Strategy & Delivery Committee

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10 March 2020, 09:00 to 12:30
Nant Fawr 1 & 2, Woodland House

Agenda

1.	**Welcome & Introductions**		10 minutes
			Charles Janczewski
1.1.	**Apologies for Absence**		
	Gary Baxter		Charles Janczewski
1.2.	**Declarations of Interest**		
			Charles Janczewski
1.3.	**Minutes of the Strategy & Delivery Meeting held on 14th January 2020**		Charles Janczewski
	📄 1.4_Minutes _SD0320 Final Draft.pdf	(13 pages)	
1.4.	**Action Log of the Strategy & Delivery Meeting held on 14th January 2020**		Discussion
			Charles Janczewski
	📄 1.5_ Action Log - 03.02.20 AF.pdf	(3 pages)	
1.5.	**Chairs Action taken following meeting held on 14th January 2020**		Information
			Charles Janczewski
2.	**Shaping our Future Wellbeing Strategy**		
2.1.	**Are we improving the Health of the Population?**		
	(Maximising Prevention in the UHB)		20min
			Fiona Kinghorn
	📄 2.2 Are we Imrpoving the Health of the Population.pdf	(4 pages)	
	📄 2.2 Are we Improving the Health of the Population - Presentation.pdf	(36 pages)	
3.	**National Strategies**		
3.1.	**No Items**		
4.	**Integrated Medium Term Plan (IMTP)**		
4.1.	**Ensuring that service provision, quality, finance and workforce elements are aligned and integrated**		20min
			Martin Driscoll
	📄 4.1 - Ensuring Service Provision, Quality, Finance & Workforce are Aligned & Integrated.pdf	(11 pages)	
4.2.	**Capital Programme Action Plan – Structure and Governance Update**		15min
			Abigail Harris
	📄 4.2 Captial Management Process SD March meeting 10.03.20.pdf	(4 pages)	

5.   Other Significant Plans

5.1.   Strategic Equality Plan- Caring about Inclusion 2020-2024

10min

Martin Driscoll

6.   Update on CAHMS Strategy

30 minutes

Presentation

Information

Steve Curry

7.   Performance Reports

7.1.   Key Organisational Performance Indicators

5min

Steve Curry

7.2.   Workforce Key Performance Indicators

5min

Martin Driscoll

8.   Governance Arrangements

8.1.   Committee Annual Report 2019/20

10min

Nicola Foreman

9.   Items for Ratification

9.1.   Employment Policies

5min

Martin Driscoll

9.2.   Board Assurance Framework Update – Sustainable Primary and Community Care

5min

Nicola Foreman

📄 8.2 BOARD ASSURANCE FRAMEWORK - (5 pages)
Sustainable Primary and Community Care.pdf

10.   **Any Other Business**

5 minutes
Discussion

Charles Janczewski

11.   **Review of the Meeting**

5 minutes
Discussion

Charles Janczewski

12.   **Date & Time of Next Meeting**

Tuesday 12th May 2020

Information

9:00am - 12:30pm

Charles Janczewski

Nant Fawr 1 & 2 - Woodland House

Unconfirmed Minutes of the Strategy & Delivery Committee
Tuesday 14th January – 9:00am – 12:00pm
Executive Meeting Room, Woodland House

Chair:

Charles Janczewski	CJ	UHB Interim Chair & Committee Chair

Members:

Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector

In Attendance:

Kerry Ashmore	KA	Information Liaison Manager
Steve Curry	SC	Chief Operating Officer
Lisa Dunsford	LD	Director of Operations - PCIC
Martin Driscoll	MD	Deputy CEO / Executive Director of Workforce & Organisational Development
Nicola Foreman	NF	Director of Corporate Governance
Fiona Kinghorn	FK	Executive Director of Public Health
Anna Kuczynska	AK	Clinical Board Director - PCIC
Christopher Lewis	CL	Deputy Director of Finance
Sara Moseley	SM	Committee Vice Chair & Independent Member – Third Sector
Len Richards	LR	Chief Executive Officer
David Thomas	DT	Director of Digital & Health Intelligence

Secretariat:

Laura Tolley	LT	Corporate Governance Officer

Apologies:

Gary Baxter	GB	Independent Member – University
Robert Chadwick	RC	Executive Director of Finance

		Action
S&D 20/01/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in Welsh and English.	
S&D 20/01/002	**Quorum** The CC confirmed that the meeting was quorate.	
S&D 20/01/003	**Apologies for Absence** Apologies for absence were noted.	
S&D 20/01/004	**Declarations of Interest** There were no declarations of interest.	
S&D 20/01/005	**Minutes of the Committee Meeting held on 29th October 2019**	

	The Committee reviewed the minutes of the meeting held on 29th October 2019. **Resolved – that:** (a) the Committee approved the minutes of the meeting held on 29th October 2019 as a true and accurate record.	
S&D 20/01/006	**Action Log following the Meeting held on 29th October 2019** The Committee reviewed the action log and the following comments were made: **19/06/008** – It was agreed the report on Maximising Prevention in the UHB would be brought to the next meeting in March 2020. **19/10/008** – It was confirmed that this action was complete. **19/10/010** – It was agreed that the report outlining how development would be monitored to ensure Amplify outcomes were delivered would be brought to the meeting in March 2020. **19/10/013** – It was agreed that the Director of Digital & Health Intelligence (DDHI) would provide and update on this action at the meeting in March 2020. **19/10/015** – The Chief Operating Officer (COO) explained a number of discussions had been held regarding the potential regionalisation of ambulances due to ambulance response times and pressures on the service. Concern had been expressed about moving to a regional, centralised service and it was proposed that ambulances could only be diverted to Cardiff & Vale UHB ("the UHB") on an exceptional basis, not routinely and the UHB would have to be informed prior to receiving a patient. An official document confirming this was pending. The Chief Executive Officer (CEO) added that this would become a key discussion in the Chairs meeting as there was a lot of concern surrounding the potential move to centralisation. The CEO explained that no Health Board should be able to send a patient to another hospital without the receiving Health Board first being made aware and this should only occur in exceptional circumstances. This was a crucial point and if a Health Board was unable to take their own patient, they would need to raise their own escalation levels to support pressure. The CEO further explained that the UHB would be the receiving hospital in most cases due to current good performance. The CEO requested that the CC raise the concern through the Chairs meeting. The Executive Medical Director (EMD) requested that the CC ask, during the Chairs meeting, what was the Clinical Governance sign off process for the policy as he was not aware that it had been signed off Nationally.	**FK** **MD** **DT** **CJ** **CJ**

