply as across the rest of the organisation.
- Concerning the UHL substation it was raised whether there were any risks to anyone on the site. It was confirmed that the risk related to a single point of failure, which if not addressed could pose a risk to service delivery. The issue was detected as part of statutory inspections. Regarding the Rookwood full business case, a scrutiny response was submitted to WG and a reply had recently been received. The Health Board had accepted an invitation to an Infrastructure Investment Board to present the case on 26 September 2018.

The Committee:

- **NOTED:** the content of the report recognizing the difficulty in managing a large and complex programme of works within a limited resource
- **SUPPORTED:** 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.

SD: 18/048 ESTATES STRATEGIC PLAN

- Mrs Abigail Harris, Director of Planning, presented the Estates Strategic Plan stating it had been in development for some time. There was a need to have the right infrastructure and to acknowledge the Health Board was facing significant risks in the current period. The document is a technical estates strategy and explained how we are managing risks in short to medium term. The estates strategic plan presentation was also explained in detail, which looked at the current condition and configuration of the estates and functional suitability for current operational delivery and achievement.

It was discussed and commented:

- The intention was to pull out a summary of what the estates strategy is endeavouring to do.
- There are three key stages to move this forward and to understand what a support hospital will look like. A key component was to involve the community and patients in the design when designing new facilities.
- There are clear milestones with the intention to focus on statutory compliance in the short term.
- There is a bright future for Llandough as a location for a number of centres of excellence, including mental health services.
- There had been discussions with the Community Health Council, (CHC) regarding moving ward C7 north in St David's Hospital as rehab could be provided very well at this location; the response from CHC appeared favourable but a formal response from the CHC was awaited.
- It was noted that a number of facilities, particularly those in the community were poorly utilised and we are working with public sector partners to consider how we can best share assets.
- Regarding integration we should not to lose sight of what the local authority can offer and to realise the added benefits this could bring.
- The plan was the estates response to how we deliver services and priorities for the next three years, therefore need to process robust business cases.
- A conversation on the life of the new build was necessary and should be a national discussion demonstrating flexible design and future proofing.
- In response to how we help people understand how this is going to work and how people fit in, it was stated a locality model would be worked up and what we think are the units of delivery. It was advised for there to be flexibility as the model evolves and to help other agencies understand the complexities of the plan. This was based on the Perfect Locality work previously completed. The strategy was based on an emerging model for primary care where there will be few, but larger GP practices over time
- The Director of Planning asked for feedback on the tabled presentation and how this sits on top of the technical document.

ACTION: For members of Committee to feedback information on presentation

The Committee:

- **RECEIVED** the presentation of the draft Estates Strategy and **NOTED** the draft technical strategy document

SD: 18/049 WORKFORCE DELIVERY PLAN

Mr Martin Driscoll, Director of Workforce and OD gave a presentation on the above. There would be an update on metrics and looked at the workforce enablers to move the organisation forward which was described.

The following was highlighted:

- **Sickness Absence rate:** There was a need to look at sickness and identify issues area by area as there is great variation and presents operational difficulties.
- **Job Plan Compliance:** The target for completed job plans was 85% but this had been challenging remaining resolute at 50%. The challenge was how to see this move forward as this received a poor audit. There was a need to have some consequence of not having a job plan in place. It was stated that job plan compliance is part of licence to operate and the two needed to be run together. The Committee was informed that an action plan had been put in place from the outcome of the internal audit.
- **Voluntary Resignation Turnover:** Currently large numbers of clinical staff were leaving the organisation and the question as to why would be pursued.
- **Variable Pay Rate**: The paybill and overspend is in position within 0.05%. This is made up of the variable pay rate and our actual permanent workforce. There was a need to utilize bank staff and not use agency. Although it was acknowledged there were not enough nurses in the UK to sustain what is required. There was a gap with the financial measures which needed to be balanced. It was realised the way it is presented needed to be changed to understand the reasoning for this. It was suggested that another metric be put in the equation to obtain greater understanding.
- **Statutory and Mandatory Training:** Fire and Safety is mandatory training but the trend in ESR training will change to reflect the training staff need to do. Improvement had been made on the overall number on compliance for statutory and mandatory training.
- **Nurse Recruitment and Retention:** There was a big piece of work being jointly led by nursing and Workforce and OD to retain nurses and bring back into practice those who had left. There was a need to focus on retention as well as recruitment. The team were looking in Wales and beyond but recognised it was highly competitive as was fishing from the same pond. There is a detailed action plan and approach in place but needed to be proactive.
- **Talent Management Succession Planning:** The team was looking at incorporating performance with potential and building capability in totality for the future of the organisation. If key positions are lost there is a need to look at how these would be filled. For high achievers this would be reviewed and how this was being managed. The same question would be set for those underperforming. The process should be captured and incorporated in the PADR by setting objectives where they could be measured and monitored. The team are working on how to changing the process and capture the data that comes out of this. The initiative has been endorsed by the executives and the detail is being worked on. This was a big piece of work but can give valuable returns. Due to the reduction in mandatory training, it gave opportunity for managers to use this time in a different way and undertake staff PADRs.
- An action plan will be produced and presented at Committee.

ACTION: To review the variable pay metric and determine if it is providing an instructive overview

The Committee:

- **NOTED** the presentation

SD: 18/051 KEY PERFORMANCE INDICATORS

Mr Steve Curry, Chief Operating Officer informed the Committee of key performance indicators and highlighted the following:

- **Unscheduled Care:** The Health Board had achieved a good few months with the four hour position being the best in Wales for the July period work has been done to compare UHW's performance on a UK wide basis. Steve Curry reported that, in terms of comparable units ie, over 10,000 attendances per month, the Health Board is now ranked in the top ten.
- **Ambulance handovers:** There had been significant improvement with response rates above the targets. This had been a particularly difficult winter which had an effect on results but despite this performance remains ahead of last year.
- **12 hour waits:** These rates remain the lowest in Wales but it is our aim to eliminate 12 hour waits completely. Recent measures have included executive level escalation and scrutiny on a daily basis – through the Executive on call mechanism. There was a need to exceed the current targets and met with the Executive Team from WAST for further discussions in how to improve. The handover process will be looked at along with WAST going forward.
- Responding to comparisons to last year, it was stated that planning for winter is a comprehensive and integrated approach with social services and third sector. The Integrated Winter Preparedness and Resilience Plan was ready to sign off. The plan will come to the next Board Meeting. The winter plan is also peer reviewed and will be scrutinised by Welsh Government on whether it is fit for purpose.
- **Four hour wait**: It was explained that in comparison to last year the August position was 2.8% better than 2017 and the September position was averaging at 91% for the four hour position and is 1% better than last year. Year to date for the four hour position is a 1.77% increase on last year. There was one fewer than last year and still 44 more than last year but the gap was slowly closing as the year goes on.
- **Stroke:** There had been difficulties on this area and quarter 1, reflecting the difficulties throughout winter. It was explained that as unscheduled care pressure builds it has an impact on stroke. The 90 day plan to correct the position worked very well, the challenge was in sustaining this. On four hour stroke unit access, there were continuous improvement in this as well as 24 hour consultant review.

- In response to whether there would be a hyperstroke unit, it was explained that the service model was being looked at in the context of the current resources available. It was likely that there would be a need for less acute capacity and greater rehab capacity.
- **Planned care:** 36 week position was met at the end of first quarter and the challenge has changed to delivery on a monthly basis. Four years ago there were almost 7,000 patients waiting >36 weeks. The aim is to get closer to 600 at the end of September. The 26 week position continues to improve with the increased emphasis on outpatient appointments. The HB is on track to deliver its commitments to WG on the 26 week position.
- **Cancer:** The profile had been variable in quarter 1. There has been an extraordinary rise in demand relating to urology and GI cancers. This had been seen across England where a number of high profile individuals have been raising awareness of these cancers. There was an 18% increase in diagnostic demand associated with this. There were issues to address internally regarding whole body scanning for CT. The endoscopy waits were going down to levels not previously seen in the Health Board, which had been the lowest seen in this Health Board. There is still a need to improve tracking discipline. The expectation was for the position to be variable for the next two months but, depending on the demand profile, we expect to see improvements beyond that. This picture has been reflected throughout Wales.
- **Diagnostics:** The expectation was for radiology to be reduced to 300 over eight weeks. There were a couple of hundred patients in cardiac and paediatric MRI categories requiring specialist teams. A plan has been developed and more work was needed to be fully assured.
- **Mental Health:** part 1 is staying ahead of the 80% requirement in July and it was requested for CAMHS to be reported separately. Part 1b is the interventions group therapies which require a 56 day cycle split into 28 day assessment and 28 day intervention. There was improvement on this from 71% increasing to 82% in July. Through discussions with WG, amendments had been made to how this will be presented to see further improvements. Care and treatment plans in Part 2 were also down and a piece of work was being undertaken to release care and treatment planning from psychiatrists to other professions.
- Regarding CAMHS only the primary care element would be looked at. Given the steady improvement in primary care plans, there was confidence when Specialist CAMHS is repatriated back into the Health Board there would be further improvements. The Committee was informed CAMHS repatriation was reported regularly through a formal project management process and indications showed this was going to plan.

The Committee:

- **NOTED:** Year to date performance for 2018-19 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

SD: 18/052 PERFORMANCE MAPPING

Dr Sharon Hopkins, Director of Public Health informed the Committee that the process of performance mapping would look at the Welsh Government Delivery Plan targets and how they align to the different Committees to avoid duplication and overlap. The Director of Corporate Governance had completed an initial draft which has been distributed to the various leads. This was to ensure we were doing things effectively as a Board as well as at Committee level. There was linkage of the mapping process to the strategic objectives and outcomes.

ACTION: A report would be brought to the November meeting

The Committee:

- **NOTED** the update on Performance Mapping

SD: 18/053 TRANSFORMATION PROGRAMME

Dr Sharon Hopkins, Director of Public Health informed the Committee that this was an oversight programme which comprised of 7 enabling streams and 10 projects; these were crosscutting and contextual issues which needed to be solid in the organisation. This was an update on significant progress on a couple of areas of clinical improvement programmes to give some strength in approaches to go across the organisation. A few projects that had not worked were moved from transformation into an improvement basket. There was a need to get to a systematic approach for infrastructure, transformation and improvement as there is no clear systematic approach to project management and continuous service improvement. These two things need to be brought together. It would enable a clear and generic base in the transformation work which in turn would get the infrastructure solid.

The Committee:

- **NOTED** the content and scale of the programme and progress on the:
  - application against the Welsh Government Transformation Fund ; implementation of the Health pathways programme
  - development of dashboards
  - systemisation of project management and continuous service improvement approaches

SD: 18/054 EMPLOYMENT POLICIES REPORT

Mr Martin Driscoll, Director of Workforce and OD presented the Employment Policies. Two points were highlighted in the policy and was concerned that the appeals process did not ask for a professional adviser or did not have professional input before being signed off. The Committee was content to **ENDORSE** the policy but for the concerns to be raised at an all Wales Forum.

ACTION: Martin Driscoll to raise two points at the Forum

The Committee:

- Formally **ADOPTED** the revised NHS Wales Capability Policy
- **APPROVED** the recommendation that the following Employment 'Policies' be re-designated as Procedures
    - Fixed Term Contract Policy
    - Professional Registration Policy
- **AGREED** that the Professional Registration Policy should be rolled forward for a further 3 years but as a Procedure
- **APPROVED** the full publication of these documents in accordance with the UHB Publication Scheme

SD: 18/055 COMMITTEE WORKPLAN AND STANDARD AGENDA ITEMS

The workplan and standard agenda items had not been completed and this will be reviewed at the Management Executive meeting.

ITEMS FOR INFORMATION AND NOTING

SD: 18/056 MINUTES FROM OTHER COMMITTEES

The Committee **NOTED** and **RECEIVED** the minutes of the following:

- South Central and East Wales Regional Planning and Implementation Group – 12 July 2018
- Information Technology & Governance sub-Committee – 13 June 2018

In regard to WCCIS, there had been meetings with NWIS, Cardiff Local Authority and Cardiff and Vale UHB. Discussions had been ongoing raising elements of concern.

SD: 18/057 DATE OF NEXT MEETING

The next meeting would be held at 9.00am on Tuesday 6 November 2018 in the Corporate Meeting Room, HQ, UHW.

STRATEGY AND DELIVERY COMMITTEE

ACTION LOG FOLLOWING MEETING IN SEPTEMBER 2018

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS & ANTICIPATED COMPLETION DATE
SD: 18/045	11.09.18	Shaping Our Future Wellbeing: Planned Performance and Delivery Measure Framework Update	For an update to be presented to Committee on what Management Executives have agreed to come forward to the Committee	A Harris	
SD: 18/009	13.03.18	Shaping Our Future Wellbeing	Develop a series of performance/achievement measures and set a baseline for future reporting.	A Harris	Work on some measures was being undertaken; awaiting feedback from Executives.
SD: 18/048	11.09.18	Estates Strategic Plan	To receive comments from Committee on Estates Strategic Plan presentation	All	Item to be completed by November meeting
SD: 18/049	11.09.18	Workforce Delivery Plan	To review the variable pay metric and determine if it is providing an instructive overview	M Driscoll	
SD: 18/052	11.09.18	Performance Mapping	For report on Performance Mapping to be brought to November meeting	S Hopkins	Verbal update to be presented at November meeting
SD: 18/025	28.06.18	Study Leave Procedure for	For the procedure to be placed on the Internal Audit Programme	J Johns	Head of Internal Audit to have discussion on

		Medical Staff			priorities of the Internal Audit Programme with Director of Governance and Lead Executive.
COMPLETED ACTIONS (TO BE REMOVED ONCE REPORTED TO MEETING AS COMPLETE)					

Cardiff and Vale UHB Employee Wellbeing Service Update
Name of Meeting : Strategy and Delivery Committee **Date of Meeting** 6th November 2018

Executive Lead : Executive Director of WOD
Author : Head of Employee Health and Wellbeing Services 02920743264
Caring for People, Keeping People Well: This report directly links to the Health Board's mission statement to care for people and keep people well. It underpins the Health Board's "Our Population", "Our Service Priorities", "Our Culture" and "Our Values" elements of the Health Board's Strategy
Financial impact : Not Applicable
Quality, Safety, Patient Experience impact : It is widely recognized that there is a correlation between staff wellbeing and quality, safety and patient experience. Improving staff wellbeing will therefore have a direct positive impact on quality of care and the patient experience
Health and Care Standard Number: 7.1 Workforce
CRAF Reference Number
Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Ongoing monitoring of the Employee Wellbeing Service's waiting times in comparison to Welsh Government targets
- Bi- monthly reporting to the Health and Wellbeing Advisory Group

The Strategy and Delivery Committee is asked to:

- **Note** the update and progress of the Employee Wellbeing Service

SITUATION

In 2017/18, 25% of the total sickness absence within the UHB was attributed to Anxiety/Depression/Stress/Other Mental Health, which equates to a financial cost of approximately £4.82 million.

Over the past two years the number of referrals to the Employee Wellbeing Service (EWS) has increased from 438 in 2016 to 587 in 2017. So far 439 referrals have been received in 2018.

There is a perception that waiting times in EWS are delaying access to psychological interventions.

Benchmarking EWS data against the Primary Mental Health Support Service target for access to assessment and the welsh government target for access to counselling has shown that the EWS is achieving these targets.

BACKGROUND

It is widely reported that one in four will experience a mental health problem each year. If applied to the UHB, this means that over 3,500 of our employees will experience mental health in 2018.

The EWS was established over 10 years ago to provide a self-referral counselling service for employees presenting with mild to moderate mental health conditions. EWS is not a crisis service and is not appropriate for individuals requiring long term and/or multi-disciplinary team interventions.

The EWS team consists of:
0.6 wte Band 7 lead counsellor
1.8 wte Band 6 Counsellors
0.5 wte clinic coordinator

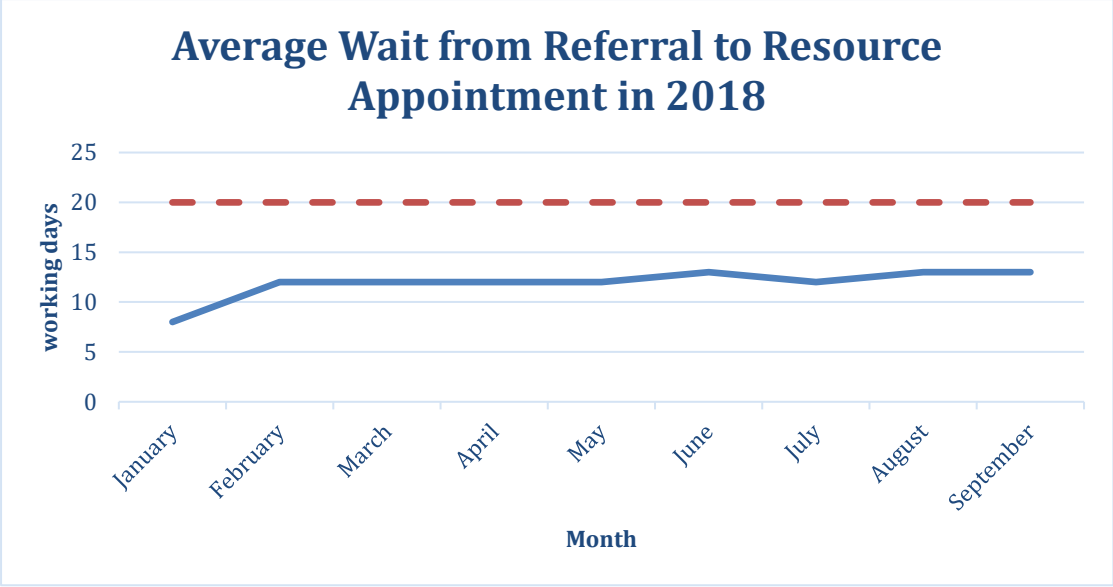
The UHB is the only LHB in Wales with a designated PTSD service for employees who have experience traumatic events at work. This service provides rapid assessment and access to evidence-based treatments such as EMDR and trauma-focussed CBT, delivered by a specialist Psychologist. The service is accessed through Occupational Health or the Employee Wellbeing Service.

ASSESSMENT AND ASSURANCE

In 2016 a new referral pathway was introduced in EWS, whereby all referrals are seen for an hour-long resource appointment, the purpose of which is to establish the most appropriate intervention required e.g. self-help, counselling or onward signposting to GP and other specialist services, rather than going straight on to a counselling waiting list.

The average waiting time from self-referral to resource appointment is 12 working days. The Primary Mental Health Support Service (PMHSS) target for referral to assessment is 28 calendar days. It should be noted that EWS calculates working days not calendar days however if the PMHSS target was converted into working days (20 working days) the EWS waiting time is below this target.

Figure 1. EWS Resource Appointment Waiting Time Compared to PMHSS Target



PMHSS target
EWS Waiting time

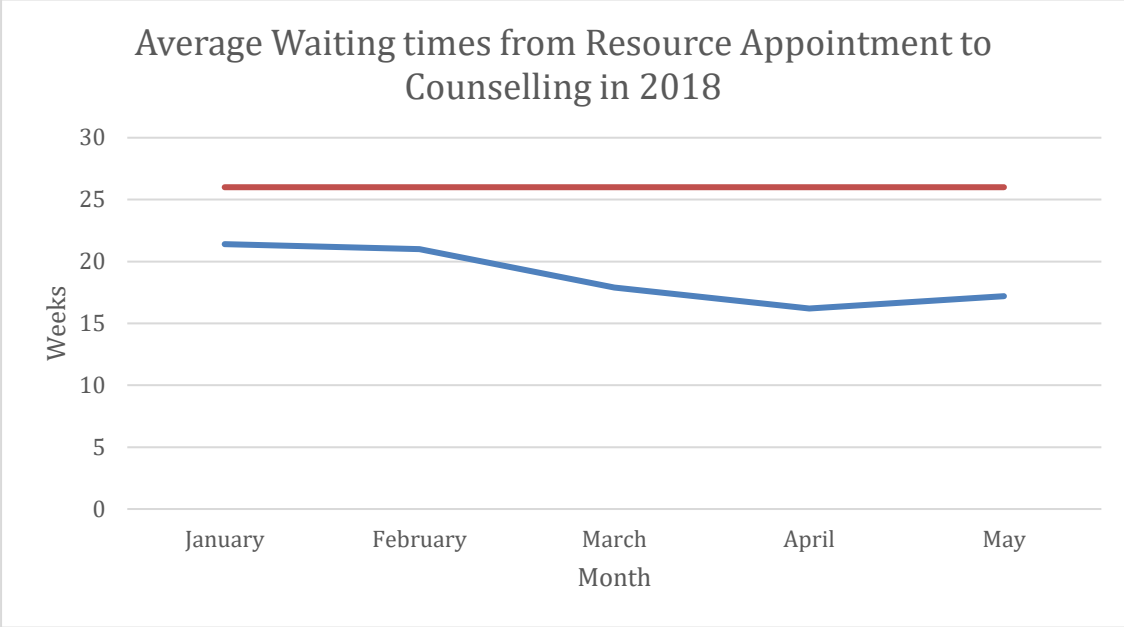
Evaluation of this model of delivery has shown that approximately 30-40% of self-referrals are discharged at the resource appointment stage.

For those whom counselling is identified as an appropriate intervention, they are advised on the options available to them on how to access this. This includes:

- EWS
- GP
- Trade Union – if available
- Health for Health Professionals Wales – Welsh Government funded service for Doctors
- Third Sector
- Private sector

The waiting time for EWS counselling is currently 19 weeks. Whilst it is acknowledged that this is not ideal, it is significantly below the welsh government target of 26 weeks.

Figure 2. EWS Waiting Time from Resource Appointment to Counselling in comparison to Welsh Government Target



- - - - - Welsh Government target
——— EWS Waiting time

Clients who choose to be placed on the EWS counselling waiting list, do not sit passively on the list without support. During the resource appointment they will be provided with resources appropriate for their needs.
This may include

- self-help materials
- EWS wellbeing workshops
- online CBT
- signposting to PMHSS education courses
- bibliotherapy
- mindfulness resources

Details of which are available via the EWS internet site which clients can access from home at:
http://www.cardiffandvaleuhb.wales.nhs.uk/ews-services-and-support-available

Future Service Developments

Although from the evidence provided, the EWS is achieving both the PMHSS and welsh government targets, it is acknowledged that more can be done to improve service delivery.

A new wellbeing practitioner role is currently being developed, which in accordance with matrics cymru guidance will enable low intensity interventions such as guided self-help to be offered.

EWS is currently implementing the use of Silver cloud, an online CBT platform which uses evidence-based programmes to address conditions like stress, depression, anxiety, diabetes, COPD and chronic pain.

Opportunities for collaborative working with the Mental Health Clinical Board are also being explored however this is in the very early stages of discussion and no definite actions have been agreed.

Assurance

From the data collected, EWS is performing within both PMHSS and welsh government targets for access to assessment and access to counselling.

This performance is reported monthly to the Workforce and OD Director and is monitored as part of the Workforce and OD performance data.

Service development is ongoing to ensure that the services available are evidence based and align with welsh government recommendations.

CLINICAL INNOVATION AND RESEARCH
Name of Meeting : Strategy and Delivery Committee **Date of Meeting:** 6 November 2018

Executive Lead : Executive Director of Planning
Author : Executive Director of Planning
Caring for People, Keeping People Well : Research and development, and clinical innovation both form a key part of our strategy and contribute particularly to our strategic objectives relating to culture ' we will excel at teaching, research, innovation and improvement and provide an environment where innovation thrives'.
Financial impact: No specific issues.
Quality, Safety, Patient Experience impact: impacts positively over time on the outcomes for patients and the quality of the services we provide.
Health and Care Standard Number N/A
CRAF Reference Number N/A
Equality and Health Impact Assessment Completed: Not application

ASSURANCE AND RECOMMENDATION
ASSURANCE is provided by:

- The progress against the IMTP actions for 18/19 relating to research and development and clinical innovation.

The Strategy and Delivery Committee is asked to:

- **NOTE** the R&D and clinical innovation assurance report.

SITUATION

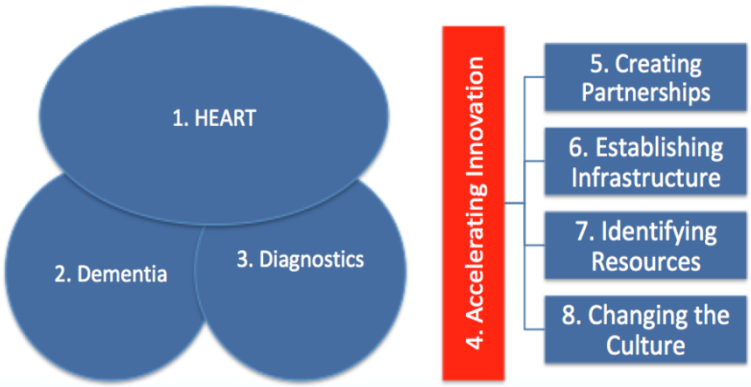
Providing an environment where innovation thrives

Accelerating Innovation

At BioWales last year, Professor Keith Harding, Dean of Clinical Innovation, set the ambitious objective to '***create a step change in accelerating the translation of clinical innovation into improvements in health and clinical services'.*** Over the last year the University Health Board has made great progress in delivering this objective through the **Clinical Innovation Partnership**. A key part of this progress is clear **leadership** and accountability coming from Abigail Harris, Director of Strategy Planning (Executive Lead), Professor Jared Torkington, AMD Clinical Innovation and Robyn Davies, seconded from Cardiff University to provide operational

support. This structure is mirrored in Cardiff University with leadership from Professor Harding, Professor Weeks and Barbara Coles.

Strategy



The Strategy underpinning the Partnership is consistent with the Welsh Government policy approach to innovation – '***a purposeful approach to finding and applying new and better ways of delivering health and care services'***; viewed through the Prudent Principle lens, supported by evidence and research. The strategy was described in detail in last year's IMTP and has not changed except for the addition of the 'Health Enterprise Alliance for Regional Transformation (HEART):

1. HEART

HEART is a collaboration with the local Authorities and other partners with the aim of revolutionising the way the University Health Board delivers health and social care; where citizens are partners in the design and delivery of care, using all of the assets available and social capital in our local communities. This focuses on the largest scale, whole system, and disruptive innovation. A meeting of the two local authority CEOs, the Vice Chancellor of the University and the UHB CEO is due to take place shortly.

2. Dementia

This continues to be a key priority as set out in ***Shaping Our Future Wellbeing***. We are delighted that Dr Annie Proctor, Clinical Board Director for Mental Health, has agreed to be the lead, with academic leadership coming from Professor Tony Bayer. One good example in this theme has been the *dementia challenge,* which has been run over the last year, supported by a joint innovation fund. Projects were developed with an innovative approach - a local SME management consultancy worked with groups that included staff, carers, and patient representatives to develop and pitch their ideas in the collision space of the Medicentre. The outcome of one of the projects was so positive it was covered in the UK Press. Planning for the coming year is also under way for the first dementia whole system workshop, to be delivered in Primary Care.

3. Diagnostics – Led by Professor Ian Weeks, good progress has been made developing Cardiff as a centre of excellence for clinical diagnostic innovation. There was some disappointment that despite the resources and energy given to building a close relationship with the Precision Medicine Catapult (PMC) over the last year, Innovate UK took the view to close this catapult. The learning was not lost however, and the Innovation Partnership

ensured that there was a joined up approach with the Medicentre reacting well to the changes in the Catapult's requirements. As a positive example, this year has seen the first diagnostic software product to be wholly developed by the UHB with executive leadership and support from Dr Fiona Jenkins. Commercialisation is planned for 2018. Also planned for 2018 will be a showcase event in Renishaw's Innovation Centre.

4. Delivery and Accelerating Innovation – Professor Jared Torkington, Assistant Medical Director for Innovation, re-designed the traditional clinical multidisciplinary team (MDT) concept to help accelerate innovation into the UHB and beyond. This has proved so successful that the Mayo Clinic has adopted it. The innovation MDT has establishing new processes and systems to support the identification, protection, development, evaluation and delivery of innovations through the journey from ideation to commercialisation. The MDT is managed by Barbara Coles from Cardiff University, School of Medicine and includes a group of experienced experts traversing all aspects of the innovation journey in addition to subject experts, for example an IP attorney, Medical Device CE Marking/Registration expert (giving their time pro-bono and under confidentiality agreements). The MDT meets at the Medicentre each month to support anyone (public, academic, NHS, industry) who has a clinical or health care idea, product, project or service that may benefit the health and wellbeing of the UHB population and beyond. The innovation MDT also regularly invites Government, other NHS and industry partners to attend in order to promote the **sharing** of the best ideas. Over the last year the MDT has now supported over 40 projects. In addition, 7 Bevan Exemplar projects were supported, 5 of which were successful.

5. Partnerships – The progress made by the UHB could not have been achieved without Cardiff University and particularly the College of Biomedical and Life Sciences. There continues to be a regular EMT where senior members of both the UHB and Cardiff University provide governance and direction into the Clinical Innovation Partnership Strategy. The UHB has also developed a good partnership with Cardiff Met University, through the development of the Wales Stroke Hub, launched in November. This senior structure has enabled the plan for 2018 to sign-off on industrial partnership agreements for projects with three global Fortune 500 healthcare organisations (subject to appropriate diligence).

6. Infrastructure – Last year Dr Andrew Goodall, Director General and Chief Executive of NHS Wales, helped to launch the Cardiff Medicentre as the new front door for clinical innovation for both organisations. Since then occupancy, by appropriate healthcare SME's, has grown to almost 100%. Full occupancy not only provides a dynamic environment to develop ideas, but it also brings potential of revenue to the UHB. The Medicentre is no longer a well-kept secret and last month it celebrated its 25th anniversary with considerable publicity. It is also now used almost daily to meet and support people with ideas in an appropriate entrepreneurial environment. The Medicentre provides the hub for Clinical Innovation in Cardiff and Vale, and links have been strengthened with the Welsh Government Life Science Hub which has been refocused to concentrate on health and social care.

Future Challenges

Good progress has been made in the last two areas, however they are also a number of challenges over the next two years.

7. Resources – The direct investment by the UHB in innovation has increased by c200% year on year. Through partnering this investment is more than doubled. There is now a clear organisational structure with executive and clinical leadership, along with some operational support and a small but reasonable innovation fund. There has also been an increase in income and the potential of future income through two revenue sharing agreements made this year with new partners. The team has also supported a number of grant/bid proposals e.g. Innovate UK SBRI (£126k – unsuccessful), Nesta, KESS, ETTF (£3.7m). The most significant proposal and an exemplar for partnership working is the multi-million pound European (WEFO) **Accelerate Programme**.This is led for Cardiff by Professor Week, without this critical resource delivering innovation at pace with sustainable growth will be a challenge; the team is still very small, part-time and relies heavily on the good will of partners. Cardiff University is partnered with Swansea and St David's Trinity, with the Life Science Hub hosting the programme. This will provide much needed funding to enable us to progress ideas/innovations that have come through the clinical innovation partnership.

8. Culture – This is the biggest challenge – sustainably embedding innovation into the organisation's culture. Robyn Davies is leading in this area and good progress is being made given the resources available at this stage. All the clinical boards and professional service groups are now aware of the new innovation infrastructure and support. Presentations and workshops have been delivered across the organisation, from the clinical senate to the primary care clusters. Moreover, tangible projects delivering recognition, motivating individuals and benefiting patients along with the potential income from IP and commercialisation, are raising the profile of innovation, especially when they are promoted through the communications team. A good recent example that came through the MDT is the UHB's first Clinical Innovation Fellow. This is entirely supported and will be develop in house. This moves the UHB away from the trend of losing its best IP due to the reliance on external funding. This project meets the perfect innovation criteria, a much-needed clinical product that should save money, improve efficiency, and generate income but most importantly benefit sick children: http://www.cardiffandvaleuhb.wales.nhs.uk/news/46975

Annex 1 provides more detail on the outcomes to**Excelling at research and development**

The aim of our joint work with Cardiff University is to establish a reputation as a Leading Centre of International Research Excellence which enables:

a) Continued development of CVUHB as a tertiary/specialist provider hosting national/international trials:

Actions/Progress to date:

- *HRA changes were introduced in April 2018 to assist and speed up study set up. CVUHB has introduced a completely new set up system based on Capacity and Capability over the last 6 months to fully comply with these new HRA changes. This has certainly led to quicker study set up but a formal review of how much quicker is the new system is due at the end of the financial year.*
- *The CVUHB Executive Board and the Cardiff University Executive board both approved at the beginning of October 2018 to set up a joint R and D Office to streamline activities and improve efficiencies across both organisations.*

b) Increase research capacity

Actions/Progress to date:

- *In August 2018 a paper was submitted (by the R and D Director and Medical Director) to the CVUHB Finance department looking to speed up the implementation of the WG R and D Finance Policy. A response to this paper is expected by the end of November 2018 with the possible introduction in April 2019.*
- *The second round of Medical Director led performance meetings were undertaken in September 2018 with all Clinical Boards attending and candidly discussing their performance/challenges they faced.*
- *CVUHB has opened up the ~£450k of Research Legacy Funds to matched funding bids from Clinical Boards/Directorates. The first round of matched funding requests was approved in October 2018 with 3 initiatives being funded.*
- *CVUHB have changed the internal distribution of Activity Based Funding funding allowing directorates to rise or fall by up to £100k per annum- previously £40k. This will enable very active R and D Clinical boards/Directorates to grow more quickly.*
- *In the first quarter of 2018/9 CVUHB recruited 50% more participants than it did in the same period last year and has undertaken 72% of all interventional participant recruitment in Wales (arise from 46% for 2017/8).*
- *CVUHB is well on its way to increase its commercial income for the fourth year running.*

c) New therapies to be introduced

Actions/Progress to date:

- *CVUHB has always had a reputation for undertaking complex early phase studies however this year has been especially productive with the first two patients in the world being treated with a new diabetic agent which led to over 250 contacts from potential patients across the globe.*
- *We are top UK and world recruiters in several phase 1 studies and have opened up the Clinical Research Facility to overnight and weekend work.*

- *The ITOPS renal transplant immunosuppression study led from CVUHB has opened to its first recruits.*
- *CVUHB and partners were awarded the UK Innovate Advanced Treatment Therapy Centre in January 2018. CVUHB will be the first of the Wales/Midlands centres to undertake recruitment to an ATTC study and expect to recruit the first patients in December 2018/January 2019 to the Rexgenero peripheral vascular disease study.*

d) Enhance reputation of Wales to attract high quality researchers and industry

Actions/progress to date:

- *Joint R and D Conference with Cardiff University held in June 2018.*
- *CVUHB continues to be the largest recruiter to cancer studies in Wales.*
- *CVUHB has contributed to two papers in the world's leading medical research journal the New England Journal of Medicine -Impact Factor 79.3.*
- *See all the above in a-c.*

Key programmes and actions to support delivery **Clinical Innovation** include		
ACTION	OUTCOME	MEASURE/TIMESCALE
FOCUS		
Dementia Challenge	2017 - 3 co-produced projects associated with clinical/health and/or wellbeing needs.	- 3 projects developed, awarded, delivered/ closed (Q3 FY 2017) – **completed** - 1 workshop - population based whole system (Q1 FY18)
Clinical Diagnostics	2017 - Precision Medicine Catapult (PMC) Welsh Node	- PMC node establishes a base on the UHW campus (Q1 FY 2017) – completed/closed - Showcase Event – (Q2 FY18)
PARTNERSHIP		
Partner Programme – on-going	Identify targeted partners to develop and improve outcomes for health priorities	- No. targeted Partners = 3 Tier 1 Industry Partners developed 2017 - Framework for commercial partnering developed with WG – not complete - Accelerate Programme delivery (if successful)
ACCELERATE		
Process and MDT	Sustainable, Efficient, Effective yet flexible Process Developed	- No. Projects (Q1 FY 2017 and on-going) = 40+ - Project Values = c£4m (2017) - IP – Patents/Licences/Revenue agreements = 4
Infrastructure	Develop new joint business plan	Business plan/JV – complete – occupancy near 100%
Resources	Dedicated team and seed fund created	UHB Staff (FTE) = 0.6, Fund (£) Innovation fund =£45k (inc. 2017 Bevan award) Sabbaticals/Fellows/Interns (No.) = 2
CULTURE		
Internal - Engagement Workshops	With partners, increase awareness, capability & capacity. Include new commercial and IP policy	Workshops = 4
External - Engagement	Increase access and reputation with external partners	Awards/External = 5 External = e.g. 2017 UK Innovation Expo, Manchester

Key programmes and actions to support delivery **Clinical Innovation** include			
ACTION	OUTCOME	TARGET – TIMESCALE 2017/18	PROGRESS 2018
BIG CHALLENGES			
Dementia Challenge	2017 - 3 co-produced projects associated with clinical/health and/or wellbeing needs.	- 3 projects developed, awarded, delivered/ closed (Q3 FY 2017) – **completed** - 1 workshop - population based whole system (Q1 FY18)	2 Workshops funded by SEWAHSP to develop Madeline's Project (Jan & June 2018). A population cluster based innovation test bed led by Madeline who has early stage dementia. Partners included academia, local authorities, charities, business, health, care homes, GP practices etc. Successfully funded by the WG Dementia Action Fund (Sept 2018).
Clinical Diagnostics	2017 - Precision Medicine Catapult (PMC) Welsh Node	- PMC node establishes a base on the UHW campus (Q1 FY 2017) – completed/closed - Showcase Event – (Q2 FY18)	Integrated Diagnostics event led by Prof Ian Weeks, June 2018 in the Life Science Hub – led to Innovate UK bid with 3 UK Centres - £19m. Not successful but developing into a proposal for the Cardiff City Region over next 3 years.
PARTNERSHIP			
Partner Programme – on-going	Identify targeted partners to develop and improve outcomes for	- No. targeted Partners = 3 Tier 1 Industry Partners developed 2017 - Framework for commercial partnering developed with WG – not complete - Accelerate Programme delivery (if successful)	- 5 Agreements with Tier 1 Healthcare Companies – MSD, GE, Renishaw, Medtronic and J&J. - Accelerate Programme successful - £23m over 3 years

Key programmes and actions to support delivery **Clinical Innovation** include			
ACTION	OUTCOME	TARGET – TIMESCALE 2017/18	PROGRESS 2018
	health priorities		- Supported 2 bids for the £9m WG Innovation Centre Call (Cedar & Stroke Hub)
ACCELERATING THE BEST IDEAS			
Process and MDT	Sustainable, Efficient, Effective yet flexible Process Developed	- No. Projects (Q1 FY 2017 and on-going) = 40+ - Project Values = c£4m (2017) - IP – Patents/Licences/Revenue agreements = 4	- MDT project = 65 at Sept 2018 - ETTF scheme cancelled by WG 2018 (13 bids, c£3.7m - not funded) - Patent/licences/agreements = 4
Infrastructure	Develop new joint business plan	- Business plan/JV – complete – occupancy near 100%	- Medicentre - Joint Innovation Centre = 100% occupied and waiting list
Resources	Dedicated team and seed fund created	- UHB Staff (FTE) = 0.6, Fund (£) Innovation fund =£45k (inc. 2017 Bevan award) - Sabbaticals/Fellows/Interns (No.) = 2	- UHB Team = 0.6 FTE - Access to Accelerate Fund £23m - Sabbaticals/Fellows/Interns/Students (No.) = 2
A CULTURE WHERE INNOVATION THRIVES			
Internal - Engagement Workshops	With partners, increase awareness, capability & capacity. Include new commercial and IP policy	- Workshops = 4	- Workshops/Presentations = 7

Key programmes and actions to support delivery **Clinical Innovation** include			
ACTION	OUTCOME	TARGET – TIMESCALE 2017/18	PROGRESS 2018

External - Engagement	Increase access and reputation with external partners	- Awards/External = 5
		- External = e.g. 2017 UK Innovation Expo, Manchester
			- Awards/External = Bevan 23 Applications - 16 Successful (£67.5k funding) up from 5 last year
			  o 10 Heath Tech Exemplars - 7 Successful
			  o 2 Hack Application – Successful
			  o 1 Fellow successful
			  o 10 Exemplars – 6 Successful
			- RD attended Health Innovation UK Expo 2017 – with NHS Wales Innovation Leads

CAPITAL PROGRAMME REPORT
Name of Meeting : Strategy & Delivery Committee **Date of Meeting :** 06th November 2018

Executive Lead : Director of Planning
Author : Director of Capital, Estates and facilities 029 2074 4335
Caring for People, Keeping People Well: This report underpins the Health Board's "Sustainability" and "Values" elements of the Health Board's Strategy.
Financial impact : Capital Resource Limit (CRL) £33.355m
Quality, Safety, Patient Experience impact : Improving the environment and Estate Compliance
Health and Care Standard Number 2.1 Managing Risk and Promoting Health and Safety 2.4 Infection Prevention Control (IPC) and Decontamination
CRAF Reference Number 5.2, 6.4
Equality and Health Impact Assessment Completed: Not applicable but individual EHIA's are prepared on a project basis where required.

