Strategy & Delivery Committee

Tue 27 September 2022, 09:00 - 12:00

Agenda

09:00 - 09:10
10 min

1. Standing Items

Michael Imperato

1.1. Welcome and Introductions

1.2. Apologies for Absence

1.3. Declarations of Interest

1.4. Minutes of the previous Committee meeting - 12 July 2022

1.4 Public SD Minutes 12.07.22MD.NF.pdf (16 pages)

1.5. Action log following the previous meeting - 12 July 2022

1.5 Draft Public SD Action Log - SeptemberMD.NF.pdf (2 pages)

1.6. Chairs actions since previous meeting

09:10 - 11:05
115 min

2. Items for Review and Assurance

45 minutes

2.1. Shaping Our Future Wellbeing Strategy

Abigail Harris

2.1.1. Strategic Delivery Programme Updates - Flash Reports & IMTP Quarter 2 Delivery Assurance

Abigail Harris

Documents embedded within the document entitled "2022-2025 Cardiff and Vale Integrated Medium Term Plan: Quarter Two" (2.1.1A) are published under the Supporting Documents folder.

2.1.1 IMTP Q2 assurance paper Sept 2022 v1.pdf (3 pages)
2.1.1a IMTP QTR2 master.pdf (18 pages)
2.1.1b IMTP Background, Content and Baseline Information 090722 v2.pdf (18 pages)

2.1.2. Strategy Refresh Update

Abigail Harris

2.1.3. Performance Reports

Rachel Gidman / Paul Bostock

a) Key Workforce Performance Indicators
b) Key Operational Performance Indicators

2.1.3A Cover Report Key Workforce Performance Indicators.pdf (5 pages)
2.1.3AA WOD KPI Report Aug-22(1).pdf (2 pages)
2.1.3B Performance and Recovery report - Operational Indicators 27 09 22.pdf (9 pages)

2.1.4. Deep Dives

Rachel Gidman

a) Deep Dive on Managing Attendance

2.1.4a Sickness Deep Dive Aug 2022.pdf (12 pages)

2.2. Audit Wales Report - Tacking the Planned Care Backlog in Wales

Wales Audit

10 minutes

2.2 Tackling_the_Planned_Care_Backlog_in_Wales_English.pdf (30 pages)

2.3. Update on Delivery of CAV 24/7 Service and Introduction of NHS 111

Paul Bostock

10 minutes

2.3 Paper for SD Committee Sep 2022 - OOHs CAV247 140922.pdf (6 pages)

2.4. Board Assurance Framework

Nicola Foreman

10 minutes

2.4 BAF Covering Report.pdf (3 pages)
2.4a Risk of Delivery of IMTP 22.updated.pdf (4 pages)
2.4b Impact of Covid19 Pandemic on Staff Wellbeing BAF Sept 2022. updated.pdf (7 pages)
2.4c Exacerbation of Health Inequalities in CV FINAL.pdf (5 pages)

2.5. Staff Well-being Update

Rachel Gidman / Clare Whiles

10 minutes

2.5 Wellbeing Update Paper September 2022.pdf (4 pages)
2.5a Wellbeing Plan Progress Update September 2022.pdf (2 pages)

2.6. 10 Minute Break

2.7. Update on Delivery of 22/23 Capital Plan

Catherine Phillips / Geoff Walsh

10 minutes

2.7 Update of Capital Plan 22.23 27.09.2022.pdf (3 pages)
2.7a Updated Capital Programme 22-23 27.09.22.pdf (2 pages)

2.8. Medical Training Update - Verbal Update

Meriel Jenney

10 minutes

11:05 - 11:20
15 min

3. Items for Approval / Ratification

3.1. Employment Policies for approval

Rachel Gidman

- 3.1 Employment Policies Report.pdf (5 pages)

3.1.1. Recruitment and Selection Policy

- 3.1.1A Recruitment Policy.pdf (5 pages)
- 3.1.1B Recruitment Policy EHIA.pdf (44 pages)

3.1.2. Adaptable Workforce Policy

- 3.1.2A Adaptable Workforce Policy.pdf (4 pages)
- 3.1.2B Adaptable Workforce Policy EHIA.pdf (31 pages)

3.1.3. Employee Health and Wellbeing Policy

- 3.1.3A Employee Health and Wellbeing Policy.pdf (4 pages)
- 3.1.3B Employee Health and Wellbeing Policy EHIA.pdf (23 pages)

3.1.4. Learning, Education and Development Policy

- 3.1.4A LED Policy.pdf (3 pages)
- 3.1.4B LED Policy EHIA.pdf (21 pages)

3.1.5. Maternity, Adoption, Paternity and Shared Parental Leave Policy

- 3.1.5A Maternity Adoption and Shared Parental Leave Policy.pdf (4 pages)
- 3.1.5B Maternity Adoption and Shared Parental Leave Policy EHIA.pdf (25 pages)

3.1.6. Relocation Reimbursement Policy for Doctors and Dentists in Training

- 3.1.6 Trainee Relocation Policy 2021 Final.pdf (8 pages)

3.2. Staff Winter Respiratory Vaccination (Flu and Covid 19) Policy

Fiona Kinghorn

- 3.2 Cover paper for Strategy and Delivery Committee 27.09.22 - Staff Winter Resp Vaccine Policy.pdf (3 pages)
- 3.2a CVUHB Staff Winter Respiratory Vaccination Policy for Strategy and Delivery Committee 27.09.22.pdf (30 pages)

11:20 - 11:30
10 min

4. Items for Information and Noting

4.1. Corporate Risk Register

Nicola Foreman

- 4.1 - Corporate Risk Register.pdf (3 pages)
- 4.1a - Strategy and Delivery Committee Detailed Corporate Risk Register entries September 2022.pdf (4 pages)

11:30 - 11:30
0 min

5. Any Other Business

11:30 - 11:30
0 min

6. Private Agenda Items

1) Suspension Report

11:30 - 11:30
0 min

7. Review and Final Closure

7.1. Items to be deferred to Board / Committee

Michael Imperato

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

15 November 2022 at 9am via MS Teams

11:30 - 11:30
0 min

8. Declaration:

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 Public Strategy and Delivery Committee Meeting
Held On 12th July 2022 at 09:00am
Via MS Teams

Chair:		
Michael Imperato	MI	Independent Member - Legal
Present:		
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Rhian Thomas	RT	Independent Member - Capital & Estates
In Attendance:		
Caroline Bird	CB	Interim Chief Operating Officer
Marie Davies	MD	Deputy Director of Strategic Planning
Hannah Evans	HE	Recovery & Redesign Programme Director
Nicola Foreman	NF	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People and Culture
Charles Janczewski	CJ	Chair of the Health Board
Fiona Kinghorn	FK	Executive Director of Public Health
Jason Roberts	JR	Executive Director of Nursing
Robert Warren	RW	Head of Health and Safety
Observers:		
Timothy Davies	TD	Head of Corporate Business
Marcia Donovan	MD	Head of Corporate Governance
Urvisha Perez	UP	Audit Wales
Secretariat:		
Nathan Saunders	NS	Senior Corporate Governance Officer
Apologies:		
Abigail Harris	AH	Executive Director of Strategic Planning
Ceri Phillips	CP	Vice Chair of the UHB

Item No	Agenda Item	Action
S&D 12/07/001	**Welcome & Introduction** The Committee Chair (CC) welcomed everyone to the meeting.	
S&D 12/07/002	**Apologies for Absence** Apologies for absence were noted.	
S&D 12/07/003	**Declarations of Interest** The Independent Member – Third Sector (IMTS) declared an interest as a member of the General Medical Council.	
S&D 12/07/004	**Minutes of the Meeting Held on 17 May 2022** The minutes of the Committee meeting held on 17 May 2022 were received. **The Committee resolved that:** a) The minutes of the Committee meeting held on 17 May 2022 were approved as a true and accurate record of the meeting.	

S&D 12/07/005	**Action Log following the Meeting held on 17 May 2022** A couple of points were raised in connection with the Action Log: (i) An action date was required against Action number S&D 17/05/007 and the next Committee date was agreed as an appropriate date. (ii) Action number S&D 11/01/012 to be updated to reference "Claire Whiles" and not "Rachel Whiles" **The Committee resolved that:** a) Pending the above amendments, the Action Log from the meeting held on 17 May 2022 was noted.	
S&D 12/07/006	**Chairs Action** No Chair's Actions were raised.	
	Items for Review and Assurance	
S&D 12/07/007	**Shaping Our Future Wellbeing Strategy** The Strategic Delivery Programme updates were received. The Deputy Director of Strategy & Planning (DDSP) advised the Committee that there were five flash reports for the Strategic Portfolio. The current status, key progress, planned actions, risks and mitigations for each of the programmes were presented, which included: • Shaping Our Future Population Health – It was noted that the majority of the Quarter 4 / whole year milestones had been met and that some of the work had been delayed due to Covid pressures on specialist Population Health capacity. However the work should be delivered in 2022/23. • Shaping Our Future Community Services @Home – It was noted that the programme scope and component projects and work streams were stalling and that detailed delivery plans, dependencies and metrics remained undefined with operational pressures continuing to absorb capacity. • Shaping Our Future Clinical Services – It was noted that Project 1 Service Lines/plans had been delayed by 2 weeks due to capacity and sickness within the Health Board and Grant Thornton. It was noted that the Senior Responsible Officer (SRO) for the programme had been confirmed and a draft governance structure was reviewed. It was noted that there had been funding approval for programme managers and support to enable planning & delivery. • Shaping Our Future Hospital Services – It was noted that Welsh Government (WG) had indicated their intention that the Programme Business Case (PBC) would still be considered by Ministers in July 2022 rather than June 2022. • People & Culture Flash Report – It was noted that to meet the population's health and care needs effectively the Health Board was completely dependent on workforce. It was noted that the desire was for the Health	

Board to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything that it did.

The IMTS advised the Committee that the Shaping Our Future Community Services was fundamental and that one of the risks identified had outlined 'buy in' from GPs and service leads and she asked how that was progressing in regards to programme delivery.

The DDSP responded that from an operational perspective, all of the resources were currently focused on staying afloat and keeping the flow going through the Community services, Primary Care and in and out of Secondary Care.

She added that longer term, the biggest risk was providing protected time in particular for GPs and Clinical colleagues to input into a huge programme of transformation.

It was noted that real focus was being driven on the areas deemed most important which included:

- Accelerated Cluster development by trying to scale up and roll out developed good models.
- Infrastructure work in the community, both digital and physical.

The UHB Chair noted that within the report the Vale Alliance had been referenced but no reference had been made to the accelerated Cluster development, in particular the Pan-Cluster development planning groups.

The DDSP responded that there had been good development regarding the acceleration of the Pan-Cluster planning groups.

The UHB Chair advised the Committee that learning had been taken from the experience with the Vale Alliance and noted that the Health Board must engage with its population before development of the plan, rather than present the population with a plan and then seeking their engagement.

The Committee was advised that each of the strategic programmes was critical to the delivery of the Health Board's strategic objectives and provided direction and co-ordination of a number of connected projects across a range of services and stakeholders.

It was noted that each of the programmes and composite projects were at different stages of maturity and the pace of project planning development and delivery was therefore variable.

The Committee was advised that as the process and resources for programme and project planning and delivery matured, the milestones for delivery would be developed and linked with the Health Board and the Regional Outcomes Framework to provide assurance and would ultimately form an integrated component of the wider quarterly assurance on the delivery of the IMTP.

The Committee resolved that:

a) The progress and risks described in each of the Strategic Portfolio Flash Reports were noted.

b) The proposed approach to developing an integrated monitoring tool for critical programme deliverables within a wider IMTP report framework, was noted.

Performance Reports:

Key Workforce Performance Indicators

The Executive Director of People and Culture (EDPC) advised the Committee of the Key Workforce Performance Indicators via a brief summary over the various indicators which included:

- Whole Time Equivalent Headcount and Pay bill – It was noted that variable pay trend had remained in the 10-11% range over the last 12 months, but the percentage for May was lower than for the same period in 2021, at 10.29% Health Board wide.

- Sickness Absence rates remained high at 6.5% in May and were 0.6% higher than they were 12 months ago. It was noted that the rate was the lowest it had been since July 2021. The EDPC added that 378 staff were absent with COVID last week which represented 2.48% of the workforce.

- Employee Relations caseload was the lowest it had been in over 5 years. The reduction was attributable to the change in the People Services Team's operating model and continued to embed the 'Restorative & Just Culture' principles.

- Statutory and Mandatory training compliance rate continued at just over 13% below the overall target. It was noted that it was likely that operational pressures continued to adversely affect compliance.

- By the end of May 2022, 83% of consultant job plans were under construction in the e-system, including 28% that had been signed-off.

- The rate of compliance with Values Based Appraisal (VBA) remained very low. The compliance at May 2022 was 32.45%. It was noted that it was likely that operational pressures continued to adversely affect compliance.

The Committee was advised that it was important to showcase the progress being made within Workforce and some of the progress was highlighted which included:

- People Resourcing:
  - 200 people had participated at the Health Board Careers Fair at Hilton Hotel, Cardiff on 4 May . 130 applications were received in total and 99 candidates successfully appointed. Due to success of the event another two were planned for later in the year.
  - 130 Facilities applications received since February 2022, of which 60 had been appointed and had now started in post.

- Engagement:
  - Winning temp – information governance approval had been finalised, training and awareness sessions were planned for mid/ end June with a launch expected at the end of June 2022

- Health & Wellbeing
  - A wellbeing survey had been distributed to Medical Teams and the closing date was 31st July 2022.
  - 30 Staff room refurbishments had progressed with Estates colleagues.
  - Inner Wellness webinars for all staff had been arranged for July, August and September 2022.

- Leadership and Management Development:
  - Acceler8 Cohort 1 - Module 4 had been completed at 4PI. Positive feedback had been received from participants.
  - VBA training continued and focused and targeted support was being offered to areas/ managers requiring VBA to ensure the pay progression was completed effectively.

- Workforce Systems and People Analytics
  - The new e-rostering system (HealthRoster) had been implemented in 50 ward areas. Both the new system and roster principles were being well received.
  - Job Planning compliance was at 83%, with the focus on sign off and ensuring that job plans were reviewed on an annual basis.

- Education:
  - Working groups were under development to support the progression of the Academy of Support Services. Key stakeholders were currently being identified and included staff side representation.
  - 289 overseas nurses have now achieved registration.
  - Flexible part-time undergraduate programmes were now available for Physiotherapy and Occupational Therapy and HEIW funding had been provided to support one member of Health Board staff to complete each programme.

The Independent Member – Capital & Estates (IMCE) noted that there was a high success rate in the appointment of candidates who applied for positions and asked if that had reflected that high calibre of applicants were applying or if it was a case of successful tracking and identification of potential applicants.

The EDPC responded that the success was due to the Health Board going out into the community and it had proactively interviewed people and recruited on the day.

She added that there was a resourcing team within the Organisation that could look at various areas for proactive recruitment, such as job fairs and military fairs.

The UHB Chair asked if the staff appraisal rates could be included in the KPI Workforce Plan. — EDPC

The Committee resolved that:

c) The contents of the report were noted.

Key Operational Performance Indicators

	The Interim Chief Operating Officer (ICOO) advised the Committee that system wide pressures had continued to be seen within Primary Care and it was noted that there were 12 GP practices at high escalation. It was noted that Dental Services was a big priority for the Health Board as well as it being a Ministerial priority. It was noted that it would be presented under the 'Six Goals for Urgent and Emergency Care' report later in the meeting. It was noted that the Mental Health Service had been impacted significantly due to Covid-19 and that was still being felt in terms of increased demand and inpatients. The Committee was advised the Part 1a had seen significant improvement for adults and that the Health Board was now compliant, although it was noted that it had been more challenging in CAMHS due to workforce restraints. Hence a dip in headline performance had been seen. **The Committee resolved that:** d) the year to date position against key organisational performance indicators for 2021-22 and 2022-23 and the update against the Operational Plan programmes, was noted.	
S&D 12/07/008	**Six goals for Urgent and Emergency Care** The Six Goals for Urgent and Emergency Care were received. The Interim Chief Operating Officer (ICOO) advised the Committee that the presentation received outlined the national context and also the work being done locally that related to the Six Goals for Urgent and Emergency Care. It was noted that the policy handbook for the Six Goals was published in February 2022 and spanned a five-year period from 2021 to 2026. It was noted that the programme was supported by £25m of funding across Wales, of which the Health Board would receive £2.960m. The Committee was advised that the Six Goals included: • Co-ordination planning and support for populations at greater risk of needing urgent or emergency care • Signposting people with urgent care needs to the right place at the right time • Clinically safe alternatives to admission to hospital • Rapid response in a physical or mental health crisis • Optimal hospital care and discharge practice from the point of admission • Home first approach and reduce the risk of readmission The ICOO advised the Committee that within the handbook, immediate priorities had been identified which included: • Goal 1: - Accelerated Primary Care Cluster Development and Urgent & Emergency Care Equalities Plan. • Goal 2:	

- Urgent Primary Care Centres, Improvement of the 111 offer and improvement to access to urgent dental provisions.
- Goal 3:
  - Extension of the Same Day Emergency Care services (SDEC)
- Goal 4:
  - Providing safe alternatives to ambulance conveyance, improvement of ambulance handovers and consistent delivery of Emergency Department Care Standards.
- Goal 5:
  - Health and Social Care with the Third Sector and independent sectors to work together on delivery of hospital discharge requirements and a collective focus on patients who had been in hospital for over 21 days
- Goal 6:
  - Health and Social Care would work together to increase the number of people transferred to the right place following admission to hospital and an increased discharge to recovery.

It was noted that a new performance framework had been issued by Welsh Government (WG) which included new measures being introduced such as:

- The number of Urgent Primary Care Centres established in each Health Board's footprint
- Qualitative reports which would detail the progress made against the Health Boards' plans to deliver a SDEC service for 12 hours a day and 7 days a week.

The Committee was advised that the Health Board's approach to improvement of Urgent and Emergency Care and implementation of the Six Goals had been taken forward by 3 interrelated plans which included:

- System Plan – It was noted that this was aligned with the Six Goals and that the Health Board was setting up a system wide Transformation Board for which the terms of reference were being finalised.
- Ambulance Handover Improvement Plan
- Immediate Actions – It was noted the schemes, such as CAV24/7 at the UHW front door to support direction, would be utilised.

The ICOO advised the Committee that all of the schemes being implemented within the Health Board's Six Goals work streams showed the vast amount of work ongoing which would improve the Health Board's overall position on a sustainable basis.

It was noted that there were two priorities which had been focussed on nationally by WG. The WG had provided a direction of where the Health Board should be directing some of the £2.960m funding which included:

- Urgent Primary Care Centres (UPCC) – It was noted that the Vale model for UPCC had been running for a while and currently circa 2,500 patients a month were seen. Further work would be required to embed that model system wide across the Health Board.

It was noted that for the Cardiff model of the UPCC would require investment that would not be covered by the £2.960m funding.

	• Same Day Emergency Care (SDEC) – It was noted that the Health Board had implemented a new SDEC model in April 2022 for surgery, but due to its phased basis there had been a limited capacity that had been supported heavily by capital investment and revenue investment. It was noted that it was an excellent model which would be further expanded, in July 2022, with a total of 24 trolleys, bed and chairs to deliver "hot clinics" which meant same day care. The UHB Chair asked if there was any funding available for the Cardiff UPCC model and if any potential locations had been looked at. The ICOO responded that due to workforce issues, further thought was required as to how Cardiff could provide an urgent Primary Care model and that the funding would require both Capital and Revenue funding. She added that the Cardiff Royal Infirmary (CRI) site had been discussed as a potential location but noted that it had not been finalised. Further discussion would be required around the type of model to use within that area. **The Committee resolved that:** a) The Six Goals for Urgent and Emergency Care were noted.	
S&D 12/07/009	**Planned Care Recovery** Planned Care Recovery was received. The Recovery & Redesign Programme Director (RRPD) advised the Committee that there were five goals for Planned Care Recovery which included: • Effective Referral • Advice and guidance • Treat accordingly • Follow up prudently • Measure what was important. It was noted that the actions from the five goals included: • Nobody would wait longer than a year for their first outpatient appointment by the end of 2022 • The number of people waiting longer than 2 years in most specialties would be eliminated by March 2023 • The number of people waiting longer than 1 year in most specialties would be eliminated by Spring 2025 • Increased speed of diagnostic testing and reporting to 8 weeks and 14 weeks for therapy interventions by Spring 2024. • Cancer diagnosis and treatment would be undertaken within 62 days for 80% of people by 2026. The RRPD advised the Committee that the focus at present was around the first action where nobody would wait longer than a year for their first outpatient appointment by the end of 2022.	

She added that work was being undertaken to address the large waiting lists and that there were approximately 95,000 patients on waiting lists at all stages but noted that work was required to sense check and check that there were no duplications within that figure.

It was noted that it would be important to understand some of the challenges of delivering against the actions which would include the shape of all waiting lists and pre-Covid waiting lists.

The Committee was advised that the Health Board was over 100% in outpatient activity and had touched 99% of treatment inpatient and day case activity which was the ambition for the end of the first quarter

It was noted that treatment lists were being reviewed frequently and opportunities had been identified in basic waiting list management and resource utilisation.

It was noted that the biggest gains were how the Health Board was using the resources in terms of booking into and the utilisation of the clinics.

The RRPD summarised the delivery ambitions that reflected the Ministerial priorities, performance framework outcomes and the Health Board's own measures.

One area was identified that had been iterated within the IMTP received by the Board in June 2022. That was the elimination of 52-week wait for new outpatient appointments within 35 specialities.

It was noted that the Health Board was unable to commit to that number but that there was confidence in being able to achieve the elimination of 52-week wait for new outpatient appointments within 25 of the 35 specialities by the end of 2022.

The Committee was presented with an overview of how the Health Board would improve the service being provided and the Assurance and Reporting model which included:

- Internal
  - Detailed tracker for all delivery ambitions and metrics
  - Weekly planned care performance meetings for all Directorates in cohorts (plus theatres and outpatient service managers)
  - Operational Plan Delivery Group reporting
  - Executive reviews
  - Health System Management Board
  - Strategy and Delivery Committee

- External
  - Weekly report to Delivery Unit (DU) plus quarterly Minimum Data Set (MDS) returns
  - Weekly meetings with DU
  - Integrate Quality, Performance and Delivery monthly (IQPD)
  - Monthly planned care meetings with the National Director for Planned Care
  - Fortnightly all Wales meetings with the National Director for Planned Care
  - CEO all Wales meetings

	- Joint Executive meetings. The Independent Member -University (IMU) noted that the workforce availability was a central part of issues identified and that there many unknowns in terms of recruitment and retention and asked if reaching the target of a 52-week wait being eliminated by the end of 2022 was achievable. The RRPD responded that it was the position identified in all of the planning and noted that improvement plans for Clinical Boards were being reviewed. She added that the teams were committed to improving the cohort and reducing the length of waits. The IMU asked for an update at the next meeting to see what improvements had been made. The IMTS added that the update should indicate the Clinical risk for patients and how that was being addressed. The UHB Chair asked if there was an indication of (i) how the waiting lists would improve in the ten specialities, and (ii) were there any that may not meet the Ministerial ambitions. He also asked how patients would be updated on where they were on the waiting list. The RRPD responded that the improvement plans from each speciality would hopefully show improvement trajectories in many areas. If each speciality implemented the actions identified then improvement would definitely be seen. She added that for those areas that would not reach the Ministerial ambitions, further support would be required and alternatives would be looked at to improve conditions and their waiting lists. It was noted that in relation to keeping patients updated, communication mechanisms would be in place and promotion of those mechanisms should be provided to all stakeholders, as well as patients. **The Committee resolved that:** a) The Planned Care Recovery was received and noted.	**HE**
S&D 12/07/010	**Health and Safety Culture Plan** The Health and Safety Culture Plan was received. The Executive Director of People and Culture (EDPC) advised the Committee that the previous CEO and Director of Workforce had commissioned the plan and a review from an external body to come in and look at the Health Board's structures around Health and Safety. The Committee was advised that the Health and Safety Culture Plan 2022-2025 had been developed to provide a structured, prioritised approach to underpin the Health Board's Health and Safety (H&S) aims and objectives.	

The Head of Health and Safety (HHS) advised the Committee that, in terms of Health and Safety (H&S), the plan was one of the most important documents compiled within the Health Board.

It was noted that the plan had been established from drawing on the experience of the new Head of Health and Safety, the findings of the independent external review conducted in 2021, and a full department workshop session conducted in October 2021.

The Committee was advised that the plan set out the actions that would be taken over the next three years, with a clear focus on improvement of the H&S culture within the organisation.

It was noted that the plan had 6 themes each with a competent departmental lead:

- Achieving Training and Competence Excellence – to develop H&S education which inspired and empowered people to work safely within their capabilities. To create a workforce that was competent in everything it did.

- Achieving Health and Safety Risk & Incident Management Excellence – to embed a process for identifying and mitigating risk at all levels. To develop a suite of lagging and leading performance indicators. To introduce a robust system for investigating incidents at a proportional level with a feedback mechanism to review and share the relevant findings.

- Achieving Communication Excellence – to create an environment to enable collaboration and open discussion ensuring clear, consistent communications utilising a range of channels to reach all stakeholders both internal and external.

- Measuring Performance – to create a stakeholder adopted management system and ensure it was consistently applied throughout the Health Board.

- Audit & Review – to create a leading audit process by which the Health Board could identify non-conformances, rectify in an appropriate time, and share improvements with Clinical and Service Boards.

- Achieving Fire Safety Excellence – to develop leading fire safety preventative and protective measures that provided a robust, compliant, and resilient approach to fire safety management.

The HHS advised the Committee that in order to future proof and track the external review actions a number of other actions had been implemented which included:

- NHS Wales Shared Services Partnership (NWSSP) conducted an audit of the H&S department in relation to the external review.

- Majority of the external review actions had been incorporated into the 3-year H&S Culture Plan.

	• The NWSSP audit report provided 'Substantial Assurance', largely through the H&S Culture Plan. • The plan would require 'buy in' from all Clinical/Service Boards to maintain the assurance in three years' time. • The H&S Culture Plan would progress any assurance provided to the H&S Committee. The Independent Member – Capital and Estates (IMCE) noted that it would be a big task to implement the H&S Culture Plan and asked how the principles would be upheld against third parties and contractors entering the Health Board. The HHS responded that H&S started at Board level with a H&S policy and noted that the Health Board now had a H&S policy Statement of Intent. He added that the Statement of Intent would be rolled out to all contracting companies as part of the contract management scheme. The CC asked about the relationship between the Strategy and Delivery Committee and the H&S Committee. The UHB Chair responded that H&S would form part of the review that would be received by Independent Members and how the Committees of the Board would be structured going forward as the Board refreshed the strategies. The DCG confirmed that a review of the Committees of the Board would be undertaken and, as part of that a mapping exercise would be carried out to identify where there was any crossover to avoid duplication. **The Committee resolved that:** a) The findings of the plan and the objectives identified to improve H&S were noted; and b) Regular progress updates would be provided to the Health and Safety Committee.	
S&D 12/07/011	**National & local policy and planning framework – High Level Overview.** The National & local policy and planning framework – High Level Overview was received. The Deputy Director of Strategy and Planning (DDSP) advised the Committee that the presentation received set out the way in which NHS Wales operated and included governmental, policy, strategic and structural levels to show who would be responsible for what and how everything would fit together within the National & local policy and planning framework. **The Committee resolved that:** a) The National & local policy and planning framework – High Level Overview was noted.	

S&D 12/07/012	**Annual update on childhood immunisation** The Annual update on childhood immunisation was received. The Executive Director of Public Health (EPDH) advised the Committee that vaccination was one of the most effective health care interventions and that during the Covid-19 period childcare vaccination was mainly provided via Primary Care and that it had slipped in terms of rates for some of the vaccines such as measles, mumps and rubella (MMR). It was noted that a series of priority actions led by the EPDH had been identified which included: • Providing support to GP practices. A number of opportunities were being provided to practices to support them with increasing uptake. That included a suite of tools which would help GPs to identify what they could potentially do in their own practice to encourage parents to keep appointments for vaccines. • Stakeholder experience reviews. Cardiff Metropolitan University had been commissioned to undertake a review of the 'stakeholder experience' of accessing childhood vaccinations. • Amplifying Prevention. Following the annual report of the Director of Public Health for Cardiff and the Vale of Glamorgan 2020, joint work had commenced between Cardiff and Vale Local Public Health team, Cardiff Council and the Vale of Glamorgan Council to identify and address health inequities in childhood vaccination uptake. • Employment of three new Immunisation Coordinators. Those Coordinators would play a key role in supporting GP practices to increase uptake through their expertise and knowledge, providing training and clinical expertise. • Communications campaign. A comprehensive communications campaign which targeted parents of children who were about to go to school after the Summer would be launched during the Summer. • Working to support minority ethnic communities. Some specific work with community groups from minority ethnic populations was underway in Cardiff. • Training would be provided by Immunisation Coordinators and public health training would be provided to organisations who could 'make every contact count' and would have conversations with people about the importance of immunisation. The EDPH advised the Committee that there was a clear pattern of inequity in relation to immunisations and noted that in some of the Clusters there was much higher uptake than others.	

	She added that there were many barriers to uptake, including where and when appointments took place, access to the appointments, language barriers, fears and concerns over the vaccines, the transient nature of some families in and out of Cardiff , and a lack of understanding about vaccination. The IMCE asked what the difference was between an operational immunisation board and the operational immunisation steering group that it was replacing. The EDPH responded that the vaccination approach had been reviewed and noted that previously there had been a very granular operational group at the level of senior nursing and operations. She added that it had been lifted it up with a piece of work in Shaping our Future Population Health (SOFPH) and that it was a key priority and noted that the operations board would be led by the Director of Operations in both the PCIC and Children & Women's Clinical Boards. **The Committee resolved that:** a) The update on the current situation and developments in childhood vaccination, including implementation of a revised governance model, was noted. b) The Pan-UHB implementation of actions to improve uptake in childhood immunisation rates in 2022/23, in line with national targets, was supported.	
S&D 12/07/013	**Flu vaccination programme 2021/22** The Flu vaccination programme 2021/22 was received. The EDPH advised the Committee that Flu vaccination was very important and had probably been overshadowed by Covid-19 over the past 2 years. She added that the actions to take by the Health Board regarding the Flu vaccination programme had been identified. The actions being planned and the reflections on the Flu programme for the upcoming winter were highlighted and the EDPH advised the Committee that a mixed set of deliveries had been identified which included: • The 2022/23 Flu plan and the Covid-19 vaccination plan would be aligned to form a Winter Respiratory Virus Vaccination Plan in line with Welsh Health Circular 2022 (010) • Delivery plan priorities for 2022/23 to increase uptake in Cardiff and Vale UHB had been agreed by the Flu Planning Group and included: **Primary Care:** - Identification of Clusters and practices with low uptake - particularly those in areas of disadvantage - and support to implement evidence-based practice to improve uptake - Working with Clusters and Practices (pending Covid-19 delivery plan), to identify opportunities for co-administration with Covid-19 vaccination.	

	- Use of community venues for Flu vaccinations where possible - Ordering additional supplies of Flu vaccine to meet expected increase in demand **Two- and three-year olds:** - Implementation of further work with Flying Start Childcare settings to improve uptake amongst 2- and 3-year olds **Communications:** - An updated local winter vaccination communications plan in line with the national Public Health Wales (PHW) communications plan - UHB Staff Programme: - Co-delivery of Flu and Covid-19 vaccinations for the majority of staff - Revised Staff Winter Vaccination Policy - Continuation of the UHB staff Flu Champion Peer Vaccinator model, to ensure coverage of Flu Champions to include wider professional groups (such as Allied Health Professionals) - Monitoring of uptake at departmental level - Continued electronic consent and recording via WIS - Ordering additional supplies of Flu vaccine to meet expected increase in demand The UHB Chair advised the Committee that it was really important for the Strategy and Delivery Committee to continue to find a way of supporting the EDPH to deliver the work and to provide assurance to the Board that forward movement was being seen in both childhood immunisation and the Flu vaccination programme 2022/23 **The Committee resolved that:** a) The UHB's uptake of Flu vaccination during 2021/22, including the expansion of the programme to the secondary school age cohort and all people aged over 50 years, was noted. b) The UHB implementation of actions to improve uptake in Flu vaccination rates in 2022/23 in line with national priorities and ambitions, was supported.	
S&D 12/07/014	**Board Assurance Framework** The Board Assurance Framework (BAF) was presented. The DCG advised the Committee that there were 3 risks identified that were relevant to the Strategy and Delivery Committee which included: • Workforce • Leading Sustainable Culture Change • Capital Assets It was noted that Workforce and Capital Assets were two of the highest risks on the BAF. 	DCG

	The UHB Chair noted his concern on the lack of profile around the digital capability of the Health Board and noted that it should be picked up within the BAF after careful discussion with the Management Executives. **The Committee resolved that:** a) The risks in relation to Workforce, Leading Sustainable Culture Change and Capital Assets were reviewed. b) Assurance would be provided to the Board on 28th July 2022 on the management /mitigation of risks.	
	Items for Information and Noting	
S&D 12/07/015	**Corporate Risk Register** The Corporate Risk Register (CRR) was received. The DCG advised the Committee that there were currently 7 risks held on the CRR and noted that it was clear that the Clinical Boards should be challenged with being more dynamic with their risks. It was noted that a 'Check and Challenge Process' had been implemented with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register were correctly recorded in line with the Risk Scoring Matrix. **The Committee resolved that:** a) The Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which was now progressing with Clinical Boards and Corporate Directorates, was noted.	
	Review and Final Closure	
S&D 12/07/016	**Any Other Business** The CC advised the Board that it was the last time the ICOO would attend the Committee as she was leaving the Health Board and thanked her for all of her hard work and dedication. He added that the Interim Executive Nurse Director was now actually the Executive Nurse Director as he had been successful in obtaining the position and welcomed him to the Committee.	
	Date & time of next Meeting 27 September 2022 at 9am	

Public Action Log

Following Strategy & Delivery Committee
Held on 12 July 2022
(Updated for the meeting on 27 September 2022)

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/ COMMENT
Completed Actions					
S&D 12/07/007	**Key Workforce Performance Indicators**	Staff appraisal rates to be included in the KPI Workforce Plan.	**27.09/2022**	Rachel Gidman	**Update by 27 September 2022**
S&D 12/07/009	**Planned Care Recovery Update – waiting time for outpatient appointment**	General update required to report back to the Committee with regards to what improvements had been made to reducing the 52 week wait for outpatient appointments, the Clinical risks for patients and how those were being addressed.	**27.09.22**	Hannah Evans	**Update by 27 September 2022** September S&D Meeting (agenda item 2.1.3b)
S&D 17/05/007	**Key Operational Performance Indicators**	It was noted that Kings Fund had been commissioned to complete work around the early intervention prevention area. That would be brought back to a future Committee meeting.	**27.09.22**	Abigail Harris	**Update by 27 September 2022** September S&D Meeting (agenda item 2.1.3b)
SDC 11/01/012	**Key Workforce Performance Indicators**	To report back to the Committee in July on the wellbeing plan.	**27/09/2022**	Rachel Gidman (Claire Whiles)	**Update by 27 September 2022:** September S&D Meeting (agenda item 2.1.3a)
S&D 17/05/007	**Capital Plan 2022/23 Delivery**	To look at the capital plan and how it affects the whole piece.	**27/09/2022**	Geoff Walsh	**Update by 27 September 2022** September S&D Meeting (agenda item 2.6)

S&D 12/07/014	**Board Assurance Framework**	Risk regarding the Health Board's digital capacity to be picked up within the BAF after careful discussion with the Management Executives.	**27/09/2022**	Nicola Foreman	**Update by 27 September 2022**
Actions In Progress					
Actions referred to committees of the Board					
MHCL 20/02/005	**Mental Capacity Act Monitoring Report**	The issue regarding poor compliance on Medical Training be reviewed by the **Strategy and Delivery Committee**.	**29.09.22**	Meriel Jenney	Agreement not reached with LNC at present. Discussions are ongoing. This item will be reviewed by the S&D Committee and reported back to S&D Committee. **Meriel to provide verbal update 27.09.22**

Report Title:	**2022-25 Integrated Medium Term Plan: *Quarter 2 Delivery Assurance***			Agenda Item no.	2.1.1
Meeting:	**Strategy and Delivery Committee**	Public	x	Meeting Date:	**27.09.22**
		Private			
Status *(please tick one only):*	Assurance	x	Approval	Information	
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**				
Report Author (Title):	**Head of Strategic Planning**				

Main Report
Background and current situation:

The UHB has a Board approved 22-23 annual plan which is set in a three-year context. This follows a decision by the organisation that it would not in a position to develop a balanced full three year Integrated Medium Term Plan (IMTP).

The plan was submitted to Welsh Government at the end of June 2022. At the time of preparing this report the UHB still awaits feedback on the 'status' of its 22-23 plan.

This report and associated annex represents the Health Board's quarter 2 position in regards to delivery of the plan's commitments. Strategy and Delivery committee considered a quarter one summary in its July meeting.

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

Annex 1 provides the UHBs position regarding 22-23 plan delivery as at quarter two.

Annex 2 provides a summary of the UHBs baseline position i.e. what the original plan stated would be achieved.

Strategy and Delivery committee are asked to note the following as part of considering **annex 1**;

I. **Triangulation with wider organisational intelligence**. As the title of our plan suggests, it is an integrated finance, workforce, operational and quality plan. As such this assurance report should not be considered in isolation of wider finance and operational performance reports (for example) which will give important context and the wider holistic picture of the issues which the organisation is facing. Issues which are highly likely to impact on the organisations ability to deliver its wider medium-term plan.

II. **Timing.** Whilst this is a quarter two update the timing of when papers need to be finalised for committees mean that that this update was produced shortly before the end of the quarter and prior to a number of data sources being updated and re-freshed. Consideration should be given to this when the position and progress of work is being scrutinised- this will be a 'moment in time' snapshot.

III. **The outcomes framework.** The intention remains to provide a 'heat map' of the UHBs outcomes framework as part of these quarterly updates. The intension of this being that it supports consideration of the 'so what' question. What impact, or not, are these activities having on the organisations desired outcomes.

The development of the 'heat map' is in the final stages of development. It is likely a prototype may be available for appending to this report when it goes forward to Board for noting in November.

When the heat map is available it will remain important to note that progress against the UHB outcomes should be done in the context of *'the sum of the whole rather than the individual part'*. A level of sophistication will not yet exist to understand what proportion of impact any one individual intervention is contributing; although there is clearly an ambition to get to this point.

There also exists a key dependency upon which successful deployment of the heat map will rely. This is the ability to secure the necessary resource who has the expert capability to interrogating the *Signals from Noise (SfN)* system in order to update the heatmap. This is not an automated process. .

A discussion regarding this is scheduled at a forthcoming internal meeting.

This is a re-freshed process to providing assurance on the delivery of the UHBs IMTP (as described in earlier reports/papers) and this update is now the second cycle of this new process. As we continue to mature this process and strengthen it even further it is now recognised that further work needs to take place with organisational leads to ensure that;

a) There is consistency regarding the style in which updates are being provided. Early scrutiny of returns has flagged that there is variation in the level of detail being provided.

b) There is a need to ensure a continued alignment in regards to what our original plan stated and what is now being reported on. Across some elements of this update it is recognised that this link could be stronger.

   Planning is a dynamic discipline and it is entirely reasonable that circumstances may dictate that what the UHB is delivering and why it is delivering certain things may have changed and/or need to change from what the original planned stated. However, there is a need to ensure that these sorts of reports are describing these changes and why key deliverables have changed.

Both of these issues will be progressed and resolved via the UHBs strategy design and delivery group (SDDG).

Recommendation:

The Strategy and Delivery Committee is requested to:

NOTE the progress being made in delivery of the 22-23 plan as at quarter two.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/**No**
Safety: Yes/**No**
Financial: Yes/**No**
Workforce: Yes/**No**
Legal: Yes/**No**
Reputational: Yes/**No**
Socio Economic: Yes/**No**
Equality and Health: Yes/**No**
Decarbonisation: Yes/**No**

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
26/09/2022 10:14:26

2022-2025 Cardiff and Vale Integrated Medium Term Plan

Update: Quarter Two

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

QUALITY, SAFETY AND PATIENT EXPERIENCE

TARGET FOR LAST QUARTER

Priorities for '22

- Establishment of the Organisational Learning Committee with themes identified and UHB wide improvements monitored
- Establishment of the Clinical Safety Group
- Psychological safety of staff
- Human Factors awareness/investigations
- What Matters to you questioning approach
- The implementation and UHB wide rollout of the Once for Wales Patient Experience System

ACHIEVED TARGETS

- Inaugural Clinical Safety Group meeting set
- Psychological safety of staff –Structured roll out of Healthcare Support Unit commencing in Surgery Clinical Board
- Human Factors awareness/investigations –new investigation model for Nationally Reportable incidents to encompass contributory factors being trialled in Clinical Boards
- Awareness raising of the process –to be trailed in relation to discharge
- Implementation of AMAT-Clinical Audit System-Structured roll out commencing in Children and Women's Clinical Board

SEE SLIDE [4] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

On going Operational Pressures

IT infrastructure-Wifi availability across the UHB

Significant delays in recruitment

MITIGATIONS

- Proportionate and prudent approach to Clinical Board involvement
- Development of a recruitment plan to support implementation of the QSE Framework and IMTP

TARGET FOR NEXT QUARTER

- Organisational Learning Committee will meet in Q3/4
- Agreement of Mortality Indicators for all specialities
- Further development of QSE Indicators to inform process and learning
- Development of Data Analyst Job description to support awareness of QSE information
- Implement the Once for Wales Patient Experience System in Quarter 3
- Implementation of the Clinical Audit Strategy
- Establishment of the Organisational Readiness Group for the implementation of the Duty of Candour Q3

FURTHER READING

[Insert any additional documents here]

PRIMARY CARE

TARGET FOR LAST QUARTER

- Increase activity in dental services
- Prepare for Dental contract reform
- Conduct evaluation of Vale UPCC model
- Planning for Accelerated Cluster model – Pan Cluster groups and Collaboratives

ACHIEVED TARGETS

- Mass Vaccination Centre opened in Woodlands house and Autumn booster programme commenced
- First meeting of Vale Pan Cluster Planning Group has taken place. Cardiff meeting planned for Sept
- Ongoing engagement and progress with professional collaboratives with initial focus on Dental and Optometry.
- Progressed General Dental Contract negotiations and reform agenda with over 70% of practices opting for reformed contract as at mid June 2022
- CAVHIS continues to provide services in response to the Afghan resettlement scheme and is responding to the continuing situation in Ukraine.

SEE SLIDE 5,6,7,8 IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS
- Funding to support 2nd UPCC in Cardiff
- Dental access and increasing activity levels

MITIGATIONS
- Review of Vale model to identify opportunities to consolidate across Vale and Cardiff
- Lever benefits of GDS contract reform to increase activity and improve access

TARGET FOR NEXT QUARTER

- Delivery of Winter plans
- increase in dental activity in line with GDS contract reform opportunities
- Review the capacity of CAV 247 following go live of 111 (Qt4 21/22), to inform further integration of the model in line with UPCC Models.
- Progressing the ACD Programme for CAV. Next phase of Professional collaboratives and 2nd round of PCPG meetings
- Further increase in dental activity in line with GDS contract reform opportunities
- Scope options for Cardiff Urgent Primary Care Centre (UPCC) model
- Based on Evaluation, review and consolidated the Vale UPCC model

FURTHER READING

[Insert any additional documents here]

URGENT AND EMERGENCY CARE

TARGET FOR LAST QUARTER

1. Establish system wide 6 Goals Transformation Board
2. Open phase 2 of surgical SDEC model in UHW
3. Extended opening of medical SDEC in 7 days a week
4. Undertake a Proof of concept test of change for a diagnostic SDEC service in UHW
5. Extend capacity in the Rapid Assessment Treatment Zone (RATZ)
6. Planning for 111 Press 2 for Mental Health (Ambition to go live Q3)
7. Work with partners on response to "1000 beds/bed equivalents challenge and align with 2022 Winter plan and emerging work on flow programme.
8. Alignment of the ACP workforce to support 3 test of change workstreams – Acute Clinics within Virtual Ward, Ringfenced Short Stay Beds and GP Telephone Access to ACP

ACHIEVED TARGETS

1. Establishment of group in planning phase – discussions ongoing to agree required approach
2. Surgical SDEC phase 2 opened in July
3. Medical SDEC opened 7 days a week
4. Trauma SDEC in UHW in place and will continue over winter
5. RATZ capacity extended
6. Planning continues for NHS 111
7. 1000 beds progresses with 5 key schemes under discussion incl. additional care home capacity and step down beds
8. ACP workforce is being recruited with aim to have additional capacity during winter.

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

Risks
- Sustained pressure across UEC pathways
- Social care capacity challenges
- Delayed discharges and increased length of stay
- Ambulance Handover delays leading to increase community risk
- Long waits for admission and impact on patient experience
- Significant workforce pressure across Health and Social Care
- GMS Sustainability

Mitigations
- Joint working across Health and Social Care – implementation of CEO led Incident Management Team approach
- Revised focused on 6 Goals Programme
- Ambulance Handover planning and action plan jointly with WHSSC and EASC
- Winter Planning and capacity across Health and Social Care (incl. 1000 beds)
- Ongoing workforce recruitment (locally, nationally, internationally) and focus on staff wellbeing

TARGET FOR NEXT QUARTER

1. Reduce Ambulance Handover Waits
   - Average lost hours; total lost hours; number of four hour handover delays
2. De-escalate additional bed capacity to reduce workforce pressures in acute hospital
3. Delivery of 1000 beds priorities – care home and step down
4. Reduce >21 day length of stay
5. Sign off and begin delivery of Winter plan across Health and Social Care
6. Continued improvements in access for primary care services such as GMS, Dental and Optometry
7. Develop options for Urgent Primary Care Centre in Cardiff

FURTHER READING

[Insert any additional documents here]

PLANNED CARE

TARGET FOR LAST QUARTER

- Maintain pace and focus on reduction long waiting outpatient patients through increase in activity and validation of lists – focus on specialities where national performance ambition is deliverable by Dec and on improvement plans for high volume areas
- Sustain the increase in activity with Eye theatres and continue to explore short and medium term regional solutions for eye care.
- Commence activity through the mobile endoscopy unit in UHL and continue to engagement in the scoping of regional endoscopy and diagnostic opportunities.
- Commission the spinal facility in UHW to enable spinal outpatient and treatments to take place.
- Deliver key milestones in the orthopaedic recovery plan including GIRFT response, fracture clinic repatriation and scoping regional opportunities
- GIRFT reviews in gynaecology and general surgery
- Focus on our trajectories to improve paediatric surgery access times
- Launch of national “See on Symptoms” (SOS) and “Patient Initiated Follow Up (PIFU) website
- Full roll-out of ePOAC system across all specialties

ACHIEVED TARGETS

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

- Weekly planned care performance meeting in place to track the 52 week outpatient cohort and ensure that it is reducing. Key specialties have undertaken D&C modelling. These have been RAG rated according to the deliverability of the 52 week target
  - 52 week cohort was 31,642 at the beginning of July and it is now 25,727
- Mobile Eye Theatres average weekly throughput in Q1 was 49 and average weekly throughput so far in Q2 is 78
- Mobile endoscopy started and will be running 7/7. Activity across endoscopy is at 119% of pre-COVID activity
- Timeline for the spinal facility was delayed from the original plan but it is now open and activity has commenced
- Orthopaedic Steering Group has been set up and first meeting is 8/8/22. Detailed D&C planning has been undertaken and a dashboard is in development to monitor performance. Job plan reviews are ongoing and a work plan in response to GIRFT has been developed
- GIRFT review in Gynae was held on 21/7/22 and the team are awaiting the report
- Paeds surgery trajectories have been completed and anaesthetic support from Swansea has been secured for additional theatre lists. Director of Operations for Children and Women has established regular paeds surgery planning meetings to maximise booking and utilisation
- 8 week diagnostics target:
  - Endoscopy: 1766 at the end of Q1 and 1666 at the end of July
  - Echo Cardiogram: 355 at the end of Q1 and 235 at the end of August
- National SOS-PIFU staff facing website has been launched and bid for a SOS-PIFU patient facing website has been supported by Welsh Government’s Outpatient Transformation Fund
- POAC has moved from Outpatients to Lakeside Wing. This has increased the service’s capacity and released capacity in main Outpatients

RISKS AND MITIGATIONS

RISKS

- Availability of workforce to run additional capacity
- Availability of capital to enable transformational change
- Ability to deliver national delivery ambitions in timescales

MITIGATIONS

- Reviewing skills mix in delivery of planned care, working with insourcing companies where appropriate
- Clear, prioritised and Exec supported site masterplan in place to support targeting of resources
- Determined specialties where 52 week Op wait can be achieved and improvement plans in high volume specialties

TARGET FOR NEXT QUARTER

- Eliminate > 3 year waits
- Maintain the focus on ophthalmology theatres
  - 2 new consultants start in September which will increase the ability to cross-cover all lists and increase activity in Q3
- Relocation of spinal injection lists and outpatient clinics will lead to an increase in activity
- Orthopaedics:
  - Sign off plans for fracture clinic in Q3 and ensure funding is in place for the move
  - Additional activity starting in Barry Hospital
  - Spinal relocation will increase outpatient capacity in CAVOC
  - Insourcing should start in Q3
- GIRFT reviews for Gen Surg and Urology
  - Action plan for Gynae will be developed once GIRFT report is published
- A Supporting Patients Whilst Waiting subgroup is being established to take this workstream forward, which will be chaired by the Clinical Director for Therapies.
- First meeting of the Theatres Improvement Group is on 08/09/22, chaired by Clinical Director for Perioperative Care. This group will drive forward work around theatre booking, utilisation, resource allocation, and suite of metrics to track.
- Eliminate 8 week waits for echocardiogram and a downward trajectory for non obstetric ultrasound.

FURTHER READING

[Insert any additional documents here]

MENTAL HEALTH

TARGET FOR LAST QUARTER

- Improve compliance with Part 1a 28 day assessment in child an young people's services and adults
- Complete scope, deliverables and critical path for all age Eating Disorders pathway and improvements
- Feasibility and critical path in place for "return to footprint" plan for adult services, including for example the repatriation of PICU service users from out of county
- Progress planning for 111 press 2 with initial Go Live of Q3
- Progress recruitment and preparation for combines assessment and intervention team for CAMHS with full implementation expected in Q3

ACHIEVED TARGETS

- Delivered and sustained improvements in part 1a assessment - all age performance for Part 1a at 97%
- Significant improvement against CYP standard at 72% for August and average wait at 23 days
- Improved access to Eating Disorder services (for example 40 weeks Dec 21 to 20 in August 22 for EDSOTT service)
- 111 Press 2 – service and workforce plan in place – commenced recruitment

SEE SLIDE [5,6,7] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Increasing demand into mental health services (CYP and adult) as compared to pre-covid
- Increase in out of area placements due to pressures in inpatient MH system
- Workforce recruitment and retention, including Recruitment to 111 press 2 service

MITIGATIONS

- Increase support into tier 0 (website) and recovery college to get upstream of pre urgent and acute demand
- Continue to develop innovate workforce solutions, for example peer support and work

TARGET FOR NEXT QUARTER

- Delivery of Winter plan priorities including inpatient capacity, Sanctuary provision, Mental Health Matters support
- Sustain improvements in delivery against part 1a standards for all ages
- Improvements in accessing to Eating Disorders services in CYP, and Adult
- Planning for Go Live for 111 Press 2 and identify go/no go criteria
- Commence new CAMHS combined intervention as assessment team and track impact on improving access and reducing waits
- Progress plan for neuro developmental services in children's services
- Inpatient Stability and Stabilisation focusing on staff communication and training alongside plan for out of area service users

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE CLINICAL SERVICES

TARGET FOR LAST QUARTER

- Further development of programme governance to include high level critical path in line with strategic programmes
- Completion of service line pilots
- Completion of a lessons learned report for project 1 to inform future approach to service line work
- Complete scoping for projects 2 & 3
- Development and approval of strategic communication and engagement strategy and plan with activities and timelines
- Development and approval of Programme Initiation Document at Programme Board
- Formal commencement of Projects 1,2 & 3

ACHIEVED TARGETS

- Programme governance developed with SRO confirmed. Programme board terms of reference completed and October date for first Board. Further work to do at portfolio level on interdependencies between strategic programmes.
- Service line pilots complete with final service line packs to be received by 16.09.22 and formal report and recommendations to be taken to Oct Programme Board.
- Scoping for project 2 to be undertaken once approach, resource and timelines agreed for project 1 as this is a foundational project for pathways
- Scoping underway for project 3 – cross cutting themes
- Recruitment of programme manager complete starting Oct 22.
- Programme Initiation document in draft awaiting Oct Programme Board.

SEE SLIDE [4] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

- Organisational capacity for strategic development
- Organisational engagement with clinical strategy is not to the level required

Mitigation

- Lessons learned undertaken to support future approach to enable most efficient use of time with teams across the organisation & ensure protected time is allocated
- Work to refresh the organisations strategy will support engagement with future vision and set clear objectives for the Clinical Services
- Communications and engagement plan for the strategic portfolio to be developed. Steering group established with key stakeholders in attendance.

TARGET FOR NEXT QUARTER

- Approval of Programme Initiation Document & approval of project 1 scope and approach based on pilot and lessons.
- Completion of scoping for projects 2 & 3
- Completion of high level programme plan & critical path in conjunction with other programme within the portfolio
- Development of detailed resourcing plans for project delivery
- Review of benefits realisation and risks
- Review of stakeholder mapping in development of wider communication and engagement plan for the strategic portfolio
- Development of a modelling approach/framework with strategic portfolio
- Development of programme office with SOFH to allow for consistency and robust programme governance.

FURTHER READING

- Shaping Our Future Clinical Services - Shaping Our Future Wellbeing - Cardiff and Vale University Health Board

OUR CONTINUED COVID-19 RESPONSE

TARGET FOR LAST QUARTER

1. Find alternative location for Mass Vaccination Centres (MVC)
2. Begin planning for Autumn Booster Campaign
3. Continue de-escalation of dedicated covid positive capacity in acute hospitals
4. Ensure delivery of essential urgent and planned care services

ACHIEVED TARGETS

1. Woodland House confirmed as new location of MVC and is now operational.
2. Autumn Booster
    1. MVCs main delivery mechanism (Woodland House and Holm View)
    2. Mobile team to do care homes, housebound (and some harder to reach groups for eligible cohorts)
    3. GMS asked to do 80+ (awaiting confirmation of take up)
    4. Community pharmacy likely to do social care staff and provide some local cover if gaps for GMS
3. De-escalation of covid-capacity has progressed well, covid+ patients now cared for on speciality specifically wards. C7 beds 40% de-escalated with plan to close by end of September latest.
4. Performance challenges in key areas such as Urgent and Emergency Care, Cancer, Planned Care. Detail provided in previous slides.

RISKS AND MITIGATIONS

Risks
- Future peaks of covid demand
- Impact of significant winter peak in respiratory demand due to reduced exposure and continued increased social interaction
- Ability to balance future demands with the continued recovery of services
- Reduced sensitivity of modelling and demand predictions (less testing)

Mitigations
- Continue monitoring of covid demand through combination of public health and operational intelligence
- Develop winter plan to meet needs of covid and non-covid demand
- Continued partnership working to deliver improvement across unscheduled care

TARGET FOR NEXT QUARTER

1. Finalisation and approval of winter plan, to include continued response to covid
2. Autumn Booster Campaign and Flu Campaign
3. Final closure of additional covid positive capacity in acute sites (note this capacity currently functioning as amber)

FURTHER READING

[Insert any additional documents here]

DIGITAL

TARGET FOR LAST QUARTER

The 22-23 IMTP outlined IMTP and other projects.

This Q2 report focusses on the 20 IMTP planned initiatives.

Quarter 2 status is as follows:

1 is a national programme
10 are on track
2 are off track
2 are going off track
5 projects have been paused pending resource

detailed summary of each of the above projects.

ACHIEVED TARGETS

The attached digital milestone progress report below provides a detailed summary of each of the above projects and the progress made over the last quarter.

SEE SLIDE [9] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Lack of resource and funding continue to be the major causes for projects that are either off track or going off track

MITIGATIONS

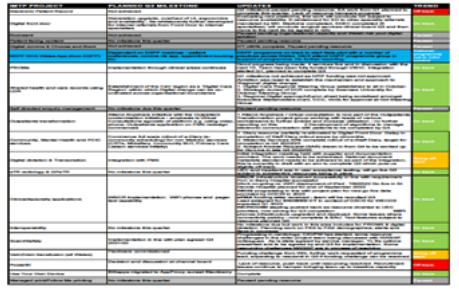
- Review and prioritisation means some activities have been paused, allowing us to move to a position where the majority of plans are on track

TARGET FOR NEXT QUARTER

- These are as shown in the Milestone summary submitted as part of the IMTP
- Recover going off track projects where resources allow through mitigation

FURTHER READING

Double click to open detailed status report



@HOME

TARGET FOR LAST QUARTER

- Re-energise the programme after winter pressures which saw project leads focussed on operational issues
- Establish programme overview milestones and deliverables
- Develop and submit funding proposals for continued funding through the Regional Integration Fund
- Create a programme prospectus which clearly outlines the scope and ambition of the programme both for the public and workforce
- Viewer to be developed by Lightfoot to identify nature of demand and opportunities for new models
- Create a Digital Care Region programme to address partnership digital and intelligence needs.

ACHIEVED TARGETS

- Project leads have regrouped and clear definition work emerging to be able to move projects into delivery
- Proposals submitted and agreed for funding over at least the next 2 years
- Draft prospectus delivered for review which will set out the agreed target operating model
- Viewer developed, with work ongoing to make this live and align with the Regional Outcomes Framework including data from across statutory organisations
- Clinical leadership capacity secured
- Digital Care Region funding not secured.
- PCPG footprints agreed for Cardiff and for Vale of Glamorgan
- Alignment of programme activity to support delivery of 6 Goals programme
- Alignment of programme activity to support delivery of +1000 beds national initiative

SEE SLIDE [10] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

1. Lose momentum as the programme shifts from scoping to delivery
2. Failure to align with other major programmes (SOCS, Primary care transformation, Recovery, CC Ageing Well Strategy) and risk of gaps/duplication
3. Digital capability and maturity to support multi-agency integrated care model
4. Operational leadership capacity compromised due to ongoing pressures
5. Not securing cross-partnership agreement of the future TOM
6. Not defining clear benefits/metrics and interdependencies
7. Not including tapering of RIF funding over lifetime of the 5yr programme into organisational financial planning and not securing local funding to replace it.
8. Ability to create investment and growth in community, primary and social care services to deliver more activity and impact in/out of hospital settings

MITIGATIONS

1. Clearly defined programme scope and deliverables with clear governance
2a. Close liaison with PCIC leads and programme directors
2b. Interdependencies mapping across key programmes
3. RPB-wide digital maturity programme to be established
4. Provide direct support and ensure programme supports operational priorities
5. Co-production of future TOM with org leads and seek agreement of execs
6. Alignment of organisational metrics to programme
7 and 8. Work with DOFs and service leads. Establishment of robust business cases with evidence of impact

TARGET FOR NEXT QUARTER

- To coproduce the target operating model fpr integrated locality delivery across health and social care, defining new ways of working including IT/systems, workforce and estates with a view to building detailed plans around each of these key areas moving forward
- To finalise programme and project deliverables, milestones and benefits for baselining and ongoing reporting
- To develop an engagement/consultation plan to begin workforce and public engagement, utilising the 'prospectus' as the basis for this.
- To work with Lightfoot to build a system-wide view of our data and to use this for tracking the impact of the programme
- To utilise the funding to begin recruitment to new posts identified and begin project delivery
- Inaugural PCPGs to meet and scope role/function
- Intermediate care delivery plan to feed into 6 Goals and +1000 beds.

FURTHER READING

- Programme board minutes from 6.6.22 are available via the programme manager, Chris Ball Christopher.ball@wales.nhs.uk
- Note that this programme is a partnership programme and as such is Regional Partnership Board-led, with the CVUHB as a major partner. It is also one of the CVUHB's strategic programmes

SHAPING OUR FUTURE WORKFORCE

TARGET FOR LAST QUARTER

- Focus on staff health & wellbeing, reduce sickness absence %.
- Focus on actions within the Retention Plan to move towards a more sustainable turnover %.
- Prioritise appraisals to ensure our staff feel valued
- Advertise and appoint to vacancies in a timely manner, reduction in vacancies.
- Increase the capture of EDI data in ESR %.
- Complete the implementation of HealthRoster to all 12.5hour ward areas.
- Start to build internal workforce planning capabilities.
- Increase the number of apprenticeships.
- Introduce bitesize leadership & development opportunities.
- Continue to improve the way we engage and listen to staff.

ACHIEVED TARGETS

Examples of achievements (see detailed Flash Reports and papers attached):

- Wellbeing - additional investment was secured: a large no. of staff room refurbishments completed and hydration stations procured.
- A significant no. of managers have been trained on the Managing Attendance at Work since January 2022. Managers have also attended a Training session on Ill Health Retirement Process. Sickness absence for Aug 2022 has reduced to 6%.
- Increased the supply of HCSW on the bank to improve fill rate & reduce agency usage.
- Focused effort on recruitment of permanent HCSW's to ensure we are Winter ready and can reduce agency usage, to improve quality.
- VBA process and training has been streamlined, in this qtr compliance has improved by 5%.
- Roll out of EDI data campaign launched.
- Healthroster rolled out to 70% of 12.5 hour ward areas. Significant amount of system training provided and live to payroll
- Strategic Workforce Plan for Nursing – refreshed & re-submitted
- Wellbeing survey for our Medical & Dental teams closed - 378 responses, working on.
- 'Winning Temp' engagement tool has been launched, 12% participation rate to date.
- Acceler8 leadership programme - Cohort 1 delivered. Nominations for Cohort 2 received.
- Increased no. of apprentices appointed and introduced new engineering apprenticeship.
- Commenced skill mix review on our inpatient ward areas – new and extended roles.

SEE SLIDE [11,12] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Whole system pressures, Winter and COVID uncertainty, lack of development for staff.
- Staff wellbeing - Absence may rise again as we move into Winter, burnout.
- Turnover is extremely high.
- Quality of patient care/service may be impacted by turnover, absence, vacancies
- Funding for cohort 2 - International Nurse Recruitment.
- Central funding for e-job planning and e-rostering systems.
- Increased requests across CBs re: leadership capability
- Poor engagement caused by work pressures, staffing levels and cost of living crisis.

MITIGATIONS

- WOD alignment to strategic programmes.
- Effective partnership working with TU representatives.
- Quarterly meetings to discuss progress against P&C Plan.
- Clinical Board Performance Reviews.

TARGET FOR NEXT QUARTER

- Develop staff health & wellbeing impact measures, reduce sickness absence %.
- Focus on actions within the Retention Plan to move towards a more sustainable turnover %.
- Continue to improve the way we engage and listen to staff.
- Advertise and appoint to vacancies in a timely manner, reduction in vacancies.
- Increase the capture of EDI data in ESR %.
- Continue to increase the number of apprenticeships.
- Workforce planning training commencing in October 2022
- Development of Anti-Racist Wales Action Plan.
- Cost of Living support and guidance for staff via working group.
- Complete the implementation of HealthRoster remaining 12.5hour ward areas. Analysis of rostering efficiencies where roll out has taken place. Commence SafeCare training & implementation.
- Commence e-rostering roll out for Capital, Estates & Facilities teams.
- Commenced development of new workforce models on wards, i.e. b4 Assistant Nurse Practitioners, skill mix review, b3 extended roles, etc.

FURTHER READING

Flash Report June 2022

Flash Report July 2022

Flash Report August 2022

WOD KIP Report July 2022

S&D Cmte KPI eport Sept (July) 2.

SHAPING OUR FUTURE HOSPITALS

TARGET FOR LAST QUARTER

1. Consider cabinet decision of 11/7/22.
2. Follow up on actions agreed at Minister visit.
3. Holding special programme board on 24/6 to reflect on lessons from recent work and plan the management of scenarios resulting from the range of decisions Cabinet could make.
4. Continue to socialise Life Sciences vision with colleagues.
5. Meet with Cardiff University Med School Dean regarding Heath Park West plans
6. Reference discussions with Leeds, Whipps Cross, Toronto,

ACHIEVED TARGETS

1. Cabinet supported the need to consider options regarding CVUHB's infrastructure and for WG officials to continue working with us. Awaiting formal endorsement of the PBC which is likely to be requested at the same time as CVUHB submit a funding ask.
    1. SOC scoping completed and awaiting feedback from WG
2. Actions agreed at Minister's meeting have progressed. At time of writing (end August), the Research visit is being progressed after receiving response to letter send by CVUHB after the 9/6 visit.
3. Special programme board held and conclusions are helping inform future plans (SOC)
4. Life Sciences visit has been socialised and decisions around adopting the recommendations are the next step and expected to conclude in early September.
5. Held several meetings with University. Joint Future Estate Director position being considered.
6. Reference discussions held with Leeds, Whipps Cross, Toronto, Imperial, Princess Alexandra and the New Hospital Programme.

SEE SLIDE [13] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

1. Lost momentum after PBC not being endorsed

MITIGATIONS

1. Endorsement to be achieved after a clinical review. The ToR of this review are being drafted at the time of writing. SOC preparation can proceed.

TARGET FOR NEXT QUARTER

- Complete SOC scoping after receiving feedback from WG stakeholders to ensure the right content will be produced.
- Agree ToR with WG for clinical review of model presented in PBC.
- With a stable SOC scope, build a costed delivery plan (including what expertise should be recruited and what should be procured)
- Seek PBC endorsement and funding to deliver SOC from WG
    - Commence any procurement and internal recruitment exercises once funding commitment has been received.
- Adoption of Life Sciences Vision and actions

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Vaccination and immunisation

- Completion of outstanding Covid-19 Spring boosters (e.g. for people too unwell to receive it prior to July 2022)
- Increase vaccination of 5-11 year olds to c.30%
- Closure of Splott and Bayside MVCs and opening of new MVC for Cardiff
- Planning for flu and covid-19 autumn booster for autumn/winter 2022/23
- Commence and implement 'Amplifying Prevention' actions agreed jointly with Cardiff and Vale Councils
- Final report following Stakeholder Engagement Review for childhood imms.
- Commence bespoke communications / PR work to address low childhood immunisation uptake over summer holiday period
- Targeted work with GP practices and Primary Care Clusters where uptake is low
- Targeted work with GP practices and schools to address low MMR uptake at school level

Healthy weight: move more eat well

- Action to restrict junk food advertising across Cardiff and Vale progressed
- Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People)
- 40+ schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun)
- Peas Please Veg Advocates delivering community action projects
- Food Related Benefits digital package agreed with partners and launched
- Engagement underway with retailers to accept Healthy Start cards
- Process development for UHB response to planning applications from a health and healthcare perspective

ACHIEVED TARGETS (MID Q2)

Vaccination and immunisation

- Delivery plan for flu and Covid-19 autumn booster vaccination programmes for 2022/23 completed according to national guidance and Wales' Winter Respiratory Vaccination Strategy
- Over 42,000 Spring Booster vaccinations delivered to Care Home residents, people aged 75 years and over and those who are severely immunosuppressed: 79% uptake achieved across all eligible groups.
- 31% of 5–11-year-olds vaccinated against Covid-19 (compared to a national average of 22%)
- Amplifying Prevention Stakeholder Workshop delivered on 25 July 22 and actions developed.
- Covid-19 autumn booster vaccination campaign commenced 1st Sept 22
- Project plan developed for using TTP/Contact Tracing resource to increase uptake of childhood immunisations in selected GP practices.
- Revised CVUHB Staff Winter Vaccination policy developed, and staff consultation undertaken.
- Targeted work with 3 x PC Clusters (Cardiff SW, Cardiff SE and City & South Clusters) where uptake is low including access to Link Workers for practices with high numbers of families from ethnic minority communities.
- Resources produced to support GP practices to increase uptake (e.g., invitation letter template, FAQ).
- PR communications campaign launched 29 August (radio, bus ads, phone kiosk ads, TikTok, Spotify etc)
- Schools identified where MMR uptake is low / children have missing MMR vaccinations

Healthy weight: move more eat well

- MMEW action relating to educational settings, workplaces and healthier advertising part of Amplifying Prevention work
- Action to restrict junk food advertising across Cardiff and Vale progressed
- Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People)
- 29 Schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun)
- Veg Advocates in Cardiff running own projects to increase veg consumption
- Food Vale receives Sustainable Food Places Bronze Award and funding secured for Llantwit Major Food Access Project

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- MMEW - Availability of future data to track overarching project outcomes
- Vaccination – childhood immunisation uptake is lower than national averages and declining in some areas (latest quarterly data Jan-Mar 2022)
- Flu Vaccination – several factors (including co-administration and concern about co-infection) may lead to increased demand for flu vaccine during 22/23 which may outstrip the supply.

MITIGATIONS

- MMEW – improving surveillance for Healthy Weight - HWHW priority /concerns raised with PH Observatory/HWHW Surveillance Group
- Vaccination – various work streams underway with Primary Care Clusters / GP Practices / local communities to increase uptake as well as communication/PR campaign.
- Flu Vaccination – i) requesting information from GPs as to whether there are supply concerns. Ii) accessing a national/central supply of vaccine that will be available to all Health Boards if local supplies are depleted (tbc).

TARGET FOR NEXT QUARTER

Vaccination and immunisation

- Flu and autumn Covid-19 booster vaccination programmes launched across settings with co-administration of vaccines where possible
- All offers made to eligible groups for Covid-19 booster vaccination by end November 2022 with 75% uptake achieved across target populations
- All offers made to eligible groups for flu vaccination by end of December 2022 with 75% uptake achieved across eligible groups
- Commissioned Stakeholder Review report finalised, and recommendations presented to the CAV Immunisation Operational Board in Oct 22
- PR communications toolkit produced and disseminated to partners
- Targeted work with schools where uptake of MMR is low
- Utilise TTP/Contact Tracing to support uptake of Childhood Immunisations in Cardiff SE Cluster.