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	The CC confirmed that this was a great concern for himself and other Independent Members of the UHB due to the significant pressure already on front line staff, therefore he agreed to raise this appropriately. **Resolved – that:** (a) the Committee reviewed and noted the updated action log following meeting held on 29th October 2019	
S&D 20/01/007	**Chairs Action taken since last meeting** There had been no Chairs actions taken since the last meeting.	
S&D 20/01/008	**Primary Care – Peer Review** The COO introduced the paper and confirmed that the second Primary Care Peer review was positive and recognised the good progress made since the previous review. The Clinical Board Director – PCIC (CDB – PCIC) explained that both Muti-Disciplinary Team and Demand & Capacity work was noted as exemplary across Wales along with recognition of good Executive support. It was explained that a decision had not yet been made regarding the Out of Hours Service (OOH) operating out of University Hospital of Wales. This needed to become a priority so that a final decision could be made. The COO added that the team were waiting for a Clinical Board proposal which would go to Management Executives and he confirmed that a decision would not be made until after the Winter period. The CC requested an update and action plan to be brought to the Committee in July 2020. The CBD – PCIC advised that roles would be explored within the OOH as a 24/7 Healthcare model developed with the potential for some roles having the opportunity to work in both areas which would be an exciting prospect. The COO added, more transformation work would be required to signpost people to social needs and other services. The COO further explained that a more integrated approach with health and care services was something that would develop as a 24/7 Healthcare model progressed. The CC congratulated the team on the positive peer review letter and explained it was good to see the progress made. **Resolved – that:** (a) The Committee noted the Primary Care – Peer Review.	 **SC**
S&D 20/01/009	**Excel at Teaching, Research, Innovation & Improvement**	

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	The EMD introduced the paper and confirmed that a key objective outlined within the report was to convert to a multidisciplinary teaching arrangement. It was also an aim to align processes with patient outcomes which would align with the UHB modernisation. An objective was to have an enhanced working relationship with HEIW, Cardiff University and other stakeholders. The EMD added that the HEIW meeting in the coming weeks had half of it's time allocated to multidisciplinary teaching for the first time. The CC explained that teaching across the UHB needed to be addressed. The Executive Nurse Director (END) requested to bring a report to the Committee on teaching across nursing and midwifery. The Committee Vice Chair & Independent Member – Third Sector (CVC) asked if the timescales on the objectives were ambitious enough and how the report linked with UHW2? In response, the Executive Director of Strategic Planning (EDSP) explained that it was ambitious enough to date, however, when the Joint Research Office was operating, they would need to be refreshed. The CVC also queried the number of highlighted risks within the report. The EMD advised that whilst they were identified risks, they were not unusual for the size of the UHB and he was assured that risks were being addressed in a robust way. **Resolved – that:** (a) the Committee approved the strategic direction in teaching and research.	**RW**
S&D 20/01/010	**Update on Healthy Travel Charters** The Executive Director of Public Health (EDPH) introduced the report and explained that the Committee would recognise the changes and improvements made within the report. The EDPH further advised that the recent staff survey indicated a positive improvement. A charter was being developed with the business sector, third sector and education sector which explored ways that regional support could be provided. The Committee were advised that the Cardiff Council Clean Air Plan had been approved by Welsh Government and would be launched in the coming days. This outlined an ambitious plan to reduce pollution levels within Cardiff, in addition to a Next bike scheme being explored within the Vale of Glamorgan. The CC thanked the team for the good work being carried out within the Healthy Travel Charter.	

Tolley,Laura
03/03/2020 10:37:47

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	Resolved – that: (a) the Committee noted and supported the introduction of a Healthy Travel Charter to the Vale of Glamorgan.	
S&D 20/01/011	**A Long Term Health and Social Care Plan – A Healthier Wales** The Executive Director of Strategic Planning (EDSP) introduced the paper and advised the Committee that a number of improvements were being made across the whole system and confirmed that the recently appointed Director of Transformation & Informatics (DTI) would take the lead on moving transformation into the next phase. The DTI would also work on objectives within the UHB strategy and analyse how the UHB were delivering against them. The EDSP informed the Committee of a shared concern amongst Executives in relation to the Welsh Government transformation funding not being received. She added that an announcement addressing this, from Welsh Government, was expected over the coming days. **Resolved – that:** (a) the Committee noted the Long Term Health and Social Care Plan – A Healthier Wales.	
S&D 20/01/012	**Ensuring that service provision, quality, finance and workforce elements are aligned and integrated.** The END introduced the paper and advised the Committee that an Enhanced Supervision Framework (ESF) had been developed which built a better outcome for patients and reduced costs. These outcomes could be seen within the report. The END advised the Committee that there had been a slight increase in the number of falls reported, however, these have been non-serious, therefore, the risk was controlled. The END added that the ESF had been shared across the UHB, and Cardiff & Vale had been deemed best practice in Wales which was very positive. The CVC commented that the human side of the ESF shone through within the report and explained having staff who know patients and their needs made a significant difference and that was an example of the Health Board Values. The CC welcomed the very positive piece of work undertaken. **Resolved – that:** (a) The Committee noted the quality, finance and workforce benefits provided by the Enhanced Supervision Framework.	