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- Monthly reports presented to the Capital Management Group to ensure appropriate monitoring of the Major and Discretionary Capital programmes, Estate compliance, I,M & T and Medical Equipment status
- Project dashboard reports for all schemes on a monthly basis as required by Welsh Government

The Committee is asked to:

- **NOTE:** the content of the report recognising the difficulty in managing a large and complex programme of works within a limited resource.
- **SUPPORT:** 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.

SITUATION

The purpose of this report is to provide the group with an update on the Capital Programme, including the major and discretionary capital programmes estate Compliance, IM&T and medical equipment status, risks and key dates where appropriate.

BACKGROUND

The UHB receive a Capital resource limit (CRL) annually from Welsh Government. The CRL includes an agreed allocation for discretionary capital which for 2018/19 was £12.974m. The discretionary capital budget is intended to be used to undertake backlog maintenance, minor works to support the UHB with refurbishments, and changes to accommodation to support clinical service delivery as well as IM&T infrastructure and backlog issues, e.g. Upgrade of IT infrastructure and medical equipment backlog replacement and new equipment to support clinical teams.

In addition the CRL includes the funding allocated from the 'all Wales' capital programme for major capital investment, this is generally allocated following the submission of a Business Case, or WG national programmes which may include diagnostic equipment or IT systems. The current allocation from the all wales programme is £20.381m.

The CRL is reviewed with WG on a monthly basis at the Capital Review meetings. The CRL can alter in year should business cases be approved or WG initiatives are initiated.

As part of the WG monitoring process project dashboard reports are completed and submitted on a monthly basis for most schemes funded by the All wales capital budget.

ASSESSMENT AND ASSURANCE

As part of the UHB internal monitoring the Capital Management Group receive a monthly report on the capital programmes and estate compliance programme. In addition to receiving the report on the status of each project, the group consider in year requests for funding, any increase or new risks along with reports on the progress of schemes in planning.

The Project Dashboards included in appendix 1 show all schemes in various forms of development or implementation.

The committee are asked to note the following exceptions taken from appendix 1.

- **Neonatal development**-Low level of contingency remaining to complete the project. This is being monitored by the project director with any changes or expenditure against this element of the budget approved following agreed levels of budget approval in line with UHB SFI's.

- **CRI Safeguarding**- Practical completion was achieved on 18th September 2018. The scheme was completed within the allocated budget.

- **Interventional Radiology**- The scheme is now complete although there were delays associated with service isolations.

- **Renal Dialysis Suite 18** - the construction works have commenced on site with completion anticipated in March 2019.

- **Woodland House** (Tesco House) - following the successful completion of the acquisition of the building, detailed planning work is ongoing to agree layouts with the various departments identified to re-locate. Enabling works have commenced and it is anticipated that the first occupants will be in before Christmas 2018. The programme end date for all relocations is October 2019.

- **UHW Ward Refurbishment**- Wards A2 North and T5 complete. The work on Paeds South ward is scheduled to complete 26th October 2018, which will enable the works to Heulwen ward to be undertaken. Refurbishment of ward A2 South has commenced.

- **Sustainable Transport Hub** - The planning application has been submitted and it is anticipated that it will be considered by the planning committee on 21st November 2018.

- **CRI Chapel** - the ICF bid submitted was not supported by WG. A further meeting to discuss the submission is being arranged with WG and the UHB.

UHL Electrical Infrastructure - A technical submission has been received and this is being considered for submission to WG to seek funding support.

- **Rookwood-FBC** - following the submission of the BC scrutiny queries the UHB attended the WG capital investment board meeting on 26th September 2018, we await formal feedback from the meeting.

- **UHB Estate Strategy**- The draft document has been completed and presented to both the Management Executive and UHB Board. The document has also been submitted to WG for information/comment.

Appendix 1

Project	Neonatal BJC2	Current Risk Rating	1	Low	2
			3	Medium	
			5	High	

Description

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

Current Status

- Works completed to Neonatal Phase 3 and Obstetrics 1.
- 2a final finishing partitions - Nov-18
- MRI / 2b up to second floor construction - works completion July-19 (2b April-19)
- Obs 2 refurbishment nearing completion - works completion Nov-18

Programme

~~SOC/OBC~~	
~~WG approval~~	
~~FBC~~/BJC Submission	
WG approval	Feb-17
Start on Site	May-17
Handover	Jul-19

Financial Resource Performance

	Pre 2018-19	**2018-19**	Future Years	Total
	£m	**£m**	£m	£m
Approved Funding	17.368	**13.990**	5.734	37.092
Discretionary Usage	0.256	**0.000**	-0.256	0.000
Annual expenditure	17.624	**13.990**	5.478	37.092
Year to Date Spend	0.000	**3.958**	0.000	0.000
Year to Date Over/(Under Spend)	0.000	**(1.450)**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Disruption from drilling	
• MRI Supply contract liaison	
• Low level of contingency	

Project	Rookwood Enabling	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

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.

Current Status

- UHB attended integrated investment board (IIB) at WG to present the Business case and respond to questions
- Awaiting outcome of IIB

Programme		Financial Resource Performance				
~~SOC~~/OBC	Oct-12		Pre 2018-19	**2018-19 £m**	2019-20 £m	Total £m
WG approval OBC	Aug-15	Approved Funding	0.000	**0.000**	0.000	0.000
FBC/~~BJC~~ Submission	May-18	Discretionary Usage	0.000	**0.000**	0.000	0.000
WG approval	Nov-18	Annual expenditure	0.000	**0.000**	0.000	0.000
Start on Site	Dec-18	Year to Date Spend	0.000	**(0.194)**	0.000	0.000
Handover	TBC	Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Delay of approval could increase capital costs Welsh Government approval Loss of contractors key staff due to delay in approval of business case	Level of risk increased to reflect the delay in approval and commencement on site

Project	CRI Safeguarding	Current Risk Rating	1	Low	1
			3	Medium	
			5	High	

Description

Remedial works to stabilise the building and to provide a facility that is free from harmful substances/materials, is watertight and left in a safe condition for future development

Current Status

- Practical completion achieved in Sep-18
-
-
-

Programme		Financial Resource Performance				
~~SOC/OBC~~			Pre 2018-19	**2018-19 £m**	2019-20 £m	Total £m
~~WG approval~~		Approved Funding	1.601	**0.548**	0.000	2.149
~~FBC~~/BJC Submission		Discretionary Usage	0.028	**(0.028)**	0.000	0.000
WG approval	Jan-17	Annual expenditure	1.629	**0.520**	0.000	2.149
Start on Site	Jan-18	Year to Date Spend	0.000	**0.624**	0.000	0.000
Handover	Sep-18	Year to Date Over/(Under Spend)	0.000	**0.077**	0.000	0.000

Risks

Current Risks	Comment/Decisions

Project	Renal Facility UHW	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

The 'Renal Services in Wales 2016-2020 Delivery Plan' has instigated in the expansion of satellite haemodialysis unit services within the South-East Wales region. The accompanying enhanced service specifications allow for patients with more complex needs to be cared for within satellite units than was previously the case. This means that, as more patients become suitable for satellite unit care, Suite 19 can refocus its role upon meeting the needs of patients with higher acuity and more complex needs and to improve the support available to the satellite units, rather than continue in its established role of providing outpatient dialysis for a broad range of patients in the Southeast region.

Current Status

- Work commenced September 24th and progressing in line with programme
-
-
-

Programme		Financial Resource Performance				
			Pre 2018-19	**2018-19**	2019-20	Total
				£m	£m	£m
~~SOC/OBC~~						
~~WG approval~~						
~~FBC~~/BJC Submission	Nov-17	Approved Funding	0.000	**1.197**	0.000	1.197
WG approval	Apr-18	Discretionary Usage	0.048	**(0.048)**	0.000	0.000
Start on Site	Sep-18	Annual expenditure	0.048	**1.149**	0.000	1.197
Handover	Mar-19	Year to Date Spend	0.000	**0.006**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• General disruption	
• Service modifications during construction	
• Service isolation requiring out-of-hours working	
•	
•	

Project	Interventional Radiology UHW	Current Risk Rating	1	Low	1
			3	Medium	
			5	High	

Description

Full refurbishment to develop a interventional radiology suite providing new equipment and upgrading the facilities

Current Status

- Practical completion achieved in Oct-18
- Operational commissioning complete
- Final account being prepared

Programme		Financial Resource Performance				
			Pre 2018-19	**2018-19**	2019-20	Total
				£m	£m	£m
~~SOC/OBC~~						
~~WG approval~~						
~~FBC/BJC Submission~~		Approved Funding	1.000	**0.500**	0.000	1.500
WG approval	Nov-17	Discretionary Usage	(0.185)	**0.569**	0.000	0.384
Start on Site	Apr-18	Annual expenditure	0.815	**1.069**	0.000	1.884
Handover	Oct-18	Year to Date Spend	0.000	**0.664**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Cost associated with contract delay due to isolations of existing services	
•	
•	
•	

Project	Woodland House	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

The Health Board's estate rationalisation plan identifies the need to move staff from leased accommodation to UHB owned accommodation and reduce the number of staff from acute hospital sites where applicable, Woodland House has been purchased to enable transfer of staff from leased accommodation.

Current Status

- Phase 1: IT and PCIC transfer programmed for completion Dec/Jan
- Phase 2: Executive Directors & Capital, Estates & Facilities transfer programmed for completion Mar/Apr 2019
- Comprehensive programme identifying all departments relocating to be issued by end of Oct-18
- A number of contracts are out to tender or in preparation to meet the programme

Programme

~~SOC/OBC~~	
~~WG approval~~	
~~FBC/BJC Submission~~	
WG approval	
Start on Site	Oct-18
Relocation Completion	Oct-19

Financial Resource Performance

	Pre 2018-19	2018-19 £m	2019-20 £m	Total £m
Approved Funding	0.000	**2.950**	0.000	2.950
Discretionary Usage	0.000	**1.750**	0.000	1.750
Annual expenditure	0.000	**4.700**	0.000	4.700
Year to Date Spend	0.000	**4.016**	0.000	0.000
Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Sale of Iowerth Jones	Sale agreed via land transfer protocol to local authority
Limitation on budget to meet the programme	
Changes to departments staffing numbers	PCIC/Community Dental

Project	Ward Refurbishment Programme	Current Risk Rating	1	Low	1
			3	Medium	
			5	High	

Description

Modernisation of wards to improve patient experience and meet the requirements of winter planning

Current Status

- UHL Ward East 1 Phase 3 complete
- T5 Bathrooms specified works completed
- Paeds South works due for completion end of Oct-18
- UHW Ward A2 South commenced
- Heulwen refurbishment dates to be agreed with Operational Planning

Programme

UHW Ward A2 North	Aug-18
UHL Ward East 1 Phase	Aug-18
Paeds South	Nov-18
T5 Bathrooms	Sep-18
UHW Ward A2 South	Nov-18
Heulwen	tbc

Financial Resource Performance

	Pre 2018-19	2018-19 £m	2019-20 £m	Total £m
Approved Funding	0.000	**0.000**	0.000	0.000
Discretionary Usage	2.101	**1.694**	0.000	3.795
Annual expenditure	2.101	**1.694**	0.000	3.795
Year to Date Spend	0.000	**0.515**	0.000	0.000
Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Decision on programme for Heulwen	Operational Planning/Surgical Clinical Boards

Project	Lift Modernisation Programme	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Refurbishment programme to modernise the aging lifts across the Health Board

Current Status

- B Block Lift 19 operational (will require to be taken out of service for minor adjustments following completion of lift 18)
- B Block Lift 18 due for completion Nov-18
- In design for a further three lifts 4,7 &17 with commencement on site due Dec-18
-

Programme		Financial Resource Performance				
			Pre 2018-19	2018-19 £m	2019-20 £m	Total £m
• B Block Lifts 19	Oct-18					
• B Block Lifts 18	Aug-18					
• Start Phase 2 lifts 4,7 &17	Dec-18	Approved Funding	0.000	**0.000**	0.000	0.000
• Completion Phase 2 lifts 4,7 &17	Jul-19	Discretionary Usage	0.306	**0.300**	0.000	0.606
•		Annual expenditure	0.306	**0.300**	0.000	0.606
•		Year to Date Spend	0.000	**0.053**	0.000	0.000
•		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Delay to completion of lift 18 & 19	Poor performance by contractor
• Ongoing issues with lifts across UHW	Regular meeting and dialogue with contractor
• Ongoing costs associated with maintaining lifts across UHB	Additional finance assistance provided by UHB
•	

Project	Sustainable Transport Hub	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Transport Hub to include bus terminal, café, bike storage, showers & toilets facilities for staff, commercial shop and electrical car charging points

Current Status

- Planning due for consideration 21st Nov-18
-
-
-

Programme		Financial Resource Performance				
			Pre 2018-19	**2018-19 £m**	2019-20 £m	Total £m
• ~~SOC/OBC~~						
• ~~WG approval~~						
• ~~FBC~~/BJC Submission	May-19	Approved Funding	0.000	**0.000**	0.000	0.000
• WG approval		Discretionary Usage	0.177	**0.226**	0.000	0.403
• Start on Site		Annual expenditure	0.177	**0.226**	0.000	0.403
• Handover		Year to Date Spend	0.000	**0.139**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Current Risks	Comment/Decisions
• Capital funding to develop the scheme	
•	
•	
•	
•	

Project	CRI Chapel	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Design and refurbish Grade II listed chapel located at CRI, works to include café area, public library, IT information hub, offices and meeting rooms

Current Status

- In design development for tender document preparation
- Planning permession has been achieved
-
-

Programme		Financial Resource Performance				
			Pre 2018-19	**2018-19**	2019-20	Total
				£m	£m	£m
~~SOC~~/OBC						
~~WG approval~~						
~~FBC~~/BJC Submission	Feb-19	Approved Funding	0.000	**0.000**	0.000	0.000
WG approval	May-19	Discretionary Usage	0.169	**0.449**	0.000	0.618
Start on Site	Jun-19	Annual expenditure	0.169	**0.449**	0.000	0.618
Handover	tbc	Year to Date Spend	0.000	**0.434**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Affordability of scheme	
Welsh Government approval	

Project	Maelfa	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Replacement of Llanedeyrn Health Centre with Wellbeing Hub as part of SOFW

Current Status

- Supply Chain Partner Appointed
- Project Manager Appointed
- Cost Advisor Appointed
- Project team developing sketch plans and agreeing schedule of accommodation. Reduction of area required to contain the building within the budget envelope.

Programme		Financial Resource Performance				
			Pre 2018-19	**2018-19**	2019-20	Total
				£m	£m	£m
~~SOC~~/OBC	Apr-19					
WG approval	Jun-19					
FBC/~~BJC~~ Submission	Dec-19	Approved Funding	0.000	**0.000**	0.000	0.000
WG approval	Mar-20	Discretionary Usage	0.000	**0.000**	0.000	0.000
Start on Site	May-20	Annual expenditure	0.000	**0.000**	0.000	0.000
Handover	Dec-21	Year to Date Spend	0.000	**0.000**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Land Transfer	
Planning permission	
Contain the scheme within the budget allocation by WG (£8m)	

Project	Penarth	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Replacement of Penarth Health Centre with Wellbeing Hub

Current Status

- Supply Chain Partner Appointed
- Project Manager Appointed
- Cost Advisor Appointed
- Discussions with leisure centre operator progressing to identify potential shared space
- Project team developing sketch plans and agreeing schedule of accommodation. Reduction of area required to contain the building within the budget envelope.

Programme

~~SOC~~/OBC	Apr-19
WG approval	Jun-19
FBC/~~BJC~~ Submission	Dec-19
WG approval	Mar-20
Start on Site	May-20
Handover	Dec-21

Financial Resource Performance

	Pre 2018-19	**2018-19 £m**	2019-20 £m	Total £m
Approved Funding	0.000	**0.000**	0.000	0.000
Discretionary Usage	0.000	**0.000**	0.000	0.000
Annual expenditure	0.000	**0.000**	0.000	0.000
Year to Date Spend	0.000	**0.000**	0.000	0.000
Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Land Transfer	
Site conditions (evidence of site flooding)	
Planning permission	
Contain the scheme within the budget allocation by WG (£8m)	

Project	Cystic Fibrosis	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Provision of a Cystic Fibrosis inpatient facility with increased bed capacity and en suite provision

Current Status

- Detailed design in progress for issue to tender Dec 18
- Planning application to be submitted to Vale of Glamorgan Council 26th Nov -18
- Ward layout signed off by Clinical Board

Programme

SOC/OBC	
WG approval	
~~FBC~~/BJC Submission	Apr-19
WG approval	Jul-19
Start on Site	Sep-19
Handover	Aug-20

Financial Resource Performance

	Pre 2018-19	**2018-19 £m**	2019-20 £m	Total £m
Approved Funding	0.000	**0.000**	0.000	0.000
Discretionary Usage	0.000	**0.265**	0.000	0.265
Annual expenditure	0.000	**0.265**	0.000	0.265
Year to Date Spend	0.000	**0.088**	0.000	0.000
Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Planning consent	
Confirmation funding support from WG	

Project	Black & Grey Theatres UHL	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Conversion of two existing endoscopy treatment rooms to create one compliant operating theatre which will allow the transfer of some day surgery activity from UHW to UHL

Current Status

- Detailed design work being undertaken at risk pending an agreement on funding support from WG
-
-
-

Programme		Financial Resource Performance				
~~SOC/OBC~~			Pre 2018-19	**2018-19**	2019-20	Total
~~WG approval~~				**£m**	£m	£m
~~FBC/BJC Submission~~		Approved Funding	0.000	**0.000**	0.000	0.000
WG approval		Discretionary Usage	0.000	**0.000**	0.000	0.000
Start on Site	tbc	Annual expenditure	0.000	**0.000**	0.000	0.000
Handover		Year to Date Spend	0.000	**0.000**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Confirmation funding support from WG	

Project	UHL Substation	Current Risk Rating	1	Low	5
			3	Medium	
			5	High	

Description

Develop new substation with new transformers, generator and switch gear. The site currently has one area of high risk which has a single point of failure.

Current Status

- Detailed review of the electrical infrastructure has been undertaken with a proposal to eliminate the risk.
- Detail design work will be required to allow the scheme to be tendered and a business case to be submitted to WG

Programme		Financial Resource Performance				
~~SOC/OBC~~			Pre 2018-19	**2018-19**	2019-20	Total
~~WG approval~~				**£m**	£m	£m
~~FBC/BJC Submission~~		Approved Funding	0.000	**0.000**	0.000	0.000
WG approval		Discretionary Usage	0.000	**0.000**	0.000	0.000
Start on Site		Annual expenditure	0.000	**0.000**	0.000	0.000
Handover		Year to Date Spend	0.000	**0.000**	0.000	0.000
		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
Single point of failure for electrical supply serving theatres	
Limited funding available within Discretionary Capital to undertake detailed design etc.	

Project	Haematology	Current Risk Rating	1	Low	5
			3	Medium	
			5	High	

Description

Reprovision in inpatient and daycase accommodation to address environmental issues of existing accommodation threatening accreditation of facility

Current Status

- Scheme has been included in paper submitted to WG which details the strategic direction of
- No further work is being undertaken on this scheme until agreement with WG on the business case process and the identification of capital to progress the design and business case
- As a interim measure discussions are ongoing with the clinical board to agree an expansion of the haematology Day Facility at UHW

Programme	Financial Resource Performance				
• ~~SOC~~/OBC		Pre	**2018-19**	2019-20	Total
• WG approval		2018-19	**£m**	£m	£m
• FBC/BJC Submission	Approved Funding	0.000	**0.000**	0.000	0.000
• WG approval	Discretionary Usage	0.000	**0.000**	0.000	0.000
• Start on Site	Annual expenditure	0.000	**0.000**	0.000	0.000
• Handover	Year to Date Spend	0.000	**0.000**	0.000	0.000
•	Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Progress against JACIE compliance	
• Welsh Government funding support	
•	
•	
•	

Project	Radio Pharmaceutical	Current Risk Rating	1	Low	5
			3	Medium	
			5	High	

Description

The Radiopharmacy service operates under a special MHRA special licence and currently does not meet current design requirements and regulator expectations for such a facility. This needs to be remedied otherwise the licence could be revoked at the next renewal inspection.

Current Status

- Scheme has been included in paper submitted to WG which details the strategic direction of
- Options are being considered to bring forward this development in order to meet the requirements of the accrediting body
-
-

Programme	Financial Resource Performance				
• ~~SOC~~/OBC		Pre	**2018-19**	2019-20	Total
• WG approval		2018-19	**£m**	£m	£m
• FBC/BJC Submission	Approved Funding	0.000	**0.000**	0.000	0.000
• WG approval	Discretionary Usage	0.000	**0.000**	0.000	0.000
• Start on Site	Annual expenditure	0.000	**0.000**	0.000	0.000
• Handover	Year to Date Spend	0.000	**0.000**	0.000	0.000
•	Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Welsh Government funding support	
• MHRA compliance of existing facility	
•	
•	
•	

Project	CAVOC Theatres	Current Risk Rating	1	Low	5
			3	Medium	
			5	High	

Description

Replacement of Theatres 5 and 6 and with 3 theatres and of a 22 bedded ward.

Current Status

- Design proposals being considered for 22 bed ward and 3 laminar flow theatres
- Early engagement with planning authority has been positive
-
-

Programme		Financial Resource Performance				
			Pre 2018-19	2018-19 £m	2019-20 £m	Total £m
• SOC/OBC						
• WG approval						
• FBC/BJC Submission	May-19	Approved Funding	0.000	0.000	0.000	0.000
• WG approval	Aug-19	Discretionary Usage	0.000	0.000	0.000	0.000
• Start on Site	Oct-19	Annual expenditure	0.000	0.000	0.000	0.000
• Handover	Jul-20	Year to Date Spend	0.000	**0.000**	0.000	0.000
•		Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Reduced number of orthopaedic theatres available at present	
• Welsh Government funding support	
•	
•	
•	

Project	SARC (CRI)	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Relocation of SARC to 54-56 Newport Road which will require the relocation of the community addictions unit. In addition the scheme includes accommodation for the community mental health team from the CRI Links building, Pendine and Royal Hamydryad

- Strategic outline case submitted to WG Oct-18
- Options to bring forward the relocation of CMHT from Links has been discussed with WG and we are currently considering suitable accommodation within the most expedient delivery time
-
-

Programme		Financial Resource Performance				
			Pre 2018-19	2018-19 £m	2019-20 £m	Total £m
• SOC~~/OBC~~	Oct-18					
• WG approval	Dec-18					
• ~~SOC~~/OBC	Sep-19	Approved Funding	0.000	0.000	0.000	0.000
• WG approval	Dec-19	Discretionary Usage	0.000	0.000	0.000	0.000
• FBC~~/BJC~~ Submission	Sep-20	Annual expenditure	0.000	0.000	0.000	0.000
• WG approval	Nov-20	Year to Date Spend	0.000	**0.000**	0.000	0.000
Start on Site	Jan-21					
Handover	Dec-21	Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• Welsh Government funding support	
• Existing links building in poor condition	Options to relocate staff are being considered
•	
•	
•	

Project	Mortuary Refurbishment	Current Risk Rating	1	Low	5
			3	Medium	
			5	High	

Description

To address environmental issues identified in the HTA report

Current Status

- Scope of works being developed and options considered for business case development
- Work is ongoing with the mortuary team to agree the scope of works to be included in the business case
- A project team has been established to oversee the development of the scheme
-

Programme	Financial Resource Performance				
		Pre 2018-19	2018-19	2019-20	Total
			£m	£m	£m
~~SOC~~/OBC	Approved Funding	0.000	0.000	0.000	0.000
WG approval	Discretionary Usage	0.000	0.000	0.000	0.000
FBC/BJC Submission	Annual expenditure	0.000	0.000	0.000	0.000
WG approval	Year to Date Spend	0.000	**0.000**	0.000	0.000
Start on Site	Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000
Handover					

Risks

Current Risks	Comment/Decisions
HTA non compliance	
Welsh Government funding support	

Project	Medical Equipment Backlog	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

Medical Equipment is used in nearly every care pathway across all Cardiff and Vale UHB health systems and underpins the delivery of the majority of the UHB's service priorities. The effective life cycle management of Medical Equipment also supports the priorities outlined in 'Shaping Our Future Wellbeing'. It will enable clinical services to deliver outcomes that matter to people; it will improve service efficiency and sustainability, and the optimal use of the appropriate medical device supports prudent healthcare outcomes. Effective system level Medical Equipment life cycle management processes are costly. The UHB does not have sufficient predictable capital or revenue funds to consistently deliver medical equipment management processes to the required standard. It is heavily reliant on adhoc funding for medical equipment replacement. The UHB is currently exposed to a degree of regulatory, safety, performance and financial risks associated with its current stock of equipment which is obsolete, beyond economical repair, inefficient or is a single point of failure with no robust business continuity plans available. The UHB has allocated £1m of discretionary capital to the urgent medical equipment replacement budget to cover 2018/19. However £500K of this was deployed to manage urgent medical equipment risks at the end of 17/18 leaving £530K to fund urgent medical equipment replacement in 18/19.

Current Status

- In total £445K of funding has been agreed so far, leaving only £85K to cover the rest of the financial
- The UHB has written to Welsh Government in August requesting and additional in year £1.065m of
-
-

Programme	Financial Resource Performance				
		Pre 2018-19	**2018-19**	2019-20	Total
			£m	£m	£m
• £225K for a theatre microscope and endoscope stack	Approved Funding	0.000	**0.530**	0.000	0.530
• £100K for networkable neurophysiology equipment	Discretionary Usage	0.000	**0.530**	0.000	0.530
• £120K theatre decontamination unit refurbishment and AER installation	Annual expenditure	0.000	**0.530**	0.000	0.530
•	Year to Date Spend	0.000	**0.445**	0.000	0.000
•	Year to Date Over/(Under Spend)	0.000	**0.000**	0.000	0.000
•					

Risks

Current Risks	Comment/Decisions
• The UHB is holding a known medical replacement request risk of £680K received this year	
• These risk include safety, performance, reputational and financial elements.	
• The UHB has only £85K available to fund this equipment	
• It is likely that further equipment will require replacement before the 1st April 2019	
•	

Project	IM&T Backlog	Current Risk Rating	1	Low	3
			3	Medium	
			5	High	

Description

IT Equipment is used in nearly every care pathway across all Cardiff and Vale UHB health systems and underpins the delivery of the majority of the UHB's service priorities. The effective life cycle management of IT Equipment also supports the priorities outlined in 'Shaping Our Future Wellbeing'. It will enable clinical services to deliver outcomes that matter to people; it will improve service efficiency and sustainability. Effective system level IT Equipment life cycle management processes are costly. The UHB does not have sufficient predictable capital or revenue funds to consistently deliver IT equipment management processes to the required standard. It is heavily reliant on adhoc funding for IT equipment replacement. The UHB is currently exposed to a significant degree of regulatory, Resilience, Cyber Security, safety, performance and financial risks associated with its current stock of IT equipment. The UHB has allocated £255K of discretionary capital for urgent IT equipment replacement to cover 2018/19. The IT infrastructure requiremnt for 2018/19 was assessed as £2,130,000 of which £730K was classed as priority one. The current overall IM&T backlog is runnung at in excess of £30 million.

Current Status

- £137K has been agreed and spent so far leaving £118K remaining
- Orders have been placed for a further £73K of equipment leaving £45K uncommitted as yet
-
-

Programme

- Virtual Servers £140K
- GBICS £20K
- Networks £90K
-
-
-

Financial Resource Performance

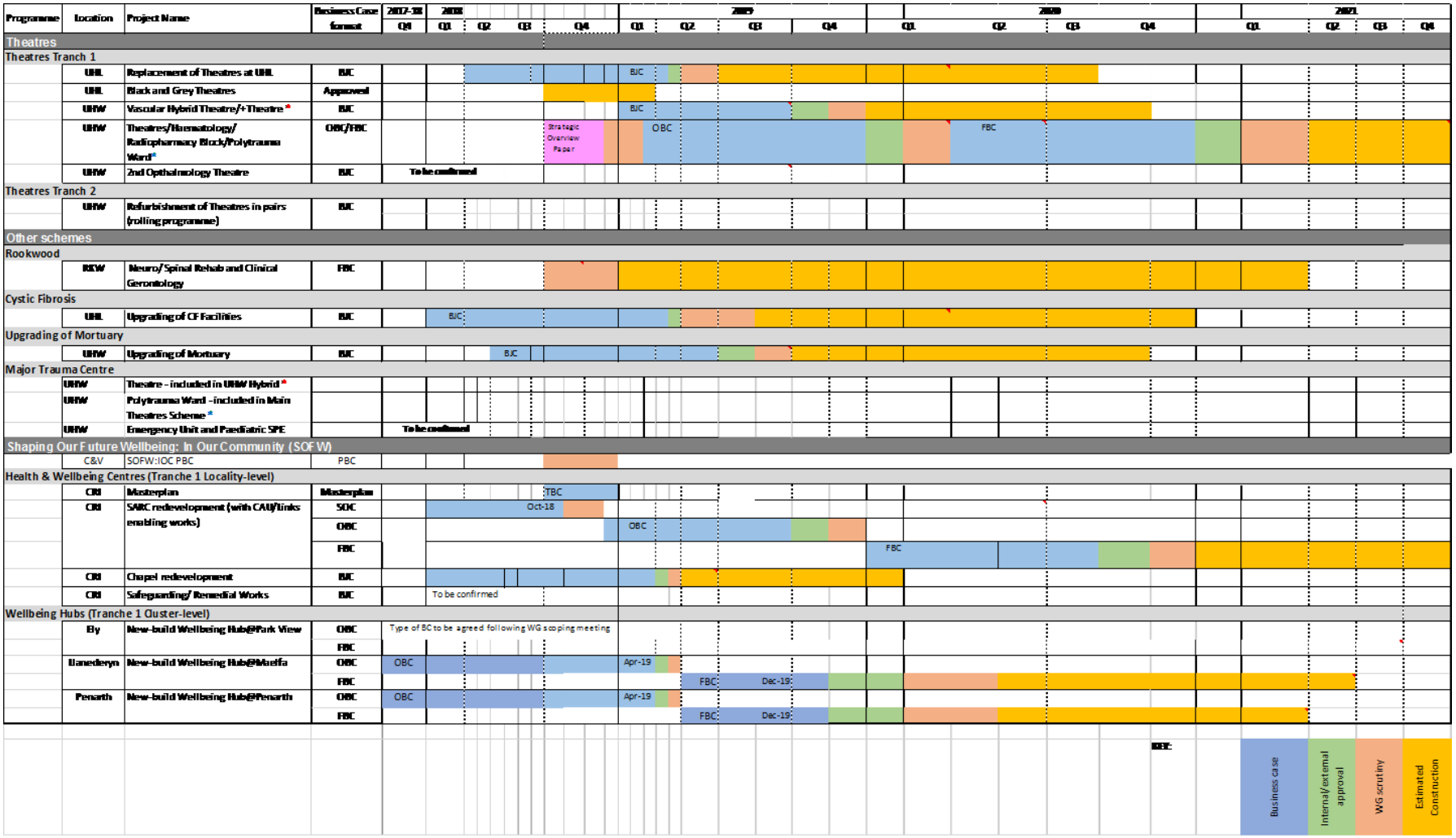
	Pre 2018-19	**2018-19**	2019-20	Total
		£m	£m	£m
Approved Funding	0.000	**0.000**	0.000	0.000
Discretionary Usage	0.000	**0.255**	0.000	0.255
Annual expenditure	0.000	**0.255**	0.000	0.255
Year to Date Spend	0.000	**0.137**	0.000	0.000
Spend)	0.000	**0.000**	0.000	0.000

Risks

Current Risks	Comment/Decisions
• The UHB is holding a known IT Infrastructure priority one replacement request risk of £730K received this year	
• These risks include resilience, cyber security, service continuity, safety, performance, reputational and financial elements.	
• The UHB has only £118K left available to fund this equipment • It is likely that further equipment will require replacement before • The UHB IT Infrastructure Backlog is in excess of £30 million	

CARDIFF & VALE UNIVERSITY HEALTH BOARD

Gantt Chart



HIGH LEVEL PERFORMANCE DASHBOARD
Name of Meeting : Strategy & Delivery Committee **Date of Meeting** 6th November 2018

Executive Lead : Chief Operating Officer
Author : Deputy Chief Operating Officer – 02920 744120
Caring for People, Keeping People Well: 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.
Financial impact: Not applicable – this report provides an update on performance against key operational performance measures
Quality, Safety, Patient Experience impact : Timely and effective access to unplanned and planned services is integral to the delivery of safe clinical care and good patient experience
Health and Care Standard Number 1 and 5.1
CRAF Reference Number 5.3
Equality and Health Impact Assessment Completed: Not Applicable

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**:

- Year to date performance for 2018-19 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

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 2018/19 year to date performance against key operational performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

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 2018-19 year to date performance against key operational performance targets and IMTP delivery profiles.

ASSESSMENT AND ASSURANCE

The tables in Appendix 1a and 1b provide the year to date performance for 2018/19. Actual performance is shown against both Welsh Government targets and the delivery profiles as set out in the Health Board's IMTP.

A verbal assessment will be provided to the Committee on year to date performance against Welsh Government targets and IMTP delivery profiles.