Healthy weight: move more eat well

- Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22)
- Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22)
- Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)

FURTHER READING

[Insert any additional documents here]

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

Systematically tackle inequalities

- Further expand stakeholder engagement and networking opportunities
- Begin to address barriers to bowel screening identified by the survey
- Co-produce an approach to promotion of bowel screening with the Ethnic Minority Subgroup, and begin to address childhood immunisation
- Convene an operational workshop with LA partners and begin implementation of a partnership approach to amplifying prevention
- Initiate the development of a strategic framework for tackling inequalities

Sustainable and healthy environment

- Completion of Cardiff Healthy Travel Charter commitments, with confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations by end of 22/23, including UHB)
- Updated healthy travel implementation toolkit published
- Successful second Healthy Travel Wales day run
- Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites

ACHIEVED TARGETS (MID Q2)

Systematically tackle inequalities

- Preparatory work to devise a new strategic framework for C&VUHB to tackle inequalities in health outcomes, harm, experience and access for the organisation has commenced
- Conversations with the Digital Team and other partners to agree a measurement set to support the framework have been initiated
- Successful Amplifying Prevention workshop held with partners. Amplifying Prevention Delivery Board established and ToR agreed. Draft action plan developed and early actions commenced.
- Commentary on bowel screening promotional video being translated into several languages to aid dissemination in ethnic minority communities, informed by feedback from Ethnic Minority Steering group. Agreement reached for work of Engagement Coordinator to be aligned to Amplifying Prevention approach

Sustainable and healthy environment

- Completion of Cardiff Healthy Travel Charter commitments on track by most organisations for end Sep, with celebration event planned Oct 2022
- Development of national public health systems leadership group on transport and health
- Updated healthy travel implementation toolkit finalised
- Responded to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

MITIGATIONS

Saunders,Nathan
26/09/2022 10:14:26

TARGET FOR NEXT QUARTER

Systematically tackle inequalities

- Evidence of progress against revised Engagement Coordinator milestones
- Evidence of delivery of agreed partnership action on amplifying prevention, including agreement of indicators
- Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours

Sustainable and healthy environment

- Completion of Vale Healthy Travel Charter commitments
- First signatories to Level 2 Healthy Travel Charter announced
- Outcome of scoping of potential to measure air quality on UHB sites
- Respond to consultation on Preferred Strategy for Cardiff RLDP
- Respond to consultation on strategic growth options for Vale RLDP

FURTHER READING

- Shaping our Future Population Health plan 22-25
- Shaping our Future Population Health flash reports to Strategy and Delivery Committee

SHAPING OUR FUTURE POPULATION HEALTH

TARGET FOR LAST QUARTER

King's Fund recommended programmes

- King's Fund – Report expected July 2022. Results to inform future work programme.
- Commencement of AWDPP clinics across all three Clusters

Tobacco

- Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
- Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
- Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
- Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
- Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds from 1 August 2022

ACHIEVED TARGETS (MID Q2)

King's Fund recommended programmes

- Majority of interviews complete and literature review underway
- Results of initial analysis reviewed and commented upon by UHB leads
- Unanticipated delays at the King's Fund have further impacted delivery of the final report; now expect an initial slide-pack of findings in mid September, with full reports and workshop towards the end of October

Tobacco (data for 2022-2023 not available currently)

- The smoking prevalence rate for Cardiff and Vale of Glamorgan is 12% (NSW, 2020-2021) – one of the lowest rates in Wales
- 2.1% of smokers made a quit attempt 2021-2022 which reflects a static position when compared to 2020-2021 (2.2%)
- 74% of 'Treated smokers' quit smoking at 4 weeks (self-reported) which is an increase from 66% the previous year
- Hospital and community smoking cessation services achieved over 70% 4 week quit rates for all quarters of 2021-2022
- A MAMSS Programme was implemented in April 2021. 64% (Qtr 3, 2021-2022, last available data) of pregnant smokers accepted a referral for smoking cessation advice – an increase from 38%, pre-MAMSS implementation.
- The hospital smoking cessation service achieved a 75% 4 week quit rate 2021-2022
- Children and Young People's Prevention Programme established with a Steering Group formed and Action Plan agreed.
- A No Smoking Enforcement Officer, (managed by UHB Security Services) challenges smokers on UHW site (to be extended to UHL). 423 smokers have been challenged from February 2022- 16 June 2022, 53% visitors, 23% staff. Discussion commenced on 'enhanced enforcement' with Regulatory services regarding the issuing of Fixed Penalty Notices (FPNs) on hospital grounds

SEE SLIDE [16/17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- King's Fund – further unanticipated delays encountered by the King's Fund. Revised delivery plan is for an initial slide-pack in mid Sept 2022, and full reports end Oct 2022

MITIGATIONS

- King's Fund – further revised, phased plan will see full delivery by early Q3 2022/23

TARGET FOR NEXT QUARTER

King's Fund recommended programmes

- Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them

Tobacco

- Smoking cessation services will increase face-to-face consultations in all settings to increase the number of smokers quitting smoking
- Working with key stakeholders, further implementation of measures needed to implement an integrated 'Ottawa' model for hospital smoking cessation will commence to include routine NRT prescribing for all admissions
- Increased referrals to MAMSS by ensuring smokers are targeted by specific scan clinics where the MAMSS Worker is present and routine NRT provision is offered
- Smoking cessation support to children and young people in areas of high deprivation and need (such as those in Pupil Referral Units)
- Working with Regulatory services, formal patrols (as part of 'enhanced enforcement' will take place to issue Fixed Penalty Notices to smokers on hospital grounds
- From 1 September 2022 all mental health units (inside and grounds) in Wales will be smoke-free.in line with the Smoke-Free (Wales) Regulations 2021. This will be applied to all relevant grounds and buildings within the UHB's Mental Health Clinical Board

FURTHER READING

[Insert any additional documents here]

OUR TERTIARY SERVICES STRATEGY

TARGET FOR LAST QUARTER

- Review consultation responses for adult specialised endocrinology , finalise service specification and EQIA, and identify implications for implementation, and submit to the NHS Wales Health Collaborative Executive for approval in principle.
- Work with Welsh Government to support the development of the Welsh Health Circular on Paediatric Orthopaedic Surgery.
- Work with WHSSC on development of the resource transfer approach to support transfer of commissioning responsibility.
- Submit revised funding release to establish South Wales Spinal Network.
- Finalise clinical guidelines for Cauda Equina, MSCC and Spinal Trauma
- Finalise acceptance and repatriation policies
- HPB- Prioritise and implement short term actions, prioritise medium term actions to inform CVUHB plan for 23/24
- HPB - Agree short list of options and benefit criteria – based upon agreed success measures with stakeholders
- OG -Agree draft service model, engage with patients, carers and staff.

ACHIEVED TARGETS

- Draft service specification for adult specialised endocrinology scheduled for discussion at September meeting of NHS Wales Health Collaborative Executive Group.
- Welsh Health Circular on Paediatric Orthopaedic Surgery published.
- Work ongoing with WHSSC to support resource transfer for Paediatric Orthopaedic Surgery
- South Wales Spinal Network (SWSN) business case / funding release approved by WHSSC
- Funding releases for SWSN MSCC coordinators submitted for consideration through WHSSC CIAG process
- Memorandum of Understanding for SWSN drafted and issued to Health Boards for approval
- HPB Workstreams completed initial analysis of actions – scheduled for discussion at September meeting of HPB Clinical Model Working Group
- Benefit criteria and options to be agreed at September meeting of HPB Clinical Model Working Group

SEE SLIDE [18] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Delay in agreement of definitive OG cancer service model for SBUHB

MITIGATIONS

- Continue to support SBUHB OG cancer service through outreach surgeon

TARGET FOR NEXT QUARTER

- Agree MoU for SWSN
- Finalise and agree SWSN Clinical Governance and Data Sharing policies
- Recruit SWSN staff – network team
- SWSN pre launch programme – including communication plan, benefits realisation plan, guideline development, etc.
- Engage on RSSPPP Partnership Framework for Specialised Services
- Hold RSSPPP workshop on Specialised Services Partnership Strategy / Model
- Commence development of service specification for Specialised Infectious Diseases Services
- Establish HPB External Advisory Group and complete clinical option appraisal
- Agree principles for OG service model and commence engagement with patients, carers and staff

FURTHER READING

Adobe Acrobat Document

WIDER REGIONAL WORKING WITH SOUTH EAST WALES PARTNERS

TARGET FOR LAST QUARTER

South East Wales Regional collaboration

- Appoint Programme Director
- Establish governance structure regarding the Orthopaedic programme which CAVUHB is responsible for
- Play an active partner in pursuing;
    - Regional Community Diagnostic Hub (diagnostic programme)
    - Interim regional cataract recovery solution and finalise regional eye care strategy (ophthalmology programme)
    - South East Wales regional pathology solution (Diagnostic Programme)

CAVUHB / VNSHT partnership

- Appoint to senior strategic planning manager post. Engage all stakeholders, review programme progress to date, identify priority areas and make recommendations on required next steps.

Stroke

- Agree proposal for regional delivery network, in line with the recommendations of the Stroke Implementation Group, and establish regional programme and its governance. Complete initial stakeholder with engagement with all stakeholders, making clear the case for change.

ACHIEVED TARGETS

South East Wales Regional collaboration

- Regional Planning Programme Director appointed and starts during September
- Clinical lead for Orthopaedics in place, active recruitment for a programme manager in place- proving problematic
- Regional Community Diagnostic Hub – *Scope developed and agreed by the region*
- Interim regional cataract recovery solution- *Model developed and agreed. Business case to support the interim model under development. Target go live date of March '23. Regional strategy undergoing soft engagement / testing*
- South East Wales regional pathology solution- *Scope developed*

CAVUHB / VNSHT partnership

Joint post between CAVUHB and VNHST appointed. Programme health check undertaken with findings presented to V@UHW programme board; proposals made to strengthen programme definition and partnership working arrangements Structure and governance arrangements strengthen across both organisations.

Stroke

Cardiff and Vale UHB has agreed to partner with Cwm Taf Morgannwg UHB to establish the South Central Wales Delivery Network. Programme Manager appointed. Phase one plan, programme structure and governance arrangements agreed ahead of first regional programme board in September. Initial stakeholder events with staff held at both UHBs.

SEE SLIDE [17] IN BASELINE DOCUMENT

RISKS AND MITIGATIONS

RISKS

- Ability to for fill key leadership posts. Orthopaedic programme and diagnostic programme still without a programme manager.
- Alignment to national direction which is at varying stages of maturity

Saunders,Nathan
26/09/2022 10:14:26

TARGET FOR NEXT QUARTER

South East Wales Regional collaboration

- Finalise leadership arrangements for Orthopaedic programme and establish early scope and objectives
- Regional Community Diagnostic Hub – *Undertake procurement exercise*
- Interim regional cataract recovery solution- Finalise business case and seek endorsement across all Health Boards. Finalised regional eye care strategy.
- South East Wales regional pathology solution- *Scope finalised, formal project board established with next steps agreed.*

CAVUHB / VNSHT partnership

- Develop memorandum of understanding and principles for partnership working
- Agree delivery plans with each project
- Work with colleagues on understanding the remit and function of the Haemato-oncology work stream.
- Merge the Acute Oncology Service and Unscheduled care projects to maximise best use of clinical and project resource.

Stroke

Appoint regional programme clinical lead.
Support National Stroke Programme in establishing a plan and milestones for their activity, which is a critical interdependency for the regional programme
Conduct joint stakeholder event for Cardiff and Vale UHB and Cwm Taf Morgannwg UHB to continue engagement around the plans for the new regional model.

FURTHER READING

- Attached slides provide further information regarding;
- Principles agreed by three HBs as to how regional collaboration will be delivered
- Current portfolio structure
- Current status of the programmes across the portfolio in terms of appointments / agreed definition / leadership arrangements

Microsoft
verPoint Presentat

OUR PHYSICAL INFASTRUCTURE – Geoff

TARGET FOR LAST QUARTER	ACHIEVED TARGETS	SEE SLIDE [13 - 15] IN BASELINE DOCUMENT
		

RISKS AND MITIGATIONS	TARGET FOR NEXT QUARTER	FURTHER READING
Saunders,Nathan 26/09/2022 10:14:26		[Insert any additional documents here]

IMTP Background, Content and Baseline Information

Version 2.0

INTRODUCTION: HOW TO READ THE IMTP QUARTERLY UPDATE

OUR PLAN

This background, context and baseline information booklet provides a reference point / overview of the following which were described in the UHBs 22-23 Integrated Medium Term Plan;

- Our operational performance ambitions
- The objectives / ambitions of our strategic programmes (Shaping our future clinical services, Shaping our future hospitals, Shaping our population health, @Home and Delivering Digital)
- Our people and culture ambitions
- Priority areas for the Minister of Health and Social Care

Each quarter an IMTP update report will be produced that sits alongside this booklet and will provide a moment in time summary of the progress.

The IMTP is of course a strategic level plan. Consequently the quarterly update report on implementation is also set at strategic level. Where additional information is required regarding the specifics of a particular project/programme further information can be found from other sources (which are signposted to).

Quarterly update reports should always be read in conjunction with other key papers which the UHB routinely produces for Board and its sub committee's. For example the Director of Finance Financial report.

These update reports merely provide progress against specific actions/ambitions/targets. The impact that these actions are having is however equally important. As such it is also recommended that the update report provided is also considered in the context of the UHBs outcomes framework *heatmap* which is shown at the front of the update report.

Whilst this delivery report is shaped around the UHBs 9 priorities for 22-25 it is important to recognise that these priorities are not mutually exclusive. Actions being progressed against one priority will often also be materially progressing another priority. On this basis in two cases it is not be possible to specifically report against the priority. Both *address the main burdens of disease in Wales* and *Our continued covid-19 response* can not be reported on in isolation as they inherently sit across all of our other priorities.

OUR PRIORITIES FOR 2022-2025

OUR PRIORITIES

PARTNER COLLABORATION

- Tertiary services with Swansea Bay UHB
- Cancer services with Velindre NHST
- South East Wales vascular services
- South East Wales eye care
- South East Wales Pathology and diagnostics
- Stroke and Thrombectomy

DIGITAL

- Electronic patient record
- A digital front door
- E-consent
- Patient facing content
- Digital communications- choose and book
- Shared health and care records
- Self directed enquiry management
- Outpatients transformation
- Digital dictation and transcription
- Clinical / speciality applications
- Interoperability
- Sac4Safety
- Use your own device
- Managed print / follow me print
- Community, MH and PCIC services

PHYSICAL INFASTRUCTURE

- Shaping our future wellbeing in the community plan
- Acute infrastructure plan
- Shaping our Future Hospitals programme

SHIFT TO PREVENTION

- Vaccination and Immunisation
- Systematically tackle health inequalities
- Healthy weight: Move more eat well
- Sustainable and healthy environment
- Kings Fund recommendations

COVID-19 RESPONSE

- Managing the five harms associated with Covid-19

ADDRESSING THE BURDENS OF DISEASE

- Cancer
- Cardiovascular

INTEGRATION WITH COMMUNITY SERVCES

@home programme

- Primary care infrastructure projects
- Intermediate care
- The Vale Alliance
- Accelerated MDT Cluster development
- Single Point of Access

WORKFORCE AND OD

- Seamless workforce models
- Engaged, motivated and healthy workforce
- Attract, recruit, retain
- A digitally ready workforce
- Excellent education and training
- Leadership and succession
- Workforce supply and shape

SYSTEM RENEWAL AND DESIGN

- Planned care
- Unscheduled Care
- Primary Care
- Diagnostics
- Mental Health
- Shaping our Future Clinical Services

THE GOLDEN THREAD: QUALITY, SAFETY & PATIENT EXPERIENCE

A BOLD APPROACH TO QUALITY, SAFETY AND PATIENT EXPERIENCE IS REQUIRED

Our IMTP puts quality, safety and patient experience at the heart of the plan when it described the UHBs five year QSE framework. The plan did not list QSE as a discrete priority recognising instead it was more fundamental than this. It is a golden thread which should sit across everything the UHB does. Eight key enablers in the revised QSE framework for the next five years were outlined:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

TIMESCALE	AMBITION
22-23 Qtr 2	• Development of the support framework for staff involved in inquests • Implementation of the "What matters to me" conversations • Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)
22-23 Qtr 3	• Agreement of a Humans Factor Framework and Implementation plan
22-23 Qtr 4	• Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) • Establishment of the UHB stakeholder panel • Development of the organisational learning committee • Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions • Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020 • Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project • Implement the CIVICCA - Once for Wales service user experience system • Complete the implementation Once for Wales Concerns Management System • Development of a QSE accreditation/ syllabus

PRIORITY 1: RECOVERY AND REDESIGN

OUR PLAN

Recovery and redesign as a priority spans both the UHBs recovery and redesign and the strategic transformation portfolios.

The 22-25 IMTP set a number of delivery ambitions for the next year across five areas; Primary Care, Mental Health, Planned Care, Urgent and Emergency Care and Diagnostics).

Shaping our Future Clinical Services (SOCs) is a transformational programme of work which in turn takes a >3year view of our health system. Its objective put simply is to develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

This section of the delivery report provides a 'moment in time' position for the UHB against the ambitions provided across these areas.
Further information regarding *how* progress is being made, *why* progress is on track (or off) can be found via the following documentation;

- The Director of Operations performance reports to Board
- The Shaping our Clinical Services programme reports given to the Strategic transformation portfolio board.
- The Operational plan and delivery group mechanisms.

Shaping our Future Clinical Services

Recovery & Redesign
Adfer ac Ailgynllunio

PRIORITY 1: RECOVERY AND DESIGN

ACROSS A SERIES OF SERVICES THE UHB SET A NUMBER OF AMBITIONS

SPECIALITY	Q1 – WHERE WE SAID WE WOULD BE	Q2 - WHERE WE SAID WE WOULD BE	Q3 - WHERE WE SAID WE WOULD BE	Q4 - WHERE WE SAID WE WOULD BE
Primary Care	Increased % of dental activity vs. pre-covid levels (subject to IPC guidance)	Increase in Eye Care Treatment by primary care Deliver option appraisal and develop plan for next UPCC centre	Reduction of emergency admissions for over 65s	Delivery of diabetes performance measures in line with WG targets
Unscheduled Care	Reduce ambulance lost hours by 25% above March '22 position 90% surgery patients via surgical SDEC	Reduce 21-day length of stay to pre-covid levels Medical SDEC at UHW open 7 days a week	Compliance with latest SNAPP targets	Eliminate 12 hour ED wait
Planned Care	• 100% of pre-covid levels for elective surgery • 100% of pre-covid activity levels for new OP	• 110% of pre-covid activity levels for new OP • Increase SOS / PIFU pathways	• 110% of pre-covid activity levels of elective activity • 110% of pre-covid activity levels for new OP • Achieve 33% of outpatients via virtual • Reduce volume of 104 week waits for treatment	• Eliminate 104 week waits for outpatients • Eliminate 104 week waits for treatment • 120% of pre-covid levels of elective activity • 120% of pre-covid levels for new OP • Achieve >65% Single Cancer Pathway target • Deliver 30% reduction in delayed follow ups (>100%)
Mental Health	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults • Improvement in Eating Disorder access times	• Deliver NHS 111 (press 2) programme • Go live with sanctuary provision for crisis care in adults • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times • Deliver sustained improvement trajectory for neurodevelopment assessments
Diagnostics and Therapies	• Eliminate 8 week waits for all modalities excl. US, Echo and Endoscopy	• Eliminate > 8 week waits for US and Echo • Endoscopy activity to exceed 125% of pre-covid activity levels	• Endoscopy activity to exceed 130% of pre-covid activity levels	• 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) • 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

PRIORITY 1: RECOVERY AND DESIGN

6 GOALS OF URGENT AND EMERGENCY CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	1 x UPCC in Vale
Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure
Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	MEACU – 5 days per week Surgical SDEC – TBC
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.
Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.

CARE CLOSER TO HOME

PRIORITY MEASUREMENT	TARGET	BASELINE
Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	2018-2019 – 41.58% (All Wales 43.02%)
Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: • Blood pressure reading is 140/80 mmHg or less • Cholesterol values is less than 5 mmol/l (<5) • HbA1c equal or less than 58 mmol/mol or less	1% annual increase from baseline data	2018-2019 – 30.28% (All Wales 33.35%)

PRIORITY 1: RECOVERY AND DESIGN

ACCESS TO TIMELY PLANNED CARE

PRIORITY MEASUREMENT	TARGET	BASELINE
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national zero target by 2024	2002 (Dec 2021); March 2022 forecast – 2,722
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national zero target by 2026	4330 (Dec 2021); March 2022 forecast – 6,263
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a 95% national target by 2026	55% (Dec 2021) ; March 2022 forecast – 44.5%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	2199 (Dec 2021); March 2022 forecast – 4,646
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	12645 (Dec 2021); March 2022 forecast – 15,411
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	March 2021 – 49,862; Target = 34,903; 42,720 (Dec 2021)
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	1982 (Dec 2021); *Reportable Endoscopies;* March 2022 forecast – 1413
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	March 2022 forecast – 65.8%

INFECTION, PREVENTION, CONTROL

PRIORITY MEASUREMENT	TARGET	BASELINE
Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific targets	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above
Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific targets	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above

PRIORITY 2: DIGITAL INFRASTRUCTURE

OUR PLAN

The UHBs digital infrastructure is set within the IMTP as being recognised as being a key enabler for the UHB.
The 22-25 IMTP set a number of delivery ambitions across a range of key areas which included;

FUNDED AND PRIORITY 1

- Patient facing content
- PROMs
- Digital dictation and transcription
- TR radiology & GPeTR
- Scan4Safety

UNFUNDED PRIORITY 1

- Electronic patient record
- Shared health and care records
- Signals from Noise and power BI

UNFUNDED PRIORITY 2

- Digital front door
- E-consent
- Digital communications – choose and book
- Self-directed enquiry management
- Outpatient transformation
- Community, Mental Health and PCIC services
- Clinical / speciality applications
- Interoperability

OUT OF CAV CONTROL

- DSPP
- Vein2Vein transfusion (all Wales)

DIGITAL AND TECHNOLOGY

PRIORITY MEASURE	TARGET	BASELINE
Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities. The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.

PRIORITY 3: INTEGRATION WITH COMMUNITY SERVICES

OUR PLAN

The @Home programme is a key plank of the UHBs *Integration with community services* priority.

@Home is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care.

Across this programme of work the UHB set a number of ambitions. These are highlighted below.

PRIORITY	AMBITIONS
Progress key Primary Care infrastructure projects	**22/23 Qtr4** Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC **23/24 Qtr4>** Development of full business case and proceeding to build/delivery (subject to funding)
Intermediate Care	**22/23 Qtr4>** Development of a 24/7 crisis response service Alignment of services and development of a 'rightsized' IC service provision
Vale Alliance	**22/23 Qtr 2-** Finalise agreement from partners and development of the model **23/24 Qtr2-** Mobilised shadow arrangements **23/24 Qtr 3> -** Implementation and ongoing development of model
Accelerate MDT Cluster Development model	**By 22/23 Qtr 4 -** Rollout of the cluster model to two further clusters **By 23/24 Qtr 4 -** Rollout of the cluster model to remaining clusters
Single Point of Access	**22/23 Qtr 4** Development of both the Cardiff and VoG provision for accessing community services

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period.

As part of the IMTP and supporting delivery of this people and culture plan the UHB set a number of ambitions. These are highlighted below.

AMBITIONS	TARGET
Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.	Between 7-9% - by 202/23
Reduce vacancies across the UHB to be 5% or below.	5% or below
Reduce the bank and agency expenditure	
Increase the number of staff employed in integrated health and social care roles by end 22-23	By end 2022-23
Streamline current recruitment processes, improving the onboarding time Reduce absence to a more sustainable position	A reduction to 6% in 22-23 and 5.5% in 23-24
Reduce the number of staff on long term sick leave suffering with stress, anxiety, depression	10% in 22-23 and a further 10% in 23-24
Raise awareness of the importance of undertaking appraisals with staff and increase compliance Increase the number of staff who access learning, development and training opportunities	50% in 22-23 and 85% in 23-24
Staff undertake the Senior Leadership Programme and identify leadership pathways at every level.	50% by 23-24 36 members by 2022/23

PRIORITY 4: SHAPING OUR FUTURE WORKFORCE

OUR PLAN

Falling within the people and culture priority of the UHB are also three areas which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Agency spend as a percentage of the total pay bill	12 month reduction trend	YTD Feb 2020: 1.9%; YTD Feb 2021: 1.9%; YTD Feb 2022: 2.9%
Overall staff engagement score	Annual improvement	2016: 3.64; 2018: 3.83; 2020: 3.70
Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	2018: 68%; 2020: 63%
Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	2021 March: 71.07%; 2022 Jan: 72.43%
Percentage of sickness absence rate of staff	12 month reduction trend	Feb 2021: 5.79%; April 2021: 5.36%; Feb 2022: 7.12%
Percentage headcount by organisation who have had a Personal Appraisal and Development Review (in the previous 12 months (including doctors and dentists in training)	85%	Feb 2020: 50.07%; Feb 2021: 33.84%; Feb 2022: 31.53%

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

OUR PLAN

1. Community Infrastructure. To develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019.

2. Hospital based infrastructure. To continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care.

3. UHW2. The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition.

Across these three areas the UHB described a number of ambitions and/or schemes which would be progressed

ECONOMY AND ENVIRONMENT

PRIORITY MEASURE	TARGET	BASELINE
Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach Saunders,Nathan 26/09/2022 10:14:26 Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	• 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position Evidence of improvement	2023 – All NHS Decarbonisation due in 2023 actions showing compliance 2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) 2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) Sustainability Action Plan provides detailed baseline position.

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site. UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	FBC approved by WG – Formal approval 07/09/2021; Commenced on site – 10/01/2022; Total scheme cost £15.2m Funding approved by WG 05/10/2021; Total scheme cost - £5.875m BJC approved by WG –18/01/2022 formal approval ; Revised capital cost of £6.688m

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: OUR ACUTE INFRASTRUCTURE PROGRAMME

SCHEME	BASELINE
Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure UHW Tertiary Tower Electrical infrastructure – essential works UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW	OBC approved – 21/01/2022; FBC in development and submission to WG planned – Q3 2022; Total cost est: £33.5m SOC approved 25/03/2021 – approval of fees 16/12/2021; OBC in development and submission to WG planned – Q3 2022; Total cost est: £11.8m In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23 Total cost est: £1.5m BJC due for submission to Board Q1 2022; Total cost est: £2.2m BJC due for submission to Board Q1 2022, Survey works commenced, Total Cost est: TBC Carried forward from 2021-22 , BJC in development, Total cost est: £2m

PRIORITY 5: OUR PHYSICAL INFRASTRUCTURE

MAJOR CAPITAL SCHEMES IN CONSTRUCTION: IN OUR COMMUNITY

SCHEME	BASELINE
Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23 Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.	Funding approved by WG 02/09/2021; Construction commencement Oct 2021 Contract completion March 2022 FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.

MAJOR CAPITAL BUSINESS CASES IN DEVELOPMENT: IN OUR COMMUNITY

SCHEME	BASELINE
Wellbeing Hub Penarth Wellbeing Hub Ely (Park View) - Essential scheme for providing alternative essential GP capacity to replace lost Health Cantre facilities and meet local primary care needs in line with RPB and UHB strategic priorities SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services Health & Wellbeing Centre – CRI. The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community CRI – Safeguarding Works (including MEP)	Original scheme under review due to changing requirements of Local Authority OBC due for submission to Board Q2 2022; Est Cost £21.4m SOC approved; OBC – submission to Board planned for May 2022. Total cost est: £45.8m OBC (progressing at risk) – submission planned for May 2022; £133m (phased over 10 years) FBC (progressing at risk) – submission planned for November 2022

PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing,* then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. The image describes the SOFPH programme and five composite system level projects that were described within the IMTP

Vaccination and immunisation

Review governance and service delivery models for childhood and flu vaccinations

COVID-10 mass vaccination programme

Systematically tackle inequalities

Review of impact of COVID-19 on health inequalities, including alcohol use; development of engagement programme with ethnic minority communities; specific work on vulnerable groups including substance misuse and youth justice

Healthy weight: Move More Eat Well

Systems leadership to deliver behaviour change in our communities; to achieve vision for population to move more and eat well

Sustainable and healthy environment

Partnership working Council transport and planning teams to impact on air quality, active travel infrastructure, access to public services and green spaces; and healthy retail and growing environments

King's Fund recommended programmes

Work with service leads based on evidence to identify actions to maximise opportunities for prevention and early intervention in primary community settings

PRIORITY 6: A SHIFT TO PREVENTION

OUR PLAN

Falling within shift towards prevention priority of the UHB are also a series of measures which the Minister for Health and Social Care directed Health Boards to make certain improvements. These are highlighted below.

POPULATION AND HEALTH

PRIORITY MEASURE	TARGET	BASELINE
Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Current systems don't enable this data collection as paper records to date. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics
Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress
Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12%; 2024 11%; 2025 10%
Percentage of adult smokers who make a quit attempt via smoking cessation services	5% annual target	Baseline: 2.2% Cardiff and Vale of Glamorgan (PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% / 2024 3% / 2025 3.5%
Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	10% of Pregnant Women smoking on booking; 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021) 2023 9% Smoking at Booking / 2024 8% Smoking at Booking / 2025 7% Smoking at Booking 35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 / 45%, 2024 / 50% 2025

PRIORITY 7: COLLABORATION WITH OUR PARTNERS

OUR STRATEGY

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care and this was articulated in our plan across a range of areas.

Specialist Endocrinology (Adult) From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales.
Paediatric Orthopaedics From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.
Spinal Surgery: Operational Delivery Network (ODN) launches key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.
Hepato-Pancreato-Biliary Surgery: From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification.
Oesphago-Gastric cancer surgery: From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales.

OUR APPROACH

Cancer services partnership

Our plan described a collaboration between the UHB and VNHST to progress work across acute oncology, a research and development hub, haematology/oncology and unscheduled care pathways

South East Regional working

Our plan also described the wider South East Wales regional work which the UHB would progress with its local partners.

- ✓ Vascular services
- ✓ Stroke and Thrombectomy
- ✓ Regional eye care services
- ✓ Sexual Assault Referral Centre

Stroke
Orthopaedics
Robotics
Endoscopy

Report Title:	People Dashboard				Agenda Item no.	2.1.3a	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	27 September 2022	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Assistant Director of People & Culture / Head of People Analytics						

Main Report
Background and current situation:

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan. Attached at **Appendix 1** is the Workforce Key Performance metrics dashboard for July 2022.

A brief UHB overview summary is provided as follows:

Whole Time Equivalent Headcount and Pay bill

- **Variable pay** trend has remained in the 10-11% range over the last 12 months; the percentage for July is 10.85% UHB-wide.

- Total **pay bill** peaked as expected in March due to year end accruals; the April to July pay bills were broadly similar to February.

- **Turnover** rates have increased month-on-month over the last year, but fell for the first time for June 13.58% UHB wide. The July turnover rate is 13.60%. There has been a 1.90% increase in turnover during the last 12 months, which equates roughly to an additional 255 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation - Promotion'.

- **Sickness Absence** rates remain high; the monthly sickness rate for July is 7.34%. The rates for June and July are at the highest they've ever been for this time of year. The cumulative rate continues to rise, at 7.24%; this figure is derived from absence over the last 12 months.

  The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other musculoskeletal problems' and 'Other known causes - not elsewhere classified'

  The number of staff on long term sick leave suffering where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 30/06/22 there were 258 (a reduction of 26 – 9.15%). There are 135 staff on long term absence where Covid-19 has been identified as a Related Reason.

- Employee Relations caseload is the lowest it has been in over 5 years; the reduction is attributable to the change in the People Services Team operating model and continuing to embed the 'Restorative & Just Culture' principles.

- Statutory and Mandatory training compliance rate continues at just over 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with Fire training has fallen slightly in July, down to 64.82%. In June the compliance with Fire training was 65.02%.

- By the end of July 2022, 83.45% of consultant job plans were under construction in the e-system, including 41.78% that have been signed-off.

- The rate of compliance with Values Based Appraisal remains very low; the compliance at July 2022 was 34.57%. It is likely that operational pressures continue to adversely affect compliance.

Below is an update on some of the work that has been undertaken/achieved since the last report.

People Resourcing

- There has been a focused effort on our apprenticeship academy, the team have successfully increased the number of apprentices, implemented new apprenticeship programmes and developed promotional materials which will be used in schools, colleges and universities.
- The majority of the Project Search Interns (work placements for those with learning disabilities and or autism) have now been offered employment at CAVUHB.
- The Temporary Staffing Department (Bank) have increased the supply of HCSW's since June, this will support improve fill rates and reduce agency usage.
- The team are continuing with the Widening Access events with schools to promote NHS careers.
- A significant number of HCSW's have been recruited into existing vacancies by the Hub, this will support the Winter Plan and our aim to reduce agency usage.
- The team have supported with the recruitment of Facilities staff, which has helped reduce the vacancies within this area.
- Full funding has been provided to offer work experience placements with Prince's Trust 16-30-year olds to commence in November.
- The team are participating in a recruitment event for Ukrainian and Afghan refugees in September, this will include meeting with Afghan medical professionals which includes doctors and nurses.
- Participation in the Public Sector fun day in Grangetown area to promote the UHB as an employer.
- Feedback from recruitment events has been really positive and they are proving to be an effective way to promote the UHB and the careers/roles we have.

Engagement

- Wellbeing survey for our Medical & Dental teams closed on 31st July 2022. 378 responses were received and the analysis report received 31st August. Work progressing in September to support with triangulation with other engagement responses (e.g. MES) to identify next steps. Actions to commence October 2022.
- The Winning Temp Staff Engagement Platform was launched in July. Currently a 12% participation rate after 7 weeks (800 people participating). The team are meeting with Directors of Nursing and Heads of People and Culture in September to encourage further engagement and regular sharing of findings.
- Requests for team development and cultural assessments continue to increase with requests from across the UHB. Researching potential organisational diagnostics, conversations taking place with HEIW regarding using the NHS Culture and Leadership Programme approach. Work commencing Sept 2022 with ALAS, initial meeting with HEIW September.
- Awaiting update from HEIW regarding timing and content of NHS Wales Staff Survey 2022. Previous timings indicated Autumn 2022, expected update September 2022.

Health & Wellbeing of our staff

- Inner Wellness webinars for all staff continued in July and August with high attendance and positive feedback. The final webinar will take place in September.
- The first three Wellbeing Retreats have taken place and informal feedback from participants has been very positive. Work is currently underway to capture feedback, with engagement planned in September 2022, supported by The Fathom Trust. September and October dates are fully allocated, including a pilot of MDT access.
- Development of Peer Support, including Schwartz Rounds and MedTRiM is gaining momentum. Clinical leads for Schwartz Rounds will be confirmed in September 2022 following discussions with Executive Directors of Nursing, Medical Director and Exec Director Therapies. Training for Clinical Leads and the Steering Group will be scheduled for Oct 2022. Facilitator identification to take place Oct-Dec 2022. Launch 2023. MedTRiM Practitioner Training scheduled for October 2022.
- Staff Wellbeing Framework development will now commence September 2022, progress and development to be supported by Strategic Wellbeing Group, with proposed framework to be finalised by December 2022.
- The number of staff on long term absence suffering with long Covid is continuing to reduce and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has also reduced.
- The team are working with the Innovation and Improvement Team to underpin Wellbeing Plans with effective measurements to capture progress and impact. Initial meeting 7th September 2022.
- Work to support colleagues with the Cost of Living has commenced with the establishment of a working group led by the Head of EWS, the group includes Trade Union representation. Signposting will go live on the UHB internet by the 5th September. Working with Communications Team to cascade advice available, including purchase of food, bill prioritising tools, debt advice and WG links to financial support. Further action meeting taking place 6th September, including development of CAV Community Cupboard. Action plan to be finalised and agreed at Strategic Wellbeing Group, October 2022.
- Strategic Wellbeing Group terms of reference in development to ensure group provides governance and assurance while setting strategic direction.
- Internal Audit of Staff Wellbeing – Culture and Values, undertaken Summer 2022. Initial report received indicating substantial assurance across 2 objectives, and reasonable assurance across 4 objectives. Overall Assurance – Reasonable. Management Response underway for presentation to Audit Committee, November 2022.

Education, Learning and leadership Development

- First Cohort of Royal College of Nursing Cadets hosted in July. All attendees were from an ethnically diverse background and discussions are underway to ensure an inclusive approach to the recruitment of future cohorts.
- All Nurses that joined us via the International Nurse Recruitment campaign (331) have now achieved registration.
- A number of our HCSW's are starting the flexible undergraduate nursing programme in September.
- Acceler8 Cohort 1; Module 6 completed, final module scheduled for September 2022. Cohort 2 nominations now received. Allocation of places under-way, currently over-subscribed.
- A small number of physiotherapy and occupational therapy assistants will be starting the flexible part-time undergraduate programmes in September 2022 as part of a HEIW pilot.
- Collabor8 Leadership Development programme design agreed and nominations taking place in September 2022 with the programme commencing October 2022. This 7-month programme will enable delegates to develop and enhance their leadership capability.
- Coaching network progressing well with cohort 3 of coach trainees due to commence in the autumn. Coaches are currently supporting senior and lead nurses in phase 1 of the network development. Coaching Supervisor Development Programme to commence October 2022.
- The team are working with Innovation team to develop links between programmes (Climb; Acceler8; Collabor8), to clarify pathways and establish leadership networks and mentoring opportunities.
- REACTMH Training for Managers – over 30 facilitators now trained via the 'train the trainer' approach. Roll-out plan in development to start October 2022. REACTMH Session will also be built into existing management development programmes.

Workforce planning, systems and People Analytics

- e-rostering – 70% of the 12.5hr nursing wards have been trained and are using the new system. The system is also being used by the Mass Vaccination/Immunisation team. The system has been implemented for Capital, Estates and Facilities bank workers and will be rolled out to the wider team over the next few months.
- Training and implementation of SafeCare for our Nursing teams will commence in November 2022.
- Work has commenced to review the workforce models on our inpatient wards, looking at new and extended roles, upskilling, etc.
- Strategic Workforce Planning training will commence in October to build workforce planning capabilities.
- e-job planning –the team are refreshing this work to raise awareness and ensure managers understand the benefits of having approved job plans.
- We are continuing to work with local authority colleagues to ensure that we work collaboratively. We have just completed a scoping exercise looking at the different terms and conditions across NHS, Local Authority and Private Providers as part of the 1,000-bed initiative.

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

The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce metrics.

Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures. Further assurance is also provided to the Board through the Integrated Performance Report.

Recommendation:

The Strategy and Delivery Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

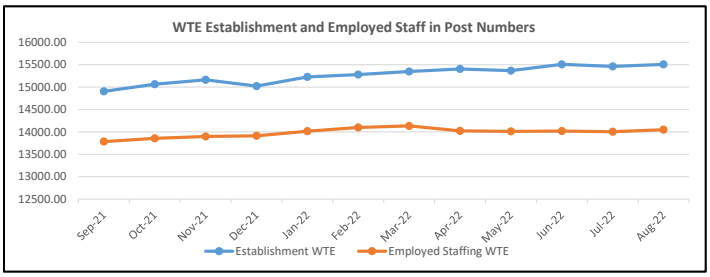
Prevention		Long term	x	Integration		Collaboration		Involvement	x

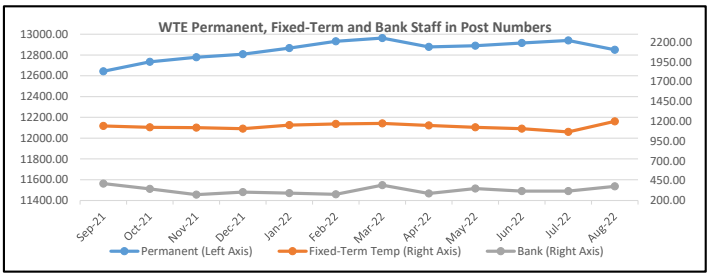
Impact Assessment:

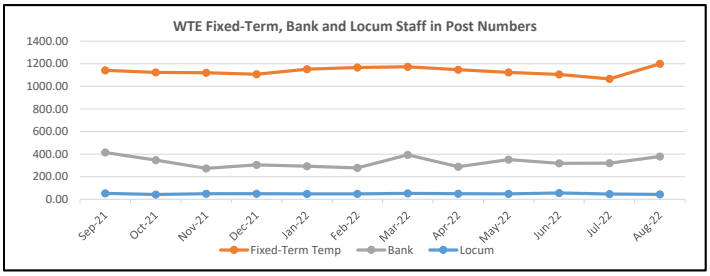
Please state yes or no for each category. If yes please provide further details.
Risk: No
Safety: No
Financial: No
Workforce: Yes
Workforce risks and mitigating actions taken are described throughout this report
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

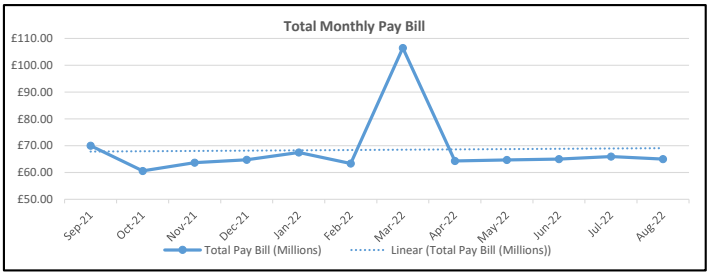
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

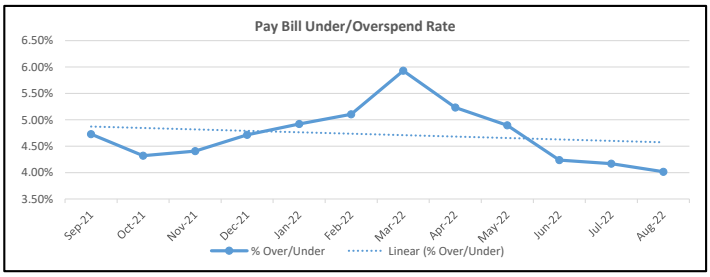
Workforce Key Performance Indicators Trends August 2022

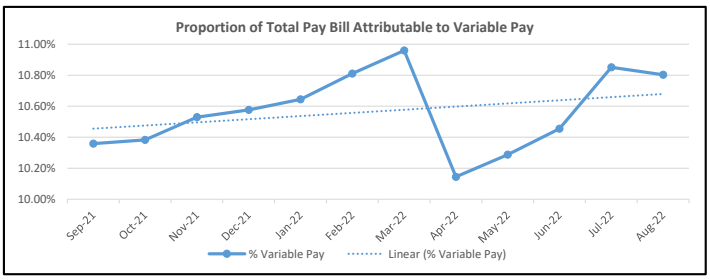


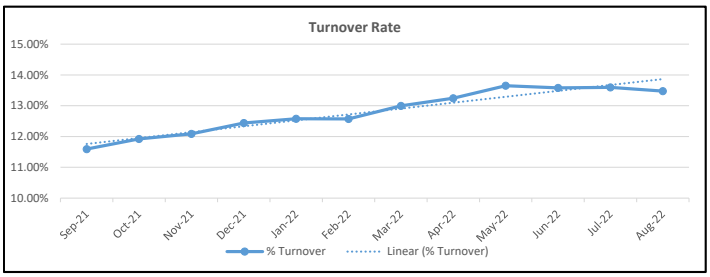


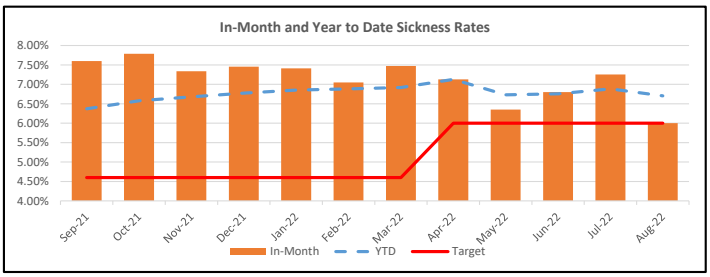


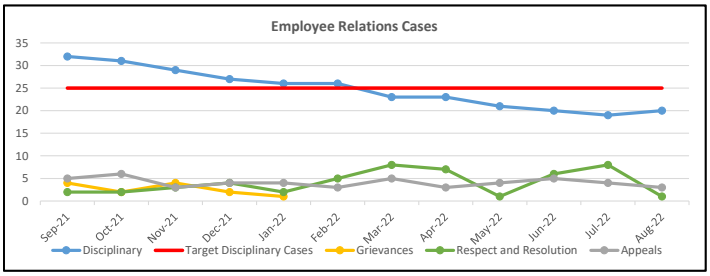


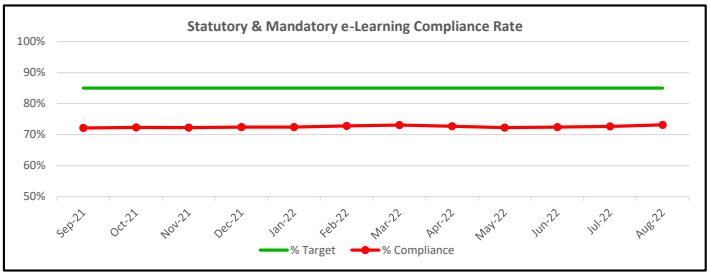


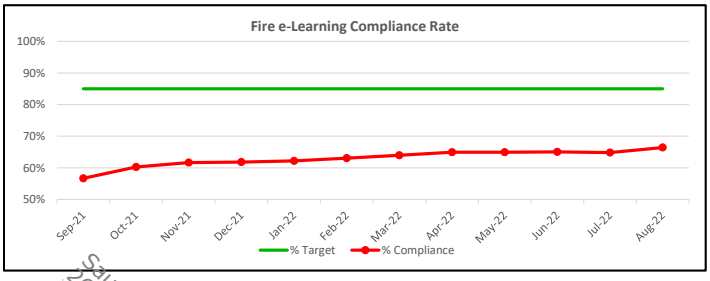


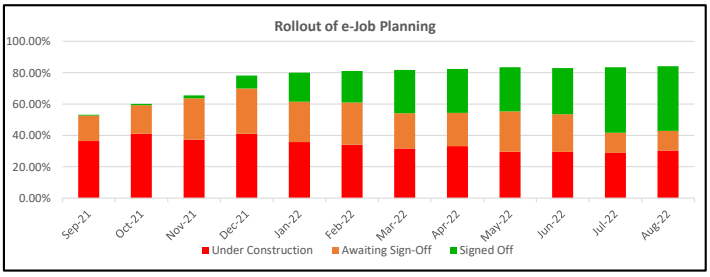


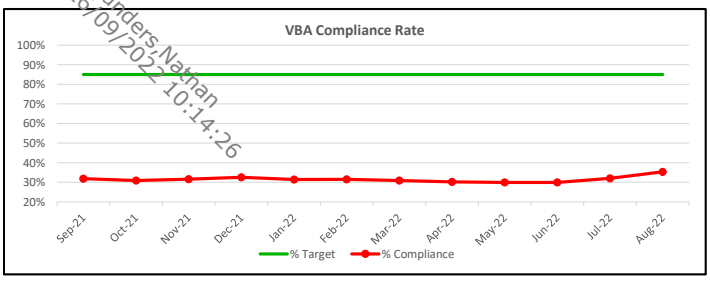


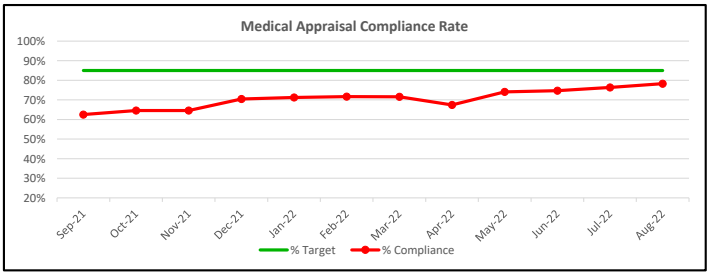












Saunders,Nathan
26/09/2022 10:14:26

Report Title:	Key Operational Performance and Recovery Indicators				Agenda Item no.	2.1.3b
Meeting:	Strategy and Delivery Committee	Public	✔		Meeting Date:	27/9/2022
		Private				
Status *(please tick one only):*	Assurance	✔	Approval		Information	
Lead Executive:	Chief Operating Officer					
Report Author (Title):	Performance and Planning Manager – Operations, Recovery and Redesign Programme Director					

Main Report
Background and current situation:

Background and current situation:

The Health Board has refreshed its Operational plan for 2022/23, ensuring alignment to Welsh Government national plans, including Six goals for Urgent and Emergency Care (https://gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026) and Our Programme for transforming and modernising planned care and reducing waiting lists in Wales (https://gov.wales/transforming-and-modernising-planned-care-and-reducing-waiting-lists)

Whilst the Health Board is making good progress against its Operational plan, system-wide operational pressures have continued to impact and we are still seeing access or response delays at a number of points across the Health and Social Care System.

The Health Board submitted our final IMTP to Welsh Government at the end of June 2022. In this, the Health Board has set out its Delivery ambitions for 2022/23.

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

Operational Performance update

Urgent and Emergency Care:

- Reportable Emergency Unit attendances decreased in August 2022 (11,832) from the numbers reported in May (12,638), June (11,954) and July (11,989).
- 4-hour performance in EU decreased to 59.9% in August 2022 from 60.6% in May 2022.
- 12-hour waits remain high with 1,020 reported in August 2022, although this is a decrease from the 1,258 reported in May 2022.
- 763 Ambulance handovers took place in over 1 hour during August 2022. This compares with 762 in May 2022.
- The percentage of red calls responded to within 8 minutes decreased from 64.5% in May 2022 to 61.8% in August 2022.
- In August 2022, 7.3% of patients were directly admitted to an acute stroke bed within 4 hours, with 70.7% of patients being assessed by a Stroke Consultant within 24 hours.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. There are two main factors which continue to combine to cause current difficulties. The first is the very high levels of adult bed occupancy, which is predominantly driven by the number of patients who are delayed transfers of care (DTOC) and the continued challenge in our ability to achieve timely discharge and create flow for the Emergency Unit. The second is the sustained workforce challenges which is being driven by the high number of escalation beds that are open to support the DTOC levels, the number of trained nurse vacancies and our high sickness absence rate.

In order to address the current pressures and improve the operational performance for our patients, a number of plans, in conjunction with its Local Authority and WAST partners, are being brought together into an overall Winter Plan for the Health Board to bridge the anticipated gap in capacity this winter.

Figure 1: A&E Attendances

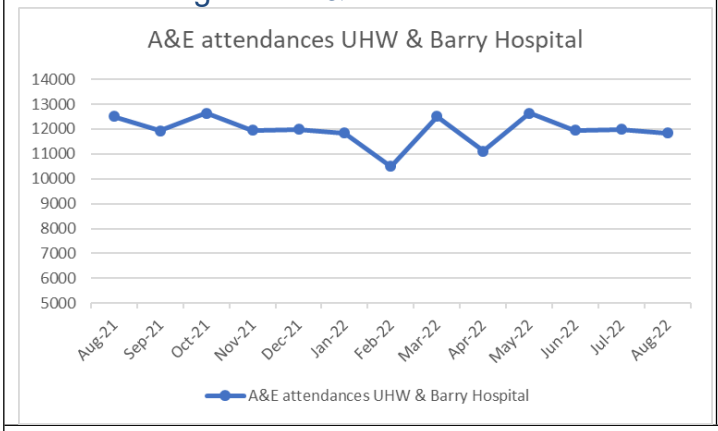


Figure 2: A&E waits – 4/12 hours

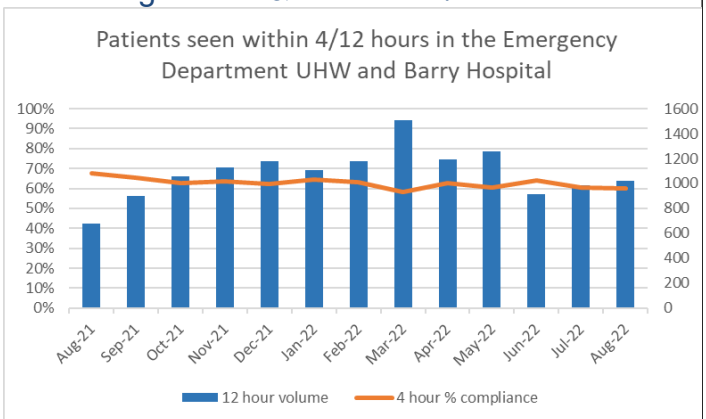
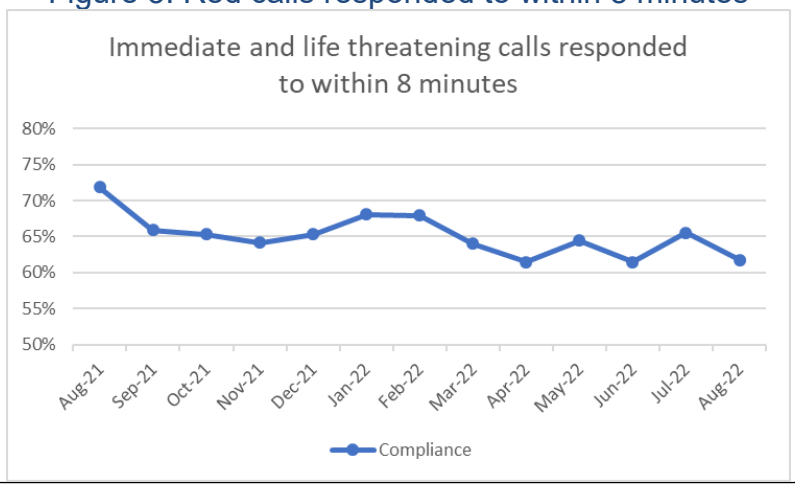


Figure 3: Red calls responded to within 8 minutes



Cancer:

July was another disappointing month for delivery against the single cancer pathway (SCP) with just 51.4% compliance against the 75% standard. There are currently just over 3,000 suspected cancer patients on the single cancer pathway, of which 712 have waited over 62 days. There have been a number of actions taken to improve the oversight and operational grip of the process for overseeing patients and a cancer summit has been arranged with the tumour group leads and operational teams to understand the demand (referrals for patients with suspected cancer have now exceeded pre-Covid levels), the causes for delay in the 62-day pathway and what actions are required to reduce the delays experienced by our patients.

Figure 4: Cancer referrals

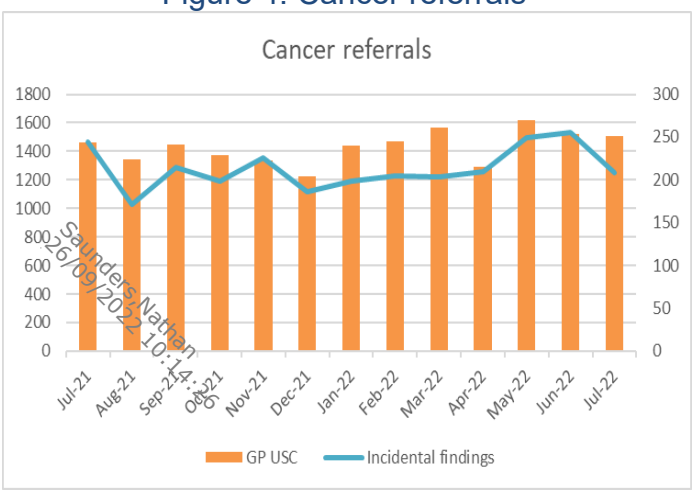


Figure 5: SCP Performance

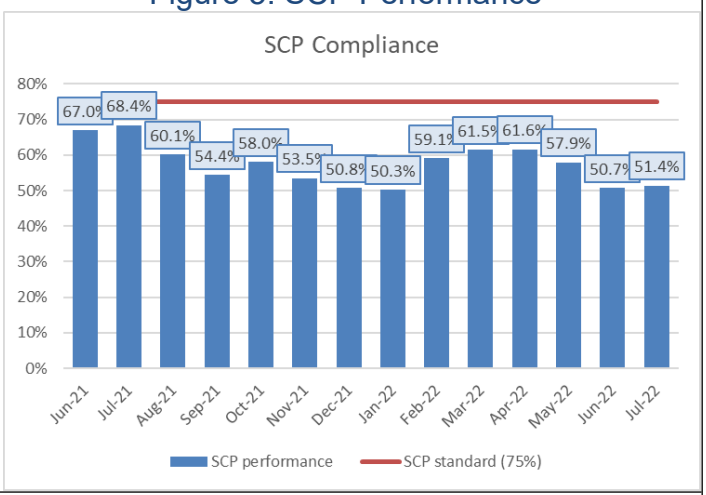


Figure 6: SCP Performance by tumour site

	April				May				June				July			
Tumor Site	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance	On Target	Breach	Total	Performance
Head & Neck	3	2	5	60%	2	3	5	40%	1	3	4	25%	2	3	5	40%
Upper GI	4	6	10	40%	5	5	10	50%	6	8	14	43%	7	5	12	58%
Lower GI	7	9	16	44%	9	6	15	60%	9	14	23	39%	6	16	22	27%
Lung	15	6	21	71%	12	6	18	67%	16	9	25	64%	12	5	17	71%
Sarcoma	1	1	2	50%	1	2	3	33%					1	4	5	20%
Skin	13	2	15	87%	18	2	20	90%	4	1	5	80%	2	1	3	67%
Breast	19	10	29	66%	20	14	34	59%	15	16	31	48%	27	10	37	73%
Gynaecological	3	2	5	60%	2	5	7	29%	5		5	100%	5	3	8	63%
Urological	12	14	26	46%	12	13	25	48%	13	17	30	43%	4	18	22	18%
Haematological	8		8	100%	3	5	8	38%	2	1	3	67%	5	2	7	71%
Other		1	1	0%					2	2	4	50%				
Total	**85**	**53**	**138**	**62%**	**84**	**61**	**145**	**58%**	**73**	**71**	**144**	**51%**	**71**	**67**	**138**	**51%**

Figure 7: Cancer waiting time bands by tumour site

Speciality	0-14	15-28	29-50	51-62	63-79	80-103	104+	Unknown	Total
Brain/CNS		1			1	1	3		**6**
Breast	136	129	105	28	29	14	9		**450**
Children's Cancer	1	4	1						**6**
Gynaecological	63	94	52	25	43	21	32	1	**331**
Haematological	3	7	7	1		2	1		**21**
Head & Neck	39	51	60	25	24	7	15	2	**223**
Lower GI	121	173	173	55	49	20	20		**611**
Lung	3	7	22	6	7	6	7	4	**62**
Other				1					**1**
Sarcoma					1	1	1		**3**
Skin	61	133	211	80	103	69	48	2	**707**
Unknown	16	5			1	3		10	**35**
Upper GI	65	106	103	19	40	22	18		**373**
Urological	43	44	69	38	21	16	35	3	**269**
Total	**551**	**754**	**803**	**278**	**319**	**182**	**189**	**22**	**3098**

NB. Taken from Cancer PTL as at 25/08/2022

Planned Care:

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 129,704 as at July 2022. The tail of this waiting list breaks down as follows:

- Patients over 156 weeks – July – 351
- Patients over 104 weeks July – 8,308
- Patients over 52 weeks – July – 31,202

The number of patients waiting for planned care and treatment ***over 36 weeks*** has increased to 46,553 at the end of July 2022. 55% of these are at New Outpatient stage.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of August 2022 was 180,440. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 43,454.

95.2% of patients waiting for ***eye care*** had an allocated health risk factor in July 2022. 66.1% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Figure 8: Total RTT waiting list, % waiting under 26 and over 36/52 weeks

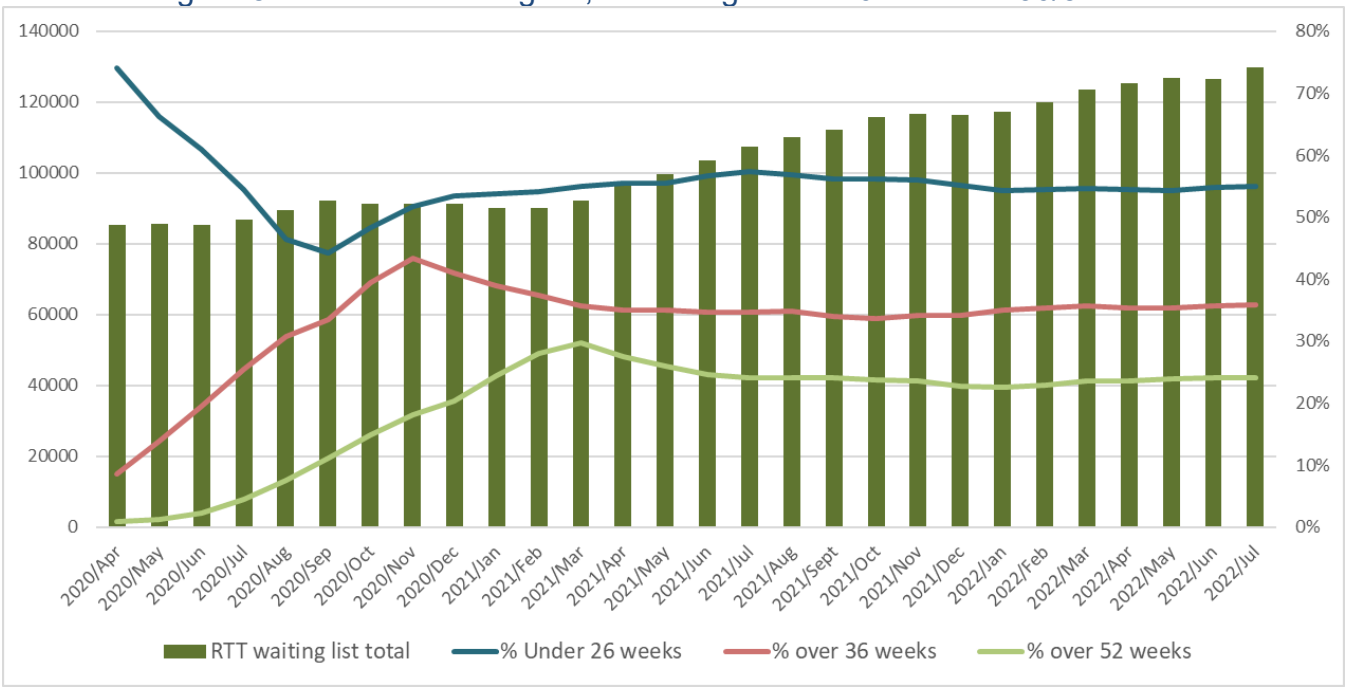
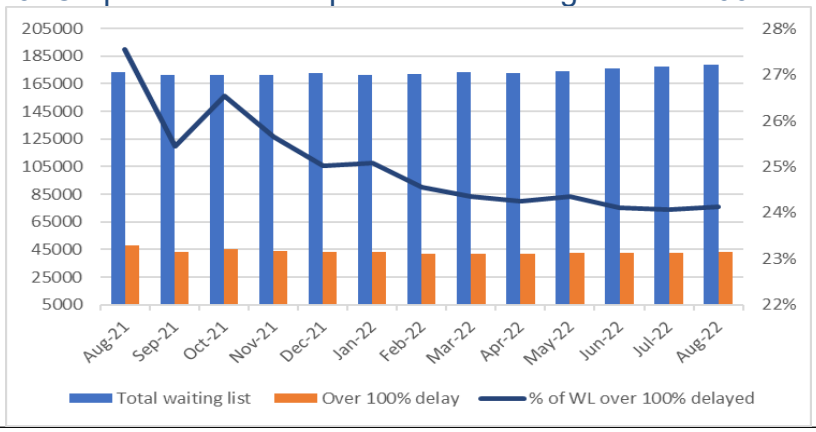


Figure 9: Outpatient Follow-ups – Total waiting list and 100% delayed



Diagnostics:

The good progress made in increasing ***Diagnostic*** activity and reducing waits continues. The volume of greater than eight-week waits has reduced from its recent high point of 7,808 in December 2021 to 3,297 at the end of July. The number patients waiting over 14 weeks for ***Therapy*** reduced to 2,238.

Figure 10: Diagnostics 8 week waits

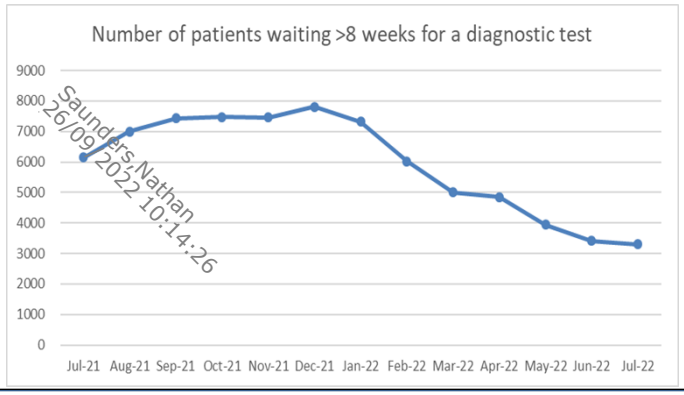
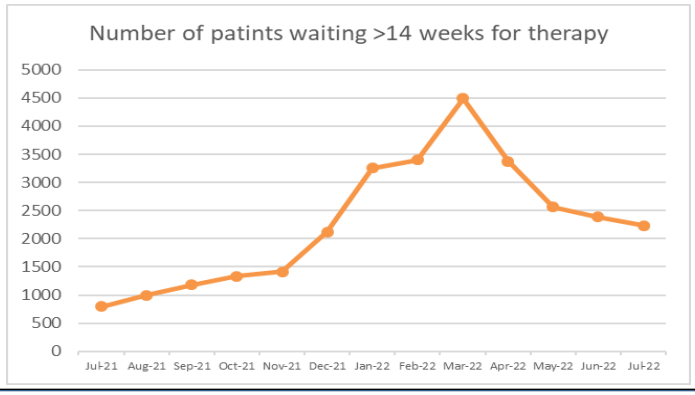


Figure11: Therapies 14 week waits



Primary care:
In relation to General Medical Services (GMS):

- *Sustainability applications*: The UHB currently has no sustainability applications but has received one intent to submit an application.
- *Contract terminations/resignations*: There have been no contract terminations and 2 contract resignations. These have been proactively managed.
- *Directly managed GP services*: The UHB presently has no directly managed primary medical care services

Pressure has continued within GMS, albeit with a reduction in the number of practices reporting high levels of escalation. There were 9 reporting either level 3 or 4 escalation at the time of writing the report. General Dental services were operating at around 58% of pre-Covid activity in August. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

The Health Board achieved 33% compliance in July 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment, with 1 patient of 3 attending within 1 hour. The Health Board was 67% compliant against the target for emergency GP OOH patients requiring a home visit within one hour.

Figure 12: % of GP OOH appointments requiring a home visit provided within 1 hour

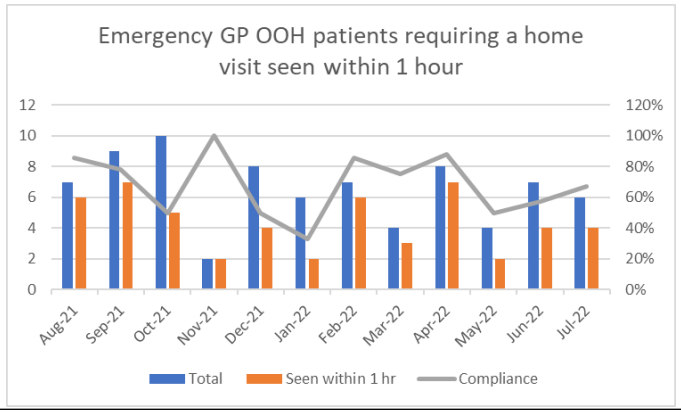
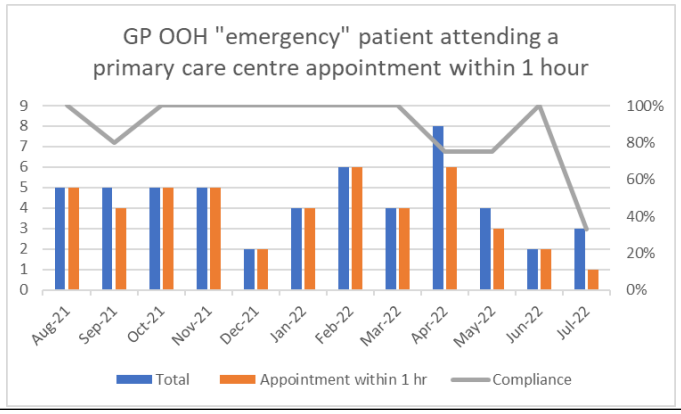


Figure 13: % of GP OOH "emergency" patients attending a primary care center appointment within 1 hour



Mental Health Measures:
Demand for adult and children's Mental Health services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,258 referrals in July 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services.

- Part 1a: The percentage of Mental Health assessments undertaken within 28 days was 94.3% overall in July 2022, increased from 77.4% in May 2022. For CAMHs services, compliance reduced from 78.2% in May 2022 to 56.1% in July 2022.
- Part 1b: 94.3% of therapeutic treatments started within 28 days following assessment at the end of July 2022, an increase from the reported compliance in May 2022 (93.1%).
- Part 2: 80% of Health Board residents in receipt of secondary mental health services have a valid care and treatment plan (CTP) at the end of July 2022 compared to 85% in May 2022.
- Part 3: 89% of Health Board residents were sent their outcome assessment report within 10 days of their assessment in April 2022 decreasing from 94% in May 2022.

Figure 14: Mental Health Referrals

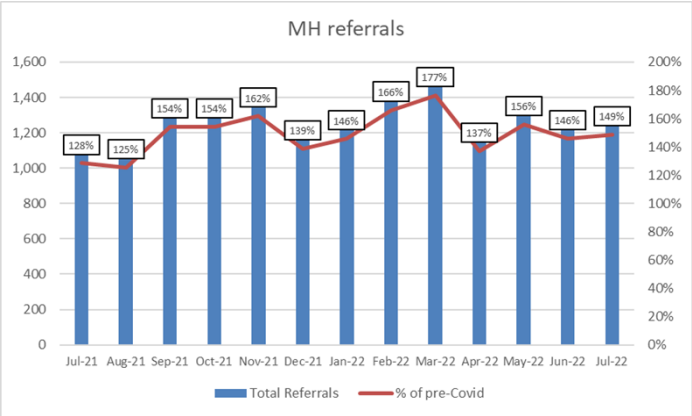


Figure 15: Performance against Mental Health Measures – Part 1a, 1b, 2, 3

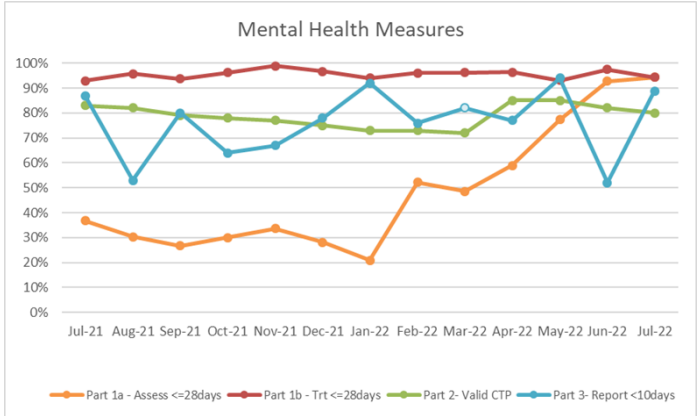
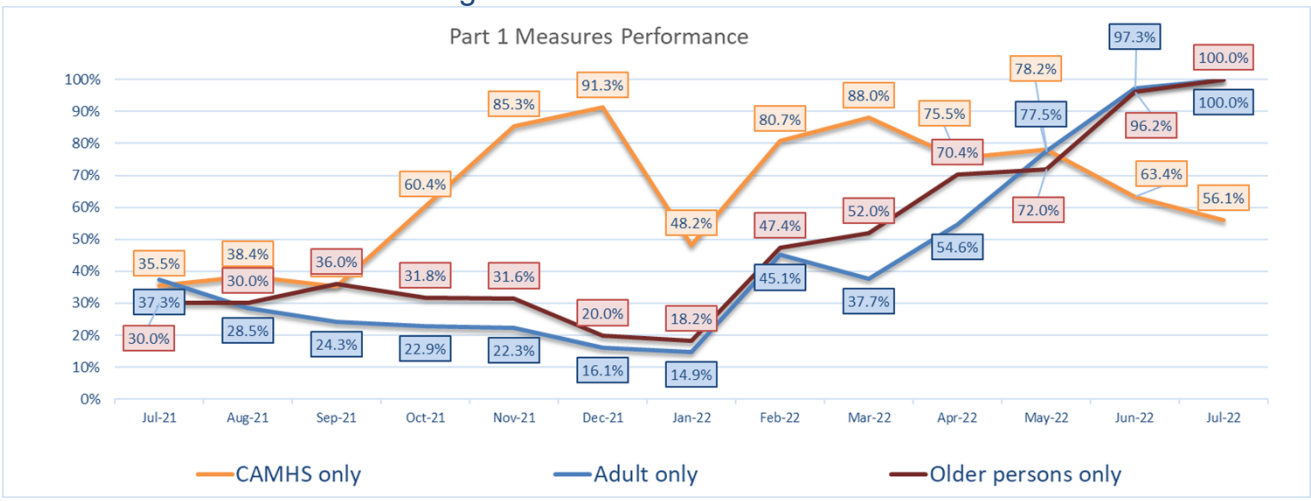
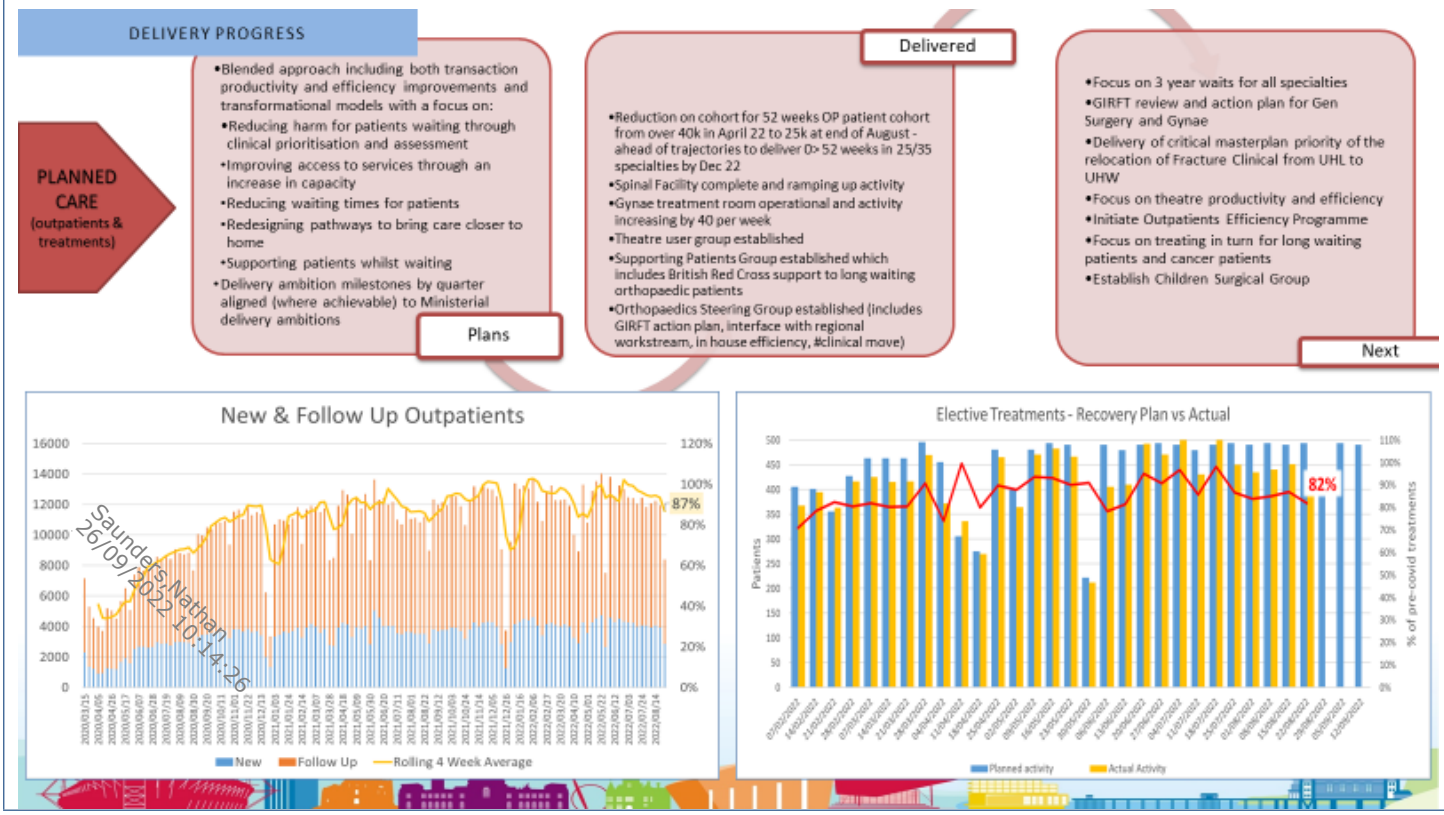


Figure 16: Part 1a Performance



Operational Plan - Programme Updates

The following section provide an update against the five programmes under the Operational Plan. The update provides detail of the plans, what has been delivered and plans for the next period.