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S&D 20/01/013	**Scrutiny of the Capital Plan**	
	The EDSP advised the Committee that the Capital Plan was a complex programme of work that was reviewed monthly.	
	The CVC questioned, as it was such a complex programme, how would full assurance be gained that it was monitored appropriately? In response, the EDSP confirmed that two Executives had oversight of the Capital Plan to ensure full assurance was gained.	
	The EDSP advised that the Director of Estates & Facilities would develop an action plan that would be brought to the next Committee meeting.	**AH**
	The CC explained that estates was a concern, therefore the paper was good for understanding and provided the Committee with assurance that the Capital Plan was monitored appropriately.	
	Resolved – that:	
	(a) the Committee noted and were assured that the capital programme was being closely monitored.	
S&D 20/01/014	**IMTP Quarterly Report**	
	The EDSP explained that the report was in the format agreed with Welsh Government and had been submitted to Welsh Government for approval.	
	The CEO added that the last Joint Executive Meeting was very positive and the UHB were waiting for a letter from Andrew Goodall to confirm this.	
	The CC requested that the letter be shared with him once received. The CC added that the report drew against key issues which was very useful and gave the Committee the relevant assurance.	**LR**
	Resolved – that:	
	(a) the Committee discussed and noted the IMTP Quarterly Report.	
S&D 20/01/015	**Equality Champions**	
	The Deputy Chief Executive Officer / Executive Director of Workforce & Organisational Development (DCEO / EDWOD) introduced the report and explained that an Equality Strategy & Welsh Language Standards Group had been set up to help drive both Equality & Welsh Language forward across the UHB. The DCEO / EDWOD confirmed that he would Chair the group. The terms of reference would be set up after the Committee meeting and the Equality Manager would drive the agenda forward.	
	The DCEO / EDWOD acknowledged the significant amount of work that needed to be undertaken relating to Welsh Language, however, it was confirmed that he met with the Welsh Language Commissioner during	

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	December 2019 and demonstrated that the area was being worked on which was seen as positive. The CC queried whether the Equality Strategy & Welsh Language Standards Group planned to send a paper to the Committee going forward to enable assurance to be gained that both aspects were being driven forward across the UHB? In response, the DCEO / EDWOD confirmed that this was the intention and he would be discussing governance around setting up a sub-committee with the Director of Corporate Governance (DCG) outside of the meeting. The CVC added that the paper needed to be moved to a strategic level. **Resolved – that:** • The Committee noted and supported the Equality Champions Report with understanding it will be amended slightly. • An updated report would be brought back in May 2020.	**MD/NF**
S&D 20/01/016	**Developing a Performance Framework Update** The Director of Digital & Health Intelligence (DDHI) explained that the mapping of measures for Committees had been completed and work to map nationally was being undertaken. The DDHI informed the Committee that a new Digital Group had been set up to manage the mapping with the aim to map the National Framework and identify lead indicators. The DDHI added that more discussion with Executives would be required to ensure measures were correct. The Information Liaison Manager (ILM) informed the Committee of good progress made with the dashboard. The Quality, Safety & Experience Committee had trialed this in the first instance and this had gone well, therefore, the process would be rolled out with the other Committees. The DDHI explained that Value Based Healthcare was not a performance measure which meant the team may not be able to populate this area onto the dashboard. The EDSP added that Clinicians needed to see the data so they would know where improvements needed to be made. The END commented that live data was extremely important to aid function and the data needed to align to relevant pathways so Clinicians could view the live data and the Board and Committees could see the data strategically. The CC confirmed that the Performance Framework was a key element that was missing for the Committee therefore the initiative was welcomed. The CC requested a progress update be brought to the Committee in May 2020.	
		DT

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	Resolved – that: • The Committee noted the Performance Framework Update Presentation.	
S&D 20/01/017	**Primary Care Milestones and Delivery against them** The DO – PCIC delivered the presentation and confirmed the following: • **Cluster IMTP** Workshops had been completed to progress these and the team were waiting for a final, formal publication date from Welsh Government. The EDSP confirmed that this would be raised with Welsh Government at a meeting on 17th January 2020 and asked the Committee to note that the IMTP's brought to the Board meeting at the end of January would be in draft format. The CC explained that the UHB had been given additional time to develop IMTP's this year, however, there would be a tight deadline next year to get all clusters ready, so he asked how the clusters were being encouraged to develop these to ensure the timeframe would be met? In response, the CBD – PCIC explained that the Primary Care Conference in April 2020 would be focussed on showcasing what other clusters have developed and achieved to create ambition across the UHB. • **Preventing Falls** Good work had progressed in this area with a reduction in conveyance to hospital. Further clarification from Welsh Government was needed in this area to understand what targets they would like met. • **Access to GP,111 & OOH Service** Access standards had been refined and work had commenced on the 111 service. The DO –PCIC added that an Access Forum had been established, which was a requirement. • **Reporting & Escalating** An Out of Hours Service escalation tool was already in place and this had been reported to Welsh Government. • **Communication** Primary Care Choices launched with a good response and the second phase of the communication plan was in development. The EDSP asked if the communication plan would feature patient and service users? The END confirmed that the Patient Safety team would work with PCIC to develop this.	

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	The CC advised the Committee that Health Board Vice Chair had given a clear message to Welsh Government that clarity around measures was needed. **Resolved – that:** • The Committee noted the Primary Care Milestones and Delivery against them.	
S&D 20/01/018	**Staff Survey Steering Group** The DCEO / EDWOD introduced the paper and advised the Committee that a Staff Steering Group had been developed, which consisted of 50 volunteers, to represent Workforce for improvement. The group would track actions that came from staff surveys to ensure they were followed. CAVyoursay was developing well and would be published quarterly. The CC confirmed that the paper was very encouraging and welcomed this development. **Resolved – that:** • The Committee considered the Staff Survey Steering Group Report.	
S&D 20/01/019	**Key Organisational Performance Indicators including Winter Resilience Update** The COO informed the Committee that a significant amount of work undertaken was to back fill and it was unfortunate that despite the letter from Andrew Goodall, which advised clinicians on the pension scheme, improvement had not been seen. This was because no confidence in the pension scheme had been gained and clinicians who had stepped away from additional work have gained a good work / life balance therefore they no longer wish to undertake more work. The COO confirmed the UHB were losing 280 cases per month and whilst there were options to mitigate that over the year, these have been unsustainable. This meant the position against the 36 week wait would continue to deteriorate. The COO added that the position was very similar across Wales with some Health Boards in the same position as Cardiff & Vale, whilst others were significantly below. The CC asked if feedback to Welsh Government had been provided? In response, the COO confirmed that the CEO had written to Welsh Government at the start of every month since July 2019 with an update. The EMD added that NHS England shared the same view and had also informed the Government of this. It was further explained that until the situation was resolved through a fundamental change, the position would remain the same.	