Appendix 1a

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
Unscheduled Care														
	IMTP 18/19 profile	-		87.0%			87.0%			88.0%			87.0%	
	18/19 Actual - Monthly	80%	82.1%	83.4%	91.0%	92.5%	89.7%	90.3%						
EU waits - 4 hours (95% target)	18/19 Actual - Qtly	-		85.6%			90.9%							
	IMTP 18/19 profile	-		100			0			0			0	
	18/19 Actual - Monthly	207	116	26	16	18	7	17						
EU waits - > 12 hours (0 target)	18/19 Actual - Qtly	-		158			42							
	IMTP 18/19 profile	-		370			300			730			900	
Ambulance handover > 1 hour (number)	18/19 Actual	344	374	171	109	57	161	145						
	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%	83.9%	85.7%	85.0%	81.1%	81.3%						
Ambulance handover - Lost hours (both sites)	18/19 Actual	800	873	451	304	249	416	408						
Delayed Transfers of Care	18/19 Actual	47	48	45	51	47	41	29						
Stroke														
1a - % of patients who have a direct admission to an acute	IMTP 18/19 profile	-		60.0%			65.0%			65.0%			70.0%	
stroke unit within 4 hours (Target = 59.7%)	18/19 Actual	48.6%	53.2%	39.4%	44.1%	65.1%	63.0%	60.8%						
2 - % of patients who receive a CT scan within 12 hours (Target	IMTP 18/19 profile			97.0%			98.0%			99.0%			100.0%	
= 94.5%)	18/19 Actual	97.4%	100.0%	97.1%	97.2%	100.0%	92.9%	98.1%						
3a - % of patients who have been assessed by a stroke	IMTP 18/19 profile			80.0%			80.0%			80.0%			80.0%	
consultant within 24 hours (Target = 84%)	18/19 Actual	78.9%	89.6%	83.8%	72.2%	84.1%	83.6%	92.3%						
Time 2b - Thrombolsyed patients door to needle <=45 mins	IMTP 18/19 profile			25.0%			30.0%			35.0%			40.0%	
(Target = reduction - 12 month trend)	18/19 Actual	14.3%	44.4%	10.0%	16.7%	33.3%	0.0%	14.3%						

Appendix 1b

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
Planned Care														
RTT - 36 weeks (Target = 0)	IMTP 18/19 profile	-			725			600			475			350
	18/19 Actual	783	2,266	2,569	686	890	1,366	944						
RTT - 26 weeks (Target = 95%)	IMTP 18/19 profile	-		87.5%			88.0%			88.5%			89.0%	
	18/19 Actual	87%	85.7%	85.7%	88.7%	89.3%	87.4%	86.7%						
31 day NUSC cancer (Target = 98%)	IMTP 18/19 profile	-		98.0%			98.0%			98.0%			98.0%	
	18/19 Actual	95.52%	98.6%	96.4%	96.4%	94.40%	88.60%	Avail 01/11/18						
62 day USC cancer (Target = 95%)	IMTP 18/19 profile	-		92.0%			92.0%			92.0%			93.0%	
62 day USC cancer (Target = 95%) - Monthly	18/19 Actual	87.00%	88.9%	75.0%	87.0%	81.80%	79.78%	Avail 01/11/18						
62 day USC cancer (Target = IMTP) - Quarterly cumulative	18/19 Actual	-		83.58%										
Diagnostics > 8 weeks (Target = 0)	IMTP 18/19 profile (revised)	-			800			600			300			0
	18/19 Actual	883	1,336	1,379	1,527	1,371	1,186	846						
Mental Health measures														
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%	87.4%	87.5%	86.4%	85.2%	83.0%	80.1%						
Of Part 1a - CAMHs element only	18/19 Actual	81%	59.5%	74.2%	88.4%	84.7%	79.5%	63.0%						
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%	76.5%	81.1%	71.4%	82.1%	74.3%	59.8%						
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%	85.4%	84.1%	85.3%	85.1%	86.1%							
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 after the assessment has taken	IMTP 18/19 profile	-		100%			100%			100%			100%	
	18/19 Actual	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 18/19 profile	-			100%						100%			
	18/19 Actual	100%												

Managing Attendance at Work Policy
Name of Meeting : Strategy and Delivery Committee **Date of Meeting:** 11 September 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 national processes have been followed to review this Policy
- Alongside the policy are a series of 'how to' guides on the notification and certification procedure, procedure for managing short and long term sickness absence, occupational health, return to work (including phased and temporary redeployment, reasonable/tailored adjustments and minimum standards
- Dissemination of information across the UHB

The Strategy and Delivery Committee is asked to:

- Formally **ADOPT** the NHS Wales Managing Attendance at Work Policy
- **APPROVE** the full publication of this document in accordance with the UHB Publication Scheme

SITUATION

This paper summarises for the Strategy and Delivery Committee details of the NHS Wales Managing Attendance at Work Policy which should now be adopted by the UHB and replace the NHS Wales Sickness Absence Policy.

BACKGROUND

The Framework Agreement on the Reform of Agenda for Change made a commitment to developing and implementing a new approach to attendance management by the end of September 2018. In addition, it was agreed that

the policy would provide a greater emphasis on the prevention of illness by improving staff health and wellbeing; as well as improved arrangements for returning staff to work after illness including the consideration of rapid access and early referral of staff to certain key services.

ASSESSMENT

The current Sickness Absence Policy has been reviewed in partnership and should now be replaced with this policy (attached as Appendix 1) which was approved for implementation by the Welsh Partnership Forum on 28 September 2018. A joint training package is currently under development and will be circulated to NHS Wales organisations as soon as possible.

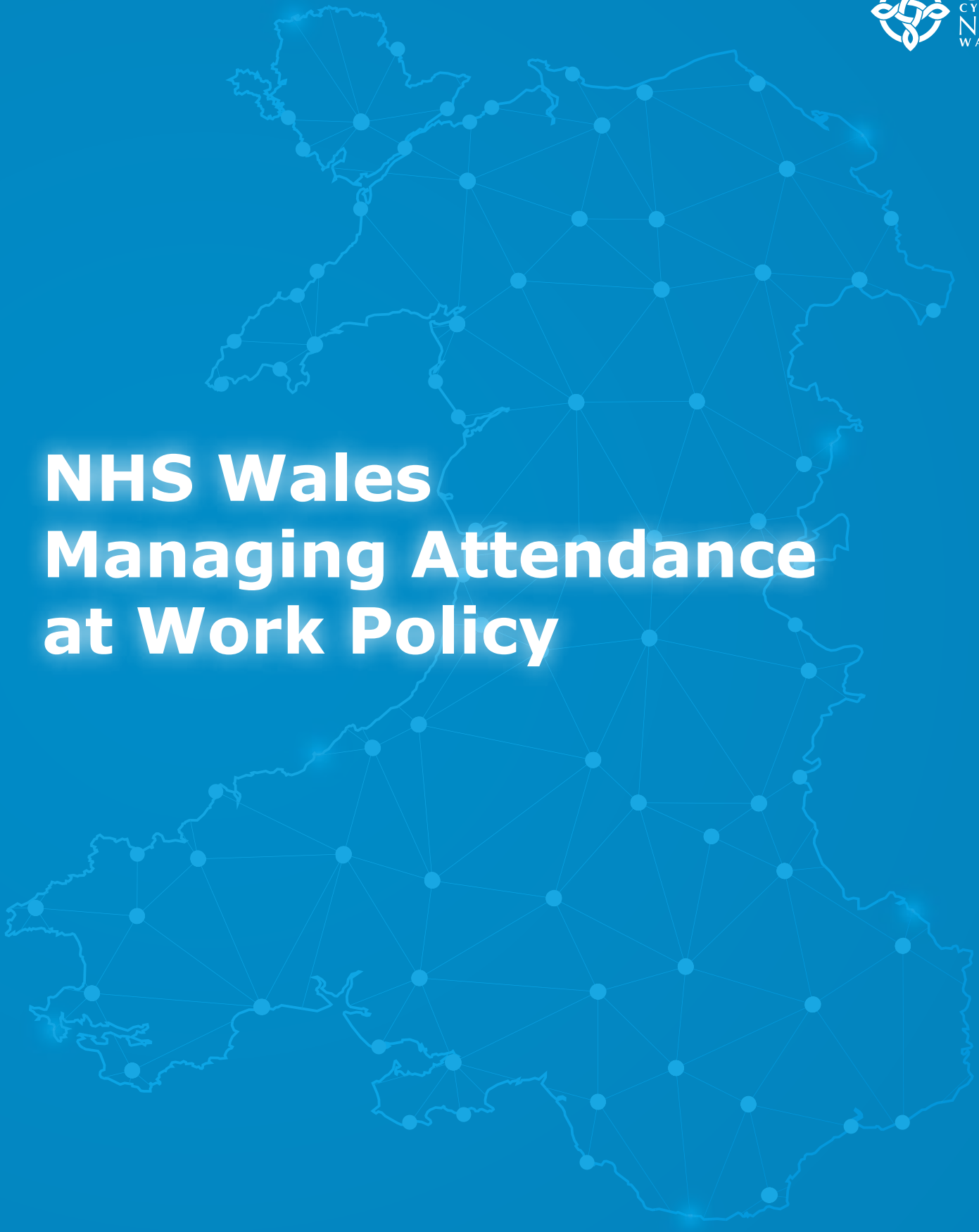
The Policy has been subject to an Equality Impact Assessment (attached as Appendix 2).

The implementation of this revised policy and the joint training package are key elements in the Welsh Partnership Forum's joint commitment to deliver effective policies which will have a positive impact on staff. As part of the Framework Agreement a series of targets and progress check points for the reduction on sickness absence levels were also agreed and the effective implementation of this policy is seen to be a key element in addressing attendance at work and supporting a real reduction in sickness absence levels across NHS Wales. Annex C of the Framework Agreement is attached as Appendix 3 and this sets out the expectations regarding management of attendance as a whole.

The Human Resources Operations Centre will take a lead role in ensuring that the new approach is publicised and promoted with all line managers and a jointly delivered training programme is put in place for all line managers and TU representatives

The primary source for dissemination of these Policies and Procedures 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.

NHS Wales
Managing Attendance at Work Policy



Sections

01

NHS Wales Managing Attendance at Work Policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: October 2018

Effective Date: October 2018

Review Date: 2021 (Quarterly evaluation)

CONTENTS PAGE

1 NHS Wales Managing Attendance at Work Policy

1.0 The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of employees.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support employees working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by employees in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with Trade Unions, employers and employees.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

This Policy and its How to Procedures must be applied equitably and with sufficient flexibility to ensure that the Core Principles of NHS Wales are not compromised. Managers are expected to use their *discretion in their application of this policy to promote and prioritise the values and behaviours of:

Cardiff & Vale University Health Board

2.0 Policy Aims, Objectives and Approach

2.1 Policy Aims

The aims of the policy are to:

- ensure that employees are treated according to their circumstances and needs
- outline the requirements of employees in respect of consistent and effective attendance at work to ensure continuity of service provision
- clearly set out the responsibilities of the employees and managers
- ensure fair treatment of employees with a disability and ensure that obligations in respect of the Equality Act 2010 are met
- adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work
- acknowledge an employee's right to sickness absence and pay, within the scope of the policy, when they are unable to work due to illness or injury
- to ensure managers support employees when they are unable to work due to sickness.

2.2 Policy Objectives

The objectives of the policy are to:

- support the health and wellbeing of employees in the workplace
- support employees to return to work following a period of sickness absence safely and as quickly as possible
- support employees to sustain their attendance at work.

2.3 Policy Approach – Supporting the Health and Wellbeing of Employees in the Workplace

A consistently good experience of work is recognised to be a positive health outcome: good work can truly be good for your health. However, a negative overall experience of work is considered by experts to have a greater impact on health than being unemployed. We recognise that our employees are our greatest asset and are essential to the sustainability of our organisation and our aim is to provide the highest possible clinical standards of care to the people of Wales.

The NHS Wales workforce is ageing and there is a recognised correlation between the age of the workforce and sickness absence. There will be an increasing need to retain older workers and therefore, we need an effective way to manage sickness absence whilst supporting the health and wellbeing of our employees, which is a national NHS priority.

Health and wellbeing incorporates a number of factors, which include physical, psychological, social, economic and environmental factors. If any of these are out of balance, then this can have a negative impact on wellbeing.

Every job brings certain pressures, demands and challenges and these can be motivating and satisfying. However, individuals react to circumstances both work related and personal in many different ways. These pressures may lead to a negative situation, which affects wellbeing. The NHS in Wales is committed to the introduction of strategies that support the maximisation of health and wellbeing in the workplace, including early interventions that support employees to maintain a healthy wellbeing.

The National Health and Wellbeing Programme Board, working in collaboration with Trade Union has launched new health and wellbeing products to support employees and managers. These signpost to information and resources to enable them to make choices with regards to their own health and wellbeing and that of others:

Our Wellbeing Matters
Manager Wellbeing Matters

NHS Wales is committed to improving arrangements for returning staff to work after illness including the consideration of rapid access and early referral of staff to certain key services; and work is underway to progress this for mental health and musculo-skeletal services.

2.3.1 Physical Wellbeing

A state of physical wellbeing is not just the absence of disease. It includes lifestyle behaviour choices to ensure health, avoid preventable diseases and conditions, and to live in a balanced state of body, mind, and spirit. Promoting good physical health and wellbeing among employees can reduce their levels of sickness, increase energy levels and boost levels of concentration.

Managers should encourage employees to undertake physical activity, take rest breaks, eat meals regularly, keep hydrated throughout the shift, and have opportunities to de-stress through talking to peers.

2.3.2 Mental and Psychological Wellbeing

In NHS Wales 27% of sickness absence is attributable to stress, anxiety and psychological conditions, managers need to be aware of the following key aspects of the work environment, to reduce workplace stressors where possible and ensure that appropriate supports are in place:

- the quality of and fairness of workplace relationships
- the implementation of organisational policies known to support health and wellbeing
- the way in which jobs are designed and work allocated
- the quality and health of the team and how it functions
- the quality and availability of social support
- the availability of information about the psychosocial demands within the workplace, including the range of common stressors
- follow recommendations on how to support employees following unusually challenging experiences and incidents

- supporting employees who experience stress resulting from employee relations process i.e. disciplinary, capability, grievance, suspension
- access to specialist support such as those offered by Workforce, the Employee Wellbeing Service and Occupational Health.

Further detail of these aspects can be found in the

Cardiff & Vale University Health Board

*Employee Health and Wellbeing Policy

2.3.3 Environmental and Social Wellbeing

Cardiff & Vale University Health Board

recognises that there may be times when employees require additional support in the workplace to maintain a safe working environment. Occupational Health/Health and Safety can advise on managing health related risks, ensuring compliance with HSE guidelines, concerning the following:

- Pregnancy
- Computer/Display Screen Equipment (DSE)
- Manual Handling
- Following diagnosis of a work-related injury and/or health condition

Employees may also require additional support in the form of time away from the workplace to respond to other pressures e.g. those arising from caring responsibilities where a few hours absence may be required whilst an issue is resolved. This is not sickness absence and both employees and managers should be honest in the categorisation of absence which isn't due to sickness.

A 'Borowing Leave' protocol is being developed as an additional approach to support employees when they are unable to utilise other arrangements such as annual leave, purchase additional annual leave, special leave, flexible working etc.

2.3.4 Financial Wellbeing

Cardiff & Vale University Health Board

understands the importance of how financial concerns can affect employee mental and physical health, as well as a recognition that, as income providers, we play a vital role in our employees financial lives.

Stress caused by debt, pay levels, or lack of financial awareness can have a detrimental impact on employee performance.

Employers can play an important role in addressing this challenge. Managers can signpost to financial advice through one of the following resources where they exist in the organisation, if they become aware of financial distress:
(add contact details)

- Our Wellbeing Matters
- NWSSP Payroll/Pensions department
- Credit Unions
- Citizens Advice Bureaux
- Money Advice Service - a free and impartial money advice, set up by government
- Trade Unions.

3.0 Policy Scope, Responsibilities and Definitions

3.1 Scope

This policy and its How to Procedures apply to all employees in NHS Wales organisations.

3.2 Responsibility

Sustaining health and wellbeing is considered to be a shared responsibility between the employee and the organisation.

3.2.1 Manager Responsibilities

a) The primary responsibility for the management of attendance rests with managers. The rationale for this approach is that our managers should "know their employees" and be familiar with the issues surrounding the attendance profile and needs of their employees.

b) *The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work/informal/formal stage meetings.

c) Managers are responsible for ensuring that employees are aware of the range of health and wellbeing support that is available to them in and out of the workplace. In addition, managers should make employees aware that support or advice may be available through trade union representatives if required.

d) Managers must consider the opportunities to return employees to work safely and at the earliest opportunity through the supportive mechanisms such as Phased Return and Temporary Redeployment / and Reasonable / Tailored Adjustments.

e) Managers are responsible for creating an environment, which is conducive to health and wellbeing, and in which a low sickness absence record and regular attendance at work is expected.

f) The manager is responsible for addressing employee sickness absence and managing it in accordance with this policy and associated How to Procedures.

3.2.2 Employee Responsibilities

a) Employees are responsible for their own health and wellbeing.

b) Employees should take up all reasonable opportunities to maximise and protect their own health and wellbeing.
c) Employees should seek medical advice and treatment as soon as possible to pport their own health and wellbeing.

d) Employees have a responsibility to attend Occupational Health appointments and sickness absence meetings when requested to do so.

e) Employees can self-refer to available services where they exist, i.e. Occupational Health, Physiotherapy, Employee Wellbeing, where this would be beneficial to their own health and wellbeing.

f) Employees have the responsibility for keeping in touch regularly with their manager when unwell.

g) Employees must consider whether there are any reasonable / tailored adjustments that may help them to remain in work or return to work at the earliest opportunity.

h) Employees have a responsibility to maximise attendance at work in line with their own contract of employment.

i) Employees have a duty to care for and support colleagues in doing the jobs they have agreed to do.

3.2.3 Role of Trade Union Representative

It is the role of trade union representatives to:

a) Support the individual member and their organisation in minimising absence from work caused by sickness.

b) Provide their members with advice on all aspects of the policy.

c) Ensure an appropriate trade union representative is available at all levels of the procedure should their member wish

to be accompanied and to ensure that meetings can occur in a timely manner.

d) Work closely with managers and other groups to make the policy effective at organisational level, including being aware of all relevant legislation.

e) Maintain their competence in the application of the policy and in supporting their member through absence due to sickness.

f) Work with their individual member, the manager and Occupational Health to facilitate a return to work as soon as possible following a period of sickness.

The Minimum Standards for Managing Attendance at Work Policy outlines other responsibilities.

4.0 Definitions and Policy Framework

4.1 Short Term Sickness Absence - is regarded as any period lasting less than 28 calendar days.

4.2 Long Term Sickness Absence - is regarded as any continuous period of 28 calendar days or longer.

4.3 Terminal Illness or Condition - is a disease that cannot be cured or adequately treated and there is a reasonable expectation that the employee will die within a relatively short period of time.

Support for employees with a terminal illness should be given in line with the Welsh TUC 'Dying to work' charter.

Where an employee is diagnosed with a terminal illness or condition, they will be covered by Equality legislation. The absence figures for employees with terminal illness or condition, whilst also forming part of the overall sickness figures will also be reported separately.

4.4 Planned Sickness Absence - is a health condition that requires an operation or treatment programme which may have a recognised period of expected recovery or duration.

4.5 A Sickness Day - is when an employee becomes unwell and has been unable to undertake their daily hours of work / shift. Where an employee has carried out more than half their daily hours of work / shift, but is unable to complete the day / shift, this day will not count as a sickness day as far as sick pay is concerned. It must, however, be recorded as part of the Return to Work Meeting and may be taken into account when considering any accumulated pattern of sickness.

4.6 Rolling Year - if an episode of sickness occurs the manager should review the twelve-month period preceding the first day of that specific absence.

4.7 Tailored Adjustments – are changes that can help support the health and wellbeing of the employee to remain or return to work at the earliest opportunity. These could include a phased return to work, changes to working start finish times for a short period, changes to some duties, temporary redeployment. Further details are availble in the How to Procedure Reasonable / Tailored Adjustments.

4.8 Reasonable Adjustments
Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not put at a substantial disadvantaged when doing their jobs.

This would also apply to job candidates at the onset of the employment cycle.

Further details are availble in the How to Procedure Reasonable / Tailored Adjustments.

4.9 Work Related Absence - when one or more of the absences are related to:

- an industrial injury, incident or accident at work (including psychological harm), which has been reported to the manager as close to the time it occurred as practicable and where an incident report has been completed
- or a serious condition acquired at work and which has been notified to the manager
- Diarrhoea and Vomiting (D&V) or similar infection, which is considered by Infection Control or Occupational Health to be associated with an outbreak in the working environment. Further information is available from the How to Procedure Notification and Certification

These periods of absence should normally be discounted when considering further action under the procedure for the management of frequent short term sickness absence.

Your local injury allowance procedure may be considered in conjunction with the above.

4.10 Pregnancy Related Illness

Where an illness is attributable to pregnancy, sickness absence will not be counted towards the review prompt of the management of sickness absence.

However, any such sickness will be managed in accordance with this policy to facilitate a return to work as soon as possible with any necessary support or adjustment to duties during the pregnancy.

As required, under the management of Health and Safety at Work Regulations 1999, written risk assessments should be undertaken regularly throughout the pregnancy. Guidance can be obtained through the organisation's maternity policy, and through the HSE publications on New and Expectant Mothers at Work, A referral to the occupational health service for medical advice and support may be required.

If an employee is off sick due to pregnancy related illness on or after the fourth week before the expected week of confinement, their ordinary maternity leave will commence the day after their first completed day of sickness absence.

Where a pregnant employee suffers from non-pregnancy related sickness absence, these absences will count towards the management of sickness absence as usual.

4.11 Notification of Sickness Absence

On the first day an employee is unable to attend work due to sickness it is their responsibility to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy (as per their local procedure) as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. Further information is available from the (How to Procedure Notification and Certification.

4.12 Communication and Maintaining Contact

Cardiff & Vale University Health Board

will ensure that:

- this policy is easily accessible by all members of the organisation
- employees are notified of all changes to this policy.

The employee and their manager must communicate regularly to discuss their progress during the sickness absence, in order to ensure that any necessary additional support and / or expert advice can be sought that may aid a return to work. The frequency of contact will be mutually agreed at the beginning of the absence period and depend on the likely duration of the absence.

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. Further information is available from the How to Procedure Return to Work.

The following How to Procedures provide the detail on maintaining contact:-

How to Procedure Managing Long Term Sickness Absence

Appendix How to Procedure Managing Frequent Short Term Sickness Absence.

4.13 Entitlement to Sick Pay

Under the provisions of this policy there may be an entitlement to occupational sick pay. This is set out in the schedule of main terms & conditions of services issued to all employees on commencement of their employment. This does not automatically allow employees to remain in the employment of the organisation until the occupational sick pay is exhausted.

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession or where contributory negligence is proved, in accordance with the NHS Terms and Conditions Handbook.

4.14 Medical Appointments

Cardiff & Vale University Health Board recognises that employees will need to make occasional visits to a dentist, GP or other health professional or may be required to attend a hospital or clinic for investigation and/or treatment. Wherever it is possible to do so, employees (both full and part time) must endeavour to arrange such appointments at a time that they are not scheduled to work or, if this is not possible, as near to the beginning or end of the working period as possible so as to minimise the absence from work and disruption to the service. Employees should not be refused permission to attend a pre-arranged appointment as long as reasonable notice has been given.

The manager must keep a record of any such appointments and must ask to see documentary confirmation of the appointment where this is available.

Where employees need to attend routine appointments (with GPs, Dentists, blood tests or hospital checkups) during work time, they will be required to make up the time taken at the earliest opportunity. Employees must discuss and agree with their manager how this will be achieved. The following are options that can be agreed

- arriving earlier or leaving later on the day of the appointment
- a temporary increase in hours over a short period
- unpaid leave
- annual leave
- time in lieu
- any other arrangement agreed with the manager.

Where a medical appointment involves treatment which results in an employee being unfit for work afterwards, the period of absence will be recorded as sick.

Where such appointments form part of an ongoing treatment programme for a serious health condition, or are related to a disability or long term health condition, or are for a work related disease or injury, the manager must discuss such appointments with the employee to plan any necessary support to be offered. Reasonable time off to attend such appointments as part of their programme of care and support will be given full consideration.

4.15 Occupational Health

In addition to the normal medical care provided by their dentist, GP or other health professionals an employee may be required to attend an assessment with Occupational Health when asked to do so. Time taken to attend such appointments will not be required to be worked back. Where employees are not currently in work due to sickness absence every reasonable effort must be made to attend Occupational Health appointments. Other sources of medical advice will be arranged as necessary by Occupational Health. Further information is available from the How to Procedure Occupational Health.

4.16 Rights of Accompaniment

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager / supervisor of a preferred gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings.

However, if requests to be accompanied by an official of a recognised trade union or employees organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

5.0 Policy Framework and how to use it - How to Procedures

This section of the policy highlights the procedures relating to the management of sickness and sickness related absence. It is particularly important that concerns regarding attendance and health and wellbeing are discussed and addressed at an early stage. Managers should discuss any concerns with their employee and fully consider everything that is relevant and respond appropriately.

Full details can be found in the following How to Procedures:

- Notification and Certification of Sickness Absence
- Managing Frequent Short Term Sickness Absence
- Managing Long Term Sickness Absence
- Occupational Health
- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

6.0 Premature Retirement on Ill Health Grounds

There are two tiers of ill health retirement:

Tier 1 - This is where an individual is unable to undertake their current job due to permanent ill health. In this case the employee's pension is based on accrued membership without reduction.

Tier 2 - This applies where an individual is unable to carry out regular employment due to permanent ill health. The employee's pension is based on accrued membership without reduction PLUS an enhancement of two-thirds of their prospective membership to normal retirement age.

6.1 It may be possible to move between the tiers after retirement where the medical advisers indicate a condition may meet Tier 2 requirements within 3 years of retiring or if the condition is such that it is not possible to determine at the outset whether the employee will recover sufficiently to undertake any regular work.

6.2 It is the employee's responsibility to apply for ill health retirement pension benefits.

6.2.1 In all cases where the employee may be eligible, via appropriate membership of the NHS pension scheme, the potential for application for premature retirement on the grounds of ill health should be discussed with the employee.

6.2.2 The employee must be made aware that the decision to terminate employment is not linked to or subject to ill health retirement and the decision on such retirement lies with the NHS Pension Agency and not:

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6.2.3 The ending of employment will not necessarily be delayed in order for a pension application to be made and processed. It is therefore important that employees do not delay making a pension application once appropriate medical advice has been received and/or the decision to terminate employment is made.

6.2.4 The relevant section of Form AW33 should normally be completed by the employee's general practitioner, or a medical specialist.

7.0 Help and advice

Help and advice regarding the detail relating to the application and interpretation of this policy is available within the How to Procedures. Further advice can be sought from Workforce, recognised Trade Unions and Employee Organisations.

8.0 Review of policy

This policy will be subject to regular review at a frequency determined by the Welsh Partnership Forum.

02

How to Procedure Notification and Certification

2 How to Procedure - Notification and Certification

How To Procedure - Notification and Certification (includes workplace injury / illness and annual leave during sickness absence)

This How to Procedure provides the necessary information for both managers and employees and must be followed for reporting and notification of sickness absence.

Wherever there is reference to the number of days, this means calendar days whether or not the employee would be expected to work on that day.

Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. If an employee calls in late and / or without a satisfactory reason, their absence may be counted as unauthorised and considered as unpaid.

The employee must notify their manager themselves as above when they are unable to attend work due to sickness. Where in exceptional circumstances, this is not practicable a third party may notify on their behalf.

However, it is the employee's responsibility to ensure that this is done appropriately in accordance with the Departmental requirements for notification. Where the manager is unable to take the call personally he/she will ring the employee back as soon as is practicable.

During contact with the manager (or designated deputy in the manager's absence), the employee will be expected to advise them of the following:

- The first day of sickness.
- The reason for the absence.
- The likely duration of the illness and anticipated date / day of return or when they will be able to advise of the likely duration of the illness and anticipated date / day of return.
- Any intention of the individual to visit / contact their GP / Occupational Health and Wellbeing service.
- The next contact date if a date of return cannot be given.
- Confirmation of their telephone number and contact details for the duration of their period of sickness absence.

During the discussion with the employee, the manager should consider whether sick leave is the appropriate category for leave and whether in the circumstances a different category of leave should be applied i.e. special leave.

Where appropriate the manager should also consider any reasonable / tailored adjustments that could be made that would enable the employee to continue to work rather than having to take sick leave, full details are available in the How to Procedure Reasonable / Tailored Adjustments.

Additionally the manager should also consider whether an appointment should be made to any Occupational Health or Wellbeing services that are available which may assist the employee in their recovery. Full details are available in the How to Procedure Occupational Health.

All sickness absences must be recorded as soon as practicable via the agreed organisational process.

Fit Note Certificates

For any period of sickness absence between 1–7 calendar days an employee must complete a self-certification form unless already certified by a Fit Note or hospital certificate.

Employees must submit doctors Fit Note certificates for sickness absence from the 8th calendar day of sickness absence onwards. Ongoing medical certificates must be sent to the manager **within 3 days**, from the date of the expiry of the previous Fit Note. If this is not possible, the employee should telephone the manager to inform them of the situation. The organisation is not obliged to accept backdated Fit Notes and any gaps may be considered as unauthorised absence and therefore occupational sick pay will be withheld.

Hospital Certificates

When an employee is hospitalised, the hospital will provide certificates confirming that the employee is expected to be an inpatient for a certain period of time. Such certificates should be submitted to the manager in the normal way.

Employees are not required to provide additional self-certificates or Fit Notes from their GP when they are covered by a hospital certificate.

Planned Long Term Sickness Absence

Sickness absence can be planned where it is known that the employee will be undertaking a programme of clinical treatment that will be debilitating for a recognised period of time, for example, to undertake an operation or chemotherapy.

The manager and employee will meet prior to the absence and discuss the following:

- The likely period of time the employee will be absent;
- Agreed dates and times for maintaining regular contact, to update each other on work and progress of recovery;
- Agreed date and time for a formal meeting to start to plan a return to work;
- Any other issue of concern for either party;
- A mutually agreed plan must be drawn up and a copy kept by both parties;
- Support in the drawing up this plan can be obtained from the Occupational Health Department.

Undertaking other work whilst absent

Once reported as absent due to sickness, an employee should not undertake other work including, self-employment, without the prior written consent of the manager. Failure to do so may be considered as breach of contract and subject to disciplinary action, which may result in the involvement of the counter fraud department and / or dismissal. Such action will only be taken following advice from Workforce.

Medical exclusion following infectious / notifiable disease

Where the absence is the result of diarrhoea and vomiting or other relevant notifiable infectious disease and whilst the employee is suffering from the effects of the disease, the absence will be recorded as a period of sickness in the usual way and count towards review prompts.

The manager must obtain information regarding the nature of the illness and obtain advice, if necessary, from Occupational Health / Infection Control as to whether a period of further exclusion is required after the symptoms have subsided and the period of sickness has ended.

Where the advice requires the employee, for purposes of infection control to remain off work, this subsequent period will be regarded as medical exclusion with pay and not be recorded as sickness absence and will not count toward policy review prompts.

Occupational Health / Infection Control may require the employee to provide a specimen for microbiological examination in line with the Infection Control Policy.

Medical Suspension

When an employee is deemed unfit to work by their manager, due to reasons of ill health, the manager has the right to enforce a short term period of absence for no longer than 7 days in which time an employee must seek advice from their GP regarding their fitness to work. This absence will be counted as suspension from duty with pay for medical reasons. A risk assessment needs to be completed by the manager and advice sought from Workforce and Occupational Health.

Where

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can demonstrate that the employee has refused a reasonable offer of alternative employment as an alternative to medical suspension, the employee will not receive pay for the period of medical suspension.

Where the employee's GP advice conflicts with that of Occupational Health

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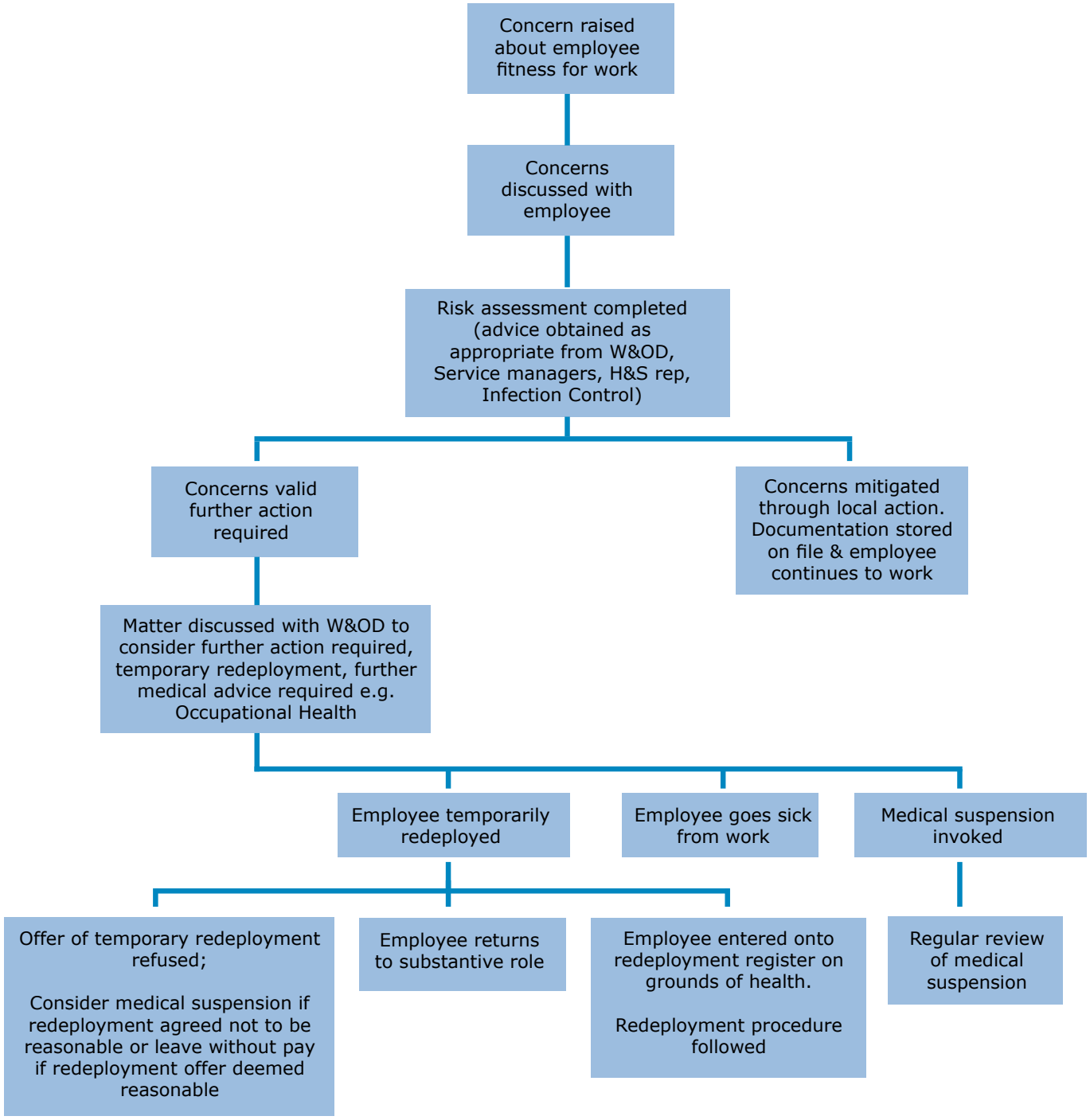
will rely on its Occupational Health department's advice following discussions between the GP and Occupational Health.

The flowchart outlines how this process should flow:



Accidents involving a third party

In cases where employees are absent from work as a result of an injury sustained wholly or partly as a result of the actions of a third party against whom the employee has made a claim, any payments made to the employee by the organisation will be recoverable. The employee must notify the fact that they are making a claim to their manager at the commencement of the absence, or as soon as practicable. The manager should notify Payroll of this fact. Where an employee is unable to notify their manager personally because of, for example, serious injury, notification maybe undertaken by another party.

Sickness during period of annual leave

When an employee falls sick during annual leave they will be required to report that illness in line with normal notification procedures and produce a Fit Note covering the period from the first day of sickness.

Where an employee's sickness absence falls on a Bank Holiday (which wasn't a rostered work day and booked as leave), there is no entitlement to an additional day off.

In order to allow annual leave to be reinstated a satisfactory Fit Note must be received within 3 working days of the beginning of the illness (unless abroad). In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the certificate. (this includes leave booked that falls on a Bank Holiday).

Only in exceptional cases will a foreign medical certificate of more than one month be accepted for payment purposes. A U.K. Fit Note should be obtained on return to the country.

Annual leave / holidays during a period of sickness absence

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. However, employees on long term sickness absence must be given the opportunity to take annual leave during their sickness absence period.

The employee does not need to be signed fit to work during this period. Their records will continue to show as a continuous period of sickness absence and will be treated as one episode. Managers must notify Payroll of an employee's intention to take annual leave during a period of sickness absence.

Where employees are in receipt of a reduced level of occupational sick pay and / or Statutory Sick Pay, the salary will be 'topped up' to the value of the contractual occupational full pay.

An employee is likely to take paid annual leave at the same time as sickness absence if:

- the employee has been on sickness absence for a considerable period and sick pay has reduced
- the employee has been on long term sick absence and sick pay has ceased.

At no point, can any combination of annual leave pay, occupational sick pay and statutory sick pay exceed the normal full pay entitlement.

During a period of sickness absence employees are expected to be available to attend meetings /appointments in relation to their absence and consequently if they go away on holiday (either abroad or in the UK) they will be expected to obtain permission from their manager, this will be taken as annual leave.

Accrual / carry over of annual leave

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. Where staff are returning from long term sickness absence they should be expected to take any outstanding leave within the current leave year. This should be managed carefully taking account of the needs of the service and the practicalities of them being able to use up all of their entitlement in that leave year. Any annual leave accrued at the time of the return to work may also be taken, by agreement with the manager to allow the employee a more gradual return to work.

During an employee's sickness absence, annual leave continues to accrue. Every effort must be made to utilise the annual leave whilst absent as explained above. However, if the accrued annual leave spans over two or more leave years and the leave has not been utilised the employee may carry over to the new leave year. This annual leave is based on the statutory entitlement and not contractual. Therefore, the statutory entitlement of annual leave per annum is 20 days if working full time, and pro rata for part time staff.

03

How to Procedure Managing Frequent Short Term Sickness Absences

3 How to Procedure Managing Frequent Short Term Sickness Absences

The key purpose of this How to Procedure is to support the employee's attendance at work. Managers are required to proactively manage absence where the pattern or frequency of absence gives rise to concern, both for the health and wellbeing of the employee and the provision of service.

1. Management support for frequent short term absence

1.1 Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work.

Managers must make contact with the employee to ascertain the reason for the absence in circumstances where the employeel has reported sick to someone other than them. Further information is available from the How to Procedure Notification and Certification.

1.2 Within first seven days of absence

Evidence suggests that if someone is off sick for more than seven days, the absence is more likely to become prolonged. Managers should maintain contact with the employee during this time and consider all the support that may be appropriate to offer, including options to available to assist with a return to work.