DIAGNOSTICS

Plans

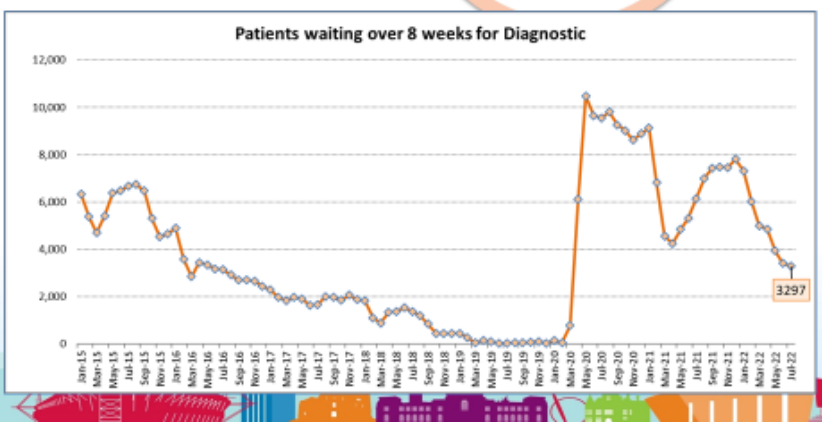
- Blended approach including both transaction productivity and efficiency improvements and transformational models with a focus on:
  - Reducing harm for patients waiting through clinical prioritisation and assessment
  - Improving access to services through an increase in capacity, core, insourcing and outsourcing
  - Redesigning pathways, straight to test, direct access
  - Accelerating and spread transformational models
- Delivery milestones by quarter focused on % activity and > 8 week waits

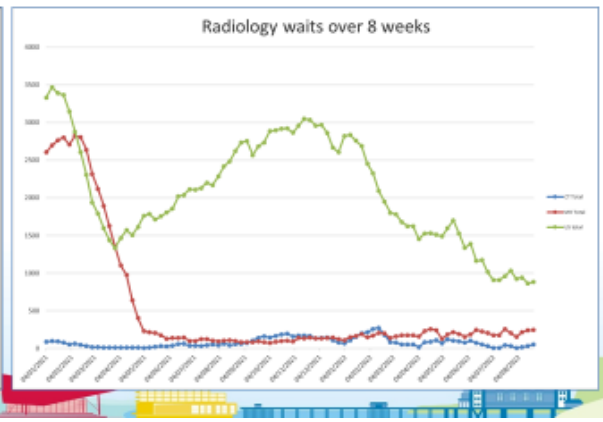
Delivered

- Continued decrease in > 8 weeks wait
- Reduction of > 8 weeks for CT and MRI from 2600 to 250 through increase in capacity
- Significant improvement on > 8 weeks wait for ultrasound due to focused plan (>3000 Nov 21 to <1000 in August 22)
- Mobile Endoscopy open in UHL
- Through focused plan for echos, >8week improved from over 2500 in January to 230 in August 22 (running at circa 120% pre covid activity
- CT, US & Endoscopy now running at > 100% activity
- Key role in emerging regional models for Community Diagnostic Hubs

Next

- Planning for longer term endoscopy solutions
- Testing regional procurement solutions for pathology
- Regional work on Endoscopy for capacity, surveillance , innovation and workforce
- Regional Diagnostic Hub process
- Sustainable plan for echos for 23/24
- Engaging with regional endoscopy plans
- Develop plan for angio backlog





MENTAL HEALTH

Plans

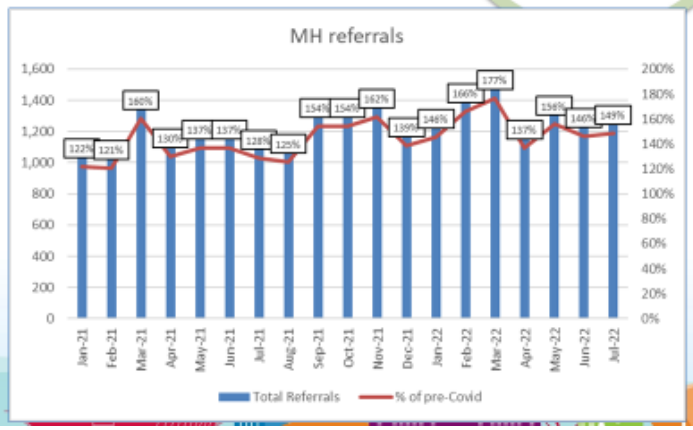
- Services to improve access for primary care mental health assessments and interventions (adults and CYP)
- Improving access to eating disorder services (adult and CYP)
- Increase coverage of Crises services
- Increasing support at tier 0 through innovations such as Recovery college
- Focus on Eating disorder access and pathway across all ages
- For adult services a focus on inpatient footprint and stability
- Delivery milestones by quarter linked to performance against measures

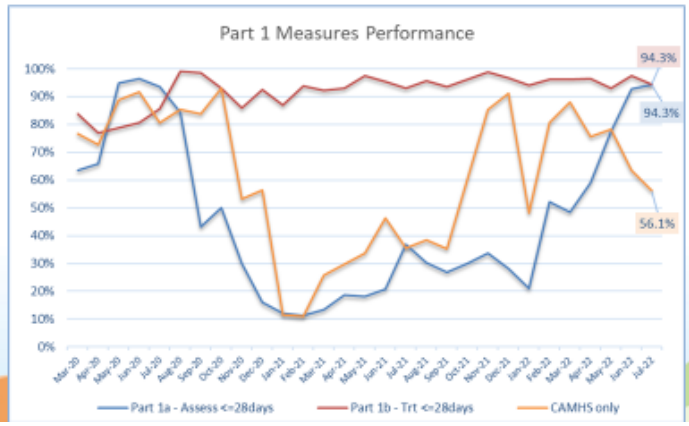
Delivered

- Significant & sustained improvement in part 1a standard for adults
- Sustaining Part 1b performance in spite of increased referrals
- Website to support CYP with mental health and wellbeing launched
- CRHTT referrals 100% compliant with 4 hour target
- Established 111 Press 2 for mental health project board and plan
- Improvement in in waiting times for PMHSS (down to under 28 days from over 50 days)
- Adult Eating disorder assessment time down from 4 months to < 6 weeks

Next

- 111 Press 2 for Mental Health – Q4 22/23
- CAMHS Crisis services extending hours - Q1 22/23 08.00 – 00.00
- Combined team for assessment and intervention in CAMHS in place from Q3 – will improve performance with Part 1a standard – trajectories to be tracked
- Intensive Home Treatment Service new model in place (reduce inpatient admissions and length of stay)
- Eating Disorders – reduce waiting times through expansion of capacity through recruitment and focus on transitional pathways
- Progress Sanctuary planning with part





UNSCHEDULED CARE

Plans

- Review and reset our strategic and operational programme for Urgent and Emergency Care in line with 6 Goals policy direction focus on:
- - Admission avoidance and resilient urgent primary care and WAST pathways
- Focus on rapid assessment and diagnoses and "ambulation" of patients
- Efficiency admission and flow processes, removing waste and standardising good practice
- Improving Discharge and outflow

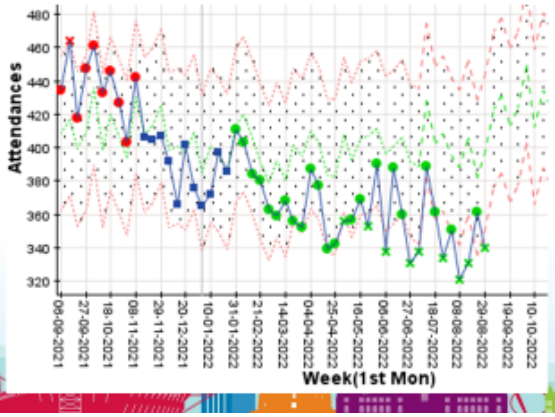
Delivered

- Surgical Same Day Emergency Care (SDEC) new facility and service model implemented in UHW incorporating consultant connect with access to hot clinical and hot slots for radiology – ambulating circa 70% of patients
- Diagnostic Day Case pathfinder implemented in August with quantifiable beddays saved
- Medical SDEC extended to weekends from July
- Virtual ward established to support management of patients presenting at UHW
- Continue to increase benefits from virtual ward model
- Proof of concept for trauma SDEC
- Ambulance handover improvement plan being im

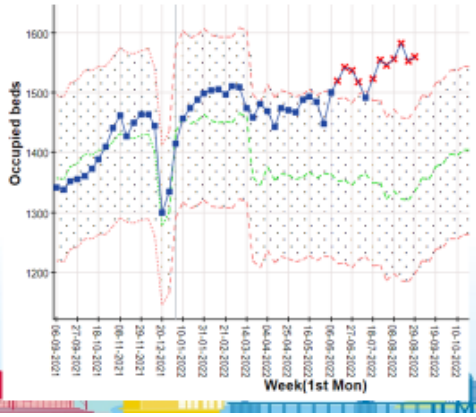
Next

- Further expansion of Diagnostic Day Case pathfinder to include more pathways and specialties
- Finalise Winter plan and alignment with 1000 beds campaign actions
- Implementation of Frailty model of care (additional recruitment of Frailty consultants)
- Recruitment to Acute Care Physicians to support assessment, virtual ward and short stay patients

Emergency Admissions



Occupancy



PRIMARY CARE

Plans

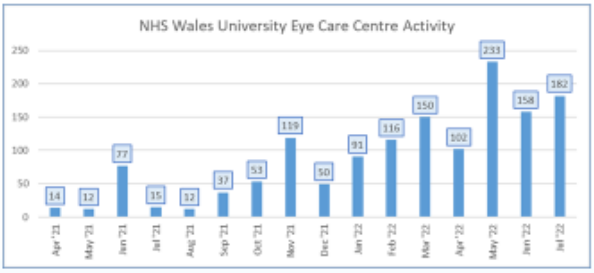
- Improving access to primary care
- Increasing activity in dental services
- Redesign pathways to bring care closer to home
- Accelerate and spread transformational models

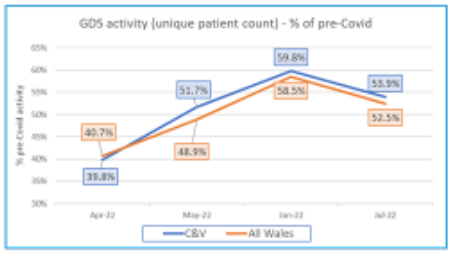
Delivered

- Progressed the preparation for the Accelerated Cluster model (Pan Cluster Planning Groups, Professional Collaboratives
- Progressed General Dental Contract negotiations & reform agenda with over 70% of practices opting for reformed contract. Mobilised MDT meetings in the North Cluster
- Undertaken an evaluation of the Vale Urgent Primary Care Centre model
- Eye Care – continued transformation plan with optometrist being trained up in additional skills eg biometry for cataract listing

Next

- Population Health cohorting approach with clusters
- Focus on dental activity levels – trajectory for improvement
- Complete models for x 2 new Clusters and plans for further roll out
- Review options to consolidate Vale model for UPCC
- Scope options for UPCC in Cardiff





Recommendation:
The Strategy and Delivery Committee is asked to:- a) **NOTE** the year to date position against key organisational performance indicators for 2022-23 and the update against the Operational Plan programmes.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	✔	Integration	✔	Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	**Managing Attendance at Work Deep Dive**				Agenda Item no.	2.1.4a	
Meeting:	Strategy & Delivery Committee		Public	X	Meeting Date:	27.09.22	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Head of People Services						

Main Report Background and current situation:

The Executive Director of People and Culture provides regular KPI updates to the Committee and periodically provides an overview report against the broader Workforce & OD Delivery Plan. This also constitutes areas reported in more depth through deep dive themes.

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

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

Deep Dive - Sickness Absence/Managing Attendance at Work

The UHB is committed to supporting its employees and keeping them well. The Managing Attendance at Work Policy was developed on an NHS All Wales basis and adopted by the UHB in November 2018. This replaced the UHB's Sickness Absence Policy. The Managing Attendance at work Policy assists managers in supporting staff when they are ill, manage their absence and help facilitate their timely return to work. It is also designed to help managers know their staff and focus on their health and wellbeing to keep them well and in work.
The Policy is written in line with the Core Principles of NHS Wales. These are part of an ongoing commitment to strengthen the national and local values and behavior frameworks already established across Health Boards and Trusts.
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.

The People Services Team work closely with managers within the Clinical Boards to embed the principles of the Managing Attendance at Work Policy.

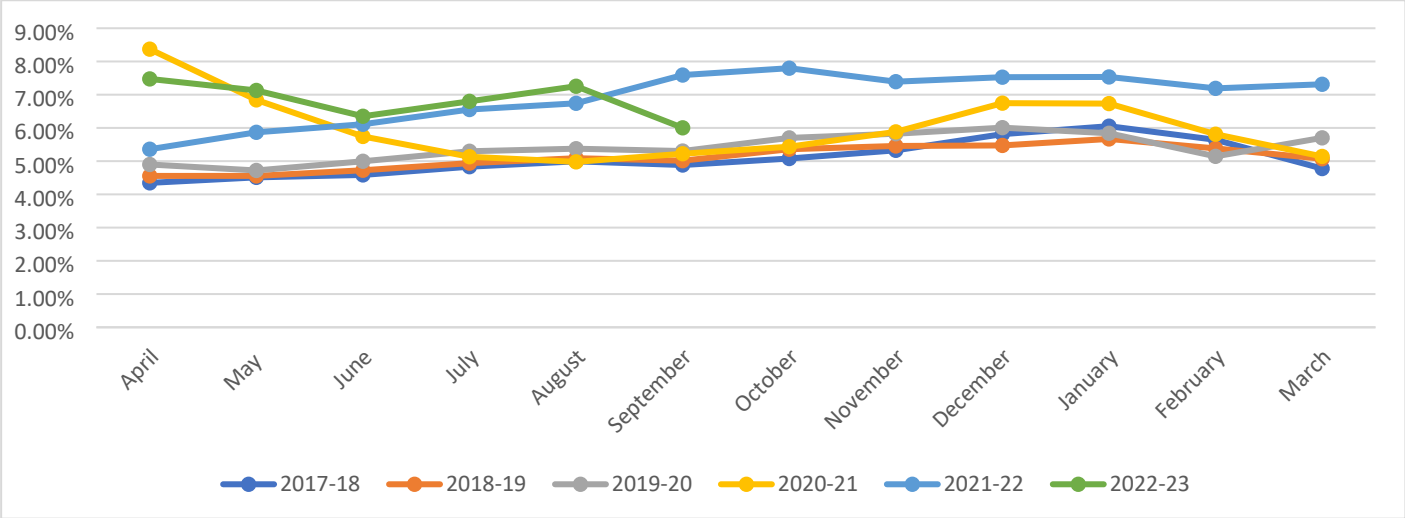
As you can see from the timeline graph below, prior to April 2020, monthly sickness was normally in the range of 4.50% to 6%. The absence is usually lowest in the spring and highest in the winter, with a second smaller increase during summer holiday season. With the exception of COVID-19 (the abnormal spike between March and June 2020) absence in 2020/2021 followed the normal pattern.

Since April 2021 the sickness rates have not followed the usual pattern, but have risen steadily. The absence rates between October 2021 and December 2021 were the highest rates ever for that time of year.

Sickness rates since April 2022 have remained high although August 2022 (6.00%) was the lowest reported since June 2021.

24.80%% of all absence since April 2022 has been attributed to Anxiety/stress/depression/other psychiatric illnesses.

Sickness Overview by Month since 2017



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2017-18	4.35 %	4.51 %	4.59 %	4.83 %	4.99 %	4.88 %	5.08 %	5.33 %	5.81 %	6.05 %	5.64 %	4.78 %
2018-19	4.56 %	4.56 %	4.73 %	4.94 %	5.09 %	5.01 %	5.36 %	5.46 %	5.47 %	5.67 %	5.38 %	5.07 %
2019-20	4.90 %	4.72 %	5.00 %	5.30 %	5.37 %	5.30 %	5.70 %	5.82 %	6.01 %	5.84 %	5.14 %	5.70 %
2020-21	8.37 %	6.84 %	5.74 %	5.13 %	4.98 %	5.22 %	5.43 %	5.88 %	6.75 %	6.73 %	5.81 %	5.14 %
2021-22	5.36 %	5.87 %	6.11 %	6.55 %	6.74 %	7.59 %	7.80 %	7.39 %	7.53 %	7.53 %	7.19 %	7.31 %
2022-23	7.13 %	6.35 %	6.80 %	7.25 %	6.00 %							

April 2020 to March 2021

Sickness Absence by Clinical Board

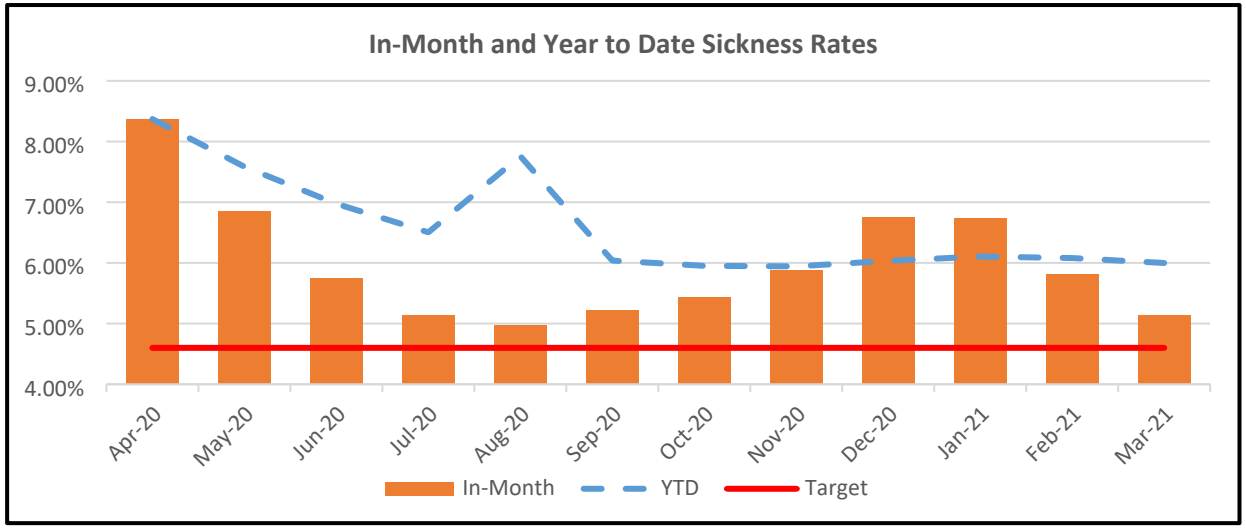
	WTE	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
All Wales Genomics Service	223.08	2.53%	5.22%	4.42%	3.37%	2.71%	2.32%	3.32%	3.53%	4.57%	3.48%	2.22%	2.78%	3.21%
Capital, Estates & Facilities	1152.89	7.43%	11.00%	8.80%	7.09%	7.06%	7.26%	7.60%	7.32%	7.61%	9.35%	8.88%	7.81%	7.18%
CDT	2091.50	3.57%	6.31%	4.94%	4.11%	4.01%	3.21%	3.51%	3.92%	4.58%	4.94%	5.08%	4.16%	3.81%
Children & Women	1826.06	4.51%	6.39%	5.66%	4.83%	4.34%	4.58%	5.34%	5.57%	5.05%	5.24%	5.17%	4.62%	4.96%
Corporate	767.39	2.71%	3.39%	3.40%	3.26%	2.71%	2.65%	2.50%	2.35%	2.46%	3.85%	4.01%	3.76%	3.32%
Medicine	1632.35	5.27%	12.57%	10.89%	8.16%	6.70%	6.93%	6.41%	6.20%	8.48%	10.22%	9.55%	8.02%	6.64%
Mental Health	1296.21	5.39%	8.79%	7.47%	7.08%	5.84%	6.22%	6.40%	6.37%	6.56%	7.51%	7.78%	7.11%	6.63%
PCIC	995.01	4.41%	7.34%	6.46%	6.19%	6.36%	5.03%	5.25%	5.93%	6.19%	6.39%	5.17%	4.21%	3.71%
Specialist Services	1805.92	4.22%	8.69%	7.08%	6.14%	5.51%	5.11%	5.49%	5.93%	6.23%	7.50%	7.72%	7.13%	5.54%
Surgical Services	2045.91	4.47%	9.51%	6.48%	5.30%	4.64%	4.68%	4.95%	5.40%	5.51%	6.21%	7.06%	5.59%	4.64%
UHB	**13871.92**	**4.60%**	**8.37%**	**6.84%**	**5.74%**	**5.13%**	**4.98%**	**5.22%**	**5.43%**	**5.88%**	**6.75%**	**6.73%**	**5.81%**	**5.14%**

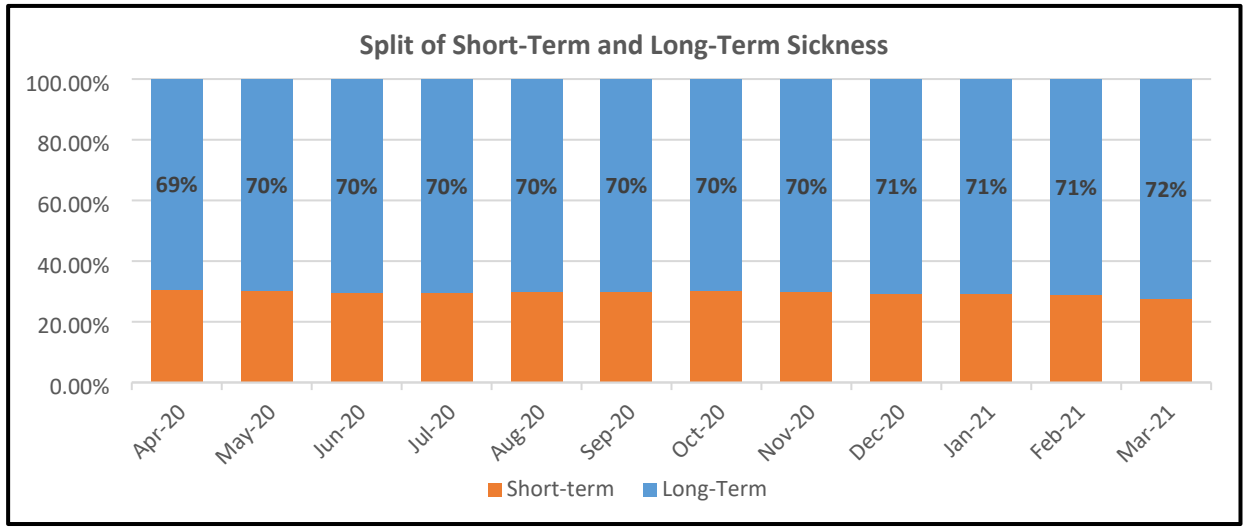
> 0.5% Off Target

< 0.5% Off Target

Below / On Target

The sickness target for the UHB was 4.60% for the period shown above. Each Clinical Board has its own specific sickness target as shown.
It is evident that the majority of the Clinical Boards did not reach the target set. Medicine Clinical Board had the highest sickness rates for the period, 12.57% in April 2020.



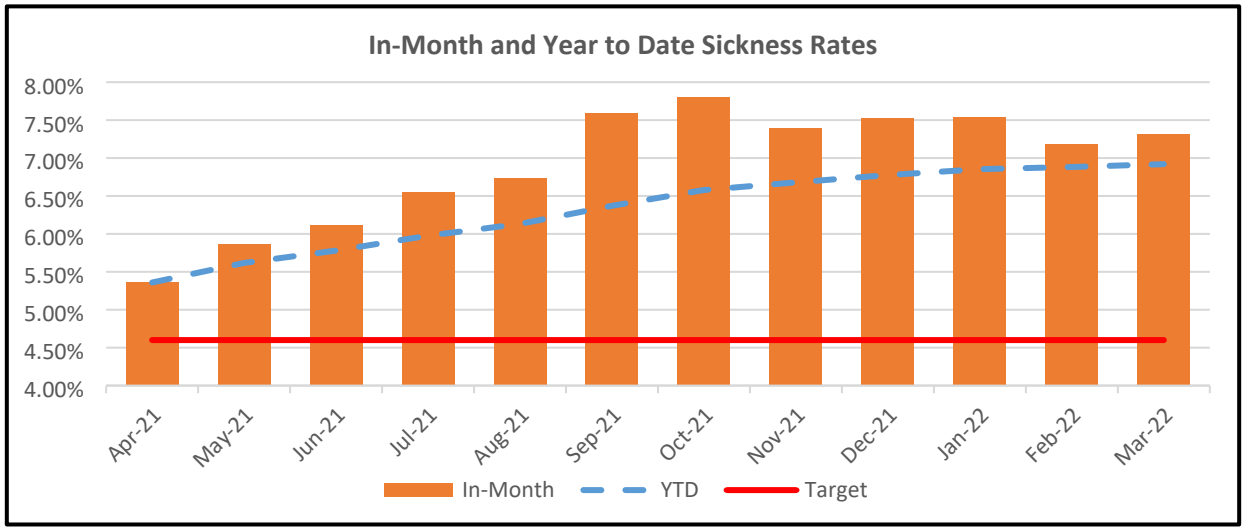


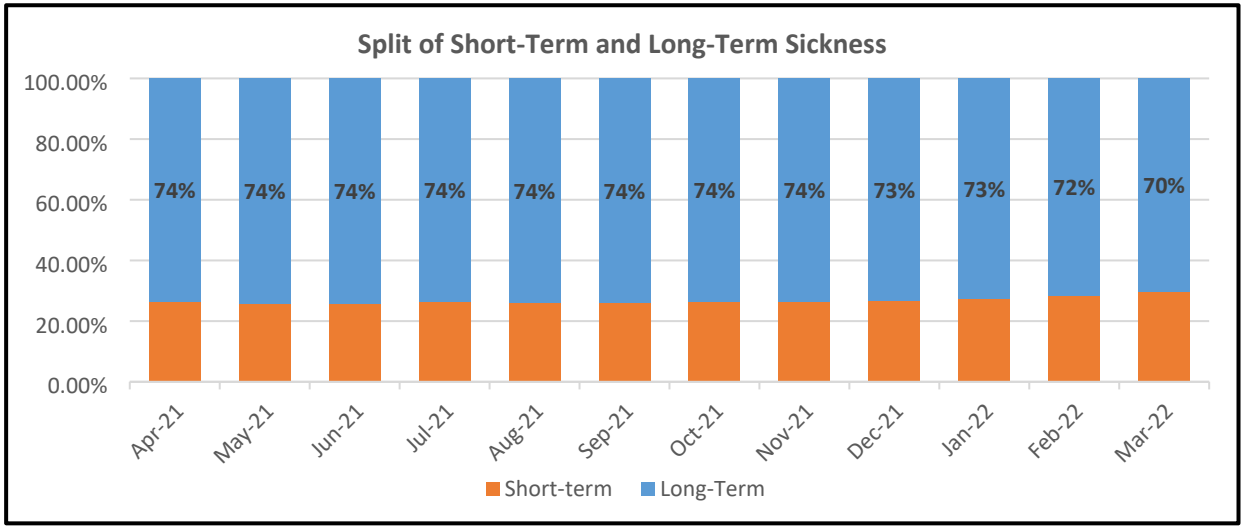
April 21 – March 22

Sickness Absence by Clinical Board

	WTE	Target	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Corporate	895.25	2.41%	3.65%	3.94%	3.52%	2.95%	2.98%	3.75%	3.76%	3.78%	3.82%	2.97%	3.63%	3.31%
Surge Hospitals	5.14	2.10%	6.24%	9.36%	10.62%	19.65%	14.16%	7.04%	4.07%	2.85%	5.96%	4.48%	5.30%	5.01%
CDT	2177.50	3.36%	3.41%	4.00%	4.30%	4.68%	4.48%	5.06%	5.27%	5.19%	5.53%	5.86%	5.22%	5.60%
PCIC	926.42	4.30%	4.71%	4.66%	5.48%	6.02%	6.39%	7.17%	8.18%	7.43%	6.96%	7.38%	6.34%	6.07%
All Wales Genomics Service	269.35	2.62%	3.81%	3.42%	3.26%	2.58%	3.53%	4.57%	3.99%	5.09%	3.53%	4.85%	5.55%	6.09%
Children & Women	1834.64	3.95%	6.41%	6.27%	6.39%	6.51%	6.24%	7.03%	7.39%	7.05%	7.20%	7.35%	7.17%	7.27%
Surgical Services	2180.58	4.47%	4.57%	5.05%	5.09%	6.15%	6.34%	6.93%	7.03%	7.34%	7.52%	7.51%	7.22%	7.64%
Specialist Services	1786.05	4.98%	5.35%	6.60%	6.76%	7.06%	7.74%	8.56%	9.19%	8.34%	8.23%	8.07%	8.36%	7.94%
Mental Health	1281.54	5.35%	7.33%	8.14%	7.45%	8.17%	8.28%	8.95%	9.40%	8.46%	8.33%	8.79%	7.86%	8.14%
Medicine	1666.95	6.45%	6.32%	6.78%	7.63%	8.11%	8.42%	9.60%	9.30%	8.67%	9.14%	9.31%	9.16%	9.40%
Capital, Estates & Facilities	1112.46	6.19%	7.02%	7.74%	8.95%	9.61%	10.40%	12.47%	12.22%	11.08%	11.84%	10.58%	9.38%	9.61%
uHB	**14135.88**	**4.60%**	**5.36%**	**5.87%**	**6.11%**	**6.55%**	**6.74%**	**7.59%**	**7.80%**	**7.39%**	**7.53%**	**7.53%**	**7.19%**	**7.31%**

The sickness target for the UHB remained at 4.60%. It is evident that sickness rates have increased across the UHB. Capital, Estates and Facilities are reporting the highest sickness rates for the period at 12.47% in September 2021 and 12.22% in October 2021. Sickness rates across the UHB in December 2021 were higher than the December rates reported in 2019 and 2020.





Current Position April 22 – August 22

Sickness Absence by Clinical Board (In Month)

	WTE	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Corporate	867.29	3.03%	4.35%	4.22%	3.73%	4.07%	4.08%	3.33%
All Wales Genomics Service	272.39	3.66%	7.21%	4.44%	2.27%	3.73%	4.36%	3.72%
CDT	2209.58	4.25%	6.01%	5.08%	4.23%	4.57%	5.61%	4.06%
Children & Women	1819.78	5.95%	7.16%	6.93%	6.20%	6.50%	6.47%	5.23%
Surgical Services	2077.72	5.68%	7.65%	7.36%	6.14%	6.46%	7.07%	5.39%
PCIC	866.02	5.53%	6.75%	7.18%	5.83%	6.33%	6.80%	5.80%
Specialist Services	1790.49	6.66%	8.05%	7.57%	7.00%	7.84%	7.89%	6.25%
Mental Health	1291.56	7.18%	7.54%	7.30%	7.06%	7.17%	7.51%	6.96%
Surge Hospitals	7.94	7.00%	4.12%	3.91%	9.87%	7.53%	9.00%	7.48%
Medicine	1690.66	7.36%	9.18%	8.47%	8.49%	9.42%	9.65%	7.78%
Capital, Estates & Facilities	1157.47	8.72%	10.17%	11.02%	9.48%	9.46%	10.56%	10.62%
uHB	**14050.90**	**6.00%**	**7.47%**	**7.13%**	**6.35%**	**6.80%**	**7.25%**	**6.00%**

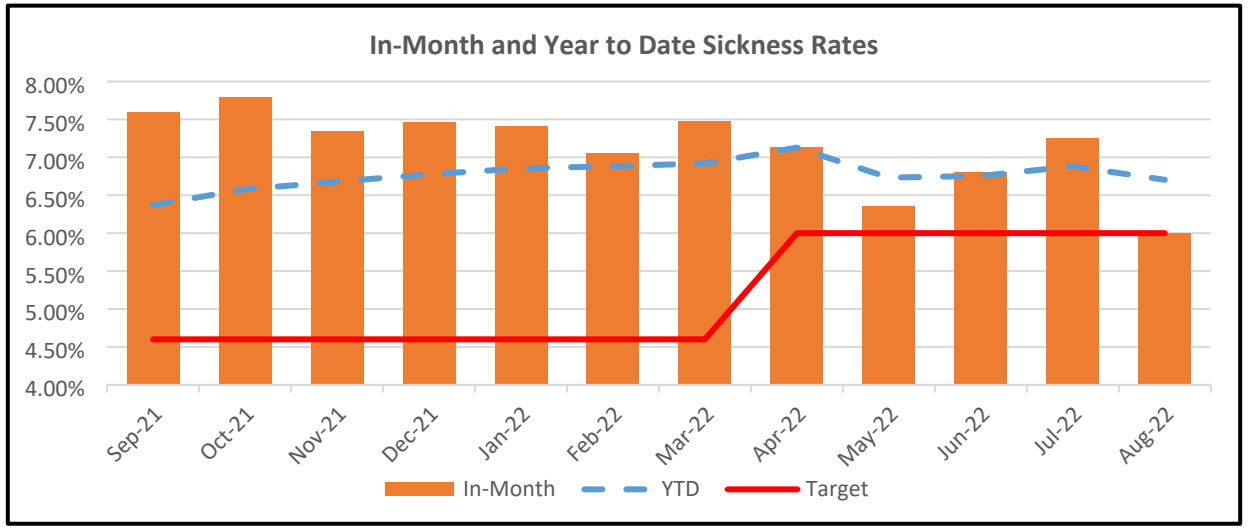
Sickness Rate (12- Month Cumulative)

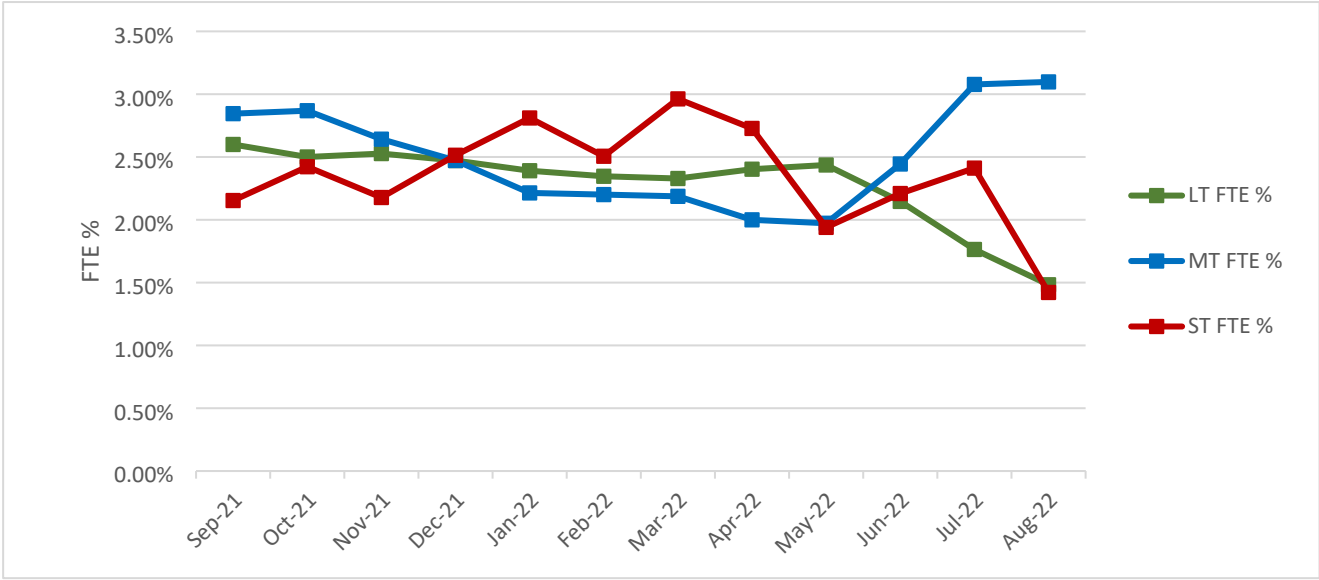
	WTE	Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Corporate	867.29	3.03%	3.50%	3.52%	3.58%	3.63%	3.87%	3.84%
All Wales Genomics Service	272.39	3.66%	4.23%	7.06%	4.22%	4.27%	4.42%	4.48%
CDT	2209.58	4.25%	4.90%	5.03%	5.06%	5.07%	5.18%	5.14%
Surge Hospitals	7.94	7.00%	8.07%	8.04%	7.88%	7.67%	6.39%	5.54%
Children & Women	1819.78	5.95%	6.86%	6.93%	6.93%	6.93%	6.95%	6.76%
Surgical Services	2077.72	5.68%	6.55%	6.81%	6.95%	6.99%	7.12%	6.93%
PCIC	866.02	5.53%	6.38%	6.57%	6.75%	6.85%	6.99%	6.94%
Mental Health	1291.56	7.18%	8.28%	8.20%	8.19%	8.16%	7.93%	7.82%
Specialist Services	1790.49	6.66%	7.68%	7.83%	7.89%	7.85%	8.00%	7.87%

> 0.5% Off Target
< 0.5% Off Target
Below / On Target

Medicine	1690.66	7.36%	8.49%	8.67%	8.84%	8.88%	9.00%	8.94%
Capital, Estates & Facilities	1157.47	8.72%	10.06%	10.39%	10.60%	10.63%	10.80%	10.72%
uHB	**14050.90**	**6.00%**	6.92%	**7.06%**	**7.14%**	**7.16%**	**7.24%**	**7.14%**

The overall sickness absence rate for the UHB has reduced and the UHB reached the target in August 2022. August 2022 is the lowest rate since June 2021. The 12-month cumulative rate currently stands at 7.14%.





Month	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
LT FTE %	2.60%	2.50%	2.53%	2.47%	2.39%	2.35%	2.33%	2.40%	2.44%	2.15%	1.76%	1.48%
MT FTE %	2.85%	2.87%	2.64%	2.47%	2.21%	2.20%	2.19%	2.00%	1.97%	2.44%	3.08%	3.10%
ST FTE %	2.15%	2.42%	2.18%	2.51%	2.81%	2.51%	2.96%	2.73%	1.94%	2.21%	2.41%	1.42%

Long-term -	Sickness over 4 months (122 days)
Medium-term -	Sickness between 1 - 4 months
Short-term -	Sickness under 28 days

Top 10 Absence Reasons by FTE Days Lost – April to August 2022

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	1025	1,174	35,946.79	24.8
S15 Chest & respiratory problems	1131	1,194	15,351.12	10.6
S13 Cold, Cough, Flu - Influenza	1541	1,649	11,756.68	8.1
S12 Other musculoskeletal problems	445	483	10,952.86	7.6
S98 Other known causes - not elsewhere classified	517	552	8,802.53	6.1
S25 Gastrointestinal problems	1502	1,644	8,630.77	6.0
S27 Infectious diseases	881	916	8,594.70	5.9
S99 Unknown causes / Not specified	581	705	8,103.88	5.6
S28 Injury, fracture	299	312	7,273.66	5.0
S11 Back Problems	271	290	5,567.81	3.8

The top 10 reasons for absence from April to August 2022 are shown above. The top reason for sickness, 'Anxiety/stress/depression/other psychiatric illnesses' has remained the same for the last 12 months. Chest & respiratory problems', 'Cold, Cough, Flu – Influenza' and 'Other musculoskeletal problems' also continue to be the top reasons for absence across the UHB.

The number of staff on long term sick leave where the absence reason has been identified as 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there were 284 and as at 31/08/22 there were 212, a reduction of 72. There are 75 staff on long term absence where Covid-19 has been identified as a Related Reason.

COVID related Sickness

There are currently 32 cases of long COVID across all clinical boards within CAV UHB. These staff are being supported in line with the Managing Attendance at Work Policy with support from Occupational Health, Employee Wellbeing Service and the People Services Team.

Specific arrangements were put in place in March 2020 in response to the exceptional sickness absence situation prevailing as the Covid-19 outbreak took hold across Wales. To support NHS Wales staff both from a control of infection measure and to facilitate recovery, open ended sickness absence arrangements were put in place which provided for full pay from day one. These arrangements were due to end at the end of March 2022 but were extended until 30th June 2022. From 1st July 2022, these arrangements came to an end and a transition period from enhanced provisions to application of regular sickness absence arrangements has commenced.

Key updates since October 21:

- People Services Team have been providing specialist advice and support to managers and staff on matters relating to managing attendance. They have been collaborating with the People Health and Wellbeing Service to ensure our staff are supported in the most appropriate way.
- Since 1st June 2022, 60 Managers have attended the Managing Attendance at Work Training Session. A total of 194 Managers trained so far since January 2022.
- 42 Managers attended a Toolkit Talk Training session on Ill Health Retirement. The training delivered has built management confidence and equipped managers with skills and resources to support their staff compassionately and fairly in line with the Managing Attendance at Work policy.
- People Services team have set up and attended regular HR Clinics in each clinical / service board.
- A Link has been developed with the Long COVID Rehabilitation Service as additional support network.
- A suite of documents collated which additional support and guidance to individuals / managers for individuals returning to work after a period of long-term sickness with specific conditions.
- In order to address the highest reason for sickness, Stress, Anxiety and Depression, the team have centralised all available resources. These resources are being distributed to management to enable signposting of staff to appropriate support.
- Implementation of the Work and Wellbeing Passport in collaboration with the Equality, Diversity and Inclusion Team. The key focus is on making reasonable adjustments for disabled people at work and meeting their individual needs.
- The number of formal disciplinary investigations has reduced to 20, this reduction is a direct result of changing the People Services model and embedding the principles of 'Just Culture'. Staff who are affected are supported throughout the process.
- Inner Wellness webinars have taken place for all staff have taken place in July and August, with a further session taking place in September.

Further actions to be taken by the People Services Team

- Identifying the short-term sickness hot spot areas in each clinical board and working closely with managers to reduce sickness and provide appropriate support.
- Provide management with up to date employee wellbeing resources for staff by linking with Employee Wellbeing Service & Occupational Health.
- Provide coaching, be-spoke training and 1-1 support for management in relation to Managing Attendance at Work and compassionate leadership.
- Assisting to develop Best Practice Deployment Principles, developed by Occupational Health.
- Script/prompt document to be created to support managers in how to explore adjustments / temporary redeployment opportunities with individuals.
- Continue to promote and deliver the People and Culture Plan with a focus on compassionate leadership.
- Support managers with managing long Covid cases and ensuring staff who are able to RTW are provided with the appropriate support such as phased return to work or alternative duties/roles.
- Continue to monitor the reasons for sickness absence and provide targeted support.

Recommendation:
The Committee is requested to: **Note** and **discuss** the contents of the report

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
n/a
Safety: Yes/No
n/a
Financial: Yes/No
n/a
Workforce: Yes/No
n/a
Legal: Yes/No
n/a
Reputational: Yes/No
n/a
Socio Economic: Yes/No
n/a
Equality and Health: Yes/No
n/a
Decarbonisation: Yes/No
n/a

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

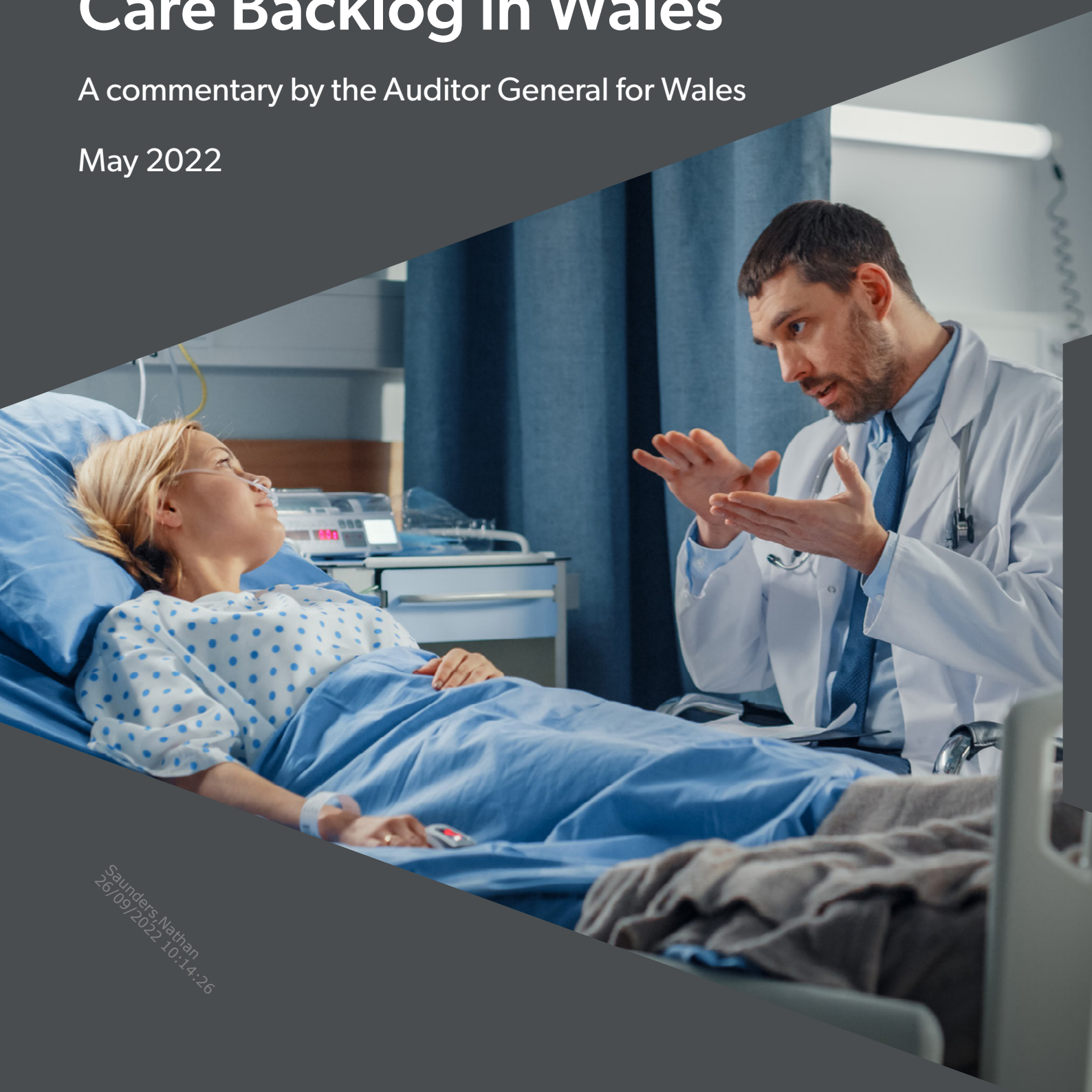
Saunders,Nathan
26/09/2022 10:14:26

Archwilio Cymru
Audit Wales

Tackling the Planned Care Backlog in Wales

A commentary by the Auditor General for Wales

May 2022



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

Contents

Summary report

Context

1 The waiting list backlog is one of the biggest challenges facing the NHS in Wales. Waiting times for planned care have long been a problem in Wales. The COVID-19 pandemic and the impact it has had on NHS capacity has made the situation much worse. The number of patients on a waiting list for planned care has grown to a scale never seen before. Tackling that backlog is a herculean task for the NHS. It is also a real worry from the perspective of patients, some of whom are waiting in pain, whose condition is deteriorating and some of whom have now been waiting well over a year just to find out what is wrong with them.

2 This report sets out the main findings from the Auditor General's high-level review of how NHS Wales is tackling the backlog of patients waiting for treatment and responding to the challenges facing planned care. It describes the scale of the backlog of patients waiting for treatment and the wider challenges of delivering planned care. The report also sets out key actions NHS Wales needs to take to tackle the challenges in planned care. This report focuses on services subject to the Welsh Government's referral to treatment target[1].

1 Other services, such as treatment for cancer, are subject to different targets and not covered by this report.

Key messages

A note on patients and pathways

Throughout this report we talk about patients waiting for treatment. Our figures are based on NHS Wales's 'open' referral to treatment measure. The measure counts the number of pathways which have started but not yet completed treatment, rather than people. Each pathway represents a patient waiting but patients may have more than one health condition and therefore be on the waiting list more than once. As a result, the total number of people waiting for treatment will be lower than the total number of pathways. At the time of preparing this report, figures to show how many individual patients are waiting for treatment were not published by NHS Wales.

3 As in other parts of the UK, NHS waiting lists in Wales have grown significantly since the start of the pandemic. In Wales, waiting lists grew by 51% from March 2020 to February 2022 when there were 691,885 patients[2] on a planned care waiting list. 251,647 of these patients had been waiting for more than 36 weeks and 406,743 were still waiting for their first outpatient appointment to discuss their condition and agree a course of action.

4 Although the rate of growth in the overall waiting list has slowed in recent months, there remains a risk that the drop in referrals that was seen during the pandemic has created a hidden or latent demand that will present itself at some point. Compared to pre-pandemic levels we estimate that there are some 550,000[3] 'potentially missing' referrals that could ultimately find their way back into the system.

5 The Welsh Government has made £200 million available during 2021-22 to help tackle the backlog. However, NHS bodies have found it difficult to spend the money. NHS bodies had identified ways to spend £146 million but £12.77 million of that was returned to Welsh Government at the end of March 2022.

2 Using the 'open' pathway measure of patients currenting waiting for treatment. Each pathway represents a patient waiting but a patient may have more than one health condition and therefore be on the waiting list more than once.

3 Our figure differs slightly from the 500,000 in the Welsh Government's national plan to transform planned care published in April 2022.

6 Whilst additional funding is going to be essential, in and of itself, it will not solve the problem. The NHS needs to increase its activity if it is going to make inroads into the waiting list backlog and there are some significant barriers that need to be overcome in order to do that. These include the on-going impact of COVID on services and staff, a tired workforce with staff shortages, recruitment and retention challenges, limitations in the current NHS estate that can hinder the ability to quickly reshape services, and limited sources of additional capacity such as the private sector.

7 The ability to increase planned care activity will also depend on the availability of beds. The number of NHS beds in Wales has fallen steadily over many years. At present the system is also experiencing real difficulties in discharging medically fit patients, due in part to staff and capacity shortages in the social care sector.

8 Our reasonable case scenario modelling has indicated that it could take as much as seven years before waiting list numbers return to pre-pandemic levels. Exactly how long it will take will depend on a range of different factors that are not easy to predict, including the extent to which the latent or hidden demand caused by the pandemic re-appears. And some specialties will take longer than others to return waits to pre-pandemic levels.

9 What is clear is that the NHS will need a stronger focus on doing things differently. Planned care capacity needs to be better protected, and not routinely used as the system ‘safety valve’ and either stopped or reduced when there is increased pressure such as in the winter months.

10 Surveillance of patients whilst they are on the waiting list also needs to be carefully managed to minimise and ideally avoid them coming to harm as a result of long waits for treatment. To help achieve that, performance measures need to have a greater focus on patients’ clinical needs rather than simply how long they have been waiting.

11 A long-term challenge such as the waiting list backlog needs a long-term plan supported by investment. In respect of the latter, the announcement of £185 million additional revenue guaranteed per year over the next four years to support waiting list recovery is significant. It is crucial that this investment is used wisely and that all opportunities to maximise efficiency and modernise services are taken.

12 Whilst the immediate challenge is to tackle the huge backlog that has built up, the ultimate goal must be to create a planned care system that can sustainably balance capacity and demand, something that has been a significant challenge for the NHS in Wales for many years.

The COVID-19 pandemic will leave the NHS with many enduring legacies not least the significant impact it has had on waiting times for planned care. Just as the NHS rose to the challenge of the pandemic, it will need to rise to the challenge of tackling a waiting list which has grown to huge proportions. Concerted action is going to be needed on many different fronts, and some long-standing challenges will need to be overcome. Additional money has been made available and it is imperative that it is used to best effect to ensure there are equitable and targeted approaches that meet the planned care needs of the people of Wales.

Adrian Crompton
Auditor General for Wales

Key facts

691,885
Total number of people on a waiting list in Wales

50% increase in total numbers waiting from February 2020 to February 2022

406,743
Number of people waiting for first outpatient appointment

Collectively orthopaedics, general surgery and ophthalmology make up **39%** of the total waiting list

53% of people waiting over **26 weeks** for treatment

56,516
Number of people waiting more than **2 years** (105 weeks) or more

£146.1m
Estimated additional revenue funding allocated to support planned care recovery during 2021/22[1]

£185m
Additional revenue funding made available per year[2]

notes*

Data as of February 2022 unless otherwise stated

1 The Welsh Government made £200m available to support recovery in 2021/22. Of this, only £146.1m was allocated and estimates indicate that of this £12.77m will be returned

2 £170 milion recurring funding plus an additional £15 million per year for the next 4 years.

Recommendations

13 In **Exhibit 7** of this report, we highlight a number of key actions that we think are going to be needed as part of the approach to tackle the waiting list backlog. The Welsh Government published its national plan to transform and modernise planned care and reduce waiting times in April 2022[4]. Our recommendations are based around the key actions needed to successfully implement the plan. Whilst they are directed towards the Welsh Government in respect of its system leadership role in setting a framework for planned care recovery, it is recognised that their implementation will, to a large part, be dependent on the plans and activities of individual NHS bodies.

Recommendations

R1 The national plan sets out high level ambitions to reduce waiting times. It includes target milestones to reduce the number of people waiting for treatment but lacks detail on how it will transform planned care. To implement its plan, the Welsh Government should work with health bodies to set appropriately ambitious delivery milestones to measure progress of delivery of the new ways of working set out in the plan.

R2 The Welsh Government should ensure that its national plan is accompanied by a clear funding strategy. This should include identification of the longer-term capital investment that is going to be needed and processes to ensure that revenue funding will support sustainable service transformation.

4 Our programme for transforming and modernising planned care and reducing waiting lists in Wales: Welsh Government, April 2022

Recommendations

R3 The national plan lacks detail on how the Welsh Government will support health boards to ensure they have sufficient workforce capacity to deliver its ambitions. The Welsh Government should work with relevant NHS bodies to develop a workforce plan to build and maintain planned care capacity to support recovery and tackle the waiting list backlog. The plan should be based on a robust assessment of current capacity gaps and realistic plans to fill them.

R4 The national plan includes a new diagnostics board but does not set out the system leadership arrangements needed to drive through the entirety of the plan. The Welsh Government should identify and implement such system leadership arrangements based on ensuring that lessons are learnt from weaknesses in previous national planned care programme board arrangements.

R5 The Welsh Government should ensure it has the necessary processes, policy frameworks and programme and performance management arrangements to ensure NHS bodies:

a effectively manage clinical risks and avoidable harms associated with long waits for diagnosis and treatment;

b maintain a focus on the efficient, effective and economical delivery of planned care pathways in line with prudent healthcare principles and which make best use of new technologies; and

c enhance communication with patients to ensure they are informed about how long they can expect to wait, how to manage their condition while waiting, and what to do if their condition worsens or improves.

What is the scale of the challenge?

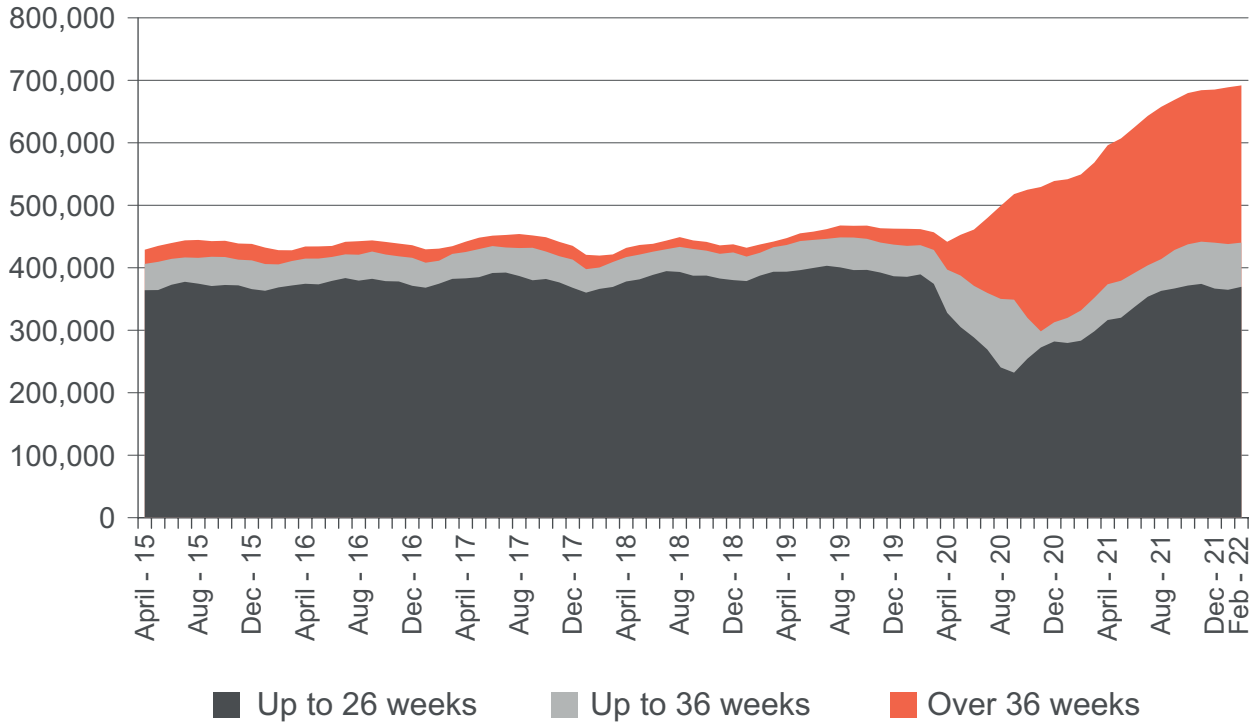
The numbers of people waiting for planned care, and the length of time they are waiting has increased significantly

1.1 The impact of the pandemic on planned care waiting times is clear. There was an immediate increase in the numbers of people waiting from April 2020, and numbers have continued to rise.

1.2 In February 2022, there were 691,885 patients waiting on the referral to treatment list (**Exhibit 1**). Of those 251,647 (36%) had been waiting more than 36 weeks. 406,743 patients (59% of all those waiting) were waiting for their first outpatient appointment to discuss their condition and agree a course of treatment. Of those, 146,198 (36%) had been waiting more than 36 weeks for their first outpatient appointment.

1.3 Since the beginning of the pandemic, the total number of people waiting for a diagnostic test increased from around 110,000 to nearly 165,000 in February 2022. Typically, during 2018-19 and 2019-20 there were around 15,000 diagnostic waits over eight weeks, but this rose to over 74,000 in January 2022. February 2022 figures showed some improvement with just over 66,000 waiting over eight weeks.

Exhibit 1: number of people waiting for planned care April 2015 – February 2022



Source: Audit Wales analysis of Welsh Government data

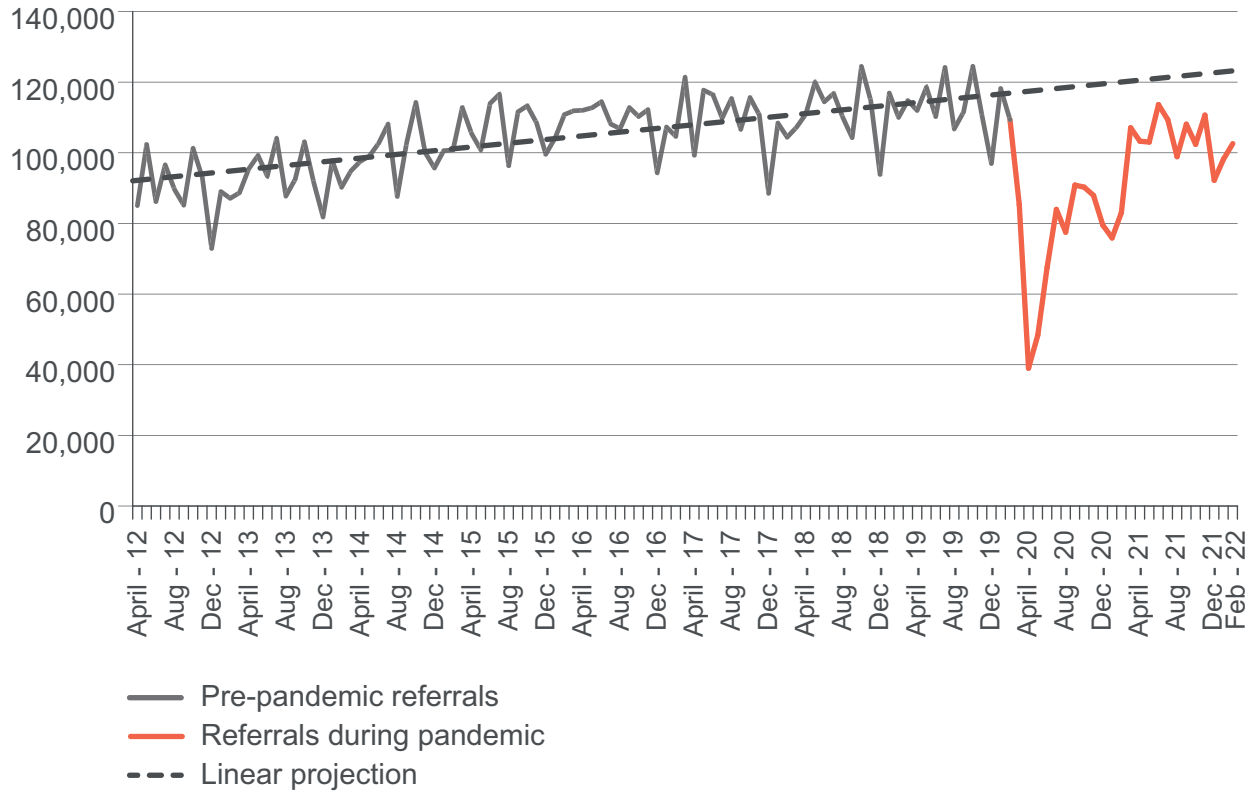
1.4 There is variation in the length of time patients wait for treatment depending on where they live. For instance, November 2021 figures show that people living in the Hywel Dda University and Powys Teaching Health Board areas were least likely to have waited over 36 weeks whilst residents of Betsi Cadwaladr and Cwm Taf Morgannwg University Health Board areas were the most likely to have experienced such waits.

1.5 The Senedd Health and Social Care Committee held an inquiry into the impact of the waiting times backlog. Responses[5] to the Committee's consultation on waiting times demonstrate the serious impact of long waits on different patients. Patient representatives also raised concerns with us about the impact on patients. Along with some health board officials, they told us that by the time some patients are treated, their conditions have worsened and that for some patients the deterioration has been significant enough for them to present at emergency departments.

5 Health and Social Care Committee, **Inquiry into the Impact of Waiting Times Backlog on People Waiting for Diagnosis or Treatment**, November 2021 – March 2022.

1.6 The direct and indirect impact of COVID-19 may increase the quantity and complexity of demand for planned care. **Exhibit 2** shows that whilst referrals for a first outpatient appointment have increased steadily for years, they fell dramatically at the start of the pandemic and have not fully returned to pre pandemic levels. Our analysis suggests that the total reduction in referrals equates to around 550,000 'potentially missing' patients when comparing referrals from March 2020 to February 2022 data against the 2019-20 referral averages. Our calculation of 'missing' patients is a conservative estimate. There may also be additional new demand both from the direct impact of COVID-19, and the indirect impacts of the pandemic on citizens' health and well-being.

Exhibit 2: referrals for a first outpatient appointment April 2012- February 2022



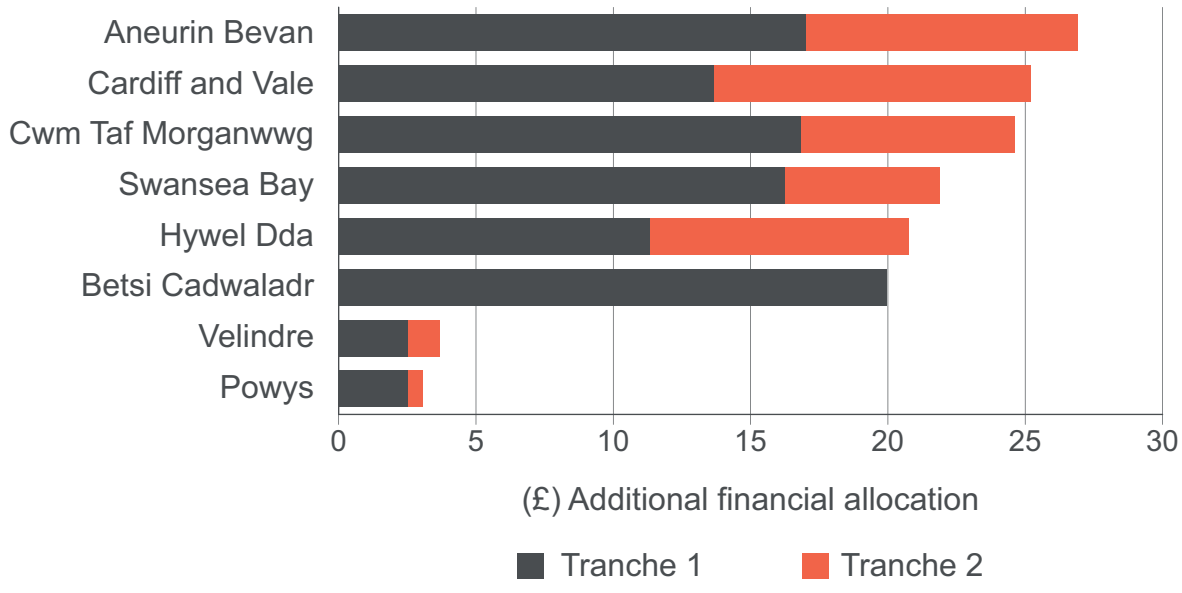
Source: Audit Wales analysis of Welsh Government data

There are significant factors restricting planned care activity

NHS bodies are struggling to spend all of the Welsh Government's funding for planned care

1.7 The Welsh Government made two announcements for additional funding to support recovery, with a combined value of £200 million in 2021-22[6]. At the time of writing this report, the Welsh Government had allocated £146.1 million of the £200 million indicating that NHS bodies have found it difficult to identify and spend on costed recovery programmes in the short term. The £146.1 million funding was provided in two tranches and **Exhibit 3** shows these individual allocations. The allocations have been based on bids from NHS bodies into the Welsh Government. The first tranche generally follows a population-based allocation, the second is based on the ability of NHS bodies to productively utilise the funding to support improvement.

Exhibit 3: 2021-22 financial allocations to support health and care recovery



Source: Audit Wales of Welsh Government data

6 Announcement of additional allocation 20 May 2021 and Announcement of additional Welsh Government allocation, 19 August 2021

1.8 Health boards also told us that spending the money has been more difficult than expected and some have been unable to spend all of it[7]. Estimates indicate that £12.77 million will be returned. Health boards have looked to secure additional planned care capacity by outsourcing some activity and insourcing staff resources where possible. The private healthcare sector in Wales is small and in part relies on NHS consultants seeing private patients in their own time. Welsh health boards are competing with NHS England to secure private capacity from across the border. As a result, health boards told us it was difficult to find enough additional capacity and where they had contracts with private providers, delivery often fell short of the number of patients agreed at the outset.

1.9 Some health boards said that they lacked suitable physical space to conduct additional planned care activity in accordance with infection prevention and control measures. Modifications to existing hospital estates are likely to require capital funding but constraints on the amount of capital funding that is available was cited by some as a further impediment.

1.10 A longer-term approach to funding can assist with plans to address the backlog. The Welsh Government is providing more certainty over future funding by guaranteeing an additional recurring £170 million annual funding for planned care for three years from 2022-23. On top of the recurring funding, the Welsh Government announced an additional £15 million annual funding up to 2025-26 to support delivery of its national plan.

1.11 Whilst the additional £146.1 million allocation in 2021/22 did not result in an overall reduction of waiting lists, it has appeared to help reduce the rate at which the waiting list has grown.

7 As of March 2022, NHS bodies had returned just over £12.77 million of the recovery funding for tranches 1 and 2.

The NHS Wales workforce is tired, stretched thinly and under pressure

1.12 Health board officials told us that staff capacity was their biggest challenge in delivering planned care. Our Picture of Healthcare report explains that the NHS Wales workforce has increased in recent years but there are specific and long-standing shortages in some areas, such as anaesthetists, radiologists and nurses. The pandemic has left a legacy of a tired workforce with increased rates of sickness absence. There are also concerns that more staff are leaving or retiring early due to the pandemic. Recruitment challenges also persist with NHS bodies competing in a small pool for medical staff and for the first time, several are reporting shortages of administrative staff to book and schedule clinic and theatre time.

Curtailing planned care remains the default position when there is increased emergency care demand in the system

1.13 The cessation of planned care at the start of the pandemic was necessary given the circumstances but it also reflected a default NHS response to pressure on the system. Cancelling or curtailing planned NHS care has long been used as the system 'safety valve' when emergency demand is high such as during the winter months. In the past, health boards have planned their elective activity around likely peaks in emergency care, attempting to catch-up during quieter periods. The Welsh Government is currently updating its escalation framework setting out how health bodies should respond to differing levels of emergency pressure. The current situation is different. Urgent and emergency care pressure on the NHS is likely to remain high for some time as a result of dealing with on-going COVID related illness and patients who had not sought help earlier in the pandemic who are now presenting with more serious symptoms. It may be unrealistic to wholly protect planned care capacity from emergency care pressures, but if the current imbalance continues, Wales will see large waiting lists and long waits for many years.

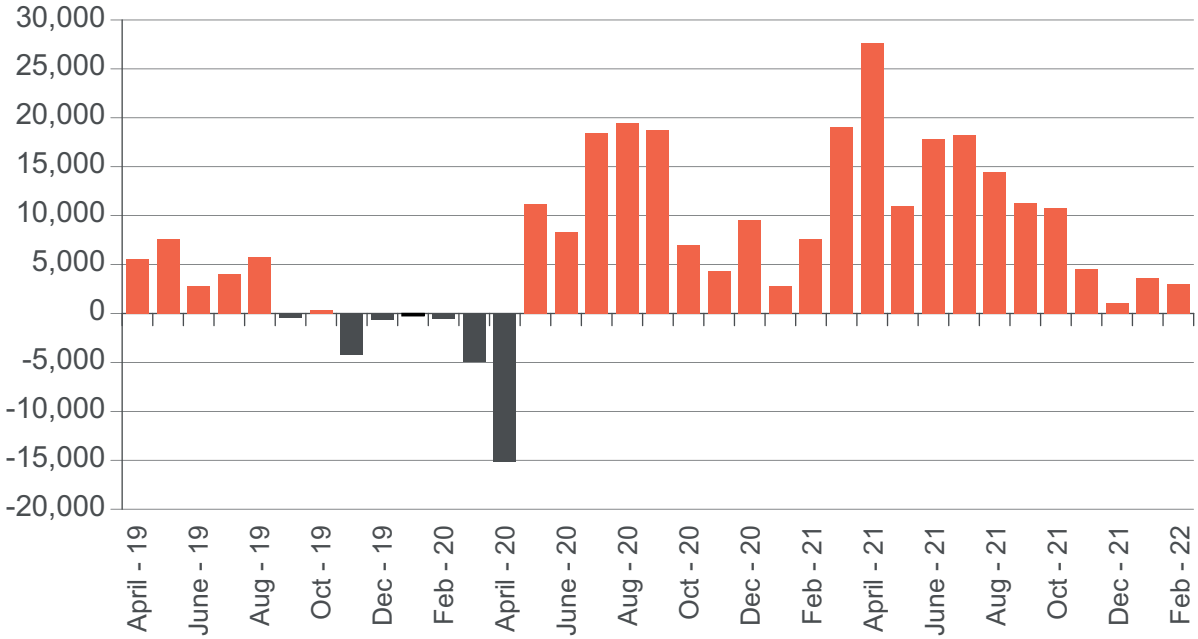
Medically fit patients are occupying NHS beds

1.14 As set out in Our Picture of Healthcare report, NHS bed numbers in Wales steadily decreased in the years before the pandemic from around 12,100 in 2010-11 to around 10,300 in 2020-21. Several health boards are finding it difficult to discharge patients effectively to free up beds for new patients. Some health boards told us that they can have several hundred medically fit patients occupying hospital beds at any one point in time. These patients are typically waiting for social care packages, either to support them living in their home, or in a care home whilst others are waiting for access to other health professionals such as physiotherapists before they can leave hospital.