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	The COO commented that when the issue was resolved the UHB would need to secure individuals who could perform the relevant roles which could take a significant number of months. The CC asked how the UHB could get ahead of this? In response, the COO explained that the UHB had previously gone at risk to secure anaesthetic posts which had resulted in a good impact.	
	The EMD added that as a University Health Board we needed to provide a strong academic offer to attract and retain medical students.	
	The COO explained that during Winter the media reported a position against 68% compliance in England and since December it had become even more challenging. The COO advised that the team continue to look at several options and ways to mitigate risks within the system.	
	The CVC asked if the trend saw more people becoming ill or if there was a failing in the system? In response, the COO confirmed that two patterns had been identified:	
	1. More Major Incidents – This had increased by 8% in December which placed additional pressure on beds.	
	2. Paediatric Admissions – This area had increased significantly over the past months.	
	The EMD advised the Committee that the patterns seen in Cardiff & Vale were mirrored throughout the UK.	
	The CC commented that this was a very trying time for the UHB as an organisation, and expressed concern for front line staff. The CC requested the team ensure that the appropriate support was provided to staff when required.	
	Resolved – that:	
	• The Committee noted the Key Organisational Performance Indicators including Winter Resilience Update.	
S&D 20/01/020	**Workforce Key Performance Indicators**	
	The DCEO / EDWOD introduced the paper and it was taken as read by all present. The DCEO / EDWOD added that absence had not moved and this was an All Wales picture for the past 8 years, where absence had remained at 5%.	
	The CC requested a 6 monthly report be provided that specifically identified themes and trends.	**MD**
	Resolved – that:	
	• The Committee discussed and noted the Workforce Key Performance Indicators.	

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S&D 20/01/021	**Terms of Reference**	
	The DCG introduced the report and confirmed that it outlined the revised draft Terms of Reference for review and comments before submitting the final Terms of Reference for Board approval at the end of March 2020.	
	The DCG explained changes within the Terms of Reference were based on the Wales Audit Office assessment, therefore an increase in Committee membership had been proposed. It was further explained that the quorum would be 2 members, the EDSP deputies had been taken out as they would only be required to attend in the absence of the EDSP and the DCEO / EDWOD, also the DTI and EMD had been added to the Committee membership.	
	The CC reminded all Committee members that their attendance was a priority before nominating a deputy.	
	Resolved – that:	
	• The Committee approved the changes to the Terms of Reference; and • The Committee recommended the changes to the Board for approval.	**NF**
S&D 20/01/022	**Work Plan 2020-21**	
	The DCG introduced the report and requested any suggested changes be provided before the final 2020-21 Work Plan was submitted for Board approval at the end of March 2020.	
	The DCG informed the Committee following a discussion with the DCEO / EDWOD, corporate objectives had been removed from the work plan as this caused duplication. The DCG advised the Committee that the corporate objectives should be identified and focussed on within the quarterly IMTP reports.	
	The CC expressed some concern with this change and proposed a meeting be arranged with himself, the DCG, EDSP and DCEO/EDWOD to discuss further.	**CJ/NF/ MD/AH**
	Resolved – that:	
	• The Committee reviewed and approved the Work Plan 2020-21; and • Subject to further discussion, the Committee recommended the approval to the Board of Directors.	**NF**
S&D 20/01/023	**Board Assurance Framework Update**	
	The DCG introduced the paper and it was taken as read by all present.	

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	The DCG confirmed that Workforce was identified as one of the greatest risks with a score of 15, therefore it would be presented to Board as part of the Board Assurance Framework at the end of January 2020. The DECO / EDWOD explained workforce was a risk, however, the Committee was sighted on what actions were being taken to mitigate the risk. The CC emphasised the importance of scoring being reviewed on a regular basis. In response, the DCG confirmed that all scores are reviewed bi-monthly. **Resolved – that:** • The Committee reviewed the risk in relation to Workforce to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.	
S&D 20/01/024	**Staff Flu Policy** The EDPH introduced the paper and confirmed it was an update of the policy produced in 2015. The EDPH explained that the vaccination would be offered to all staff, however provision of vaccines was outlined within the policy to explain that this would be given to front line staff / high risk areas in the first instance. The EDPH advised the Committee that the UHB had 57% of staff vaccinated to date, and work was still ongoing to increase this. **Resolved – that:** • The Committee approved the updated Staff Influenza (Flu) Vaccination Policy. • The Committee approved the full publications of the Staff Influenza (Flu) Vaccination Policy in accordance with the UHB Publication Scheme	
S&D 20/01/025	**Any Other Business** **Resolved – that:** (a) There was no other business to discuss.	
S&D 20/01/026	**Items to bring to the attention of the Board** **Resolved – that:** (a) Terms of Reference be submitted to the Board for approval at the end of March 2020; (b) Subject to further discussion, the Committee recommended that the approval of the Work Plan 2020-21 be submitted to the Board at the end of March 2020.	**NF** **NF**

Tolley Laura
03/03/2020 10:37:47

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S&D 20/01/027	**Date & Time of next Meeting**	
	Tuesday 10th March 2020, Nant Fawr 1 & 2, Woodland House.	