Further information is available from the How to Procedures:

- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

2. Managing frequent short term sickness absences

2.1 Frequent short term Review Prompts

Following a period of sickness absence a return to work meeting will take place with the manager and the employee where the below reviews prompts will be considered and if met, when previous absences are taken into account, further management support may be required at the manager's *discretion. Managers may want to consider a number of factors e.g. the employee's previous sickness record, the nature of the absence etc. Further information is available from the How to Procedure Return to Work.

- three episodes of sickness absence of any length in any rolling 6-month period
- two or more absences totalling 10 calendar days or more in a rolling 12-month period
- recognisable patterns of absence, including any in previous years, which cause concern but may not meet other review prompts.

These review prompts include any episodes of short or long term sickness absence which occur within the rolling period.

The definition of the rolling period is the 6-month or 12-month period counted back from the first day of the episode of sickness being looked at.

There are specific absences that should be discounted for the purposes of review prompts in relation to work related absences and pregnancy related illness. Further information is available from the How To Procedure Certification and Notification.

3. Supporting attendance at work

3.1 Stages

The following stages are to be followed when managing frequent absences: informal discussion; first formal stage; second formal stage; and third / final formal stage. At each stage a meeting is held with the manager and the employee. Refer to Appendix 1.

*The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work / informal / formal stage meetings.

3.2 Meetings

3.2.1 Employee attendance

Employees must attend informal discussion and formal sickness meetings as requested by their manager. There is no notice requirement of attendance at return to work meetings or informal discussions, and if appropriate can be a combined meeting.

A minimum of seven calendar days' notice in writing will be given for attendance at formal meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance.

Following this, if the employee fails to attend the rearranged meeting without good reason, the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

The unavailability of an employee's preferred representative should not delay sickness meetings taking place, as long as a suitable alternative representative is available.

3.2.2 Right to be accompanied

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/ supervisor of the preferred same gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings, however, if requests to be accompanied by an official of a recognised Trade Union or Employees Organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

3.3 Purpose of meetings

The meetings, both informal and formal, are an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

The manager should consider the following during the meetings:

- frequency and pattern of sickness absence review prompts
- the nature and cause of the sickness absence
- the attendance record of the employee
- the content and outcome of the informal discussion and previous formal sickness meetings
- what opportunity has been given to improve health and wellbeing and attendance at work
- Reasonable / Tailored Adjustments that have been considered and / or introduced
- referral to Occupational Health
- all medical advice available
- whether there is a diagnosis of an underlying medical condition
- the likelihood of improvement in the foreseeable future
- redeployment which could prevent further absence as a short term measure
- impact on service continuity and delivery including sickness targets.

3.4 Setting levels of improvement – Review Period

It is important that the employee understands the level of improvement required and this must be explained at the meeting. The definition of the review period is 12 months running forward from the last date of the most recent episode of sickness that occurred before the sickness review meeting. It is the time period within which a further review prompt is met (which can be established by looking at the rolling period) may lead to escalation through the stages of the policy.

The review period may be paused if an employee is absent from work for a period in excess of 28 days, to cover the period where sickness absence cannot be monitored. The review prompts set out in Section 2.1 are used to measure improvement.

Thus, where no review prompt is met during the review period this will be regarded as an appropriate level of improvement. However, where a review prompt is met this will be regarded as an unacceptable level of improvement and a further meeting may be held.

The manager should arrange for review meetings to be undertaken every three months at each of the stages.

3.5 Overtime / Bank Working

Where the manager feels that continuing to work overtime or bank working, in addition to their contractual hours, may be contributing to an employee's sickness absence, managers can restrict employees from undertaking additional work / shifts following sickness.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness. Should this be included in the how to long term sickness.

3.6 Informal Discussion

This meeting will be between an appropriate manager and the employee only and as it is informal there is no requirement for a member of Workforce to be involved.

If there are no further review prompts met within the 12-month review period, then there will be no escalation, a meeting will take place, acknowledging the improvement and the employee will no longer be reviewed under the procedure.

If they meet a further review prompt within the review period the manager will apply *discretion on whether to move to the next stage. This discussion should be documented and shared with the employee. It may also be helpful to give the employee a copy of Appendix 1 for clarification.

3.7 Formal Sickness Meetings

If the employee's absence has met a review prompt, the manager will consider *discretion and make a decision whether to hold a First Formal Sickness meeting, it will be appropriate for the employee to be informed that they are now on the First Formal Stage of the procedure and a 12-month review period will be set. The employee must be informed that if a further review prompt is met during this review period, the manager will consider *discretion and make a decision regarding whether they should be asked to attend a Second Formal Meeting.

Where the manager decides not to place the employee on the next stage of the procedure the employee will be reminded of their personal responsibility to maintain attendance at work; their individual sickness record and sickness review prompts. The manager must also record on the personal file the rationale for applying discretion and their decision not to move through the procedure.

At the formal meetings, a member of Workforce may be in attendance, if required, however, must be in attendance at the Third / Final Formal Meeting. The information given at each of the meetings must be confirmed in writing to the employee and retained on the personal file.

Where one or more of the review prompts are met whilst on the Second Formal Stage, the manager will apply *discretion and make a decision whether to hold a Third / Final Formal Sickness meeting.

3.8 Third / Final Formal Sickness Meeting

If a further review prompt is met then it may be appropriate for the case to be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record of the employee
- the appropriateness and fairness of the previous stages applied
- any other meetings / counselling sessions undertaken
- the medical advice (where available) and whether any underlying condition has been identified
- what opportunity has been given to improve health and wellbeing and attendance at work
- the likelihood of improvement in the foreseeable future
- the needs of the service and difficulties caused by the absence
- any alternative action considered / offered including reasonable adjustments / tailored adjustments, permanent or temporary reduction in hours, redesign or modification of duties, redeployment or ill health retirement.

An appropriate member of Workforce must be in attendance at the Third / Final Formal Meeting.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the process and if the employee has reached this stage of the procedure it is only after a full and thorough review of all these matters has been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead ultimately to dismissal.

Employees must be advised of their right to appeal.

A decision to terminate employment must not be made without medical advice from Occupational Health or other specialist, unless the lack of such advice is caused by failure to attend Occupational Health appointments or other specialist medical appointments.

The employee should, in these circumstances, be advised that failure to attend may result in limited information being available to the manager, which may influence the decision made to the detriment of the employee.

Where, following full consideration of the circumstances, the manager decides that termination is not appropriate, the manager may decide to put in place a further 12-month review period, dated from the last day of the last episode that prompted the meeting.

4. Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based.

The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter

- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal

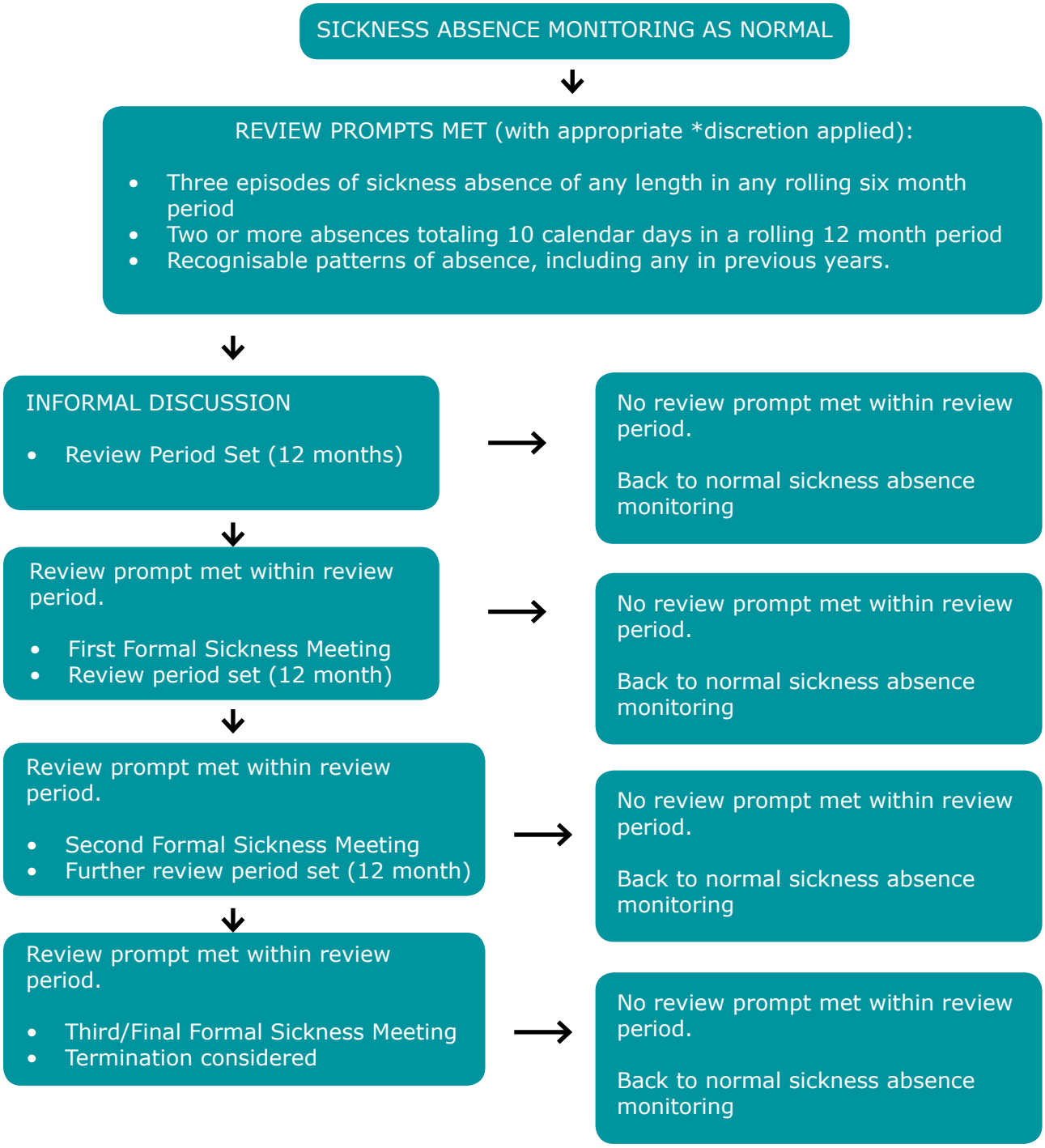
- if present, give the manager who made the decision to dismiss, the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary

- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within 7 calendar days. This exhausts all procedures within the organisation.

Appendix 1

FREQUENT SHORT TERM SICKNESS ABSENCE FLOWCHART



The review period is 12 months from the last day of the period of sickness that prompted the meeting.

A rolling period means that when an episode of sickness occurs the manager must look back from the first day of the absence for a period of 12 months to establish if the employee has met a review prompt.

04

How to Procedure Managing Long Term Sickness Absence

4 How to Procedure Managing Long Term Sickness Absence

How to Procedure Managing Long Term Sickness Absence

The key purpose of this how to procedure is to support employee's attendance at work and ensure any health conditions are effectively managed. The manager should look at options and practical ways to support absent employees to return to work, giving due consideration to both the wellbeing of the employee and the provision of service.

Employees absent due to long term sickness, will need help and support during their recovery and their return to work. An understanding and sensitive approach should be taken by the manager in all cases.

Help and advice regarding the procedure is available from Workforce, recognised Trade Unions and Employee Organisations.

Managers should at the earliest opportunity proactively and positively manage long term sickness, with the primary aim of supporting the employee and facilitating a return to work as soon as possible.

*The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the meployee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work / informal / formal stage meetings.

Throughout this process consideration needs to be given to any reasonable / tailored adjustments that may facilitate the employee returning to work. Before any management intervention, the manager must consider whether the employee's attendance record is directly attributable to a disability. Further information is available in the How to Procedure Reasonable / Tailored Adjustments.

1. Communication and Maintaining Contact

Regular contact allows the manager to keep track of the employee's recovery and progress and will also provide an important connection for the employee back to the world of work.

The aim of regular contact is to support the employee whilst they are absent and to facilitate the employee's return to work. Regular contact will also allow the manager to manage the employee's workload in their absence.

Managers should keep in touch and agree with the employee when and how frequent telephone or face-to-face catch ups should be and in what format. Arrangements for such contact should be agreed when the sickness is first reported and kept under review.

Weekly contact is usual within the first 28 calendar days, thereafter this frequency may change, i.e. when a Fit Note is extended or when interventions have taken place that could lead to improvement or a return to work.

It is expected that this contact will be two-way and that the employee will keep in touch to ensure that the manager is regularly updated on their condition / progress.

It is recognised that, for some employees, returning to work after a prolonged period of absence can be difficult. It is expected that managers will proactively and positively manage long term sickness so as to be able to offer appropriate help and support.

It is important that the manager maintains a written record of the date and content any communications.

There may be circumstances where it may be detrimental and difficult for the manager to attempt to contact the employee. In such cases advice should be sought from the Workforce and/or Occupational Health.

2. Long Term Sickness Meetings

During the employee's long term sickness absence, it will be necessary to arrange long term sickness meetings. Where appropriate, the meeting should ideally be held no later than the 28th day of absence.

This meeting is an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

Timescales for holding each long term sickness meeting will depend on individual circumstances and some sickness absence issues may be dealt with over a longer or shorter period than others.

Prior to holding, the employee should be written to, giving seven calendar days' notice, and invited to attend a long term sickness meeting to discuss their ongoing sickness absence.

In this letter, they should be notified of their entitlement to accompaniment. A Workforce representative may attend this meeting.

The employee should also be advised that their continued absence may lead ultimately to dismissal.

Permanent redeployment and ill health retirement options should formally be explored and agreed at a long term sickness meeting, if a return to their role or previous full duties is not possible.

Termination of employment may only be considered and agreed at a third / final formal meeting.

The main points discussed at the long term sickness meeting, including any further action to be taken, must be noted.

The manager should confirm to the employee in writing the outcome and main points of the long term sickness meetings.

2.1 Employee attendance

Employees must attend long term sickness meetings as requested by their manager.

A minimum of seven calendar days' notice in writing will be given for attendance at long term sickness meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance. Following this, if the employee fails to attend the rearranged meeting without good reason the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

2.2 Right to be accompanied

Employees requested to attend a long term sickness meeting will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/ supervisor of a preferred gender to carry out meetings under the procedure and this will be respected wherever it is practicable.

2.3 Meeting content

The discussion may cover the following issues (as appropriate to the particular case):

- any relevant work updates that have occurred in the employee's absence
- the nature and cause of the employee's sickness absence
- progress towards their recovery
- the prospect of a return to work in the foreseeable future
- the outcome of any previous sickness meetings during this period of absence
- any updated medical advice provided to the employee (or need for further advice)
- whether there is a diagnosis of an underlying medical condition
- the expiry of the employee's current / last Fit Note
- referral to Occupational Health.
- any phased return, reasonable / tailored adjustments and or redeployment, that have been considered and / or could be introduced that may facilitate a return to work, including any barriers to these
- if there is a need for any other support or assistance
- consideration to Premature Retirement on Ill Health Grounds (Occupational Health or Workforce advice required)
- annual leave
- impact on service continuity and delivery including sickness targets
- the frequency and arrangements for regular contact (including any concerns)
- agree future long term sickness meetings
- the employee should also be advised that their continued absence may lead ultimately to dismissal
- the employee must be made aware that the manager's decision to terminate employment is not linked to or subject to ill health retirement.

The ending of employment will not be delayed in order for a pension application to be made and processed.

3. Occupational Health

The absent employee may benefit from a referral to Occupational Health for an assessment of the effects of the illness or condition, the likely duration of the absence and whether or not there are any steps that the manager could take to facilitate the employee's return to work.

An employee does not need to be referred to Occupational Health before they can return to work. However, for more complex cases, you may wish to obtain advice to discuss the need for a phased return to work, varied duties / hours, redeployment or any other reasonable / tailored adjustments.

An Occupational Health referral must be obtained, before considering termination of employment (unless the employee has refused or failed to attend the Occupational Health appointment). Workforce can support management with advice on this.

Arrangements for implementing a referral to Occupational Health are covered in the How to Procedure Occupational Health.

4. Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager / team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work.

The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness.

5. Termination of Employment

Termination of Employment will only be considered when all options have been explored:

- a return to work in any capacity is unlikely in light of the medical evidence
- a return to work is not forth-coming despite medical advice that a return is possible
- redeployment
- there are no reasonable / tailored adjustments that would facilitate a return to work
- there is no prospect of suitable alternative work becoming available.

The case will be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance, it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record
- all communication and contact with and by the employee during their absence
- the content and outcome of any formal or informal meetings
- medical opinion (unless this is not available due to the lack of co-operation of the employee)
- the likelihood of returning to work (with or without reasonable adjustments)
- reasonable / tailored adjustments to the original post
- redeployment to an alternative post
- redesign or modification of duties (where possible)
- if the employee is permanently incapable of a return to this post, Premature Retirement on Ill Health Grounds
- any other relevant issues raised by the employee and/or their representative
- the needs of the service and for the work to be done.

Where termination of employment is being considered at a third / final meeting an appropriate member of Workforce must be in attendance.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the procedure and if the employee has reached this stage, it is only after a full and thorough review of all these matters have been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead to termination of employment.

A decision to terminate employment will not be taken without up to date medical advice (within previous three months), unless the lack of such advice is caused by failure to attend appointments or failure on the part of the employee to allow access to relevant medical reports. The employee should, in these circumstances, have been advised that failure to attend or allow access to their medical records may be to their detriment, and result in less information being made available to the manager to make their decision.

Where following full consideration of the circumstances, the manager decides that termination of employment is not appropriate, the manager may decide to put in place a further 12-month review period.

A decision to terminate employment will be confirmed in writing and shall be on the grounds of capability. This shall be the responsibility of the manager with the authority to terminate the employment of the employee concerned.

Any decision to terminate employment should not be based on sick pay entitlement and may occur prior to expiry of such pay in appropriate circumstances.

Equally, where sick pay entitlement has expired, this will not automatically lead to termination of employment, as this will depend on the circumstances of the particular case.

Notice of termination of employment shall be given in accordance with statutory / contractual provisions, paid notice or payment in lieu of notice, whichever is the more appropriate.

If termination of employee is on the grounds of ill health, they must receive payment for accrued but untaken annual leave for the current leave year plus any previously accrued but untaken statutory annual leave.

5.1 Authority to dismiss

The decision to terminate will be made by the manager with the authority to terminate the employee's employment, in accordance with the organisations scheme of delegation.

5.2 Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based. The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter

- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal

- if present, give the manager who made the decision to dismiss the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary

- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within seven calendar days. This exhausts all procedures within the organisation.

Appendix A

Equality Act 2010

The Equality Act 2010 came into force on 1st October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give individuals greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act changes and extends certain concepts and definitions and recognises 6 forms of discrimination: direct; indirect; discrimination by perception; discrimination by association; harassment and victimisation.

The Equality Act 2010 Statutory Code of Practice on Employment provides a detailed explanation of the provisions of the Act relating to discrimination in employment and work-related activities. The Code may be downloaded from the Equality and Human Rights Commission's website

The following sections are taken from the Statutory Code of Practice on Employment (Chapters 2 and 6) and provide information on the protected characteristic of Disability and the legal duty to make reasonable adjustments.

Disability

Only a person who meets the Act's definition of disability has the protected characteristic of disability. In most circumstances, a person will have the protected characteristic of disability if they have had a disability in the past, even if they no longer have the disability.

The Act says that a person has a disability:

'if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.

Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Long-term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. Substantial means more than minor or trivial.

Where a person is taking measures to treat or correct an impairment (other than by using spectacles or contact lenses) and, but for those measures, the impairment would be likely to have a substantial adverse effect on the ability to carry out normal day to day activities, it is still to be treated as though it does have such an effect.

This means that 'hidden' impairments (for example, mental illness or mental health conditions, diabetes and epilepsy) may count as disabilities where they meet the definition of the Act.

Cancer, HIV infection and multiple sclerosis are deemed disabilities under the Act from the point of diagnosis. In some circumstances, people who have a sight impairment are automatically treated under the Act as being disabled.

Progressive conditions and those with fluctuating or recurring effects will amount to disabilities in certain circumstances.

For more on the concept of disability, see Appendix 1 of the Statutory Code of Practice on Employment. Guidance on matters to be taken into account in determining questions relating to the definition of disability is also available from the Office for Disability Issues

05

How to Procedure Occupational Health

5 How to Procedure Occupational Health

How To Procedure Occupational Health

The best source of support an employee can get is from a manager who knows and cares about their individual needs and who is aware of the range of resources that are available to maintain health and wellbeing.

Occupational Health is one such resource, that when used appropriately, can provide expert advice to both managers and employees.

1.0 Referrals to Occupational Health

1.1 In order to provide support to employees and to ensure that managers can seek the necessary advice, managers can at any time request that an employee attends Occupational Health. Management referrals should always be discussed with the employee before the referral so the employee is fully aware of the reasons for the referral and the importance of attending. A copy of the completed referral form should be given to the employee by the manager making the referral.

1.2 In very rare circumstances the employee may not consent to the referral to Occupational Health. In this case, the manager should politely and clearly set out to the employee why a referral is required and give the employee an opportunity to discuss the referral with them. If the employee refuses to discuss the referral and continues to withhold their consent, or continues to withhold their consent after the discussion, then the manager can still make the referral without the employees consent.

If a referral is made without the employee consent the rationale for this must be set out on the referral form

1.3 An employee can self-refer to Occupational Health at any time.
A discussion will be held with the employee at the time of the consultation as to whether it is felt appropriate for a report to be sent to their manager and whether they give their consent for this or unless legal or professional / regulatory requirements override this.

2. When to refer

2.1 There is no set time when to refer to Occupational Health. The optimum time to refer will depend on the manager "knowing their employee" and their individual circumstances. A manager does not have to wait until the employee goes off sick before making a referral to Occupational Health for advice and not every episode of sickness will require a referral. It is, however, essential that when termination of employment is being considered on health grounds, up to date Occupational Health advice has been obtained.

2.2 A referral may also be considered in the following circumstances:

- where there are concerns that the work being undertaken may be impacting on a health condition (even where the employee is not absent)
  NB. this includes scenarios such as musculoskeletal issues / skin problems within a clinical role, symptoms of stress being demonstrated but as yet no sickness absence has occurred
- where there are general concerns regarding attendance

- after an employee has been, or is likely to be, absent for 28 calendar days where there is no clear return to work date
- where sensitive cases exist that are likely to be off long term, early referral should still be considered to access appropriate support and advice e.g. employees with cancer / long term condition
- if absence is due to stress and / or musculoskeletal / violence and aggression issues, an automatic referral to Occupational Health may not be required if the employee is able to access Wellbeing and / or Physiotherapy interventions and the manager is able to support the employee in the workplace. The manager may still make a referral to Occupational Health if advice on how to support the employee in the workplace is required
- referrals to Occupational Health in cases of short term absence are not routinely required, however, should be considered when guidance is required as to whether there is an underlying health condition impacting on frequent short term sickness absence
- where advice is required on reasonable / tailored adjustments not already in place, that can be implemented to reduce / remove the risk of aggravating an underlying health condition
- if health issues are impacting performance
- if there are concerns following medical suspension, injury, violence and aggression and ability to undertake elements of role
- in line with the Equality Act 2010
- routine, planned operations do not require an assessment unless there are complications or concerns about the employee's ability to return to work.

3.0 Referral process

3.1 Each NHS Wales Occupational Health Service will have its own referral pathway with unique forms and processes. Managers should ensure that they are aware of the Occupational Health referral process within their organisation.

3.2 Please be aware that employees have a legal right to request to see all documentation in their personal Occupational Health file including managerial referral forms.

3.3 When completing the referral form it is vital that the following is included:

- full name and date of birth
- correct telephone number for the employee
- information about the job and job tasks that are required to be undertaken
- factual background information regarding the situation. The Occupational Health professional assesses a case by taking into account the information from the manager, the information from the employee and the medical elements of the case. Information provided by the manager will ensure that the Occupational Health professional has sufficient information to undertake a full balanced assessment and to provide an effective report
- ask relevant questions, the referral report will address these to help the manager in managing the case.

3.4 This information is necessary to ensure time spent with Occupational Health is maximised, and that the assessment provided during the appointment can be used effectively by both the employee and the department.

3.5 Once an appropriately completed referral has been received by Occupational Health, it will be triaged by Occupational Health and an appointment will be arranged with the most appropriate professional / method.

3.6 The assessment will take place and a report will be generated responding to the questions raised in the referral. The Occupational Health professional will decide if further information is required from the employee's doctor, hospital specialist or other health professional to provide further guidance. In these cases the report may be delayed, but Occupational Health will always inform the manager if this applies.

3.7 The Occupational Health professional will confirm with the employee their consent, at the time of the assessment for the release of the report to the line manager. Under the General Medical Council (GMC) guidance, the employee has a right to view the report before it is sent to the manager. In these cases the report may be delayed, however, Occupational Health will always inform the manager if this applies.

3.8 The employee can request factual changes but the Occupational Health opinion will not be changed. If consent is not provided, Occupational Health will write to the manager explaining that consent has not been provided.

3.9 If the employee does not wish to see the report prior to its release to the manager, then they will receive a copy at the same time.

3.10 In some circumstances, the Occupational Health professional may arrange to review the employee. The manager may be requested to provide a written update on the situation in order to ensure that the Occupational Health professional has up to date information during this consultation.

4.0 Failure to attend Occupational Health

4.1 If the employee is unable to attend their allocated appointment they must notify the Occupational Health immediately so that another appointment can be arranged and the original appointment allocated to another employee.

4.2 Failure to attend without prior notice will be classified as a Did Not Attend (DNA) and the manager will be notified. According to NHS data each DNA can incur significant costs to the organisation. Therefore, it is essential that Occupational Health resources are utilised appropriately and the manager highlights the importance of attending the Occupational Health appointment when the referral is being made.

4.3 Failure to attend two consecutive appointments without notification will result in the referral process being stopped and the manager will be advised to seek Workforce advice and to manage the case without Occupational Health advice.

4.4 Failure to attend may result in limited information being available to the manager which may influence decisions and management of the absence to the detriment of the employee.

06

How to Procedure Return to Work

6 How to Procedure Return to Work

How to Procedure Return to Work

The return to work meeting is the single most important element in the management of sickness absence and it is important that it is undertaken consistently and appropriately after every period of absence. It is important that the return to work meeting is conducted on the first day of return or if that is not possible, as early as possible after their return. The form needs to be completed in full and dated. The return to work meeting is an excellent opportunity to review the employees' health and wellbeing and attendance record, offer any appropriate support and establish a plan to maximise future attendance.

The return to work meeting should be in the form of a supportive meeting and should not form part of any formal procedures. It should be carried out in a sensitive and considerate manner where the primary focus is ensuring that the employee is fit and well to carry out their duties required.

Return to work meetings should:

- be conducted in private, with sensitivity, and any issues should be explored in a caring and concerned manner
- be approached with an open mind, and give the employee the opportunity to discuss reason behind their absence
- not be judgmental and assumptions about the absence should not be made
- an opportunity for signposting to relevant support services
- consider whether any review prompt discussion is required

1. Notification of fitness for work

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. This is important and will ensure that both their sickness records and their remaining entitlement to sick pay provision are accurate. To ensure overall sickness rates are accurate managers must also ensure that employees are recorded as fit for work on the first day the employee reports as being fit for work, even if the employee is not due to work that day i.e. weekends or non-rostered day.

2. Preparing for the return to work meeting

The manager must ensure they have all the relevant facts and information in advance of the meeting. This may include:

- E-Roster / ESR record
- absence calendar / monitoring record
- the Managing Attendance at Work Policy review prompts
- The appropriate 'How to Procedure' to support the employees return to work
- medical advice
- previous absence related paperwork including reasonable / tailored adjustments agreements

3. When to hold the return to work meeting

The return to work meeting with the employee should take place on the first day back or as soon as possible following return. If this presents practical difficulties, it may be appropriate to conduct the meeting over the phone or for the manager to arrange to delegate the meeting to a nominated deputy. Regardless of the method, the return to work meeting should be completed no later than one week following return.

4. At the return to work meeting

4.1 Welcome

At the outset of the meeting, the manager should welcome the employee back to work and explain that it is routine to hold such a meeting and that it is in line with the Managing Attendance at Work Policy.

4.2 Discuss the Absence:

- ansure the employee is fit to work
- discuss the reasons for the absence and any relevant issues arising from it e.g. identifying any contributing factors (underlying health conditions / work related issues / domestic/ personal matters / pregnancy / menopause / breastfeeding etc.) and offering help, advice and/or signposting to relevant resources / services where appropriate
- assess the need for any reasonable / tailored adjustments to support their return to work
- consider whether the attendance record is directly attributable to a disability. Further information is available from the How To Procedure Reasonble / Tailored Adjustments.
- make the employee aware of their attendance record and whether the absence will necessitate a review prompt meeting, explaining the consequences and next steps in the process in line with the Managing Attendance at Work Policy
- consider if any further support is required, including Occupational Health, Employee Well Being Services, Our Wellbeing Matters / Manager Wellbeing Matters, Physiotherapy (where available).
- ensuring that they are proactively managing their health and wellbeing.

4.3 Documentation

The meeting should be documented on a Return to Work Form, along with a self-certification. If the episode of sickness results in a requirement for a review prompt meeting, the manager must apply *discretion regarding whether to instigate an informal / formal meeting as appropriate. The rationale with regards to escalation should be clearly documented. The form should be agreed with the employee and signed off by both parties as a fair record of what has been discussed. The form should be kept for future reference in the employees' personal file and a copy should be shared with them.

Enter the link to your organisations return to work form below:

http://www.cardiffandvaleuhb.wales.nhs.uk/opendoc/

4.4 Other policies

There may be occasions when consideration should be given to other Health Board / Trust policies and additional support offered to the employee. For example:-

- All Wales Dignity At Work Policy
- All Wales Special Leave Policy
- Alcohol and Drug/Substance Misuse Policy
- Flexible Working Policy

5. Returning from a long term sickness absence

Where an employee is returning from long term sickness absence any support needs or workplace adjustments are likely to have been identified and should have been addressed prior to this meeting. However, the manager will have the opportunity to welcome the employee back, give any relevant workplace updates and confirm any arrangements or modified work schedules. It is also an opportunity to facilitate their return back into the workplace.

07

How to Procedure Phased Return and Temporary Redeployment

7 How to Procedure Phased Return and Temporary Redeployment

How to Procedure Phased Return and Temporary Redeployment

A phased return to work is now one of the standard options on a Fit Note. GPs and Medical Advisors often recommend that managers implement a phased return to support an employee's return to work. A phased return to work is an effective means of assisting employees who have been on long term sickness (more than 28 calendar days), back to work. It is based on the principle that the employee is well enough to carry out some aspects of their work, and is likely, given time, to recover sufficiently to continue in their substantive role - with or without reasonable / tailored adjustments (further information is available from the How to Procedure Reasonable / Tailored Adjustments. A phased return to work will not be suitable in every situation and would not normally be recommended after short term illness.

What is a Phased Return?

A phased return is a period of time following long term sickness absence where an employee works fewer than their full contracted hours and / or undertakes partial duties, in order to have a moderate reintroduction to work.

Arrangements for a phased return to work will, by definition, involve a change from the employee's normal work hours and / or restricted duties. A phased return can alter working hours in several ways. For example, a reduced number of days / shifts per week; shortening of the working day, including working only mornings or afternoons or by working shorter hours outside peak commuting time; by altering working hours to ensure that support / supervision is available throughout the shift.

Consideration should be given to whether work could feasibly be undertaken in a different location, for example at the employee's home or another NHS office closer to home by agreement. Further consideration should be given to whether the duties to be undertaken could be adjusted to reduce physical and / or mental effort during the period of phased return. The employee's health condition will determine what type of phased return to work plan could help achieve a successful return to work.

Length of a Phased Return

The length of a phased return should be agreed in discussion with the employee. Managers are advised to consider all relevant factors, including medical advice (where available), on a case by case basis (see "Discussing a Phased Return"). The average length of a phased return is four weeks but can be shortened or lengthened as required. A phased return would be expected to last a minimum of two weeks and a maximum of six weeks.

Hours worked during a phased return

This should be agreed between the employee and their manager. However, it is anticipated that the employee will work at least 30% of their contracted hours during the first week, increasing to 100% over the agreed period of the phased return. Annual leave and Bank Holidays which fall during the period of phased return should not be counted as part of the period.

When should a phased return be considered?

A phased return will usually be recommended in a Fit Note from the employee's GP, or in the medical opinion from Occupational Health. In addition to ticking the "phased return to work" option, GPs are required to advise on any restrictions / limitations. Where a medical opinion has been provided, consideration should be given to all additional guidance provided. Whilst phased returns will usually occur in the above way, managers are advised not to unreasonably refuse a reasonable request for a phased return from the employee or their representative. Alternatively, managers may consider that a phased return is appropriate in the circumstances. The absence of medical opinion should not prevent a reasonable phased return to work plan being agreed.

NB. Employees should not be referred to Occupational Health solely for advice regarding a phased return, particularly if this will delay the employee from returning to work.

Discussing a phased return

Where an employee advises that they are considering returning from long term sickness absence, a face to face discussion would usually take place as part of a long term sickness meeting. At these meetings, employees may arrange to be accompanied by a Trade Union official or colleague. It may become necessary for a separate meeting to be arranged, to finalise the arrangements of the return to work plan.

As a guide the phased return to work meeting should consider the following points, along with any suggestions from the employee:

- when the phased return to work will commence
- the hours the employee will work during the phased return
- tailored adjustments that may be required during the phased return, further information is available in the How to Procedure Reasonable / Tailored Adjustments
- any further reasonable adjustments that might need to be made (for instance, a special chair or computer equipment to help counter the effects of any disability) and whether Access To Work might be able to assist, further information is available in the How to Procedure Reasonable / Tailored Adjustments
- at what location the employee will start the phased return (for example, at home or in the office)
- whether temporary redeployment needs to be considered and if so, whether it can be accommodated
- how long the phased return to work is expected to last
- what arrangements will be put in place to monitor the employee's progress and any difficulties encountered
- to whom the employee should report if they have any difficulties with the arrangements.

The manager should keep an open mind about what may be possible when discussing a phased return to work with the employee. It is important to consider suggestions from the employee. Where the employee's suggestions are not practicable, it is good practice for managers to recommend alternative practical proposals, rather than simply responding negatively.

If it is not possible to agree arrangements at the first meeting, due to more information being needed or further consideration of requests, a further meeting should be arranged. A record of the meeting(s) should be kept, along with agreed arrangements for the phased return.

Recording arrangements for a phased return

Phased return to work plans should be recorded on Appendix 1 Phased Return and Therapeutic Return Recording Form. The employee and manager should sign the form to agree the return to work plan. A copy should be retained by the employee as well as placed on the employee's personal file. If the agreement is reached during a long term sickness meeting, a long term sickness outcome letter may replace the form.

Monitoring the phased return

It is important that employee and manager monitor the phased return to ensure it is appropriate and supportive for the employee. In order to evaluate its success, targets should be set at the beginning of the phased return period and monitored at regular review meetings. The frequency of the reviews should be agreed prior to the commencement of the phased return, weekly meetings are advisable. If any problems are encountered the return to work plan may be adjusted accordingly and updated on the form.

Pay during phased return

Employees will be paid at their full contractual pay during an agreed period of phased return, including any contractual enhancements. Where an employee wishes to extend their phased return, beyond that agreed in the return to work plan this may be considered with utilisation of annual leave.

What happens if the phased return does not work?

If, despite all efforts, the phased return is unsuccessful, a further period of absence may be required.

A referral to Occupational Health should be considered with a view to obtaining further guidance on the likelihood of a successful return in future with or without reasonable / tailored adjustments and / or consideration to permanent or temporary redeployment. Further information is available in the How to Procedure Occupational Health.

Temporary Redeployment (up to 3 months)

If the employee is fit to attend work but not to their substantive post, or a phased return is attempted but is not successful, the manager may also consider whether or not there are any other posts that the employee can undertake in the organisation they are employed by or another NHS employer that is within their capabilities, if supported by Occupational Health advice.

In the first instance, temporary redeployment should be looked for within the employee's own organisation, however, in recognition of the varying sizes of NHS employers, geographical constraints, suitability of the redeployment and the nature of absence from work it should also be looked for in other relevant NHS organisations to see if temporary redeployment opportunities exist.

Every NHS employer within Wales should assign a named point of contact in Workforce who will be able to share the current list of vacancies that exist within the organisation. If a post is identified as suitable by Workforce the employee's line manager will be made aware and discussions will take place with the employee. If a suitable post is identified for a temporary period (up to 3 months) payroll will ensure that there is a transfer of salary and this should not be an impediment to a temporary relocation. When the redeployment is to a lower banded post the employee will not suffer a detriment in normal take home pay (in

line with the phased return section of this policy). The redeployment should be regarded as temporary, however, the time scales should be agreed between the employee (taking account of their specific circumstances), the substantive employer and the employer accepting the employee on a temporary basis for up to a period of 3 months. All aspects of the temporary redeployment should be discussed with the employee.

Temporary redeployment to another NHS organisation will be considered in conjunction with local redeployment protocols, not in conjunction with the All Wales Organisational Change Policy.

Steps in process:

1. Confirm if temporary redeployment is an option which the employee can agree to, in line with occupational health advice.

2. Are there suitable temporary redeployment opportunities with the employer (check with named contact in Workforce).

3. If the answer to 2. is no, establish what other NHS employers are suitable from a logistical point of view and obtain a list of opportunities from the named person in Workforce at these organisations.

4. If opportunities exist, the line manager and Workforce will initiate discussions to establish if the temporary redeployment can be agreed by the accepting employer and the employee in question.

5. Payroll will be informed and the necessary financial arrangements made.

Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager/team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work. The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

Appendix 1

PHASED RETURN

Name of Employee:

Date:

Time:

Venue:

IN ATTENDANCE

1:

2:

3:

4:

INTRODUCTION

Advise the employee that the meeting has been convened in accordance with the All Wales Managing Attendance at Work Policy.