Tackling the backlog of patients waiting for treatment could take years

1.15 **Exhibit 4** shows the month on month increase or decrease of the waiting list between April 2019 and February 2022 and demonstrates how the number of patients on waiting list has grown each month since the start of the pandemic. It also shows that since July 2021, the rate of waiting list growth is generally decreasing.

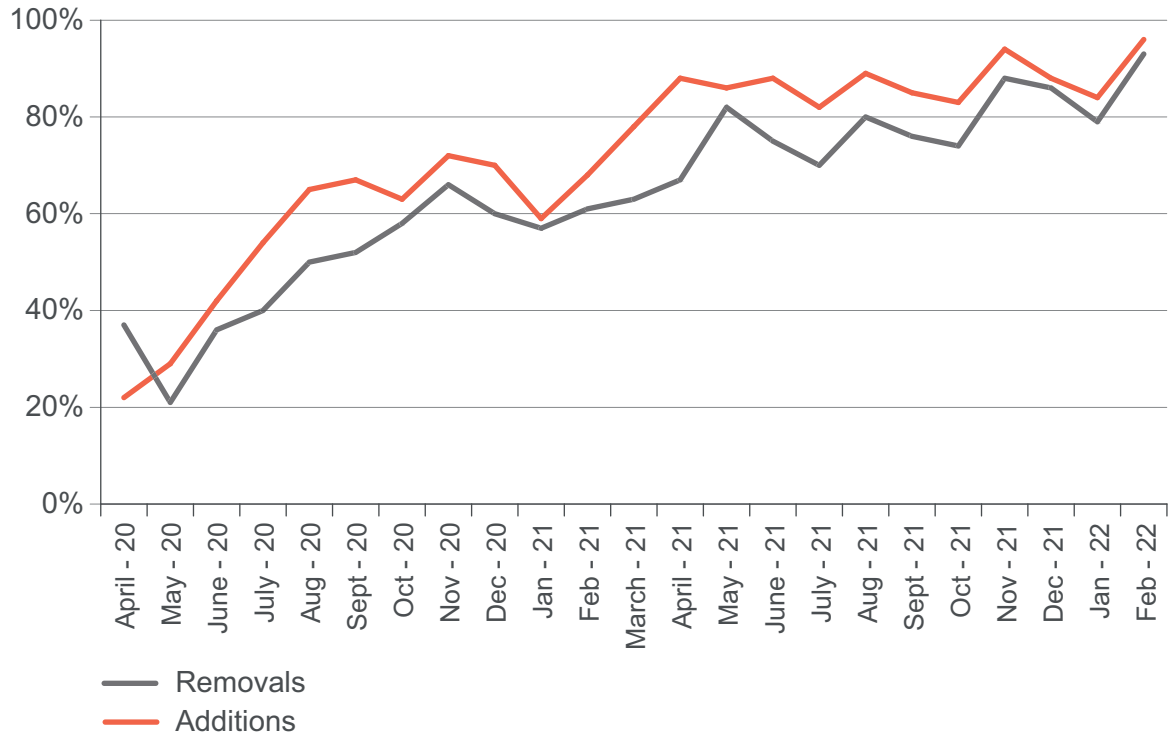
Exhibit 4: all Wales – month on month growth (orange) or decline (grey) in the numbers of people on the waiting list



Source: Audit Wales analysis of Welsh Government data

1.16 The slow-down in growth of the waiting list reflects the fact that the number of people removed from the waiting list has been gradually increasing. **Exhibit 5** shows that over the autumn and early winter of 2021, the gap between the number of people added to the waiting list (additions) and the number of removals (either through treatment or because they no longer needed treatment) shrunk. A continuation of this trend such that removals exceed additions will be needed to start to bite into the waiting list backlog.

Exhibit 5: estimated additions and removals from the waiting list compared to 2019-20



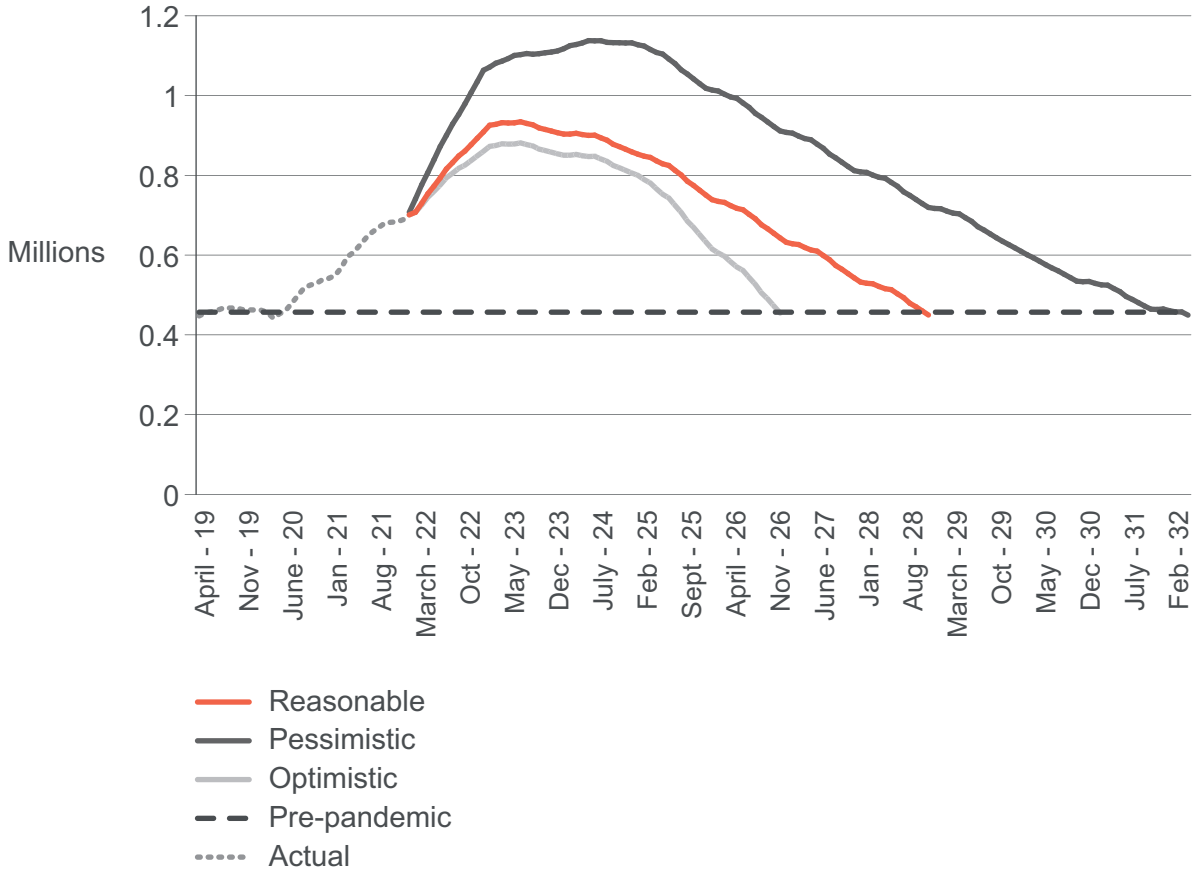
Note: More detail on how we calculated additions and removals from the waiting list is provided in **Appendix 1**.

Source: Audit Wales analysis of StatsWales data

1.17 We have used Welsh Government data to work out how long it could take NHS Wales to get waiting lists back to March 2020 levels[8]. We developed three illustrative scenarios: reasonable, pessimistic and optimistic. The modelling (**Exhibit 6**) for our reasonable scenario suggests that the waiting list could peak in 2023 but return to pre-pandemic levels by 2029. In our optimistic scenario the return to pre-pandemic levels shifts forwards to 2027 whereas in our pessimistic scenario, the waiting list would remain above pre-pandemic levels until 2032.

8 Appendix 1 sets out how we modelled the scenarios.

Exhibit 6: illustrative scenarios of waiting list numbers



Source: Audit Wales analysis of StatsWales data

1.18 The key variables in our modelling cover the rate at which people are added to the waiting list over time and the extent to which the potentially 'missing' patients or latent demand returns. Our modelling does not consider possible new or more complex demand as a result of population health trends or the impact of COVID-19. It also makes different assumptions about the rate at which the NHS is able to remove people from the list. The ability to remove patients is determined largely by capacity and will be influenced by several factors, especially in the short-term:

- the prevalence of COVID-19 in the community significantly reducing, with a resulting drop in COVID related hospitalisations;
- possible relaxation of COVID-19 infection control measures in hospital
- workforce capacity increasing; and
- the extent that additional funding made available over the next three years is able to be used to best effect.

1.19 The model above is illustrative and covers the whole waiting list. It is acknowledged that each planned care specialty is different and will have differing rates of demand and capacity. Specialities such as Ophthalmology and Orthopaedics, for example could take far longer to recover than others because these specialities were stretched before the pandemic. Equally, other specialties may be able to move more quickly.

4 What does NHS Wales need to do to tackle the challenges in planned care?

1.20 From our discussions with both NHS bodies and the Welsh Government, it is clear that tackling the planned care backlog is a key priority. Investment has been identified, plans are being developed and evidence of early progress in some areas is starting to emerge.

1.21 However, the scale of the challenge is huge and it will require the NHS to transform at a scale and pace not seen before. The national plan which has been produced will need to be accompanied by clinical and managerial leadership across the whole system that is aligned to a common purpose.

1.22 A renewed focus on driving as much efficiency as possible out of existing resources is going be essential. But this by itself won't be enough, and additional capacity will need to be identified to initially tackle the backlog and then balance demand and capacity in a way which has not been done previously.

1.23 In a context of many patients having to wait a very long time for their treatment, the NHS will need to ensure that it has the necessary prioritisation and review mechanisms to identify those patients who need to be seen more urgently to minimise avoidable harm. There also needs to be an enhanced approach to communicating with patients while they wait to help them manage their condition and know what to do if their condition gets worse.

1.24 These key actions are explored further in the graphic below.

Exhibit 7: key actions for NHS Wales to tackle the challenges in planned care

Clear national vision and supporting investment 	The Welsh Government's plan to transform and modernise planned care and reduce the backlog should be supported by frameworks with ambitious goals and milestones to recover and transform planned care. The plan should be informed by a realistic assessment of the capacity that is likely to be available to achieve these. It must be supported by an investment strategy which includes a more strategic and longer-term approach to capital funding to facilitate the required changes to NHS estates needed for planned care recovery.
Strong and aligned system leadership 	A system is needed that translates national vision into local action, recognising that the previous national programme board arrangements had limited success. Clinical and managerial leadership within organisations needs to be aligned around a common purpose and lessons learnt from how the NHS and its partners responded to COVID need to be transferred to help tackle the longer term planned care challenges.
Renewed focus on system efficiencies 	Using existing resources to best effect should be a key priority. This will mean doing things differently by improving existing processes and systems. It will also mean doing different things and rethinking how, where and from whom patients get the advice and treatment they need. Constraints associated with infection prevention and control will need to be factored in but a focus on prudent healthcare principles and key efficiency measures should be maintained. Opportunities to make best use of new digital technologies need to be secured and ways of speeding up diagnostic tests explored.

Build and protect planned care capacity

Additional capacity is undoubtedly going to be needed in the short term and clear plans are going to be needed to identify where this is going to come from. The extent to which planned care capacity can be protected from emergency care pressures should also form part of national and local planning. The Welsh Government frameworks should support health boards to prioritise emergency care at times of great pressure but must also help them to balance the needs of patients waiting for planned care. Some health boards have made progress in creating dedicated facilities for elective work which have seen some success. Whilst it may not always be practical or the best use of resources to physically separate facilities, the system does needs to think differently about how it protects planned care. A more collective approach to capacity planning across health board boundaries is going be needed alongside a critical review of the number of staffed beds required in the system. This will also include a need for effective workforce planning at local, regional, and national levels.

Manage clinical risks and avoidable harms

Management of the planned care system will need to shift to one that is based on the clinical need of patients rather than how long they have been waiting. Performance monitoring should be based around recommended lengths of waits for different categories of clinical priority with a focus maintained on minimising the extent to which patients' conditions deteriorate whilst they are waiting. There needs to be a particular focus on monitoring the condition of patients who face long waits for their first outpatient appointment. The role that general practice can play in prioritising and managing patients waiting for treatment also needs to be considered.

Enhanced communication with patients

Building on existing mechanisms, NHS bodies will need to ensure they are communicating effectively with patients about the likely time they will need to wait, how to manage their condition whilst they wait and what to do if their condition worsens or improves. Given the numbers of patients waiting, NHS bodies will need to ensure that they are investing sufficient resources into patient information and communication.

Appendix

1 Our approach

1 Our approach

The evidence base for our work comes from reviews of documents and metrics on planned care, and interviews with health board and Welsh Government officials and patient representatives. Our data analysis is based on Welsh Government data on StatsWales.

Our scenario modelling in **Exhibit 6** draws on some initial modelling work carried out by the NHS Delivery Unit. The calculation we used, following the work of the Delivery Unit was:

- removals are calculated by taking the number of patients waiting over 4 weeks (ie, they are not new patients that month) and subtracting that from the total waiting list in the previous month. This gives a proxy for the numbers of patients removed from one month to the next.
- additions are the people reported in the monthly figures who have been waiting less than 4 weeks – indicating they have been added to the waiting list in the last month. Whilst monthly additions give a reasonable measure of additions, some of those included may have already been waiting but had their 'clock' reset for some reason, for example not turning up for multiple appointments. It is also possible that some people may not be counted if they were added and removed before the data was captured at the end of each month.

Our modelling provides scenarios for the length of time it could take NHS Wales to bring waiting lists back to March 2020 levels using three scenarios: reasonable, pessimistic and optimistic (**Exhibit 6**). We accounted for the possible pent-up demand (**see paragraph 1.6**) by evenly spreading differing proportions of the potential missing 550,000 referrals over 2022-23. Those proportions varied depending on an optimistic, reasonable or pessimistic scenario. **Exhibit 8** sets out our modelling assumptions.

Exhibit 8: waiting list modelling assumptions

Assumptions	Reasonable	Pessimistic	Optimistic
Additions 2022-2025 compared to 2019-20	100%	100%	100%
Annual increase in additions 2025 onwards	0.5%	0.5%	0%
Latent 'missing' referral demand presenting	40%	50%	30%
Activity/removals compared to 2019-20 levels during:			
2022-23	101%	95%	101%
2023-24	103%	95%	103%
2024-25	105%	100%	105%
2025 onwards	110%	110%	115%

Our analysis highlights the scale of the possible challenge and the length of time it could take to clear the backlog of people waiting for treatment. The scenarios we have presented in the report are based on assumptions which may alter over the coming years.

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Report Title:	Update on CAV 24/7 and 111				Agenda Item no.	2.3	
Meeting:	Strategy and Delivery	Public	X		Meeting Date:	27 September 2022	
		Private					
Status *(please tick one only):*	Assurance		Approval		Information		X
Lead Executive:	Chief Operating Officer						
Report Author (Title):	Director of Operations, PCIC Clinical Board						

Main Report
Background and current situation:

In May 2020 a new model was proposed to support the urgent and emergency care system and better "schedule" unscheduled care and ensure patients were seen in the right part of the system at the right time by the right person as well as managing flow of patients in the context of covid. The model was a new phone first triage service (to be known as CAV 24/7) to manage all calls for people who would usually have 'walked in' to the Emergency Department (ED) or Minor Injuries Unit (MIU) across Cardiff and Vale.

The key aim was to keep people safe during Covid by ensuring that only those who needed to be seen in ED or MIU would be booked in by the CAV24/7 team with other patients being appropriately signposted to other services or parts of the urgent and emergency care system. At the time the business case was developed there were approximately 220-268 (average of 240) daily attendances to ED and MIU falling within the category amenable to go through the new model. This was excluding ambulance arrivals, air ambulance and life or limb threatening presentations.

The contacts managed by the Urgent Primary Care Out of Hours (OOHs) service at that time were around 120,000 per year. The costs of the CAV24/7 model (to cover the expected additional 240 calls per day) were estimated to be just over an additional £1.821m on a recurrent basis. The proposed model would incorporate the existing OOHs service so that the phone first triage model would operate 24/7 to cover the in and out of hours period. The model was as follows:

- Phone first triage model based on the Urgent Primary Care OOHs service.
- Clinical triage and assessment – urgent response within 20 mins or 60 mins if less urgent.
- If need to be seen at ED or MIU then directly booked in (slots can be open/closed by ED to manage flow).
- Alternatively seen by Urgent Primary Care/OOHs or signposted to other services as appropriate.

There was significant engagement with key stakeholders prior to the go-live of CAV24/7 in August 2020 this included briefing sessions with:

- Local Politicians in the Senedd and Westminster (MSs and MPs)
- Public Services Board
- Community Health Council
- Primary care (including representative bodies e.g. Local Medical Committee)
- Third Sector organisations (including sensory loss, mental health, cancer, and those supporting vulnerable groups such as people who are homeless, asylum seekers).

There was also extensive social media and media coverage.

Following the launch of the service in August 2020, a patient survey was undertaken with the feedback being extremely positive. A survey was completed by more than 650 people with the key messages:

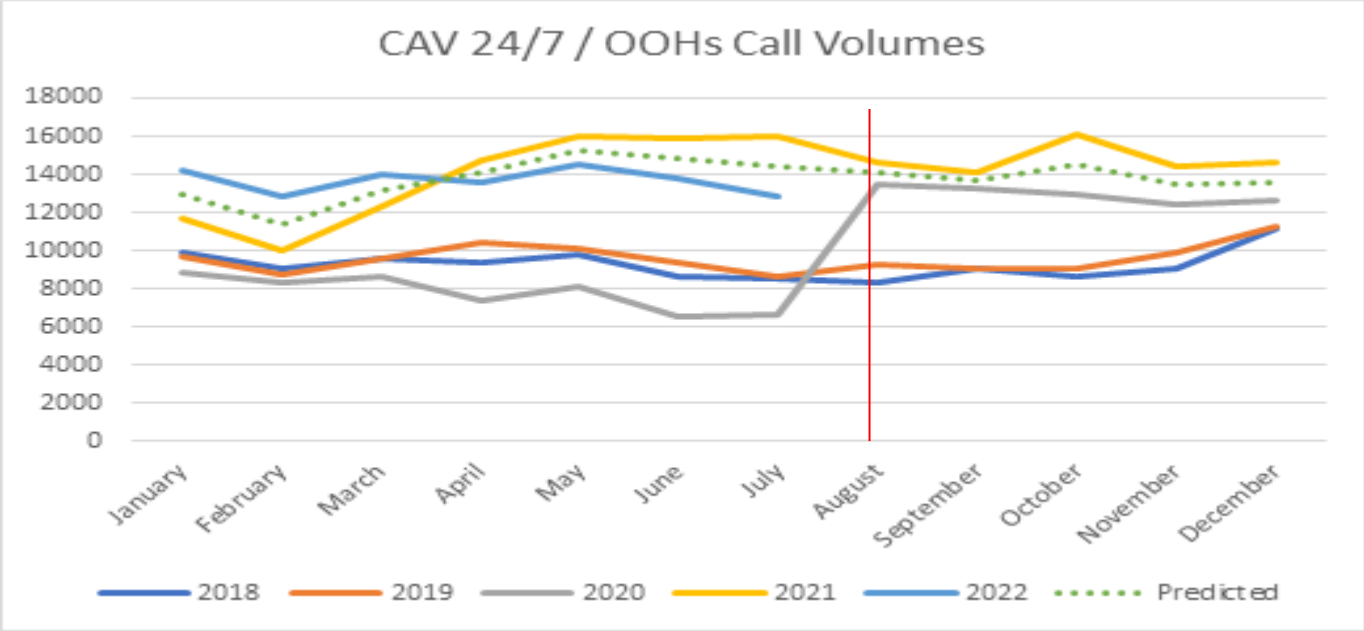
- 87% would be happy to use the service again.

- 86% happy with the time taken to answer the call.
- 86% satisfied with the service from the call handler.
- 78% had the call back on time, or earlier from a clinician.
- 87% satisfaction with the service from the clinician.
- 81% seen within 1 hour of appointment given.

There was the intention for further patient feedback, however this was not undertaken due to the significant operational pressures during subsequent months due to Covid and plans to move to the 111 service that was in place in other Health Boards.

Graph 1 shows the call volumes for CAV24/7 and OOH per month for a 5-year period. The call levels during 2018 and 2019 were very similar, fluctuating under 10,000 per month with the usual peaks at Easter and Christmas. During 2020 the pattern changed significantly with Covid and the significant increase in August 2020 with the launch of CAV24/7 (marked as red). Since this time, call levels have fluctuated between 12,000 and 14,000 per month (other than Jan – Mar 2021) and are predicted to remain at this level.

Graph 1: CAV24/7 and OOH call volumes

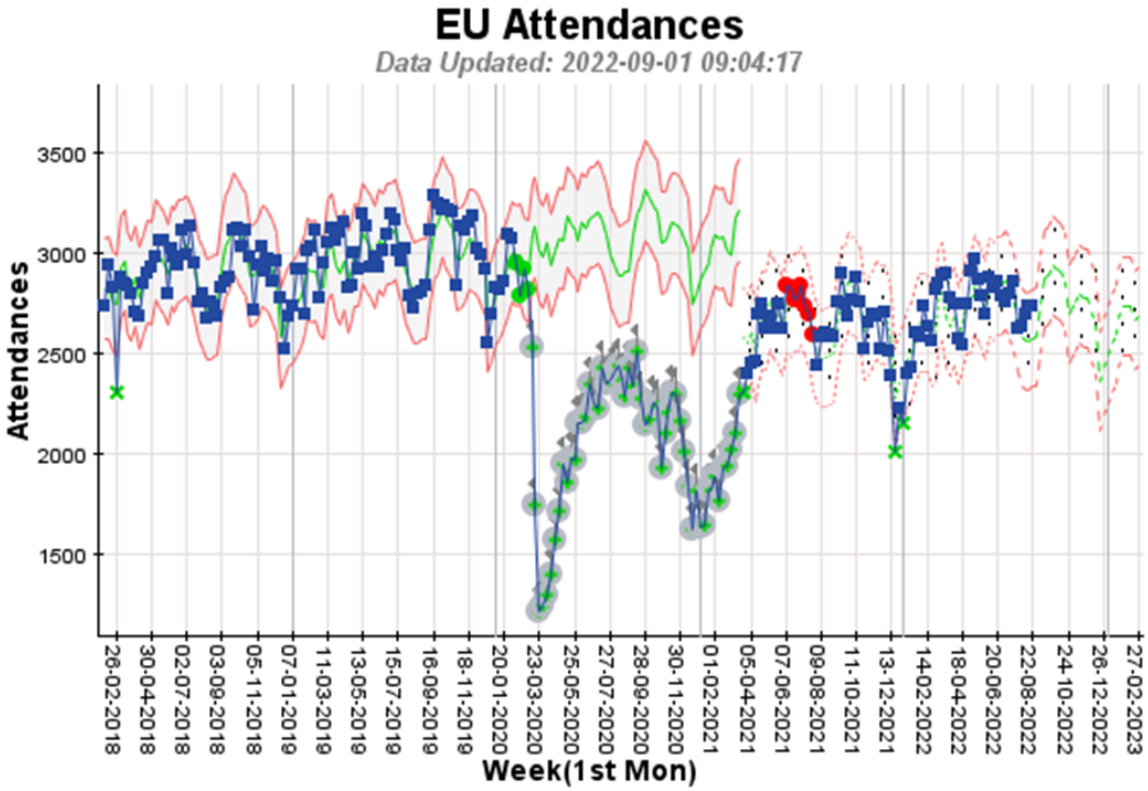


. The following figures show the outcome of calls to the CAV24/7 OOHs service from April 2022:

- 30% of calls are booked in to a primary care centre appointment (at CRI or Barry with a 15 mins GP appointment or 20 min nurse appointment)
- 21% are provided with advice over the phone
- 20% other (to include dental appointment, pharmacy, optometry)
- 17% are booked in to ED or MIU
- 8% are advised to contact own GP
- 2% are provided with a home visit (these take on average 1 hour to complete with travel)
- 1% direct admission
- 1% WAST

In terms of impact on the wider system, graph 2 below demonstrates that ED attendances in Cardiff and Vale have not returned to pre-covid levels. This is unlike in other LHB areas where attendances are at, and in some cases above, pre-covid levels in ED. It is reasonable to assume that the introduction of CAV 24/7 and the outcomes outlined above are a contributary factor to this sustained level of reduced demand into ED.

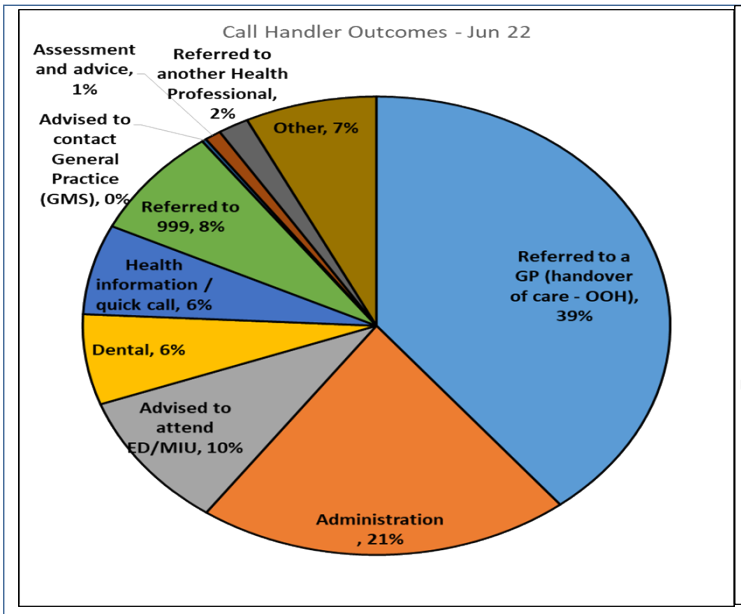
Graph 2: ED attendances

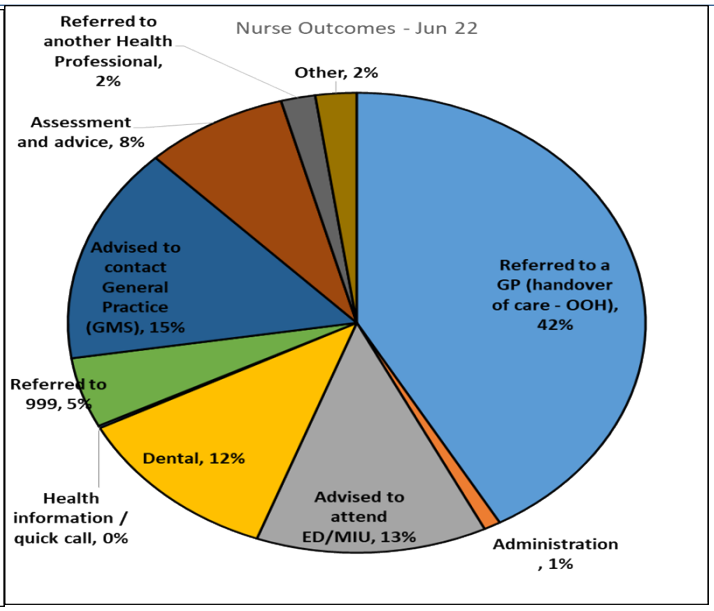


The national 111 service went live on 16 March 2022 in Cardiff and the Vale and is therefore now in place across all of Wales. The model in Cardiff and Vale is:

- If serious or life-threatening emergency, call 999.
- If condition is urgent but not life threatening call 111. What happens:
    - 111 call handler and if required 111 clinician
    - If need further assessment for appointment/time slot then call handed to CAV 24/7 and a CAV24/7 clinician will call back.
- Ring CAV24/7 directly for urgent dental and district nurses OOHs, also for professional advice.

The latest 111 data shows that demand for Cardiff and the Vale accounts for 16.3% of all demand to the service and the overall outcome of calls (for total Wales) is shown in the following graphs and time for answering calls shown in the table. We are continuing to work with the national 111 team to





	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
CAS demand	60545	61959	57979	61120	61120	54390	64448	77927	75295	74118
Abandonment rate	31.9%	36.3%	21.5%	37.9%	10.8%	4.7%	9.2%	10.3%	5.3%	14.0%
Mean Answer Time (secs)	457	481	546	793	439	174	324	398	200	528
Average Call Handler Times (secs)	687	687	639	650	668	677	694	733	677	682
Average Nurse Advisor Time (secs)	1,152	1,180	1,213	1,086	1,095	1,157	1,106	1,032	1,067	1,033

The information above demonstrates the positive impact that CAV24/7 has had on the urgent and emergency care system. For the next stages of development of the service model, the following issues are being explored through the refocused Urgent and Emergency Care (6 Goals) Delivery Group under the Goal 2 (Signposting) workstream:

- Evaluation of a recent pilot of a CAV 24/7 GP at the front door of ED demonstrated that over an 8-week period, 115 patients on average a week were reviewed by a GP with 48% directed away from ED. This indicates that some patients are still self-presenting at ED who could have benefited from calling CAV 24/7 first. Further work is required to agree actions between the ED and primary care teams to address this, including a re-energised communications campaign to the public to confirm the Phone First ethos and the pathways for patients arriving at ED who could be signposted back to primary care.
- Maximising the benefit of CAV24/7 over the winter period as currently just below predicated levels.
- Collection of further patient feedback, in line with the engagement previously done to determine ongoing experiences with CAV 24/7,
- Explore with national 111 team on extraction of Cardiff and Vale specific outcome data from national data set,
- 111 press 2 for mental health service model planned for implementation in Cardiff and Vale in quarter 4 which will form part of wider 111 offering and strengthen support to mental health demand.

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

- To note the significant increase in demand into the urgent primary care service since the launch of CAV24/7 in August 2020, in line with our ambition to treat right person, right place, right time.
- To note that of the total calls received, more than 80% are managed by primary care with only 17% booked in to ED or MIU, 1% advised to go direct to ED and a further 1% referred to WAST.

- To note the reduced level of demand going to ED as compared to pre-covid and the probably link with CAV 24/7 and intent to maximise use of this service as part of the winter planning process
- The initial survey results provided very positive feedback on the CAV24/7 service, however this was some time ago and it is the intention to gather further feedback on the service, particularly in light of the introduction of the 111 service in March 2022.
- There has been an initial review of the impact of 111 on the CAV24/7 service and some initial changes to rotas have been introduced to ensure the staffing levels are appropriately aligned to the demand. There are plans for a further review to assess whether any further changes are required.
- The development of CAV 24/7 and NHS 111 is a pivotal part of the UHB 6 Goals for Urgent and Emergency Care Programme. The workstream is the predominant element of Goal 2 (Signposting – Right Place, Right Time) and the workstream leads continue to work closely with partner organisations to develop a model which is congruent with the Welsh Government Programme.

Recommendation:

The Committee is requested to:

- Note the position for the urgent primary care service and changes to the model during the last few years with the introduction of the CAV24/7 service in August 2020 and the introduction of the 111 service in March 2022.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	

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

Risk: Yes

The risks of delivering a safe service to meet demand is managed operationally by reviewing demand and capacity data, along with escalation levels for the service. Staffing models and rotas are revised accordingly.

Safety: No

This report provides an update on changes to the service. No patient safety concerns raised and usual processes followed for the service.

Financial: No

No specific financial issues raised in this paper, however work to be undertaken as part of the wider funding for the programme of work associated with the 6 Urgent and Emergency Care Goals as direct funding from Welsh Government for specific schemes is no longer provided.

Workforce: No
No specific workforce implications associated with this paper. The staffing/workforce model was considered when CAV24/7 was introduced and also more recently following the go live of 111.
Legal: No
Not applicable.
Reputational: No
Reputational risks were managed as part of the go live for CAV24/7 and subsequently for the 111 service.
Socio Economic: No
Not applicable for this paper as it only provides an update on the service.
Equality and Health: No
Not applicable for this paper as it only provides an update on the service.
Decarbonisation: No
Not applicable for this paper as it only provides an update on the service.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Report Title:	**Board Assurance Framework** – Risk of Delivery of IMTP 22-25, Staff Wellbeing, Exacerbation of Health Inequalities.				Agenda Item no.	2.4	
Meeting:	Strategy and Delivery Committee		Public	x	Meeting Date:	27th September 2022	
			Private				
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

Main Report
Background and current situation:

At the May 22 meeting of the Strategy and Delivery Committee a programme of risks associated with the Strategy and Delivery Committee was agreed for reporting purposes.

The following risks are attached for discussion at today's meeting:

- Risk of Delivery of the IMTP 22-25
- Staff Wellbeing
- Exacerbation of Health Inequalities

These risks were last reported to the Board at the end of July 2022 and agreed, along with other risks on the BAF, to be the risks to our Strategic Objectives.

The purpose of discussion at the Strategy and Delivery Committee is to provide further assurance to the Board that these risks are being appropriately managed or mitigated, that controls where identified are working and that there are appropriate assurances on the controls. Where there are gaps in either controls or assurances there should be actions in place.

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

The Board Assurance Framework is presented to each meeting of the Board after discussion with the relevant Executive Director. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

The attached Workforce, Leading Sustainable Culture Change and Capital Asset risks are key risks to the achievement of the organisation's Strategic Objectives and these were approved as part of the BAF at the Board Meeting on 26th May 2022.

Recommendation:

The Strategy and Delivery Committee is asked to:

(a) Review the attached risks in relation to Delivery of the IMTP 22-25, Staff Wellbeing and Exacerbation of Health Inequalities
(b) Provide assurance to the Board on 29th September 2022 on the management /mitigation of these risks.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term		Integration		Collaboration		Involvement	

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

Risk: Yes/~~No~~

At the Board Meeting to be held on 26th May 2022 the following nine risks were approved for inclusion on the BAF as the key risks to the Health Board delivering its Strategic Objectives:

1. Workforce
2. Patient Safety
3. Leading Sustainable Culture Change
4. Capital Assets
5. Risk of Delivery of IMTP 2022-2025
6. Staff Wellbeing
7. Exacerbation of Health Inequalities
8. Financial Sustainability
9. Urgent and Emergency Care

Set out below is a programme of which risks will be discussed at each meeting of the Strategy and Delivery Committee during 2022/23, to provide assurance to the Board:

12 July 2022

Workforce
Leading Sustainable Culture Change
Capital Assets

27 September 2022

Risk of Delivery of IMTP 22-25
Staff Wellbeing
Exacerbation of Health Inequalities

15 November 2022

Emergency and Urgent Care
Workforce
Leading Sustainable Culture Change

24 January 2023

Capital Assets
Risk of Delivery of IMTP 22-25
Staff Wellbeing

14 March 2023 Exacerbation of Health Inequalities Emergency and Urgent Care
Safety: ~~Yes~~/No
Financial: ~~Yes~~/No
Workforce: ~~Yes~~/No
Legal: ~~Yes~~/No
Reputational: ~~Yes~~/No
Socio Economic: ~~Yes~~/No
Equality and Health: ~~Yes~~/No
Decarbonisation: ~~Yes~~/No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Board	26th May 2022

1. Risk of Delivery of IMTP 22-25 – Executive Director of Strategic Planning (Abigail Harris)

Between March 2020 and March 2022, the Integrated Medium-Term Plan (IMTP) process was paused due to the pandemic. The requirement for an approvable IMTP was replaced by the need for quarterly plans for 2020-2021 and an annual plan for 2021- 2022, which reflected the need for agile planning to reflect the changing landscape as the pandemic progressed. In October 2021 the Welsh Government signalled a return to a three-year planning approach and accordingly the Health Board has developed a new three-year plan for 2022 to 2025. In March 2022, the Board approved the draft 2022 – 2025 IMTP which was submitted to Welsh Government. In light of the financial position reflected in the draft plan, and with the agreement of Welsh Government, work was undertaken in the first quarter to further develop the financial recovery element of the plan. This work informed the final plan which was approved by the Board on 30th June and submitted to WG. The plan sets out service delivery proposals reflecting the ministerial priorities, the next milestones in the delivery of our strategy and the financial recovery that will be delivered over the next three years. The plan has not yet been formally considered by the Minister.

Risk	There is a risk that the Health Board will fail to deliver the commitments set out in the 22/23 – 24/25 Plan both in terms of service and financial commitments. The plan does not achieve overall financial balance in 2022/2023 and it is unlikely to be approved by the Minister as a fully compliant IMTP. There are a number of factors in play including the impact of unscheduled care pressures in the system, and unforeseen demands of 'cost of living' impact.
Date added:	May 22
Cause	Challenging targets have been set for the Health Board in respect of planned care recovery. Detailed and stretching plans have been developed which the Health Board is committed to delivering but, at this stage the Health Board does not have a plan in 10/35 specialties to achieve Welsh Government ambition of eliminating > 52-week new outpatient waits by end of December 2022. The financial recovery plan will also be challenging to delivery, with stretching targets for sustainable improving our overarching financial position. Whilst we are committed to deliver the actions set out in the plan, there may be dependencies of external factors which impact on our delivery – including constraints relating to funding – capital and revenue, workforce and speed with which we can implement the necessary gearing up to increase capacity.
Impact	A plan that does not fully meet the requirements for an IMTP is categorised as an annual plan set within a three-year context. The failure to have in place a fully compliant plan could result in the Health Board being escalated to the next level of the performance and escalation framework, which could bring with its reputational loss and increased scrutiny by WG. If we are not able to deliver all of the actions set out in our plan, our planned care recovery could take longer to deliver for the populations we serve and quality of care and patient experience could be impacted. If we do not achieve the commitments for 22/23, it will make it more challenging to develop a balanced IMTP for 23/24-25/26.

Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 (Extreme)**
Current Controls	An Operational Plan Delivery structure has been established to drive the delivery of the Planned Care Plan and the Emergency and Urgent Care Improvement Plan. The Performance and Escalation Framework for Clinical Boards has been re-introduced to hold CBs to account for delivering their respective service and financial plans. A process is being established to ensure a programme approach to delivery of the actions within the financial recovery plan.		
Current Assurances	Financial performance is a standing agenda item monthly on Management Executives Meeting (1) (3) The financial position is reviewed by the Finance Committee which meets monthly and reports into the Board. (1) The Board receive a financial update report from the Executive Director of Finance at each of its meetings. (1) Welsh Government are fully engaged and have been briefed on the Health Board's position. (3) Service delivery performance is tracked through the structures established to oversee planned care recovery and the improvement in emergency and urgent care, with regular reporting into ME and Board on progress. (1) WG also holds monthly Integrated Planning, Quality and Delivery Review meetings with the health board to track progress. (3) Improvement trajectories are being updated quarterly to ensure they remain on track to deliver the agreed targets. (1)		
Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 (Extreme)**
Gap in Controls	Detailed delivery plans are not in place for all elements of the financial recovery plan. Detailed delivery plans are not in place in all specialties to achieve Welsh Government 52-week NOP ambition		
Gap in Assurances	There is currently no assurance on the plan. Once developed assurance will be provided through reporting to Management Executives, Finance Committee and the Board.		

Actions	Lead	By when	Update since July 2022
1. Ensure overarching governance is in place to drive delivery of key programmes.	Suzanne Rankin	31/07/22	Complete – Strategic Programmes monitored by Strategy and Delivery Committee
2. Ensure detailed plan with programme to drive delivery of financial recovery plan	Catherine Phillips	31/11/22	In progress
3. Provide Q2 progress report – including mitigating actions, the Board for scrutiny.	Abigail Harris	28/07/2022	This will be presented to Strategy and Delivery

				Committee and Board in November.
4. Delivery programmes in place for improving Unscheduled Care on a sustainable basis, delivering Planned Care Recovery commitments and improve Cancer Pathway performance.		Paul Bostock	31/03/23	New action
Impact Score: 5	**Likelihood Score: 2**	**Target Risk Score:**		**10 (High)**

1. **Impact of Covid19 Pandemic on Staff Wellbeing – Executive Director of People and Culture (Rachel Gidman)**

As a result of the global Covid19 pandemic, our employees have been exposed to unprecedented levels of psychological and physical distress both at home and in the workplace. Evidence indicates that, Healthcare workers are at greater risk of developing mental health problems as a result. The impact of this is unlikely to be experienced equally, with people with existing mental health difficulties and people from Black, Asian and minority ethnic communities among those who are likely to be affected disproportionately.

Risk	There is a risk that staff sickness will increase and staff wellbeing will decrease due to the psychological and physical impact of the ongoing pandemic. Which together with limited time to reflect and recover will increase the risk of burnout in staff.		
Date added:	6th May 2021		
Cause	• Redeployment with lack of communication / notice / consultation • Working in areas out of their clinical expertise / experience • Being merged with new colleagues from different areas • Increased working to cover shifts for colleagues / react to increased capacity / high levels of sickness or isolation due to positive Covid test results • Shielding / self-isolating / suffering from / recovering from COVID-19 • Build-up of grief / dealing with potentially traumatic experiences • Lack of integration and understanding of importance of wellbeing amongst managers / impact upon manager wellbeing • Conflict between service delivery and staff wellbeing • Continued exposure to psychological impact of covid both at home and in work • Ongoing demands of the pandemic over an extended period of time, minimising ability to take leave / rest / recuperate • Experience of moral injury • Cost of living 'crisis'		
Impact	• Values and behaviours of the UHB will not be displayed and potential for exacerbation of existing poor behaviours • Operating on minimal staff levels in clinical areas • Mental health and wellbeing of staff will decrease, existing MH conditions exacerbated • Clinical errors will increase • Staff morale and productivity will decrease • Job satisfaction and happiness levels will decrease • Increase in sickness levels • Patient experience will decrease • Increased referrals to Occupational Health and Employee Wellbeing Services (EWS) • UHB credibility as an employee of choice may decrease • Potential exacerbation of existing health conditions		
Impact Score: 5	**Likelihood Score: 4**	**Gross Risk Score:**	**20 –(Extreme)**
Current Controls	• Self-referral to wellbeing services • Managerial referrals to occupational health • External support • Wellbeing Q&As and drop ins (ad-hoc and upon request) • Wellbeing Support and training for Line managers		

	• Development of range of wellbeing resources for both staff and line managers • GP self-referral • Values Based Appraisals including focus on wellbeing • Chaplaincy ward rounds • Health Intervention Team (HIT) • Wellbeing champions initiative • Health and Wellbeing Strategic group • Development of rapid access to Dermatology • Post traumatic pathway service • Deployment principles to support staff and line managers • Wellbeing walkabouts to signpost resources • Long Covid Peer Support Group
Current Assurances	• Internal monitoring and KPIs within the OH&EHWS (1) • Wellbeing champions normalising wellbeing discussions (1) • VBA focussing on individual wellbeing and development (1) • HIT Team recommendation plan completed following UHB engagement, priority actions to be focus(1) • Taking Care of Carers Audit and Action Plan (3) • Internal audit on Staff Wellbeing, Culture and Values (September 2022) Report (3) • Trade unions insight and feedback from employees (2)

Impact Score: 5	**Likelihood Score: 3**	**Net Risk Score:**	**15 – (Extreme)**

Gap in Controls	• Staff shortages leading to movement of staff and high demand for cover • Transparent and timely Communication especially to staff who are not in their substantive role e.g. redeployed, hybrid working • Health Charity funding for EWS agreed in principal, to be confirmed by the charitable fund trustees September 2022 • Continued increase in referrals to Occupational Health and increased PEHD work to support mass-recruitment • EWS seeing an increase in staff presenting with more complex issues, including a rise in referrals needing a wellbeing check due to the presentation of risk in the referral
Gap in Assurances	• Organisational acceptance and approval of wellbeing as an integral part of staff's working life balanced against demand and flow • Awareness and access of employee wellbeing services, particularly for staff without email / internet access • Clarity of signposting and support for managers and workforce

Actions	Lead	By when	Update since July 2022
1. Health Intervention Coordinator (1) providing reactive and immediate support to employees directly affected by COVID	Nicola Beavan	02/09/2022	Supporting lead counsellor to identify and deliver bespoke support and development in areas of need, examples include EU programme (supported by Dr Julie Highfield), Community Nursing.

2. Health Intervention Coordinators (2) conducting research and exploration for long term sustainable wellbeing for the staff of the UHB	Nicola Beavan	Interventions proposed implementation April 22 – 2023 Dec 2022 Sept 2022 Feb 2022 Oct 2022	The Health Intervention team are now in the implementation phase of their project. Priorities identified include: Development of CAV Wellbeing Strategy and Framework (Dec 2022) Implementation of works around rest space and hydration. (20 staff rooms completed; 10 remaining UHW (end of Sept 2022); work with CEF and Water Safety Group re installation of 13 hydration stations. Peer support developments – MedTRiM (training Oct 2022); Schwartz Clinical Lead and steering group training (Oct 2022)
3. Enhance communication methods across UHB - Social media platform - Regularity and accessibility of information and resources - Improve website navigation and resources	Nicola Beavan	02/09/2022	A variety of communication models including Twitter accounts are being utilised to share Wellbeing updates across the UHB. A 12-month communication plan has been developed to ensure that wellbeing topics are covered throughout the year and will be reviewed and agreed by the Wellbeing Strategy Group by September 2022.

		9th Sept 2022 Sept 2022 Nov 2022	Response to Cost of Living crisis and support for staff. Working group established in partnership with Tus. Initial signposting with support from Money Helper (a WG approved provider of advice and guidance) to go live Sept 2022. Cost of Living action plan to be reviewed 7th Sept by working group and Strategic Wellbeing Group. Internal audit highlighted action for sharepoint sight re inclusion and signposting to wellbeing resources. Work being completed to address.
4. Training and education of management - Integrate wellbeing into all parts of the employment cycle (recruitment, induction, training and ongoing career) - Enhance training and education courses and support for new and existing managers	Claire Whiles	Ongoing Sept 2022	Leadership and Management development offerings to support staff health and wellbeing added to existing offerings, e.g. REACTMH training; Managing Remote Teams REACTMH train the trainer completed. Roll out plan in development. To commence September 2022. The Acceler8 Senior Leadership Programme Cohort 1 completed September 2022. Formal evaluation to take place. Acceler8 Cohort 2 nominations received, selection process live. To commence Oct 2022

		Oct 2022 Oct 2022 Oct 2022	Collabor8 Leadership Programme developed, nominations go live Sept 2022, programme to commence Oct 2022. EWS working closely with Education, Culture and OD Team (ECOD), and Equity and Inclusion Team to ensure alignment and reduce duplication. ECOD working in partnership with Innovation and Improvement Team on all programme development.
5. Wellbeing interventions and resources funding bid approved November 2021. Implementation to start December 2021 for completion March 2022. Wellbeing Strategy group to shape with feedback from Cl Boards.	Claire Whiles	02/09/2022 End Sept 2022 Dec 2022	Work on evaluation metrics underway with support from innovation and improvement team and public health. This will underpin the project plan for wellbeing interventions supported by 'slippage funds'. Work to align work with people and culture plan and priorities. Schwartz Round Clinical leads to be agreed and trained. Steering Group Members to be decided and training arranged. Recruitment of facilitators to be positioned to ensure representation of workforce population, collaboration with existing networks essential. Change of focus from 'local pilots' to whole UHB

				– plan being adjusted accordingly.
			Nov 2022	Wellbeing Retreat Pilot commenced July 2022. Currently all dates fully booked until October 2022. Current focus on Medical Workforce. MDT approach to commence September 2022. Evaluation of impact to commence.
			Oct 2022	UHL Staff Room Refurbishment complete, including delivery and installation of artwork. The majority of UHW rooms complete, 10 in progress for completion by end of September.
				HIT working with Estates Team organising hydration station installation. Work with Water Safety Group next step – areas identified and units purchased.
			Sept 2022	Cost of Living working group established as an action from Wellbeing Strategy Group. Action plan to be confirmed Sept 2022.
			Dec 2022	UHB Wellbeing Strategy / Framework in development. Final draft to be completed by Dec 2022.
			End Sept 2022.	Management Response to Internal Audit agreed and returned.
Impact Score: 3	**Likelihood Score: 2**	**Target Risk Score:**		**6 - Moderate**

1. **Exacerbation of Health Inequalities in C&V – Executive Director of Public Health (Fiona Kinghorn)**

The COVID-19 pandemic has compounded existing health inequalities in Wales, which have shown little improvement in the last ten years, based on the gap in life expectancy between the most and least deprived fifth of the population. Although the main disparities have been age, sex, deprivation and ethnicity, there is clear evidence of intersectionality, risk factors compounding each other to further disadvantage individuals with protected characteristics (based on the Equality Act 2010). As the granular level data emerges, there is no evidence to suggest that this pattern is not replicated fully at a Cardiff and Vale UHB level.

The vision of our Shaping Our Future Wellbeing strategy is that *"a person's chance of leading a healthy life is the same wherever they live and whoever they are"*. Our goal is to reduce health inequalities – reduce the 12-year life expectancy gap, and improve the healthy years lived gap of 22 years. Addressing inequality linked to deprivation is also a clear commitment of both Cardiff and Vale of Glamorgan PSB Well-being Plans 2018-23.

Our focus on reducing inequalities locally in health and wellbeing are underpinned by both 'Prosperity for All' and 'A Healthier Wales'. The Wellbeing of Future Generations Act also sets out Health and Equality as two main goals and the Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

Risk	There is a risk that the exacerbation of inequalities due to the harms caused by the COVID-19 pandemic will reverse progress in our goal to reduce the 12-year life expectancy gap, and improvements to the healthy years lived gap of 22 years.
Date added:	29.07.21

Cause	• Deaths from COVID-19 have been almost double in the most deprived quintile when compared with the least deprived quintile of the population in Wales, and there has been a disproportionate rate of hospitalisation and death in ethnic minority communities
	• In Wales, socio-economic health inequalities in COVID-19 become more pronounced further along the hospital treatment pathway. Based on data from the first few months of the pandemic we can see that inequalities were not particularly pronounced for confirmed cases (unlike England) but the gradient became bigger for admissions, ICU and deaths. This may be related to the idea of staircase effects whereby health inequalities accumulate across the system and the 'inverse care law' whereby people from deprived areas may not seek help until later when their condition has deteriorated, which may be related to accessibility, health literacy and competing demands on their time. The role of the healthcare organisation in flexing to provide effective treatment according to individual need along that pathway is key
	• It is recognised that the COVID-19 pandemic is responsible for five harms to population health, all of which are experienced inequitably. These are the direct harm caused by infection, indirect harm due to surge pressures on the health and social care system, harms caused by population based health protection measures (e.g. lockdown), economic harm and harms caused by exacerbaing inequalities in our society.
	• Health inequalities arise in three main ways, from
	  ○ structural issues, e.g. income, employment, education and housing
	  ○ unhealthy behaviours

	○ inequitable access to, or experience of, services, which can be a result of discrimination due to inaccessible services, public information or healthcare sites that may be relevant/pertinent to their particular needs • It follows, therefore, that services run by organisations which do not address their own structural issues (nor advocate others to do so), do not support staff and their population to take up healthier, or reduce health-harming, behaviours, and which are not tailored towards reducing inequalities will fail to address the causes of increasing health inequality • The impact of inflation leading to the 'cost of living crisis' currently being experienced in the UK, with rising prices for energy (gas, electricity) and fuel (petrol, diesel) food and other goods and services has a negative impact on health as real disposable incomes fall with this being more marked in lower income households. High inflation also risks exacerbating mental health challenges with concerns about debt being a leading cause of anxiety
Impact	• The key population groups with multiple vulnerabilities, compounded or exposed by COVID-19, include: ○ Children and young people ○ Minority ethnic groups, especially Black and Asian populations ○ People living in (or at risk of) deprivation and poverty ○ People in insecure/low income/informal/low-qualification employment, especially women ○ People who are marginalised and socially excluded, such as homeless persons • Risk factors interact and multiple aspects of disadvantage come together, increasing the disease burden and widening equity gaps. Underlying chronic conditions, as well as unequal living and working conditions, have been found to increase the transmission, rate and severity of COVID-19 infections • COVID-19 and its containment measures (e.g. lockdowns) can, directly and indirectly, increase inequity across living and working conditions; as well as inequity in health outcomes from chronic conditions. For example, working from home may not be possible for many service sector employees. Marginalised communities are more vulnerable to infection, even when they have no underlying health conditions, due to chronic stress of material or psychological deprivation, associated with immunosuppression • The longer-term, and potentially largest, consequences for widening health inequalities can arise through political and economic pathways. Areas with higher unemployment have greater increase in suicides; and people living in the most deprived areas experience the largest increase in mental illness and self-harm • This is not simply a social injustice issue, health inequalities are also estimated to cost £3-4 billion annually in Wales through higher welfare payments, productivity losses, lost taxes, and additional illness • Winter 2022/23 is an uncertain time with concerns about resurgence of COVID-19 and/or influenza which disproportionately impact the most vulnerable in society, together with the economic impact of the rapid increase in inflation. This may mean that health inequalities widen if public policy and local interventions do not act to rectify this imbalance swiftly. However, most levers for economic action are at the UK government level. Warmth and food availability will be key issues locally

Impact Score: 4	**Likelihood Score: 4**	**Gross Risk Score:**	**16 Extreme**
Current Controls	**1. Statutory function**		

The Socio-economic Duty places a legal responsibility on public bodies in Wales when they are taking strategic decisions to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage. Approaching implementation of the Socio-economic Duty effectively will help us maximise our contribution to addressing such inequalities, and also to meet our obligations under the Human Rights Act 1998 and international human rights law. Of note, but more of a reputational risk, if an individual or group whose interests are adversely affected by our strategic decision, in circumstances where that individual or group feels the Duty has not been properly complied with, they would have the right to instigate a judicial review claim against the UHB

2. Role as an Employer

- In our Equality, Inclusivity and Human Rights Policy, we have an active programme, which sets out the organisational commitment to promoting equality, diversity and human rights in relation to employment, and ensuring staff recruitment is conducted in an equal manner
- Our Strategic Equality Plan 'Caring about Inclusion 2020-2024' has a number of key delivery objectives and is premised on the basis of embedding equality, diversity and human rights, and Welsh language, into UHB business processes, for example: Recruitment and Selection Policy, Annual Equality Report, Equality reports to the Strategy and Delivery Committee, Reports/Updates to the Centre for Equality and Human Rights, Outcome Report to the Welsh Government Equalities Team regarding sensory loss, provision of evidence to the Health and Care Standards self-assessment, Equality and Health Impact Assessments
- All our Executives have taken up a leadership role across the nine protected characteristics specified in the Equality Act 2010 - age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation - our CEO is the lead for race
- In August 2022 the Chancellor recognised that support is needed even for staff on wages up to £45,000 and included senior nurses in this description to manage increased energy bills. There may be additional opportunities to signpost staff to resources to help them to cope with the cost of living crisis this winter

3. Refocused Joint strategic and operational planning and delivery

- Each of our strategic programmes within Shaping our Future Well Being Strategy will consider how our work can further tackle inequalities in health
- Our Shaping our Future Public Health strategic programme has a focused arena of work aimed at tackling areas of inequalities. We are working closely with the two local authorities and other partners, through our PSBs and RPB partnerships to accelerate action in our local organisations and communities, particularly in relation to healthy weight, immunisation and screening. This includes building on local engagement with our ethnic minority communities during the Covid-19 pandemic. Such focused work is articulated in 'Cardiff and Vale Local Public Health Plan 2022-25' within our UHB three-year plan, and will be strengthened in 2022/23 by the development of a strategic framework for tacking inequalities
- Through our PSB and RPB plans we already prioritise areas of work to tackle inequalities and the refreshed needs assessments for both PSBs and RPB will further identify collective actions
- The Youth Justice Board is implementing the recommendations of our Public injecting & Youth Justice HNAs in Cardiff

	• Cardiff PSB and Cardiff and Vale Substance Misuse Area Planning Board are implementing the recommendations of its Needle Exchange programme review to tackle health inequality as part of COVID-19 substance misuse recovery work • Our Suicide and Self-Harm Prevention Strategy has been published • The multi-agency approach to Seldom Heard Voices, which targeted initiatives towards areas of deprivation during the pandemic e.g. walk in vaccine clinics, will continue as we move through recovery. • The Annual Report of the Director of Public Health (2020), published in September 2021, focusses on reducing inequity and sets out a vision for future partnership working that will enable us to recover strongly and more fairly.			
Current Assurances	We have identified a bellwether set of indicators to help measure inequalities in health in the Cardiff and Vale population through which we will develop further to measure impact of our actions. This formed part of the Annual Report of the Director of Public Health 2020, published September 2021 (1). Examples include: • The inequality gap in healthy life expectancy at birth in Cardiff and Vale UHB for males, increased from 20.4 years in 2005-2009 to 24.4 years in 2010-2014 • The gap in coverage of COVID-19 vaccination between those living in the least deprived and most deprived areas of Cardiff and Vale UHB, aged 80 years and above, reduced from 8.8% to 8.4% between May and June 2021			
Impact Score: 4	**Likelihood Score: 3**	**Net Risk Score:**	**12 (High)**	
Gap in Controls	• Uncertainty around progress of the pandemic due to uncertainly of population spread as we move towards endemicity, and future risk of variants • Unidentified and unmet healthcare needs in seldom heard groups • Capacity of partner organisations to deliver on plans and interdependency of work			
Gap in Assurances	• Monitoring data (often managed via external agencies) and establishing trends difficult to determine over shorter timescales			

Actions	Lead	By when	Update since July 2022
1. Embed a 'Socio-economic Duty' way of thinking into strategic/operational planning, *beyond* complying with our statutory duty	Fiona Kinghorn /Rachel Gidman	Draft framework by December 2022	For 2022/23, we plan to strengthen the strategic response to the Socio-economic Duty, ensuring actions are systematically applied. The EHIA process will be reviewed (when capacity allows) with the aim of simplifying it where possible. The new process will consider proportionality, so that the level and depth of the EHIA undertaken is proportionate to the change being introduced.

			Our UHB will continue to work collaboratively with our stakeholders to shape our services and culture.
2. Within the UHB and through our PSB and RPB partnerships, develop and deliver a suite of focused preventative actions to tackle inequalities in health	Fiona Kinghorn	November 2022	The Executive Director of Public Health has agreed a collaborative partnership approach to 'Amplifying Prevention' with both local authorities. The workshop held in July has been used to develop an action plan focussed on childhood immunisation, bowel screening and Move More Eat Well, and the tangible actions all partners can take to embed these preventative approaches and address inequity. A set of indicators will be agreed to measure impact for 2022/23. A strategic framework for tacking inequalities is being planned. Following publication of the Population Needs Assessment and the two Wellbeing Needs Assessments, tacking inequalities is recognised as a priority for all local and regional partner organisations
3. Improve the routine data collection in relation to equality and inequity, both across the UHB and with partner organisations, and develop a broader suite of indicators to monitor progress	Fiona Kinghorn	March 2023	Amplifying prevention indicators being developed

Impact Score: 4	**Likelihood Score: 3**	**Target Risk Score:**	**12 (High)**

Report Title:	Staff Wellbeing Plan – Update				Agenda Item no.	2.5	
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	27th September 2022		
		Private					
Status *(please tick one only):*	Assurance	x	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author (Title):	Assistant Director of OD and Culture						

Main Report
Background and current situation:

Background

In November 2021 the UHB supported investment into activities, projects and interventions that had the potential to support and enhance colleague wellbeing, with an aim to evaluate and monitor impact to identify longer term sustainable priorities.

The focus of the request was underpinned by the emerging recommendations provided by national research papers into support for NHS staff post-pandemic, the themes and objectives identified by the People and Culture Plan, and the findings of the internal engagement work carried out by the Health Intervention Team.

Based on this research and internal findings, the wellbeing plan focuses on the following areas, and aims to develop and evaluate small projects to build a business case for longer-term, sustained investment:

- Improving the workplace environment / space to rest and recover
  - Staff rest-space (staff rooms); Nursery Facilities
  - Hydration – water fountains
- Enhancing Leadership and Management Education and Development
  - REACTMH Train the Trainer (effective wellbeing conversations)
  - Peer Support – Recovery and Wellbeing College
  - EDI and Cultural Awareness – speakers and workshops
  - Coaching and Mentoring Networks
- Supporting Occupational Health Capacity (Quarter 4, 2021/22)
  - Additional clinics / additional temporary staffing
- Mental Health Awareness
  - Online resources
  - Workshops, including Neurodiversity training for counselling staff; Brain Injury Awareness
  - Inner Wellness Series of Webinars
- Supporting medical staff at risk of burn-out
  - Wellbeing Retreats
- Peer Support Development
  - Schwartz Rounds and MedTRiM
- Engagement and feedback
  - Winning Temp Platform, Nursing and Midwifery Staff Group
- Showing gratitude
  - Aroma Vouchers

This report provides an update on progress and outlines next. A highlight report is provided in **Appendix 1**.

It is important to recognise that the work and projects identified within the wellbeing plan are in addition to existing provision and activity, but the plan is clearly aligned and integrated into the themes and priorities of the People and Culture Plan.

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

Progress is being made and projects are being introduced adopting a phased approach to ensure alignment with organisational objectives and demands. This approach also supports team capacity to deliver in demanding times and some changes have been made to allow for emerging priority work.

Whiles some projects have been time sensitive and are now complete, other projects have required more detailed background work and stakeholder involvement. Following initial procurement exercises that required dedicated time and effort working in partnership with finance colleagues, procurement colleagues and estates, the planning and implementation continues.

The following activity and projects have been delivered in the short term:

- Provision of additional Occupational Health Clinics (Dec 2021 – March 2022) to reduce waiting times and address back-log over the winter period;
- Development of awareness sessions and speakers to raise awareness of subjects including Brain Injury and Brain Fog; Race and Neurodiversity (Feb-April 2022);
- Inner Wellness Webinars (June-September 2022);
- Phase 1 and 2 of Staff Room Refurbishments (Feb-September 2022);
- Speakers / Workshops to support Leadership Development (March – July 2022);
- Aroma Vouchers (March – June 2022)
- Nursery Facilities Refurbishments (March – June 2022)

Other projects have required more in-depth planning and resource to ensure delivery is effectively positioned and evaluated, this includes:

- Schwartz Rounds Set-Up and Training (Oct 2022 – Jan 2023);
- Med TRiM Practitioner Training (Oct 2022);
- Winning Temp Engagement Platform (Live July-October 2022);
- Phase 3 Staff Room Refurbishments (September 2022);
- Hydration Stations (September 2022 – January 2023);
- Coaching and Mentoring Development (Phase 1, Oct-Dec 2022)
- Wellbeing Retreats (June – December 2022)

Measuring Impact

As delivery of this work continues, as highlighted in Appendix 1, a key aspect of the plan is to ensure the effectiveness of wellbeing interventions. Evaluation of 'wellbeing activity' can be challenging, and often focuses on the feelings of staff immediately following participation or engagement. Recognising there is a need for more evidenced based measurements and evaluation of impact, the People and Culture Team are currently working with colleagues in Innovation and Improvement to develop measures and a means of effectively recording progress and impact. This collaboration will support a wider evaluation and link directly with the UHB's Health and Wellbeing Framework that is currently in development, and the objectives within the People and Culture Plan.

Feedback and evaluation from our staff is fundamental in both identifying where interventions are having an impact, and also in understanding what is impacting on wellbeing within the UHB. The feedback currently being gathered via surveys and engagement activity, is providing data that will help shape not only our wellbeing 'response' if needed, but also, and more importantly, will help identify the aspects of working within the organisation that are having a negative and/or positive impact on staff wellbeing, for example: ways of working; physical environment; management and leadership; culture and behaviours. This feedback will also develop understanding on external

challenges and the impact on wellbeing, e.g. cost of living crisis and identify ways to effectively support staff.

The progress of the Wellbeing Plan will be aligned to organisational need, which includes responding to 'Winter Pressures', external pressures such as the cost of living crisis, staff shortages and turnover, and delivery of strategic transformational change, but will also need to be balanced with the capacity to deliver.

Assurance and Next Steps

The Committee is asked to note progress to date and be assured by the current work being undertaken to underpin the projects with effective evaluation. It is important to note that much of this work is 'short term' in nature and funded for a limited period of time, therefore a thorough evaluation on impact is necessary and will be completed to inform future direction and/or any further investment.

Next steps are outlined in Appendix 1, and include:

- Completion of Phase 3 of the Staff Room Refurbishments (September 2022)
- Identification of Schwartz Round Clinical Leads and Facilitators and training (Sept – Dec 2022)
- Med TRiM Practitioner training (October 2022)
- Winning Temp Engagement Platform Analysis and Communication Exercise (Oct 2022)
- Continuation of Wellbeing Retreats and Feedback Exercise (Sept-Dec 2022)
- Mentoring Training Acceler8 Programme and Climb (Sept-Dec 2022)
- Coaching Supervision Training (Nov 2022)
- Development of Evaluation Measures and Recording (Sept-Dec 2022)

A recent internal audit of Wellbeing, Culture and Behaviours has indicated that reasonable assurance has been identified and the official report will be presented to Audit Committee in November 2022.

Recommendation:

The Committee is requested to:

a) **Note** the content of this update report as assurance of delivery of the wellbeing plan, and continue to support the delivery of the outstanding actions.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/~~No~~
Risk of not identifying development areas; lower retention of highly skilled staff; loss of reputation as an employer of choice
Safety: Yes/~~No~~
Risk of not identifying areas of concern; areas of development
Financial: Yes/~~No~~
Risk of higher turnover; higher levels of sickness / presenteeism
Workforce: Yes/~~No~~
Staff engagement, motivation, health and wellbeing; Career development and progression
Legal: Yes/~~No~~
Health and Safety: ~~Yes/~~No
Reputational: Yes/~~No~~
Staff engagement and morale; career development; healthy working relationships; Welsh Government reporting
Socio Economic: ~~Yes~~/No
Equality and Health: Yes/~~No~~
Lack of opportunity for all to engage in career and development conversations; set objectives etc
Decarbonisation: ~~Yes/~~No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
26/09/2022 10:14:26

Appendix 1: Wellbeing Plan (Short-Term Funding)

Progress Report Q2 July - Sept 2022

Key highlights from Wellbeing (Short-Term Funding) Plan

- **Staff Rooms / Facilities**
  To date, eighteen staff rooms have been refurbished during Phase 1 and Phase 2. Eight further rooms to be completed by the end of September 2022 as part of Phase 3, including final delivery of furniture and artwork.
- **Hydration – Water Stations**
  Thirteen water stations to be installed across site. New project lead to work with Estates to ensure correct protocols followed through the Water Safety Group.
- **Manager Education and Development**
  REACTMH training programme Train the Trainer sessions providing a collaborative approach involving teams across People and Culture Directorate. Over 30 facilitators trained. Rollout of sessions to commence October 2022.
  The Compassionate, Inclusive Leader – Professor Uzo Iwobi delivered a workshop as part of the Acceler8 Senior Leadership Programme focusing on her leadership journey as a black woman and how to be a truly inclusive leader.
  Leading with Compassion – Business Psychologist Paul Chudleigh delivered workshops on Acceler8.
- **Coaching and Mentoring Network Development**
  Coaching platform has been developed to enable connection between coach and coachee. Phased approach focusing on Lead and Senior Nurses (Coaching), and Acceler8 / Climb Programme (Mentoring) currently underway.
- **Mentoring**
  Initial mentoring training to be targeted to those completing the Acceler8 Programme and Climb Programme to provide peer / mentor support to those completing leadership programmes across the UHB. Training scheduled for October 2022.
- **Wellbeing Retreats**
  Three wellbeing retreats have taken place involving 27 participants. Initial feedback has been positive and engagement exercise planned in September and October 2022.
- **Inner Wellness Webinars**
  Two webinars have been held and initial feedback has been positive. Final webinar is scheduled for September 2022, Evaluation to take place following final webinar to assess effectiveness and impact of series.

Look back Quarter 2

- Launch of Wellbeing Retreats, positive response from medical workforce, including junior doctors
- Launch of Winning Temp Engagement Platform, over 800 participants, providing insights of Nursing and Midwifery Workforce
- Wellbeing Survey completed for Medical Workforce. 378 responses.
- Refurbishment of 18 staff areas and nursery enhancements
- Aroma 'Have a Break' voucher scheme, 7780 vouchers utilised
- Coaching Platform established, supporting Phase 1 work with Lead Nurses
- Neurodiversity Training for Counselling Staff
- ED&I Workshops on Brain Fog; Strategic ED&I

Look forward Quarter 3

- Manager as Coach Training scheduled for Oct-Dec 2022 supporting identified groups.
- Completion of Staff Room Refurbishments
- Schedule finalisation of 13 hydration stations with Water Safety Group
- Mentor Training Workshops
- Delivery of 4 wellbeing retreats and feedback exercise with attendees
- Rollout of REACTMH Training
- Schwartz Round Clinical Lead and Facilitator Training
- Med TRiM Practitioner Training
- Coaching Supervisor Training (ILM Level 7)
- Analysis of Winning Temp data and Medical Workforce Staff Survey
- Development of measures and evaluation

Wellbeing Plan (Short-Term Funding)

Progress Report Q2 July - Sept 2022

Key outcomes

- 18 staff rooms refurbished
- Wellbeing Survey closed, 378 responses
- Launch of Winning Temp Engagement Platform, over 800 participants to date
- Wellbeing Retreat accessed by 27 people to date, future dates currently fully booked
- Aroma Vouchers accessed by 7780 colleagues
- Approximately 70 Med TRiM Practitioners identified for training
- Clinical Leads discussions with Executive Directors, two clinical leads identified to date, 1 more to be confirmed
- Occupational Health back-log cleared Jan-March 2022 due to access to additional clinics
- Coaching and Mentoring training identified to support networks
- Manager as coach training scheduled for key service areas including AWMGS; Clinical Directors; CEF)
- 38 coaches developed; 3 coaching supervisors identified for training
- 39 coachees assigned a coach
- Keynote speakers delivered on Acceler8 Senior Leadership Programme, Cohort 1
- Wellbeing and Recovery College IMROC Training Programme and Licence (Peer Support)
- Collaboration with Innovation and Improvement to identify metrics and evaluation tools

Risks and Issues

- Competing demands for increasingly stretched workforce and risk of ability to access support, interventions and development
- Sustainability of programmes, e.g. Schwartz Rounds, Med TRiM due to capacity of departments to support logistics and enable release of facilitators / practitioners and staff
- Maturity and culture of organisation to embrace peer support, Schwartz Rounds
- Response to listening / engagement exercises – Winning Temp; Wellbeing Survey
- Demand for coaching and mentoring larger than supply
- Increasing and sustained workplace demand on staff impacting on wellbeing

Report Title:	Capital Plan 2022/23 Update on delivery			Agenda Item no.	2.7
Meeting:	Strategy & Delivery Committee	Public	X	Meeting Date:	27th September 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	√	Information
Lead Executive:	Director of Finance				
Report Author (Title):	Director of Captial, Estates and Facilities				

Main Report
Background and current situation:

Capital Plan 2022/23

The purpose of this report is to provide the Strategy & Delivery Committee with an update on the delivery of the Health Board's approved Capital programme for the financial year 2022/23 considered at their meeting of 17th May 2022.

The UHB receives an allocation of Capital funding from Welsh Government (WG) via our Capital Resource Limit (CRL), the latest being issued by WG dated 7th September 2022 indicates a CRL of £45.889m which includes £10.263m Discretionary Capital Funding (Group A), £35.626m Capital Projects with Approved Funding (Group B). There are currently no Forecast Capital Projects Without Approved Funding (Group D). The latest CRL indicates an overall reduction of £477k which includes £600k that was identified as in-year slippage for the Endoscopy Scheme and returned to WG. The balance is minor changes on the remaining schemes.