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Action Log

Following Strategy & Delivery Committee
Held on 14th January 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Completed Actions					
S&D 19/10/013	Digital Healthcare Strategic Outline Case	A meeting be held to discuss Clinical Engagement	10/03/2020	David Thomas / Stuart Walker	**Complete** - Meeting scheduled for the 4th February 2020.
S&D 20/01/015	Equality Champions Governance	A meeting to be held to discuss Terms of Reference & Governance of sub-committee group	03/02/2020	Martin Driscoll / Nikki Foreman	**Complete** - Meeting scheduled for 3rd February 2020
S&D 20/01/022	Work Plan 2020-21	A meeting to further discuss Corporate Objectives place on the Work Plan be arranged	26/02/2020	Charles Janczewski / Nikki Foreman / Martin Driscoll / Abi Harris	**Complete** - Meeting scheduled for 26th February 2020
Actions In Progress					
SD: 19/06/008	Maximising Prevention in the UHB	To provide a report on measures and trends in how actions are monitored and delivered.	10/03/2020	Fiona Kinghorn	Report on agenda for March meeting (Agenda item 2.2)
S&D 19/10/010	Amplify Outcomes	A paper be brought to the Committee which outlined how development would be monitored to ensure that	12/05/2020	Martin Driscoll	Report on agenda for May meeting

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		Amplify outcomes were delivered			
S&D 19/10/013	Digital Healthcare Strategic Outline Case	Clarify with Welsh Government if the 25 million Capital was recurrent.	10/03/2020	David Thomas	A verbal update to be provided at the March meeting.
S&D 20/01/006	19/10/015 – Regionalisation of Ambulances – New policy for escalation and diverts	The Committee Chair to raise concerns with this at the All Wales Chairs Meeting & question clinical governance sign off for the policy.	10/03/2020	Charles Janczewski	A verbal updated to be provided at the March meeting.
S&D 20/01/008	Primary Care Peer Review – Action Plan	An action plan be developed and brought to the Committee in July 2020	14/07/2020	Steve Curry	On agenda for July meeting.
S&D 20/01/009	Excel at Teaching across the UHB	A paper on nursing and midwifery teaching across the UHB be brought to a Committee meeting.	12/05/2020	Ruth Walker	Date to be agreed at S&D Agenda setting.
S&D 20/01/013	Scrutiny of the Capital Plan	Outline of the structure and governance of the Capital Plan	10/03/2020	Abi Harris	On agenda for March meeting (Agenda item 4.2)
S&D 20/01/014	JET Meeting Letter	The letter from Andrew Goodall be shared with the Committee Chair once received	TBC	Len Richards	Still awaiting letter.
S&D 20/01/016	Developing a Performance Framework Update	An update report be brought to the Committee meeting in May 2020	12/05/2020	David Thomas	On agenda for May meeting.
S&D 20/01/020	Workforce Key Performance Indicators – Themes and Trends	A 6 monthly report be provided that specifically identified themes and trends.	14/07/2020	Martin Driscoll	On agenda for July meeting.

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Actions referred to committees of the Board					
S&D 20/01/021	Terms of Reference	The Committee recommended the changes to the Terms of Reference to the Board for approval	26/03/2020	Nikki Foreman	On Board agenda for March meeting
S&D 20/01/022	Work Plan 2020-21	Subject to further discussion, the Committee recommended the approval to the Board of Directors	26/03/2020	Nikki Foreman	On Board agenda for March meeting.

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Cardiff and Vale
University Health Board

Report Title:	Are we Improving the Health of the Population?		
Meeting:	Strategy & Delivery Committee	Meeting Date:	10th March 2020
Status:	For Discussion X	For Assurance	For Approval For Information X
Lead Executive:	Executive Director of Public Health		
Report Author (Title):	Consultant in Public Health Medicine		

Background and current situation:

The attached presentation describes changes in the health of the population of Cardiff and the Vale over the past 10-15 years, through time series graphs and snapshots of our residents' health now.

The trends are categorised into the wider determinants of health (e.g. housing, environment, education), health behaviours (e.g. tobacco use, physical activity), and health outcomes (e.g. life expectancy).

In broad terms, there are better-than-average findings or an improving trend in the following areas:
- Air quality
- Qualifications
- Physical activity
- Smoking
- Alcohol use
- Teenage pregnancy
- Children of a healthy weight
- Adults of a healthy weight
- Adults in good health
- Older people in good health
- Employment rate gap for long term conditions
- Premature deaths from non-communicable diseases
- Adult mental well-being

There are worse-than-average or a declining trend in the following areas:
- People living in poverty
- Five a day fruit and veg
- Life expectancy gap

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

Whilst overall the health of the population of Cardiff and Vale is good, and improving, there are some areas of concern, in particular persisting inequalities in health. A focus on reducing health inequalities and prevention therefore need to remain key objectives of partnership working and the implementation of our Shaping our Future Well-being strategy.

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

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Whilst overall the health of the population of Cardiff and Vale is good, and improving, there are some areas of concern.

Inequalities in health and wealth persist, demonstrated by the higher than average number of people living in poverty in Cardiff and the Vale, and the above average life expectancy gap. Individual health behaviours are generally improving, though eating sufficient fruit and vegetables (as a proxy for a healthy diet) is proving difficult to shift.

For some factors where there is an improving trend (e.g. physical activity levels and air quality) this is from a poor baseline, so efforts need to be continued and sustained for this to translate through into improved health outcomes over time. These areas, along with the need for improvements in health inequalities, align with the organisations' vision in our Shaping our Future Well-being Strategy. There is a potential reputational risk if we fail to demonstrate a shift in outcomes over the period of the Strategy.

The large number of areas where health and its proximal factors are improving, are testament to the work of the wider public health system, extending across our partnerships; within Cardiff and Vale UHB; and the specialist public health team.

A schematic of key areas of work led by the specialist public health team and our partners in Cardiff and Vale, which contribute to addressing the issues highlighted here, is provided in the Appendix.

We regularly monitor a broad suite of indicators in relation to the health of our population, through a variety of mechanisms. These include our local public health team monthly performance meetings; Health Board performance framework and performance mechanisms; Public Service Board outcome indicators; and the Regional Partnership Board outcomes framework.