NOTES OF DISCUSSION

Briefly review relevant documentation (fit notes/medical reports) and note discussion

Discuss advice regarding phased / therapeutic return

Ensure employee is aware of technical aspects of phased / therapeutic return, e.g. duration, pay

Discuss any adaptations needed to hours of work / work to be undertaken

Discuss whether therapeutic return might be helpful and how that could be accommodated

Agree any factors which need further consideration before phased / therapeutic return can be agreed

AGREEMENT

Outline the agreed phased return, ensuring that factors including timing, duration, hours of work each week, location, work to be undertaken / not undertaken, any agreed adjustments to be put in place, whether any therapeutic return is to take place, timing of regular reviews etc.

Identify any support / reasonable / tailored adjustments which may be required to enable the employee to undertake the phased return as set out above.

Employee and manager to sign below to agree above notes are a true record/and that the phased return has been agreed. Signed copy to be kept on the employee's personnel file and ESR updated.

Employee's signature		**Date**	
Manager's signature		**Date**	

PHASED RETURN REVIEW (use as required)

Review 1

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 2

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 3

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 4

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 5

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 6

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

08

How to Procedure Reasonable / Tailored Adjustments

8 How to Procedure Reasonable / Tailored Adjustments

How to Procedure Reasonable / Tailored Adjustments

Reasonable Adjustments

Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not disadvantaged when doing their jobs. This also apply to job candidates at the onset of the employment cycle.

The Equality Act 2010 defines a disability as an impairment that has a long term and substantial adverse effect on a person's ability to undertake normal day to day activities. Long term means that it must be expected to last for 12 months or more.

People with progressive conditions can be classed as disabled. A progressive condition is one that gets worse over time. You automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, Cancer or Multiple Sclerosis.

Tailored Adjustments

Not all illnesses are disabilities, however, if an employee is asking for support with a health and wellbeing condition, it is best to provide support accordingly, assuming it is proportionate to do so. There are many benefits of this including supporting the employee back into work and to remain in work.

Tailored adjustments are short to medium term changes that can help support the health and wellbeing of the employee. Tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee.

This can be arranged through discussion between a manager and an employee that is having difficulty with a known health and wellbeing condition. Tailored adjustments could include changes to working hours for a short period, changes to duties etc.

Why should managers make work based adjustments?

Beyond legal requirements for disabled employees, evidence has shown that good work is beneficial for health and wellbeing and that work can aid recovery for employees with physical and mental health conditions.

The proactive management of employees' mental and physical health can produce a range of benefits including greater employee engagement and productivity, reduction of sickness absence and reduced employee turnover.

Making small adjustments (reasonable / tailored adjustments) to enable an employee to remain in work during personal difficulties or when experiencing mild-moderate conditions that impact upon health and wellbeing in work.

Tailored adjustments are changes which can be agreed for varying reasons and periods of time based on individual needs that can be agreed through discussion between the manager and employee.

We recognise that managers should have a good understanding, and be familiar with the individual needs of their employees and any associated health and wellbeing conditions or disabilities that may affect their work. To support employees, reasonable / tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee remain in work or reduce the need for sickness absence / aid an earlier return to work after a period of absence. Managers should consider such options when assessing an employee's health and wellbeing in situations where there is a reasonable expectation of improvement or where reasonable / tailored adjustments may prevent a deterioration. This proactive approach should enable an employee to maintain wellness at work and reduce the need for sickness absence.

2.0 Examples of reasonable/ tailored adjustments

In many cases, simple and cost-effective workplace adjustments can make a big difference and enable people with health conditions and disabilities to remain in work and live healthy and productive lives. The adjustment needed could be a change in practice or workload. Some examples of reasonable / tailored adjustments might include:

- allowing additional breaks for an employee with a musculoskeletal difficulty to undertake self-management exercises
- temporarily reduced duties to enable an employee with anxiety to manage their working day effectively
- changing an employee's equipment, for instance providing an adapted keyboard if they have arthritis or providing a specialist chair because of back problems.

The aim of the adjustment is to minimise or reduce the impact of the health condition for the employee and enable them to carry out their job / duties. Contacting Workforce or Occupational Health may be required to discuss any conditions and a referral to Occupational Health should be considered if a specialist opinion is required, further information is available in the How To Procedure Occupational Health.

2.1 General approach

Wherever possible, the organisation will support employees that have a known health and wellbeing condition or disability. This support may be a legal requirement under the Equalities Act 2010, or good practice in supporting employees with mild-moderate health conditions. An employee with a health and wellbeing condition / disability can expect:

- a discussion with their manager
- for the matter to be dealt with confidentially and sensitively
- everything that is relevant to be considered
- all possible options and outcomes to be considered
- implementation of the identified and appropriate options, where they are reasonable and proportionate
- regular reviews.

2.2 Declaration of a Health and Wellbeing Condition / Disability

2.2.1 Where an employee with a health and wellbeing condition / disability reports that they are experiencing health difficulties it is important to respect their right to confidentiality and ensure on-going discussion.

2.2.2 The manager should meet with the employee in order to discuss their condition(s). The manager should seek to put in place any short term reasonable / tailored adjustments to ensure that the employee is not placing themselves at risk.

This may include conducting a risk assessment in order to identify any potential short-term adjustments. Completion of the Reasonable / Tailored Adjustment Agreement should be undertaken at this stage (Appendix 1).

2.2.3 If following the implementation of reasonable / tailored adjustment agreement, or where specific advice is required, the manager may consider making a referral to Occupational Health. The referral should include details of the discussion with the employee and a copy of the tailored adjustment agreement that has been put in place. A copy of the referral to Occupational Health should be discussed with the employee prior to submission. Further information is available from the How To Procedure Occupational Health.

2.2.4 On completion of the Occupational Health referral, the manager will receive a report advising in respect of any further suggested restrictions or adjustments that need to be considered. The manager should then meet with the employee in order to discuss and consider the Occupational Health report to enable a more informed discussion to be undertaken.

2.2.5 The purpose of the discussion is to consider the advice and what further reasonable / tailored adjustments could be put in place to enable the employee to continue undertaking the duties and responsibilities of their role and whether the adjustments are deemed reasonable.

2.2.6 Where there are barriers to progress, all parties have a duty to consider how these may be overcome; support from Workforce, Trade Union representatives, Equality Advisors and Occupational Health may be required. Ultimately it is the decision of the manager to determine whether any proposed reasonable / tailored adjustment can be accommodated.

3.0 Disability / Health and Wellbeing Condition Leave

Disability / Health and Wellbeing Condition leave is reasonable paid time off for a reason related to someone's known health and wellbeing condition and /or disability as part of a programme of care. Disability / Health and wellbeing condition leave is not disability related sickness absence. Effectively, it is a form of special leave and will usually be requested by the employee and approved by the manager in advance. Disability/ Health and wellbeing condition leave should be recorded on ESR. Typical examples of Disability / Health and wellbeing condition leave may include regular hospital and medical appointments / treatments / follow up assessments in respect of a known disability / health and wellbeing condition. Disability leave will typically apply to part, or the whole, of one working day.

4.0 Reasonable / Tailored Adjustment Agreement

4.1 The Reasonable / Tailored Adjustment Agreement is an on-going record of tailored adjustments agreed between an employee with a disability / health and wellbeing condition and their manager. In the case of reasonable adjustments it is anticipated these will continue to apply if the employee changes roles wherever possible.

The purpose of this agreement is to:

- Ensure that the employee and the manager, have an accurate record of what has been agreed.
- Minimise the need to re-negotiate reasonable adjustments every time the employee changes jobs, is re-located or assigned a new manager.
- Provide the employee and their manager with a basis for discussion about tailored adjustments at future meetings.

4.2 This is a live document and should be reviewed regularly by both the employee and manager and updated as appropriate. Specialist advice from third parties, such as Occupational Health and other practitioners may be needed. Managers who need help in deciding whether or not an adjustment is reasonable can contact Workforce for advice.

4.3 New managers of employees with agreed reasonable / tailored adjustments should accept the adjustments outlined in the agreement as reasonable and ensure that they continue to be implemented unless this causes significant operational difficulties, in which case further discussion will be necessary.

4.4 Reasonable / Tailored Adjustment Agreement will need to be reviewed and amended when changes occur. Where employees are moving to new roles / departments, they should make their new manager aware of any agreement in place and be prepared to discuss it.

4.5 The agreement allows the employee to:

- explain the impact of the disability / health and wellbeing condition on them at work
- suggest adjustments that will make it easier to do their job
- explain any change in their circumstances.

4.6 The agreement allows the manager to:

- understand how an employee's disability / health and wellbeing affects them at work
- explain the needs of the Organisation
- review the effectiveness of the adjustments already agreed
- explain any change in the employer's circumstances.

Advice on Reasonable / Tailored Adjustment Agreements are available from Workforce.

NHS Wales Managing Attendance at Work Policy
Reasonable / Tailored Adjustments Agreement

Employee's Name	
Job Title	
Department	
Manager's Name	

Reasonable / Tailored Adjustments

Requests for reasonable adjustments must be considered for staff who have conditions which could potentially be defined as a disability under the Equality Act 2010. Tailored adjustments should be considered to support employees with a health and wellbeing condition which may not be a disability as described above. Wherever possible, agreed adjustments should be implemented at the earliest opportunity to help the employee maintain wellness, remain in work and reduce the need for sickness absence. They may also aid an earlier return to work after a period of absence.

The purpose of this agreement is to:

- help an employee maintain wellness, remain in work, reduce the need for sickness absence and may aid an earlier return to work after a period of absence;
- ensure that both the employee and the employer have an accurate record of what has been agreed;
- minimise the need to renegotiate reasonable / tailored adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation; and
- provide the employee and their manager with the basis for discussions about reasonable / tailored adjustments at future meetings.

This agreement may be reviewed and amended as necessary with the agreement of both parties:

- at any regular one-to-one meeting;
- at a return to work meeting following a period of sickness absence;
- at 6-monthly and / or annual PADR's;
- before a change of job, duties or work location, or the introduction of new technology or ways of working; or
- before or after any change in circumstances for either party.

Employee	
My health and wellbeing condition and / or disability* in the workplace is: *you are not obliged to give details of your disability, impairment or health and wellbeing condition, only how this affects you in your working life.	
My disability and / or health and wellbeing condition has the following impact on me at work:	
I require the following agreed reasonable/ tailored adjustments: • *Detail what adjustments are required:*	Date Manager agreed /implemented:
Where reasonable / tailored adjustments requested cannot be agreed and implemented, the reasons should be recorded below:	
Reasonable/tailored adjustment requested	**Reason if cannot be accommodated**

I will let you know if there are changes to my disability / health and wellbeing condition that have an effect on my work and / or if the agreed reasonable / tailored adjustments are not working. We will then meet confidentially to discuss any further reasonable / tailored adjustments or changes that should be made.

If you notice a change in my performance, behaviour or attendance at work or feel that these reasonable/tailored adjustments are not working, I would be happy to meet you confidentially to discuss what needs to be done.

Employee's signature	
Date	
Employer's signature	
Date	

FREQUENTLY ASKED QUESTIONS

Q What is the reasonableness of a Reasonable Adjustment?

Answer: This is difficult to define and is open to interpretation, managers must ensure they consider a range of aspects to determine whether or not an adjustment is reasonable and proportionate, these could include: the cost of the adjustment and the organisation's resources, the practicality of the adjustment, the efficiency of the adjustment in preventing the disadvantage, the disruption to the organisation and effects on others caused by the adjustment, health and safety considerations, the length of service of an employee, the amount of help and support already provided. This is not an exhaustive list but could be part of the considerations.

Q What is the difference between Tailored Adjustments and Reasonable adjustments?

Answer: Tailored Adjustments are an option Managers can consider and if reasonable implement to support an employee with a known health and wellbeing condition/disability to remain in work during a period of difficulty. Reasonable Adjustments are a legal obligation on an Organisation.

Q. Do employees need to tell their employer that they have a health and wellbeing condition / disability?

Answer: There is no obligation on an employee or a job applicant to disclose their disability to their employer. However, when supporting employees with their absence or a health and wellbeing condition a manager should make reasonable enquiries to find out if an employee has a disability.

A manager could do this through discussion with the employee and if required with support from Occupational Health. Even if an employee isn't classed as having a disability, considering and implementing tailored adjustments will help employees to maintain wellness and remain in work.

Q. Does the reasonable / tailored adjustment agreement apply to employees who do not have a health and wellbeing condition that is considered as a disability?

Answer: The manager can consider and implement appropriate tailored adjustments to employees to help support their health and wellbeing.

Q What does a manager do if they cannot support specific tailored adjustments that have been suggested?

Answer: Where possible these adjustments should be supported and full consideration given to their implementation, however, if it is considered by the manager not to be reasonable, then further discussion with the employee is necessary to consider if there are any alternative adjustments that could be put in place as an option to aid the employee, the decisions why the adjustment cannot be accommodated should be documented and where this is not possible please contact Workforce for further advice.

Q What does a manager do if they cannot support specific reasonable adjustments that have been suggested?

Answer: There is a legal duty to consider requests for reasonable adjustments from employees whose disability/health and wellbeing condition may be covered by the Equality Act 2010. Every attempt should be made to accommodate these adjustments, further advice should be sought from Workforce.

Q What happens if an employee is no longer able to do their current job because of their health and wellbeing condition/ disability?

Answer: If an employee is no longer able to do their job even with all possible reasonable / tailored adjustments in place, please contact Workforce for advice.

09

Minimum Standards

Managers

Employees

Trade Unions

Occupational Health

Minimum Standards for Management of Attendance at Work Policy

Workforce & OD

How to Procedures

Wellbeing Matters

Reasonable / Tailored Adjustments

Minimum Standards

of Employees in the Management of Attendance at Work

To be responsible for your own health and wellbeing.

When you are unwell keep in touch regularly with your manager. (Click on the “Keep In Touch” icon to access the How to Procedures Notifications and Certification.)

Seek medical advice and treatment as soon as possible to support your health and wellbeing.

Consider any reasonable / tailored adjustments that may help you remain or return to work. (Click here to access How to Procedure Reasonable / Tailored Adjustments).

Attend occupational health appointments and sickness absence meetings when requested to do so.

We support all our colleagues in doing the jobs they have agreed to do, and to attend work in line with their contract of employment.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Managers in the Management of Attendance at Work

Actively promote and encourage the health and wellbeing of all employees.

Keep in touch regularly with the employee who is unwell, keeping accurate records. Ensure fit notes are received and absences are recorded on ESR. (How to Procedure - Notifications and Certification)

Signpost employees to wellbeing support services. Click here to access "Our Wellbeing Matters".

Consider and discuss any reasonable / tailored adjustments to support an employee's return to work (How to Procedure Reasonable / Tailored Adjustment).

Refer to Occupational Health where appropriate and review any advice.

Maximise the impact on NHS services by supporting employees in doing the jobs they have agreed to do and through the Managing Attendance at Work Policy, using a proactive and preventative approach.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Occupational Health in the Management of Attendance at Work

Provide confidential support and guidance to employees regarding their health and wellbeing and signpost employees to the full range of services available for support and assistance.

Provide written advice to managers regarding the impact of the employee's illness on their fitness to work and advise of any reasonable / tailored adjustments that my support them in attending work regularly and / or returning to work after a period of sickness.

Provide advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.

Access advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.

Work with the employee and manager and where relevant the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.

Provide and support multi-disciplinary Occupational Health/Wellbeing education and training to the wider organisation.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Trade Unions in the Management of Attendance at Work

Support the employee "member" and organisation in minimising absence of work caused by sickness.

Ensure trade union representation is available at all levels of the procedure should the member wish to be accompanied and ensure that this is achievable in a timely manner.

Provide the member with advice on all aspects of the policy and ensure knowledge and understanding of the equality act, specifically in relation to disability and reasonable / tailored adjustments, and how this is applied in practical terms.

To ensure that the member understands the wider impact of their absence on NHS services.

To actively encourage the member to participate in intervention in a timely manner, e.g. attendance at occupational health appointments, and engaging with services available and self-help action.

To actively participate in a multi-disciplinary approach to the delivery of the Health Board/Trust sickness absence training.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Workforce and OD in the Management of Attendance at Work

To foster good working relationships and high levels of interpersonal trust, supporting managers through coaching and development activities.

Develop a positive working environment and foster a culture of support for staff.

Provide specialist advice, training and support on managing sickness absence, e.g. reasonable / tailored adjustments (How to Procedure - Reasonable / Tailored Adjustments.

Working with managers and trade union representatives to achieve consistent application of the policy and fair and acceptable outcomes.

Support the management of sickness through the collation of information and provision of data to enhance decision making and workforce planning.

Undertake periodic audits to monitor the implementation and effectiveness of the policy and procedure and to provide information as necessary.

Minimum Standard for Managing Attendance at Work Policy

This policy was developed in partnership with Trade Union representatives and colleagues from Workforce, Organisational Development, Occupational Health and staff Health and Wellbeing from across NHS Wales.

#WellbeingCymru

GIG CYMRU NHS WALES

Form 1: Preparation

To complete this form, refer to Guidance set out on Page 20 of the Toolkit

1.	**What are you equality impact assessing?**	Managing Attendance at Work Policy
2.	**Policy Aims and Brief Description**	The aims of the policy are to: • Ensure that staff are treated according to their circumstances and needs. • Outline the requirements of staff in respect of consistent and effective attendance in the workplace. • Identify the responsibilities of individuals and managers • Ensure fair treatment of staff with a disability and ensure that obligations in respect of the Equality Act 2010 are met. • Adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work. • Acknowledge employee's right to sick leave and pay, within the scope of the policy, when they are unable to work due to illness or injury. • To provide Line management support for staff The objectives of the policy are to: • Support the Health and Wellbeing of Staff in the Workplace • Support staff to return to work following a period of absence • Support staff to sustain their attendance at work (attendance management)
3.	**Who is responsible for the Policy/work?**	NHS organisations and sub committee of the Welsh Partnership Forum Business Committee

4.	**Who is Involved in undertaking this EqIA?**	Welsh Partnership Forum Business Committee (Sub Group)
5.	**Is the Policy related to other Policies/areas of work?**	Equality, Capability, Special Leave, Disciplinary, Grievance and Dignity at Work Policies. Codes of Conduct of Professional/Regulatory Bodies, Staff Charters. All Wales Workforce Strategy. Individual organisation's workforce and OD plans, PADRs
6.	**Stakeholders**	All employees, managers, trade unions, patients, carers, occupational health teams
7.	**What might help/hinder the success of the Policy?**	**Factors that may hinder**: Timely access to occupational health and medical advice Lack of training on the application of the policy The process not being followed inside organisations, lack of follow through by managers. Time constraints Poor interpersonal relationships **Factors that may help:** Consistency of application Introduction of stronger public sector General Duty. An all Wales implementation plan to support consistent delivery of policy objectives. Clarity of obligations, expectations, accountability and performance objectives of all parties. Management guidance notes/how to procedures Health and Wellbeing project (WDWT)

Form 2 : Information Gathering✓

To complete this form, refer to guidance set out on Page 22 of the Toolkit

	Race	Disability	Gender	Gender Reassignment	Sexual Orientation	Age	Maternity and Pregnancy	Religion Belief	Marriage and Civil Partnership	Welsh Language
Is the policy relevant to the public specific duties relating to each equality strand? Tick as appropriate (for a definition of Relevance, refer to Page 22)	✓	✓	✓	✓	✓	✓	✓	✓		✓
In other words, should the Policy: • **eliminate discrimination and eliminate harassment in relation to:**	✓	✓	✓	✓	✓	✓	✓	✓		✓
• **promote equality of opportunity in relation to:**	✓	✓	✓	✓	✓	✓	✓	✓		✓
• **promote good relationships and positive attitudes in relation to:**	✓	✓	✓	✓	✓	✓	✓	✓		✓
• **encourage participation in public life in relation to:**	✓	✓	✓	✓	✓	✓	✓	✓		✓
In relation to disability only, should the Policy take account of difference, even if it involves treating some individuals more favourably?		✓								

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

	Yes	No
Consider, is the Policy relevant to:		
Article 2 : The right to life **Examples**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	Staff and patient safety issues. Supports and maintains the health of staff and makes reasonable adjustments where necessary	
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Examples**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	Issues of dignity and respect and protection/promotion of patient and staff safety.	
Article 5 : The right to liberty **Examples**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓

Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence	Policy is designed to ensure that staff are dealt with fairly.	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Examples**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	Policy supports the rights of an employee to enjoy their private life. Issues of dignity and privacy,e.g. impact on family life of sickness and potential loss of employment.	
Article 11 : The right to freedom of thought, conscience and religion **Examples**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		✓

Equality Strand	Information Gathered
Race	Managing sickness absence policy – Southern Health Sickness Absence Policy – NHS Sheffield The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru
Disability	Work Foundation report on Work, Health and Absence in the Public Sector Disability and sickness absence – PCSU Sickness absence and disability – TUC Guidance on disability related absence – Probation Association NHS guidance – Menopause The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru
Gender	The Work Foundation has also produced a number of reports on changing demographics. Equal Opportunities Commission "Gender Equality and the Future of Work" Legal and General's "Value of a Mum" NHS guidance – Menopause The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru
Gender Reassignment	The Workplace and Gender Reassignment – Civil Service Gender Reassignment Policy – Cardiff University Gender Reassignment Policy – Aston University Absence from Work Because of Gender Reassignment – Citizens Advice
Sexual Orientation	Sickness Absence Policy – NHS Berkshire Sickness Absence Policy – University of Nottingham
Age	EHRC report "Working Better 2008" The Work Foundation has also produced a number of reports on changing demographics, changing work patters for young workers, retention of older workers, e.g. 0-5 How small children can make a big difference, The Ageing Workforce, Work, Health and Absence in the Public Sector The menopause in the workplace – A toolkit for trade unionists – Wales TUC Cymru A new vision for older workers: Retain, Retrain, Recruit – Report to Government by Dr Ros Altmann CBE, Business Champion for Older Workers
Maternity and Pregnancy	Pregnancy related absence - EHRC Pregnancy and Maternity Rights – Xpert HR Sickness during pregnancy and maternity leave – Maternity Action

	Discrimination at Work Because of Pregnancy or Maternity Leave - CAB
Religion or Belief	Various case studies relating to the need for flexible arrangements for staff who may not live in the same country as their relatives. CIPD surveys on flexible working
Marriage and Civil Partnership	No information sourced.
Welsh Language	Some Work Foundation reports relating to employers and the Welsh Language.
Human Rights	**General** There are gaps in workforce equality monitoring data across all of the protected characteristics. Disaggregated workforce monitoring data would be useful to inform future policy review and assessment.

Form 3 : Assessment of Relevance and Priority

Equality Strand	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	2	+1	2
Disability	3	+3	9
Gender	2	+2	4
Gender reassignment	3	+3	9
Sexual Orientatior	2	0	0
Age	3	+3	9
Religion or Belief	2	+2	4
Maternity and Pregnancy	3	+3	9
Marriage and Civil Partnership	0	0	0
Welsh Language	1	0	0
Human Rights	2	+3	6 52/10 = 5.2

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

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

Form 7: Outcome Report

To complete this form, refer to guidance at Page 41 of the Toolkit

Organisation:	Welsh Assembly Government/NHS Wales/Trade Unions

Proposal Sponsored by:	**Name:**	Tracy Myhill/Helen Whyley
	Title:	Joint Chairs
	Department:	Wales Partnership Forum

Policy Title:	Managing Attendance at Work Policy

Brief Aims and Objectives of Policy:	The aims of the policy are to: • Ensure that staff are treated according to their circumstances and needs. • Outline the requirements of staff in respect of consistent and effective attendance in the workplace. • Identify the responsibilities of individuals and managers • Ensure fair treatment of staff with a disability and ensure that obligations in respect of the Equality Act 2010 are met. • Adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work. • Acknowledge employee's right to sick leave and pay, within the scope of the policy, when they are unable to work due to illness or injury. • To provide Line management support for staff The objectives of the policy are to: • Support the Health and Wellbeing of Staff in the Workplace • Support staff to return to work following a period of absence • Support staff to sustain their attendance at work (attendance management)

Was the decision reached to proceed to full Equality Impact Assessment?:	**Yes ☐**	**No ✓**
	Record Reasons for Decision: The principles and values of the policy are grounded in the promotion of fair and equal treatment. The policy makes explicit reference to the legal duty to consider reasonable adjustments for disabled employees and the requirement to collect and report on the equality monitoring of the process to ensure that there is no unintended discrimination arising from the implementation of the policy.	
If no, are there any issues to be addressed?	**Yes ✓**	**No ☐**
	Record Details: Need for robust workforce monitoring data to be addressed through all Wales action plan and local implementation. Action will be taken to ensure data gaps are addressed through WfIS programme and development of Electronic Staff Record 2 (ESR).	

Is the Policy Lawful?	**Yes ✓**	**No ☐**

Will the Policy be adopted?	**Yes ✓**	**No ☐**
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	**Yes ✓**	**No☐**
	Refer to Action Plan (Form 8) Monitoring arrangements will be addressed through local application of all Wales action plan. Scrutiny and review of monitoring reports will be undertaken at regular intervals by NHS organisation's executive	

	teams and boards. A review group is being set up to monitor All Wales sickness absence rates on a monthly basis up to March 2019.

Who is the Lead Officer?	**Name:**	Geraint Evans
	Title:	Director of Workforce & OD
	Department:	Aneurin Bevan University Health Board
Review Date of Policy:	October 2021	

Signature of all parties:	**Name**	**Title**	**Signature**
	All members of attendance management working group		

Please Note: An Action Plan should be attached to this Outcome Report prior to signature

Form 8: Action Plan for Managing Attendance at Work Policy

	ACTION	WHO	HOW/ WHEN
Monitoring Arrangements			
How will the Policy be monitored?	Monitoring arrangements will be determined locally. Monitoring outcomes will be reported to Health Boards and Trusts. A monitoring group needs to be established to monitor All Wales sickness absence rates	Workforce and OD Directors Workforce and OD Directors WPF Business Committee	As determined locally As determined locally Monthly
What monitoring data will be collected?	Local application of attendance management policy disaggregated against each protected equality characteristic, workplace/directorate and staff group.	Workforce and OD Directors	Ongoing
Other Actions			
Describe any other actions highlighted through the policy screening	Policy training for managers to include scope and application of duty to consider reasonable adjustments for disabled employees. The issue of recording menopause related sickness absence needs to be addressed	Working group and L&D managers Working group	To be confirmed

Annex C

Management of attendance in Wales

1. **The Welsh Partnership Forum are committed to the health and wellbeing of the whole workforce and to joint working at national and local level to support individuals to remain well, to act proactively to avoid absence and enable those who are absent to return to work as quickly as possible. We are committed to joint working to deliver best practice in managing attendance at work because we recognise this is best for individual members of the workforce and for the services they deliver for the people of Wales.**

2. The Welsh Partnership Forum (WPF) commitment is in line with the Core Principles of NHS Wales, the Healthier Wales quadruple aim of having a motivated and sustainable health and social care workforce and the ambition of the NHS Staff Council to match attendance levels with the best in the public sector through the positive management of sickness absence.

3. Delivery of these aspirations will build on the work already underway across Wales through a strong practical commitment to partnership working through Welsh Partnership Forum structures and local partnership to prioritise a range of actions to support staff to stay in work and to return speedily from any absence. The WPF have agreed that these actions will include:

    a. A new Attendance Management Policy and associated procedures and training packages
    b. Consideration of Rapid Access and early referral for treatment for staff
    c. A renewed emphasis on wellbeing in the workplace building on the existing NHS Wales Health and Wellbeing toolkits
    d. Aligning approaches to flexible working, re-deployment and other workplace policies to ensure that they support the aims of supporting staff in work.
    e. The development of a NHS Wales Menopause Policy
    f. A commitment from all partners to prioritise active attendance management at local level and to remove any barriers to the process through partnership working at local and national level as required.
    g. Organisations signing up to and supporting the TUC “Dying to Work” campaign.

4. The Welsh Partnership Forum will draw on the work being undertaken by the NHS Staff Council on their review of the current agreement on absence management and Annex 26 as appropriate.

5. We have agreed to demonstrate our joint commitment to delivering effective policies and making a practical change for staff through this work by setting a series of targets and progress check points for the reduction on sickness absence levels. The key

objective is to deliver the equivalent of a 1% reduction in the rolling national average sickness rate by April 2019. The baseline level against which improvements will be measured is the December 2017 rolling average which was 5.1%. The monthly expected improvement trajectory will be set at 0.1% so that sickness levels are reduced to a maximum 4.5% by December 2018 and 4.2% by the end of March 2019 is set out in the table (overleaf). Monitoring will be against the in-month and rolling average figures to ensure a consistent and sustained pattern of improvement. From April 2019, we are committed to delivering a further 0.25% sickness absence rate reduction each year until the rates in Wales at least equal the sickness absence rates of comparable staff groups in England.

A table is included below showing the month on month target reductions required:-

	12 month Rolling	**Monthly**
Baseline	5.1%	
Jul-18	5.29%	5.45%
Aug-18	5.30%	5.24%
Sep-18	5.30%	5.03%
Oct-18	5.26%	4.82%
Nov-18	5.19%	4.61%
Dec-18	**5.09%**	**4.51%**
Jan-19	4.93%	4.41%
Feb-19	4.83%	4.31%
Mar-19	**4.75%**	**4.21%**
Apr-19	4.70%	4.19%
May-19	4.65%	4.17%
Jun-19	4.59%	4.15%
Jul-19	4.48%	4.13%
Aug-19	4.39%	4.11%
Sep-19	4.31%	4.09%
Oct-19	4.24%	4.06%
Nov-19	4.20%	4.04%
Dec-19	4.16%	4.02%
Jan-20	4.12%	4.00%
Feb-20	4.10%	3.98%
Mar-20	4.07%	3.96%

6. Following the ending of the three-year agreement, the sick pay provisions for staff working in NHS Wales changed on 1st January 2018 to those which are referenced in the handbook (Section 14) as applying to Scotland and Northern Ireland. Should the annual rolling sickness absence level be above the agreed target by December 2018 then the arrangements as set out in Section 14 for England, will automatically apply in

NHS Wales on a permanent basis from 1st April 2019. This includes the eligibility for payment of unsocial hours during occupational sick leave to a cash value (basic salary) of £18,160. However, Section 14 will be amended for staff working in NHS Wales to ensure that enhancements continue to be paid after three months continuous sickness absence; and where an individual receives a diagnosis that they have a time specified terminal illness, any allowances or payments linked to working patterns or additional work commitments will be paid/backdated to the first day of sickness absence.

7. The WPF members will meet regularly to monitor joint delivery of the programme of work and progress both locally and nationally against the agreed targets. This will include tracking progress across the NHS in Wales and undertaking close examination of issues which appear to be undermining progress on the agreed programme of work and or local absence management processes. Partners will develop further actions to focus on and jointly address areas where sickness absence is consistently high.

NHS WALES STAFF SURVEY 2018

Name of Meeting : Strategy and Delivery Committee

Date of Meeting : 6 November 2018

Executive Lead : Executive Director of Workforce and Organisational Development

Author : Executive Director of Workforce and Organisational Development

Caring for People, Keeping People Well : This report underpins the Health Boards values element of the Health Boards strategy

Financial impact : N/A

Quality, Safety, Patient Experience impact : N/A

Health and Care Standard Number : 7.1

CRAF Reference Number: 4.1

Equality and Health Impact Assessment Completed: Not Applicable

ASSURANCE AND RECOMMENDATION

The Strategy and Delivery Committee is asked to:

- **NOTE** this report.
- **SUPPORT** the creation of employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for Cardiff and Vale UHB.

SITUATION

The staff survey is formally commissioned by the Cabinet Secretary for Health, Wellbeing & Sport and is overseen by the Welsh Partnership Forum (WPF).

The WPF is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

Quality Health was recommissioned to undertake the 2018 staff survey across the 10 organisations, as well as the hosted organisations, that comprise NHS Wales in 2018. Quality Health carried out the previous survey in 2016.

The key aim of the project is:

To develop and conduct a staff survey and provide a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement.

The project was overseen by a specially convened Project Board which included staff from Welsh Government, Staff Side representatives, NHS Wales organisations and the contractor. NHS Wales seconded a dedicated Project Manager to the project and she worked closely with all parties to ensure timely delivery and a coordinated approach across all of the organisations taking part. The Project Board met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

BACKGROUND

Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

Methods of Analysis

At a national level, this year's survey results are analysed by showing:

- An overall NHS Wales score for each question, comparing this to the 2013 and 2016 score where possible
- A comparison between the ten organisations within NHS Wales – range of scores – and the overall NHS Wales score

At the local level, the survey results are analysed by showing:

- The percentage of staff who are satisfied in 2018, compared to 2013 and 2016
- The change in score since 2016 (where a comparison is possible)
- A comparison between the organisation score and the overall NHS Wales score
- A comparison between the range of scores for all ten NHS Wales organisations – with the organisation's score to show where the organisation is within the range

This analysis will be applied to all of the evaluative questions within the survey. The charts throughout the report also show where results are statistically significant. This is marked by the symbol "s".

Staff Engagement

The staff engagement scores are also compared between 2013, 2016 and 2018, with this broken down by the three themes making up this score – intrinsic psychological engagement; ability to contribute towards improvements at work; and staff advocacy and recommendation. Further details on the presentation of the engagement score can be found in section 5 of the report.

Key Findings

The results of the 2018 staff survey in Cardiff and Vale University Health Board continue to show positive improvements in most areas since 2016 survey, and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Of the improvements, many this time round are significant. Important areas which have shown less positive movements include stress at work and harassment, bullying and abuse.

Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organization has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed treatment they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

Team Working

Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

Line Managers

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

Executive Team

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

Communication

One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff (up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

Staff Wellbeing

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

Resources

All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

Change in Organisation

All but two scores on staff's attitude to change in their organization have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

Learning and Development

Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them with respect has improved significantly since 2016 – up from 74% to 81%.

Other

There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).

The NHS Wales Staff Survey 2018 full report is attached.

ASSESSMENT AND ASSURANCE

The UHB needs to fully consider this report and determine an action plan for improvement. This action plan should be drawn up from a range of stakeholders, who will be nominated via the Local Partnership Forum (LPF) and chaired by the Executive Director of Workforce and Organisational Development with the aim of producing a report determining the way forward for approval at the January Strategy and Delivery Committee.

NHS Wales Staff Survey 2018

Cardiff and Vale University Local Health Board

Final 1.0

Contents

1 Foreword

1.1 Cabinet Secretary Foreword

The results of this year's survey show that the experience of NHS staff in Wales is increasingly positive in most areas, which is really encouraging. Scores for the majority of questions have improved, many significantly. The overall engagement index has increased from 3.65 to 3.82, this is great news and indicates that various approaches that have been put in place, in particular motivation and commitment, and employees' well-being and performance are improving in Wales.

More staff than ever before have responded to the 2018 NHS Wales staff survey, and I would like to thank the 25,000 of you who took the time to participate. The high number of participants has given us the most robust data on staff opinion we have ever had. Importantly, this indicates that it is becoming more normal within our systems to give and receive feedback at work.

We know that in order to deliver real change, action taken as a result of the staff survey data, needs to be taken at a local level. This means action within teams, wards, offices and departments, by the people who know what changes need to be made, and how to make them. Our approach this year has been to produce data which can be used locally, which I expect to lead to conversations about the issues that really matter where you work. I know with the right leadership and support, you will use those conversations as a catalyst for positive change and I expect NHS Boards and the Executive team to ensure these discussions take place.

While the majority of scores have improved, I am concerned that this year's survey shows an increase in the number of respondents who have experienced bullying, harassment and abuse in the workplace. This is totally unacceptable. I will be asking the Welsh Partnership Forum to oversee an All Wales approach to understand these results, and importantly, to address them in line with our commitment to the wellbeing of the health and social care workforce in Wales as outlined in 'A Healthier Wales'.

1.2 Welsh Partnership Forum Joint Chairs' Foreword

As co-chairs of the Welsh Partnership Forum we see the national survey of health service staff across Wales as an essential measure of staff engagement, experience and service management. We have been proud to direct the design and delivery of the NHS Wales Staff Survey 2018 and are looking forward to presenting the results. These are the views of you, our staff and members, and what you have to say matters.

Since 2013 we have worked in partnership to design, deliver and co-produce the survey which has enabled Welsh Government, the NHS Wales Trade Unions and NHS Wales Management to ensure that your vital opinions are gathered. Importantly, this allows for us to commit to joint actions to be taken to ensure that the things that matter to you become tangible and positive drivers for change.

It is very encouraging that the overall results of the staff survey this year suggest a positive experience for the majority of you, with the engagement index having seen a further increase from the previous two surveys. It has been important to us that we kept many questions the same as in previous years to allow for comparisons to be made year on year. The responses reflect the experience of staff working across all areas of our Health Boards and Trusts, providing and supporting the care of citizens in Wales. We welcome the general positive shift in most of the questions when compared with 2013 and 2016 results.

Whilst this is very encouraging news we cannot be complacent and will be working together to ensure that the improvement continues in those areas that have seen a positive shift. In addition, some of the results clearly indicate key areas where there is more work to be done to improve the experience of working within NHS Wales. As co-chairs and therefore co-leaders of the Welsh Partnership Forum we are committed to ensuring that this work is prioritised and effectively undertaken. We expect the same level of commitment and determination from our Health Boards and NHS Trusts to work in partnership with local trades unions to determine actions that need to be progressed to respond to their local results. These actions will be embedded within local plans with rigorous monitoring of progress via local partnership arrangements. By working together at both national and local level we expect to see a continuation of the improvement in the next NHS Wales staff survey.