The CRL is a live document which is updated as, business cases are approved, national funded programmes are identified or where the cash flows for projects are adjusted, and is monitored by the UHB Capital Management Group (CMG) at their monthly meeting.

As part of the ongoing capital programme planning process, the UHB continuously reviews and update its annual capital programme plan as part of the IMTP planning process. This process also takes account of the context of the 10-year longer-term proposed capital investments required to meet the UHB's operational and strategic objectives and also in response to the requirement of Welsh Government to prioritise our existing identified and future capital investment needs.

The UHB have been progressing a number of key projects required to support the Acute Sites Masterplan which has been developed and prioritised by the operational teams. The schemes included bring back a number of services from UHL to UHW that had been relocated at the start of the pandemic and include:

- Adult Fracture Clinic to Ground Floor Lakeside Wing
- Cardiothoracic
- Critical Care Expansion into C3
- Surgical Assessment Unit – Creation of a ward to support the vascular network
- Acute Medicine Footprint – Identification of options to expand capacity
- Paediatric Fracture Clinic – Childrens Hospital for Wales

Given the limited funding available within the discretionary capital programme, the Capital Management Group endorsed the development of the Adult Fracture Clinic as a priority, at a cost of £1.63m which will be considered by the UHB Board at their September 2022 meeting. This commitment from the discretionary capital funding allocation leaves only £344k which is in the main income from VAT recovery.
Appendix 1 provides an update of the capital programme, together with the funding source and anticipated spend.

Several projects have been completed in the reporting period including, but not restricted to:

- Same Day Emergency Care Unit at UHW (SDEC)
- Physiotherapy Outpatients Facility in Lakeside Wing (LSW)
- Pre-operative assessment unit in LSW
- Mobile Endoscopy Theatres at UHL
- Physiotherapy Hydrotherapy Pool Area at UHW
- Spinal Injections Unit in modular build adjacent to LSW
- Mass Vaccination Centre at Woodland House

The UHB have continued to progress a number of significant schemes which would require All Wales Capital Funding;

All Wales Capital Schemes

- Outline Business Case - CRI Health and Wellbeing Centre, submitted 3rd August 2022
- Full Business Case- CRI Safeguarding works, due for consideration by the UHB Board November 2022
- Outline Business Case – Park View Wellbeing Hub, due for consideration by the UHB Board September 2022
- Full Business Case - Major Trauma / Vascular Hybrid Theatres, due for consideration by the UHB Board November 2022
- Business Justification Case – UHW Lift Refurbishment Programme, due for consideration by the UHB Board November 2022
- Business Justification Case – UHW Tertiary Tower Electrical Infrastructure Resilience Works, due for consideration by the UHB Board November 2022
- Outline Business Case – UHL Additional Orthopaedic Theatres, due for consideration by the UHB Board January 2023
- Business Justification Case – UHW Mortuary Refurbishment, due for consideration by the UHB Board January 2023

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

- The capital plan 2022/23 as approved has been monitored by the Capital Management Group on a regular basis, where minor changes have been agreed and any major commitments endorsed for consideration by the UHB Board.
- The reduction in funding for 2022/23 (25%) continues to pose significant challenges for the UHB to deliver the commitments and priorities and support any urgent works required.
- Capital, Estates and Facilities will continue to progress key projects to tender stage so as to be prepared should WG release any slippage funding in the second half of the financial year.

Recommendation:

The Committee is requested to:

a) NOTE: the content of the paper and the challenges faced by the Health Board as a result of the reduced level of funding.

b) NOTE: the in-year changes to the capital programme

c) NOTE: that all Business Cases will follow the appropriate approvals process with consideration by the respective Project Team/Board, CMG, the Business Case Advisory Group (BCAG), ME and Board.

d) NOTE: the schemes that the UHB are developing through the Business Case process pending WG approval

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	√	Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
The UHB have a considerable backlog relating to estates, medical equipment and IM&T, a reduction in capital funding could result in a number of schemes not being delivered.
Safety: Yes
The estate infrastructure is some 50 years old and essential plant and equipment is at the end of its useful life. Whilst every effort is made to support and maintain the infrastructure, the chance for failure is increasing year on year.
Financial: Yes
25% reduction in discretionary capital will result in a number of schemes identified in the clinical boards IMTP not being undertaken and therefore impacting upon delivery of clinical services.
Workforce: No
Legal: Yes
Potential if capital works or replacement of equipment cannot be undertaken
Reputational: Yes
Failure of any plant equipment, IM&T or Medical Equipment may impact upon delivery of clinical services
Socio Economic: No
Equality and Health: No
Decarbonisation: Yes
Unable to implement decarbonisation schemes

Approval/Scrutiny Route:	

	Description	Cost			
		Major Capital	Funded Disc Cap	O'Turn	
		£k		£k	
FUNDING:					
Major Capital					
	Maelfa - Primary Care Pipeline - FBC	2,627		**2,627**	
	National Programme - Imaging P2	5,880		**5,880**	
	Covid Recovery Funding	1,274		**1,274**	
	Genomics	12,344		**12,344**	
	CAVOC Theatres	522		**522**	
	Hybrid Theatres / MTC	503		**503**	
	UHL Electrical Infrastructure	3,946		**3,946**	
	Eye Care - e-referral system (funded through DI	150		**150**	
	Endoscopy Unit UHL	4,105		**4,105**	
	Refit - Phase 2	2,344		**2,344**	
	Rookwood reprovision at Llandough	750		**750**	
	SARC Interim	67		**67**	
	SDEC	500		**500**	
	Simulation and Innovation Space	121		**121**	
Major Capital Total		**35,133**	**0**	**35,133**	
Discretionary Capital & Sale of Properties					
	Discretionary Capital Allocation		10,263	**10,263**	
Discretionary Capital & Sale of Properties Total		**0**	**10,263**	**10,263**	
TOTAL CAPITAL ALLOCATION		**35,133**	**10,263**	**45,396**	
COMMITTMENTS:					
MAJOR CAPITAL					
					Comments
	Rookwood (St Davids)	750		**750**	
	Genomics	12,342		**12,342**	
	UHL New Substation & Upgrade Med Gases	3,948		**3,948**	
	Endoscopy Expansion UHL	4,105		**4,105**	
	Refit	2,421		**2,421**	
	Eye Care - e-referral system	150		**150**	
	Wellbeing Hub Maelfa	2,556		**2,556**	
	National Programmes – Imaging	5,880		**5,880**	
	Telephone Handling and Enquiry Management	177		**177**	
	ICF - Barry Hospital Feasibility	59		**59**	
	ICF - respite accommodation - Complex	19		**19**	
	ICF - North Cardiff H&WB Centre	59		**59**	
	SDEC	750		**750**	
	Physio UHW (SDEC enabler) / Hydro	397		**397**	
	Lakeside Wing Physio (Including Gym) /	228		**228**	
	Hybrid/MTC Theatres (FBC)	503		**503**	
	CAVOC (OBC)	550		**550**	
	SARC Interim	18		**18**	
	National Programmes – Decarbonisation	100		**100**	
	Simulation and Innovation Space	121		**121**	
MAJOR CAPITAL COMMITMENTS		**35,133**	**0**	**35,133**	
OTHER MAJOR CAPITAL					
MAJOR CAPITAL COMMITMENTS		**0**	**0**	**0**	**0**
TOTAL MAJOR CAPITAL		**35,133**	**0**	**35,133**	**0**
DISCRETIONARY CAPITAL & PROPERTY SALES					
Annual Commitments:					
	UHB Capitalisation of Salaries		500	**500**	would impact on revenue if not funded
	UHW 2 Capitalisation of Salaries		200	**200**	would impact on revenue if not funded
	UHB Director of Planning Staff		165	**165**	would impact on revenue if not funded
	UHB Revenue to Capital		1,215	**1,215**	would impact on revenue if not funded
Business Cases funded via Discretionary Capital					
	Wellbeing Hub CRI		569	**569**	
	Refurbishment of Mortuary UHW (BJC)		150	**150**	Fees for BDP to complete BJC
	Lift Upgrade (BJC)			**0**	
	Haematology Ward & Day Unit			**0**	
	Tertiary Tower Infrastructure			**0**	
	Critical Care Expansion			**0**	
	Pet Scanner			**0**	
	Fracture Clinic UHW		1,600	**1,600**	
Statutory Compliance:					
	Fire Risk Works		200	**200**	
	Asbestos		400	**400**	
	Gas infrastructure Upgrade		300	**300**	
	Legionella		450	**450**	
	Electrical Infrastructure Upgrade		150	**150**	
	Ventilation Upgrade		500	**500**	
	Electrical Backup Systems		250	**250**	
	Upgrade Patient Facilities		350	**350**	
	Dedicated Team		200	**200**	
Other:					
	Backlog Estates		1,000	**1,000**	
	Backlog IM&T		500	**500**	
	Backlog Medical Equipment		1,000	**1,000**	
	Lifts Maternity		418	**418**	
	Ward Upgrade (A4)		566	**566**	
	Write Offs		-400	**-400**	
	Vat Recovery		-364	**-364**	
DISCRETIONARY CAPITAL & PROPERTY SALES COMM		**0**	**9,919**	**9,919**	

Total Commitment		**35,133**	**9,919**	**45,052**	
UNCOMMITTED					
Discretionary Capital					
	Contingency		0	**0**	
Discretionary Capital Uncommitted		**0**	**0**	**0**	
Total Commitment		**35,133**	**9,919**	**45,052**	
	Over / Under Commitment	**0**	**-344**	**-344**	

Report Title:	Employment Policies for Approval			Agenda Item no.	3.1
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	27.09.22
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Head of People Assurance and Experience				

Main Report
Background and current situation:

Within Cardiff and Vale University Health Board (the UHB), employment policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, though the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the Strategy and Delivery Committee. The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

In 2019 the Strategy and Delivery Committee supported a proposal to rationalize the number of Employment Policies we have and to align the accompanying Procedures with them in a more coherent way to avoid confusion and duplication. Instead of having many topic-specific policies with accompanying procedures, a small number of overarching policies were developed covering the following:

- Learning, Education and Development
- Employee Health and Wellbeing
- An Adaptable Workforce
- Recruitment and Selection
- Maternity, Adoption, Paternity and Shared Parental Leave
- Equality, Inclusion and Human Rights

These Policies set out our organisational commitments and responsibilities, and are accompanied by a suite of procedures which describe how we will achieve them. The Equality, Inclusion and Human Rights Policy was reviewed and approved by the Strategy and Delivery Committee in 2021. The 5 remaining Policies have now been revised and are presented to the Committee for approval.

These Policies, along with the accompanying EHIAs, were considered in partnership with Trade Union colleagues at EPSG on 7 September 2022 and the Group has recommended that they be approved.

The primary source for dissemination of these Policies 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.

In addition, the Strategy and Delivery Committee is asked to note the publication of an All Wales Relocation Reimbursement Policy for Doctors and, Dentists in Training and to rescind our existing Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades Policy.

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

Recruitment and Selection Policy (Appendix 1):

The UHB is committed to attracting, appointing and retaining qualified, motivated staff with the right skills and experience to ensure the delivery of a quality service and support the UHB values. The recruitment and selection of staff is a key responsibility of all UHB managers and this Policy has been designed to support managers in providing a fair, consistent and effective approach to the recruitment and selection processes. By following the guidance in this policy and accompanying Procedures, recruiting managers can be assured that they are operating within the confines of current employment legislation, avoiding discrimination and recruiting safely without putting the UHB at risk.

There are strong links between this Policy and the People and Culture Plan, especially Theme 3: Attract, Recruit and Retain.

Changes to this Policy as a result of this review include:

- References to People and Culture Plan and integrated working have been included.
- Recruitment materials should be used to promote wider strategies e.g. sustainability as a way of attracting new staff and embedding our commitment.
- Reference to Medical and Dental Managed Staff Bank has been added.
- Guidance on internal secondment arrangements (e.g. 'expressions of interest) has been incorporated.
- We will work towards developing a greater understanding of the demographics of our people and build a workforce that reflects the population we serve.
- New staff will be welcomed and signposted to the support structures in place including wellbeing services, peer support and staff networks.
- The importance of retaining as well as attracting new staff is referenced.

Adaptable Workforce Policy (Appendix 2):

In essence, this Policy is about ensuring that we have the right people, with the right skills, at the right time. It aims to create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our *Shaping Our Future Wellbeing* Strategy*,* and care for the needs of our staff. Through this Policy we recognise and value the contribution of our workforce and the skills and experience they utilise to provide the best possible care for our patients. It sets out our commitment to retain, deploy and develop our staff to maximise their potential and to meet the needs of the service.

There are strong links between this Policy and the People and Culture Plan, especially Theme 1: Seamless Workforce Models and Theme 7: Workforce Supply and Shape.

Key changes made to this Policy include:

- New sections have been added to the Policy Commitment which incorporate:
    - Supporting the integration of health and social services to deliver a seamless, co-ordinated approach from different providers, based on outcomes that matter to our staff, patients and the wider population.
    - New ways of working including development of existing roles, building new or advanced roles and upskilling our workforce to create a culture that is unrestrained by system, sector and professional boundaries.
    - Influencing supply by aligning local workforce plans to strategic plans and ensuring they are supported by data.
    - Developing the Welsh language skills of our workforce and recruiting bilingual employees to ensure service delivery through the medium of Welsh.

- The scope of agile working in the context of this Policy has been widened to include:

- Shaping the workforce through key enablers such as new (including extended/advances) roles, apprenticeships and upskilling to create a competent workforce, working to its maximum potential.
- Embracing workforce systems that drive efficiency.
- Using workforce analytics to identify, interpret and communicate patterns that can inform strategic decisions and improve performance.

Employee Health and Wellbeing Policy (Appendix 3):

The health and wellbeing of our staff is a key priority for the UHB. This Policy has been designed to create an environment in which staff are encouraged and supported to take personal responsibility for their own health and wellbeing, and to ensure managers recognise the importance of supporting staff health and wellbeing and create opportunities for this.

Organisations which prioritise employee health and wellbeing have been shown to perform better, with improved patient satisfaction, better outcomes, higher levels of retention and lower levels of sickness.

There are strong links between this Policy and the People and Culture Plan, especially Theme 2: Engaged, Health and Motivated Workforce.

Key changes to the Policy include:

- Placing greater emphasis on the importance of a physically and psychologically safe, healthy workplace.

- More emphasis is placed on how we will support healthy workplaces and practices with the following elements incorporated:

  - Ways of working
  - Effective conversations and two-way communication
  - Culture
  - Zero tolerance to discrimination and violence and aggression
  - Raising awareness of disability and neurodiversity
  - Effective policies and procedures
  - Compassionate leadership approach

Learning, Education and Development (LED) Policy (Appendix 4)

The UHB recognises that the organisation can only provide excellent and compassionate healthcare through having healthy, engaged and motivated staff and is committed to providing a learning culture where staff are nurtured and encouraged to develop. This Policy sets out the need to ensure that staff are appropriately equipped and skilled to undertake their role and gives a high-level description of how this will be achieved, with the operational details set out in the following.

Procedures/Guidelines:

- Personal Appraisal Development Review Procedure
- Statutory/Mandatory Training Procedure
- Study Leave Guidelines
- Study Leave Procedure for Medical and Dental Staff (not in training)
- Academic Malpractice and Fair Assessment in the Delivery of Credit Based Learning Procedure

The main change to this Policy has been a change in tone; we have stopped talking about our people as resources or assets and instead have emphasised the importance of behaviour. Greater emphasis is also placed on making processes meaningful and purposeful.

There are strong links between this Policy and the People and Culture Plan, especially Theme 5: Excellent Education, and Theme 6: Leadership and Succession.

Maternity, Adoption, Paternity and Shared Parental Leave Policy (Appendix 5):

The purpose of this Policy is to make employees aware of their rights and obligations surrounding maternity, adoption, paternity and shared parental leave, and any impact this may have on their employment. It also aims to ensure that these provisions are applied in a fair, consistent and effective way.

The Policy has been updated to ensure we are compliant with the relevant legislation and terms and conditions, by:

- Widening the scope to include members of staff who are the intended parent through a surrogacy arrangement.
- Incorporating Occupational Shared Parental Leave Pay.

Relocation Reimbursement Policy for Doctors and, Dentists in Training (Appendix 6):

An All Wales Relocation Reimbursement Policy for Doctors and, Dentists in Training has been published by HEIW (Health Education and Improvement Wales). This supersedes our existing Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades Policy (ref UHB 059) and the Committee is therefore asked to rescind this.

The UHB Medical Workforce Manager was involved in the working group responsible for the development of this new Policy. Although it will be administered by HEIW as part of the single lead employer arrangements for junior doctors, it is intended to publish this document on the UHB internet site, along with all our employment policies, for ease of accessibility**.**

Recommendation:

The Committee is requested to:

- **Approve** the following Policies:
    - Recruitment and Selection Policy
    - Adaptable Workforce Policy
    - Employee Health and Wellbeing Policy
    - Learning, Education and Development Policy
    - Maternity, Adoption, Paternity and Shared Parental Leave Policy

- **Note** the All Wales Relocation Reimbursement Policy for Doctors and, Dentists in Training published by HEIW.
- **Rescind** the Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades Policy (ref UHB 059).

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term	x	Integration		Collaboration		Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: Yes
These UHB Policies, along with the People and Culture Plan, set out how we will become an even better place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do. Through the implementation of these Policies we will move towards our ambition to harness the right skills, in the right number and at the right time while supporting our workforce to be happy, healthy and developed.
Legal: Yes
These UHB Policies are compliant with terms and conditions and employment legislation
Reputational: No
Socio Economic: No
Equality and Health: Yes
Each of these UHB Policies has been subject to an EHIA – they all found there to be a positive impact.
Decarbonisation: Yes
The Recruitment Policy encourages the promotion of wider strategies e.g. sustainability in our recruitment materials as a way of attracting new staff but also to embed these strategies into our everyday working lives.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
EPSG	07.09.22
S&D	27.09.22

Reference Number: UHB220 **Version Number:**3	**Date of Next Review:** **Previous Trust/LHB Reference Number:** TR56

RECRUITMENT AND SELECTION POLICY

Policy Statement

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

Policy Commitment

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

- Provide a well-defined Policy and supporting Procedures for managers to work within and ensure they are clear about the principles underlying the recruitment and selection processes
- Think differently about how we attract and recruit our current and future workforce in line with the People and Culture Plan. This includes working with social care partners to develop an integrated workforce and supporting a diverse workforce and inclusive culture.
- Use our recruitment materials e.g. adverts, booklets etc to promote wider strategies and positive actions being taken e.g. sustainability to raise awareness and further embed our commitment to these initiatives
- Promote the values of the UHB and ensure that this is reflected in the selection of candidates
- Work at all times within current employment legislation and best practice guidelines to ensure a fair and equitable recruitment process
- Ensure that, before a job is advertised, consideration is given to whether there is scope for modernisation or skill mix to enable improvement
- Ensure that every post has a written job description, person specification and Job Plan (as appropriate)
- Endeavour to engage workers as employees whenever possible. If this is not possible the Medical & Dental Managed Staff Bank (for all NHS and agency requirements) and the Temporary Staffing Bank / Agencies must be used. Self-employed contractors will only be engaged if the usual routes are not possible, and will be subject to the Off Payroll Procurement Process to ensure compliance with the Off Payroll Working in the Public Sector legislation which was introduced in April 2017

- Employ staff on permanent contracts of employment as the norm, with fixed term contracts only used where necessary and appropriate. Any employee engaged on a fixed term contract will be entitled to terms and conditions of employment that are no less favourable on a pro-rata basis than the terms and conditions of a comparable permanent employee, unless there is an objective reason for offering different terms. Fixed term employees will be treated in the same way as comparable permanent employees in relation to opportunities for training, promotion, transfer and appraisal
- Only use internal secondment arrangements (e.g. 'expressions of interest) exceptionally, when normal recruitment is not possible, for one of the reasons listed below:
  - to fill posts quickly where funding is time-limited
  - to establish flexibility in the staffing structure pending an Organisational Change (OCP)
  - in situations where an acting up arrangement would not be appropriate
  - Specific skills are required or there is limited internal pool of people who could meet the requirements of the role
- Ensure that managers understand the importance of regularly reviewing and monitoring the use of secondments so that we maintain our obligations under the Equality Act 2010 and the Welsh Language Standards. In addition, arrangements should be put into place to ensure that secondments which were justifiably short-term do not become irreversible over time, that the transparency and accountability offered by normal recruitment processes are not lost, and there is no negative impact on the individual in terms of job clarity or security. All secondments which are made permanent must be advertised.
- Ensure that there is no conflict of interest e.g. the appointing officer must declare any relationship with candidates
- Shortlist applicants for interview on the basis of the information they provide on their application form against the criteria set out in the person specification for the post
- Ensure that all shortlisted applicants have a formal interview before an appointment can be made. No discriminatory questions will be asked.
- Ensure that all offers of employment are conditional and subject to pre-employment checks, including Disclosure and Barring checks and professional registration (if appropriate)
- Ensure that all staff who have a requirement to be registered with a statutory regulatory body in order to practice their profession are appropriately registered at all time.
- Make reasonable adjustments should people with disabilities apply to enable then to attend interview, fulfil the requirements of the role, and maintain their professional registration.
- Ensure that the Executive Director of People and Culture and/or the Director of Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors

- Actively consider Welsh language skills as part of the recruitment process to help meet the UHB's commitment to providing quality healthcare through the medium of Welsh
- Provide information for managers on starting salaries (including when reckonable service or incremental credits apply) and the evidence required to make a salary offer
- Provide financial support, at the discretion of the UHB, to appointees who need to relocate to take up employment with Cardiff and Vale UHB in order to attract the very best staff.
- Ensure that new staff are welcomed and settled into their role in the organisation, and enable them to become as effective as soon as possible, through a carefully planned induction programme. New staff should be signposted to resources relating to wellbeing, peer support and staff networks etc.
- Develop a greater understanding of the demographics of our workforce and work towards ensuring that it reflects the population we serve
- Recognise that we cannot just depend on bringing new people into our workforce; we also need to improve how we retain, manage, develop and look after the wellbeing of our existing workforce

Supporting Procedures and Written Control Documents

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

- Roles and responsibilities
- Principles governing recruitment and selection
- Fixed Term Contracts
- Recruitment and the Welsh Language
- The requirements and processes surrounding professional registration
- DBS checks and referrals, including withdrawing an offer of employment if appropriate
- Evidence required to make a salary offer
- Induction
- Relocation Expenses

Other supporting documents to read alongside this Policy are:

- Recruitment and Selection Procedure
- Recruitment and Selection Procedure for Medical and Dental Staff
- Recruitment of Locum Doctors and Dentists Operational Procedure
- Recruitment & Selection Toolkit for NHS Managers
- Disclosure and Barring Service Policy and Procedure
- Secondment Policy
- Fixed Term Contract Procedure
- Professional Registration Procedure

- Organisational Change Policy
- Redeployment Procedure
- New and Changed Jobs Protocol
- Supporting Transgender Staff Procedure
- Relocation Expenses Procedure
- Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades

Scope

This Policy applies to all managers who are involved in the recruitment and selection of staff.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact.
Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of People and Culture

Disclaimer

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

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	04.03.14	09.04.14	Updated from Trust document to reflect change in process due to Shared Services
2			• Policy and Procedure separated in line with UHB format. • Policy now covers all staff, not just those under AFC terms and conditions • Reference to self employed contractors included

			• The Executive Director of People and Culture and/or the Director of Corporate Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors
3	25.06.2019	09.07.2019	• References to DBS and professional registration strengthened and relocation expenses added • Interim review so no change to review date
4			• Reference to people and Culture Plan and integrated working included • Recruitment materials will be used to promote wider strategies e.g sustainability as a way of attracting new staff and embedded our commitment • Reference to Medical & Dental Managed Staff Bank • Guidance on use internal secondment arrangements (e.g. 'expressions of interest) incorporated • Reference to building a workforce that reflects the population we serve • The importance of retaining as well as attracting new staff is referenced

Equality & Health Impact Assessment for

RECRUITMENT AND SELECTION POLICY

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

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Recruitment and Selection Policy This EHIA also considers the Procedures which support the Recruitment and Selection Policy e.g. Fixed Term Contract Procedure, R&S Procedure, Relocation Expenses Procedure and DBS Procedure

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

2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Deputy Head of People Assurance and Experience Peter Hewin, BAOT/UNISON
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The recruitment and selection of staff is a key responsibility of all UHB managers. This Policy has been designed to support managers in providing a fair, consistent and effective approach to the recruitment and selection processes. By following the guidance in this policy, and in the accompanying Recruitment and Selection and Fixed Term Contract Procedures, recruiting managers can be assured that they are operating within the confines of current employment legislation and they are able to avoid discrimination and recruit safely without putting the UHB at risk. There are strong links between this Policy and the People and Culture Plan, especially Theme 3: Attract, Recruit and Retain
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge	Workforce monitoring data (see end of document) A 28 day consultation period has taken place commencing from 04.08.22 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD, the One Voice Network and the Rainbow Fflag Network. In addition views have been sought from the NHS Wales Shared Services Partnership (NWSSP) Recruitment Services department.

	• list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	A number of Policies and EQIAs from other organisations were access via a Google Search on 08.08.22 – of those accessed: • Hull CCG identified the following risks when assessing their Recruitment & Selection Policy: ○ Analysis of data indicates that more women than men are employed in the CCG (almost 64% are female) yet in the local population the gender split is almost equal. ○ Analysis of employee data indicates that the proportion of BME staff is lower than that of the local population it serves • When assessing their Recruitment and Selection Policy, North Staffordshire Combined Healthcare NHS Trust found that positive action could take place in order to address identified gaps or shortfalls in the Trust's workforce profile compared with local/national profiles for the different 'protected characteristic' groups. This might include targeted advertising, specific encouragement to certain under-represented groups to apply to positions, otherwise the policy specifically protects individuals from discrimination against any of the protected characteristics as defined in the Equality Act (2010). • Vale of York CCG found that their Recruitment Policy had a positive impact on the bases of gender and disability. There was no impact in relation to the other protected characteristics • Shrewsbury and Telford NHS Foundation Trust found their Fixed Term Contracts and Temporary Workers policy applied to all employees equally and does not discriminate positively or negatively between protected characteristics. However, at Cardiff and Vale we believe that you could only assess the implementation of this Policy if you knew whether a

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		disproportionate number of people with protected characteristics apply for temporary or fixed term work – for example someone with a disability might not feel confident of reasonable adjustments for permanent work or vice versa • Leicestershire Partnership NHS Trust found their Fixed Term Contracts Policy had a positive impact as this policy is supportive to staff who fall within the fixed term s contract will not be treated less favourably than those on permanent contracts for all protected characteristics • Sherwood Forest Hospitals NHS Foundation Trust found that their Professional Registration Policy had no impact identified for any of the protected characteristics. However, at Cardiff and Vale, we believe that a disability might be deemed to affect a registrant's fitness to practice and the regulators' regard their duty to the public • University Hospitals Bristol and Weston NHS Foundation Trust found that their Professional Registration Policy had no impact identified for any of the protected characteristics • North Staffordshire Combined Healthcare NHS Trust found no concerns that their DBS Policy would have an adverse impact on any of the protected characteristics on the basis that all DBS applications are made in accordance with legislation and guidelines and it is unlikely that an adverse DBS certificate is received as a result of any of the protected characteristics of the Equality Act 2010. DBS applications are made only when relevant to the job role. Certificates are assessed on their own merit, with decisions being taken regarding the information contained in them, rather than being taken based on the individual. However, this doesn't reflect the evidence from the Institute of Race Relations below and may be a factor in the under-representation cited by Hull CCG above.

		The processes described and eligibility for pre-employment checks are set out on the NHS Employers website – this includes the NHS Employers Professional Registration and Qualification Check Standard and Disclosure and Barring Service (DBS) checks The conditions of employment set out in the NHS Wales Contract of Employment include the following: ○ If you undertake work which requires professional/state registration you are responsible for ensuring that you are so registered. Failure to maintain registration, or loss or registration, will be treated as a breach of your terms and conditions of employment and may result in disciplinary action. ○ Your employment, and continued employment, is conditional upon having and retaining all the relevant educational, vocational, professional and any other relevant qualifications that you have stated you had when you completed your application form. The Nursing and Midwifery Council (NMC) produced an Equality Report (2016-17) which shows progress against its strategic equality and diversity aims, and provides data about the diversity demographics of: • it's people, including Council members, staff employed by the NMC, FtP (Fitness to Practice) panel members and legal assessors • nurses and midwives on the register • the diversity of nurses and midwives that go through fitness to practice processes.

		The Institute of Race Relations reports that people from BAME communities are over-represented at almost all stages of the criminal justice process, disproportionately targeted by the police, more likely to be imprisoned and more likely to be imprisoned for longer than white British people. This correlates with information provided by the Ministry of Justice in the publication Statistics on Race and the Criminal Justice System 2014 and a supporting infographic. According the Ministry of Justice report Statistics on Women and the Criminal Justice System 2013 and supporting infographic, which provides information on males and females in the justice system: • For defendants appearing at the Crown Court in 2013, males were nearly twice as likely as females to be remanded in custody. Of those remanded in custody, males were more likely to go on to receive an immediate custodial sentence. • For both male and female offenders in the five years from 2009 to 2013, fines were the most common sentence at court. Males were more likely to be given an immediate custodial sentence than females. The different disposal profiles of males and females can be largely attributed to the different types of offences they commit, with females more likely to commit the less serious, summary offences. • In 2013, custody was the most common sentence for males for indictable offences, whilst community sentences were the most common sentence outcome for females. Of those sentenced to custody for indictable offences, the average custodial sentence lengths were lower for female offenders compared with male offenders for all offence groups. • Female offenders were less likely than male offenders to have any previous cautions or convictions throughout the ten years from 2003 to 2013, with a third of females and only a fifth of males being first-time offenders in 2013.

		• In the most recent period (2012), males (both adults and juveniles) re-offended at a higher rate than females (27.7% compared to 18.5%), and this has not changed over the past ten years. there is evidence that short cutting the recruitment process is discriminatory (from unison) - Add to each characteristic that recruitment policy and procedures protect from unconscious bias, unintended discrimination etc by setting out process to be followed
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from this policy include: • Our patients and their families • Managers (especially recruiting managers and managers who engage staff on a Fixed Term Contract basis) • Our staff • Other groups who come into contact with our patients e.g. volunteers, honorary contract holders, bank and agency staff • People and Culture Directorate • NWSSP Recruitment Services and Payroll Services • The public

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned. Equal Opportunity Monitoring Information, including age, is obtained from all applicants via NHS Jobs and held by NWSSP but is withheld from the shortlisting panel and therefore does not impact on the shortlisting process. The Policy states that emphasis should be placed on quality and skills rather than length of		The Recruitment and Selection Procedure includes a section on genuine occupational requirements

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	experience to avoid putting younger applicants at a disadvantage. In the case of Fixed Term Contracts which are being terminated, length of service is a factor in determining notice periods and potential redundancy entitlements – this is governed by contractual and statutory requirements. All adverts state that the UHB is committed to flexible working and equal opportunities. All adverts include the 'we're supporting age positive logo', which indicates that the UHB is committed to ensuring we do not discriminate against job seekers on the grounds of age. There may be occasions where newly qualified professional staff commence employment prior to		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	receipt of confirmation of registration. In such circumstances the individual will initially be employed and may work supervised at the pay scale for the relevant level for a Health Care Support Worker in that area until their registration is confirmed. It is anticipated that this will largely apply to younger employees graduating from university.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of whether or not the individual concerned has a disability. There is some evidence to suggest that accessibility may be	Copies of the policy can be made available in alternative formats (e.g. large print) on request. Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	an issue for some groups e.g. individuals with sensory loss, learning disabilities or dyslexia The Recruitment and Selection Procedure states that the UHB has signed up as a 'disability confident' employer and therefore actively looks to recruit and attract disabled people, provide a fully inclusive and accessible recruitment process, offer an interview to disabled people who meet the minimum criteria for the job, and enable flexibility when assessing people so disabled job applicants have the best opportunity to demonstrate that they can do the job. We also proactively offer and make reasonable adjustments as required. The UHB demonstrates this committed by displaying the	can also seek support from their TU. Peer Support workers referenced in procedure, in relation to GOR Reference to reasonable adjustments in the context of fitness to maintain professional registration to be incorporated into the Policy	

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	ensure services are responsive to the needs of people who use them. All adverts state that the UHB is committed to flexible working and equal opportunities. All adverts include the Mindful Employer symbol which indicates the UHB is committed to increasing awareness of mental health at work, and offering a positive approach in the retention and recruitment of staff living with mental health issues. The Professional Registration Procedure states that employees are responsible for ensuring they maintain their registration and meet the requirements of CPD for their profession including when they are absent from work due to sickness.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual, except where a genuine occupational requirement requires a particular gender for a specific job role. This would not constitute unlawful discrimination. Equal Opportunity Monitoring Information, including Gender, is obtained from all applicants via NHS Jobs and held by NWSSP but is witheld from the shortlisting panel and therefore does not impact on the shortlisting process. Our workforce profile shows that we have more female than male	For those staff requiring a Disclosure and Barring Service disclosure, part of the process involves a strict requirement for applicants to state all previous names and aliases. The last page of the form then has to be completed by the "Registered Person" who checks and verifies the contents and the evidence supplied. This means there can be some anxiety about the implications for Transsexual applicants and existing Transsexual staff that have legally changed their name. The DBS has a confidential checking process for trans applicants who don't want to reveal details of their previous identify to a potential or existing employer. These applicants are required to contact the DBS direct via email or telephone. Any	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	employees, but also that more female employees work part time – it is assumed that one reason for this is caring/family responsibilities. All our adverts state that the UHB is committed to flexible working and equal opportunities. Employees on fixed term contracts have the same rights to apply for flexible working as long as they meet the criteria as set out in the Flexible Working Policy The UHB has a Supporting Transgender Staff Procedure. This states that "The UHB welcomes applications for employment from Trans* people, and all applicants can be assured of equal and fair treatment. It should not be expected that applicants and interviewees for employment would wish to	trans employee who does not wish to disclose a previous name on the initial disclosure form has a legal duty to follow this special DBS procedure. It is good practice to make this information available to all staff and applicants needing a DBS check.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	disclose their gender history. It is neither a relevant criterion for selection for a post, nor a question that should be asked at interview or alluded to in the recruitment and interview process." There are some limited exceptions to this which are described in the Procedure, and managers are strongly encouraged to seek advice if considering claiming exemption as very specific criteria apply. There is evidence to show that the justice system has a differential impact on men and women e.g. types of sentences received and likelihood to re-offend. However, this policy and accompanying procedure have a positive impact by ensuring that the same processes are followed		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	in requesting/ acting on DBS checks or making referrals to the DBS regardless of the gender identity of the individual concerned.		
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the marital status of the individual concerned. Equal Opportunity Monitoring Information, including marital status, is obtained from all applicants via NHS Jobs and held by NWSSP but is witheld from the shortlisting panel and therefore does not impact on the shortlisting process.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	This policy and the accompanying Recruitment and Selection Procedure have a positive impact on this group by ensuring that the same recruitment processes are followed irrespective of whether or not the individual concerned is on maternity leave or has recently had a baby. Candidates should not be asked about their marital status, family commitments and/or domestic arrangements, nor should they be asked about any actual or potential pregnancy/maternity leave. In the case of Fixed Term Contracts, the procedure has a	Guidance on the Government website states that AFC terms and conditions state that employees subject to fixed-term contracts which expire after the 11th week before the expected week of childbirth shall have their contracts extended to allow them to receive 52 weeks maternity leave (this includes paid and unpaid maternity leave).	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	positive impact on staff who are pregnant or have just had a baby. The procedure states that in certain circumstances it may not be appropriate to terminate a fixed term contract at its end date, for example if an employee is pregnant or on maternity or adoption leave. In these circumstances managers are advised to refer to the Maternity, Adoption , Paternity and Shared Parental Leave Policy and accompanying Procedures and contact Workforce and OD for further guidance The Professional Registration Procedure states that employees are responsible for ensuring they maintain their registration and meet the requirements of CPD for their profession including		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	when they are on maternity leave. The procedure references the Maternity Leave Procedure for guidance on 'Keeping in Touch' (KIT) days.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned. Equal Opportunity Monitoring Information, including race, is obtained from all applicants via NHS Jobs and held by NWSSP but is witheld from the shortlisting panel and therefore does not		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	impact on the shortlisting process. However, it is known that members of Black and other Minority Ethnic (BME) communities are more likely to be unemployed (See Equality and Human Rights Commission Research Report 47) and find it harder to gain employment. Currently 79% the UHB workforce is white (this can be compared to the UK 2011 Census data, 86% of the population in England and Wales are classified as white) but the termination of a fixed term contract is likely to have a greater impact on member of BME groups. (See Equality and Human Rights Commission Research Report 47).		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	There is evidence that people from BAME communities are over-represented at almost all stages of the criminal justice process, which would suggest that a higher likelihood of a positive DBS check for BAME applicants. However, this policy and accompanying procedure have a positive impact on this group by ensuring that the same processes are followed in requesting and acting on DBS checks irrespective of the race of the individual concerned.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	religion or belief of the individual concerned. Equal Opportunity Monitoring Information, including religion, is obtained from all applicants via NHS Jobs and held by NWSSP but is witheld from the shortlisting panel and therefore does not impact on the shortlisting process.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of what sexual orientation the individual concerned is attracted to. Equal Opportunity Monitoring Information, including sexual		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	orientation, is obtained from all applicants via NHS Jobs and held by NWSSP but is witheld from the shortlisting panel and therefore does not impact on the shortlisting process. All adverts state that the UHB is committed to equal opportunities and include the Stonewall logo which indicates that the UHB is committed to making the workplace LGBT+ friendly		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	Yes, the policy and the accompanying procedures have a positive impact: • The UHB is committed towards providing quality healthcare through the medium of Welsh. Welsh		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	language skills must be actively considered as part of the recruitment process, based on the healthcare needs of Welsh speaking patients and service users. • For clinical workplaces, teams, and posts where the desirability or need to appoint a Welsh speaker has been identified, posts must be advertised and recruited to on that basis, provided that all other professional qualifications and experience are suitable.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the income of the individual concerned.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the where the individual concerned lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Employees are responsible for notifying their manager immediately of any material facts inside or outside work which may impact on his/her registration, such as being arrested or receiving a policy caution The Relocation Expenses Procedure enables discretionary financial assistance to people who need to relocate to take up employment with the UHB. The		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	number of staff to receive this support is very small and it is almost entirely used to recruit medical staff		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of access to services offered.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal - A more equal Wales			
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc	Before start employment, candidates are asked to complete an Occupational Health questionnaire as part of the pre-employment check process. – this includes questions regarding their health and any relevant immunisations/vaccinations they have received in the past. This information is then assessed by a qualified nurse in Occupational Health to determine if there are any current or potential health issues that may affect them in their new post, along with any adjustments that may need to be considered. The purpose of this screening is to ensure both the individual and UHB are safeguarded.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A healthier Wales	Occupations undertaking Exposure Prone Procedures (EPPs) will require screening for blood borne viruses such as HIV, Hep B and Hep C There is mounting evidence of a positive correlation between good work and good mental health – this implies recommendation around "good" work linked to compassionate management		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	Applicants must provide detailed information regarding their full employment history to date in all cases. As part of the pre-employment checks, a reference from the current or most recent employer is required. If the individual does not have a current or previous employer a character reference would be considered.	Where a Disclosure check reveals that the DBS has made a barring decision against regulated activity, the offer of employment must be withdrawn immediately as it is illegal for the employer to allow them to engage in the regulated activity from which they are barred.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	Employees need to understand that if they are removed from the register by their own Professional body they will no longer be able to be legally employed by the UHB Employees whose evidence of statutory registration cannot be verified will not be allowed to commence their duties and their offer of employment will be withdrawn. When assessing applicants who declare convictions, cautions etc the criteria should allow for the fact that a conviction does not automatically stop a person gaining employment. However, someone who is barred must not be engaged in regulated activity as this is a criminal offence. Where criminal offences/convictions are revealed in the Disclosure information, the appointing officer	When considering disclosure information employers must assess: • any legal or regulatory requirements • the nature of the offence • its relevance to the position being applied for • the length and type of sentence issued • at what age the individual committed the offence • whether the applicant has a pattern of offending behaviour, for example, if there are multiple offences • whether the applicant's circumstances have changed since the	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	should contact the Clinical Board Head of Workforce & OD /Senior Medical Workforce Manager to discuss the nature of the offence(s) before a final decision is made whether the offer of employment will be withdrawn	offending behaviour. For example, where the offence was time-limited or committed as a juvenile, and the individual has taken on responsibilities in life to enhance their standing in society, such as through education or voluntary work • the circumstances surrounding the offending behaviour and the explanation offered by the individual.	
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure	This policy and accompanying procedure has a positive impact by ensuring that the same processes are followed irrespective of the individuals use of the physical environment	Reference to promoting/raising awareness of wider strategies e.g. sustainability through our recruitment	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales		tools and materials to be incorporated into the Policy	
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer	This policy has a positive impact by ensuring that the same processes are followed irrespective of social and community influences on the individual's health.		

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

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The Policy has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same recruitment and selection, DBS and fixed term contract processes are followed irrespective of the individual concerned. Equal Opportunity Monitoring Information is obtained from all applicants via NHS Jobs and held by NWSSP but is witheld from the shortlisting panel and therefore does not impact on the shortlisting process. In particular it is worth noting the following points: AGE: emphasis should be placed on quality and skills rather than length of experience to avoid putting younger applicants at a disadvantage. In the case of Fixed Term Contracts which are being terminated, length of service is a factor in determining notice periods and potential redundancy entitlements – this is governed by contractual and statutory requirements. Newly qualified professional staff may on occasions commence employment prior to receipt of confirmation of registration and would initially be employed (and work supervised) at the pay scale for the relevant level for a Health Care Support Worker in that area until their registration is confirmed. It is anticipated that this will largely apply to younger employees graduating from university. DISABILITY: There is some evidence to suggest that accessibility may be an issue for some groups e.g. individuals with sensory loss, learning disabilities or dyslexia . The UHB has signed up as a 'disability confident' employer offers an interview to

	disabled people who meet the minimum criteria for the job and proactively offers and makes reasonable adjustments as required. Pre-employment questions, including asking about sickness absence are only asked after a job offer has been made. Employees are responsible for ensuring they maintain their registration and meet the requirements of CPD for their profession including when they are absent from work due to sickness. GENDER: Where a genuine occupational requirement requires a particular gender for a specific job role this would not constitute unlawful discrimination. The UHB welcomes applications for employment from Trans people – applicants should not be asked about or expected to disclose their gender history. Any trans employee who does not wish to disclose a previous name on the initial DBS form can follow a special DBS procedure which sits alongside the usual process followed by NWSSP (Shared Services). Please refer to the Supporting Transgender Staff Procedure for more information. PREGNANCY/MATERNITY: Candidates should not be asked about their marital status, family commitments and/or domestic arrangements, nor should they be asked about any actual or potential pregnancy/maternity leave. In the case of Fixed Term Contracts, it may not be appropriate to terminate a fixed term contract if an employee is pregnant or on maternity or adoption leave. Employees are responsible for ensuring they maintain their registration and meet the requirements of CPD for their profession including when they are on maternity leave. WELSH LANGUAGE SKILLS: Welsh language skills must be actively considered as part of the recruitment process, based on the healthcare needs of Welsh speaking patients and service users.

	MAINTAIN/IMPROVE HEALTHY LIFESTYLE: candidates are asked to complete an Occupational Health questionnaire as part of the pre-employment check process. INCOME/EMPLOYMENT STATUS: Applicants must provide detailed information regarding their full employment history to date in all cases. As part of the pre-employment checks, a reference from the current or most recent employer is required. Employees need to understand that if they are removed from the register by their own Professional body they will no longer be able to be legally employed by the UHB. Employees whose evidence of statutory registration cannot be verified will not be allowed to commence their duties and their offer of employment will be withdrawn. OTHER GROUPS/RISK FACTORS: Employees are responsible for notifying their manager immediately of any material facts inside or outside work which may impact on his/her registration, such as being arrested or receiving a policy caution

Action Plan for Mitigation / Improvement and Implementation

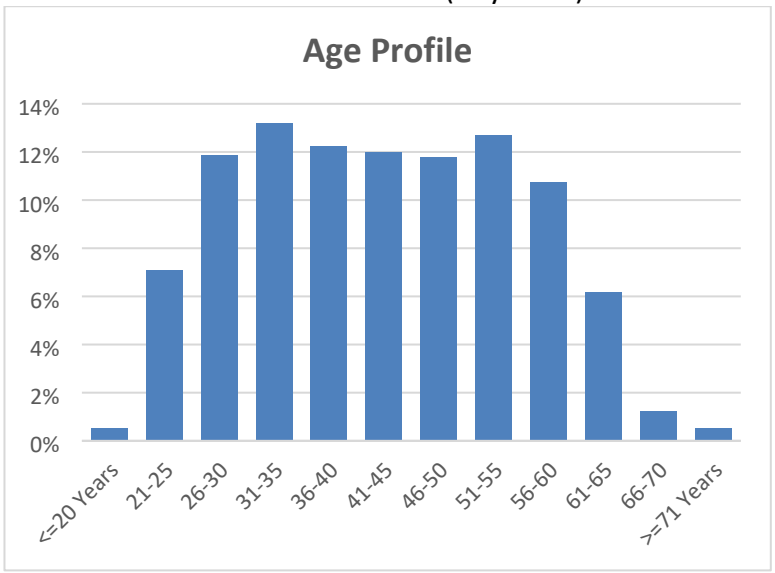
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the policy can be made available in alternative formats (e.g. large print) on request. Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members can also seek support from their TU Changes to be made to the policy in relation to: - promotion of wider strategies e.g. sustainability agenda - reasonable adjustments to be made to support maintenance of professional registration	Line managers DH of PA&E	Ongoing before approval	Action to be taken as and when required

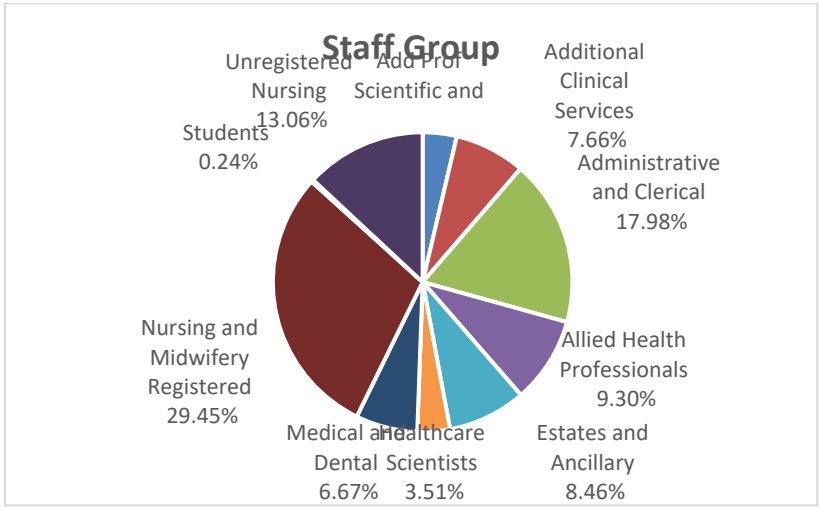
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more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

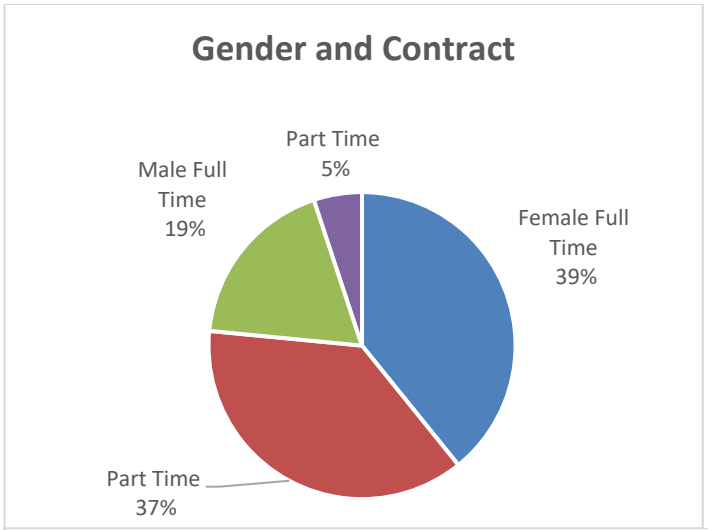
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	The Policy and accompanying procedures are to continue unchanged as there are no significant negative impacts The Policy, Procedures and EHIA will be published on the UHB internet and intranet sites. The Policy, Procedure and EQIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required	DH of PA&E	on approval 2025	

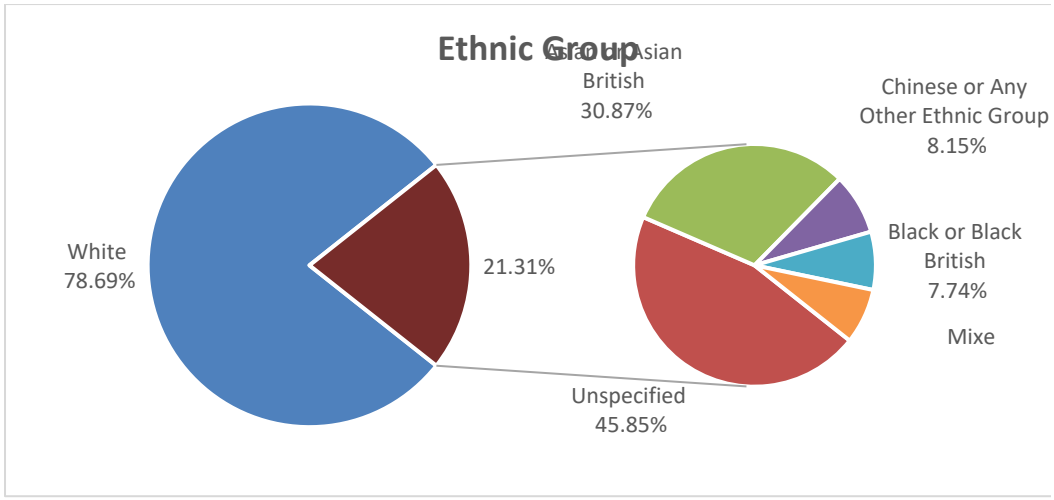
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

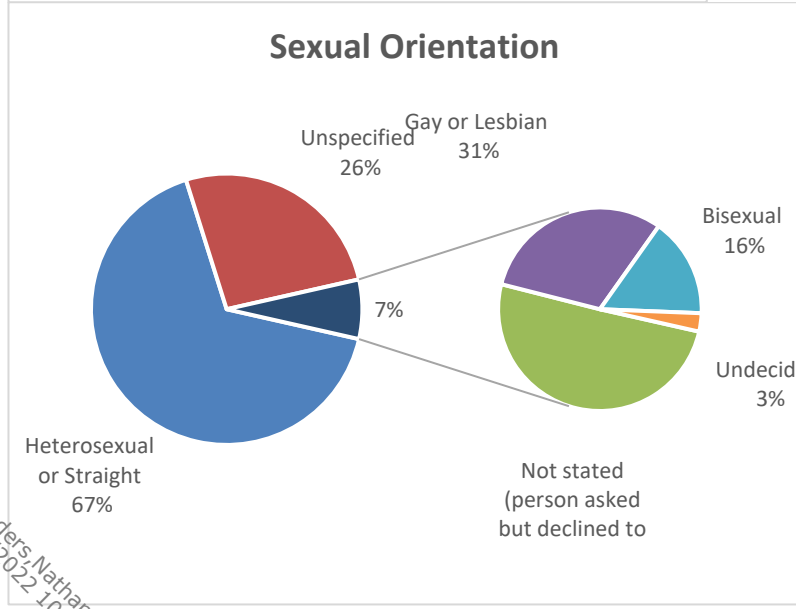
WORKFORCE MONITORING DATA (July 2022):

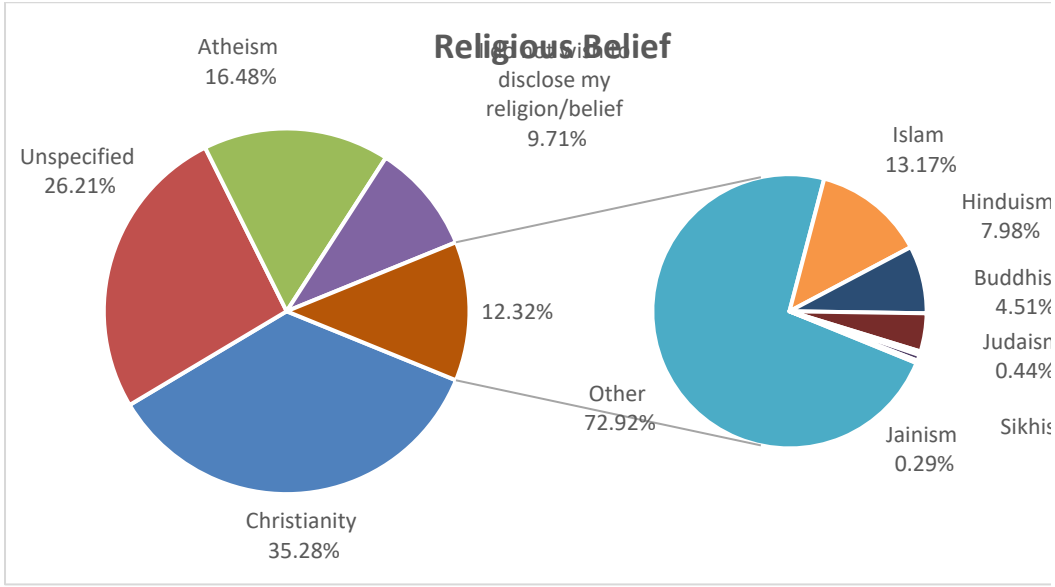


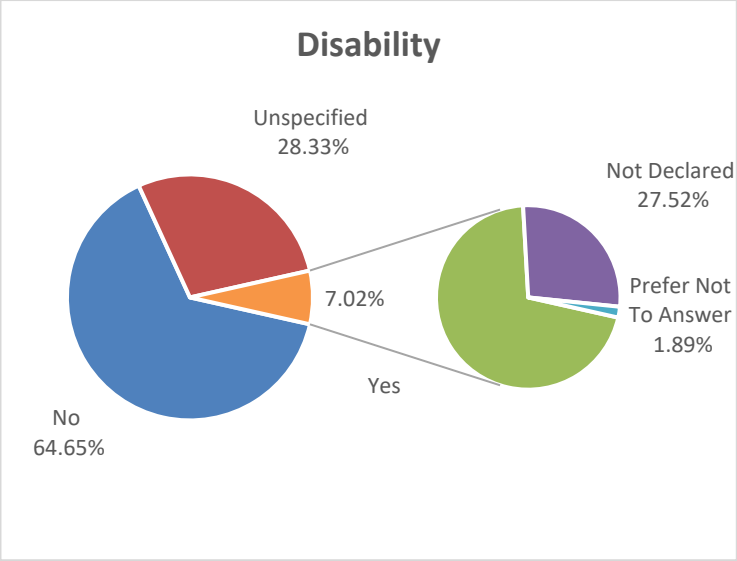


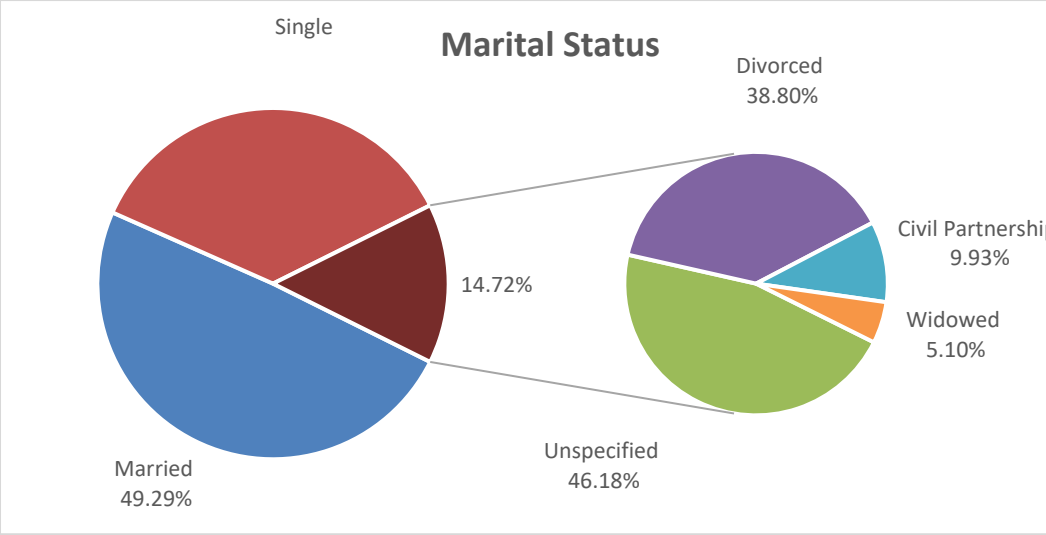


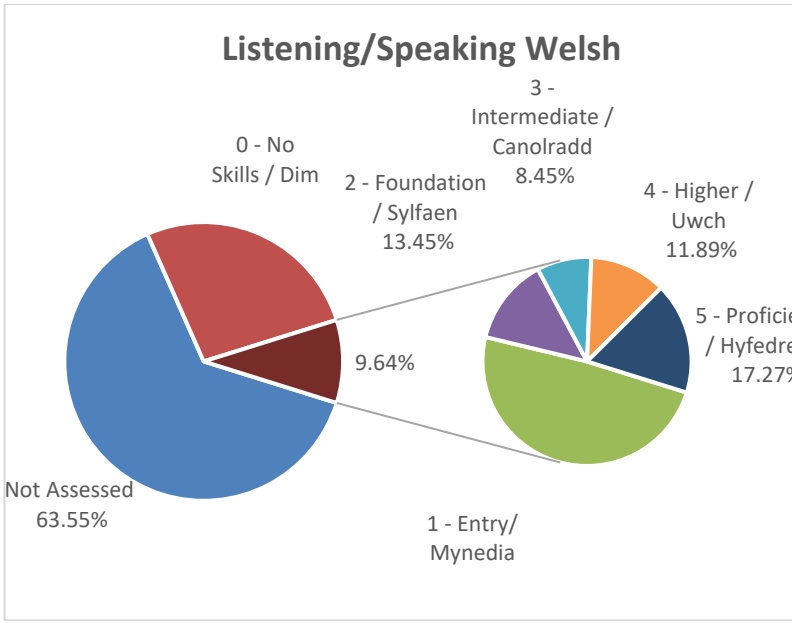


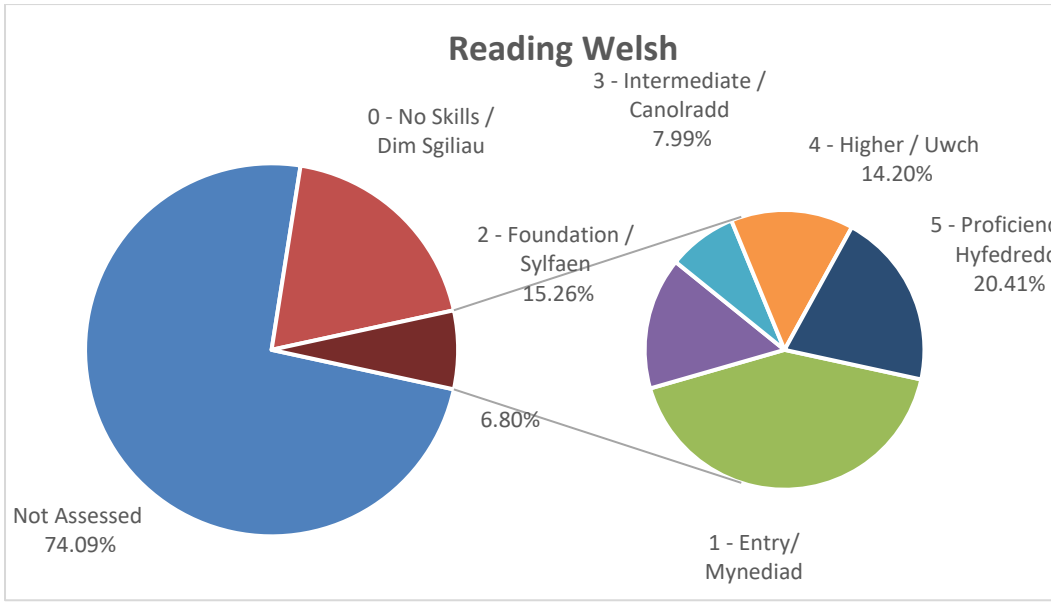


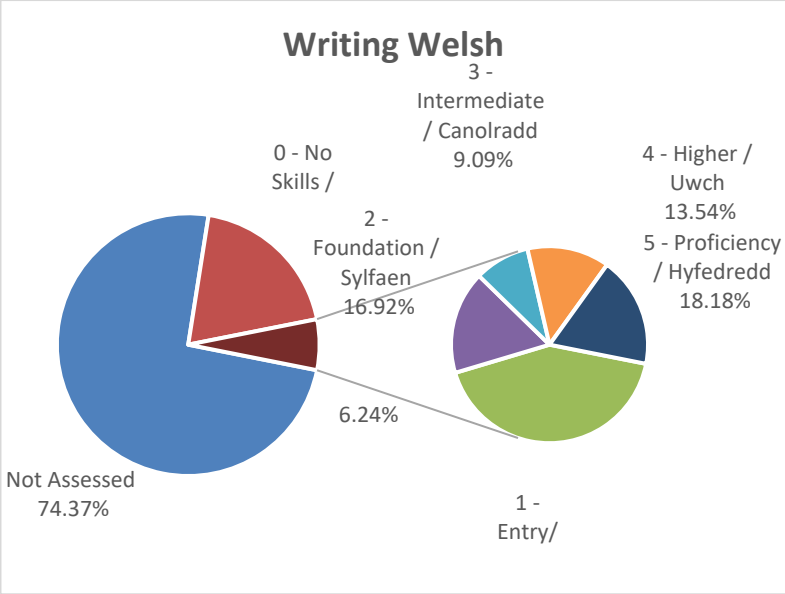


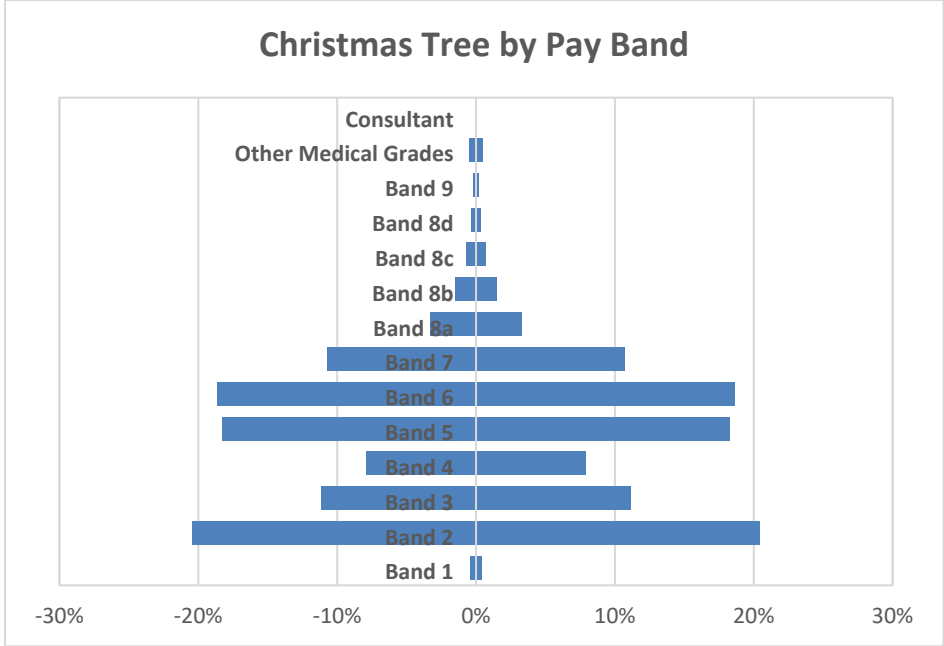












Reference Number: UHB455 Version Number: 2	Date of Next Review: Previous Trust/LHB Reference Number: n/a

ADAPTABLE WORKFORCE POLICY

Policy Statement

Cardiff and Vale University Health Board (the UHB) is committed to developing and maintaining arrangements which make it a great place to train, work and live , with inclusion , wellbeing and development at the heart of everything we do to ensure we can deliver a quality service. We want to create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy *Shaping Our Future Wellbeing,* as well as care for the needs of our staff.

We recognise and value the contribution of our workforce and the skills and experience they utilise to provide the best possible care for our patients. In view of this the UHB recognises its responsibility to attract, retain, deploy and develop staff to maximise their potential, to meet the needs of the service.

We have a history of supporting individual staff members to work flexibly. Going forward, the need to work in more flexible and agile ways will be part of the need to transform service delivery and driven as much by the organisation as by individual requests.

Policy Commitment

The UHB recognises that its employees are fundamental to its success and is committed to ensuring that we retain the valuable knowledge, skills and experience of its workforce, by utilising a number of strategies to:

- Improve the experience of staff, ensure the improvements made over recent years continue, and confront the challenges faced by our workforce through the implementation of the People and Culture Plan
- Support a positive and healthy work-life balance for staff while ensuring that service needs are balanced with individual needs
- Ensure that our workforce is cared for, and that the wellbeing, health and safety of our patients and our staff are considered – this will include working patterns, rest periods and other commitments outside of the workplace
- Support the integration of health and social services to deliver a seamless, co-ordinated approach from different providers, based on outcomes that matter to our staff, patients and the wider population
- Improve outcomes for our workforce by tackling workforce shortages and encouraging them to embrace new ways of working, aided by technology

- Utilise new ways of working including the development of existing roles and building new or advanced roles, and by upskilling our workforce, to create a culture that is unrestrained by system, sector and professional boundaries

- Influence supply by aligning local workforce plans to strategic plans and ensuring they are supported by the data

- Assist displaced employees to find suitable alternative employment and / or retraining opportunities, which will enable them to continue to contribute positively to the service.

- Recognise that older employees bring with them the expertise much needed in the provision of health care and ensure that their service is acknowledged, and that they are, wherever possible, permitted to continue working for as long as they wish to do so by flexing their retirement

- Recognise that the experiences of employees with protected characteristics can differ greatly from those without, and strengthen the organisation and its diversity by enabling their voices to be heard

- Develop the Welsh language skills of our workforce and recruit bilingual employees to ensure service delivery through the medium of Welsh

- Ensure that managers and staff are aware of the obligations, rights and responsibilities associated this Policy and it's supporting Procedures, and that the provisions are applied in a fair, consistent and effective way.

We will not discriminate, either directly or indirectly, on the grounds of any of the characteristics protected by the Equality Act 2010 or any other personal characteristic in the implementation of this policy.

Supporting Procedures and Written Control Documents

Agile working enables an organisation to empower its people to work with maximum flexibility and minimum constraints in order to optimise their performance and to do their best work. It is based on the concept that work is an activity that we do, rather than a place that we go. While this includes flexible ways of working, for the purpose of this Policy and the supporting procedures it is wider than that and also includes:

- redeploying and retaining staff to maintain skills and experience
- supporting staff when they need time away from the workplace
- using breaks and rest periods appropriately
- enabling our staff to work in less traditional models of working, to meet the needs of the service

- participating in job planning
- shaping the workforce through key enablers such as new (including extended / advances) roles, apprenticeships, and upskilling to create a competent workforce, working to its maximum potential
- embracing workforce systems that drive efficiency
- using workforce analytics to identify, interpret and communicate patterns that can inform strategic decisions and improve performance

Other supporting documents to read alongside this Policy are:

People and Culture Plan 2022-25
Agile Working Framework
Flexible Working Procedure
Working Remotely Guidelines
Parental Leave Procedure
Retirement Procedure
Redeployment Procedure
Working Times Procedure
Annual Leave Procedure (non-medical staff)
Annual Leave Procedure for Career Grade and Medical Staff
Loyalty Award Procedure
NHS Wales Special Leave Policy
NHS Wales Secondment Policy
NHS Wales Organisational Change Policy
NHS Wales Employment Break Policy
Unauthorised Absence Procedure
Consultant Job Planning Procedure
SAS Job Planning Procedure
Waiting List Initiative Procedure (under development)

Scope

This policy applies to all of our staff, though there may be specific eligibility criteria for some of the supporting Procedures

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed for this policy and supporting procedures. This found there to be a positive impact
Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how	Employment Policy Sub Group

this policy will be implemented	
Accountable Executive or Clinical Board Director	Executive Director of People and Culture

Disclaimer

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

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	25.06.2019	09.07.2019	New Policy
1a	26.01.2021	08.02.2021	Participation in Job Planning included in list of activities List of supporting documents updated
2			Aligned to the People and Culture Plan New sections added under Policy Commitment to incorporate: • Integrated models of working • new ways of working • aligned workforce plans • Welsh language skills The scope of working agilely in the context of this Policy has been widened to include: • shaping the workforce through key enablers • embracing workforce systems that drive efficiency • utilising workforce analytics Supporting documents updated to include Agile Working Framework and Waiting List Initiative Procedure

Equality & Health Impact Assessment for

ADAPTABLE WORKFORCE POLICY

(this EHIA also considers the supporting documents including but not limited to: Annual Leave Procedures, Flexible Working Procedure, Occasional Home/Remote Working Guidelines, Redeployment Procedure, Retirement Procedure, Working Times Procedure, Loyalty Award Procedure)

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

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager Lorna McCourt, UNISON
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy *Shaping Our Future Wellbeing, and* care for the needs of our staff.

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

		To improve the experience of staff, ensure the improvements made over recent years continue, and confront the challenges faced by our workforce through the implementation of the People and Culture Plan To recognise and value the contribution of our workforce and the skills and experience they utilise to provide the best possible care for our patients, and attract, retain, deploy and develop staff to maximise their potential, to meet the needs of the service.
4.		**WORKFORCE MONITORING DATA** (see end of document) A **CONSULTATION** on the Policy has taken place for 28 days commencing from 5 August 2022 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equity and Inclusion Manager, Welsh Language Officer, People and Culture Directorate, the One Voice Network and the Rainbow Fflag Network. A **NUMBER OF EQIAS FROM OTHER ORGANISATIONS** were accessed via a Google search on 5 August 2022 - of those accessed: • Hywel Dda Health Board found that with regards to age, its Retirement Policy includes provisions for early retirement on grounds other than ill-health. In line with the NHS Pension Scheme, there was differential treatment for those who joined the scheme before or after 1 April 2008 but staff have a free choice to choose why. It was also noted that there was a potential negative impact on young workers in respect of succession planning and promotion if the older workforce was retained. • Velindre NHS Trust found that its Redeployment Policy had a positive impact in terms of: ○ gender (ie it will have a positive benefit for all staff, though there could be a gender bias in requests made in relation to work life balance issues) ○ for transgender staff (ie the policy could be used to assist a member of staff that is undergoing gender reassignment) ○ race (the policy could be used to resolve issues around race e.g. bullying and harassment) ○ disability (the policy recognises the legal right to positively discriminate to ensure equality of outcome in employment) ○ sexual orientation (the policy could be used to resolve issues around sexual orientation e.g. bullying and harassment)

		○ religion (the policy could be used to resolve issues around religion which could link into issues of race e.g. bullying and harassment) ○ age (linked to disabilities or work life balance requests) ○ Welsh language (if employee is Welsh speaker and Welsh is a factor of the employment) • Doncaster Clinical Commissioning Group found that their Agile Working Policy had a neutral impact on the basis of all protected characteristics • Torbay and South Devon Healthcare NHS Foundation Trust found that their Flexible Working Policy promoted equality of opportunity, positive attitudes to and good relations between different groups and the public participation of different groups. They also found that there would not be a negative impact for disabled, black and minority ethnic people, men, women, transgender and people of different ages, religion or belief or sexuality • Vale of York CCG found that their Annual Leave Policy had a potential positive impact on the following protected characteristics on the basis that: ○ religion and belief – staff may need specific days as annual leave to celebrate festivals or take part in religious ceremonies. Managers are encouraged to consider the requirements of the Equality Act when applying the Policy ○ age – staff with greater reckonable service are entitled to more annual leave ○ race – the Equality Act must be considered when dealing with requests to travel to country of origin if overseas (in relation to requirement for permission to be sought to take more than two weeks AL) **AGE** • Legally age differs from other protected characteristics in that an employer can make a decision based on someone's age, even if this would otherwise be direct discrimination, as long as it can be objectively justified (EHRC Guidance). • All staff with more than 26 weeks service can apply for flexible working, and the Policy sets out the only reasons which can be given for rejecting an application. However, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be approved for younger workers.