Recommendation:

The Committee is asked to:

- **NOTE** the presentation and summary findings

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X

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4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant, click here for more information*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Equality and Health Impact Assessment Completed:	No

Tolley,Laura
03/03/2020 10:37:4~

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Appendix. Examples of key work programmes influencing public health in Cardiff and Vale

* = led by specialist public health team

Wider determinants

Transport

Natural and built environment

Air quality

Housing and homelessness

Water quality

Substance misuse*

Climate change

Early years / family development

Child-friendly Cardiff

Poverty

Community safety

Age-friendly communities*

Adverse Childhood Experiences (ACEs)

Education

Work and employment

Health behaviours

Healthy travel*

Healthy settings* – schools, preschools, workplaces, NHS, prisons

Tobacco*

Substance misuse*

Healthy eating*

Sexual health*

Screening

Alcohol*

Physical activity*

Mental health

Healthcare public health

Third sector e.g. EPP, Wellbeing4U

Integrated health and social care

Primary care clusters

'Keeping People Well'*

'Optimising outcomes' policy*

Primary care contractors including GPs, opticians, dentists

Immunisations*

Other institutional settings e.g. childcare, care homes, schools

'Prehab to rehab'

Healthy hospitals and clinics

Making Every Contact Count*

Comms and social media

Secondary and tertiary care (inc. private providers)

HealthPathways

Alcohol – screening and brief advice*

Diabetes*

Obesity pathway * including NERS

Dementia*

Population based health service planning*

Smoking cessation support*

Falls*

Occupational health

Value-based healthcare*

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Are we improving the health of the population in Cardiff and the Vale of Glamorgan?

Fiona Kinghorn
Executive Director of Public Health
Cardiff and Vale UHB

10 March 2020
Strategy and Delivery Committee

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Wider prevention system

Wider determinants of health

Wider determinants: low birth weight
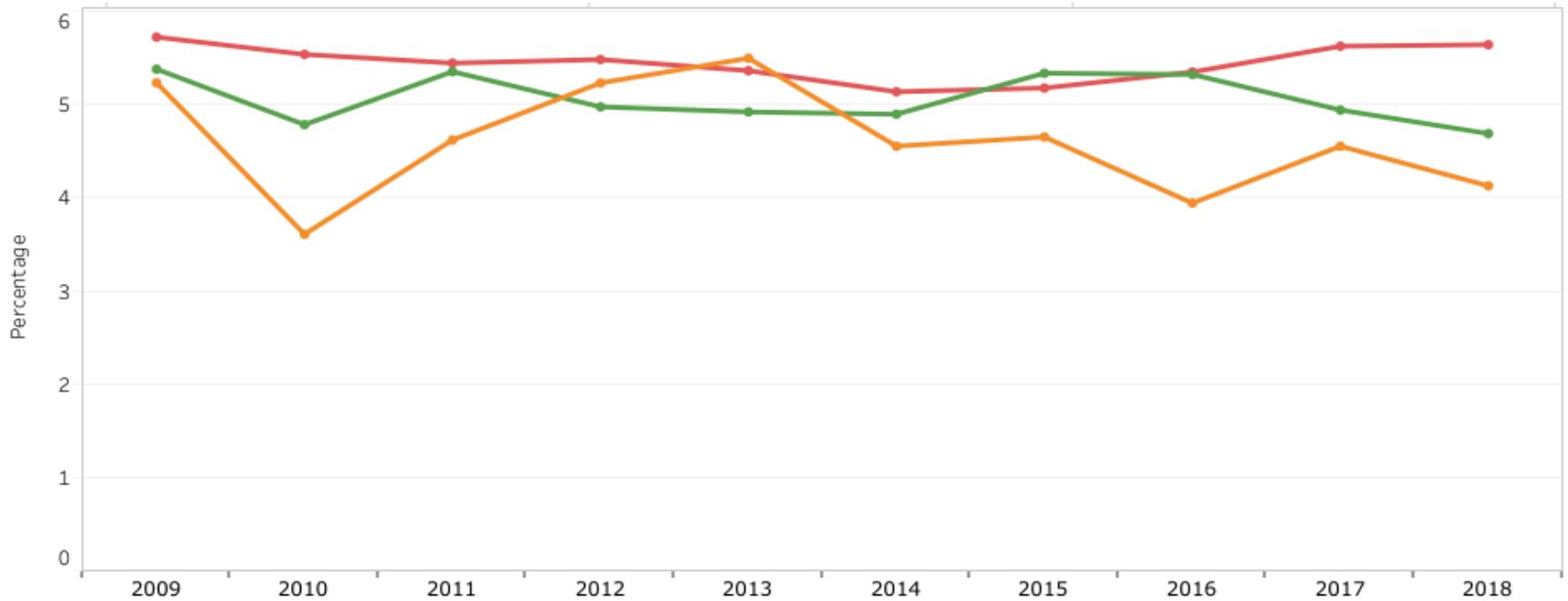
Cardiff — Vale — Wales —

Wider determinants: air quality
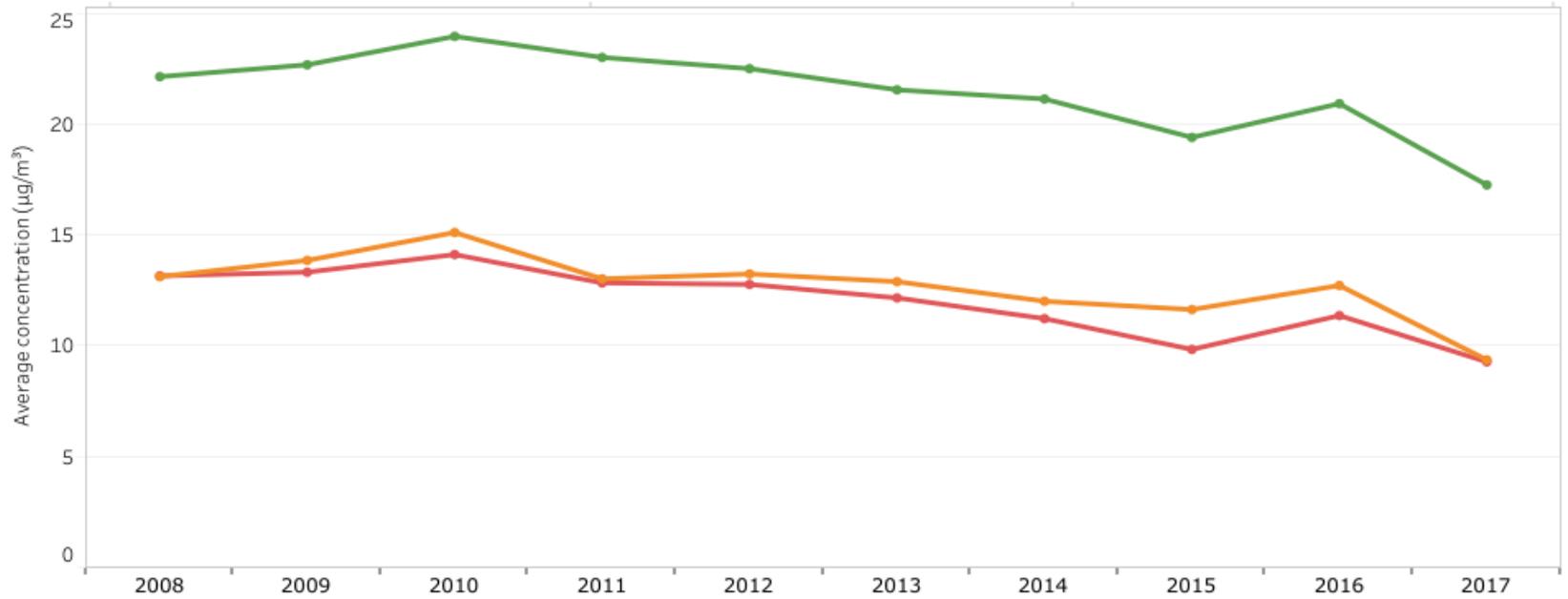
Cardiff ——— Vale ——— Wales ———