Dr Andrew Goodall
Director General of Health and Social Services/Chief Executive NHS Wales

Helen Whyley RN MA
Welsh Partnership Forum Trade union group

Tracy Myhill
Chief Executive
Abertawe Bro Morganwg University Health Board

2 Executive Summary

2.1 Introduction

The 2018 NHS Wales Staff Survey follows on from the 2016 survey and provides a full analysis of workforce engagement and the organisational climate for the NHS Wales workforce, giving an overall assessment of areas that require improvement. The questionnaire this year is largely the same as the 2016 questionnaire, which means that comparisons are possible for most questions; giving the ability to monitor progress since the 2013 and 2016 surveys.

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3 Survey background and methodology

3.1 Introduction

The Welsh Partnership Forum (WPF) is a tripartite group consisting of representatives from the 14 recognised healthcare trade unions in NHS Wales, NHS employers and representatives of the Welsh Government. The purpose of the group is to provide advice, guidance and recommendations regarding policies affecting the NHS Wales workforce.

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3.2 Methodology

There were some important changes to the methodology in this year's survey. Firstly, following the 2016 survey which was sent to a 50% sample of eligible staff, it was agreed that this year's survey would be sent to a full census – 100% - of all eligible staff.

Secondly, the log in process was changed this year. Previously, staff received an email which gave them a unique password. As each member of staff currently has a unique number which is assigned to them – their payroll number – the Project Board agreed that this would be used as the unique identifier for those completing the survey. This way, the survey could be more creatively promoted through social media links and through ESR. Staff could click on any of the links they saw, to access the survey, rather than solely relying on receiving an email from Quality Health.

Organisations were able to provide lists of staff who were required to receive a paper copy of the questionnaire, as well as paper reminders. The percentage of paper surveys produced this year was significantly down on the previous year. (The 2016 survey saw 71% electronic, 29% paper copies; while the 2018 survey saw 88% electronic, 12% paper).

3.3 The questionnaire

Following feedback on the previous survey, there was some desire to shorten the questionnaire this time around and to remove some of the questions which were repetitive or not useful.

The questionnaire was thoroughly reviewed by the Project Board and there were amendments to some of questions agreed as follows:

- 77 questions and sub-questions remained unchanged
- 2 questions were amended but were agreed to be comparable

- There were 33 new questions or sub questions added

79 questions or sub questions from the 2018 survey remain comparable with 2016.

3.4 Send out and timing of the survey

The Project Board agreed a send out timetable which aimed to maximise the fieldwork period in order that the highest response rate possible was achieved. In another change to the 2016 arrangements, the send out took place before the summer holiday period. Therefore, initially, a six week fieldwork period was agreed as follows:

- First send out – 11 June 2018
- First reminder – 25 June 2018
- Final reminder – 9 July 2018
- Fieldwork closes – 22 July 2018

Reminders were only sent to those members of staff who had not yet responded to the survey.

Staff who received an electronic survey were contacted by email and then followed a link to the online survey which was accessed using their payroll number as a unique identifier. Staff were able to complete the survey in part, log out, and then re-login to complete the survey. Reminder emails were sent to all those who had not submitted a completed a survey. Through the fieldwork period, staff could also access the survey through the link being promoted on social media and on ESR.

Postal recipients received their surveys via the internal post of their respective organisations. Again, only those who had not returned a completed survey were sent a reminder. The first reminder was a standalone letter; with the second, final reminder containing another printed copy of the questionnaire, some organisations chose not to send the second paper reminder due to the logistics of posting the surveys to home addresses in a timely manner.

The Project Board closely monitored the response rates in each organisation as the fieldwork period passed. Following the Project Board meeting on the 17 July 2018, it was agreed that the fieldwork period would be extended by a further two weeks and brought the length of the fieldwork to eight weeks. The 2016 survey was open for a total of 10 weeks. The Board agreed that further time would allow for a greater number of responses to be collected, and would result in ultimately more robust data.

The additional fieldwork therefore looked like this:

- Additional electronic reminder sent – 23 July 2018
- Final electronic reminder sent – 1 August 2018
- Fieldwork closes – 5 August 2018

4 Response Rates

25,521 staff completed and returned the questionnaire, a response rate overall of 29%. This makes the 2018 survey the biggest collection of opinion of the NHS workforce in Wales that has ever been gathered. The last full census survey in 2013 had a 27% response rate; there was a 38% response rate from the fifty percent sample in 2016.

From a statistical viewpoint, the dataset is extremely robust with these high numbers (as a comparison, the equivalent survey in England requires only 1,250 staff in most organisations to be surveyed, with a response rate of around 50%). It will allow a much more detailed breakdown of data within individual organisations than in 2016: the actual number of respondents has increased by approximately 50%.

4.1 Response Rate Table

Organisation	Send Out	Total Sent	Completed	Blank	Ineligible	Refused	Non Returned	Response
Betsi Cadwaladr University Local Health Board	All	17,730	5,276	11	581	14	11,848	31%
	Online	15,325	4,699	7	411	14	10,194	32%
	Paper	2,405	577	4	170	0	1,654	26%
Hywel Dda Local Health Board	All	9,484	2,401	9	320	0	6,754	26%
	Online	8,044	2,040	6	136	0	5,862	26%
	Paper	1,440	361	3	184	0	892	29%
Abertawe Bro Morgannwg University Local Health Board	All	15,966	4,086	8	793	0	11,079	27%
	Online	13,665	3,706	8	485	0	9,466	28%
	Paper	2,301	380	0	308	0	1,613	19%
Cardiff and Vale University Local Health Board	All	14,482	3,382	4	43	1	11,052	23%
	Online	13,078	3,154	4	0	1	9,919	24%
	Paper	1,404	228	0	43	0	1,133	17%
Cwm Taf University Health Board	All	8,208	1,747	5	360	0	6,096	22%
	Online	7,649	1,644	4	305	0	5,696	22%
	Paper	559	103	1	55	0	400	20%
Aneurin Bevan Local Health Board	All	13,057	3,165	8	2	0	9,882	24%
	Online	11,877	2,926	8	2	0	8,941	25%
	Paper	1,180	239	0	0	0	941	20%
Powys Teaching Local Health Board	All	2,123	1,029	3	67	0	1,024	50%
	Online	2,046	996	3	44	0	1,003	50%
	Paper	77	33	0	23	0	21	61%
Velindre NHS Trust	All	1,369	698	2	24	0	645	52%
	Online	957	521	1	15	0	420	55%
	Paper	412	177	1	9	0	225	44%
Welsh Ambulance Service NHS Trust	All	3,277	1,335	4	97	0	1,841	42%
	Online	2,524	1,095	2	31	0	1,396	44%
	Paper	753	240	2	66	0	445	35%
Public Health Wales NHS Trust	All	1,738	961	3	28	0	746	56%
	Online	1,662	931	3	26	0	702	57%
	Paper	76	30	0	2	0	44	41%
Shared Services Partnership	All	2,075	1,099	2	115	0	859	56%
	Online	1,659	966	0	93	0	600	62%
	Paper	416	133	2	22	0	259	34%
NHS Wales Informatics Service	All	616	342	1	1	0	272	56%
	Online	616	342	1	1	0	272	56%
	Paper	0	0	0	0	0	0	N/A
All Wales	All	90,125	25,521	60	2,431	15	62,098	29%
	Online	79,102	23,020	47	1,549	15	54,471	30%
	Paper	11,023	2,501	13	882	0	7,627	25%

4.2 Response Rate Charts

Betsi Cadwaladr University Local Health Board	Paper	26%
	Online	32%
	All	31%
Hywel Dda Local Health Board	Paper	29%
	Online	26%
	All	26%
Abertawe Bro Morgannwg University Local Health Board	Paper	19%
	Online	28%
	All	27%
Cardiff and Vale University Local Health Board	Paper	17%
	Online	24%
	All	23%
Cwm Taf University Health Board	Paper	20%
	Online	22%
	All	22%
Aneurin Bevan Local Health Board	Paper	20%
	Online	25%
	All	24%
Powys Teaching Local Health Board	Paper	61%
	Online	50%
	All	50%
Velindre NHS Trust	Paper	44%
	Online	55%
	All	52%
Welsh Ambulance Service NHS Trust	Paper	35%
	Online	44%
	All	42%
Public Health Wales NHS Trust	Paper	41%
	Online	57%
	All	56%
Shared Services Partnership	Paper	34%
	Online	62%
	All	56%
NHS Wales Informatics Service	Paper	N/A
	Online	56%
	All	56%
All Wales	Paper	25%
	Online	30%
	All	29%

5 Overall job satisfaction and engagement

5.1 Methodology

The table below details the methodology used for presenting scale scores out of 5, with 5 being the most positive for the staff engagement index. This uses the same seven questions to arrive at the three theme level scores and calculate an overall engagement index score as follows:

Theme	Questions	Recoding (where appropriate)	Denominator/ base calculation	Numerator/score calculation
Intrinsic psychological engagement	I look forward to going to work I'm enthusiastic about my job I am happy to go the extra mile at work when required	5-point scale response options coded as worst=1, best =5	Those who answered at least two of the three questions	The mean of the scores for each question (worst =1 best =5)
Ability to contribute towards improvements at work	I am able to make improvements in my area of work I am involved in deciding on the changes that affect my work/area/team/department	5-point scale response options coded as worst=1, best =5	Those who answered either/both of the questions	The mean of the scores for each question (worst =1 best =5)
Staff advocacy and recommendation	I would recommend my organisation as a place to work I am proud to tell people I work for my organisation	5-point scale response options coded as worst=1, best =5	Those who answered either/both of the questions	The mean of the scores for each question (worst =1 best =5)

An average of the 3 theme level scores is than calculated to arrive at the overall engagement index score.

5.2 Engagement Index Summary

The engagement index scores for Cardiff and Vale University Local Health Board have improved since 2016 in all three themes making up the score. This is particularly the case in the 'ability to contribute towards improvements at work' theme which has seen a 0.34 improvement.

Cardiff and Vale University Local Health Board's engagement scores are above the overall NHS Wales score in one of the three themes, the other two themes the score is level with NHS Wales. The overall engagement index score is 3.83 (up from 3.64) and is slightly above the overall engagement index score for NHS Wales (3.82).

Theme	Cardiff and Vale University Local Health Board			NHS Wales		
	2018	**2016**	**2013**	**2018**	**2016**	**2013**
Intrinsic psychological engagement	4.02	3.90	3.77	4.02	3.91	3.80
Ability to contribute towards improvements at work	3.65	3.31	3.16	3.65	3.35	3.14
Staff advocacy and recommendation	3.81	3.71	3.37	3.79	3.68	3.37
OVERALL ENGAGEMENT INDEX SCORE:	**3.83**	**3.64**	**3.43**	**3.82**	**3.65**	**3.43**

6 Results by section

6.1 Reading the Charts

There are two types of charts used in the report to show results for evaluative questions. The notes below explain how to read each type of chart.

6.2 Rated Results

For each question displayed the number of responses upon which the percentages are based is displayed in the first column. The second column shows the number of non-respondents for the question.

Each chart represents the range of responses to an evaluative question. Colour coding is applied to denote the degree of positivity associated with each response option ranging from dark red for the most negative to dark green for the most positive. The number of coloured segments is dependent on the number of evaluative responses for each question. Non-specific responses such as 'Not applicable' are excluded from the scoring and charting.

The scores from both 2013 and 2016 are displayed underneath the scores for 2018. The scores for 2018 have been highlighted in grey. For all questions, a positive measure is taken. However, for a small number of questions, where the question is phrased negatively, a positive response is not the preferred response. For example:

"Have you felt pressure from your manager to come to work?".

These negative questions are highlighted with a shaded background.

The change from 2018 to 2016 and 2016 to 2013 is displayed to the right of these scores. Changes over time which are statistically significant are annotated with an "[S]" and colour coded either red or green dependent on the direction of movement.

Please note that there may be some changes from 2016 and 2013 which display as either "+0%" or "-0%". These represent small positive or negative variances which round to 0% when no decimal places are displayed.

6.3 Variation Charts

These charts show how the overall NHS Wales 2018 score compares to the range of scores from all organisations.

The grey bar shows the range of 2018 scores from all organisations, with the beginning of the grey bar being the lowest scoring organisation and the end of the grey bar being the highest scoring organisation. The vertical blue bar shows the overall NHS Wales score for 2018.

As with the rated results charts, any questions where a negative measure is taken is highlighted with a red border and a shaded background.

The 2018 overall NHS Wales score is shown to the right of the chart.

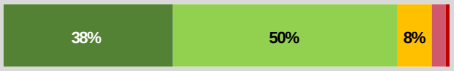
7 Values

Almost all scores on values in Cardiff and Vale University Local Health Board are better than they were in 2016, and almost all scores are above the average for NHS Wales. 88% of staff agree or strongly agree that their organisation has a clear set of values that they understand.

79% of staff say that the care of patients/service users is their organisation's top priority, compared to 75% in 2016. 64% of staff say that they would recommend their organisation as a place to work, compared to 62% in 2016 (2% below the overall NHS Wales score); and 79% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, compared to 71% in 2016.

75% of staff say that they are proud to tell people they work for their organisation, this is higher than in 2016 (69%).

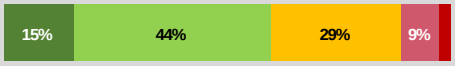
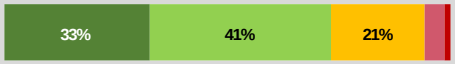
7.1 Values - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
My organisation has a clear set of values which I understand.	**2018**	**3,117**	**265**		**88%**		+6% s
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-		-
I believe and share in my organisation's values.	**2018**	**3,086**	**296**		**88%**		+7% s
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-		-

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

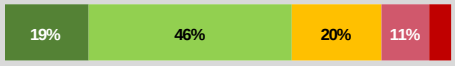
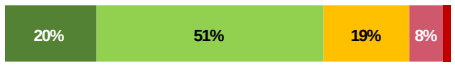
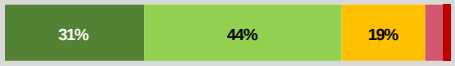
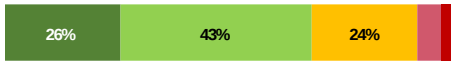
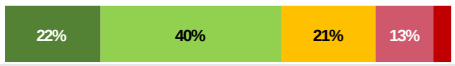
	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
Do you know what the NHS Core Principles are?	**2018**	**3,114**	**268**		**93%**		+3% s
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-		-

Yes, definitely | Yes, to some extent | No

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I look forward to going to work.	**2018**	**3,116**	**266**		**60%**		-0%
	2016	2,520	18		55%	+4% s	-1%
	2013	2,712	12		47%	+8% s	-2% s
I'm enthusiastic about my job.	**2018**	**3,098**	**284**		**73%**		+0%
	2016	2,477	61		69%	+4% s	+1%
	2013	2,634	90		62%	+7% s	-0%

Always | Often | Sometimes | Rarely | Never

7.1 Values - Rated Results (continued)

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I would recommend my organisation as a place to work.	**2018**	**3,113**	**269**		**64%**		-2%
	2016	2,396	142		62%	+2%	+1%
	2013	2,704	20		47%	+15% s	-1%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.	**2018**	**3,111**	**271**		**79%**		+5% s
	2016	2,393	145		71%	+7% s	+3% s
	2013	2,704	20		55%	+17% s	+2% s
I am proud to tell people I work for my organisation.	**2018**	**3,110**	**272**		**75%**		+3% s
	2016	2,398	140		69%	+6% s	+3% s
	2013	2,705	19		53%	+16% s	+1%
Care of patients / service users is my organisation's top priority.	**2018**	**3,107**	**275**		**79%**		+4% s
	2016	2,383	155		75%	+4% s	+1%
	2013	2,604	120		62%	+13% s	+3% s
I feel that my role makes a difference to patients / service users.	**2018**	**3,117**	**265**		**89%**		+1%
	2016	2,529	9		91%	-2% s	+3% s
	2013	2,709	15		84%	+7% s	+1%

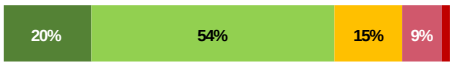
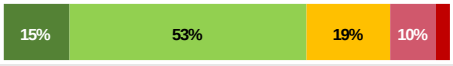
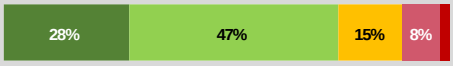
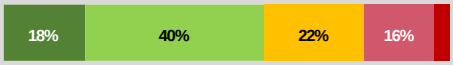
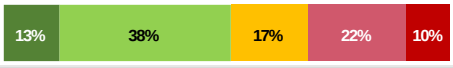
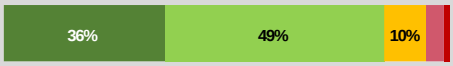
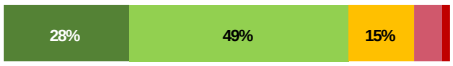
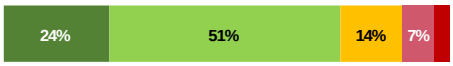
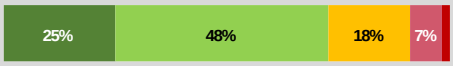
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

7.2 Values - Variation Charts

8 Team Working

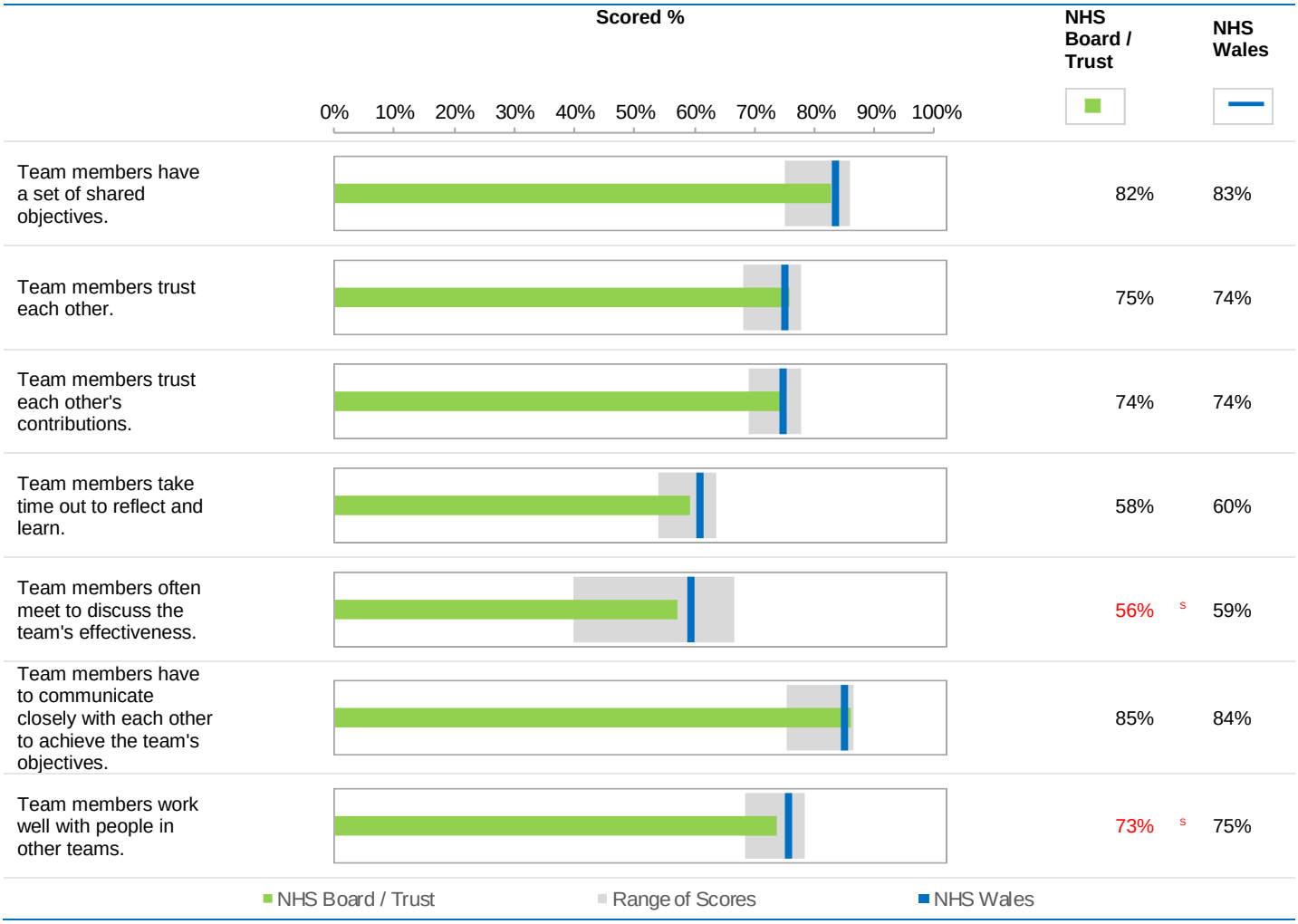
Most of the scores on team working are slightly below the overall NHS Wales scores. There are only three scores which are comparable to 2016: all of these have significantly improved.

8.1 Team Working – Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
Team members have a set of shared objectives.	**2018**	**3,191**	**191**		**82%**		-1%
	2016	2,256	282		74%	+8% s	-0%
	2013	2,469	255		68%	+6% s	-1%
Team members trust each other.	**2018**	**3,193**	**189**		**75%**		+1%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
Team members trust each other's contributions.	**2018**	**3,188**	**194**		**74%**		+0%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
Team members take time out to reflect and learn.	**2018**	**3,186**	**196**		**58%**		-2%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
Team members often meet to discuss the team's effectiveness.	**2018**	**3,182**	**200**		**56%**		-2% s
	2016	2,258	280		53%	+3% s	-3% s
	2013	2,468	256		51%	+3% s	+0%
Team members have to communicate closely with each other to achieve the team's objectives.	**2018**	**3,183**	**199**		**85%**		+1%
	2016	2,257	281		77%	+8% s	+0%
	2013	2,468	256		75%	+2% s	+2%
Team members work well with people in other teams.	**2018**	**3,192**	**190**		**73%**		-2% s
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

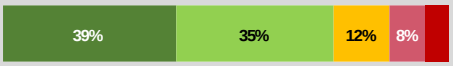
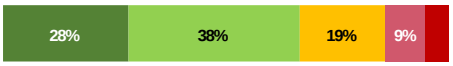
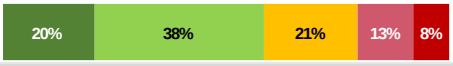
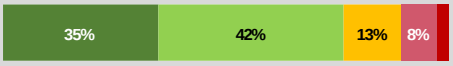
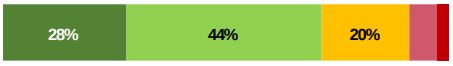
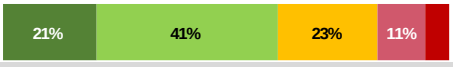
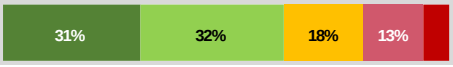
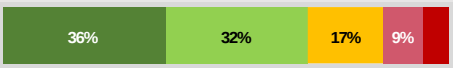
8.2 Team Working - Variation Charts



9 Line Managers

All scores on line managers have shown an improvement since 2016, but most scores are still slightly below the average for NHS Wales. The scores on line managers being approachable about flexible working and on giving clear feedback are both significantly improved (up 8% and 11% respectively).

9.1 Line Managers - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I can approach my line manager to talk openly about flexible working.	**2018**	**3,340**	**42**		**74%**		-2% s
	2016	2,458	80		66%	+8% s	-1%
	2013	2,702	22		59%	+8% s	-2% s
My line manager makes clear what is expected of me.	**2018**	**3,335**	**47**		**76%**		-0%
	2016	2,451	87		71%	+5% s	+1%
	2013	2,696	28		61%	+10% s	-1%
My line manager gives me clear feedback on my work.	**2018**	**3,328**	**54**		**63%**		-2% s
	2016	2,447	91		52%	+11% s	-1%
	2013	2,696	28		42%	+10% s	-2%
My line manager takes a positive interest in my health and wellbeing.	**2018**	**3,332**	**50**		**68%**		-2% s
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-
My line manager appreciates the pressure I come under in my job.	**2018**	**3,332**	**50**		**67%**		-1%
	2016	2,450	88		64%	+3% s	-1%
	2013	2,699	25		57%	+7% s	-1%
My line manager is supportive in a personal crisis.	**2018**	**3,323**	**59**		**76%**		-2% s
	2016	2,443	95		75%	+1%	-1%
	2013	2,697	27		71%	+4% s	-1%

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

9.1 Line Managers - Rated Results (continued)

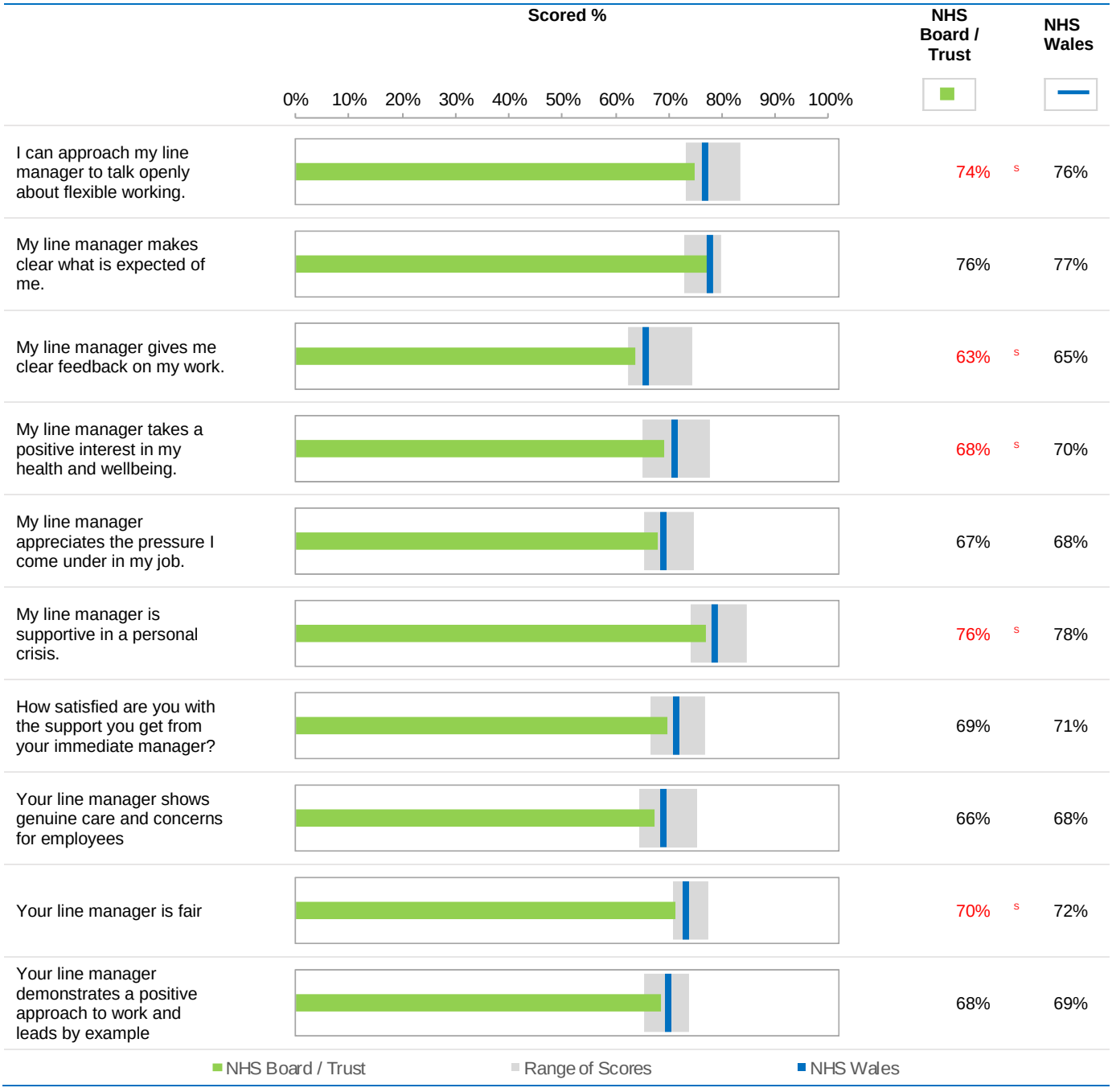
	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
How satisfied are you with the support you get from your immediate manager?	**2018**	**3,327**	**55**	32% 36% 16% 9%	**69%**		-2%
	2016	2,514	24	33% 34% 15% 11% 7%	67%	+2%	-1%
	2013	2,704	20	27% 33% 15% 14% 10%	60%	+6% s	-1%

Very satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very dissatisfied

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
How often would you say your line manager shows genuine care and concerns for employees?	**2018**	**3,334**	**48**	34% 32% 22% 8%	**66%**		-2%
	2016	2,458	80	29% 32% 24% 10%	61%	+6% s	-2%
	2013	2,701	23	23% 31% 27% 12% 7%	54%	+6% s	-1%
How often would you say your line manager is fair?	**2018**	**3,315**	**67**	37% 33% 22%	**70%**		-2% s
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-
How often would you say your line manager demonstrates a positive approach to work and leads by example?	**2018**	**3,325**	**57**	38% 30% 19% 8%	**68%**		-1%
	2016	2,454	84	28% 31% 23% 11% 7%	59%	+9% s	-1%
	2013	2,695	29	20% 31% 27% 12% 9%	51%	+8% s	-1%

Always | Often | Sometimes | Rarely | Never

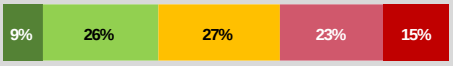
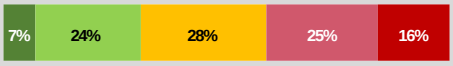
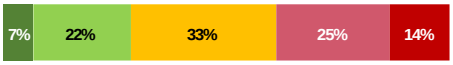
9.2 Line Managers - Variation Charts



10 Senior Managers

There are three questions on senior managers, two of which are comparable to last time. Both of these scores have improved since last time, but one is just below the NHS Wales average, the other equal to the average. The score on whether staff agree that communications between senior managers and staff is effective has increased from 28% to 31%, and is now just below NHS Wales average. The score on staff agreeing that senior managers lead by example has increased significantly – by 6% - and is now equal to the NHS Wales average.

10.1 Senior Managers - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
Senior managers lead by example.	**2018**	**3,334**	**48**		**42%**		+0%
	2016	2,431	107		36%	+6% s	+1%
	2013	2,694	30		27%	+9% s	+1%
Senior managers understand what it is like to work on the front line.	**2018**	**3,334**	**48**		**35%**		-0%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-
Communication between senior managers and staff is effective.	**2018**	**3,331**	**51**		**31%**		-1%
	2016	2,450	88		28%	+2%	-0%
	2013	2,690	34		22%	+6% s	+1%

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

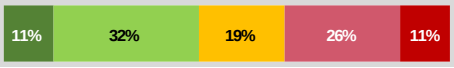
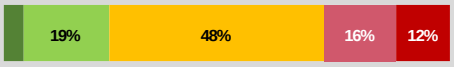
10.2 Senior Managers - Variation Charts

	Scored %	NHS Board / Trust	NHS Wales
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%	■	—
Senior managers lead by example.		42%	42%
Senior managers understand what it is like to work on the front line.		35%	35%
Communication between senior managers and staff is effective.		31%	32%
	■ NHS Board / Trust ■ Range of Scores ■ NHS Wales		

11 Executive Team

The executive team questions are new this year. Two of the scores are equal to the NHS Wales average, and one is above. 44% of staff say they know who the executive team are. Only 24% of staff say that they agree that the executive team will act on the results of this survey; which is equal to the NHS Wales average.

11.1 Executive Team - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I know who the Executive Team are.	**2018**	**3,296**	**86**		**44%**		+0%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-
The Executive Team have a clear vision of where the organisation is going	**2018**	**3,285**	**97**		**36%**		+2%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-
The Executive Team will act on the results of this survey.	**2018**	**3,287**	**95**		**24%**		-0%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

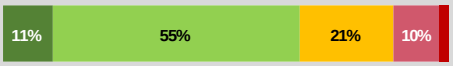
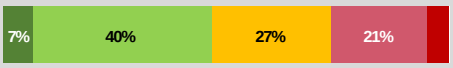
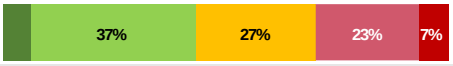
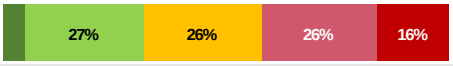
11.2 Executive Team - Variation Charts

	Scored %	NHS Board / Trust	NHS Wales
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
I know who the Executive Team are.		44%	43%
The Executive Team have a clear vision of where the organisation is going.		36% s	34%
The Executive Team will act on the results of this survey.		24%	24%

12 Communication

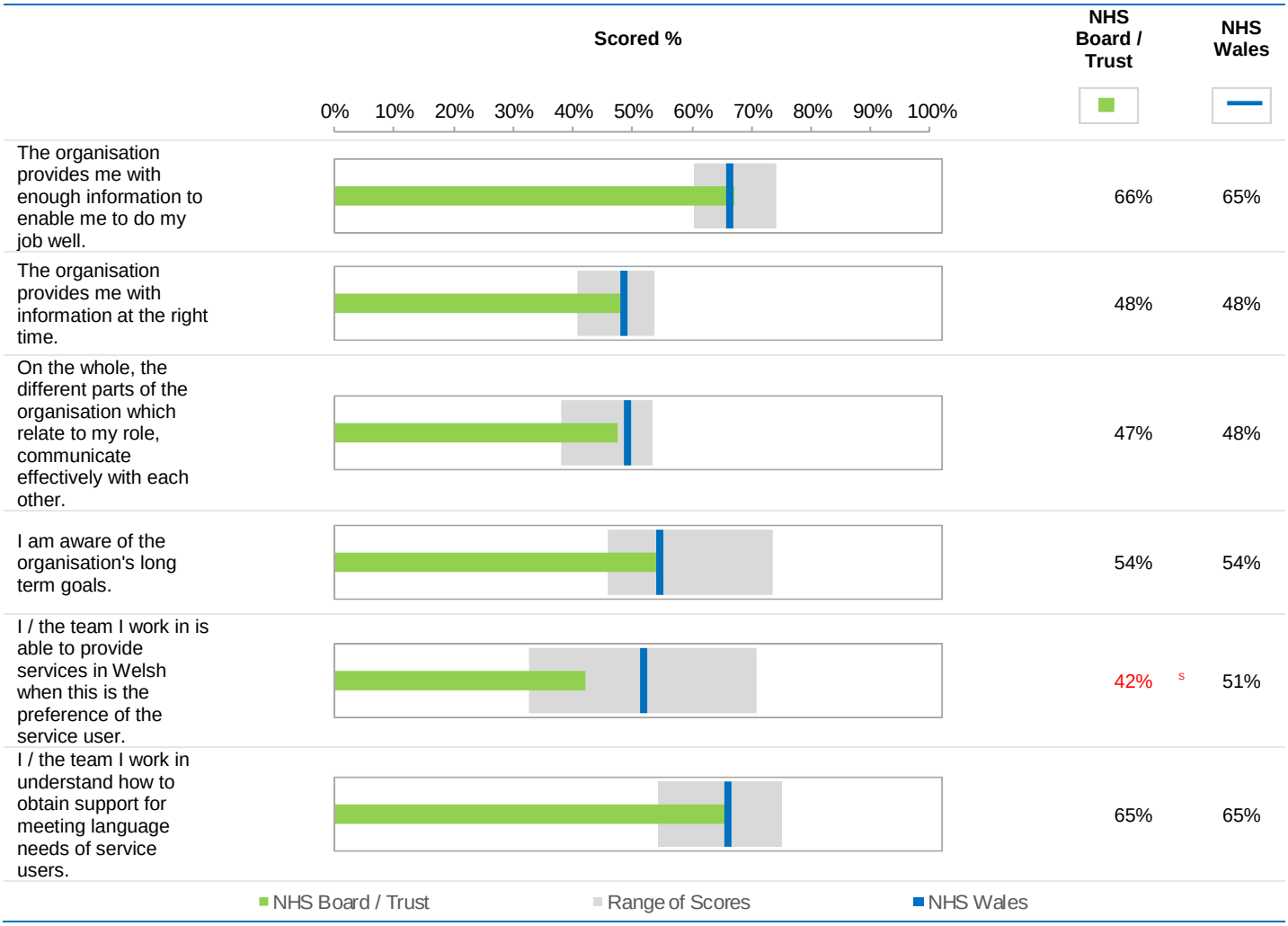
One of the communication questions score above the NHS Wales average; but the rest are below average. However, all scores have improved since 2016, three significantly. 66% of staff (up from 59% last time) say that the organisation provides them with enough information to do their job well. 65% of staff say they know how to get support to meet the language needs of service users – up 4% since the last survey.

12.1 Communication - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
The organisation provides me with enough information to enable me to do my job well.	**2018**	**3,326**	**56**		**66%**		+1%
	2016	2,423	115		59%	+7% s	+1%
	2013	2,686	38		50%	+10% s	+1%
The organisation provides me with information at the right time.	**2018**	**3,319**	**63**		**48%**		-0%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
On the whole, the different parts of the organisation which relate to my role, communicate effectively with each other.	**2018**	**3,321**	**61**		**47%**		-2%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
I am aware of the organisation's long term goals.	**2018**	**3,317**	**65**		**54%**		+0%
	2016	2,419	119		50%	+4% s	-0%
	2013	2,685	39		43%	+7% s	+2%
I / the team I work in is able to provide services in Welsh when this is the preference of the service user.	**2018**	**3,308**	**74**		**42%**		-10% s
	2016	2,407	131		39%	+2%	-9% s
	2013	2,674	50		32%	+8% s	-10% s
I / the team I work in understand how to obtain support for meeting language needs of service users.	**2018**	**3,307**	**75**		**65%**		-1%
	2016	2,405	133		60%	+4% s	-1%
	2013	2,679	45		55%	+5% s	+2% s

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

12.2 Communication - Variation Charts



13 Staff Wellbeing

Many scores on staff well-being have declined since 2016. 18% of staff say that they have experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues – up from 16% in 2016. Only around half of staff (48%) say that their organisation takes effective action as a result of staff experiencing this. Levels of work-related stress have significantly worsened: 34% of staff say that they have been injured or felt unwell as a result of work-related stress during the past 12 months – up from 28% in 2016.