		• For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. (AGE UK) • There has been a trend for employees over the age of 50 to increasingly seek opportunities for flexible working. In 2005, 30% of employees aged 50+ worked flexibly, by 2010 the proportion had increased to 38%. (Age UK) • The Equal Opportunities Commission says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment because of their age is considered to be a victim of age discrimination. However, there are certain circumstances when discrimination may be allowed if it can be objectively justified. • On 6 April 2011, there was a change to the law relating to retirement. The effect of this change is that in most cases workers can now retire when they are ready, rather than when their employer decides. It is direct age discrimination to require or persuade a worker to retire because of their age unless you can **objectively justify** doing so. Retirement age is not necessarily the same as pension age – the age when a person becomes entitled to their pension. Equality law does not affect the age at which someone gets the state retirement pension. Neither does equality law affect the age at which a person can receive any **occupational pension**, which is decided by the rules of the pension scheme. Some workers may continue working beyond the age when they become entitled to a pension. (Equality Human Rights Commission) • From April 2015, the Normal Pension Age (NPA) that members can receive their pension under the 2015 NHS Pension Scheme arrangements (without reduction for early payment) will be set equal to their State Pension Age (SPA). For 70% of NHS staff this will mean their pension age is between 65 and 68 years old (Working Longer Group Factsheet) • In the UNISON response to the Working Longer Review, UNISON refer to data from the Health and Social Care Information Centre which shows a correlation between age and sickness levels is demonstrated – UNISON express concern about the potential effect working till 68 years old could have on the health of NHS staff and suggest this may lead to an increase in sickness levels and the number of staff being made redundant for reasons of capability. However, the Equality Human Rights Commission advises that employers need to be careful not to make assumptions that workers' performance will deteriorate as they get older. Research shows that older workers' productivity does not usually decline at least up to the age of 70 where the same level of training is provided as for younger workers. Similarly, they advise that employers should not make assumptions about workers' developmental or training needs based on their age. In particular, they should not assume that older workers would resist training in new areas. • According to the Department of Works and Pensions, by 2014 nearly a quarter of a million more people aged 65 and over opted to stay in work since the default retirement age was abolished three years earlier in 2011. In October 2014 there were 1,103,000 workers aged 65 and over in work compared to 874,000 in the

quarter October to December 2011 – an increase of 229,000. There are 9.1 million people aged 50 plus in work, 29.7% of all those in work aged 16 plus in the UK (30.6 million)

- According an Equality and Age Factsheet published by the Older People's Commissioner for Wales, over half a million people in Wales are aged 65 and over which is 18% of the population and there are now more people of this age than there are children under the age of 16. The number of people aged 65 is projected to rise to one in four (over a million) by 2030. The factsheet states that negative stereotypes of later life can have a significant impact on older people in employment. Many people struggle to find training or promotion opportunities as they get older and it can be particularly difficult to find a new job once you are over 50. Instead of tapping into the huge wealth of knowledge and experience that older workers have to offer, increasingly they are described as 'job blockers'.
- According to XpertHR long service awards are not necessarily incompatible with the age discrimination provisions of the Equality Act 2010. Service-related benefits - although not age-related benefits - are subject to a limited exemption. The exemption means that long-service awards such as additional holiday or pay are allowed, provided that they are awarded on the basis of service of five years or less. If this is the case no further justification is required.

DISABILITY:

- If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job (EHRC Guidance).
- The Equality and Human Rights Commission states that Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person. However, case law has established that an employer must not give priority to other categories of redeployee, eg those at risk of redundancy, over a disabled worker who needs redeployment.
- NHS Employers 'Guidance relating to disability for the NHS' (January 2014) highlights good practice advice for the management of disabled staff in relation to sickness absence, carers leave and redeployment to help organisations meet with their duties under the Equality Act 2010. It states that the Equality Act 2010 requires that reasonable adjustments are made to working conditions, policies and practices that put a disabled member of staff at a disadvantage and suggests that a reasonable adjustment could include

transferring the individual to fill an existing suitable vacancy without competitive interview, altering his/her working hours or assigning him/her to a different place of work.

MATERNITY:

- Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. (Equal Opportunities Commission)
- The Equality and Human Rights Commission website states that maternity leave and holiday cannot be taken at the same time. If an employee wants to take paid holiday they need to bring their maternity leave to an end. Annual Leave is acrued during maternity leave and employees must be allowed to carry over any unused part of their statutory leave entitlement of 28 days (which includes bank holidays). The UHB also allows staff to carry over contractual Annual Leave accrued during maternity leave. This can be taken before returning to work, or spread out to enable a phased return.

RELIGION & BELIEF:

- The ACAS guide for Religion or Belief discrimination: key points for the workplace (2018) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination
- Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods (EHRC). This may have flexible working implications
- An employer is not under any legal obligation to grant indefinite religious holidays or time off so individuals can observe each and every one of their religious and cultural festivals and ceremonies. However, they should try and accommodate requests for time off when possible and only if it does not interfere with their business. It is important to ask early to give the employer some time to make alternative arrangements. (Equal Opportunities Commission)

		• The Equality and Human Rights Commission website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack or religion or belief. They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of not agreeing to the request. **GENDER (incl. Gender reassignment)** • If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person (EHRC Guidance). • CIPD research has found that Flexible workers are much less likely to report being under excessive pressure than people who don't work flexibly, with 29% of flexible workers saying they are under excessive pressure every day or once or twice a week compared with 42% of people who don't work flexibly. There is a big difference between the flexible working options that are most commonly used by women compared to men. In all, 44% of women work part-time compared to 13% of men. Men (17%) are more likely to work from home than women (10%). Overall 63% of women employees use one or more forms of flexible working compared to just 44% of men. In total, 33% of respondents report that flexible working helps them manage caring responsibilities of some description, either for children, parents or grandparents, spouse or partner, or others outside of the family. Men are more likely than women to say flexible working helps reduce the time and cost of commuting, while women are more likely to say working flexibly enables them to manage caring responsibilities. • Anecdotally, it is expected that more women than men would take Special Leave to care for sick children etc., but as Special Leave is managed locally by line managers and is not recorded centrally there is no evidence to support this. • A Government Equalities Office publication (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer." • According to the Department of Works and Pensions, while numbers of both men and women in work and aged 65 and over increasing, in 2014 there were still more men from this age group in employment than

women. In October 2011 there were 526,000 men over 65 in work, by 2014 there were 643,000 whereas for women in work the figure were 460,000 in 2014, compared to 348,000 in October 2011

SEXUAL ORIENTATION

Stonewall published 'LGBT in Britain: Work Report' about experiences of LGBT individuals in the workplace. They found that almost one in five LGBT staff (18 per cent) have been the target of negative comments or conduct from work colleagues in the last year because they are LGBT. This includes being the target of derogatory remarks, experiencing bullying and abuse, and being outed without consent. This rises to a third of trans people (33 per cent) and one in four LGBT disabled people (26 per cent). The following examples show that this can impact on retention and length of service:

- I retired early because of being outed in my workplace. My employer's attitude was appalling: I was told it was my own fault and to put up with the abuse I received. Freddie, 59 (West Midlands)
- I have recently been off work because of stress due to homophobic bullying by my managers. While my colleagues are great, the managers are terrible. An official complaint to HR found that homophobic attitudes extend there also and I have been faced with either quitting or returning. I return next week but I am feeling stressed and depressed, and at times suicidal. Dewi, 36 (Wales)

RACE

- Gough and Adami (2013) 'Saving for Retirement: A Review of Ethnic Minorities in the UK' found that disadvantages of ethnic minorities during their working life persist, especially for women, although to a lesser extent than in the past, and continue to affect private savings and prospective retirement income. Indian and Chinese men have experienced the greatest improvements in terms of employment status and income and this is reflected in higher levels of saving for retirement since the mid 1990s
- Although it is now more than 10 years old, a Race Equality Foundation Briefing Paper by Franklin Oikelome (2007) entitled 'The recruitment and retention of black and minority ethnic staff in the National Health Service' notes the following points:
    - Studies have shown that racial discrimination continues to account for pay differentials and career advancement in the NHS between white and BME staff. BME staff are generally less likely to be invited for interviews or to be selected after the interview process. They earn less, experience higher rates of unemployment, and are less likely to gain promotion or to advance on the career ladder at work

		○ BME nurses, in particular, experience persistent and systematic racism and are more likely than white nurses to change jobs for negative reasons — mainly bullying and harassment. They also face a 'glass ceiling' which prevents them from advancing to the higher levels of the occupational ladder • **OTHER FACTORS** • In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. (ACAS) • An ONS report from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men. The second biggest reason for being ecomically inactive is looking after family or home (the largest category is students) • According to the Department of Works and Pensions, the south east of England had the highest employment rates for 65 plus at 12.5% (Annual Population Survey, April 2013 to March 2014). Within Wales this stood at 9.1%, but there is no evidence to indicate what percentage of these are Welsh Speakers.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from these policies include: • Our patients and their families • Managers • Our staff and their families / dependents • Workforce and OD • Payroll services (NWSSP) • The public

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65 Saunders,Nathan 26/09/2022 10:14:26	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned. Organisationally we employ very few individuals under age of 21, and have an aging workforce. It is interesting to note that the number of individuals working part time within the age 36-40 bracket has increased significantly since 2014 (when the Flexible Working Policy was last EQIAd). This could potentially be due to increasing numbers of individual who have caring responsibilities at both ends of the age spectrum (e.g. young children and elderly parents) Term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be approved for younger workers. Other forms of flexible working could be used as a way of retaining older employees. Anecdotally (though there are no centralized records to support this) it is anticipated that employees with young		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	children are more likely to use the Special Leave Policy to provide unplanned care for sick dependents, while older employees may be more likely to use it for bereavement and to arrange funerals for their parents. 16 and 17 year olds are treated differently in the Working Times Procedure as 'special rules for younger workers' apply to ensure they have longer rest periods. However, the UHB only employs very small numbers of young workers There is evidence which suggests that people over the age of 50 struggle to find a new job, training or promotion opportunities. This policy prevents discrimination and has a positive impact by setting out the processes to be followed when an employee needs to be redeployed (for reasons other than organisational change) regardless of their age. To receive a loyalty awards staff must have 20 or 30 years continuous service with the UHB (or predecessors). Only staff aged 36 or more will be eligible, and in reality the UHB has very few employees under the age of 20 which means most people will not become eligible until they are in their 40s. Breaks taken by staff in order to 'retire and return' are disregarded for the purposes of loyalty awards.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Annual Leave entitlements increase with length of service. Although length of service is not necessarily tied to age, it is likely that more older employees will have reached 10 years service so the procedure has a potential positive impact on older employees, but has a neutral impact on younger employees Some colleges and specialties support older Consultants coming off the on-call rota, especially in acute areas. This would be reflected in the job planning process		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes Saunders,Nathan 26/09/2022 10:14:26	Employers are required to make reasonable adjustments for disabled employees – this can include redeploying the individual into an alternative role to enable them to remain in work. The Redeployment Procedure states that: If, due to ill health or disability, it is apparent that the employee cannot continue in their substantive post and all applicable reasonable adjustments have been made, redeployment should be considered. Flexible working and/or homeworking could be used as a reasonable adjustment to enable disabled staff to remain in work. Staff continue to accrue Annual Leave while on sick leave. The process for taking Annual Leave while off sick and / or carrying Annual Leave over are set out in the NHS Wales Managing Attendance at Work Policy		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Any reasonable adjustments which have an impact on working patterns for individual Consultants or SAS Doctors would be reflected in their job plans One of the key benefits of the Agile Working Framework is that positions may be available to those often prohibited from standard office hours e.g. carers, those with disabilities		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned. However, it is anticipated that some of the flexibilities offered are more likely to be used by female employees because caring responsibilities for both children and elderly relatives are disproportionately taken on by women. Women are more likely to have a break in service to raise a family. This would have an effect on their ability to meet the eligibility criteria for e.g. loyalty awards at the earliest opportunity. More female employees work part time – the AL procedure states that part time staff are entitled to a pro rata entitlement based on their contracted hours.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	There are more part time female Consultants – working part time could potentially have an impact on their SPA (supporting professional activity) time. The Job Planning Procedures ensure that this time is allocated in line with the guidance issued by the Academy of Medical Royal Colleges to ensure consistency and fairness for employees who work less than full time There is also evidence that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. The Supporting Transgender Staff Procedure states that while employees are receiving treatment, managers should try to be as flexible as possible to meet reasonable requests for changes in shifts or working hours within the needs of the service. Flexible Working or redeployment (temporary or permanent) can also be considered.		
6.4 People who are married or who have a civil partner. Saunders,Nathan 26/09/2022 10:14:26	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the martial status of the individual concerned. Staff often want to have a longer period of Annual Leave around the time of their wedding/honeymoon. The procedure recognises this and reminds managers that there may be times when it is appropriate to allow		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	longer periods of leave than usual, as long as service needs can be met.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	If at the end of their maternity leave an employee wishes to return to work on different hours, her manager has a duty to facilitate this wherever possible, with her returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which she held prior to her maternity leave. These provisions are mirrored for staff on adoption leave The Working Times Procedure states that consideration should be given to individual circumstances such as combining breastfeeding and returning to work. Women who are pregnant are entitled to time off for ante-natal care, and **w**omen who have recently given birth and returned to work should have paid time off for postnatal care e.g. attendance at health clinics Maternity leave does not count as a break in service and therefore does not have an impact on an individual's eligibility for a long service award.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Annual Leave continues to be accrued by employees while they are on maternity leave. This can then be taken before the member of staff returns to work or spread out to enable them to have a phased return. Staff are referred to the Maternity Leave and Pay Procedure which describes these processes and entitlements. Consultants and SAS Doctors who wish to return from maternity leave on a reduced number of sessions are able to have a job plan review prior to or on their return to work, rather than having to wait until the annual review date.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers Saunders,Nathan 26/09/2022 10:14:26	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned. There is evidence (referenced above) to show that BME employees (especially nurses) are more likely to leave jobs for negative reasons and this could impact on their eligibility for loyalty awards some staff may want to have a longer period of Annual Leave than would ordinarily be approved e.g. overseas employees who wish to visit their families. The procedure has been updated to recognise this and	This evidence is from NHS England. We will try to find out if this is also true for Cardiff and Vale through our exit questionnaires.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	remind managers that there may be times when it is appropriate to allow longer periods of leave than usual, as long as service needs can be met.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The Working Times Procedure has a positive impact on this group stating that due consideration should be given to cultural/religious practices which may impact on the timings of breaks The Annual Leave Procedure has a positive impact on people because of religion, belief or non-belief. It prevents discrimination by setting out the processes to be followed for requesting and approving Annual Leave, thereby ensuring that all staff accessing the procedure will be treated in the same way. Furthermore, the procedure states that managers should consider favourably any request by staff to take paid leave for religious festivals. Such requests should take priority where possible, although managers will need to balance the needs of the team. Employees should inform managers at the earliest possible time of these dates, so that appropriate arrangements can be made. Managers are signposted to the ACAS guide for Religion or Belief in the workplace - A guide for employers and employees		
6.8 People who are attracted to other people of:	This policy and accompanying procedures have a positive impact on this group by ensuring that the same		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
• the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	processes are followed irrespective of who the individual concerned is attracted to. However, there is evidence (referenced above) which shows that LGBT individuals sometimes leave their employment early because of their experiences in the workplace	We will try to find out if this is also true for Cardiff and Vale through our exit questionnaires.	
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is no evidence to suggest that these policies have any impact on people because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh Speakers into consideration when applying this Policy and the accompanying procedures		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of income		
6.11 People according to where they live: Consider			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live, however, the agile working framework and working remotely procedure mean that people who live some distance away from the UHB region may be more likely to apply for jobs with us		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Discrimination by Association should be considered when considering requests for flexible working, homeworking, special leave and parental leave. The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)	Guidance on Discrimination by Association should be incorporated into the Flexible Working Policy and Parental Leave Procedure when they are next reviewed. The Special Leave Policy is an all Wales Policy and cannot be altered by the UHB.	

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	There is an expectation that employees should take all their annual leave entitlement in the relevant year as its purpose is to take a break from work. Staff who work night shifts as part of a regular commitment are entitled to a regular, free and confidential health assessment. The UHB will consider the availability of alternative daytime employment should a night worker's health preclude them from safe night working.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	Numerous studies have found that flexible working arrangements can have a significant positive impact on people's mental health with better sleep and lower stress levels as common outcomes. Equally, someone's mental health can have a significant impact on their ability to perform well in their job.		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales Saunders.Nathan 26/09/2022 10:14:26	The Working Times Procedure requires staff to notify the UHB if they plan to undertake / are undertaking secondary employment. Staff who have secondary employment are responsible for ensuring they have adequate rest periods and that their combined working hours are not excessive. If the combined hours are in excess of 48 hours per week the UHB must be informed The UHB wants to acknowledge staff commitment and loyalty by providing a tangible reward to staff who have		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	completed a mile stone for long service – this means that they must be in continuous employment with the UHB or its predecessor organisations to be eligible. If an individual has an employment break, this does not count as a break in service. However, the length of the employment break is disregarded when determining if the eligibility criteria has been met. 'Retire and return' breaks and absences due to maternity leave etc. do not count as breaks in service for the purposes of loyalty awards. All staff should record their Annual Leave in hours to ensure staff who work variable hours/shifts or part time do not receive either more or less leave than colleagues who work a standard pattern. The UHB has an Annual Leave Purchase Scheme which enables staff to apply to 'buy' up to two weeks additional annual leave and spread reductions over a 3, 6 or 12 month period. It is recognized that some staff may not be able to afford to	The Annual Leave Purchase Scheme is entirely voluntary – a 'calculator' is available to help staff work out what the likely repayments would be before submitting an applications for additional annual leave	The UHB reserves the right to reject applications for additional annual leave if the absence will have a negative effect on the day to day delivery of services or adversely affect the team.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	access this scheme because of the required repayments The Agile Working Framework can lead to improved control over work-life balance for staff		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	This Policy and the accompanying procedures could have a positive impact on people in terms of their use of the physical environment e.g. breaks away from the workplace, remote/home working, flexible working and annual leave all enable staff to access fresh air, leisure activities etc.		
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of social and community influences on their health		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities			
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	These Policy and accompanying procedures have a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and/or terms and conditions and are for the benefit of one or more groups with protected characteristics: AGE - 'special rules for younger workers' apply for 16 and 17 year olds, ensuring they have longer rest periods. Some forms of flexible working are more suitable for employee with young children (e.g. term time working) but flexible retirement options could be used to retain older workers. Although loyalty awards are not directly linked to age, younger workers (under

	40) will not be eligible. Annual leave entitlements also increase with length of service so has a potential positive impact on older workers. Some colleges and specialties support older Consultants coming off the on-call rota and this will be reflected in their job plans. DISABILITY - due consideration should be given to individual circumstances such as reasonable adjustments – this could include home working, redeployment, extra breaks or flexible working for example. GENDER – some of the flexibilities offered may be more attractive to female workers because they tend to be responsible for caring for dependents. MATERNITY - Cconsideration should be given to individual circumstances such as combining breastfeeding and returning to work. Furthermore, the Maternity Policy and accompanying Procedures requires that a risk assessment is be conducted for pregnant employees and this would be expected to take working patterns into consideration and that women who are pregnant or have recently had a baby are entitled to time off for ante-/post-natal care. RELIGION & BELIEF - Consideration should be given to cultural/religious practices which may impact on the timings of breaks, annual leave etc With regards to the impact on the overall health of individual people and on the impact on our population (ie health inequalities): EMPLOYMENT STATUS/INCOME - Staff must notify the UHB if they plan to undertake / are undertaking secondary employment. They are responsible for ensuring they have adequate rest periods and that their combined working hours are not excessive. If the combined hours are in excess of 48 hours per week the UHB must be informed. Staff who work night shifts as part of a regular commitment are entitled to a regular, free and confidential health assessment. All staff should record their Annual Leave in hours to ensure staff who work variable hours/shifts or part time do not receive either more or less leave than colleagues who work a standard pattern. The UHB has an Annual Leave Purchase Scheme which enables staff to apply to 'buy' up to two weeks additional annual leave and spread reductions over a 3, 6 or 12 month period. It is recognized that some staff may not be able to afford to access this scheme because of the required repayments.

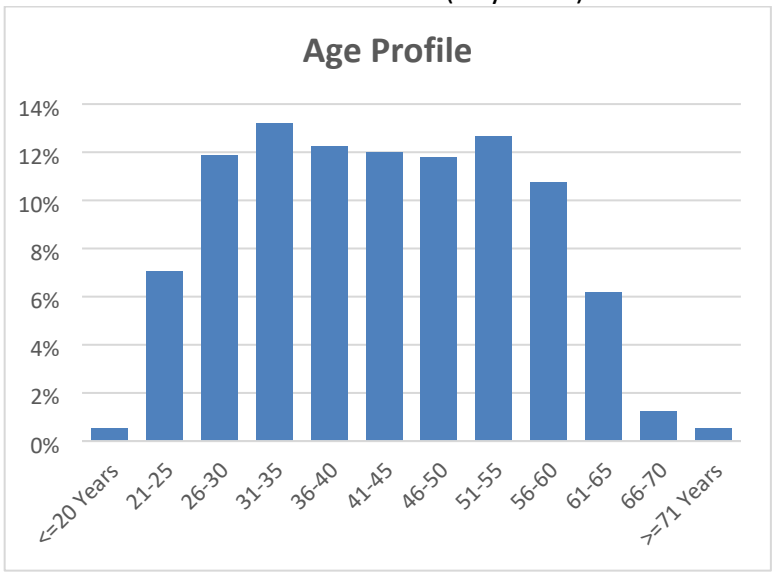
	PHYSICAL ENVIRONMENT -working from home, breaks away from the workplace, flexible working and annual leave all enable staff to access fresh air, leisure activities etc. With regards to WELSH LANGUAGE SKILLS, there is no evidence to suggest that the policy has any impact on individual members of staff because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh speakers into consideration when considering e.g. annual leave, flexible working, redeployment etc

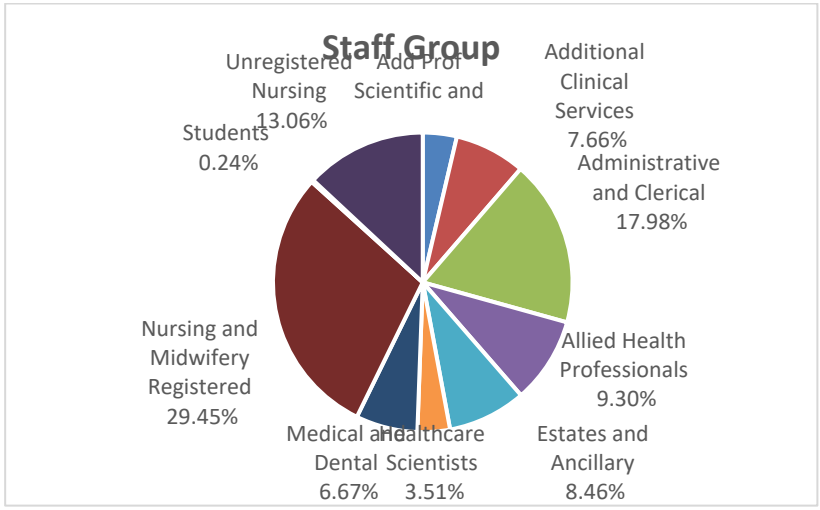
Action Plan for Mitigation / Improvement and Implementation

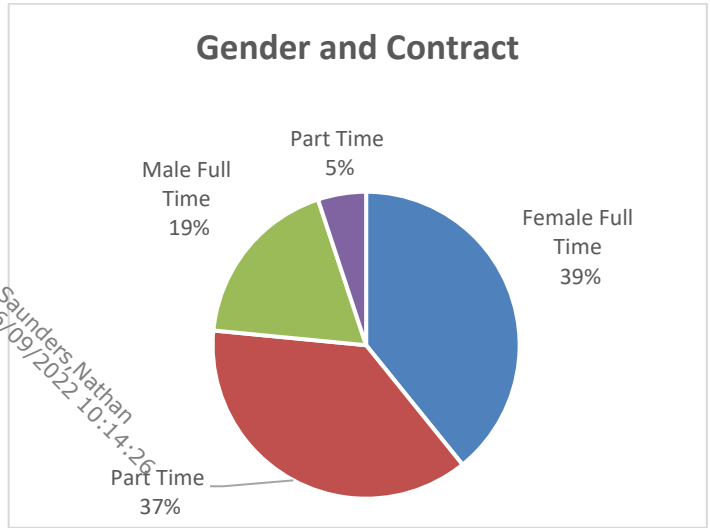
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No changes identified as a result of this EHIA.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	no			

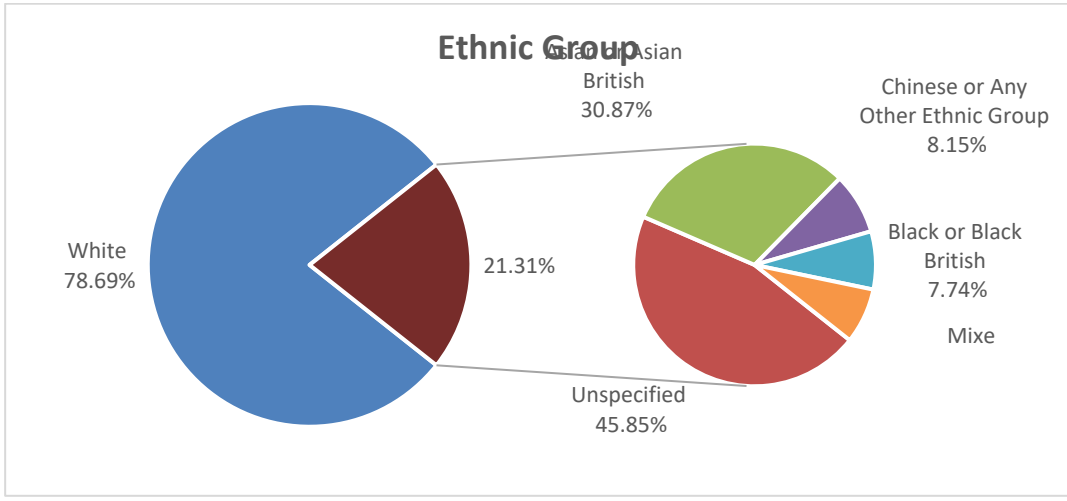
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	No changes identified as a result of this EHIA. The Strategy and Delivery Committee will be asked to approve the Policy following a period of consultation and discussion and the Employment Policy Sub Group This EHIA will be published on the UHB internet and intranet sites. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required	Dep Head of People Assurance and Experience	Sept 2022 On approval 2025	

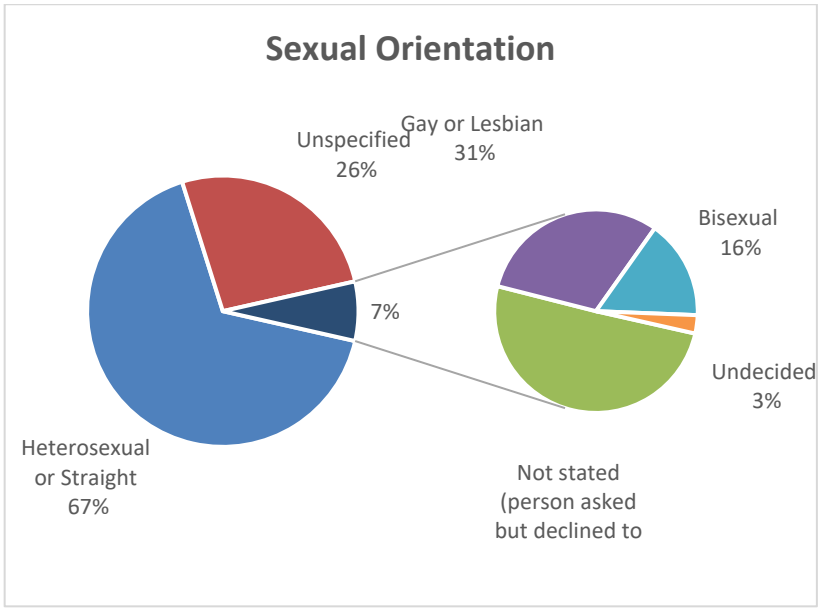
WORKFORCE MONITORING DATA (July 2022):

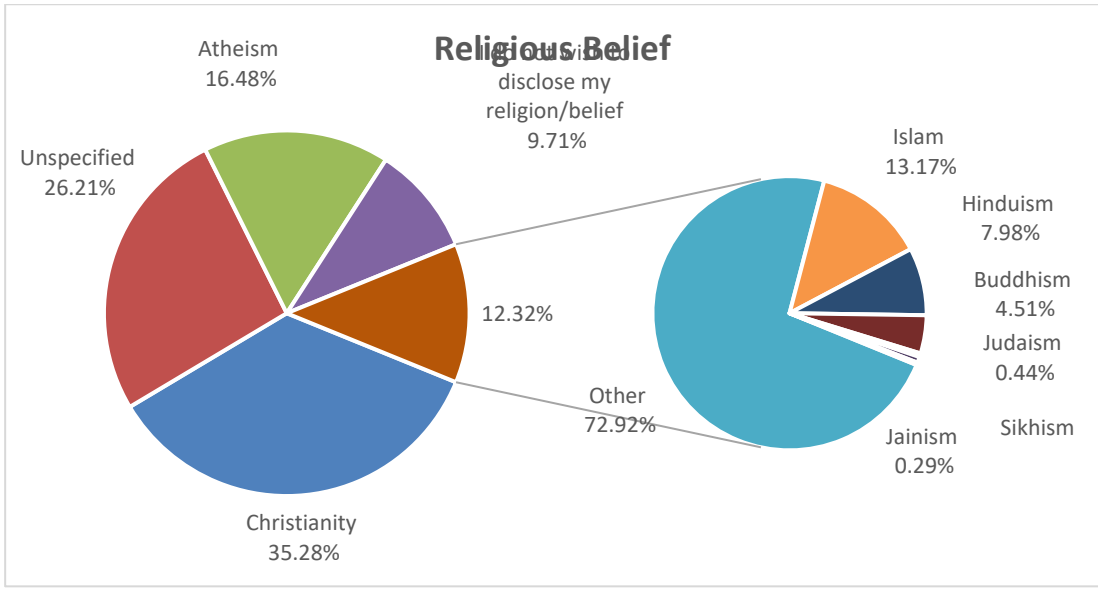









Sexual Orientation
Unspecified
26%
Gay or Lesbian
31%
Bisexual
16%
7%
Undecided
3%
Heterosexual
or Straight
67%
Not stated
(person asked
but declined to


Religious Belief
Atheism
16.48%
disclose my
religion/belief
9.71%
Unspecified
26.21%
Islam
13.17%
Hinduism
7.98%
Buddhism
4.51%
12.32%
Judaism
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Other
72.92%
Jainism
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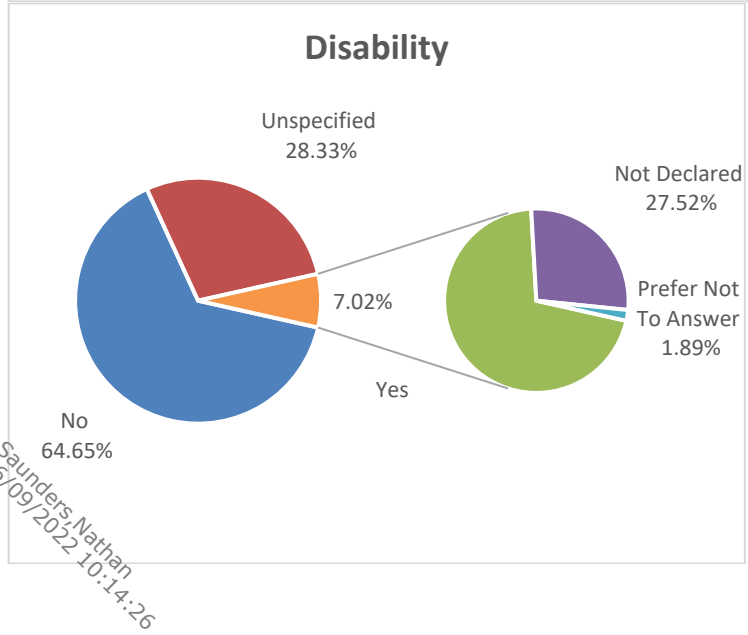
Sikhism
Christianity
35.28%


Disability
Unspecified
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Not Declared
27.52%
7.02%
Prefer Not
To Answer
1.89%
Yes
No
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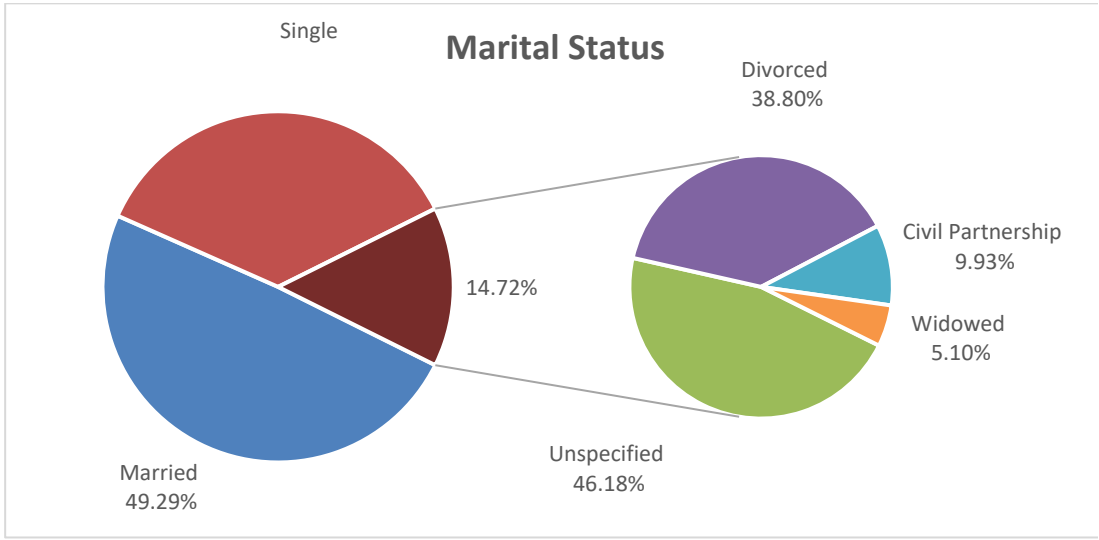
Single
Marital Status
Divorced
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Civil Partnership
9.93%
14.72%
Widowed
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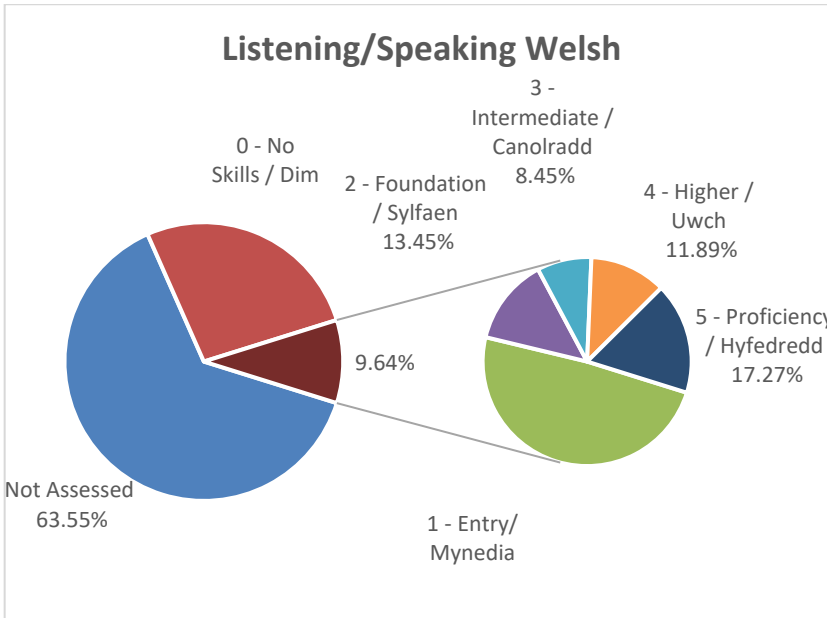
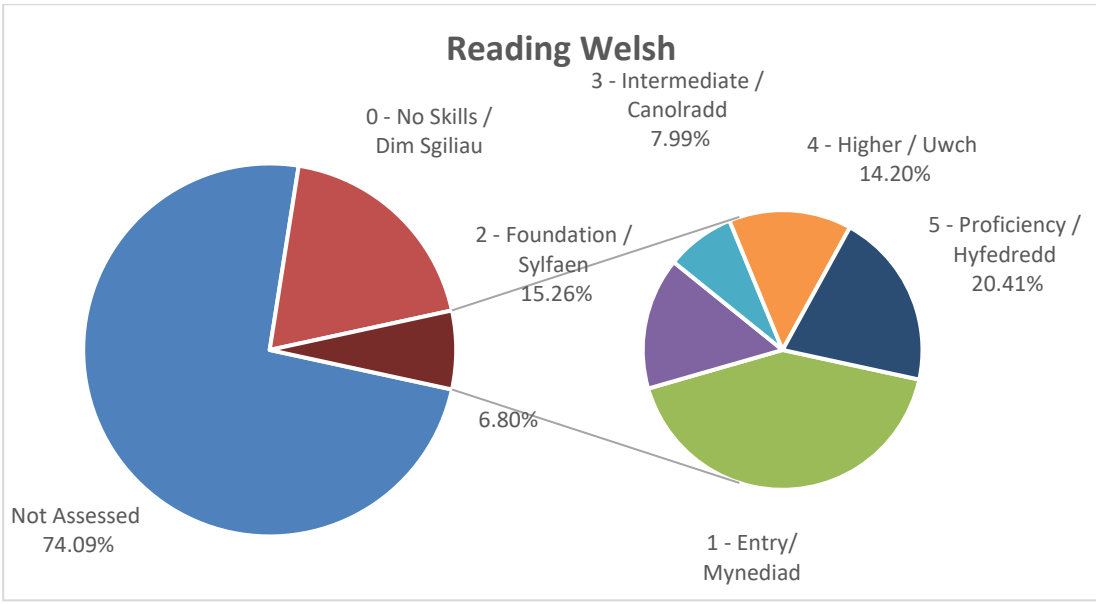
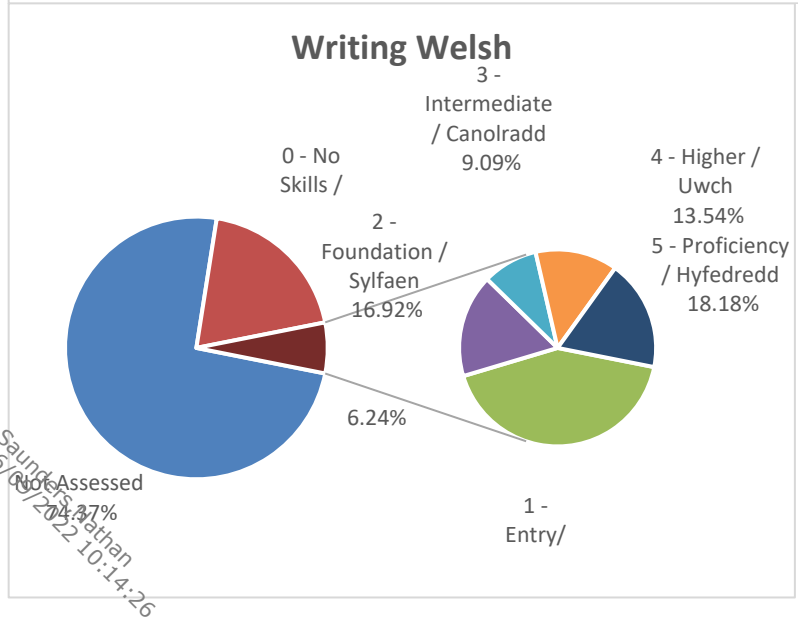
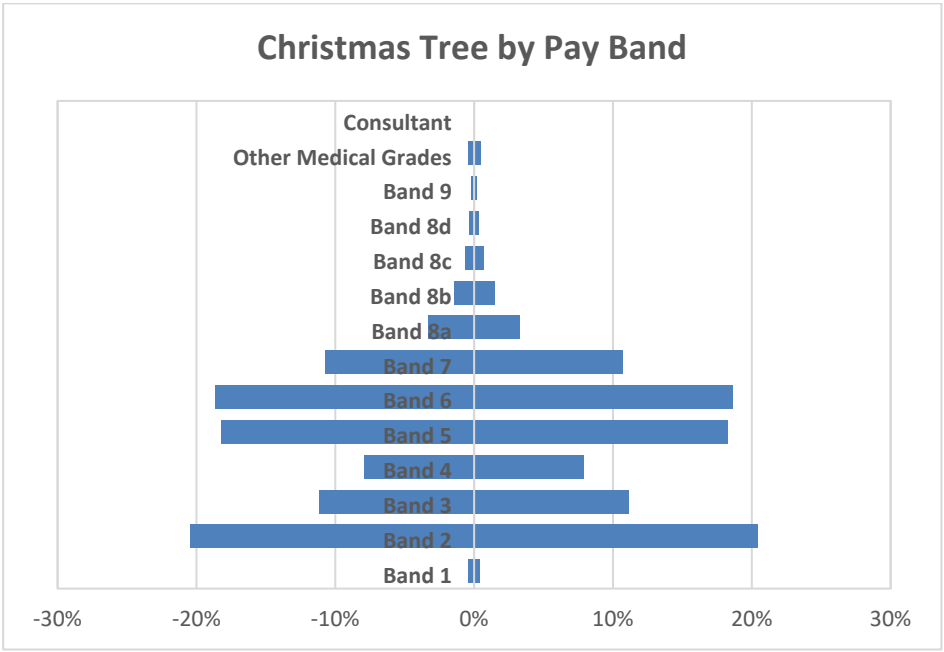
Unspecified
46.18%
Married
49.29%









Reference Number: 456 Version Number: 1	Date of Next Review: Previous Trust/LHB Reference Number: UHB 084

EMPLOYEE HEALTH AND WELLBEING POLICY

Policy Statement

Cardiff and Vale UHB is committed to being a 'Great Place to Train, Work and Live', with inclusion, wellbeing and development at the heart of everything that we do. An important aspect of achieving this is the promotion and maintenance of the health and wellbeing of all the people who ensure we can meet our population's health and care needs – our staff.

Research and evidence tells us that without a physically and psychologically safe and healthy workforce, excellent health care is not possible, and having healthy, engaged and motivated employees leads to a range of benefits including:improved performance and patient experience; increased patient satisfaction; better outcomes for patients; higher levels of staff engagement, innovation and retention; and lower levels of sickness absence. It is vital that the workplace does not create barriers to being healthy and well at work, but supports and encourages ways of working, lifestyle choices and support available to actively improve staff health and wellbeing. This approach will enable a highly skilled, motivated and engaged workforce which strives to improve patient care.

Policy Commitment

The UHB recognises that its employees are at the heart of everything that it does and integral to its success. The UHB is committed to encouraging and empowering all staff to take personal responsibility for their lifestyle choices, health and wellbeing and will guide and support managers on their roles and responsibilities in both supporting healthy workplaces and work practices, while also engaging in effective conversations with individuals and teams. It also recognises the responsibility of the UHB is providing a workplace, culture and environment that enables being healthy and well at work. To achieve this we will utilise a number of strategies, including:

- Implementation of the People and Culture Plan, including alignment to Theme 2: Engaged, Motivated and Healthy Workforce
- Aligning initiatives with the wider public health priorities of increasing exercise, tackling obesity, reducing smoking and excessive drinking, and improving mental health.
- Raising awareness and providing guidance on issues relating to health and wellbeing, including the provision of effective policies and procedures
- Involving employees in decision-making processes and change/transformation programmnes and developing a working culture based on partnership

- Organising ways of working and processes so that they positively contribute to, rather than damage, health and wellbeing
- Implementing good practices which enhance employee health by making the healthy choices easier
- Recognising that an organisation's culture, working practices and approach to change can have an impact on people which is not always conducive to their health and well-being, and putting things in place to minimise the risk of this happening, and mitigate and resolve when this has occurred
- Developing a culture where equal focus is placed on mental health and wellbeing and challenges the stigma associated with such conditions
- Reducing the incidence of workplace risk through a zero tolerance approach to violence and aggression, including any form of discrimination
- Creating an environment that encourages employees to take an interest in their health and wellbeing and provides opportunities and support for them to take action to improve it
- Promoting greater understanding around disability and neurodiversity through training and awareness raising
- Demonstrating our commitment to maintaining the Gold and Platinum Corporate Health Standards which ensures effective workplace policies, procedures, practices and awareness e.g. Stress Procedure; Mental Health Procedure
- Provide consistent leadership from the top, ensuring the organisation actively supports a positive approach to employee health and wellbeing through a compassionate and inclusive leadership approach

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following:

- The important role that the UHB has to play in improving the health, safety and wellbeing of employees
- The expectation that every employee is responsible for maintaining and improving their own health and wellbeing

- The view that domestic abuse and other forms of violence (including emotional and psychological abuse) are wholly unacceptable and will not be condoned, and the support available for staff who are experiencing domestic abuse, violence against woman and sexual violence.

- The assistance and guidance provided for managers and staff in identifying and dealing with incidences of domestic abuse, violence against women and sexual violence, and the impact they have on the workplace.

- Information for employees and their managers to enable them to support staff who are identified as having a problem related to alcohol, drugs and/or other substance

- Identifying potential hazards or circumstances that might contribute to inappropriate levels of work-related stress and conduct risk assessments to eliminate or control the risks from such stress

- Guidance on the process for submitting and considering an industrial injury claim

Other supporting documents to read alongside this Policy are:

- Disciplinary Policy and Procedure
- Domestic Abuse Procedure
- Equality, Inclusion & Human Rights Policy
- Flexible Working Procedure
- Health and Safety Executive Stress Management Standards
- Health and Safety Policy
- Industrial Injury Claims Procedure
- Managing Attendance at Work Policy
- Management of Alcohol, Drug and Substance Misuse at Work Procedure
- Management of Stress in the Workplace Guidelines
- Management of Violence and Aggression (Personal Safety) Policy
- Menopause Policy
- Minimal Manual Handing Policy
- People and Culture Plan
- Redeployment Procedure
- Respect and Resolution Policy
- Supporting Employee Mental Health Guidelines

Scope

This Policy applies to all our staff, honorary contract holders and volunteers

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact.

Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of People and Culture

Disclaimer

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

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	25/06/2019	09/07/2019	NEW Policy – replaces previous Health and Wellbeing at Work Strategy (UHB 084)
2			Greater emphasis placed on the importance of a physically and psychologically safe workplace and a healthy workplace. More emphasise placed on how we will support healthy workplaces and practices with the following elements incorporated: • Ways of working • Effective conversations and two way communication • Culture • Zero tolerance to discrimation and violence and aggression • Raising awareness of disability and neurodiversity • Effective policies and procedures • Compassionate leadership approach

Equality & Health Impact Assessment for

EMPLOYEE HEALTH AND WELLBEING POLICY

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

Please note:

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

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Employee Health and Wellbeing Policy and accompanying procedures (e.g. Management of Stress at Work Guidelines, Supporting Employee Mental Health Guidelines, Alcohol and Substance Misuse Procedure, Domestic Abuse Procedure, Industrial Injuries Procedure)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager Steve Gauci, UNISON Nicky Bevan, Head of Employee Wellbeing Services

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

3.	Objectives of strategy/ policy/ plan/ procedure/ service	The health and wellbeing of staff is key to the UHB providing high quality care for patients and is a key responsibility for individuals and managers. This Policy has been designed to create the environment in which staff are encouraged and supported to take personal responsibility for their own health and wellbeing, and to ensure managers recognise the importance of supporting staff health and wellbeing and creating opportunities for this.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the	• There are clear links between this Policy and the People and Culture Plan, especially theme 2: An engaged, healthy and motivated workforce, which sets out our intention to have a workforce that feels valued, developed and supported, while maintaining their health and wellbeing at work • 2020 NHS Wales Staff Survey results for the UHB (health and wellbeing and engagement questions): ○ 63% of respondents said that their My line manager takes a positive interest in my health and wellbeing (68% in 2018) ○ 10% had personally experienced harassment, bullying or abuse at work from their manager in the preceding 12 months (18% in 2018, 16% in 2016), but only 40% agreed that the organisation takes effective action if staff are bullied, harassed or abuse by other members of staff (48% in 2018, 51% in 2016) • Following a re-assessment in Autumn 2021, the UHB has retained both the Gold and Platinum Corporate Health Standards and has been recognised as an exemplar organisation. This award will cover the next 12 months with a full assessment rescheduled for Autumn 2022. The now established Wellbeing Strategy Group oversees delivery of the priorities and actions resulting from the Corporate Health Standard, and much progress has been made over the past year, including implementing hydration stations, supported by the Health Charity, and the development of peer support. • A 28 day consultation has taken place commencing 25 July 2022 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	Manager, Welsh Language Officer, People and Culture Network, the One Voice Network and the Rainbow Fflag Network. • A number of Policies and EQIAs from other organisations were access via a Google Search on 08.08.22 – of those accessed: - ○ Cheshire CCG state that their Health and Wellbeing Policy has been designed to ensure that no-one receives less favourable treatment due to their age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, gender or sexual orientation or Trade Union membership. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status. and other health inclusion (vulnerable) groups ○ Public Health Wales Prevention of Stress and Management of Mental Wellbeing Policy EHIA: AGE adults between 25 – 34 are more stressed than other age groups. They have an ageing workforce, and there is evidence that stress can lead to unhealthy ageing. The policy will impact positively due to increased awareness of stress issues. GENDER There are noted gender differences in response to stress. Some research indicates that transgender people, and those undergoing gender reassignment, experience lower self-esteem and higher rates of mental health problems and anxiety disorders RACE Research carried out by the HSE in 2005 found there was a significant association between work stress and ethnicity. The combination of racial discrimination with gender and ethnicity is powerfully influential in work stress. RELIGION & BELIEF There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on wellbeing, and therefore have a positive impact on stress SOCIAL/COMMUNITY INFLUENCES The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated. Provision of support for staff in times of stress is known to have beneficial effects on their social relationships and for their friends and families in general. • Age UK provides information about age-related health conditions including dementia, eye health, incontinence, hearing loss, osteoporosis, and depression & anxiety

[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		• Public Health Wales published a statistical report on alcohol and drug use on health, social care and education services in Wales (2016-17)
		• A Stonewall report into health and the LGBT community in 2018 found that 52% of LGBT people experienced depression in the last year and that 14% (in in 7) LGBT people avoid seeking healthcare for fear of discrimination from staff. Key findings include:
		  ○ One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women
		  ○ Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
		  ○ One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
		  ○ One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
		  ○ One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month
		  ○ Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same
		• The Mental Health Foundation says that though the area of mental health in black, Asian and minority ethnic (BAME) groups is under-researched, BAME groups are generally considered to be at higher risk of developing mental ill health – it provides an online summary of research to date and describes factors which people from BAME communities may also contend with e.g. racism, inequality and mental health stigma. It also describes the barriers to getting support.
		• NICE state that women can develop mental ill health for the first time during pregnancy, and pre-existing mental health conditions can get worse in the perinatal period.Mental health problems during the perinatal period can frequently go unrecognised and untreated, with some women not seeking help because of fear of stigma, or fear of intervention by social services. If left untreated, perinatal mental health problems can have significant and long-lasting effects on the woman and her family, as well as on children's emotional, social and cognitive development. NICE has produced guidance to reduce the risk of mental illness during pregnancy and reduce harm for both mother and child.
		• In 2021 the Government set out a clear ambition to close the gender health gap and address decades of gender health inequality. More than 100,000 responses to a call for evidence showed stark and

		sobering insights into women's experiences of health and care, and highlighted entrenched problems within the healthcare system including: ○ damaging taboos and stigmas in women's health can prevent women from seeking help and reinforce beliefs that debilitating symptoms are 'normal' ○ over 8 in 10 have felt they were not listened to by healthcare professionals ○ there's a feeling services for specialities or conditions that only affect women are of lower priority compared with other services ○ women believe compulsory training for GPs on women's health, including the menopause, is needed to ensure their needs are met ○ nearly 2 in 3 respondents with a health condition or disability said they do not feel supported by the services available for individuals with their condition or disability ○ over half of respondents said they felt uncomfortable talking about health issues with their workplace • The Telegraph included an article in 2019 which claimed that there are health benefits associated with being married, including reduced chances of heart attacks and strokes, lower stress levels and improved fitness
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from this policy include: • Our patients and their families • Managers • Our staff • Other groups who meet our patients e.g. volunteers, honorary contract holders, bank and agency staff • Workforce and OD • Public Health

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy and the accompanying procedures apply to all staff regardless of age. It is likely to have a particularly positive effect for older staff as the investment in keeping staff healthy may enable them to work longer, if they wish.		Clinical Boards and Directorates are encouraged to support a range of health and wellbeing activities, meaning staff can choose age-appropriate activities.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This policy and accompanying procedures apply to all staff groups. The policy applies equally to physical and emotional wellbeing. The Policy sets out our intention to Raise awareness and provide guidance on issues relating to health and wellbeing (including for example, diversity and neurodiversity), including the provision of effective policies and procedures and awareness sessions	The UHB has achieved Disability Confident Employer Level 2 status. This is a scheme that helps the UHB think differently about disability, and improve how we attract, recruit and retain disabled workers. The UHB have obtained validation from Elite Training Solutions, the assigned external sponsor, and are in the process of submitting an application for Level 3 status. Copies of the policy and accompanying procedures can be made available in alternative formats (e.g. large print) on request.	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	This policy and accompanying procedures have a positive impact on this group by ensuring that the same health and wellbeing opportunities are available to staff irrespective of the gender of the individual.	A standalone EHIA is being developed for the Domestic Abuse, Violence against Women and Sexual Violence Procedure	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The UHB has a menopause policy to support staff experiencing this states that people from the non-binary, transgender and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those within these communities Our workforce profile shows that we have more female than male employees, but also that more female employees work part time. The policy is explicit in its aim for health and wellbeing activities to be accessible to all staff groups.		
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures aim to ensure equal access to health and wellbeing activity irrespective of marital status or having a civil partner.		
6.5 Women who are expecting a baby, who are on a break from work after	This policy and the accompanying procedures apply irrespective of whether individuals are		The UHB Maternity Procedure requires managers to complete

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	on maternity leave or have recently had a baby.		a Maternity Risk Assessment for pregnant employees
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief of the individual concerned.		
6.8 People who are attracted to other people of:	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of sexual orientation.		The UHB is committed to equal opportunities and is ranked number 127 of the Stonewall Index which indicates that the

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
• the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)			UHB is committed to making the workplace LGBT+ friendly in all its practices
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of whether staff are Welsh speakers		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the income of the individual concerned.		Employees have access to health and wellbeing activities by virtue of them being a staff member, rather than because of their ability to pay.

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

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of access to services offered.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that	Our ambition is to be a 'great place to train, work and live – the policy states that an important aspect of achieving this is the promotion and maintenance of the health and wellbeing of our staff The policy is the umbrella document for a number of other procedures, including Stress at Work and Alcohol and Substance Misuse.		The health and wellbeing agenda is apparent throughout the WOD 3-year workplan, which is used as the basis for the workforce aspects of each Clinical Board plan.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	The Policy sets out our intention to create an environment that encourages employees to take an interest in their health and wellbeing and provides opportunities and support for them to take action to improve it		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	The policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the individuals income and employment status and that all staff have access to health and wellbeing activities regardless of their income. The Industrial Injuries Claims Procedure applies to employees who have sustained an injury or have contracted a disease or other health condition that they believe is wholly or mainly		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales	attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct. Injury Allowance is a top up payment to 85% of pay for a maximum of 12 months during sickness absence, or to extend phased return to plans as an alternative to using annual leave.		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing	This policy states that our initiatives will be aligned to the wider public health priorities – this includes access to green spaces, healthy food, walking routes and other forms of outdoor exercise, and support for physical and emotional health The Corporate Health Standard is key mechanism for monitoring the policy. It assesses all of these areas through its Gold and Platinum assessment processes		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	This policy has a positive impact by ensuring that the same access is given to health and wellbeing activity irrespective of social and community influences on the individual's health.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	This policy has a positive impact by ensuring that the same processes are followed irrespective of macro-economic, environmental or sustainability factors The Domestic Abuse, Violence Against Women and Sexual Violence Procedure has strong links with the Violence Against Women, Domestic Abuse and Sexual Violence Act (Wales) and references Life Fear Free which is a Welsh Government helpline and programme of support		

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

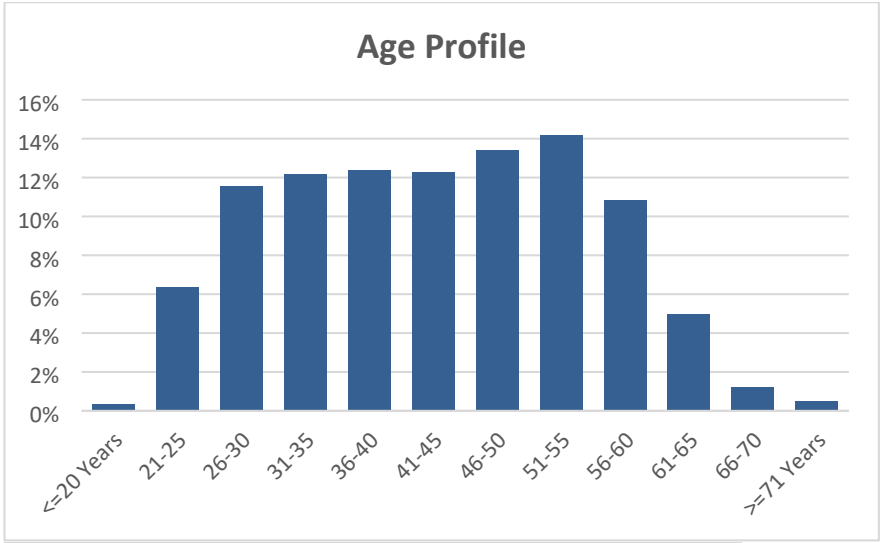
8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The Policy has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that all staff have access to health and wellbeing activities irrespective of the individual concerned. The policy also recognises the importance of encouraging staff to take personal responsibility for their health and wellbeing. The Gold and Platinum Corporate Health Standard assessments are rigorous and comprehensive across the whole health and wellbeing agenda.

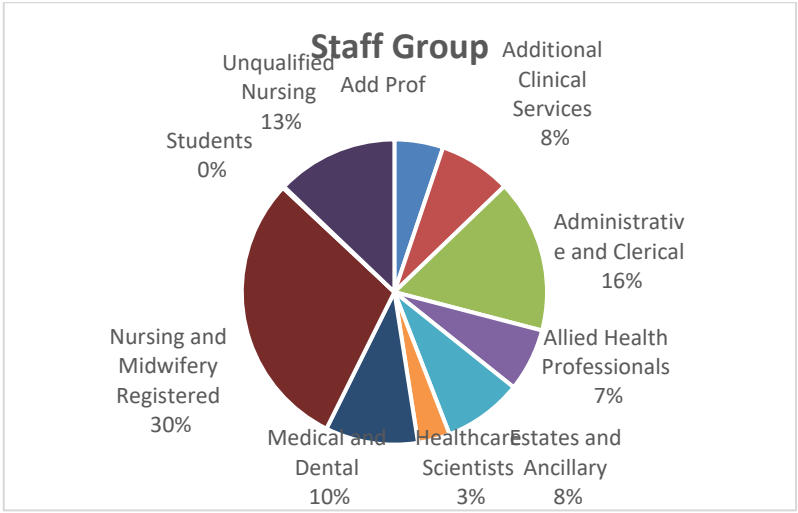
Action Plan for Mitigation / Improvement and Implementation

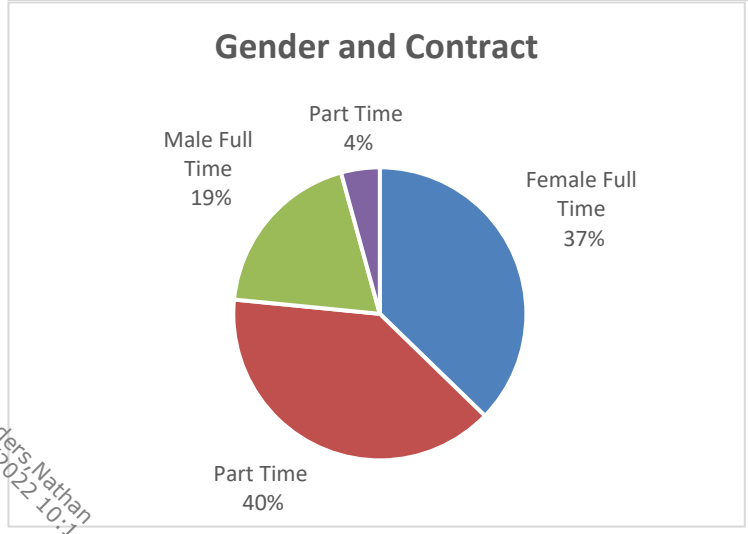
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Line managers	Ongoing	Action to be taken as and when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

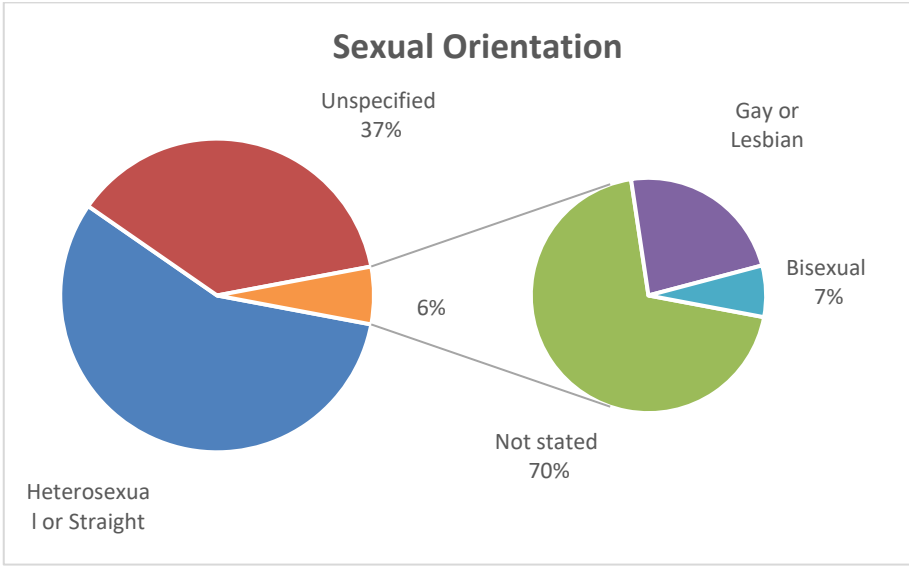
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	The Policy, Procedures and EHIA will be published on the UHB internet and intranet sites. On publication, the policy will be communicated via a briefing for staff and managers advising of the key changes This will be communicated via the Health and Wellbeing internet pages, email to Clinical Boards and the CAV You Heard? (UHB) Newsletter. The Policy and EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required			

WORKFORCE MONITORING DATA (September 2018):









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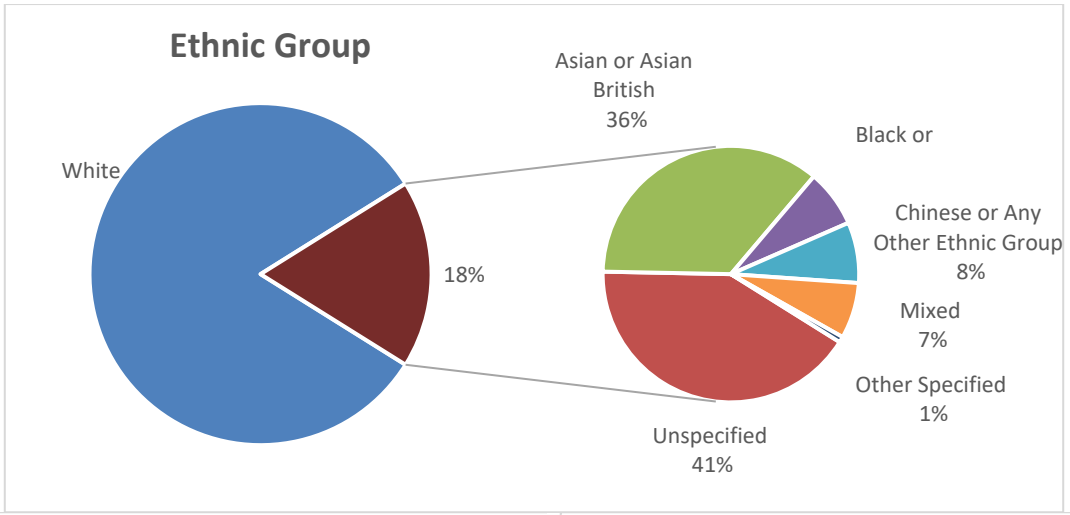

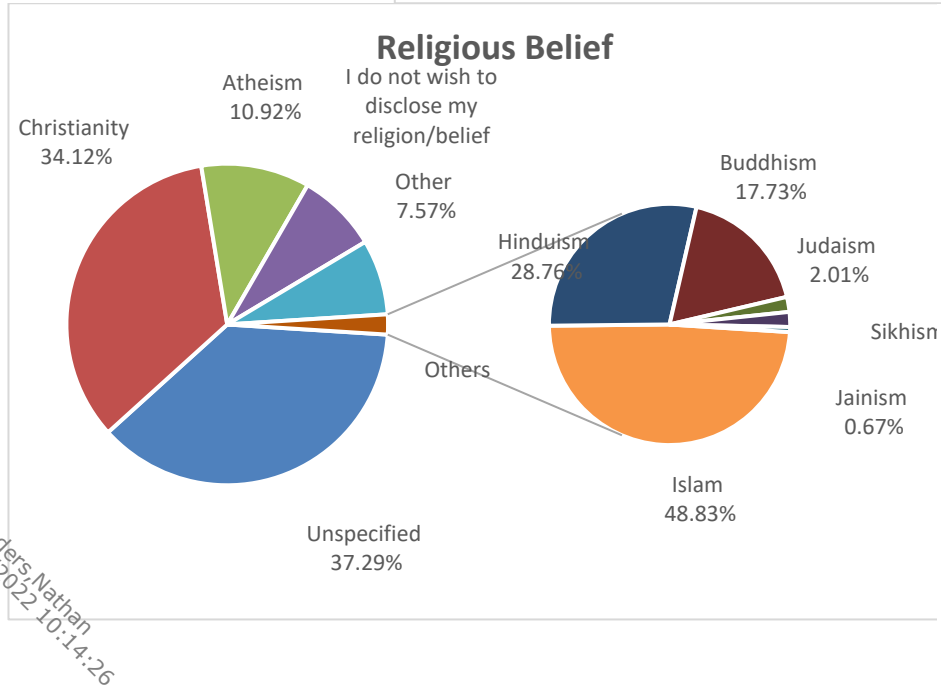

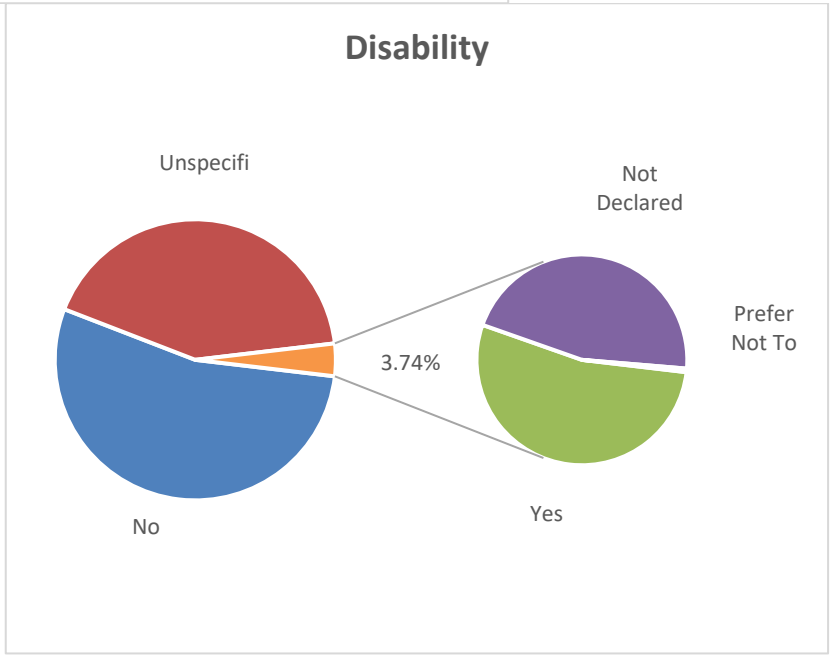

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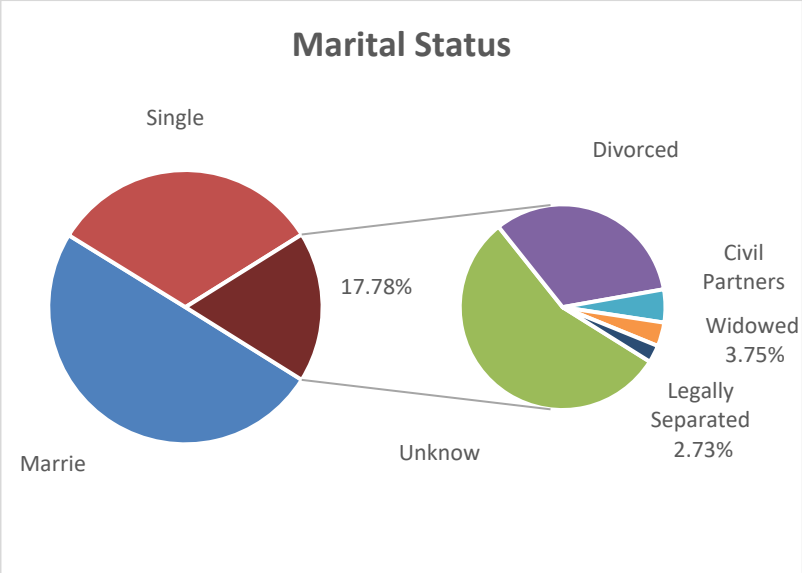
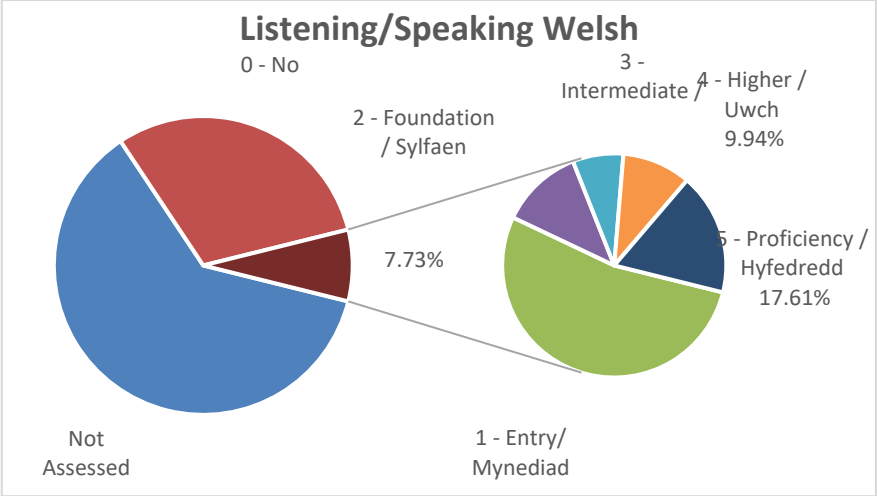
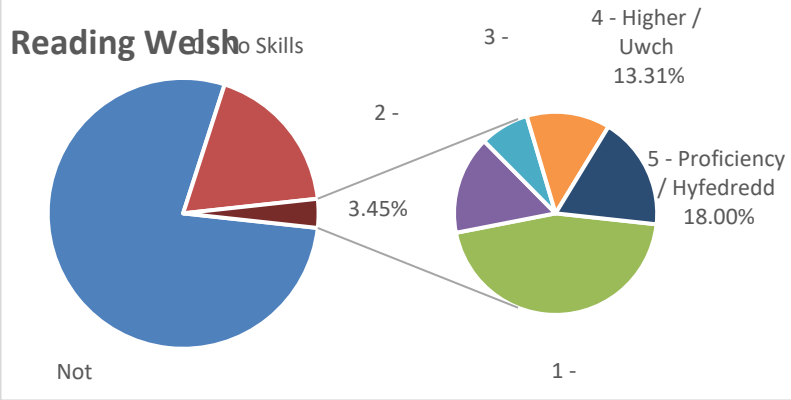
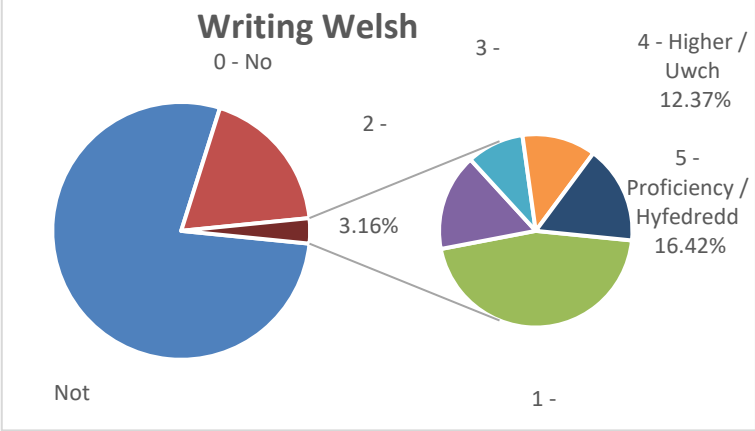
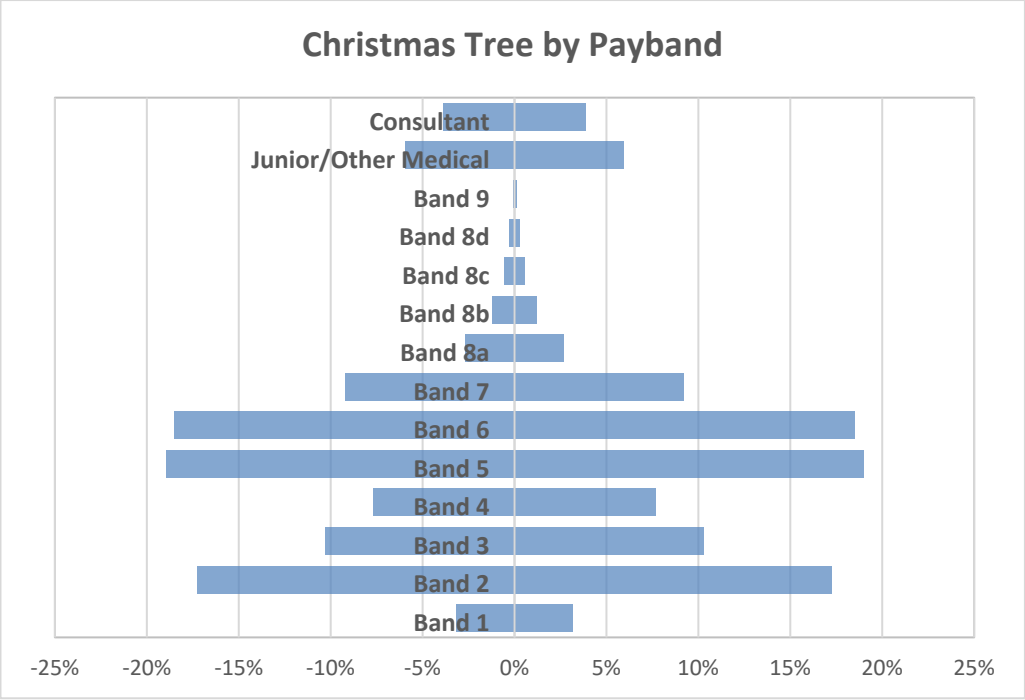










Reference Number: UHB 454 Version Number: 2	Date of Next Review: Previous Trust/LHB Reference Number: *n/a*

Learning, Education and Development (LED) Policy

Policy Statement

Cardiff & Vale UHB is an organisation that puts its staff and patients at the heart of everything that it does. The UHB recognises that the organisation can only continue to serve its communities, provide excellence in compassionate care, and develop innovative services through having healthy, engaged and motivated staff. To achieve this, the organisation is committed to providing a learning culture where staff are nurtured and encouraged to learn and develop at every stage of their career, and in every role and profession.