Wider determinants: school leavers with skills and qualifications

Wider determinants: people living in poverty
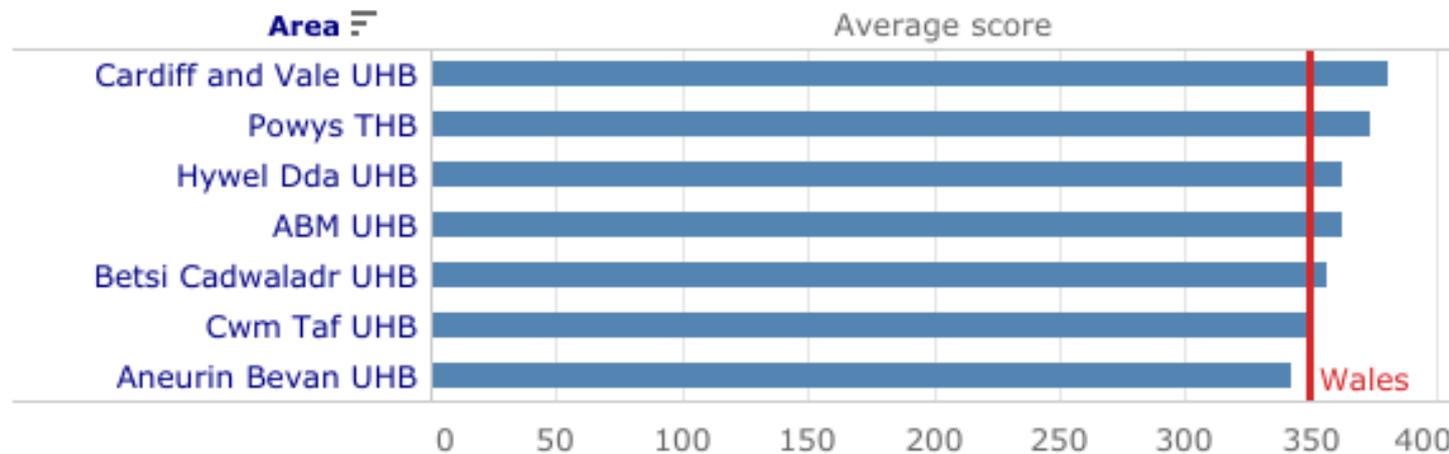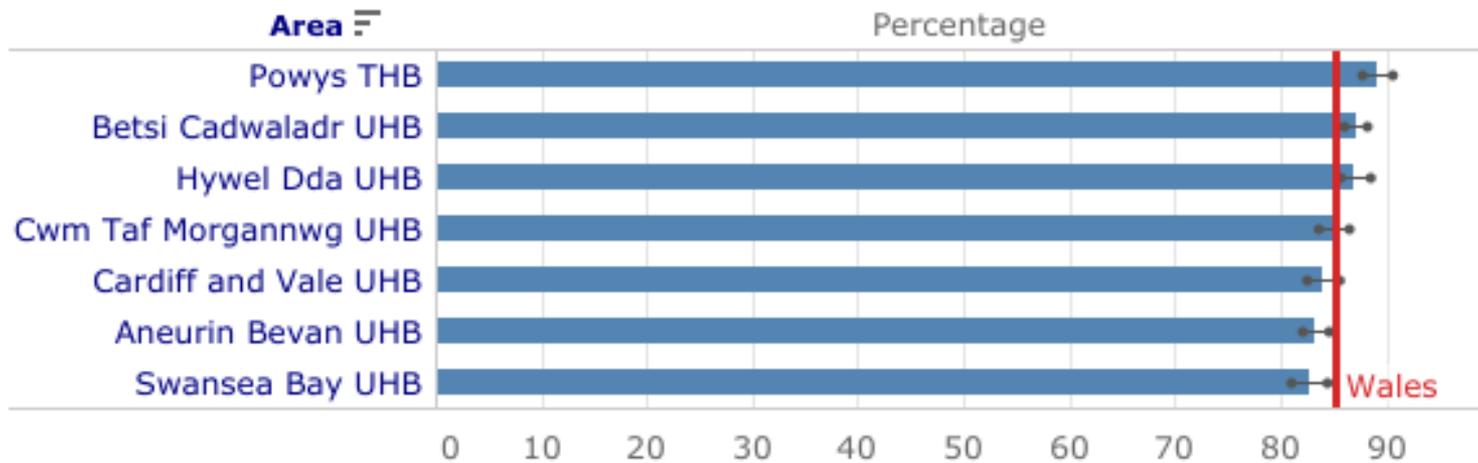
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Wider determinants: quality of housing
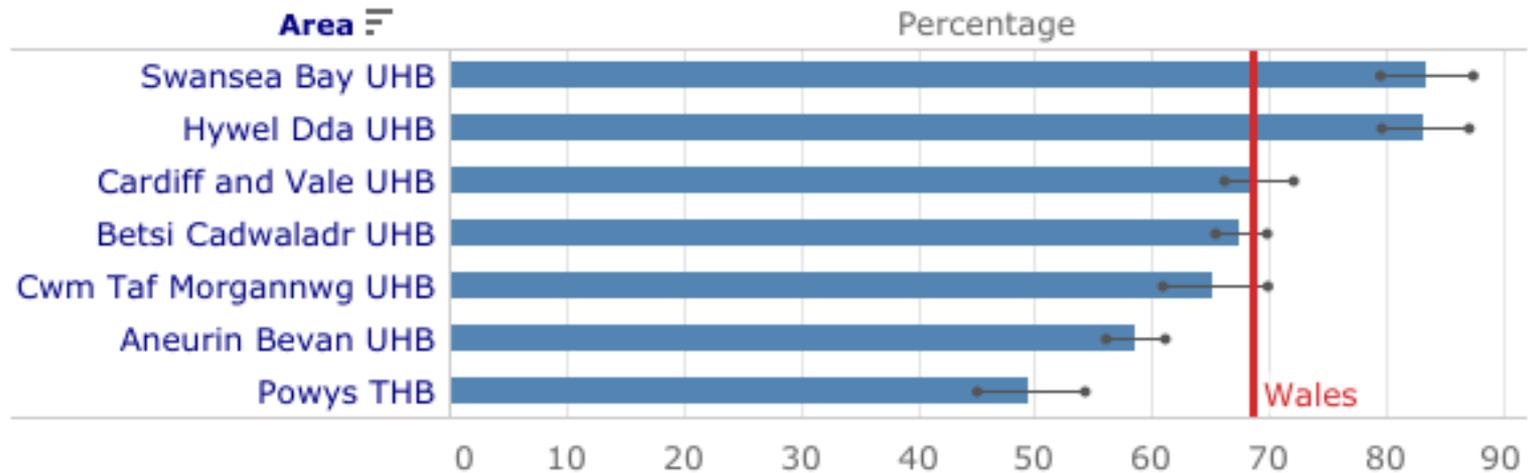
Health behaviours