13.1 Staff Wellbeing - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
To what extent do you agree or disagree that your job gives you a feeling of belonging?	**2018**	**3,328**	**54**	19% 49% 19% 11%	**67%**		-1%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
To what extent do you agree or disagree that your job gives you a feeling of purpose?	**2018**	**3,324**	**58**	26% 54% 12%	**79%**		+0%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
To what extent do you agree or disagree that your job gives you a feeling of achievement?	**2018**	**3,317**	**65**	22% 47% 17% 10%	**69%**		-1%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
To what extent do you agree or disagree that your job gives you a feeling of opportunity?	**2018**	**3,325**	**57**	15% 36% 23% 18% 9%	**51%**		-2%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
To what extent do you agree or disagree that your job gives you a feeling of fulfilment?	**2018**	**3,319**	**63**	18% 44% 21% 12%	**62%**		+1%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
To what extent do you agree or disagree that your job gives you a feeling of progress?	**2018**	**3,314**	**68**	13% 35% 25% 18% 10%	**48%**		-1%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
To what extent do you agree or disagree that your job gives you a feeling of job satisfaction?	**2018**	**3,321**	**61**	19% 47% 19% 11%	**66%**		-0%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
To what extent do you agree or disagree that your job gives you a feeling of happiness?	**2018**	**3,316**	**66**	15% 41% 25% 13%	**56%**		-0%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
In the last three months have you ever come to work despite not feeling well enough to perform your duties?	**2018**	**3,318**	**64**	37% 63%	**63%**		-0%
	2016	2,390	148	43% 57%	57%	+7% s	-1%
	2013	2,709	15	29% 71%	71%	-15% s	+0%
Have you felt pressure from your manager to come to work?	**2018**	**2,095**	**1,287**	75% 25%	**25%**		+2% s
	2016	1,338	1,200	69% 31%	31%	-6% s	+1%
	2013	1,916	808	61% 39%	39%	-8% s	-0%
Have you felt pressure from your colleagues to come to work?	**2018**	**2,097**	**1,285**	80% 20%	**20%**		+3% s
	2016	1,342	1,196	77% 23%	23%	-3%	+2%
	2013	1,906	818	71% 29%	29%	-7% s	+3% s

No | Yes

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
My organisation is committed to helping staff balance their work and home life.	**2018**	**3,306**	**76**	10% 40% 28% 16% 7%	**50%**		+1%
	2016	2,382	156	12% 32% 33% 15%	45%	+5% s	+2%
	2013	2,590	134	7% 30% 34% 21% 8%	38%	+7% s	+5% s

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
During the last 12 months have you been injured or felt unwell as a result of work related stress?	**2018**	**3,310**	**72**	66% / 34%	**34%**		+0%
	2016	2,398	140	72% / 28%	28%	+6% s	-0%
	2013	2,656	68	65% / 35%	35%	-7% s	+2%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?	**2018**	**3,289**	**93**	78% / 22%	**22%**		+2% s
	2016	2,390	148	80% / 20%	20%	+2% s	+3% s
	2013	2,687	37	81% / 19%	19%	+1%	+1%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from managers / line managers / team leaders or other colleagues?	**2018**	**3,290**	**92**	82% / 18%	**18%**		+0%
	2016	2,395	143	84% / 16%	16%	+3% s	+0%
	2013	2,680	44	79% / 21%	21%	-5% s	+2% s

No / Yes

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
If you were to experience harassment, bullying or abuse at work, would you know how to report it?	**2018**	**3,301**	**81**	49% / 45%	**94%**		+1%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-

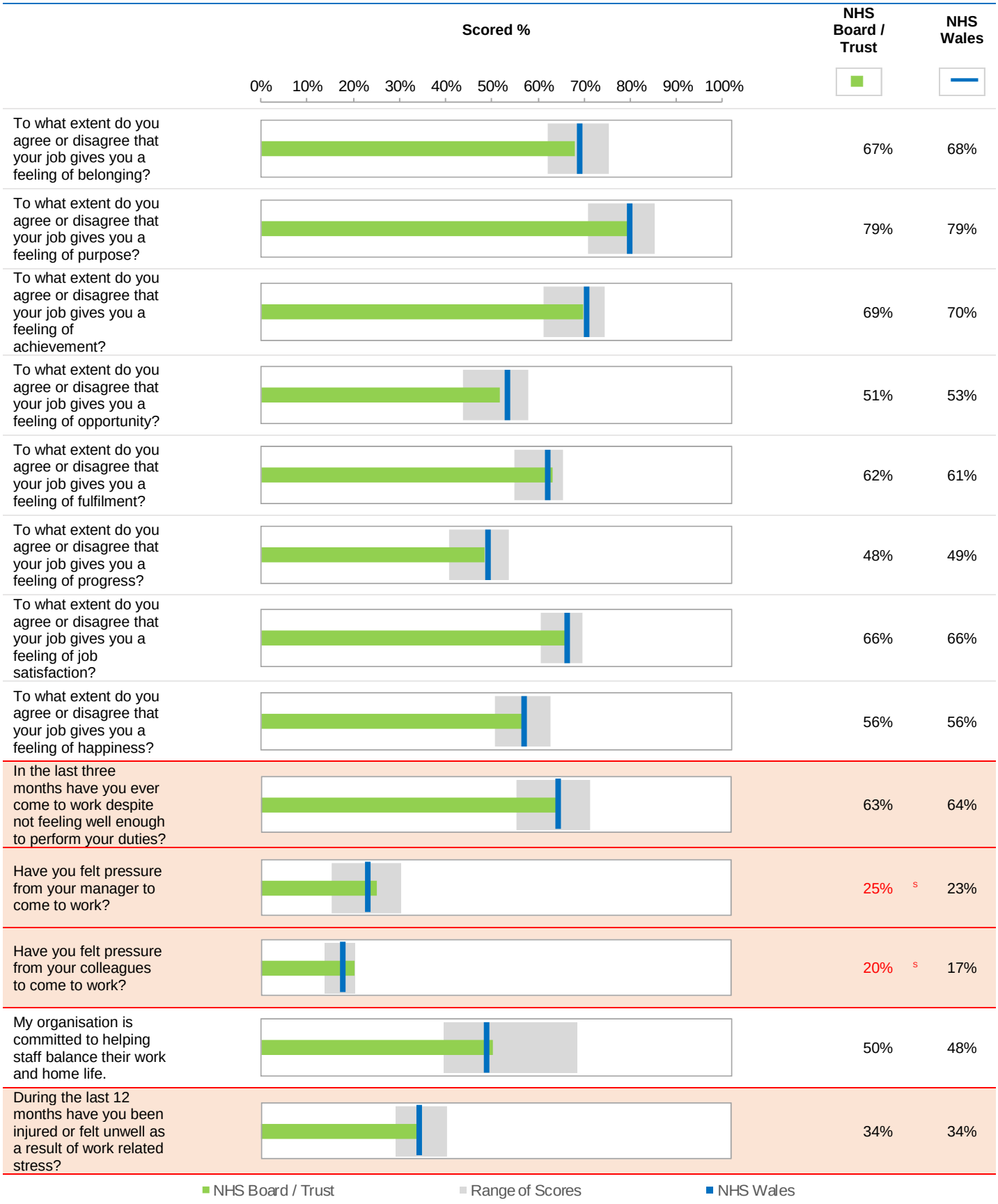
Yes, definitely / Yes, to some extent / No

13.1 Staff Wellbeing - Rated Results (continued)

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
My organisation takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public.	**2018**	**3,306**	**76**		**56%**	-	+3% s
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-
My organisation takes effective action if staff are bullied, harassed or abused by other members of staff.	**2018**	**3,309**	**73**		**48%**	-	+1%
	2016	-	-	No comparable data to previous years	-	-	-
	2013	-	-	No comparable data to previous years	-	-	-

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

13.2 Staff Wellbeing - Variation Charts



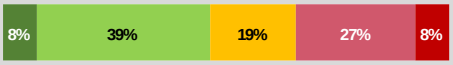
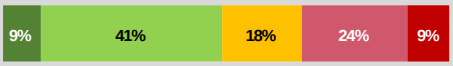
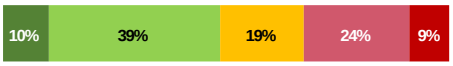
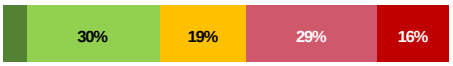
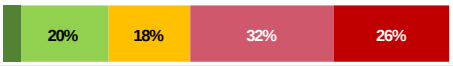
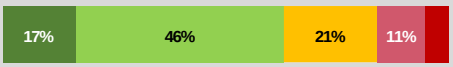
13.2 Staff Wellbeing - Variation Charts (continued)

	Scored %	NHS Board / Trust		NHS Wales
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%			
In the last 12 months have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?		22%	s	21%
In the last 12 months have you personally experienced harassment, bullying or abuse at work from managers / line managers / team leaders or other colleagues?		18%		18%
If you were to experience harassment, bullying or abuse at work, would you know how to report it?		94%		94%
My organisation takes effective action if staff are bullied, harassed or abused by patients / service users, their relatives or other members of the public.		56%	s	53%
My organisation takes effective action if staff are bullied, harassed or abused by other members of staff.		48%		47%
	NHS Board / Trust Range of Scores NHS Wales			

14 Resources

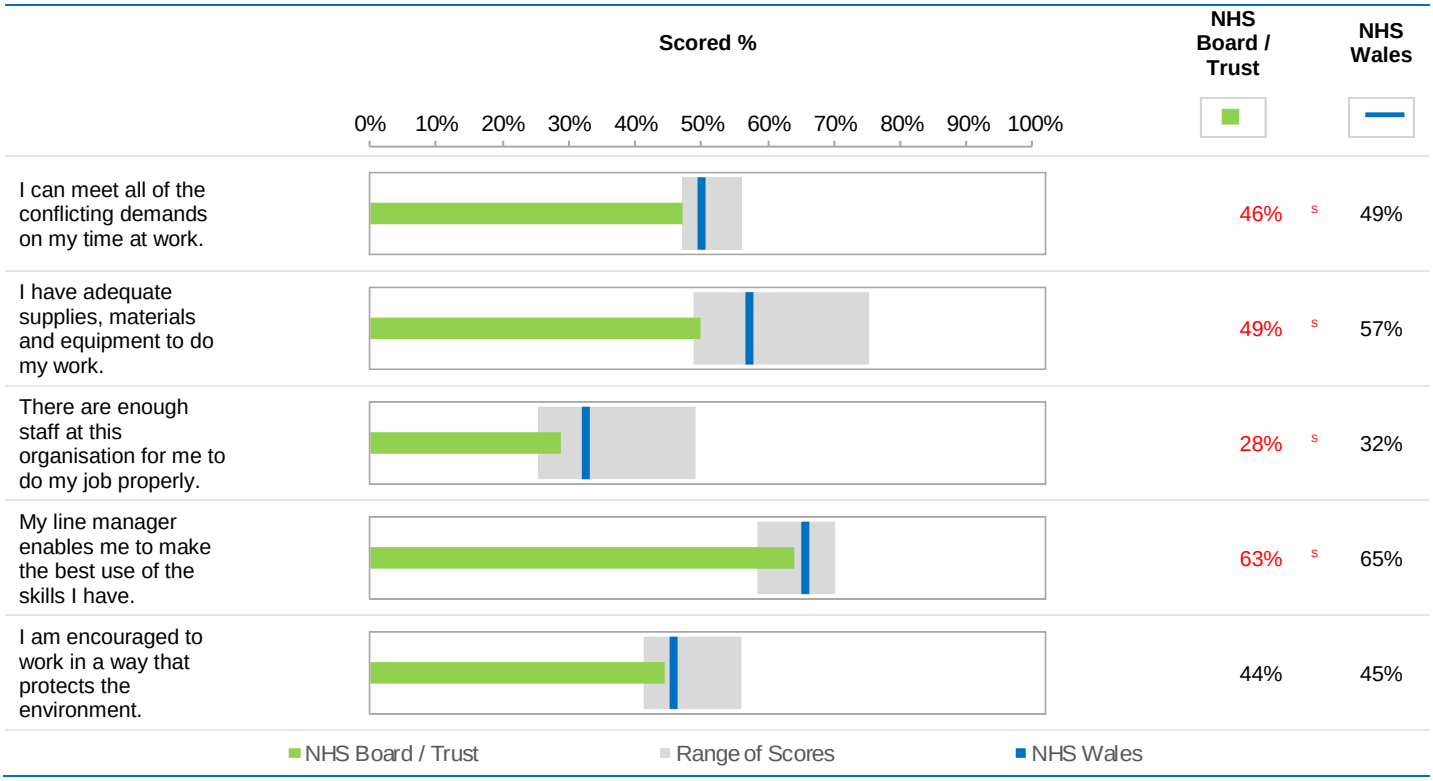
All comparable questions in the resources section have shown an improvement. 46% of staff say that they can meet all of the conflicting demands on their time at work – up significantly from 25% in 2016. However, 49% say that they have adequate supplies, materials and equipment to do their job, 7% below the average for NHS Wales.

14.1 Resources - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I can meet all of the conflicting demands on my time at work.	**2018**	**3,306**	**76**		**46%**		-3% s
	2016	2,494	44		25%	+21% s	-0%
	2013	2,710	14		24%	+1%	-2% s
I have adequate supplies, materials and equipment to do my work.	**2018**	**3,305**	**77**		**49%**		-7% s
	2016	2,512	26		49%	+1%	-8% s
	2013	2,709	15		35%	+13% s	-8% s
There are enough staff at this organisation for me to do my job properly.	**2018**	**3,306**	**76**		**28%**		-4% s
	2016	2,510	28		27%	+2%	-4% s
	2013	2,711	13		24%	+3% s	-2% s
My line manager enables me to make the best use of the skills I have.	**2018**	**3,303**	**79**		**63%**		-2% s
	2016	2,453	85		60%	+3% s	-1%
	2013	2,698	26		53%	+8% s	-1%
I am encouraged to work in a way that protects the environment.	**2018**	**3,302**	**80**		**44%**		-2%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

14.2 Resources - Variation Charts



15 Change in the Organisation

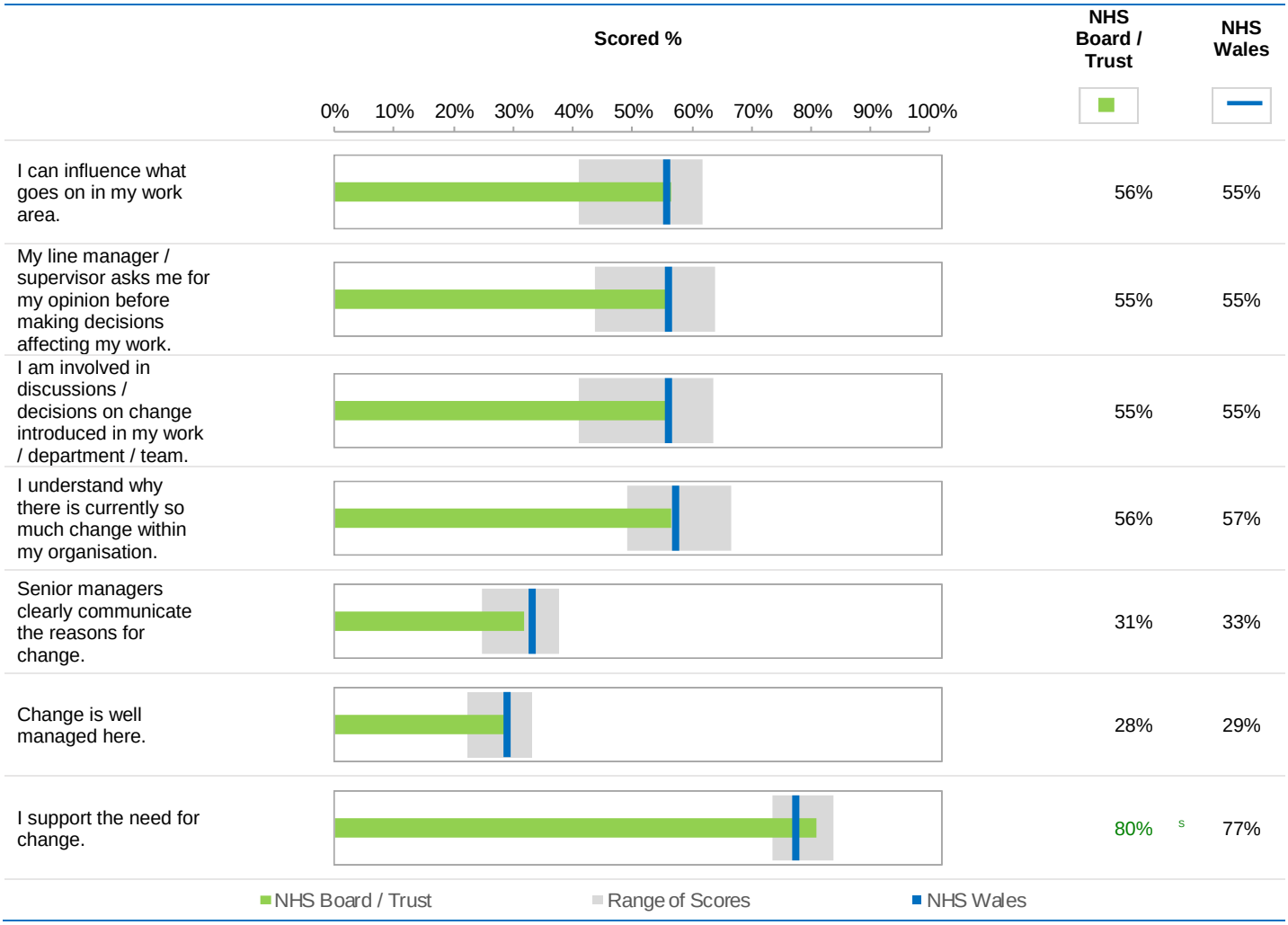
All but two scores on staff's attitude to change in their organisation have improved since 2016 but are all mostly around average when compared to the NHS Wales scores. 80% of staff say they support the need for change, but only 28% say that change is well managed and 31% say that senior managers clearly communicate the reasons for change.

15.1 Change in the Organisation - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I can influence what goes on in my work area.	**2018**	**3,303**	**79**	12% 43% 22% 16%	**56%**		+1%
	2016	2,437	101	10% 35% 27% 21% 7%	45%	+11% s	-2%
	2013	2,617	107	8% 35% 25% 22% 10%	43%	+2% s	+3% s
My line manager / supervisor asks me for my opinion before making decisions affecting my work.	**2018**	**3,299**	**83**	16% 39% 20% 16% 9%	**55%**		-1%
	2016	2,436	102	10% 36% 26% 20% 9%	45%	+10% s	-4% s
	2013	2,620	104	8% 35% 22% 23% 11%	44%	+1%	+1%
I am involved in discussions / decisions on change introduced in my work / department / team.	**2018**	**3,294**	**88**	15% 40% 19% 17% 8%	**55%**		-0%
	2016	2,442	96	10% 35% 26% 21% 8%	46%	+9% s	-3% s
	2013	2,616	108	9% 38% 24% 21% 9%	47%	-1%	+2% s
I understand why there is currently so much change within my organisation.	**2018**	**3,296**	**86**	13% 43% 26% 13%	**56%**		-1%
	2016	2,432	106	11% 39% 31% 14%	50%	+6% s	-3% s
	2013	2,617	107	11% 47% 22% 13% 7%	58%	-8% s	+6% s
Senior managers clearly communicate the reasons for change.	**2018**	**3,294**	**88**	26% 30% 25% 14%	**31%**		-1%
	2016	2,435	103	8% 28% 33% 21% 10%	36%	-5% s	+0%
	2013	2,695	29	24% 33% 24% 13%	30%	+7% s	+1%
Change is well managed here.	**2018**	**3,294**	**88**	23% 33% 25% 14%	**28%**		-0%
	2016	2,432	106	24% 35% 24% 11%	29%	-1%	-0%
	2013	2,617	107	15% 34% 31% 17%	19%	+11% s	-2% s
I support the need for change.	**2018**	**3,299**	**83**	26% 54% 17%	**80%**		+3% s
	2016	2,426	112	24% 50% 21%	74%	+6% s	+0%
	2013	2,621	103	20% 51% 23%	71%	+4% s	+8% s

Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree

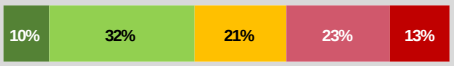
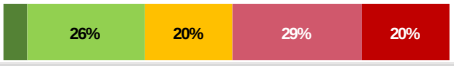
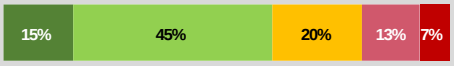
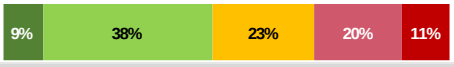
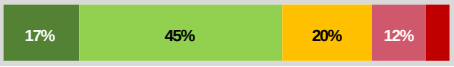
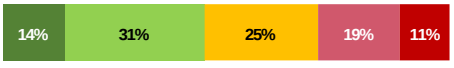
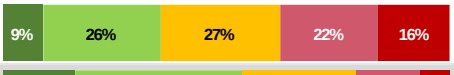
15.2 Change in the Organisation - Variation Charts



16 Learning and Development

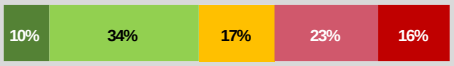
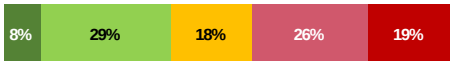
Almost all of the scores on learning and development have seen further improvement since 2016, and only one has declined. 50% (up from 45% in 2016) say there is still strong support for training in their area of work. 82% of staff say that they had a performance appraisal/review in the last 12 months, up significantly from 75% in 2016.

16.1 Learning and Development - Rated Results

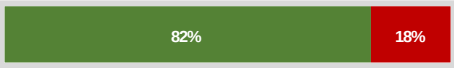
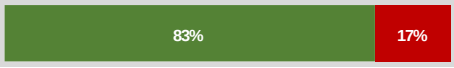
	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
There are opportunities for me to progress in my job.	**2018**	**3,296**	**86**		**43%**		-0%
	2016	2,417	121		41%	+1%	-1%
	2013	2,705	19		32%	+9% s	+1%
I am supported to keep up to date with developments in my field.	**2018**	**3,295**	**87**		**60%**		-2% s
	2016	2,416	122		55%	+5% s	-3% s
	2013	2,706	18		47%	+8% s	-0%
I am encouraged to develop my own expertise.	**2018**	**3,285**	**97**		**63%**		-1%
	2016	2,414	124		57%	+6% s	-2%
	2013	2,702	22		50%	+7% s	+1%
There is still strong support for training in my area of work.	**2018**	**3,279**	**103**		**50%**		-3% s
	2016	2,410	128		45%	+5% s	-4% s
	2013	2,704	20		35%	+10% s	-1%
My line manager encourages me to continuously develop new skills.	**2018**	**3,288**	**94**		**53%**		-3% s
	2016	2,455	83		57%	-4% s	-2%
	2013	2,698	26		50%	+7% s	+0%
I am able to access the right learning and development materials when I need to.	**2018**	**3,287**	**95**		**51%**		-3% s
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-
My training, learning and development has helped me to do my job better.	**2018**	**3,293**	**89**		**69%**		+1%
	2016	2,400	138		64%	+5% s	-0%
	2013	2,704	20		56%	+8% s	-2%

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

16.1 Learning and Development - Rated Results (continued)

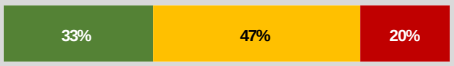
	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
It has helped me stay up to date with my job and professional requirements.	**2018**	**3,286**	**96**		**72%**		+2% s
	2016	2,393	145		67%	+5% s	-1%
	2013	-	-	*No comparable data to previous years*	-	-	-
I have sufficient time at work to complete any statutory and mandatory training.	**2018**	**3,295**	**87**		**44%**		+0%
	2016	2,399	139		38%	+6% s	-3% s
	2013	-	-	*No comparable data to previous years*	-	-	-

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
In the last 12 months, have you had a Personal Appraisal and Development Review (PADR)?	**2018**	**3,290**	**92**		**82%**		-1%
	2016	2,335	203		75%	+7% s	+0%
	2013	2,699	25		68%	+6% s	+13% s
Did the appraisal / review help you to improve how you do your job?	**2018**	**2,674**	**708**		**53%**		-1%
	2016	1,725	813		54%	-0%	+0%
	2013	1,833	891		44%	+9% s	-3% s
Did the appraisal / review help you agree on clear objectives for your work?	**2018**	**2,675**	**707**		**83%**		+2% s
	2016	1,723	815		79%	+4% s	+1%
	2013	1,833	891		72%	+7% s	-2%
Did the appraisal / review leave you feeling that your work is valued by your organisation?	**2018**	**2,654**	**728**		**64%**		-1%
	2016	1,717	821		62%	+2%	-0%
	2013	1,830	894		52%	+10% s	-3% s

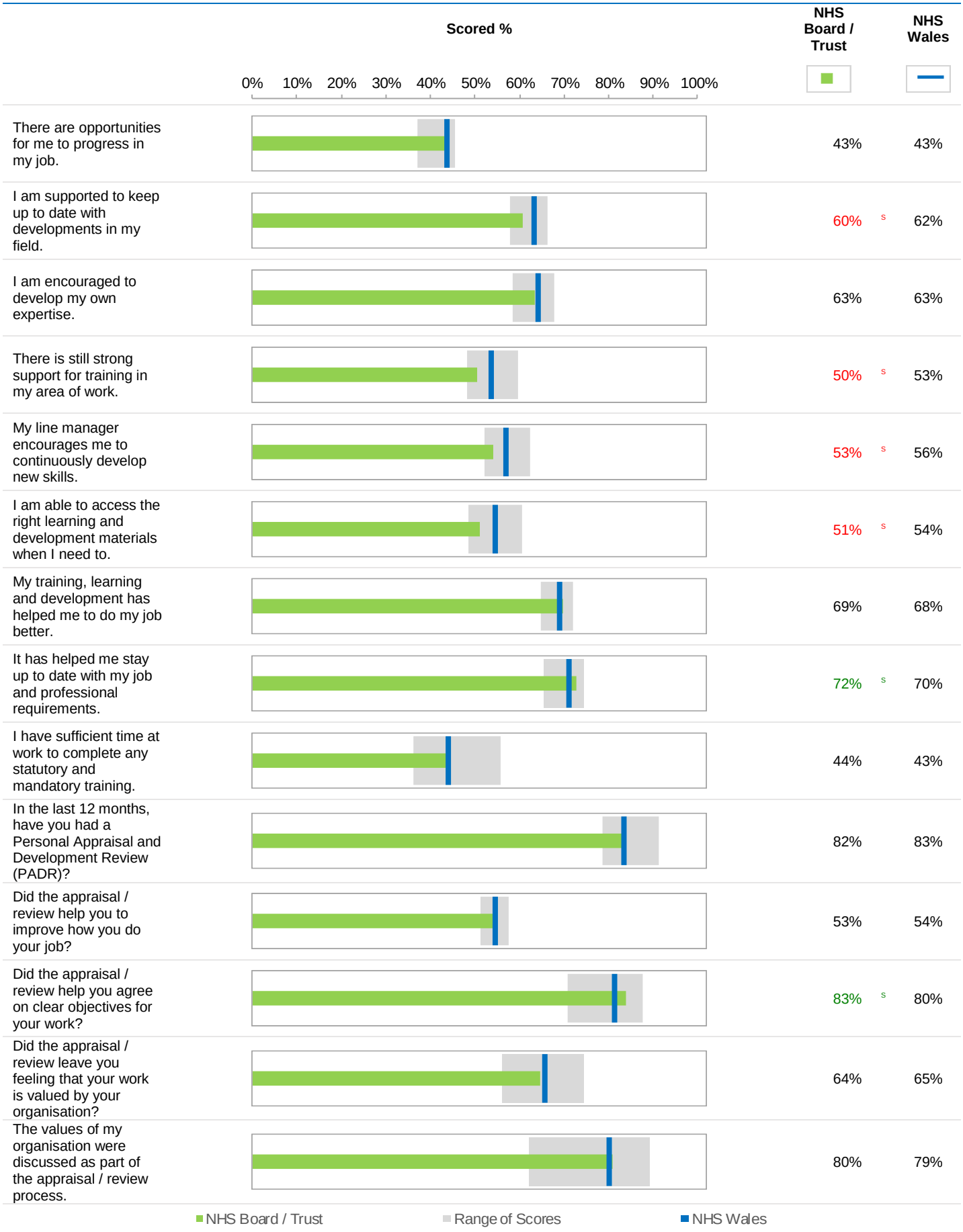
Yes No

16.1 Learning and Development - Rated Results (continued)

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
The values of my organisation were discussed as part of the appraisal / review process.	**2018**	**2,677**	**705**		**80%**		+1%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-

Yes, definitely Yes, to some extent No

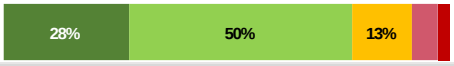
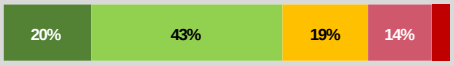
16.2 Learning and Development - Variation Charts



17 Diversity

There are two scores on Diversity within the survey. The score on staff saying that the people who they work with treat them respect has improved significantly since 2016 – up from 74% to 81%.

17.1 Diversity - Rated Results

	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
The people I work with treat me with respect.	**2018**	**3,297**	**85**		**81%**		-0%
	2016	2,518	20		74%	+7% s	+1%
	2013	2,708	16		78%	-4% s	-1%
I feel comfortable challenging disrespectful behaviour in my team.	**2018**	**3,287**	**95**		**63%**		-1%
	2016	-	-	*No comparable data to previous years*	-	-	-
	2013	-	-	*No comparable data to previous years*	-	-	-

Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

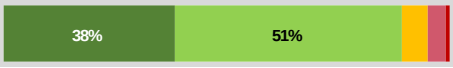
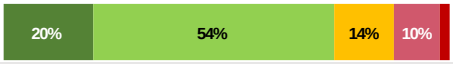
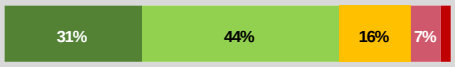
17.2 Diversity - Variation Charts

	Scored %	NHS Board / Trust	NHS Wales
	0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%		
The people I work with treat me with respect.		81%	81%
I feel comfortable challenging disrespectful behaviour in my team.		63%	63%

18 Other

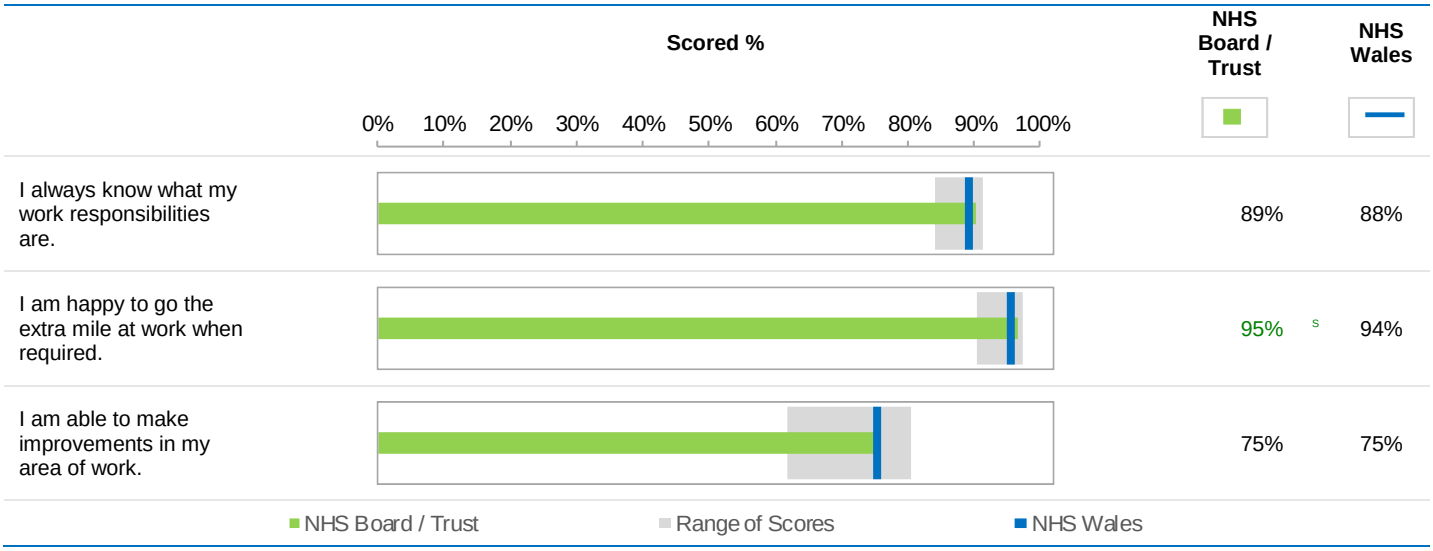
There are three questions in this section. All three of them have seen improvements since the last survey, and they are all close to the NHS Wales average score. Staff saying that they are able to make improvements in their area of work has improved by 15% (up from 60% in 2016, to 75% this year).