Staff learning, education and development is provided to enable staff to be their best at work, living the UHBs values through the behaviours they display in every human interaction and decision they make, and putting patient centred care at the heart of everything we do.

The UHB needs to ensure that staff are appropriately equipped and skilled to undertake their role and is committed to ensuring that all staff learn and develop appropriately to meet the needs of the UHBs strategic aims and objectives.

The availability of appropriately trained staff is a key determinant of the quality of patient care and experience.

All professionals have a personal duty as specified within their respective 'Codes of Conduct' to maintain their knowledge and skills throughout their working lives.

Policy Commitment

We will achieve this through;

- Ensuring the provision of an effective staff Induction which signposts and supports new starters in understanding the requirements of completing their statutory/mandatory training requirements.
- Provision of support and training to all managers and supervisors to enable the effective delivery of clear and meaningful Values Based Appraisals (VBAs), including guidance in recording outcomes on ESR.
- Ensuring existing staff are clear about their Statutory/ Mandatory Training requirements through regular, targeted communications with compliance monitored via the VBA process
- Ensuring all staff are aware of the correct procedure and timescales for applying for study leave and regularly reviewing the procedure to ensure it is effective and applicable.

- Ensuring staff are aware of their responsibilities to maintain academic standards and malpractice is recognised and reported.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following with regard to LED.

- Values Based Appraisal Procedure
- Statutory/ Mandatory Training Procedure
- Study Leave Guidelines
- Study Leave Procedure for Medical and Dental Staff (not in training)
- Academic Malpractice and Fair Assessment in the Delivery of Credit Based Learning Procedure

Other supporting documents are:

- People and Culture Plan 2022-2025
- Education, Culture and OD internet pages 'Your Development'
- Values Based Appraisal on-line Toolkit
- Statutory/ Mandatory Training on-line Toolkit
- Recognition of Prior Learning Framework

Scope

This policy applies to all of our staff in all locations including those with honorary contracts

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed for this policy and supporting procedures and this found there to be a positive impact.
Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of People and Culture

Disclaimer

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

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1	25/06/2019	09/07/2019	New policy
2			Amendment to the tone/ language in the policy statement. Amendments to the wording in the Policy Commitment section to demonstrate a journey rather than statements. Links to supporting procedures and document updated.

Equality & Health Impact Assessment for

LEARNING, EDUCATION AND DEVELOPMENT (LED) POLICY

(this EHIA also considers the supporting documents including but not limited to: Annual Leave Procedures, Flexible Working Procedure, Occasional Home/Remote Working Guidelines, Redeployment Procedure, Retirement Procedure, Working Times Procedure, Loyalty Award Procedure, Relocation Expenses Procedure)

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

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Education, Culture and Organisational Development Rebecca Corbin, Senior ECOD Manager
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy *Shaping Our Future Wellbeing, and* care for the needs of our staff.

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

		To provide a structure to ensure that staff are appropriately equipped and skilled to undertake their role and whom are committed to ensure that all staff learn and develop appropriately to meet the needs of the UHBS strategic aims and objectives.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future	**WORKFORCE MONITORING DATA** (see end of document) A **CONSULTATION** has taken place between 25th July 2022 – 21st August 2022 via the UHB intranet site, views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equity and Inclusion Manager, Welsh Language Officer, People and Culture Directorate, the One Voice Network and the Rainbow Fflag Network. A **NUMBER OF EQIAS FROM OTHER ORGANISATIONS** were accessed via a Google search during August 2022 - of those accessed: • Leicestershire Partnership NHS Trust – Appraisal Policy found a negative in terms of age, suggesting that staff within a certain age group/ with a longer length of service are more likely to resist the appraisal process, due to being at the top of the Agenda for Change banding process. They also found some negative impact in relation to disability and the access to the IT system to record appraisal. • Great Western Hospitals NHS Foundation Trust – Appraisal Policy undertook and initial screening for Equality Impact Assessment and identified that a full assessment was not required. • The Shrewsbury and Telford Hospital NHS Trust – Statutory and Mandatory Training Policy W32 undertook and initial assessment and found that there was no impact in relation to Gender, ethnicity, race, sexual orientation, age or religion, however there was a low impact in terms of disability. The action addressed making reasonable adjustments to training to enable them to participate fully. • Plymouth Hospitals NHS Trust - Appraisal and Personal Development Policy found its policy to have no evidence to suggest there is a disproportionate impact on race, religion, disability, sex, sexual orientation, age and human rights. Also that they have no data collected for gender identity and socio-economic, therefore monitoring these areas via feedback collected from staff. • Nottingham University Hospitals NHS Trust – Mandatory Training Policy identified some considerations in relation to disability with regards to access issues and barriers to a full learning experience i.e. physical disability and location of training, visual impairment, hearing impairment and learning disabilities. Their recommendation was to provide additional learner support brochures where specific requirements can be

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	Wellbeing' Strategy provides an overview of health need[3].	provided. Where a training podcast has a film clip in a script if this is available, also to provide training in different formats – classroom based podcasts are available as a back-up option to e-learning training. They also identified that staff on maternity leave would remain on their non-compliance reports as they are unable to filter them out. All remaining categories had no impact identified. • Royal United Hospital Bath and Royal Cornwall Hospitals NHS Trust both undertook an equality screen on their study leave policy and found there to be no adverse impact in terms of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, sexual orientation, marriage and civil partnership. • Barnsley Clinical Commissioning Group (CCG) in their Study Leave Policy found there to be neutral impact in terms of Human rights, Carers, Disability, Religion or belief, Sexual orientation, gender reassignment, Marriage and civil partnership and other relevant groups, however identified a positive impact for age in that it ensures that staff of all age groups have fair and equitable access to study support to progress their careers in line with their individual requirements, which will allow people to pursue their own career path. In terms of sex in that it ensure that a fair process is in place regardless of sex and race in that it allows staff of any gender or race to purse their careers in line with their own individual wishes. For pregnancy and maternity to ensure that staff who choose to have children are still able to pursue the individual career path they wish to and for part or fixed term staff to ensure that a fair process is in place for equal access to training for all staff. • City College Plymouth in their Plagiarism and Academic Dishonesty Procedure EIA found their procedure to have a possible adverse impact on those with learning difficulties and disabilities, international students, partnership and part-time students and student at entry level 3 to level 1. To overcome the negative impact, 7 points were recommended in their EQIA such as the introduction of an electronic plagiarism tool, to have reviews conducted by their international office, ESOL lecturers etc. • On the ACAS website it is noted that fairness in the workplace is a vital part of a successful public body and supported by the Equality Act 2010. The aim of the Act is to improve equal job opportunities and fairness for employees and job applicants and highlighting it is unlawful to discriminate against people at work because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. It also highlights the benefits of promoting equality and diversity such that employees have a better chance of getting training, career development and promotion opportunities and developing skills, knowledge and experience relevant to the role which thereby benefits the individual and the organization as a whole.

[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		• ACAS states that an employer must consider making **'reasonable adjustments'** for a disabled employee or job applicant if: ○ It becomes aware of their disability and/ or ○ They ask for adjustments to be made and/ or ○ A disabled employee is having difficulty with any part of their job and/ or ○ Either an employees sickness record, or delay in returning to work, is linked to their disability.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from these policies include: • Our patients and their families • Managers • Our staff and their families / dependents • Workforce and OD • Payroll services (NWSSP) • The public

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65 Saunders,Nathan 26/09/2022 10:14:26	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned. Organisationally we employ very few individuals under age of 21, and have an aging workforce. There is now an expectation for all staff to complete their required level 1 statutory / mandatory training via e-learning. This expectation means that all staff of all ages are skilled up to use technology. As mentioned previously there is an aging workforce, who may not have the skills to complete this training, therefore access to classroom training is offered as an alternative. There is evidence which suggests that people over the age of 50 struggle to find a new job, training or promotion opportunities. This policy prevents discrimination and has a positive impact by setting out the processes to be followed when an employee needs to undertake and take study leave for training regardless of their age.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Staff are expected to have a PADR, irrespective of age, however development needs may change with age e.g. older workers on the top of a pay band may have no desire to undertake any further development. This may also be true of staff receiving a PADR in that if they are top of the scale and have no career aspirations they may feel they do not require a PADR.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Employers are required to make reasonable adjustments for disabled employees. This would include adapting and providing training materials to staff where there may be a visual or hearing impairing or learning disability. The flexibility of alternative learning offerings are now available, which includes being able to access mandatory training e-learning from home devices.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Women are more likely to have a break in service to raise a family, which could have an effect on their ability to undertake development and career progression. More female employees work part time, therefore the study leave entitlement will be pro rata based on their contracted hours.		
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the martial status of the individual concerned.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the maternity leave. Maternity is no reason for women's careers to go on hold. Performance reviews and training can be worked around or into maternity leave. For instance a Keeping in Touch day could be used to attend a performance review – equality and human rights commission.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned. There is evidence (referenced above) to show that BME employees (especially nurses) are more likely to leave jobs for negative reasons and this could impact on their career progression.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	There is no evidence to suggest that these policies have any impact on people because of their sexual orientation.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is no evidence to suggest that these policies have any impact on people because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh Speakers into consideration when applying this Policy and the accompanying procedures . There are plans in place to ensure all mandatory training being offered via e-learning, will also be available to be completed in Welsh.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of income		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people being able to improve/ maintain healthy lifestyles.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales Saunders,Nathan 26/09/2022 10:14:26	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people in terms of their income and employment status.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people in terms of their use of the physical environment.		
7.5 People in terms of social and community influences on their health:	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	basis of social and community influences on their health		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This policy and accompanying procedures have a positive impact on all groups with protective characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and/ or terms and conditions and are for the benefit of one or more groups with protected characteristics.

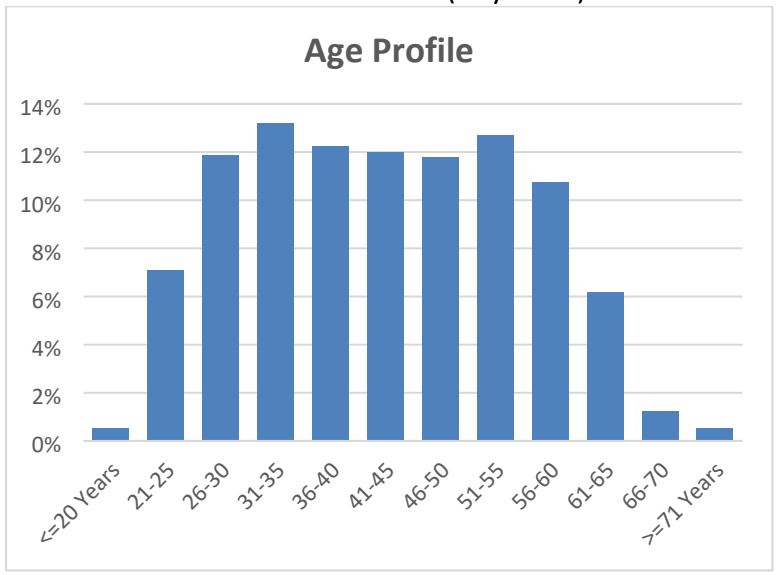
	AGE – there is a requirement for all staff to complete their mandatory training via e-learning, hence use of technology – alternative offerings i.e. classroom training are being provided. DISABILITY – due consideration should be given to individual circumstances such as reasonable adjustments – this could include adapting training provisions. GENDER - Women are more likely to have a break in service to raise a family, which could delay any development/ career progression they wish to pursue. MATERNITY – Considerations should be given for women on maternity to conduct a PADR/ undertake their statutory and mandatory training during a keeping in touch day. Or at least, where possible, planed around the maternity leave. RELIGION & BELIEF – Consideration should be given to cultural/ religious practices which may impact on training days – timings of break etc. WELSH LANGUAGE – Considerations should be given for the training to be provided in welsh – there is a plan in place to provide all mandatory training eLearning modules in welsh.

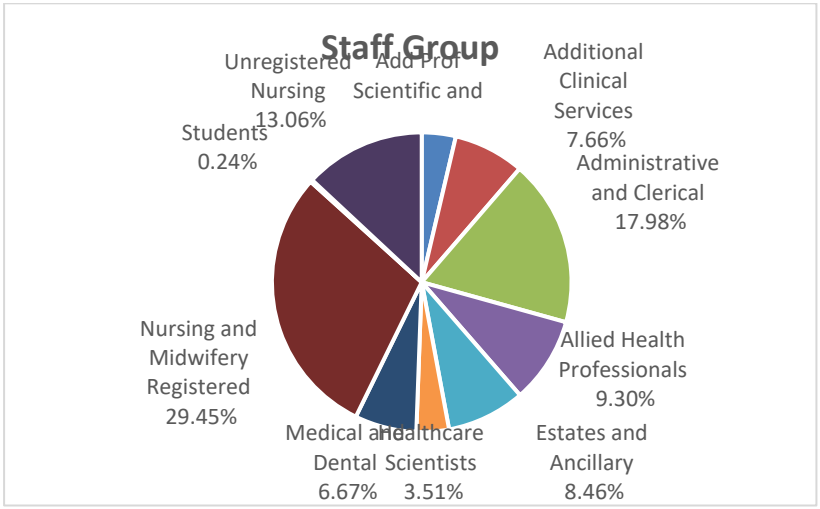
Action Plan for Mitigation / Improvement and Implementation

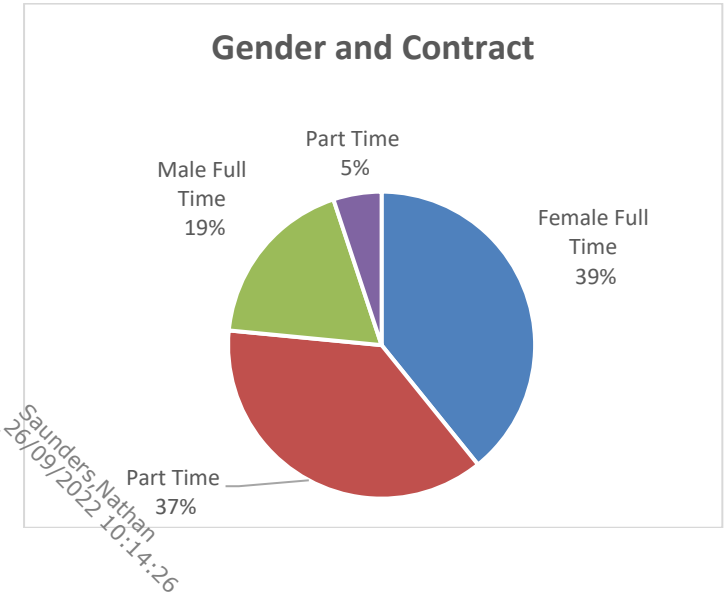
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No changes identified as a result of this EHIA.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No			

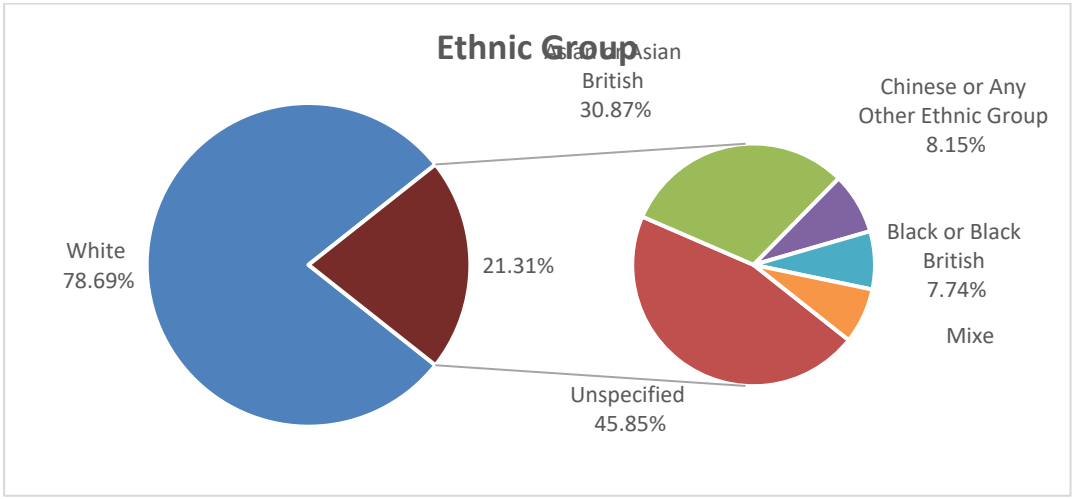
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?				
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or service proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	No changes identified as a result of this EHIA. The Strategy and Delivery Committee will be asked to approve the Policy following a period of consultation and discussion and the Employment Policy Sub Group This EHIA will be published on the UHB internet and intranet sites. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required	WF Gov Manager	September 2022 On approval	

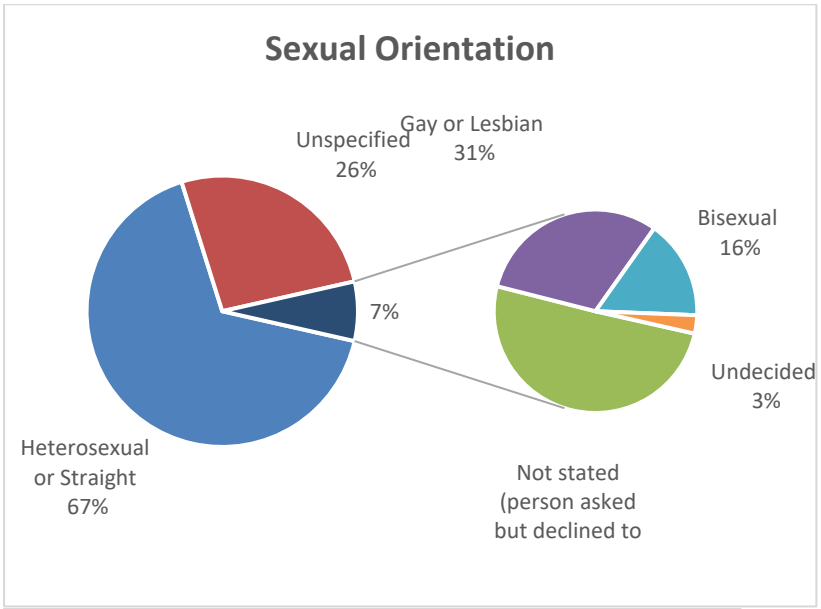
WORKFORCE MONITORING DATA (July 2022):

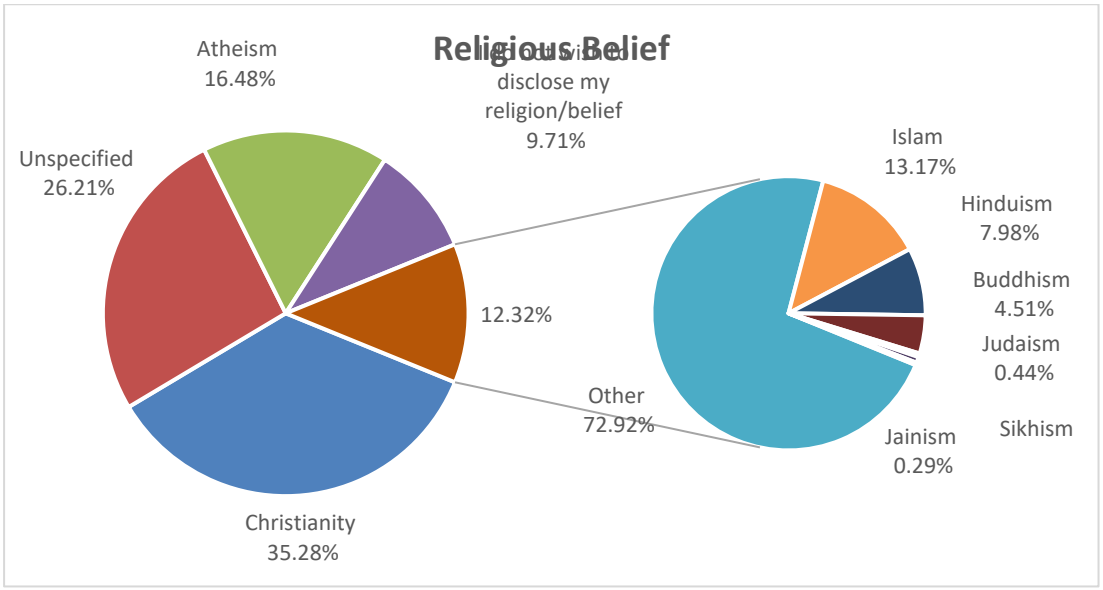


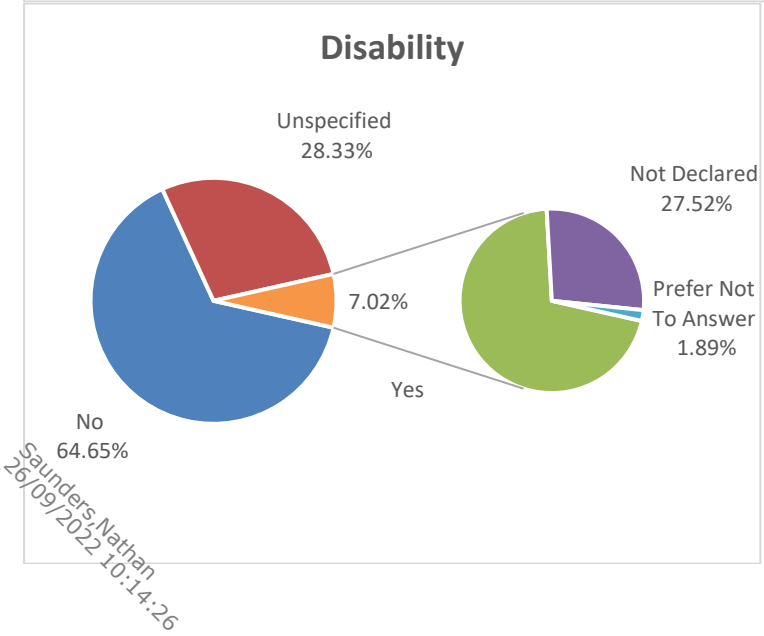


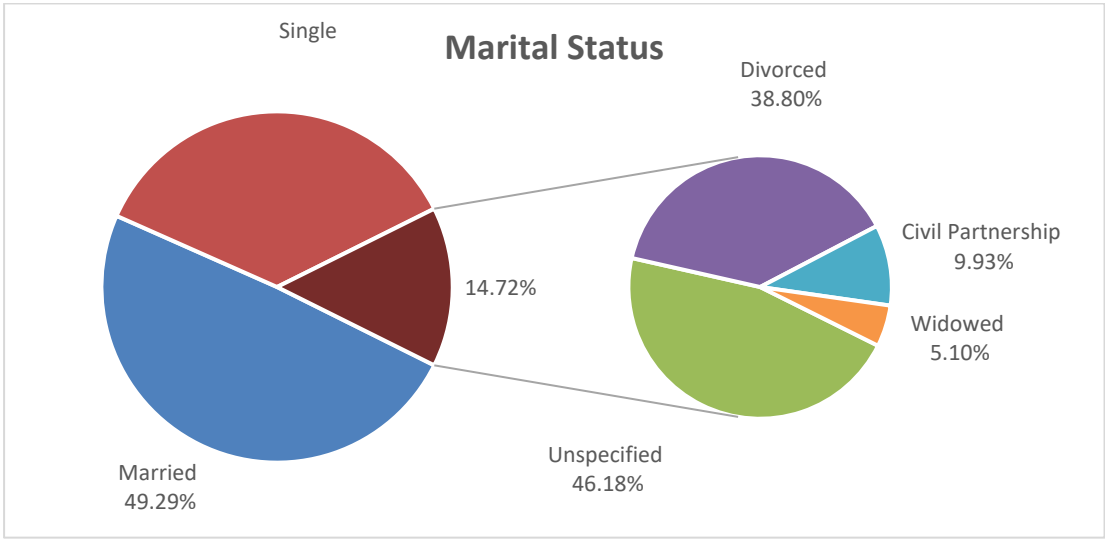


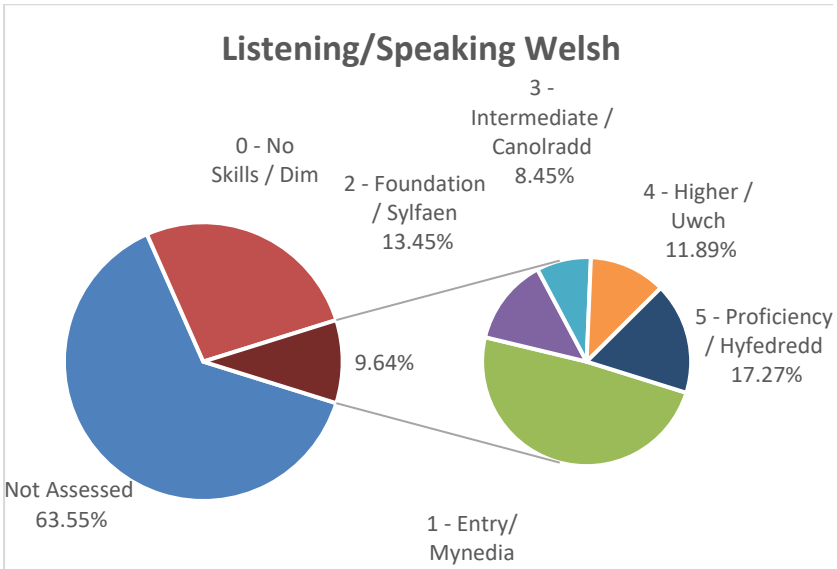


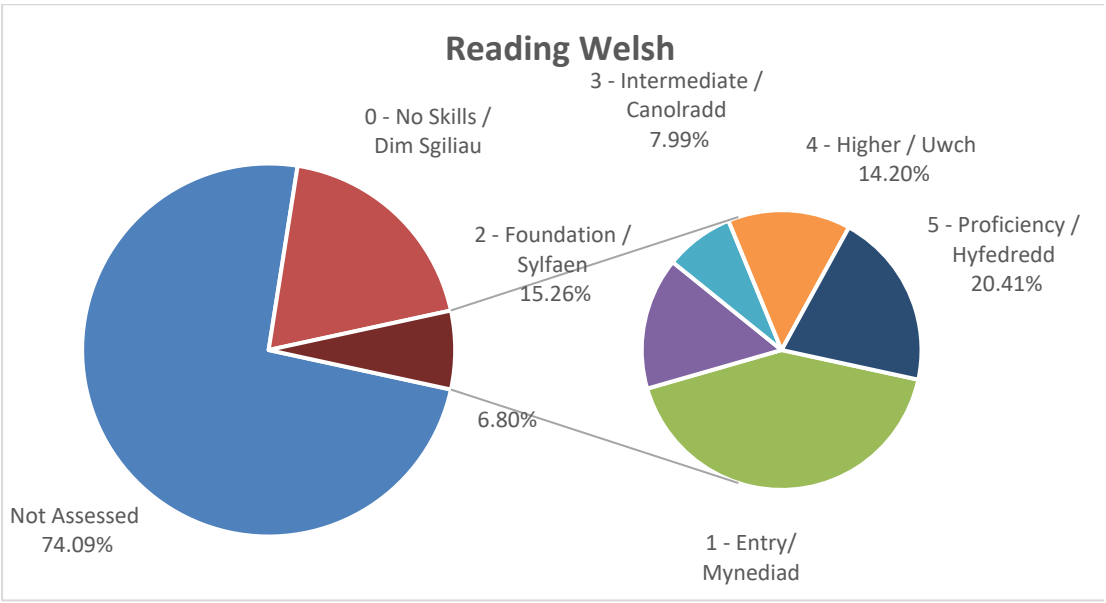

Sexual Orientation
Unspecified
26%
Gay or Lesbian
31%
Bisexual
16%
7%
Undecided
3%
Heterosexual
or Straight
67%
Not stated
(person asked
but declined to

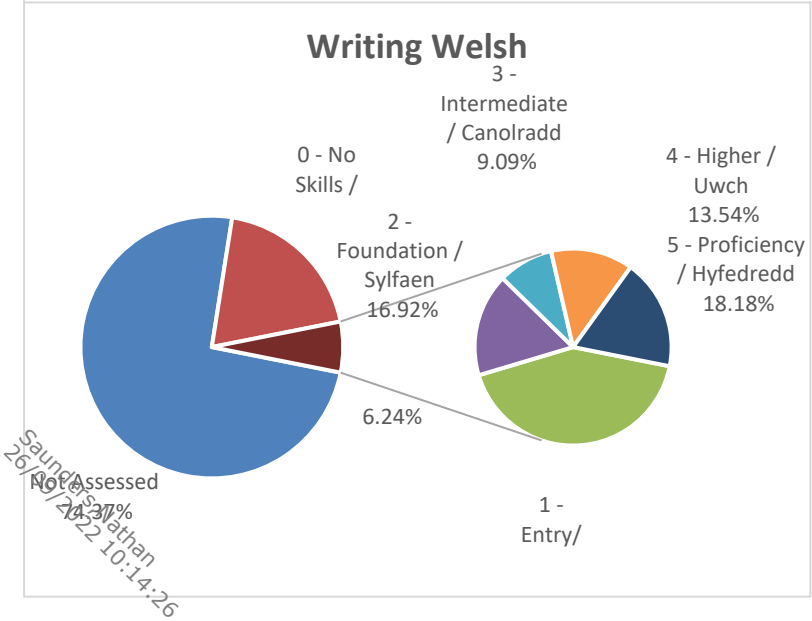

Religious Belief
Atheism
16.48%
disclose my
religion/belief
9.71%
Unspecified
26.21%
12.32%
Islam
13.17%
Hinduism
7.98%
Buddhism
4.51%
Judaism
0.44%
Other
72.92%
Jainism
0.29%
Sikhism
Christianity
35.28%

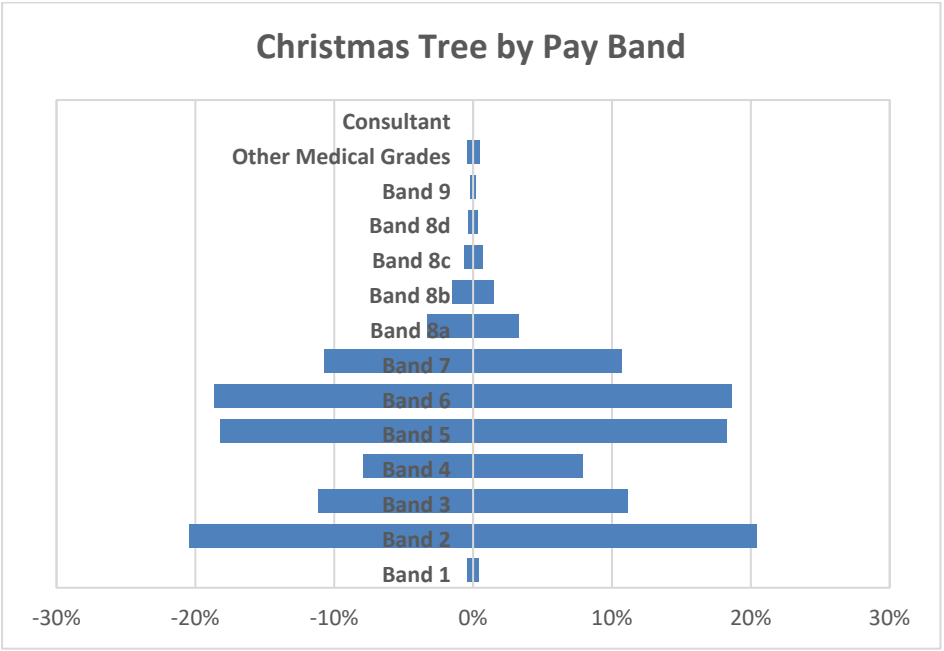

Disability
Unspecified
28.33%
Not Declared
27.52%
7.02%
Prefer Not
To Answer
1.89%
Yes
No
64.65%
Saunders,Nathan
26/09/2022 10:14:26


Single
Marital Status
Divorced
38.80%
14.72%
Civil Partnership
9.93%
Widowed
5.10%
Married
49.29%
Unspecified
46.18%


Listening/Speaking Welsh
0 - No Skills / Dim
2 - Foundation / Sylfaen 13.45%
3 - Intermediate / Canolradd 8.45%
4 - Higher / Uwch 11.89%
5 - Proficiency / Hyfedredd 17.27%
9.64%
Not Assessed 63.55%
1 - Entry/ Mynedia


Reading Welsh
0 - No Skills / Dim Sgiliau
3 - Intermediate / Canolradd 7.99%
4 - Higher / Uwch 14.20%
2 - Foundation / Sylfaen 15.26%
5 - Proficiency / Hyfedredd 20.41%
6.80%
Not Assessed 74.09%
1 - Entry/ Mynediad


Writing Welsh
0 - No Skills /
3 - Intermediate / Canolradd 9.09%
4 - Higher / Uwch 13.54%
2 - Foundation / Sylfaen 16.92%
5 - Proficiency / Hyfedredd 18.18%
6.24%
Not Assessed 14.37%
1 - Entry/


Christmas Tree by Pay Band
Consultant
Other Medical Grades
Band 9
Band 8d
Band 8c
Band 8b
Band 8a
Band 7
Band 6
Band 5
Band 4
Band 3
Band 2
Band 1
-30%
-20%
-10%
0%
10%
20%
30%

Reference Number: UHB 249 **Version Number:** 5	**Date of Next Review:** **Previous Trust/LHB Reference Number:**

Maternity, Adoption, Paternity and Shared Parental Leave Policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that employees are made aware of their rights surrounding the maternity, adoption, paternity and shared parental leave provisions and any impact they may have on their employment. These provisions will be applied in a fair, consistent and effective way.

Policy Commitment

Maternity, adoption, paternity and shared parental leave is available to all employees irrespective of length of service, this includes members of staff who are the intended parent through a surrogacy arrangement. Entitlement to payment is dependent on length of service and whether or not the employee intends to return to work

Employees are entitled to take reasonable time off to for ante-natal care or official meetings relating to the adoption process.

A risk assessment will be completed as soon as possible after a member of staff advises their manager that they are pregnant.

Employees retain all of their contractual rights during maternity, adoption, paternity and shared parental leave except for remuneration.

Employees and their managers are entitled to make reasonable contact during the leave period. The arrangements for doing this should be discussed in advance. If an employee and their manager agree, it may be possible for them to work Keeping in Touch (KIT) days or SPLIT days if on Shared Parental leave.

Fixed term, temporary or training contracts which are due to expire after the 11th week before the EWC/matching date will be extended to allow the member of staff to receive their leave and pay entitlements.

Employees are entitled to return to work on their original job under their original contract and on no less favourable terms and conditions. If this is not reasonably practical they will be found suitable alternative employment, where the terms and conditions are not substantially less favourable than those of their original job.

If employees wish change their return to work date they may do so as long as they provide their manager with 28 days written notice.

If an employee wishes to return to work on different hours, their manager has a duty to facilitate this wherever possible, with the employee returning to work on different hours in

the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that previously held.

If an employee states on their maternity. adoption or shared parental leave application form that they intend to return to work for the UHB or another NHS employer, they are required to do so within 15 months of the beginning or their maternity or adoption leave. They will be required to work for a minimum of 3 months. If they fail to do so they will be liable to pay back all of their occupational maternity / adoption / shared parental leave pay. The UHB has some discretion to waive their rights to recovery if it is believed that the enforcement of this provision would cause undue hardship or distress. In addition, the UHB may waiver the rights to recovery if the individual returns to work a minimum number of shifts through the Temporary Staff Office.

Eligible employees may be entitled to take up to 50 weeks Shared Parental Leave during the child's first year in their family. The number of weeks available depends on when the pregnant employee/adopter brings their maternity/adoption leave to an end. They are entitled to a maximum of 52 weeks maternity or adoption leave, but can choose to end this early and take any remaining weeks as Shared Parental Leave.

All employees will be treated with dignity and respect regardless of any binary / gender identity or sexual orientation.

For the purposes of this Policy and the accompanying Procedures, the gender you were assigned at birth is not relevant as long as you meet the eligibility criteria described.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the legal and contractual entitlements relating to:

- Maternity, Adoption, Paternity and Shared Parental Leave and Pay
- Working during pregnancy and before the leave period
- Annual Leave
- Keeping in Touch Days
- Fixed Term, Training and Rotational Contracts
- Returning to Work

Other supporting documents include:

- Maternity Leave and Pay Procedure
- Adoption Leave and Pay Procedure
- Paternity Leave and Pay Procedure
- Shared Parental Leave Procedure
- Maternity Risk Assessment Procedure
- Combining Breast Feeding and Returning to Work Guidelines
- Sickness Policy

- Flexible Working Policy
- Supporting Transgender Staff Procedure

Scope

This Policy sets out the relevant definitions and provisions concerning maternity, adoption, paternity and shared parental leave provisions and related benefits for doctors, dentists and staff employed under Agenda for Change Terms and Conditions.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed for this and other family friendly policies and found there to be a positive impact. Key actions have been identified and these have been incorporated within the appropriate policy or procedures.
Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of Workforce and OD

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	May 2011	June 2011	Amended in line with legislation and other policy changes
2	April 2012	25 April 2012	Bank holiday entitlement included
3	March 2015	08 April 2015	Amendments to reflect introduction of Shared Parental Leave and new policy format
4	March 2019	29 April 2019	Section on trans / non-binary staff added

4a	September 2019	04 September 2019	Gender neutral language incorporated in line with recommendations from Stonewall
5			Scope widened to include members of staff who are the intended parent through a surrogacy arrangement Occupational Shared Parental Leave Pay included

Equality & Health Impact Assessment for

Maternity, Adoption, Paternity and Shared Parental Leave Policy and Procedures

(INCLUDING: Maternity, Adoption, Paternity & Shared Parental Leave Policy and Accompanying Procedures/Guidelines, Flexible Working Policy and Procedure, Special Leave Policy, and Parental Leave Procedure)

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

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Deputy Head of People Assurance and Experience
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To ensure that employees are made aware of their rights and obligations of the policy provisions, and any impact they may have on their employment. To ensure these provisions are applied in a fair, consistent and effective way.

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

		To ensure that Cardiff and Vale University Health Board (the UHB) is compliant with the legislation and terms and conditions covering the policy provision To ensure that employees and managers are provided with information about their obligations and entitlements in a straightforward and easy to understand way, especially when the T&Cs/legislation governing them is fairly complex
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future	• **Workforce monitoring data** (see end of document) • A 28 day **consultation** has taken place commencing 5 August 2022 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, People and Culture, the one voice network and the Rainbow Fflag Network. • A **number of EQIAs from other organisations** were accessed via a Google search on 5 August 2022 - of those accessed: ○ Torbay and South Devon NHS Foundation Trust found that their Maternity Policy had a neutral impact on all of the protected characteristics ○ Public Health Wales Maternity, Adoption, Parental Support, Shared Parental Leave and IVF Policy and Procedure EQIA found there is no specific evidence to suggest the policy has a disproportionate impact on people in relation to any of the protected characteristics. However, the policy and procedures do treat men and women differently in that only birth mothers can access maternity provision. However, adoption, paternity and shared parental leave provisions are available to all staff regardless of gender, provided they meet the qualifying criteria ○ The NHS Fife Maternity Leave Policy was found to have low relevance to all protected characteristics except sex and pregnancy/birth which had medium relevance. They found that their policy ▪ Fosters good relations through the provision of leave and pay for eligible staff ▪ Advances equality of opportunity through Maternity leave and pay entitlements, and ▪ Had a positive impact on the range of facilities and services through the provision of leave and pay for eligible staff ○ Royal United Hospital Bath NHS Trust found that there was potential discrimination in their Maternity, Paternity, Adoption and Parental Leave Policy as legislation regarding maternity, paternity and

[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	Wellbeing' Strategy provides an overview of health need[3].	adoption leave varies dependent on gender. This was justified on the grounds that the Policy followed statutory provisions **AGE:** • Legally age differs from other protected characteristics in that an employer can make a decision based on someone's age, even if this would otherwise be direct discrimination, as long as it can be objectively justified (EHRC Guidance). • According to First4 Adoption, a Government funded organization, you can't adopt if you are under 21 • The ONS reports that since 1973 the average age of mother has generally increased. The overall rise since 1973 reflects the increasing numbers of women who have been delaying childbearing to later ages. **DISABILITY:** • First 4 Adoption state that being disabled should not automatically exclude anyone from becoming an adopter and it is widely recognised that disabled people can often provide a very loving home for a child. **MATERNITY:** According to research by the Equality and Human Rights Commission and Department for Business, Innovation and Skills (BIS) (2015), the majority of employers reported that it was in their interests to support pregnant women and those on maternity leave and they agreed that statutory rights relating to pregnancy and maternity are reasonable and easy to implement. However, the research found that: • Around one in nine mothers (11%) reported that they were either dismissed; made compulsorily redundant, where others in their workplace were not; or treated so poorly they felt they had to leave their job; if scaled up to the general population this could mean as many as 54,000 mothers a year. • One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and /or colleagues; if scaled up to the general population this could mean as many as 100,000 mothers a year. • 10% of mothers said their employer discouraged them from attending antenatal appointments; if scaled up to the general population this could mean up to 53,000 mothers a year. Pregnantpause A guide for lesbians on how to get pregnant, published by Stonewall states that while as a lesbian couple having children both individuals may be mothers, when it comes to maternity leave, only the birth mother is

[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		eligible. If the individual has not given birth to the child they cannot access maternity leave, but may be able to access paternity leave. This guide was written before the introduction of Shared Parental Leave and therefore does not mention that both partners may share up to 50 weeks leave by taking shared parental leave instead of maternity leave. It is not sex discrimination against a man to provide special treatment to a woman in connection with pregnancy or childbirth (EHRC Guidance) The UHB Maternity, Adoption and Paternity Guidelines refer to the Flexible Working Policy and advise that if an employee wishes to return to work on different hours at the end of their maternity or adoption leave, their manager has a duty to facilitate this wherever possible, with them returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the individual should return to the same grade and work of a similar nature and status to that which they held prior to their maternity or adoption leave. Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. (Equal Opportunities Commission) Absence from work due to pregnancy related illness should not be taken into account for disciplinary matters or redundancy. Absence due to pregnancy related sickness should be recorded separately from absence due to any other reasons. (Equal Opportunities Commission) Employees are entitled to have reasonable paid time-off for their antenatal care and antenatal appointments. They cannot be forced to schedule these appointments only outside of working hours. However in order to ensure that frequent absences do not cause too much disruption in the workplace, it is helpful to give as much advance notice as possible (Equal Opportunities Commission) Leave and Pay arrangements have now been widened to include staff who are the intended parent through a surrogacy arrangement and commit to applying for a parental or adoption order

SEXUAL ORIENATION:

Stonewall published a report called "Gay in Britain" in 2013. They found that 4 in 5 (79%) of LGB people consider societies attitudes towards gay parents a barrier to becoming a parent, and more than half (56%) said lack of information and support on starting a family is a barrier to becoming a parent. The same report shows that almost half (46%) of respondents expected to be treated worse than a heterosexual person by an adoption agency if they wanted to adopt a child.

RACE:

First 4 Adoption state that you can be matched with a child with whom you do not share the same ethnicity, provided you can meet the most important of the child's identified needs

RELIGION & BELIEF:

- A survey funded by the Department of Education in 2013 found that many people believed that active faith could prevent them from being approved for adoption. This led to the launch of an adoption dedicated information helpline for faith communities by Home for Good and First4Adoption. According to a Telegraph article dated November 2013, a spokesperson for First4Adoption stated that "as part of the process people have their support networks assessed – being part of a faith community can work in people's favour". However, this view was anecdotally challenged in the same article by individuals who had gone through the adoption process and believed that too much emphasis was placed on their faith during the report and interview stage.

MARITAL STATUS:

- First 4 Adoption state that Single, married or unmarried individuals can adopt
- According to the ONS (Office of National Statistics), in 2012, 84% of babies were registered by parents who were married, in a civil partnership or cohabiting

GENDER (incl. Gender reassignment)

		The Terms and Conditions and our local Policy and Procedure have been changed so that Occupational Shared Parental Pay is now available. This means that financial decisions should not be a barrier to our staff choosing to take Shared Parental Leave rather than maternity or adoption leave. **OTHER FACTORS:** First 4 Adoption state that: • financial circumstances and employment status will always be considered as part of an adoption assessment, but low income, being unemployed or employed do not automatically rule you out • Smoking will not necessarily rule you out from adopting. Consideration will be given to this and to all health- and lifestyle-related issues, and the agency will want to know of any specific health risks to you or to the children who may be placed in your care • you can't adopt if you have not been resident in the UK for 12 months, or if a member or your household have a criminal conviction or caution for offences against children or for serious sexual offences In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. (ACAS)
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from these policies include: • Our patients and their families • Managers • Our staff and their families / dependents • People and Culture Directorate • Payroll services (NWSSP) • The public

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned. Organisationally we employ very few individuals under age of 21, and have an aging workforce. Although the provisions are not restricted by age it is anticipated that they will be utilized more by younger staff		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of whether or not an individual has a disability.	Managers/HR can provide support to individuals unable to understand/access the forms. Trade Union members can also seek support from their TU.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
conditions, long-term medical conditions such as diabetes	Accessibility may be an issue for some groups e.g. individuals with sensory loss, learning disabilities or dyslexia	Large print versions etc. can be provided on request	
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned. For the purposes of this Policy and the accompanying Procedures, the gender you were assigned at birth is not relevant as long as you meet the eligibility criteria described.		
6.4 People who are married or who have a civil partner.	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the martial status of the individual concerned.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	The provisions for employees who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding are set out in the Maternity Policy and accompanying procedures (including the Guidelines on Combining Returning to Work and Breastfeeding). These provisions are largely mirrored for staff who adopt children with the following exceptions: • there is no mandatory 2 week adoption period • risk assessment breastfeeding provisions do not apply • Women who have recently given birth and returned to work should have paid	These are statutory provisions for health and safety purposes	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	time off for postnatal care e.g. attendance at health clinics Employees on maternity leave are entitled to return to work to their original job under their original contract and on no less favourable terms and conditions. If this is not reasonably practicable they will be found suitable alternative employment, where the terms and conditions are not substantially less favourable than their original job. These provisions are mirrored for staff on adoption and shared parental leave. If at the end of their maternity leave an employee wishes to return to work on different hours, her manager has a duty to facilitate this wherever possible, with her returning to work on different		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which she held prior to her maternity leave. Again, these provisions are mirrored for staff on adoption leave The adoption provisions have now been widened to include members of staff who are the intended parent through a surrogacy arrangement		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief of the individual concerned.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of who the individual concerned is attracted to.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is no evidence to suggest that this Policy have any impact on people because of their Welsh Language Skills		
6.10 People according to their income related group: Consider people on low income, economically inactive,	Financial circumstances and employment status will always be considered as part of an adoption assessment, but low income, being		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
unemployed/workless, people who are unable to work due to ill-health	unemployed or employed do not automatically rule you out. However, this is considered by Adoption Agencies/Courts and not by the UHB – our policies apply to all staff regardless of their financial circumstances.		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service Saunders,Nathan 26/09/2022 10:14:26	Smoking will not necessarily rule you out from adopting but will be considered along with other health- and lifestyle-related issues. Furthermore you can't adopt if you have not been resident in the UK for 12 months, or if a member or your household have a criminal conviction or caution for offences against children or for serious sexual offences. However, this is considered by Adoption Agencies/Courts and not by the UHB – our policies apply to all staff		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	regardless of their financial circumstances.		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services as they apply to all staff		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of being able to improve/maintain healthy lifestyles as they apply to all staff		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	This Policy and accompanying procedures apply to all staff		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air	There is no evidence to suggest that this policy and accompanying procedures have an impact on the people using their physical environment as they apply to all staff		

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff		

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

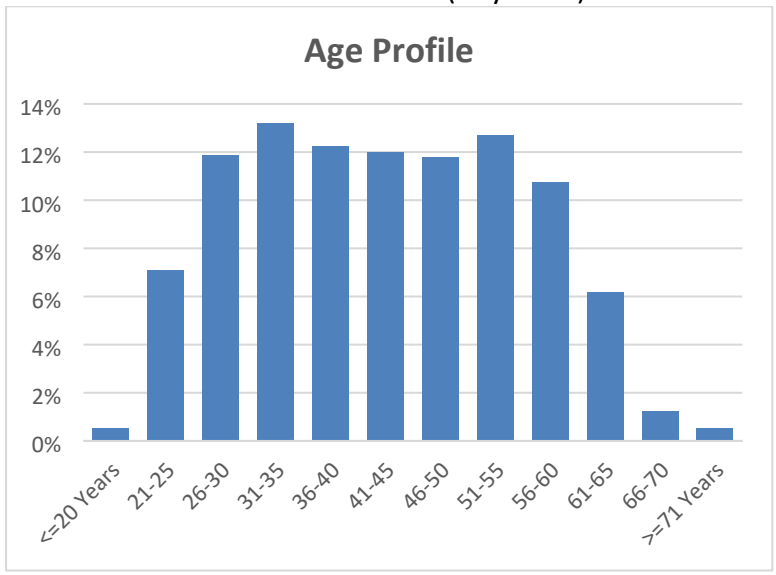
8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This Policy and accompanying procedures have a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and are for the benefit of one or more groups with protected characteristics: AGE – it is thought likely that the provisions are more likely to be accessed by younger employees. MATERNITY – the maternity provisions are largely replicated for staff adoption a child/children with the following exceptions: • there is no mandatory 2 week adoption period • risk assessment breastfeeding provisions do not apply • Women who have recently given birth and returned to work should have paid time off for postnatal care e.g. attendance at health clinics These provisions are a legal requirement when employees are expecting a baby or have recently had a baby for the health and safety of the mother and child. The adoption provisions have now been widened to include members of staff who are the intended parent through a surrogacy arrangement

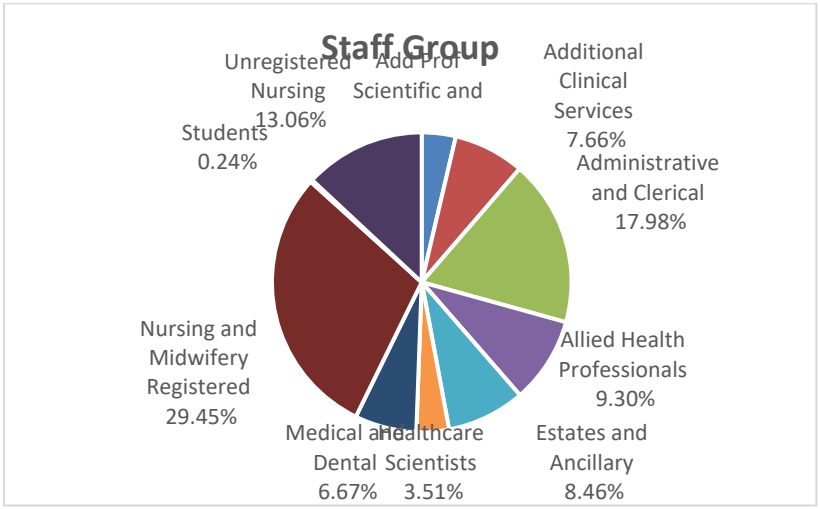
Action Plan for Mitigation / Improvement and Implementation

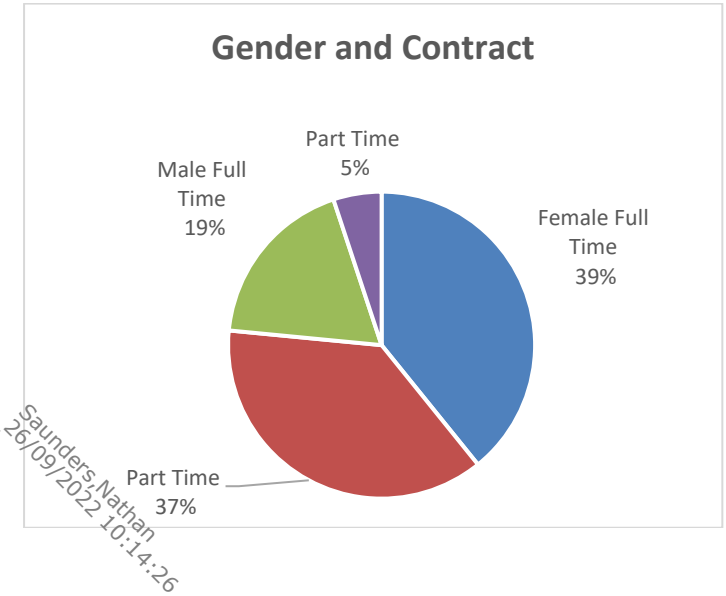
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No changes identified as a result of this EHIA			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No, as the overall impact is positive.			

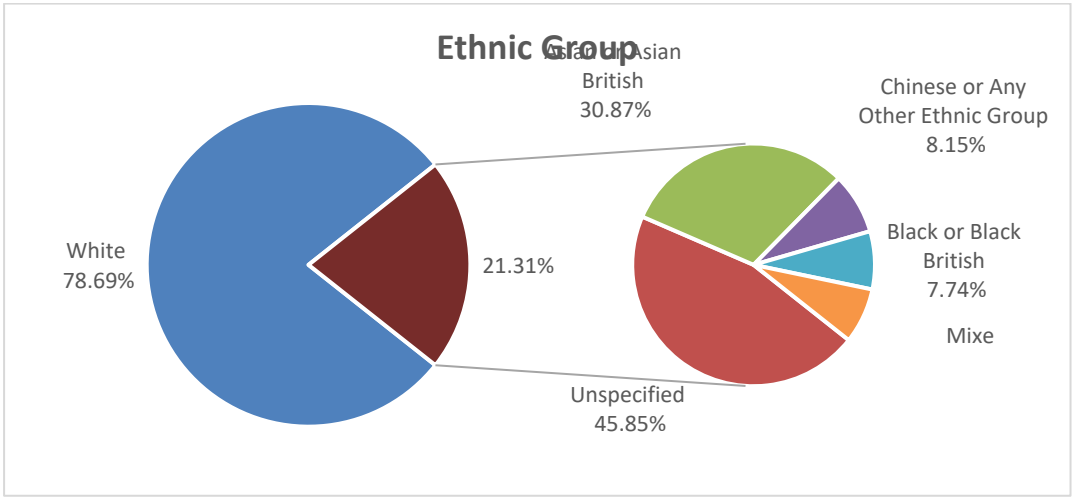
	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions:- • Decide whether the strategy, policy, plan, procedure and/or serv proposal: ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review	No changes identified as a result of this EHIA. The Strategy and Delivery Committee will be asked to approve the Policy following a period of consultation and discussion and the Employment Policy Sub Group This EHIA will be published on the UHB internet and intranet sites. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required	Dep Head of People Assurance a Experience	Sept 2022 On approval 2025	

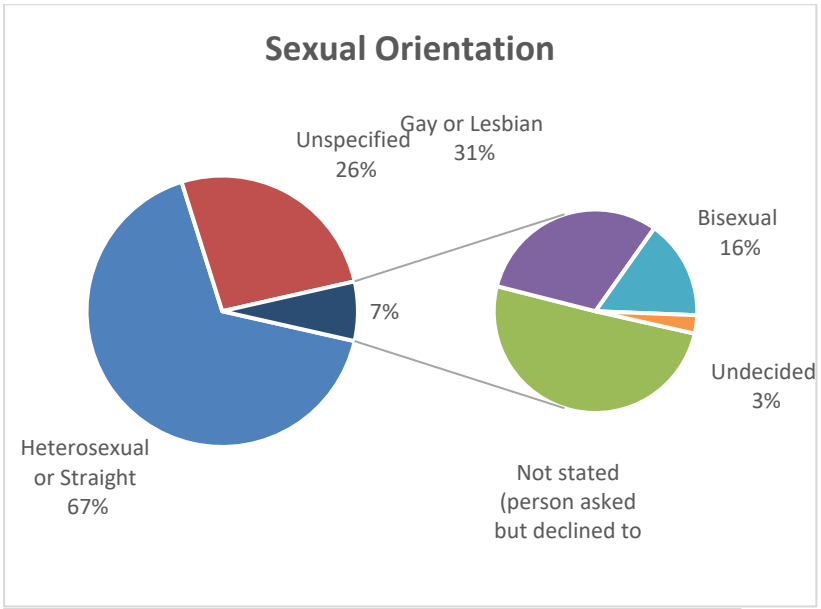
WORKFORCE MONITORING DATA (July 2022):

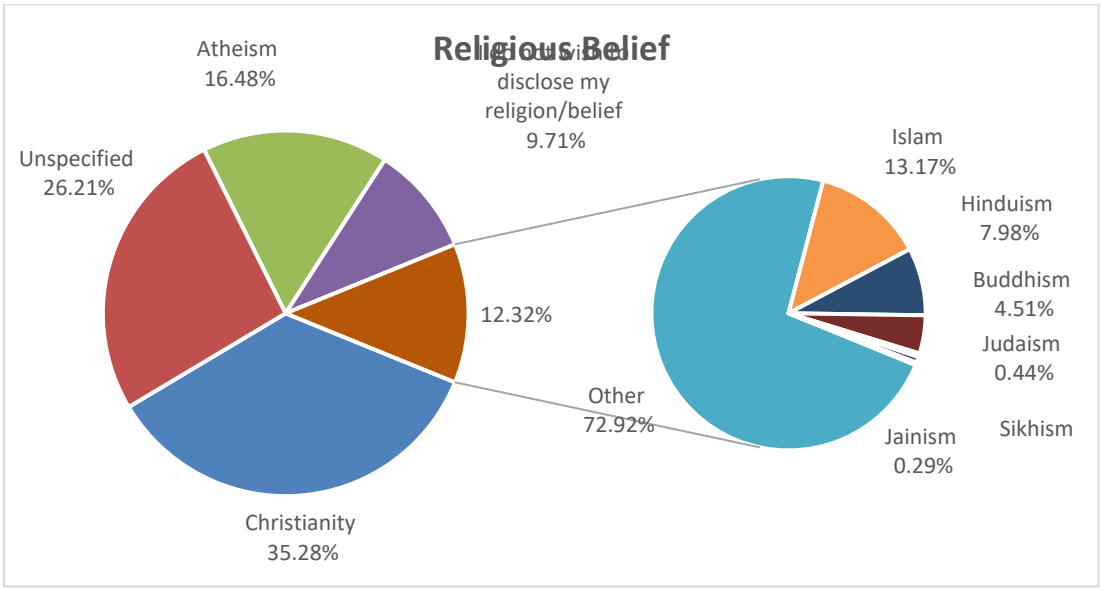


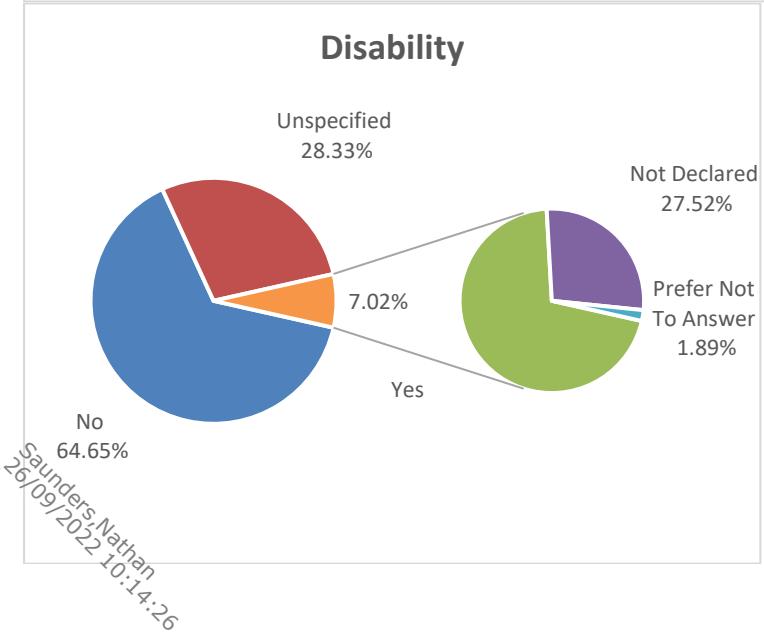


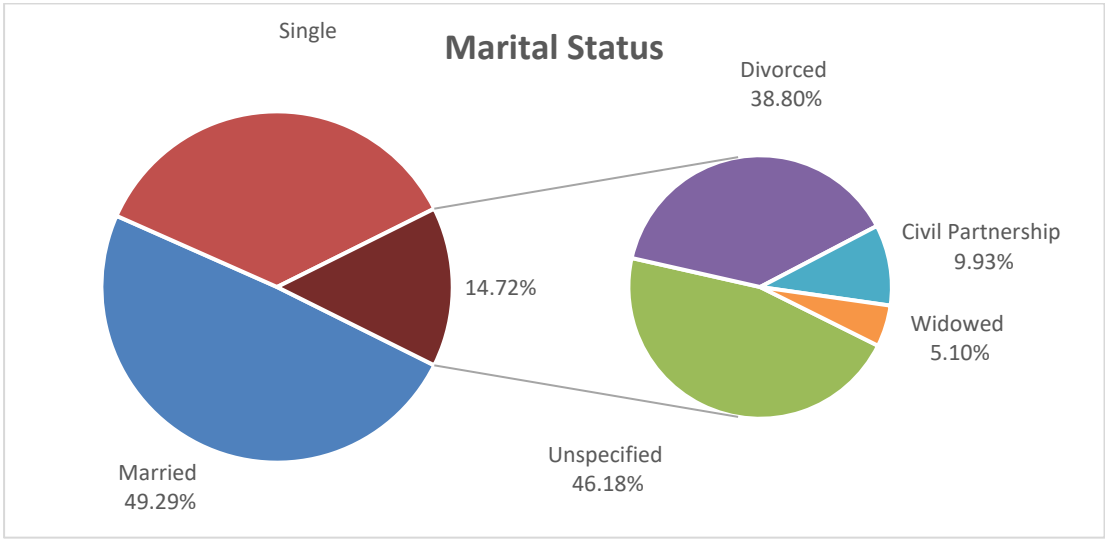





Sexual Orientation
Unspecified
26%
Gay or Lesbian
31%
Bisexual
16%
7%
Undecided
3%
Heterosexual
or Straight
67%
Not stated
(person asked
but declined to


Religious Belief
Atheism
16.48%
disclose my
religion/belief
9.71%
Unspecified
26.21%
12.32%
Islam
13.17%
Hinduism
7.98%
Buddhism
4.51%
Judaism
0.44%
Other
72.92%
Jainism
0.29%
Sikhism
Christianity
35.28%


Disability
Unspecified
28.33%
Not Declared
27.52%
7.02%
Prefer Not
To Answer
1.89%
Yes
No
64.65%
Saunders,Nathan
26/09/2022 10:14:26


Single
Marital Status
Divorced
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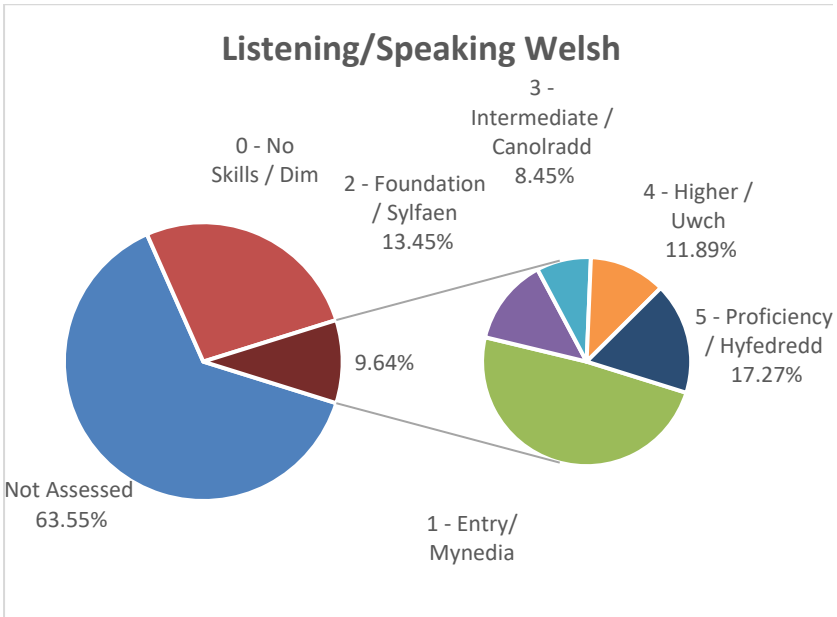
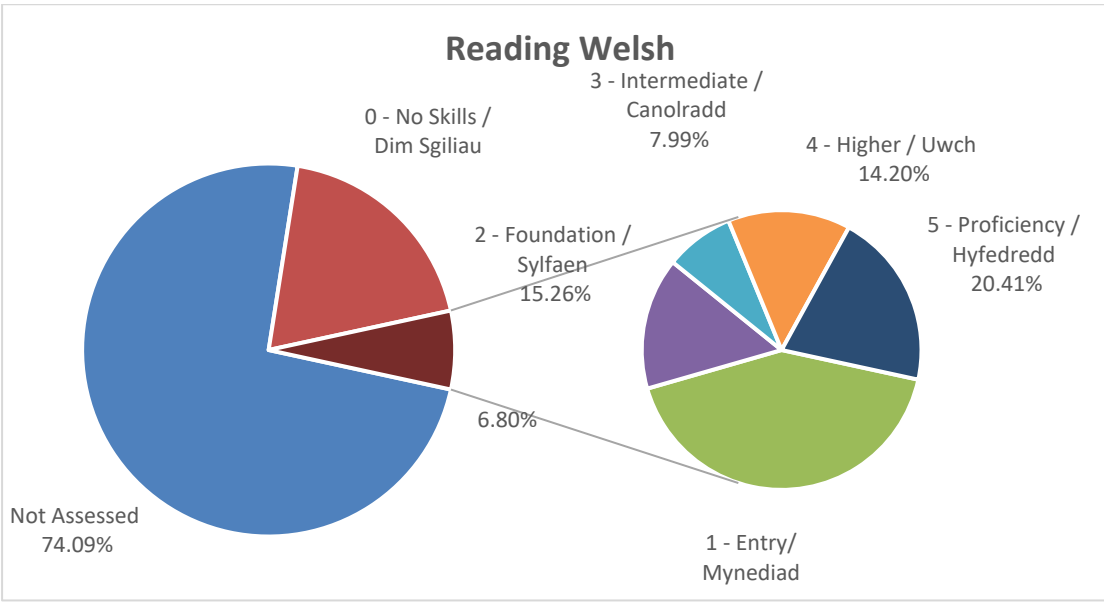
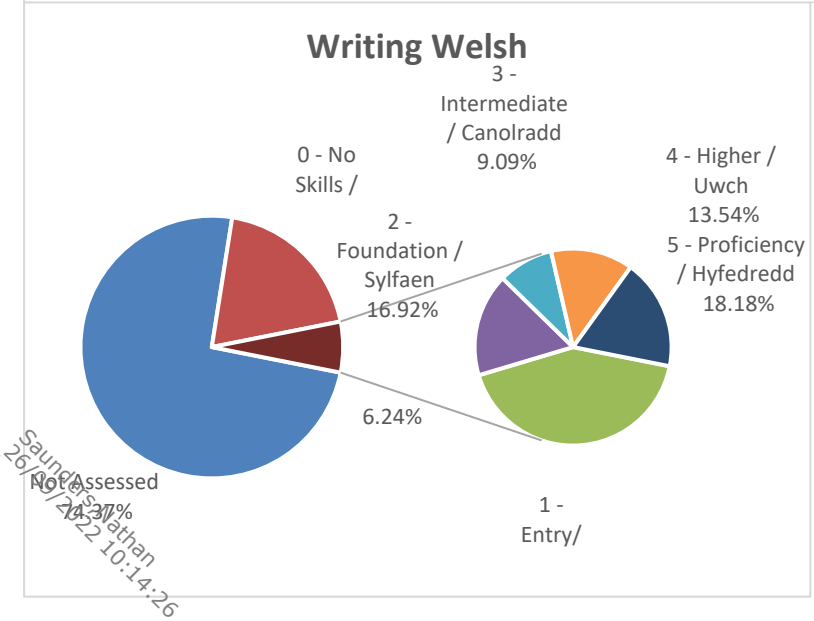
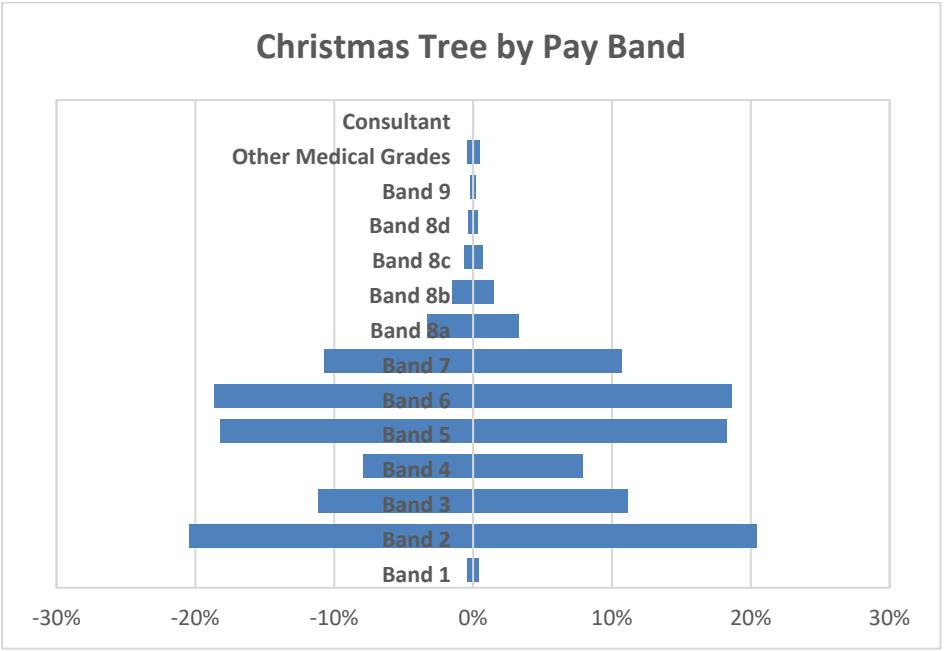
14.72%
Civil Partnership
9.93%
Widowed
5.10%
Married
49.29%
Unspecified
46.18%


Listening/Speaking Welsh
0 - No Skills / Dim
2 - Foundation / Sylfaen 13.45%
3 - Intermediate / Canolradd 8.45%
4 - Higher / Uwch 11.89%
5 - Proficiency / Hyfedredd 17.27%
9.64%
Not Assessed 63.55%
1 - Entry/ Mynedia


Reading Welsh
0 - No Skills / Dim Sgiliau
3 - Intermediate / Canolradd 7.99%
4 - Higher / Uwch 14.20%
2 - Foundation / Sylfaen 15.26%
5 - Proficiency / Hyfedredd 20.41%
6.80%
Not Assessed 74.09%
1 - Entry/ Mynediad


Writing Welsh
0 - No Skills /
3 - Intermediate / Canolradd 9.09%
4 - Higher / Uwch 13.54%
2 - Foundation / Sylfaen 16.92%
5 - Proficiency / Hyfedredd 18.18%
6.24%
Not Assessed 14.37%
1 - Entry/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HEIW Relocation Reimbursement Policy for Doctors and, Dentists in Training

1. Introduction

Health Education and Improvement Wales (HEIW) is responsible for the training of approximately 3,000 doctors and dentists across Wales. As part of their training rotations, doctors and dentists in training will often move from one Local Education Provider (LEP) to another to ensure a wide range of training competencies can be developed. There are six Health Boards and three NHS trusts that provide training in Wales. Furthermore, on occasion trainees receive training in locations outside of Wales; these opportunities help to deliver curricula requirements that cannot be delivered within Wales.