18.1 Other - Rated Results

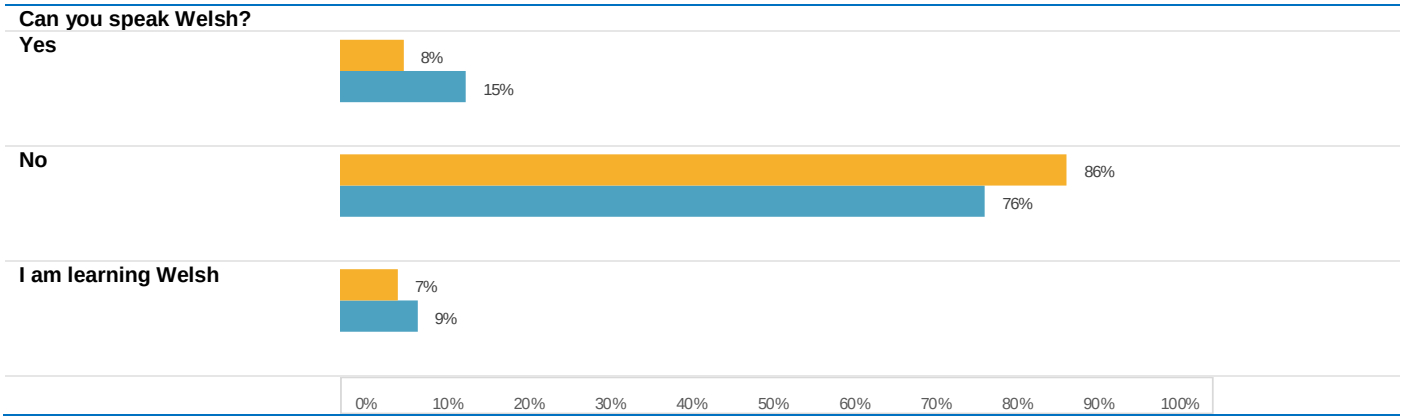
	Year	No of Resp.	Non Resp.		% Positive responses	Year on year change	Diff v NHS Wales
I always know what my work responsibilities are.	**2018**	**3,271**	**111**		**89%**		+1%
	2016	2,520	18		82%	+7% s	+2%
	2013	2,719	5		74%	+8% s	+0%
I am happy to go the extra mile at work when required.	**2018**	**3,263**	**119**		**95%**		+1% s
	2016	2,525	13		89%	+7% s	-1%
	2013	2,713	11		87%	+1% s	+1%
I am able to make improvements in my area of work.	**2018**	**3,259**	**123**		**75%**		+0%
	2016	2,519	19		60%	+15% s	-1%
	2013	2,708	16		56%	+4% s	+1%

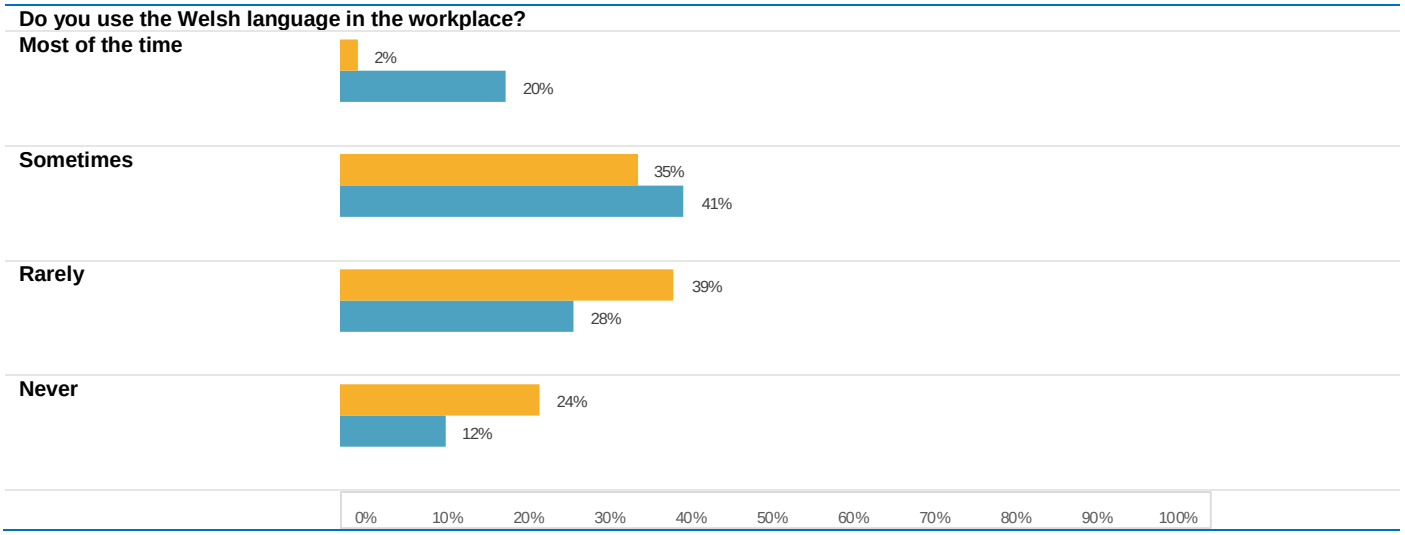
Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

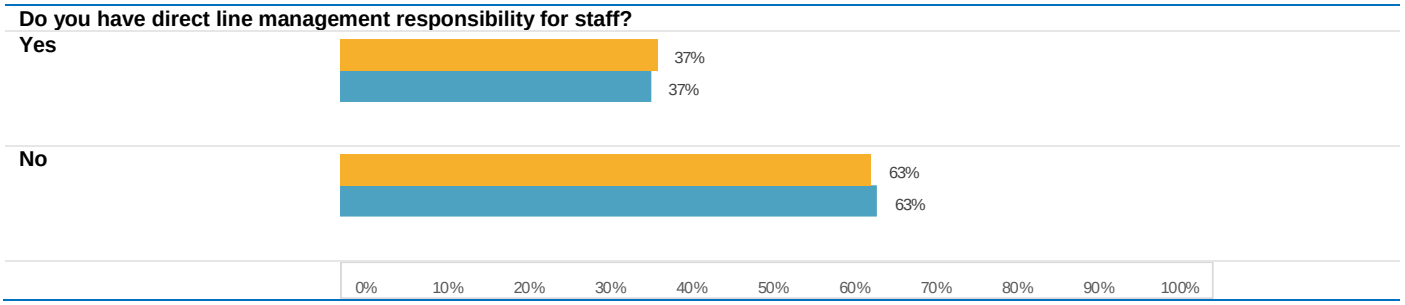
18.2 Other - Variation Charts

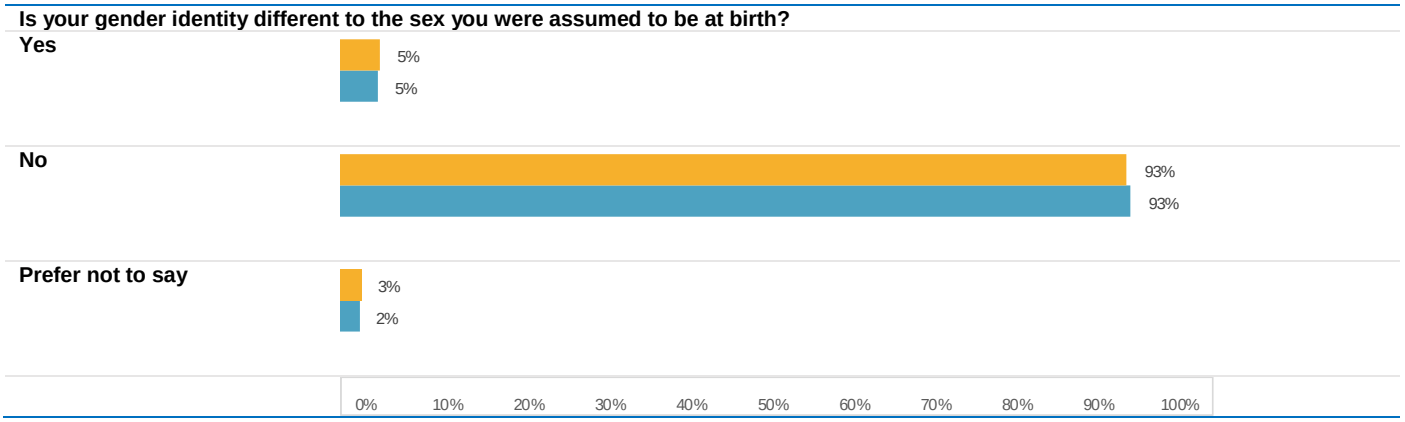


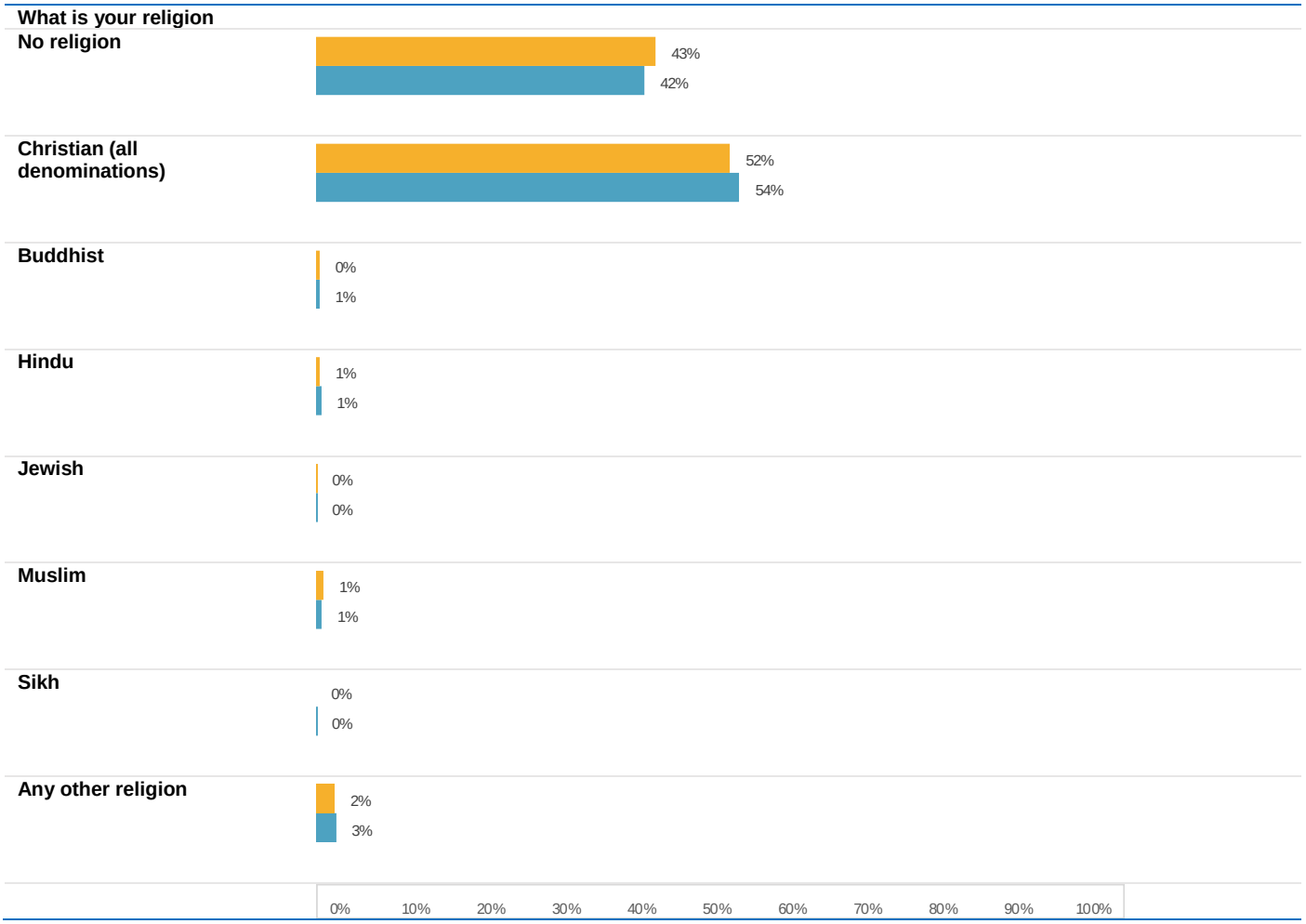
19 Demographics

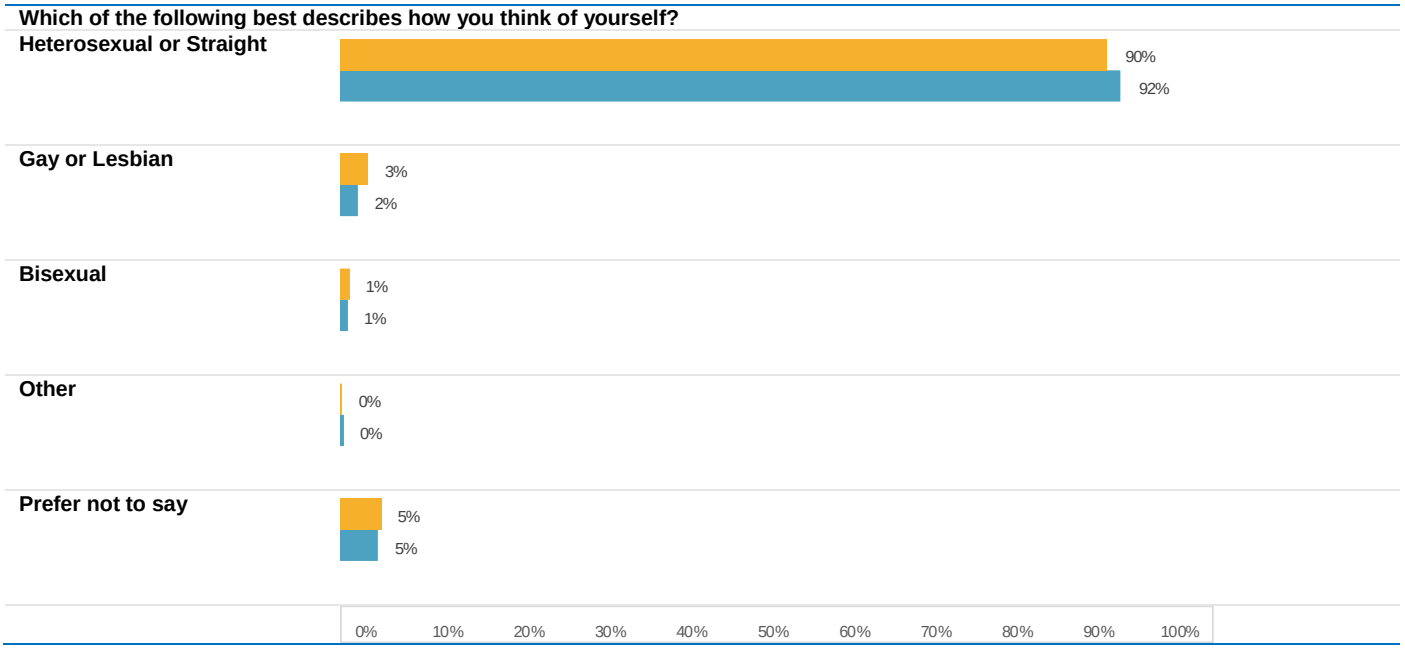




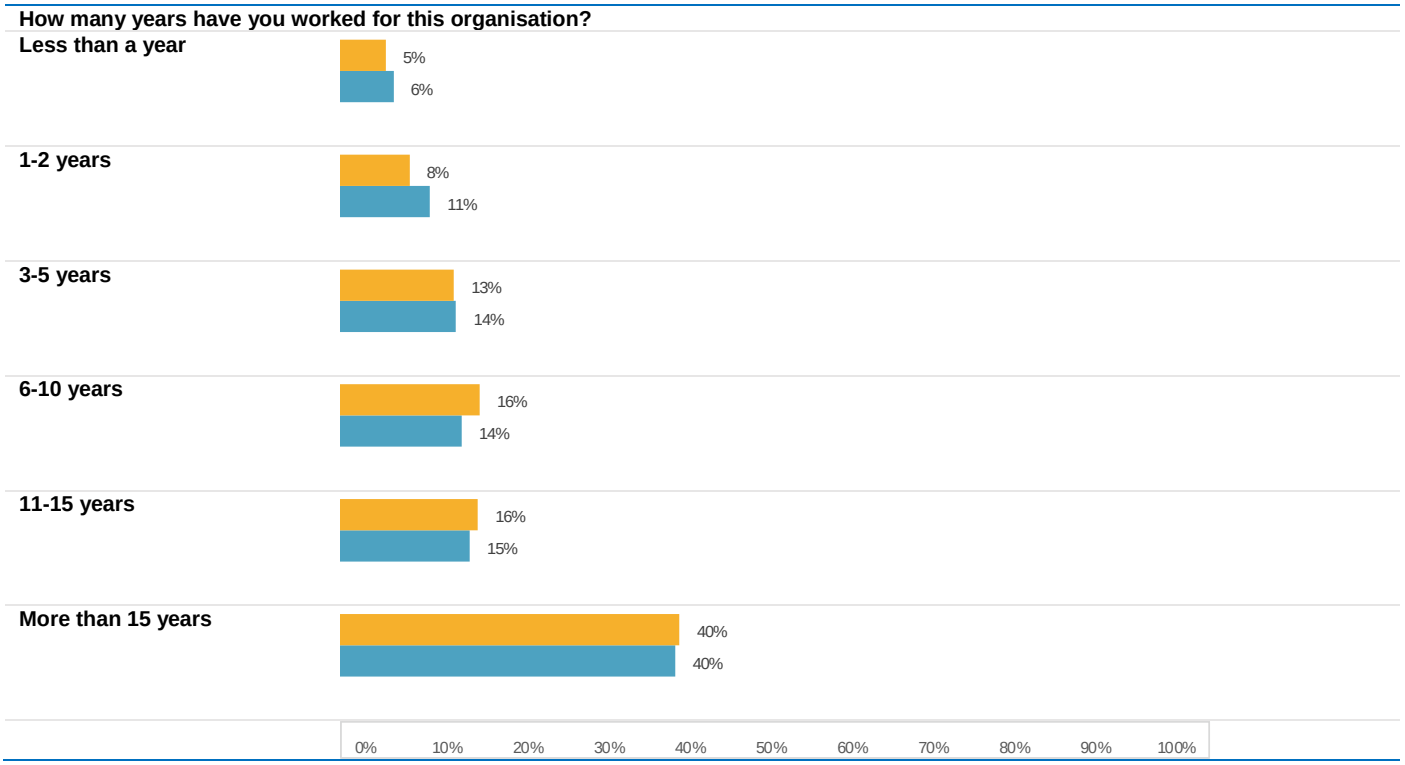


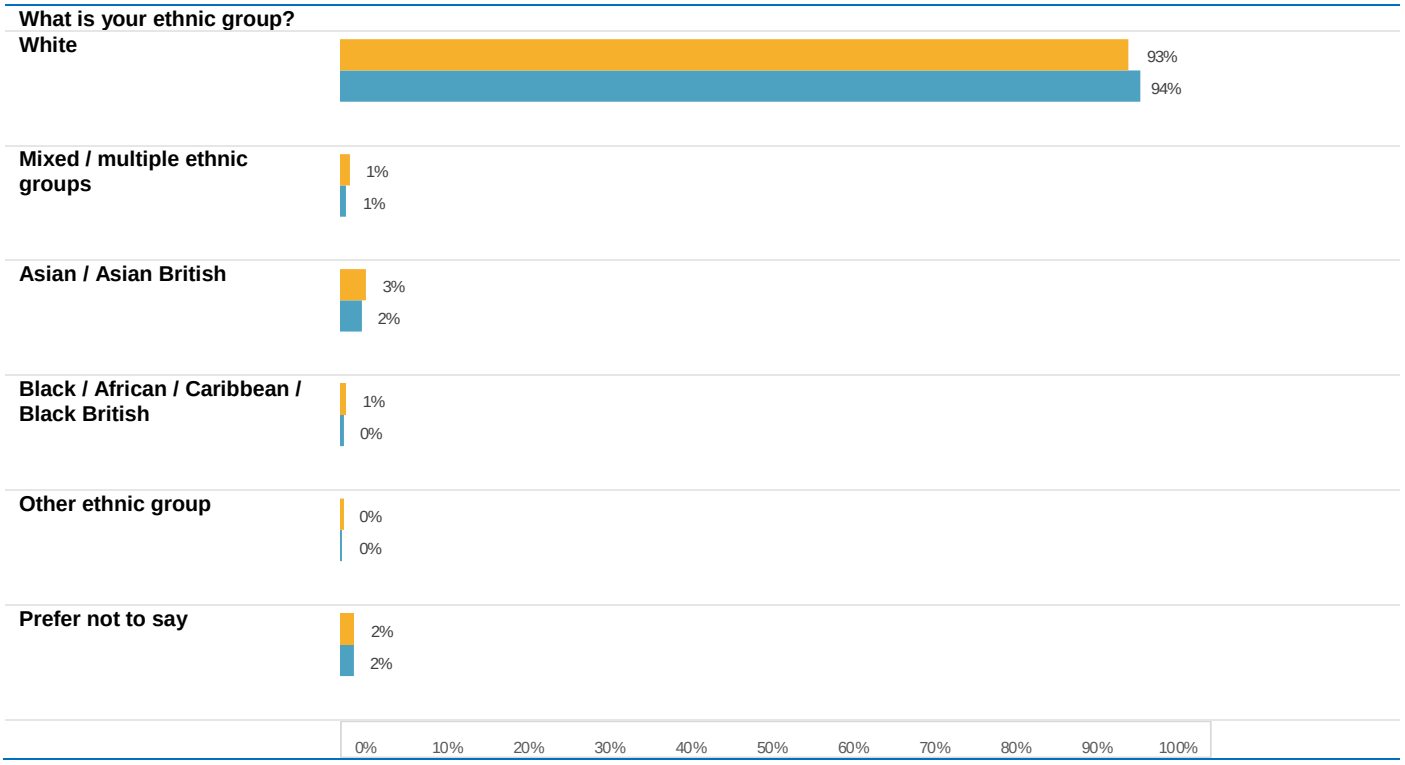


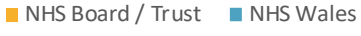




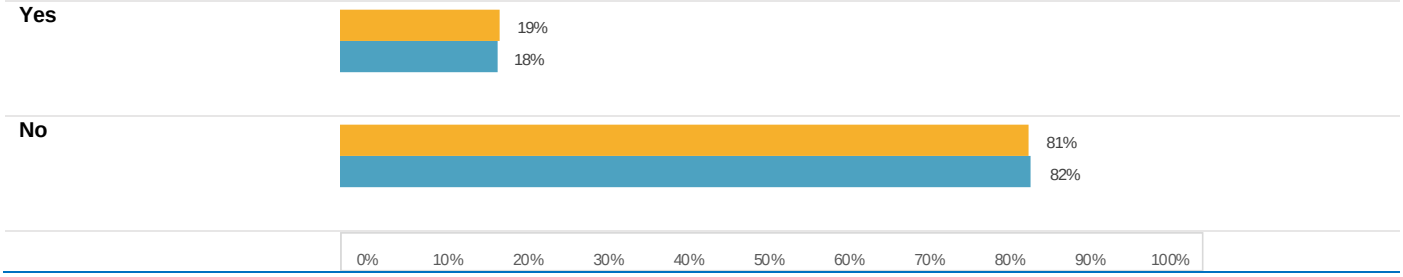
NHS Board / Trust NHS Wales


How many years have you worked for this organisation?
Less than a year
5%
6%
1-2 years
8%
11%
3-5 years
13%
14%
6-10 years
16%
14%
11-15 years
16%
15%
More than 15 years
40%
40%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%

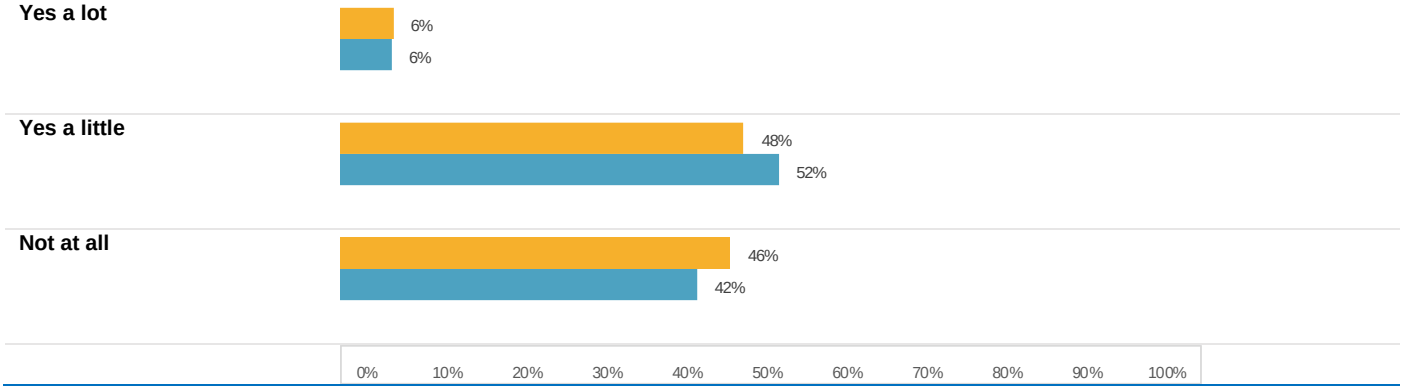

What is your ethnic group?
White
93%
94%
Mixed / multiple ethnic groups
1%
1%
Asian / Asian British
3%
2%
Black / African / Caribbean / Black British
1%
0%
Other ethnic group
0%
0%
Prefer not to say
2%
2%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%


NHS Board / Trust
NHS Wales

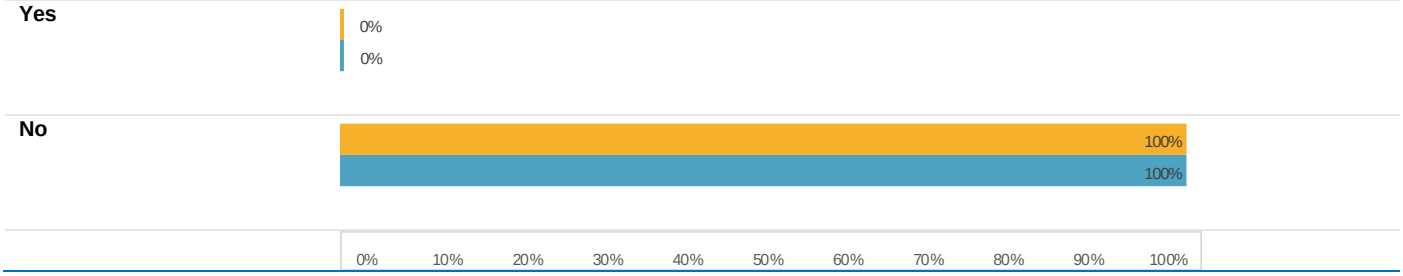
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Does your condition or illness/do any of your conditions or illnesses reduce your ability to carry-out day-to-day activities?



Do you have a recognised ASD diagnosis (Autistic Spectrum Disorder)?



WG TRANSFORMATION BID UPDATE
Name of Meeting: Strategy and Delivery Committee Date of Meeting: 6 November 2018

Executive Lead : Deputy Chief Executive	
Author : Assistant Director of Operations, PCIC	
Caring for People, Keeping People Well : Transformation underpins the sustainability element of the UHB's strategy.	
Financial impact : Not applicable	
Quality, Safety, Patient Experience impact : Transformation is aimed at improving quality, safety and patient experience.	
Health and Care Standard Number	1, 3 and 7
CRAF Reference Number	1.1, 3.1, 5.1, 5.7, 6.7 and 10.1
Equality and Health Impact Assessment Completed: Not Applicable	

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- the current status of the WG transformation proposal bid
- WG planned announcement of funding for the bid

The Board is asked to:

- **NOTE** the progress made on the WG Transformation Bid

SITUATION

This report provides an update to the Strategy and Delivery Committee on the Cardiff and Vale of Glamorgan Regional Partnership Board (RPB) proposal in response to a Healthier Wales.

BACKGROUND

Health and Social Services Cabinet Secretary, Vaughan Gething announced a new £100m fund to support the transformation in delivery of health and social care in Wales in response to the Parliamentary Review of Health and Social Care recommendations. Regional partners were encouraged to submit bids to outline proposals to implement the recommendations of the Review. The Cardiff and Vale Region via the RPB submitted a proposal under the heading *"Me, My Home, My Community",* in August, 2018, which outlined

seven projects totaling £6,947,983, seeking to be funded via the Transformation monies available.

The Transformation Fund covers the period of 2018 – 2020 to pump-prime innovative projects through investment in ensuring that all partners seek to achieve 'seamless' care for our citizens. There is no confirmed funding after March 2020, and the new models need to be sustainable after the transformation project period.

Developing the Cardiff and Vale of Glamorgan Regional Partnership Board proposal has taken a number of months, with input from a wide range of partners. An initial facilitated workshop took place in March to develop and agree the bid principles. A second workshop took place in May to build on the principles developed, and generate specific proposals to implement the parliamentary review recommendations. Seven broad proposals were identified from this workshop.

The Cardiff and Vale of Glamorgan RPB approved the proposal at the end of July, with the bid formally submitted to Welsh Government in early August.

ASSESSMENT

Transformation Proposals

The Cardiff and Vale transformation proposal includes seven projects, these projects have been summarised below:

1. **Delivering an Accelerated Cluster Model (South West Cardiff Cluster)**

This will adapt learning from 'Compassionate Communities' developed in Frome. The proposal will use an asset based community development approaches to understand, and facilitate connections between, the many strengths within people, groups and communities within a Cluster area.

2. **Seamless Social Prescribing (South West Cardiff Cluster)**

Introducing a new branding 'Wellbeing Matters' across all our access points within Cardiff and the Vale of Glamorgan. We will develop a new enhanced single entry point which will be web and telephone based to enable people to search for relevant well-being services or arrange for a 'What Matters' Assessment to be undertaken.Increasing the digital platform for access using innovative technology solutions.

3. **Developing a Single Point of Access for GP Triage (Eastern Vale Cluster)**

Addressing GMS sustainability issues through the development of an effective GP triage service based within the 'Wellbeing Matters' service currently Single

Point of Access. This builds upon the current model of access to integrated health and social care services, by extending the service to GP practices. Citizens can then be signposted to a series of well-being services, including primary, community and social care ensuring that GP skills and appointments are utilised appropriately.

4. 'Get Me Home' Preventative Services (Cardiff Council)

Single access point within the hospital for Community based services, facilitating discharge through access to appropriate housing, third sector and community partners.

5. 'Get Me Home Plus' (Cardiff and Vale of Glamorgan)

Patients to be in hospital for the minimal amount of time by removing the 'in-hospital' assessment and instead 'pulling' patients from acute to be assessed within the Community. This will enable people to return home with existing care packages to familiar surroundings and be assessed where they are most confident and their real 'needs' more appropriately assessed and supported. Although this may be with reablement focus – this cohort are likely to have more complex long term needs, including potential night visiting initially that can often prevent discharge from hospital under the current model.

6. Developing an Adverse Childhood Experience (ACE) Aware approach to resilient Children and Young People (across the Region)

Introducing 'resilience workers' to implement a new way of working across the system (including education) to increase resilience and awareness in children and young people through peer support, timely intervention and signposting. This is in line with the 'Mind over Matter' Report (2018).

7. Developing Place Based Integrated Community Teams

This will scope the minimum services which could be provided on a cluster/locality/ Local Authority and UHB footprint in a sustainable way, ensuring that the local context and population needs of each Locality and Cluster are paramount. Short term capacity to work with all partners to develop a shared vision, objectives and governance arrangements for integrated community teams.

Project Arrangements

Evaluation has been built into each of the projects, with the intention that projects can be scaled up and implemented across the whole Cardiff and Vale region over time, if successful in delivering the desired outcomes.

Each of the seven projects has been assigned a Senior Responsible Officer (SRO), project management resource is being sourced and project teams established.

Cardiff and Vale RPB Proposal Outcome

The RPB have now been notified that the Proposal has been approved in full by the Welsh Government. The Cabinet Secretary, Vaughan Gething officially launched the fund at the Redlands Surgery in Penarth on 18th October 2018 – with the Cardiff and Vale of Glamorgan RPB being the first region to have its bid approved.

Governance arrangements for the delivery of the bid will be held by the Regional Partnership Board with updates made to the individual partner organisations as appropriate.

Next Steps

The formal announcement of the funding on the 18th October 2018 will lead to a number of actions to be enacted:

- Receipt of transformation monies and Governance arrangements to be agreed;
- Project Teams established and detailed Project Plans developed for each of the projects;
- Communications and Engagement Strategy to be drafted.

Work has also commenced on a second bid to the Fund by the Regional Partnership Board with an emphasis on children and young people services. The expectation is that this will be submitted to the Welsh Government in early December 2018 as part of the on-going call for funding proposals.

RECOMMENDATION

The Strategy and Delivery Committee are asked to **note** the approval of the Cardiff and Vale of Glamorgan Regional Partnership Board proposal in response to a 'Healthier Wales'.

The Strategy and Delivery Committee is further asked to **agree** frequency of programme update reports to this committee.

The Nurse Staffing Levels for the Mental Health Clinical Board	
Name of Meeting : Strategy and Delivery Committee	**Date of Meeting** 06/11/2018

Executive Lead : Executive Nurse Director
Author : Director of Nursing, Mental Health Clinical Board
Caring for People, Keeping People Well This report underpins the Health Board's Sustainability, Service Priorities and Culture elements of the Health Board's Strategy.
Financial impact : £ 1.528m
Quality, Safety, Patient Experience impact : Nurse staffing establishments that deliver sensitive care requirements will reduce adverse experience/incidents and ensure an excellence of patient care
Health and Care Standard Number 2, 3,4,5, 6 and 7
CRAF Reference Number 7.1 Workforce
Equality and Health Impact Assessment Completed: A specific Equality Impact Assessment is not required

ASSURANCE AND RECOMMENDATION

LIMITED ASSURANCE is provided by: the paper detailing the nursing establishment for the Mental Health Clinical Board.

The Committee is asked to: **SUPPORT** the Preferred Option of the Mental Health Clinical Board

SITUATION

This paper describes the background to the current nursing establishments and details the efforts to cover inpatient areas safely and maintain the quality of care provided in line with the Nurse Staffing Levels Act and the Working Time Directive.

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016. The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A of the Act relates to the Health Board's overarching responsibility which came into effect in April 2017, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. The Health Board also has an overarching duty to provide sufficient nurses to care for patients sensitively. This duty applies to all areas that provide a nursing service including commissioned services.

The responsibility for meeting the requirements of the Act applies to staff at all levels from the Ward to the Board, with the Board and Chief Executive Officer being ultimately responsible for ensuring the Health Board's compliance with the Act. Responsibility is delegated to officers to undertake specific functions detailed within the Act on the Board's behalf and to provide advice and assurance. The Statutory Guidance issued by Welsh Government (2017) and the Operational Guidance (2018) provide a detailed guide to support Health Boards in the implementation of the Act.

The Mental Health Clinical Board and the Executive Nurse Director have been unable to sign off the nursing establishments as mental health services remain non-compliant with Section 25A of the Act.

BACKGROUND

The Mental Health Clinical Board (MHCB) has closed 40% of its beds, across adult and older people's services since 2006, with no reinvestment in the inpatient areas. The impact of this has been to increase the acuity on the wards, requiring temporary staffing to maintain patient safety. Historically, this overspend has been offset by vacancies in community services and psychology; however, that has changed this year due to an emphasis on firstly, the community services review, and a requirement to support these changes and staff community mental health teams to maximize the service offered, and secondly, the requirement to offer psychological therapies within a 28 week target. This has made the challenges of safely staffing the inpatient units more visible.

In addition to the current nursing overspend, the current funded inpatient nursing establishment does not allow for adequate meal break cover at night resulting in the

UHB being in breach of the Working Time Regulations (2007) and its own Meal Break Policy.

Current inpatient establishments include a 22% uplift, the lowest across Wales and the lowest within this Health Board, to cover annual leave, sickness and study leave. This effectively means that annual leave cover is funded up to a maximum of 30 days per full time member of staff.

Ward Sisters/Charge Nurses currently have supervisory time for 1 day per week (0.2 WTE), again the lowest across Wales and within this Health Board, and there are significant concerns that this does not allow sufficient management time to effectively manage a busy ward as well as addressing themes identified by external Inspectorate bodies such as HIW, the Delivery Unit, the Community Health Council and the Health Board internal assurance checks.

ASSESSMENT

Sections 25B and 25C of the Act require Health Boards to calculate the nurse staffing levels using a prescribed method of calculation. Wards currently included in this section of the Act are acute adult medicine and surgical wards; however, a set of interim principles has been drafted and will, subject to approval by CNO and Executive Nurse Directors, be utilised until mental health is added to the Act. The principles are:

1	The nursing establishment **must** incorporate a 26.9% uplift in calculating the headroom within a team, for all registered nurses and healthcare support workers.
2	The Ward Sister / Charge Nurse **must** be supervisory and supernumerary.
3	Each ward should have access to adequate administrative support calculated in relation to type of ward, bed base, staffing etc. but should be provided for a minimum of 15 hours per week.
4	The skill mix within each clinical area should include registered nurses, allied health professionals and healthcare support workers relevant to the needs of the patient group. The input of medical staff, as part of the multidisciplinary team, should also be taken into account.
5	Triangulation of three key pieces of information - acuity of patients, quality (patient safety incidents resulting in harm, individual/family/carer feedback etc) and professional judgement should be used to identify the appropriate skill mix.

6	Professional judgement and clinical outcomes should be considered when determining staffing levels in advanced planning and looking ahead, but the fluidity of services will on occasions require a review on a shift-by-shift, daily basis.
7	Patient / carer feedback should be utilised regularly to inform quality, effectiveness and experience of care.
8	All staff **must** take a meal break, away from the clinical area, during, not at the end of, their shift.
9	There should be access to two registered nurses per shift to permit meal breaks / professional support etc.

In conclusion, the Mental Health Clinical Board is currently unable to meet these principles, with some of the principles being linked to legislation or statutory guidance:
Principle 1 directly draws on statutory guidance issued in November 2017 regarding the implementation of the Nurse Staffing Levels (Wales) Act 2016. Principles 2, 5 & 6 follow closely the same guidance.
Principles 8 and 9 enable nurses to take the breaks that they are entitled to, in the manner that they entitled to, under the Working Time Regulations 1998.

To achieve compliance, the MHCB would require additional funding.

Mental Health - Nursing Establishments Shortfalls

Issue	£m	Comment
1. Ward manager supernumerary/supervisory	0.608	0.80 wte ward manager days for 20 wards - backfill Band 5
2. Safer Staffing - increase 22% to 26.9%	0.806	Calculation based on 4.9% uplift on Qual and Unqual budget (20 wards)
3. Locality wards	0.114	Additional Band 5 (3 wards)
Total	**1.528**	

Notes
1. Average cost for an Band 5 used is £38,000

This would ensure compliance with the 26.9% uplift in line with the Act, an increase of band 5 nurses (0.8 WTE per ward) to backfill the supervisory ward sister/charge nurse time and an increase in registered nurses to accommodate the WTD.

Actions taken:

The MHCB manages the staffing levels using a variety of methods. There is daily roster scrutiny across all areas by the shift co-ordinator for adult services and the senior nurse for MHSOP. This includes moving staff between areas, either for whole shifts or part shifts to accommodate workload, the use of temporary staffing, and where factors such as patient flow, Mental Health Act assessments and prison transfers are considered. There is daily scrutiny on close or specialling observations, as this level of support requires a minimum of 1:1 nursing. This accounts for a large proportion of the nursing overspend.

Out of hours, the MHCB has a robust on call rota of senior clinicians/managers to support staffing issues and patient flow. The MHCB is self sufficient in managing its own resources and does not call upon the rest of the Health Board for support.

The MHCB has a vacancy rate of approx 5% but attracts newly registered nurses more easily than other areas of Wales. The UK national average vacancy rate is 17%. The mental health Nurse Foundation Programme, Advanced Development Programme, new Preceptorship programme, internal rotation and bespoke mental health leadership programmes assist in both recruitment and retention. The MHCB consistently evaluates very well for student experience.

The MHCB benchmarks well for cost per bed with an adult acute bed costing £115.5k pa and a MHSOP bed costing £129k pa against a national average of £140k. Benchmarking across Wales shows that we have a similar establishment and skill mix, lower use of temporary staffing (12% against a UK mean of 22%), a 9% turnover rate (12% nationally) and lower sickness rates, but despite these (and many other) initiatives, to keep the inpatient service safe on a daily basis, the MHCB has been unable, over several years, to identify a funding stream to support safe, sustainable nursing establishments that meet our statutory requirement in line with the Working Time Directive, and to bring mental health in line with the Nurse Staffing Levels Act, Section 25A.

Options Considered:

1. Continue to manage the inpatient staffing levels as we do currently. The CB will continue to overspend and be non compliant with the Act and the WTD.

2. MHSOP will reduce the capacity on each ward by 2-3 beds. This will be achieved by reducing the average length of stay for our patients, which we know by benchmarking, is too high. This will reduce the reliance on temporary staffing to manage the acuity on the ward and may free up some additional supervisory time for the ward sister/charge nurse. The reduction in capacity, which will result in the closure of a MHSOP ward would release approx £700k

which would need to be invested into the inpatient nursing establishment across both Directorates.

3. The MHCB reaches into and supports many services in the UHB, funded by mental health. Liaison psychiatry is an example of such a service; however, it is not a core service for mental health, its impact is in other clinical boards. The MHCB could use these resources (approx £1.3m) to support the inpatient service and ensure compliance with the WTD and move towards compliance with the Nurse Staffing Levels Act.

4. A reduction in bed capacity for the adult service. This is not seen as a viable option as this would increase the spend in out of area placements and increase the CHC expenditure.

Preferred Option

The MHCB would support a combination of options 2 and 3, so incrementally closing MHSOP beds leading to a ward closure with 100% of the resulting savings reinvested to support the inpatient nursing establishment. This would account for around half of the investment required. In addition, we would seek support from the HB to reduce the liaison psychiatry service by approx. 50% to fund the remaining shortfall.