Rotating to different training locations can be stressful and create unnecessary financial burden for doctors and dentists in training. This can occur if they choose to relocate to the new training post location. Furthermore, should a doctor or dentist in training choose not to move closer to their new training location, the cost of additional excess travel can have additional financial costs.

HEIW is committed to supporting and promoting the wellbeing of trainees and recognising the invaluable service they provide the people of Wales. Our Relocation Reimbursement Policy will help to ensure that no doctor or dentist in training should face additional financial detriment should they have to relocate or travel to a geographically more distant training location.

2. Who is this policy for?

This policy applies to doctors and dentists in training (referred to as 'postgraduate trainees' throughout this policy) on approved HEIW training programmes in Wales with appointments of one year or more. :-

- Medical Foundation Year 1 Trainees
- Medical Foundation Year 2 Trainees
- Speciality Training Registrars (ST1 and CT1 upwards)
- Dental core and specialty trainees

This policy is not intended to be used for Health Board-appointed posts, e.g. locum appointment for service, clinical fellow posts or any out of programme or secondment placements across Wales and the rest of the UK.

3. What does this policy cover?

This policy is intended for use by postgraduate trainees who decide:

- To relocate to Wales following appointment to a HEIW Training Programme (expenses are allowable from the port of entry into the UK)
- To move to another part of Wales to complete a training post during a training rotation
- Not to move and claim excess travel costs for the difference between the new training location and the postgraduate trainee's base hospital.

The base hospital is the hospital or training location (for those in a community training environment) which is closest to the postgraduate trainee's home address and is or could be a training location during their training programme. This is in accordance with paragraph 315 of National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service England and Wales Terms and Conditions of Service 2002 (as amended).

The base hospital should be identified by the postgraduate trainee at the beginning of their first training post. The base hospital can be changed at a later date in agreement with HEIW

prior to commencement of any subsequent training post. If there is any confusion about which hospital is the base hospital this should be clarified by the postgraduate trainee with NHS Wales Shared Services Partnership (NWSSP). Examples of base hospital calculations can be found in the FAQs.

4. Residence in Wales

Postgraduate trainees who are successful in joining a Welsh Training Scheme will usually be required to take up residence within Wales and in close proximity to at least one of the locations to which the individual will rotate. This requirement is in keeping with the objectives of the Wales Fatigue and Facilities Charter, aiming to protect trainees from the fatigue caused by an excessively long commute.

In exceptional cases where individuals opt not to move their permanent home into Wales, eligibility for reimbursement may be restricted as outlined in paragraph 5.4.

5. Allowable expenses

The following expenses are allowable under this policy.

5.1 Relocation expenses

Relocation expenses can be claimed by postgraduate trainees who opt to move their home to commence their training programme in Wales or take up a post as part of a recognised training programme. Relocation expenses include the following:

1. Legal and estate agent fees
2. Removal and storage fees
3. Survey fees and land transaction tax

Those retaining their previous home and buying an additional new home or moving to rented accommodation will only be eligible to claim for removal and storage fees. First time buyers' land transaction tax is not reimbursed under this policy.

Two or more postgraduate trainees relocating together can claim for relocation costs but cannot claim twice for the same expense. However, where a joint expense (e.g. land

transaction tax) exceeds the allowance available to one postgraduate trainee, the other postgraduate trainee(s) may claim the remainder cost of this expense up to the limit of their allowance. An example of this is where land transaction tax amounts to £10,000 in total, a postgraduate trainee can use all or part of their annual allowance towards this expense.

5.2 Preliminary visit

The cost of two preliminary visits to the area of the new appointment will be paid in order to arrange accommodation. Travelling expenses and overnight subsistence allowances for the postgraduate trainee and their partner may be paid for a maximum of two nights. Please refer to paragraph 7 for details on the rates payable.

5.3 Continuing commitments allowance

This allowance is payable when a postgraduate trainee has moved to the new location before having sold their property or fulfilled remaining obligations in an existing rental agreement in the old location. The postgraduate trainee must be moving to the new location on a permanent basis for this allowance to be paid, including relocating any partner. The allowance is payable at the rate of the continuing commitment.

5.4 Rent accommodation allowance

When a postgraduate trainee is on rotation from one location to another and it is not possible to commute from their home, they will be entitled to a rent allowance payable at the temporary accommodation rental rate as well as journeys home in accordance with paragraph 5.8. The allowance is payable at the rate of the new rental commitment.
The postgraduate trainee will not be eligible for rent accommodation allowance if they are receiving rental income on their permanent property or if their permanent home is outside of Wales and further than 65 miles away from their nearest training location in Wales.
Trainees will be granted a grace period of a year from the date they take up their post in Wales to allow them to relocate into Wales or within 65 miles of any of their training locations.

5.5 Excess rent allowance

This allowance may be paid to postgraduate trainees moving from rented accommodation in the old location to rented accommodation in the new location and where there is an increased cost. The accommodation may be furnished or unfurnished. The total allowance payable will be the difference between the two costs.

5.6 Temporary accommodation

Travelling expenses and overnight accommodation allowances may be paid when a postgraduate trainee is required to take up short-term temporary accommodation for 5 days or fewer to meet training placement requirements whilst maintaining commitments in their permanent residence.

5.7 Cost of travel from old to new home

This allowance will cover the cost of one journey from the old to the new home for the postgraduate trainee and their partner. If a postgraduate trainee uses a private car for the journey the mileage will be reimbursed at the public transport rate.

5.8 Return home for visits

Postgraduate trainees who move to reside in proximity to their new post but do not seek to move their permanent residence may be reimbursed the cost of journeying home for visits in addition to claiming rent accommodation allowance as per paragraph 5.4. Postgraduate trainees who are in receipt of continuing commitment allowance will be able to claim one journey monthly to check on their property until it is sold or rental agreement obligations fulfilled.

5.8 Excess travel expenses

If a postgraduate trainee does not move their permanent home to the new training location, they may claim travel costs for the difference between the travel from home to their base hospital and home to their new training location. Claims for excess travel mileage ideally should be submitted on a monthly basis and are not payable for any periods of non-attendance at the training location.

If a postgraduate trainee is working at more than one training location (this must be a regular set pattern of working, e.g. regular clinics in a different hospital or on call commitments), they can claim this excess travel expense through the relocation process. Ad hoc work completed by a postgraduate trainee should be claimed as employer business mileage.

5.9 Expenses incurred from staying in a quarantine hotel

If postgraduate trainees entering the UK to take up a training post in Wales are required to spend a period of time in a quarantine hotel, costs related to the stay will be covered by this relocation policy. This will not affect the relocation allocation for such trainees. Claims could include costs of spouses and dependents (assuming they are relocating at the same time and do not have an income from which to claim).

6. Accuracy of information

At all times NHS Wales Shared Services Partnership has the right to request reasonable proof of expenses. All postgraduate trainees who make a claim for relocation expenses or excess travel are reminded to describe their circumstances accurately and that any deliberately misleading or false statements or claims will be regarded very seriously and could result in a referral to the local Counter Fraud Officer.

7. Annual allowance and general provisions

The annual amount that can be claimed for relocation reimbursement will be provided on the NHS Wales Shared Services Partnership website.

Where possible postgraduate trainees should utilise public transport. Only the cost of economy or standard class travel will be reimbursed. All claims must be accompanied by valid tickets or receipts. Where a postgraduate trainee uses their own car, they will be reimbursed

at the public transport rate. Claims must be made in a timely manner and only in exceptional circumstances will claims older than 3 months be honoured.
Postgraduate trainees from abroad will only be entitled to expenses from their point of entry into the UK.

All costs referred to in this policy for subsistence, travel, accommodation and public transport will be reimbursed in accordance with the rates set out in the National Health Service Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service England and Wales Terms and Conditions of Service 2002 (as amended).

8. Tax liabilities

Postgraduate trainees should note that some of the expenses provided in this policy will be liable for payment of income tax and national insurance. This will be deducted from reimbursements made by NHS Wales Shared Services Partnership. Claims for excess travel and continuing commitments allowance will be liable for tax and national insurance. Most claims for relocation or removal costs would not be liable for tax. Postgraduate trainees who do not move their permanent home but rather relocate on a temporary basis will be liable for tax on their removals claim. Postgraduate trainees are advised to seek professional advice of their tax liabilities as a consequence of reimbursement received. Further information is available on the HM Revenue and Customs website at http://www.hmrc.gov.uk/guidance/relocation.htm

9. Queries and disputes

There may be exceptions and circumstances that arise where practical application of this policy could lead to expenses not accounted for in this policy. Should this occur these cases will be considered on an individual basis by NHS Wales Shared Services Partnership and if no resolution is found escalated to Health Education and Improvement Wales. If a postgraduate trainee disputes any aspect of the application of this policy they will have the opportunity to seek further explanation and clarification as outlined in the FAQ.

Report Title:	Cardiff and Vale University Health Board 2022/23 Staff Winter respiratory vaccination (Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy			Agenda Item no.	3.2
Meeting:	Strategy and Delivery Committee	Public	X	Meeting Date:	Tuesday 27th September 2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director of Public Health				
Report Author (Title):	Specialty Registrar in Public Health and Consultant in Public Health				

Main Report
Background and current situation:

Background:

Vaccination is a pivotal public health intervention to reduce the risk of serious illness from infectious disease. The Joint Committee on Vaccination and Immunisation (JCVI) advise UK health departments on immunisation, including seasonal vaccination programmes such as influenza and more recently, COVID-19. For Autumn/Winter 2022/23, they have recommended the seasonal influenza vaccination and COVID-19 Autumn booster vaccination for specified high-risk groups which includes Frontline healthcare workers.[1] These recommendations have been supported by the Welsh Government in their Winter Respiratory Vaccination Strategy 2022/23.[2]

Cardiff and Vale University Health Board (hereon referred to as the Health Board) have delivered an annual seasonal influenza vaccination programme for eligible staff members for a number of years, with an existing staff seasonal influenza vaccination policy approved in 2015 (last update 2020). *N.B: The monitoring of the programme, including uptake, has been reported elsewhere.* In consideration of the addition of COVID-19 Autumn booster vaccination for eligible staff members to the staff seasonal vaccination programme, an updated policy has been produced for the Health Board.

The updated policy has been developed alongside colleagues in the Local Public Health Team (including Immunisation Co-ordinators) and Occupational Health, as well as feedback from Information Governance and Health Board colleagues. The policy covers *expectations* for inviting eligible staff members for vaccination, supporting informed decision-making, enabling access to vaccinations and the management of data. It does not cover the operational delivery of the programme.

Current situation:
The operational delivery of the Health Board's overall Winter respiratory vaccination programme has commenced in September 2022. The Staff Winter respiratory vaccination programme for 2022/23 is due to commence in September 2022.

The policy is currently in draft format awaiting approval from the committee. For the engagement process of the policy prior to sign-off, the Staff Winter respiratory vaccination policy and Equality and Health Impact Assessment (EHIA) has been shared with the Employment Policy Sub-Group (EPSG) of the Local Partnership Forum, who met on the 7th September 2022. They recommend and fully support the updated Staff Winter respiratory vaccination Policy for 2022/23.

The policy has also been subject to a formal consultation period from 10th August 2022 to 16th September 2022.

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

- The policy is an update to the previous Health Board Staff seasonal influenza (flu) policy, with the addition of COVID-19 Autumn Booster vaccinations for 2022.

- In parallel to this policy being consulted on, Health Board colleagues from Information Governance, the Local Public Health Team and Occupational Health have been reviewing the process around management of data for staff Winter respiratory vaccinations. Therefore, section 5 on Data storage, sharing and reporting on vaccination status has been updated since the consultation in-line with this.

- The EPSG raised the issue around people declining vaccination due to a range of mis-information/myths (not covered within the EHIA), with an action agreed for "myth-busting" materials for staff to be picked up in the Staff Vaccination Communication Plan

- The EPSG also raised concerns about accessibility of the new Mass Vaccination Centre site at Woodland House – this is outside the scope of the policy. However, mini mass vaccination sessions and flu champions will be used to increase accessibility to COVID-19 and flu vaccines for staff members.

Footnotes:

JCVI. Updated Statement on the COVID-19 vaccination programme for Autumn 2022. 15th July 2022. Available online (https://www.gov.uk/government/publications/jcvi-updated-statement-on-the-covid-19-vaccination-programme-for-autumn-2022/joint-committee-on-vaccination-and-immunisation-jcvi-updated-statement-on-the-covid-19-vaccination-programme-for-autumn-2022)

Welsh Government. Winter respiratory vaccination strategy: Autumn/Winter 2022 to 2023. 15th July 2022. Available https://gov.wales/winter-respiratory-vaccination-strategy-autumn-and-winter-2022-2023-html

Recommendation:

The Committee is requested to:

REVIEW and **APPROVE** the updated Health Board Staff Winter respiratory vaccination policy.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
N/A
Safety: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
An Equality and Health Impact Assessment (EHIA) is included with the policy.
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Reference Number: *UHB 494* **Version Number:** 0b (Draft)	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** *Not known*

Cardiff and Vale University Health Board 2022/23 Staff Winter Respiratory Vaccination (Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy

Policy Statement

In order to protect our patients, our staff and our families from infection-related morbidity and mortality, and in so doing contribute to the resilience of our health services during Winter 2022/23, Cardiff and Vale University Health Board (hereon referred to as the Health Board) will ensure all eligible staff are proactively offered seasonal vaccination(s) in line with Joint Committee for Vaccination and Immunisation (JCVI) advice and Welsh Government policy for the Winter 2022/23 season.
For 2022/23, Winter respiratory vaccination will include the proactive offer of the seasonal influenza (flu) vaccination and the COVID-19 Autumn booster vaccination.

Policy Commitment

As an employer of healthcare staff, the Health Board has an occupational health responsibility and commitment to ensuring that all eligible staff are aware that they are eligible, are actively invited to receive the recommended Winter respiratory vaccination(s), are provided and supported with relevant accessible information to make an informed decision, and are provided with accessible options to receive the vaccination(s).

Overall aim of the policy

Whilst Winter respiratory vaccinations are strongly recommended for all staff with patient contact, they are not mandatory. The emphasis of this policy is to ensure all eligible staff have actively received an offer of vaccination.

1. Offer of vaccination

1.1: For the purpose of this policy, Health Board 'staff' refers to all staff who deliver services on behalf of the Health Board including clinical and non-clinical roles, and those with honorary contracts, medical and dental students[i] on placement with the Health Board and volunteers.

[i] No formal agreement for occupational health to offer to other healthcare students. Occupational health may offer to other students on placement where capacity and costs allow.

1.2: Eligibility for the Winter respiratory vaccinations is informed by United Kingdom (UK) and national guidance, including the JCVI, Welsh Government[ii] and the Vaccine Clinical Advisory Panel (VCAP).

1.2.1: Seasonal influenza (flu) vaccination eligibility 2022/23
For 2022/23, the seasonal influenza vaccination is recommended for specified high-risk groups including "frontline NHS/primary care services, healthcare workers with direct patient contact", which is consistent with previous years. The Health Board has, in recent years, extended the influenza vaccination offer to all staff in the Health Board where supply and capacity has allowed. Where possible, the Health Board will continue to offer influenza vaccination to all staff members, with priority to those who have face-to-face clinical or social contact with patients if there are supply constraints.

1.2.2: COVID-19 Autumn booster vaccination eligibility 2022/23
For 2022/23, an Autumn COVID-19 booster vaccination is recommended for specified high-risk groups, including "Frontline healthcare workers". Therefore, all staff[iii] who have face-to-face clinical or social contact with patients (as defined by the Green Book[iv] and VCAP) will also be offered COVID-19 booster vaccination from the Health Board.

1.2.3: Individuals who do not meet the eligibility criteria for vaccination as a Health Board staff member but are eligible for seasonal influenza and/or COVID-19 Autumn booster vaccination(s) due to another risk factor (including all those aged over 50) will be invited in line with that cohort.

1.2.4: If any staff have not yet received their initial course of COVID-19 vaccination (1st and/or 2nd dose), they will still be able to access this under the 'leaving no-one behind' offer.

1.3: Clinical boards and corporate departments in which eligible staff members work have overall responsibility for ensuring every eligible staff member will receive an offer for vaccination and will be able to access the vaccination(s).

1.4: The offer of vaccination will be cascaded to staff via several routes including line managers, Health Board communications (e.g., e-mails, staff newsletters, and social media) and/or through personal invitations. The offers should be provided in a variety of accessible formats.

2. Supporting informed decision making for the recommended vaccinations

[ii] Welsh Government. Winter respiratory vaccination strategy: Autumn/Winter 2022 to 2023. 15th July 2022. Available https://gov.wales/winter-respiratory-vaccination-strategy-autumn-and-winter-2022-2023-html

[iii] How frontline healthcare workers will be identified falls under the operational and delivery planning which is outside the scope of this policy.

[iv] The Green Book (Immunisation against infectious disease) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102459/Greenbook-chapter-14a-4September22.pdf

2.1: Winter respiratory vaccination(s) are strongly recommended for eligible Health Board staff but are not mandatory. Therefore, every eligible staff member is required to make an informed decision as to whether they will receive the recommended vaccination(s). The Health Board will support staff to be able to make these informed decisions, by promoting a supportive culture at all levels in the organisation including executive, senior management, and peer support.

2.2: Accessible information should be provided at the point of offer to allow for time for each staff member to review and process the information, and to make their informed decision. It will be provided in a variety of formats; this includes access to a short e-module on Influenza/COVID-19.

2.3: The content of the information will be evidence-based and up-to-date, and developed in consideration of guidance and research on providing information to support decision making for vaccination uptake. This includes providing information on the rationale for the vaccine and addressing known concerns.

2.4: All staff delivering the vaccinations will have received appropriate training outlined in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Health Professionals[v]. This includes knowledge on the vaccination(s) and ability to support the individuals to make an informed decision.

2.5: Line managers are responsible for ensuring that all their eligible staff have received accessible information about the vaccination(s) and can escalate to Flu Champions or the Clinical Board lead if there are staff members who are unable to access the information in its provided format.

3. Consent to the vaccination(s)

3.1: Staff who wish to receive the vaccination(s) will be asked to provide verbal consent at the point of accessing the vaccination(s) (see Section 4: Access to vaccination). The verbal consent will be recorded on the Welsh Immunisation System (WIS).

3.2: Staff who consent to vaccination(s) but have/will receive the vaccination(s) elsewhere (e.g., via their GP or community pharmacy) will be encouraged to complete a self-certification process or inform Occupational Health directly once they have received the vaccination(s). Vaccinations delivered by a Health Board Flu Champion, the Health Board Occupational Health Department or a Health Board Mass Vaccination Centre will be entered directly and recorded on the WIS, and Occupational Health will not need to be notified directly.

3.3: Staff who wish to decline the offer of vaccination(s) will be encouraged to complete an optional anonymous online form (see Section 5.5.1)

[v] Public Health England. 2018. National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners. February 2018. Available online https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679824/Training_standards_and_core_curriculum_immunisation.pdf

4. Access to the vaccination(s)

4.1: Staff should be allowed time by their line manager during their working day/shift to receive the vaccination(s), where service delivery allows. This includes protected time to review information, consent to the vaccination(s), receiving the vaccination(s), and if required any observation period following vaccination. In cases where line managers are struggling to release staff for vaccination due to service pressures, they should contact the Clinical Board lead for further support. For the influenza vaccination, this may include 'Flu champion' peer vaccinators to offer vaccination in their workplace.

4.2: Occupational Health will offer a blended approach to access to vaccination, including drop-in vaccination sessions throughout the season, sessions in high footfall areas and on request at staff team meetings[vi]. Vaccination will also be available to all eligible staff via the Health Board Mass Vaccination Centres. If required to attend a vaccination site away from their usual work base, staff should be supported by their line manager.[vii]

4.3: Co-administration of the influenza and COVID-19 vaccinations should be the standard delivery model where possible, for staff who are eligible[viii]. As the COVID-19 vaccinations are less transportable than the influenza vaccination, it is anticipated that COVID-19 vaccination delivery will be limited to designated sites.

4.4: Clinical Boards will support staff working across different clinical areas to train (or maintain their training through annual updates) as 'Flu Champion' peer vaccinators and flu supporters, to enable them to have supportive conversations about the vaccinations, and to offer influenza vaccination in the workplace.

4.5: Where a staff member is returning to work in the Health Board following a period of leave, a Return-to-Work Interview with the line manager will include the staff member being informed of the offer of Winter vaccinations if during the seasonal vaccination period. The usual process of supporting informed decision making (section 2), consent (section 3) and access to vaccination (section 4) will then be followed.

4.6: New starters joining the Health Board will complete a screening form for their pre-employment occupational health checks, which includes a question on COVID-19 vaccination status. If they have received the vaccination(s), it will be recorded in the Occupational Health system. As part of induction for new starters, if they are joining during the seasonal Winter vaccination period, the new starter should be made aware of the offer

[vi] Dependent on occupational health capacity and service delivery needs at the time of request
[vii] Including discussion of facilitators such as reimbursement of travel expenses
[viii] Welsh Government. 2022. Welsh Health Circular: The National Influenza Immunisation Programme 2022-23. 1st June 2022. Available online https://gov.wales/sites/default/files/publications/2022-06/the-national-influenza-immunisation-programme-2022-23.pdf

of vaccination and the usual process of supporting informed decision making (section 2), consent (section 3) and access to vaccination (section 4) will then be followed. Supporting information such as this policy and the Flu for All e-module should also be available.

4.7: In the scenario where there is a limited supply of vaccines at any given time, prioritisation of vaccines will be through a risk assessment approach to identify groups of staff or departments with the greatest need.

5. Data storage, sharing and reporting on vaccination status

5.1: All individual level data on vaccination status will be stored securely according to NHS Wales and the Health Board's information governance policies and procedures, in line with current Data Protection legislation, and will be treated as confidential.

5.2: Information on how an individual staff member's data will be recorded, shared, and stored should be communicated to the staff member prior to consent for the vaccination.[ix]

5.3: Individual level data on vaccination status for those who choose to receive the vaccination(s) from the Health Board will only be available to: the practitioner who completes the data entry into the Welsh Immunisation System (WIS), the Health Board's Data Warehouse, Occupational Health (who transfer the information into the Health Board's occupational health database (flu vaccine only)), and to the individual staff member via their personal ESR if they do not "opt out".[x]

5.4: Individual level data on vaccination status for those who have received the vaccination(s) from an alternative provider than the Health Board (e.g., GP, community pharmacy) will only be known to the Health Board if the individual staff member opts to report it via a self-certification process. This process is not mandatory.

5.5: Individual level data on those who have declined the vaccination(s) will not be collected.

5.5.1: Staff who wish to help Public Health/Occupational Health teams understand the reasons for declining a vaccination can complete an anonymous online form. This **optional** form **only** collects data on Clinical Board and staff group and the reasons why the vaccination(s) has/have been declined. This information can support Occupational Health and Public Health teams with general campaigns to improve take-up of vaccinations for flu and COVID-19.

5.6: Where a vaccination has not been confirmed on an individual's confidential occupational health record either through the WIS for Health Board delivered vaccination (5.3) or by the individual staff member informing occupational health of a vaccination elsewhere (5.4), the

[ix] A wider Data Protection Impact Assessment (DPIA) is being completed regarding the data sharing of staff vaccination data between WIS and the Health Board, and so the data sharing arrangement may be subject to change. Any such changes will be communicated to staff.

[x] Specific processes are described elsewhere as part of the operational delivery.

vaccination status is 'unreported'. No record of vaccination does not directly indicate the individual has declined or not received the vaccination.

5.6.1: To ensure the use of this information will not result in any unfair treatment of employees, whilst data will be collected at an individual level, this will only be used at an anonymised group/cohort level. Status of individual vaccination will not be made available to managers or clinical boards.

5.7: The purpose for the data to be transferred from the WIS to the Health Board's Data Warehouse (COVID-19) or Occupational Health (Influenza) is to provide reports on Health Board staff vaccination uptake by department[xi], clinical board or staff group (which is not currently possible using the WIS), by matching it with the ESR Staff in post list (COVID-19)/ Occupational record (Influenza).

5.7.1: Uptake reports could help identify areas or staff groups (not individuals) where uptake is lower than expected, and where additional support from Occupational Health could be offered. The reports may also demonstrate trends over previous years, comparisons with different health boards in Wales, and achievement against national and local targets for vaccination uptake.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following regarding the Health Board staff Winter vaccination for 2022/23:

- To demonstrate who is eligible for the staff winter vaccination (seasonal influenza and COVID-19 Autumn booster) programme in 2022/23
- To outline what eligible staff can expect in terms of offer, information, access, delivery of the vaccinations and data management

Other supporting documents are:

- CIPD 2022. COVID-19 vaccination: guide for employers. 7 March 2022. Available online at: https://www.cipd.co.uk/knowledge/fundamentals/emp-law/health-safety/preparing-for-covid-19-vaccination [Accessed 04.07.22]

- Joint Committee on Vaccination and Immunisation (JCVI) interim statement on the COVID-19 vaccination programme for Autumn 2022. 20th May 2022. Available online at: https://gov.wales/sites/default/files/publications/2022-06/the-national-influenza-immunisation-programme-2022-23.pdf [Accessed 05.07.22]

- JCVI. Updated Statement on the COVID-19 vaccination programme for Autumn 2022. 15th July 2022. Available https://www.gov.uk/government/publications/jcvi-

[xi] Department level data will be reported by request only, and only for departments where the number of individuals is sufficient to ensure confidentiality of individual staff vaccine status.

updated-statement-on-the-covid-19-vaccination-programme-for-autumn-2022/joint-committee-on-vaccination-and-immunisation-jcvi-updated-statement-on-the-covid-19-vaccination-programme-for-autumn-2022

- NICE Guideline [NG103] – Flu vaccination: increasing uptake. 1.7 – Employers of health and social care staff.
- Thorneloe R, Lamb M, Jordan C et al. 2021. Understanding and addressing the barriers and facilitators for influenza and COVID-19 vaccine uptake among NHS employees in Wales: Qualitative insights and co-produced interventions. Public Health Wales and Cwm Taf Morgannwg University Health Board.
- UKHSA. 2013 (Updated 2020). Influenza: the green book, chapter 19. Available online at: https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19 [Accessed 06.07.22]
- UKHSA 2020 (Updated 2022). COVID-19: the green book, chapter 14a. Available online at: https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a [Accessed 06.07.22]
- Vaccine Clinical Advisory Panel (VCAP). Autumn Booster Dose Categories – VCAP paper – final. (Internal circulation).
- Welsh Government. 2022. Welsh Health Circular: The National Influenza Immunisation Programme 2022-23. 1st June 2022. Available online https://gov.wales/sites/default/files/publications/2022-06/the-national-influenza-immunisation-programme-2022-23.pdf
- Welsh Government. Winter respiratory vaccination strategy: Autumn/Winter 2022 to 2023. 15th July 2022. Available https://gov.wales/winter-respiratory-vaccination-strategy-autumn-and-winter-2022-2023-html

Scope

This policy applies to all of our staff in all locations including those with honorary contracts.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be an overall positive impact. The results can be found in the attached EHIA and incorporated within this policy/supporting procedure.

Policy Approved by	

Group with authority to approve procedures written to explain how this policy will be implemented	
Accountable Executive or Clinical Board Director	Executive Director of Public Health

Disclaimer

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

Summary of reviews/amendments

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

Equality & Health Impact Assessment for
Cardiff and Vale University Health Board 2022/23 Staff Winter Respiratory Vaccination (Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Cardiff and Vale University Health Board 2022/23 Staff Winter Respiratory Vaccination (Seasonal Influenza (Flu) and COVID-19 Autumn Booster) Policy Reference no: TBA; Version no: 0b; Date: September 2022
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Cardiff and Vale University Health Board (All clinical boards and corporate directorates) Accountable Executive Director: Fiona Kinghorn, Executive Director of Public Health Fiona.kinghorn@wales.nhs.uk
3.	Objectives of the policy	**Overarching purpose** • To ensure all eligible staff are proactively offered seasonal influenza (flu) vaccination each year to protect at-risk patients, other staff and themselves from influenza-related morbidity and mortality • To ensure that all eligible staff are proactively offered a COVID-19 Autumn booster as per current JCVI and Welsh Government guidance to protect at-risk patients, other staff and themselves from COVID-19 related morbidity and mortality. The policy outlines the Cardiff and Vale University Health Board (Hereon referred to as the Health Board) offer of Winter vaccinations to all eligible staff in the Health Board, in order to: • To demonstrate who is eligible for the staff Winter vaccination (seasonal influenza and COVID-19 Autumn booster) programme in 2022/23 • To outline what eligible staff can expect in terms of offer, information, access, delivery of the vaccinations and support after

		The objectives are: - To ensure that all Health Board staff members who are eligible to receive the seasonal influenza and/or COVID-19 vaccination: o are aware they are eligible o are able to access relevant information o are able to make an informed decision for vaccination o are able to communicate that decision o are able to access the vaccine(s) o are supported after receiving the vaccine(s) o are confident in the confidentiality of their data
4.	Evidence and background information considered.	This is an update of the 2015 Staff seasonal influenza policy to include updated information regarding the influenza vaccination programme and the addition of the COVID-19 booster vaccination programme. The policy is being taken to the Local Partnership Forum Employment Policy Sub-Group to engage with stakeholders prior to sign off. The policy would apply to all Health Board staff who have regular contact with patients, so access should reflect the make-up of the Health Board staff cohort. This is in line with Welsh Government and UK Government policy for all health and social care staff who have regular contact with patients to be offered the vaccine. **Data on staff influenza vaccination** - There is limited data available on staff influenza vaccination uptake by protected characteristics or other demographic factors. - In discussion with the Project Leader for Employee Health and Wellbeing services, data on uptake by age and gender may be possible as this information is available in ESR, but the processes are not in place to extract and report this data currently. Whilst there is no local evidence available on whether staff flu vaccination is taken up differentially within equalities groups, staff flu vaccination data is reported at Health Board level and by staff group. Overall in Wales, as of 26/04/22, 56% of all NHS staff were recorded as having received the influenza immunization in 2021/22, compared to 63.4% in 2020/21, and of staff with direct patient contact 57.2%

		in 2021/22 compared to 65.2% in 2020/21[12]. In Cardiff and Vale Health Board, overall uptake of flu vaccination for staff with direct patient contact for 2021/22 was 52.9% (significantly lower than 2020/21 – 66.4%). Uptake varied by Clinical Board from 43.2% (Mental Health) to 63.4% (Clinical Diagnostics and Therapeutics). **Data on staff COVID-19 vaccination** There is limited data available on COVID-19 vaccination uptake for Health Board staff.[13] Overall coverage of healthcare workers in the Health Board was reported (as of 10th March 2022): At least one dose = 98.4% (male) and 98.1% (female) At least two doses = 97.6% (male) and 97.2% (female) Two doses plus booster = 88.3% (male) and 87.6% (female) Data on COVID-19 vaccination uptake in Health Board healthcare workers by broad ethnic subgroup (as of 1st January 2022) identified that staff who report their ethnicity as Indian had significantly higher uptake than the average for all staff (98.6% first dose, 97.7% second dose and 92% third dose) compared to the average of 96.3% first dose, 95.0% second dose and 83.1% booster, and the highest uptake for booster vaccinations was for staff in the Chinese ethnic group (96.1%). Mixed, unknown and Black Caribbean ethnic groups had significantly lower coverage than average for the first dose, with only 86.0% of Black Caribbean staff members having the first dose. An increasing number of ethnic groups were below average coverage for the second and booster doses, with lowest uptake for the booster dose for Bangladeshi ethnicity at 60.3%. Regarding coverage by occupational group (as of 10th January 2022): Considering occupational group, coverage varied. Groups with consistently higher average coverage were Medical and Dental, Allied Health Professionals and Additional Professional Scientific and Technical groups. Groups with consistently lower than average coverage were Additional clinical services and Estates and Ancilliary. However, even for booster vaccination the uptake was above 75% for all occupational groups.

[12] Public Health Wales. Influenza Vaccination Coverage Downloadable data. 26.04.22. Available online at: Weekly Influenza and Acute Respiratory Infection Report - Public Health Wales (nhs.wales) [Accessed 05.07.22]
[13] COVID-19 Booster Vaccine Uptake in Cardiff and Vale UHB Staff. Presented to Cardiff and Vale UHB Vaccine Programme Board 2021 to 2022.

		Earlier data from June 2021, showed by Clinical Board uptake was lowest in the corporate board, and when considering frontline active staff only, the Children & Women, Corporate and Mental Health Boards were below the target of 80% coverage. More information on protected characteristics and COVID-19 vaccination equalities uptake data is available for the whole population of Cardiff and Vale The most recent, covering the period up to March 2022, has demonstrated gaps in coverage by age, ethnicity, deprivation and sex. **Overall uptake in Cardiff and Vale Health Board population:** **Age and sex:** There is a general trend of coverage reducing with age for both sexes, which may still reflect in some cases the roll-out of vaccination by age. The working age population who have received two courses and a booster dose ranges from 43.3% (males) and 48.4% (females) aged 18-29 years old to 84.8% (males) and 88% (females) aged 60-69 years old. It was suggested the higher rate in females may reflect the higher proportion of females in health and social care roles. **Ethnicity**: A gap in coverage is present in all age groups when comparing combined White ethnic groups to combined Black, Asian, Mixed and Other ethnic groups, where White ethnic groups are more likely to have received COVID-19 vaccinations. This was consistent across all age ranges. For all of Wales, the gaps in coverage by age group for the first COVID-19 booster for Black, Asian, Mixed and Other ethnic groups compared to combined White ethnic groups for working age adults (18-69 years old) ranged from 8% to 15.7%. **Deprivation:** Overall, a deprivation gradient is present where the proportion of individuals vaccinated decreases with increasing deprivation. For example. In the 40-49 year old age group, 78% in the least deprived quintile were received a booster vaccination compared to 54.5% in the most deprived quintile. For all of Wales, this means inequality gaps of 8.1% to 18.7% between the least and most deprived quintile for those who have received the booster vaccination in the working age population (18-69 year olds).

		The benefit of vaccination for individuals who have received the vaccine (as opposed to other people they interact with) is known to be greater among those with pre-existing risk factors, such as people with long-term conditions, carers, people aged over 65, and pregnant women[14,15] Although data relating to uptake of flu and COVID-19 vaccination among staff with protected characteristics is limited and therefore a gap, this Health Board policy is the local implementation of Welsh Government (WG) policy, to ensure all eligible staff are offered vaccination(s). Recording and evaluating data on offer of vaccination in relation to protected characteristics would not affect the policy or its implementation, as vaccination would continue to be offered to all eligible staff for them to make an individual informed decision on uptake. Therefore, this data collection will not be pursued at present. **Supporting documents:** Chartered Institute of Personnel and Development (CIPD). 2022. COVID-19 vaccination: guide for employers. 7th March 2022. *(This document includes general advice to all employers (not just healthcare employers) but discusses planning for employees with protected characteristics)* Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9th November 2021. *(This document considers the equality impact of the introduction of mandatory COVID-19 vaccinations for health care staff. Whilst the Health Board policy does not mandate vaccination, the document considers equality impact in terms of uptake and access to vaccination which may be relevant to the Health Board's population)*
5.	Who will be affected by the policy	The policy will directly affect all Health Board staff who have patient contact, to whom the policy applies, as they will all receive a proactive offer of vaccination. • Some eligible staff may not be aware of the offer of vaccination and that they are able to access it. • Individual staff members who are vaccinated against influenza are less likely to develop seasonal influenza.

[14] Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9th November 2021

[15] The Green Book (Immunisation against infectious disease) Chapter 14a – COVID-19 – SARS-CoV-2

		• Individual staff members who are vaccinated against COVID-19 are less likely to experience severe illness, hospital admission and death, and may be less likely to transmit the COVID-19 infection.[16] The policy will indirectly positively affect: • Vulnerable patients and contacts of staff members who are eligible for and receive staff vaccinations, where vaccinations are obtained and the route of transmission therefore reduced. • The Health Board workforce as a whole where vaccination reduces staff sickness and absence, and supports maintenance of the service.

6. EQIA: How will the policy impact on people?

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	The policy applies to all eligible staff members with patient contact, regardless of age. Influenza vaccination offer: Positive impact on older patients and staff, and children. These groups of individuals are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this age group. COVID-19 vaccination offer: Positive impact on older patients and staff. These groups of individuals are more likely to be adversely affected if they catch	None required	None required

[16] Stokel-Walker C. 2022. What do we know about covid vaccines and preventing transmission? BMJ 2022;376:o298 Available online at: https://www.bmj.com/content/376/bmj.o298 [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	COVID-19, so reducing the risk of severe illness and exposure will have a positive impact on this age group. Vaccine hesitancy may be higher in the younger age groups – ONS data has shown for COVID-19 vaccination, compared to 4% of the general population, 9% of 22-25 year olds were hesitant.[17] However, all age groups will be provided with an equal offer of vaccination as per the policy.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The offer of vaccination will be to all eligible staff regardless of whether they have a disability. Influenza vaccination offer: Positive impact on staff and patients with a disability, in contact with vaccinated Health Board staff. Many individuals with disabilities are more likely to be adversely affected if they catch seasonal influenza, so reducing the risk of exposure will have a positive impact on this group. Although staff with a disability may be eligible anyway for flu vaccination from their GP, being offered vaccination at work as well increases the opportunity to be vaccinated COVID-19 vaccination offer: Positive impact on staff and patients with a disability in contact with vaccinated Health Board staff. Many	The operational delivery of the vaccination offer is outside the scope of this policy, but the policy states that any information should be provided in an accessible format, and that delivery of the vaccination should be accessible to all staff who are eligible.	None required

[17] ONS 2021. Coronavirus and vaccine hesitancy, Great Britain: 9 August 2021. Available online at: Coronavirus and vaccine hesitancy, Great Britain - Office for National Statistics (ons.gov.uk) [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	individuals with disabilities are more likely to be adversely affected if they catch COVID-19, so reducing the risk of exposure will have a positive impact in this group. Whilst some eligible Health Board staff members may also be in another eligible risk group for COVID-19 vaccination, being offered vaccination at work increases the opportunity to be vaccinated. Some disabled staff may experience access issues for the vaccinations, including receiving information in an accessible format and accessing vaccination venues.[18]		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going	The vaccinations will be offered to all eligible staff regardless of gender and whether they have undergone gender reassignment. Positive impact on males for COVID-19 vaccination as global data suggests they are more likely to have hospitalisations, ICU admissions and death from COVID-19.[19]	The policy offers vaccination to all staff regardless of gender, and reflects the need for accessible and flexible delivery of the vaccination programme to support all eligible staff to be able to access vaccination.	None required

[18] Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9th November 2021

[19] Global Health 50/50. The Sex, Gender and COVID-19 Project. Available online at: The Sex, Gender and COVID-19 Project | Global Health 50/50 (globalhealth5050.org) [Accessed 05.07.22]

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Positive impact on females for COVID-19 vaccination as UK data suggests females are more likely to be diagnosed with long COVID.[20] It is recognised that women may have more barriers to accessing the vaccines (for example, more likely to have caring responsibilities, childcare, part-time working).[19]		
6.4 People who are married or who have a civil partner.	No impact on staff because of marriage or civil partnership. Vaccination is offered to all eligible staff regardless of whether they are in a marriage or civil partnership	None required	None required
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not	Vaccination will be offered to all eligible staff, including those on maternity or parental leave, regardless of pregnancy or breastfeeding status[21] Influenza vaccination offer: Positive impact on staff who are pregnant. Being pregnant is a risk group for developing severe influenza, and these individuals are also offered vaccination through their GP practice. Offering the	None required	None required

[20] Global Health 50/50. The Covid-19 sex-disaggregated data tracker. November Update Report. November 2021. Page 10. Available online at: November tracker update 2021 (globalhealth5050.org) [Accessed 05.07.22]

[21] Individual staff members will be assessed for contra-indications to the vaccination(s) as per the Green Book guidance prior to receiving the vaccination(s)

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
they are on maternity leave.	influenza vaccination in the workplace increases the opportunity for uptake. COVID-19 vaccination offer: Positive impact on staff who are pregnant. COVID-19 significantly increases the risk of pregnancy complications.[22] Offering the COVID-19 vaccination in the workplace will increase the opportunity for uptake. Positive impact on patients who are pregnant. These patients are more likely to be adversely affected if they catch seasonal influenza, and are at higher risk of pregnancy complications and severe disease from COVID-19, so reducing the risk of exposure will have a positive impact.		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers,	Vaccination will be offered to all eligible staff members regardless of race, nationality, colour, culture or ethnic origin. COVID-19 vaccination offer.	Employees should not be identified based on their race, nationality, colour, culture or ethnic origin or stereotyped based on these characteristics as	None required

[22] Lacobucci G. 2022. COVID-19: Severe infection in pregnancy significantly increases risk, study shows. BMJ. 376:0480. doi: https://doi.org/10.1136/bmj.o480

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
gypsies/travellers, migrant workers	Positive impact of COVID-19 vaccination for ethnic minority groups, as UK data has demonstrated they are more at risk of complications from COVID-19.[23] Prior to vaccination roll-out, UK survey data indicated higher COVID-19 vaccine hesitancy in certain ethnic groups including black (71.8% reported being hesitant), Pakistani/Bangladeshi (42.3%), Mixed (32.4%) and non-UK/Irish white (26.4%) ethnic groups.[24] Coverage of COVID-19 vaccinations in Black, Asian, Mixed and Other ethnic groups compared to combined White ethnic groups was lower across all age ranges in the Wales population overall, with the gap between coverage in ethnic groups between 8% - 15.7% in working age adults.[25]	this could lead to potential discriminatory treatment[26]. The policy applies to all eligible staff members individually, regardless of race, nationality, colour, culture or ethnic origin.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No impact on staff or patients because of their religion, belief or non-belief. Vaccination is offered to all eligible staff regardless of religion, belief, or no religion or belief. Influenza vaccination offer: Concerns which have been raised relating to gelatin in the nasal flu vaccine for children which might affect some individuals in certain	Choice to be vaccinated is individual and religious beliefs can vary within a religion. Employees will not be identified by their religion or belief, or	To be considered in the operational delivery (outside

[23] Scientific Advisory Group for Emergencies (SAGE). COVID-19 Ethnicity subgroup: Interpreting differential health outcomes among minority ethnic groups in wave 1 and 2, 24 March 2021. Available online [Accessed 05.07.22]
[24] Robertson E, Reeve KS, Niedzwiedz CL, *et al.* 2021. Predictors of COVID-19 vaccine hesitancy in the UK Household Longitudinal Study. Available online.
[25] Public Health Wales 2022. Wales COVID-19 vaccination enhanced surveillance. Equality Report 13: February 2022.

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
	religious groups, do not impact on adults receiving the vaccine because the adult vaccine does not contain gelatin. COVID-19 vaccination offer: COVID-19 vaccines used in the UK do not contain pork gelatin. There is potential for some individuals to object to the use of ethanol or host cell lines in the production of some of the vaccines[27].	stereotyped based on this, as this could lead to potentially discriminatory treatment. The policy states sufficient accessible information will be provided to enable an individual's informed decision. This information should include ingredients and the production process of the vaccinations where requested. Signposting to organisations of the individual's religion at their request could support the individual further in their informed decision making.	scope of the policy).
6.8 People who are attracted to other people of: • the opposite sex (heterosexual);	No impact on staff or patients because of their sexual orientation. Vaccination is offered to all eligible staff regardless of sexual orientation. It is recognised that LGBTQ+ staff may be less likely to be vaccinated, with an explanation being fear of discrimination due to	None required	None required

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
• the same sex (lesbian or gay); • both sexes (bisexual)	their sexual orientation[27], however there is limited data on this and all eligible staff will receive an equal offer for vaccination to then make their informed decision.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	No impact on staff or patients because of their preferred language. Vaccination is offered to all eligible staff regardless of their preferred language. Posters used to publicise the vaccine are produced in English and Welsh versions.	None required	None required
6.10 People according to their income related group:	All eligible staff will be offered vaccination regardless of their income group. This includes volunteers. Individuals employed by the Health Board but off work will be eligible for the vaccines but would need to attend a Health Board site to receive the vaccinations.	The policy aims to address this by promoting a supportive culture for vaccine uptake, line	To be considered in the operational

[27] Department of Health & Social Care. 2021. Making vaccination a condition of deployment in health and wider social care settings – Equality Impact Assessment. 9th November 2021.

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There may be concerns from those on low income, particularly if working bank shifts, that there may be an associated loss of income where side-effects from the vaccination are experienced affecting their ability to work. "Addressing concerns about side-effects and their impact" was identified as a key factor in the work by Cwm Taf Morgannwg University Health Board looking at vaccination uptake in healthcare staff.[28] Positive impact: There are higher rates of COVID-19 diagnosis and death in areas of higher deprivation, so vaccination could give staff from these areas greater protection against morbidity and mortality.	manager support to access the vaccinations, and accessible supporting information on the vaccinations including the risk and severity of any side effects to allow for an informed decision. Discussions have been raised with the workforce organisational department regarding the All Wales 'Managing attendance at work' policy to consider individuals who are unable to work due to short-term vaccine side-effects.	delivery (outside scope of the policy).
6.11 People according to where they live: Consider people living in areas	All eligible staff will be offered vaccination regardless of where they live. Offer of vaccination for staff will include multiple options and times at Health Board sites.	The policy promotes a supportive culture for vaccination and for line	To be considered in the

[28] Thorneloe R, Lamb M, Jordan C *et al.* 2021. Understanding and addressing the barriers and facilitators for influenza and COVID-19 vaccine uptake among NHS employees in Wales: Qualitative insights and co-produced interventions. Public Health Wales and Cwm Taf Morgannwg University Health Board.

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Employees such as those who do not live within the Health Board area and employees without access to transport may find access to vaccination more difficult when not delivered directly at their workplace. Employees who work from home/remotely, or who are on leave from work, may be negatively impacted in being able to access the vaccinations. Positive impact: There are higher rates of COVID-19 diagnosis and death in areas of higher deprivation, so vaccination could give staff from these areas greater protection against morbidity and mortality.	managers to allow the employee time to access the vaccination(s) during their working day where this is possible. The policy supports consideration to making the vaccination venues accessible – the operational delivery of the vaccinations is outside the scope of this policy, but should include identification of venues which are in an accessible location.	operational delivery (outside scope of the policy).
	Positive impact on staff and patients with caring responsibilities. Although vaccination is offered to all eligible staff regardless of	None required	

How will the policy impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate.
6.12 Any other groups relevant to the strategy **Caring responsibilities**	whether they are an informal carer outside work, the added benefit of vaccination through work is that the risk of passing on infection to those in receipt of care will be lowered. Although voluntary carers are eligible in their own right for flu vaccination through their GP surgery, and may be eligible for the COVID-19 vaccination through their caring role, having an offer through work as well is likely to increase vaccine uptake in this group. Positive impact on older people in the local population. These groups of patients are more likely to be in receipt of care and adversely affected if they catch seasonal influenza and/or COVID-19, so reducing the risk of exposure will have a positive impact on this age group.		None required

7. HIA / How will the policy impact on the health and well-being of our population and help address inequalities in health?

How will the policy impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
7.1 People being able to access the service offered: Well-being Goal - A more equal Wales	All staff will be offered access to the vaccination free of charge, delivered by the Health Board. The offer of vaccination will be accessed through the workplace. Therefore it is anticipated the majority of eligible staff will be able to access it at their usual place of employment or in a nearby vaccination centre. Positive impact: There are higher rates of COVID-19 diagnosis and death in areas of higher deprivation, so vaccination could give staff from these areas greater protection against morbidity and mortality.	None required	None required
7.2 People being able to improve /maintain healthy lifestyles: Well-being Goal – A healthier Wales	The policy covers eligibility and access to vaccination promoting access to support disease prevention.	None required	None required

How will the policy impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
7.3 People in terms of their income and employment status: Well-being Goal – A prosperous Wales	The policy is accessible to all eligible Health Board staff (including volunteers and bank staff) regardless of income, banding or seniority. Some staff members may have concerns around missing work due to side-effects of the vaccination. This may be a greater concern for those working temporary or bank shifts, or for those with a high sickness absence record. Some staff may have concerns about access to vaccinations where additional travel is required, due to the additional cost of travel.	The policy promotes a culture of support for receiving vaccination, and that should include supporting staff members who may suffer side effects from the vaccination affecting their ability to work. The All Wales "Managing Attendance at Work" policy is outside the scope of the policy, but agreement on whether side-effects from staff Winter vaccinations would come under section 4.9 – Workplace associated absence is being sought. The policy supports access to vaccination. Where travel is required, staff should be supported by their line managers in accessibility, including awareness and assessing eligibility for travel reimbursement as per the All Wales 'NHS Wales Travel and Subsistence Policy'.	None required
7.4 People in terms of their use of the physical environment: Well-being Goal – A resilient Wales	The staff vaccination policy relates to the offer of vaccination. The operational delivery of the vaccination programme will be considered separately. However, the policy emphasises the need for accessible venues to be used.	None required	None required

How will the policy impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate
7.5 People in terms of social and community influences on their health: Well-being Goal – A Wales of cohesive communities	The policy aims to promote a positive and supportive culture in the workplace towards the vaccinations. The policy supports informed decision making, with the information provided and the role of Flu and vaccine champions to provide support whilst avoiding pressure towards accepting the vaccination. Vaccination status will remain confidential to the individual and occupational health, unless the individual chooses to share it.	None required	None required
7.6 People in terms of macro-economic, environmental and sustainability factors: Well-being Goal – A globally responsible Wales	The policy does not directly address environmental or sustainability factors, but it is expected that the operational delivery (outside the scope of this policy) will take into account these factors.	None required	None required

8.1 Summary of the potential positive and/or negative impacts of the policy	Overall, no significant impacts requiring improvement or mitigation have been identified. The policy applies equally to all eligible staff irrespective of any protected characteristics the staff member may have. Positive impacts: The offer of, and subsequent uptake of, the vaccination(s) should lead to reduced morbidity and mortality from influenza and/or COVID-19. This will be of particular benefit to higher risk groups including: older staff and patients (and children for influenza), staff and patients with a disability making them more clinically vulnerable, staff and patients who are pregnant, staff and patients in Black, Asian, Mixed and Other ethnic groups, staff and patients from areas of high deprivation and staff who have caring responsibilities outside of work. Negative impacts: No direct negative impacts from receiving the offer of vaccination were identified. A number of groups who may have higher rates of vaccine hesitancy have been identified. Whilst these have been identified, it is noted that the policy refers to each individual staff member receiving an offer for vaccination, and that it is important to avoid stereotyping based on protected characteristics. Therefore the focus of the policy supports individuals in making informed decisions and the availability of accessible information to support this. Some groups have also been identified who may have increased difficulty in accessing the vaccinations, including staff members with certain disabilities, staff who work part-time, staff with caring responsibilities and staff who have lower income. The role of this policy is to outline the offer of vaccination, and expectations for delivery i.e. that vaccinations will be made accessible. The operational delivery will be managed separately, where these potential issues should be considered.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	The findings from this EHIA should be considered in the operational planning and delivery of the policy.	Staff Winter Vaccination operational planning group	September 2022	N/A
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No, it is not necessary to complete a more comprehensive Equalities Impact Assessment or Health Impact Assessment. The policy is to be delivered universally to all employees of the Health Board, and no significant issues were identified in this assessment.	N/A	N/A	N/A
8.4 What are the next steps?	The proposal is for no changes to this policy in in view of the findings from the EHIA, as no significant negative impacts were identified. The Employment Policy Sub-group have reviewed the policy and EHIA, and recommend and support the policy. The policy will go to the Strategy and Delivery board for final approval following a formal consultation period. The final policy will be made available to all Health Board staff. The outcomes of the policy will be monitored in terms of uptake data for vaccinations.	Lorna Bennett, Consultant in Public Health Penelope Cresswell-Jones, Specialty Registrar in Public Health	September 2022	N/A

Report Title:	Corporate Risk Register			Agenda Item no.	4.1	
Meeting:	Strategy and Delivery Committee	Public	x	Meeting Date:	27th September 2022	
		Private				
Status *(please tick one only):*	Assurance		Approval		Information	x
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Head of Risk and Regulation					

Main Report
Background and current situation:

The Corporate Risk Register ('the Register') has been developed to enable the Board to have an overview of the key operational risks from the Health Board's Clinical Boards and Corporate Directorates. The Register records Extreme risks scoring 20 and above.

Each of these risks are linked to a Committee of the Board and the Board Assurance Framework. Those risks which are linked to the Strategy and Delivery Committee and will be reported to Board on the 29th September 2022, are attached at Appendix A for further scrutiny and to provide assurance to the committee that relevant risks are being appropriately recorded, managed and escalated.

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

The Risk and Regulation Team continue to work with clinical and corporate colleagues to refine risk descriptors, controls and actions within Risk Registers. Since March's Board meeting the Risk and Regulation Team have continued to implement a 'Check and Challenge Process' with all Clinical Board and Corporate Directorate risk leads to ensure that those risks recorded within the Register are correctly recorded in line with the Risk Scoring Matrix detailed within the Health Board's Risk Management and Board Assurance Framework Policy ("the Policy").

This ensures that the Board and its Committees can take assurance that the risks detailed in the Register are consistent with agreed procedures and are a true reflection of the operational risks that the Health Board continues to manage.

Alongside this process the Risk and Regulation Team continue to provide ongoing support and training to risk leads across the Health Board.

Risk Score (1 to 25) - Clinical Board	15/25	16/25	20/25	25/25
CD&T			1	
Medicine			3	1
PCIC				
Specialist Services			4	
Surgery				
Digital Health				
Estates				
Children and Women			1	
Mental Health				
Capital Estates and Facilities			**6**	
Workforce				
Total: (16)			**15**	**1**

An updated Register will be shared with the Board at its November 2022 meeting.

ASSURANCE is provided by:

- Ongoing discussions with Clinical Boards and the Corporate Directorates regarding the scoring of risk.
- The ongoing education and training that continues to be delivered by the Risk and Regulation Team to ensure that the Health Board's Risk Management policy is engrained and followed within Clinical Boards and Corporate Directorates.

Recommendation:

The Committee is requested to:

a) NOTE the Corporate Risk Register risk entries linked to the Strategy and Delivery Committee and the Risk Management development work which is now progressing with Clinical Boards and Corporate Directorates.

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	x	Long term		Integration		Collaboration		Involvement	x

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes
The paper relates to the Health Boards management of extreme risks in line with the Health Board's Risk Management and Board Assurance Framework Policy
Safety: Yes/No
No
Financial: Yes/No
No
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No

No
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

CORPORATE RISK REGISTER SEPTEMBER 2022

Clinical Board/Corporate Directorate	Risk Reference	Date risk added	Risk	Initial Risk Rating			Controls	Current Risk rating			Actions	Target Risk rating			Date of next review	Assurance Committee	Link to BAF
				Consequence	Likelihood	Total		Consequence	Likelihood	Total		Consequence	Likelihood	Total			
Capital Estates and Facilities	1	Mar-21	**Risk/Issue**: UHW Cardiac Theatre GF AGSS Pump is faulty **Impact**: Failure of scavenging system in Theatre GF would lead to increased medical gas saturation with an impact on staff and patient safety and failure to comply with HTM and H&S regulations/legislation.	5	4	20	Regular inspection and maintenance.	-	-	-	Renew AGSSS Pump and Enclosure	5	1	5	-	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	2	Mar-21	**Obsolete Medical Gas and Air Delivery Equipment and Plant** **Risk/Issue**: Medical Gas (Oxygen) Manifold is obsolete at UHW Maternity (manifolds 1&7), In addition the UHW Medical Gas Pressure reducing set is obsolete. Helipad and Ambulatory Care Medical Air Plant areare non compliant to HTM02-01 MGPS Standards. **Impact:** Equipment failure leading to Loss of Service and interruption of supply. This would adversely impact on patient safety. quality of service and HTM regulatory compliance.	5	4	20	Regular inspection and maintenance	5	4	20	New manifolds and pressure reducing sets required	5	1	5	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	3	Mar-21	**Risk/Issue**: UHW Tunnels corroded Main O2 Pipeline due to building leakage **Impac**t: Equipment Failure leading to Loss of Service and Interruption of oxygen supply to whole of UHL - impacting on patient safety and failure to meet HTM regulations.	5	4	**20**	Regular inspection and maintenance.	5	4	**20**	Repair building leak and renew section's of corroded pipework.	5	1	**5**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	4	Mar-21	**Risk/Issue**: UHL Main Boiler F&E TANKS are badly corroded and require renewing **Impact**: Corrosion causing tanks to leak and loss of Heating throughout Hospital	5	4	20	No controls in place as cleaning tanks may result in leakage	5	4	20	Renew or reline tanks to prevent leaks.	5	1	5	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety Capital Assets
	5	Jun-21	**Risk/Issue:** Ventilation verification of critical systems has identified UHW ITU A3N, UHW ITU B3N North, UHW Cardiac ITU C3 Link does not comply with HTM's for Ventilation. **Impact:** Adverse impact on the safety of staff working in these areas, faiulre to comply with HTM regulations.	5	4	20	System is subject to statutory testing and inspection in line with legislation and HTM regulations. Regular maintenance.	5	4	20	Preparing plans to renew the AHU. Look at improving the sytem to comply with current HTMs	5	1	5	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Workforce Capital Assets Staff Wellbeing
	6		**Risk/Issue**: Energy Cost pressures. Energy Markets are very unstable which is resulting in dramatic tariff increases for the remainder of 21/22 and for the entire 22/23 financial year. **Impact**:Estimated cost pressures are £2.1 million for 21/22 and £4.6 million for 22/23 (total estimated expenditure is therefore £15 million).	4	5	20	Energy spend monitored and reported to Finance department monthly and is further supported by monthly meetings.	4	5	20	Assurances are through monthly reporting and meetings with finance.	4	4	16	Oct-22	Finance Committee Strategy and Delivery Committee	Financial Sustainability
	7	08/2022	There is a risk of physical and emotional harm to patients and staff due to the number of nursing vacanies across the Clinical Board. Secondary to this is the risk of failure to comply with regulatory staffing requirements (Nurse Staffing Levels (Wales) Act 2016).	5	5	25	Posts advertised in a timely manner. Authorisation of vacancies reviewed efficiently. Maximsation of medical ward float staff. Dedicated recruitment officer in post. Bimonthly recruitment events held. Engagement with Project 95, overseas recruitment, adaptation programmes, student streamlining and staff return to practice. Risk staff framework completed daily by the Clinical Board and shared at daily OPAT UHB meetings	5	5	25	Ongoing support and escalation via OPAT. Overseas nurses coming on board October 2022 to support staffing shortfalls. Focused work on staff exit questionairres and engagement with established staff to protect establishment.	5	3	15	Oct-22	Strategy and Delivery Committee Quality, Safety and Experience Committee	Workforce Patient Safety Staff Wellbeing Urgent and Emergency Care
	10	08/2022	There is a risk of Patient Harm due delays in the delivery of patient care and subsequently NRI's reported to the Delivery Unit for delayed cancer diagnosis secondary to the accumulation of therapeutic and surveillance backlog for Endoscopy and due to Covid restrictions. Change in the local lower GI pathway has shifted all USC priority CT pneumocolon requests into secondary care. Implementaton of FIT stool testing into pathway now requires result for some patient groups delaying decision making and waiting times for USC referral.	4	5	20	Clinical validation of lists. Corporate risk stratification cub available in BIS to pull through surveillance patients based upon individual risk vs chronological waiting times. NEP also provided documentation for risk stratification. High risk surveillance patients started to be listed for procedures.	4	5	20	Directorate to utilise BIS risk surveillance to prioritise patients and reduce potential harm. Administrative team to send patient risk letters for delayed surveillance cases to manage patient risk. Directorate to consider use of FIT stool test as per BSG to manage risk of overdue lower GI surveillance. Clinical validation continues risk assessing using a clinical tool recommended by steering group. Table top exercises undertaken to ensure all actions aligned and updated and will continue to be reviewed.	4	2	8	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Patient Safety

Medicine Clinical Board	11	01/03/2019	There is a risk to patient safety and wellbeing due to patients remaining on WAST ambulances for above the agreed 15 minute Welsh Government turn around time secondary to lack of capacity within the Directorate and UHB. This results in delays for patient assessment and treatment with the potential to cause patient harm.	5	5	**25**	When patient arrives by WAST, patient is booked in and major assessment nurse (MAN) is alerted to immediately triage patient and handover taken. If there is any change in the patients condition, the WAST crew will immediately inform the MAN. All non paramedic crews are assessed by the Triage Nurse/MAN to ensure a patient clinical assessment is conducted. Concern by either party about the length of any dealy or volume of crews being held is escalated to the Senior Controller/EU nurse in charge to Patient Access for usual UHB escalation procedures, or by WAST via Silver Command. WAST have introduced a number of hospital avoidance initiatives with some evidence this has reduced ambulance transfers. Protection of Resus capacity when possible including one buffer. Standard operating procedure in place within EU to support 'immediate release' requests by WAST. Joint CB/WAST partnership meeting in place to focus on improvement. The CB is engaged with the NRI process for reporting incidents where WAST delays have resulted in major harm. The Clinical Board work with OPAT and the completion of 'on boarding' when ambulances have been held for 3 hours. Transformational work undertaken across Acute and Emergency Medicine to support flow including RATZ, virtual ward and speciality hub. The appointment of two Band 7 registered nurses to work with Patient Access to support patient flow.	5	4	**20**	Daily review and risks noted within Safety Huddles and EU Controller reports. Escalated to MCB Hub and Patient Access Services. Evaluation of Standard Operating Procedure to reflect any changes required. WAST Immediate Release Standard Operating Procedure in use to support 'Red' calls in the community. Update December 2021: OPAT accross both UHW and UHL to support WAST and patient flow.	5	2	**10**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patient Safety
	12	01/01/2021	There is a risk of patient and staff harm due to an inability to safely provide medical cover across all Specialities and disciplines across the Clinical Board secondary to ongoing Covid pressures and overall recruitment, resulting in the delay of assessment for patients which could result in clinical risk and poor patient experience.	5	5	**25**	Ongoing recruitment of medical staff including Consultant body. Review of Consultant Job Plans. Engagement with the Workforce Hub. Electronic rota database.	5	4	**20**	Medical staffing reviewed as part of the daily OPAT meeting with ongoing planning to ensure safe staffing. Work ongoing with Medi Team and Locums to support the Emergency footprint. Ongoing recruitment into F3 posts	5	2	**10**	Oct-22	Quality, Safety & Experience Committee Strategy and Delivery Committee	Patienty Safety Staff Wellbeing Workforce
Children and Women CB	15	16.08.21	There is a risk of patient and staff harm due to an inability to discharge or place medically fit children and young people with severe behavioural problems who are inpatients in acute paediatric settings.	5	5	**25**	1. Daily huddles and deployment of nursing resources based on risk and using bank and agency staff where possible 2. Regular discharge planning meetings 3. Regular communication with Local Authority and enhanced staffing from LA sources 4. Daily medical ward round, and review by junior doctors throughout the day as required 5. Use of physical and chemical restraint to manage violent behaviour 6. Relocation of children as necessary across wards to maintain safety 7. Signposting to Healthboard wellbeing services for staff	5	4	**20**	1. Arrange 'safe holding' training for staff who care for these patients 2. Increased numbers of suitably trained staff on wards, in collaboration with community teams. 3. Provision of appropriate Local authority accommodation for these C&YP 4. Earlier provision of psychological and other (eg educational and social) intervention whilst admitted 5. Proper engagement and timely input from the Local Authority 6. Increase targeted support for staff (physical and emotional wellbeing) 7. Assurances from the medical director and executive board regarding risk management and governance of these patients	5	2	**10**	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee Mental Health, Capacity and Legistaltion	Patient Safety

CD&T	17		**Estates and Medical Equipment** There is a risk to the delivery of of modern, safe and sustainable healthcare due to suboptimal estate. Significant aggregated risks acorss the Clinical Board Directorate risk registers including: 1. Mortuary - failure to meet HBN20 with potential for improvement notice or closure from the regulator (HTA) 2. Radiopharmacy - failure to meet the requirements of the regulator (MHRA) with potential for improvement notices or closure from the regulator - regional impact on delivery of diagnostic services 3. Stem Cell Processing Unit - inadequate accommodation, compressor failures, failure of supply of liquid nitrogen from the external tank, impact - failure to deliver liquid nitrogen to the cryogenic freezer holding patient stem cells for transplantation. 4. Health Records - inadequate storage capacity, security of the Health record, potential for data loss, health and safety risks 5. Clinical Engineering - inadequate accommodation for the equipment library, Fieldway, and mechanical engineering UHW, no space to clean returned equipment 6. Insufficient accommodation for a number of clinical board services including - Occupational Therapy, Speech and language Therapy, Pharmacy, POCT, physio, Cedar 7. Air tube for lab specimens sitting under contract for maintenance with CD&T, regular breakdowns and damage resultig in unable to use the system to deliver specimens ina timely manner 8. Air handing and chiller units - not in place, subject to regular breakdowns, impact on temperature sensitive services such as Blood Transfusion/drugs, impact on temperature sensitive equipment such as blood analysers, CT scanners leading to loss of service 9. Repeated examples of water or sewage ingressing into clinical and non-clinical areas, leading to inability to deliver services 10. UHL Main Occupational Therapy Department - Fabric of building is deteriorating , room unusable , leaks throught the area .Patient records damaged as a result . Poor condition of outpatient portacabins	5	5	**25**	Capital planning programme Discretionary capital programme Escalation routes to Estates Business Continuity Plans Managed service contracts Maintenance service agreements Medical equipment governance framework	5	4	**20**	Further work with Capital and Estates to develop prioritised timetabled plans to address known risks Continue to seek funding through WG for replacement equipment and HTF funds to substitute old technologies Engage with TRaMS project for proposed regional solution to Radiopharmacy Engage with Capital Planning with regards to Mortuary refurbishment project	5	2	**10**	Oct-22	Strategy and Delivery Committee	Capital Estates, Patient Safety
Specialist Services Clinical Board	19	Sep - 21	**Critical Care - Nursing Workforce** There is a risk that patients will not be admitted to the Critical Care Department in a timely and safe manner due to insufficient Critical Care Nursing Capacity resulting in patient safety risks including serious harm and death, staff burnout and a failure to adhere to national standards and guidelines. This risk is currently exacerbated by the consequences of the Covid19 pandemic due to staff absences due Covid19 infection, sheilding & self-isolation requirements, and the significant associated impacts upon staff wellbeing.	5	5	**25**	Block booking of temporary staffing is ongoing; Recruitment strategies in place (ongoing recruitment events); Increased our educational team from 2.64 WTE to 5.04 WTE to support the junior workforce; Relying on the availability of an additional clinical area to admit patients; Working collaboratively with patient access to identify beds in a timely manner for Level 1 patients (not currently effective) Robust implementation of the CC escalation plan; Implement the smaller pod-focused initiative.	5	4	**20**	Develop a strategy to attract prospective employees to work in C&V CC; Develop further cross- Health Board working; Develop a staff feedback opportunity to generate ideas to support Point 1. Gain support from HR and Recruitment to have an open CC recruitment advert; Implement the Leadership Programme developed for senior staff Identify a more robust process for discharging patients within the 4 hour target; Robust implementation of the CC escalation plan; Develop a staff feedback opportunity to generate ideas to support Point 2. Initiate Workforce Task & Finish Group	5	2	**10**	Oct-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety Staff Wellbeing
	20	08/2022	**Critical Care - Bed Capacity** Lack of physical Emergency Critical Care beds at UHW to admit current and predicted Critical Care Demand to 2030. Delays in Emergency admission to Critical Care present a risk of avoidable deaths and impaired functional outcomes. Emergency Critical Care has 35 Level 3 commissioned beds. Due to its specialist nature, the majority of Critical Care work undertaken at Cardiff and Vale cannot be undertaken anywhere else in Wales.	5	5	**25**	Currently the directorate are occupying the use of a surge ICU area (C 3 Link) to provide 10 additional physical beds. Capital Planning are in the design process for refurbishment and expansion of Critical Care.	5	4	**20**	Undertake Design work to produce an outline cost for refurbishment and expansion of Critical Care beds, overseen by Program Board.Seek funding for expansion and refurbishment. Clarify commissioning arrangements	5	2	**10**	Oct-22	Quality, Safety and Experience Committee Strategy and Delivery Committee	Capital Assets Patient Safety
	21		**Critical Care - Estates** There is a risk of patient and staff harm due to aging and obsolete estates and equipment coupled with reduced capacity within the Critical Care Directorate. Aggragated Risk following risk of harm in the following areas: - HCID Level 2 and 3 (Reduced Capacity) - Sub-standard Heating, Ventilation and Air Circulation - Isolation Facilities - LTV unit	4	5	**20**	Prioritisation of clinical need, use of neighbouring facilities and acquiing temporary mobile structures.	4	5	**20**	Business cases to be developed to secure renovation and replacement funding.	4	2	**8**	Oct-22	Strategy and Delivery Committee	Capital Assets Patient Safety

	22	Jan - 2010	**Haematology and Immunology - Clinical Environment** There is an inadequate clinical environment for the care of Haematology Patients (including Bone Marrow Transplant). This creates a risk of cross infection for patients particularly vulnerable to infection. There is a potential impact on patient morbidity and mortality, quality of service and reputation. Despite the controls and assurances currently applied, it is extremely likely that the clinical environment will not meet the minimum required standard at the next JACIE accreditation assessment and the ensuing consequences of this cannot currently be prevented.	5	5	**25**	Risk specific policies, protocols, and guidelines. Cleaning schedules. Installation of air pressure gauges outside BMT cubicles to measure positive air pressures. Patients admitted to ward C4 North (amber) for triage prior to admission to B4 (green). HCAI monitored monthly. Positive air pressure gauges outside the BMT cubicles are monitored daily to ensure appropriate air pressures are maintained. Air pressure system validated by Estates Dept. High C4C scores consistently achieved.	5	4	**20**	New dedicated Haematology facility required. Escalated to Clinical Board, estates and WHSSC. Bid for Lakeside Wing is to be submitted for consideration.	5	1	**5**	Oct-22	Quality, Safety and Experience Committee and Strategy and Delivery Committee	Patient Safety