Health behaviours: fruit & veg (5 a day)

Source: PHOF – WHS (2008-2015)
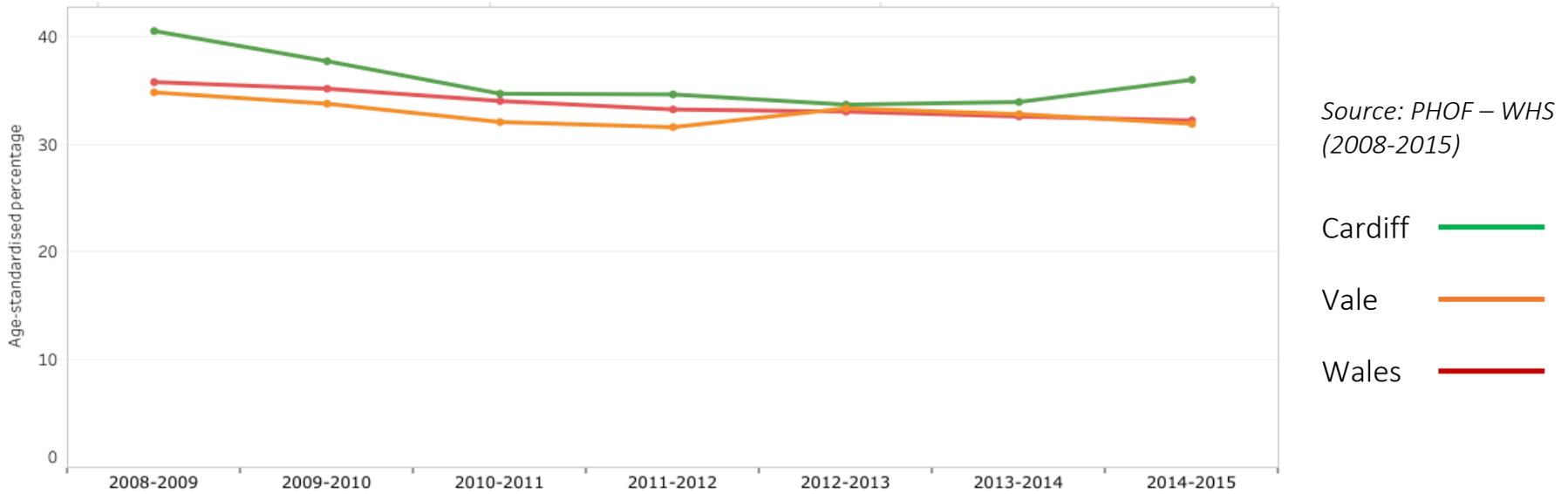
Cardiff ———

Vale ———

Wales ———

Source: PHOF – NSW (2016-2019)

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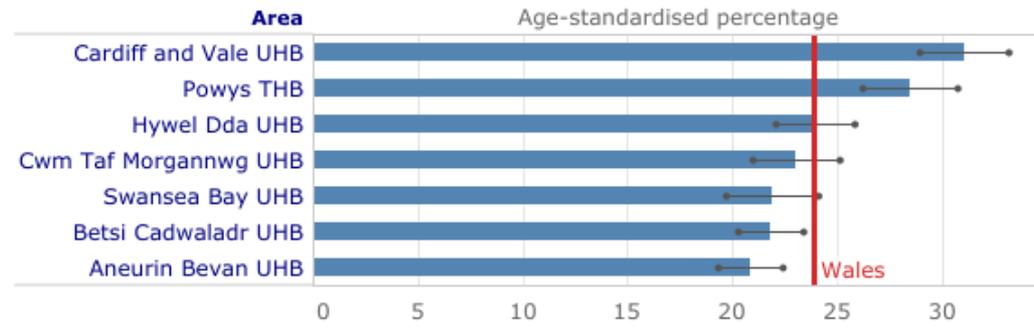
Health behaviours: physical activity
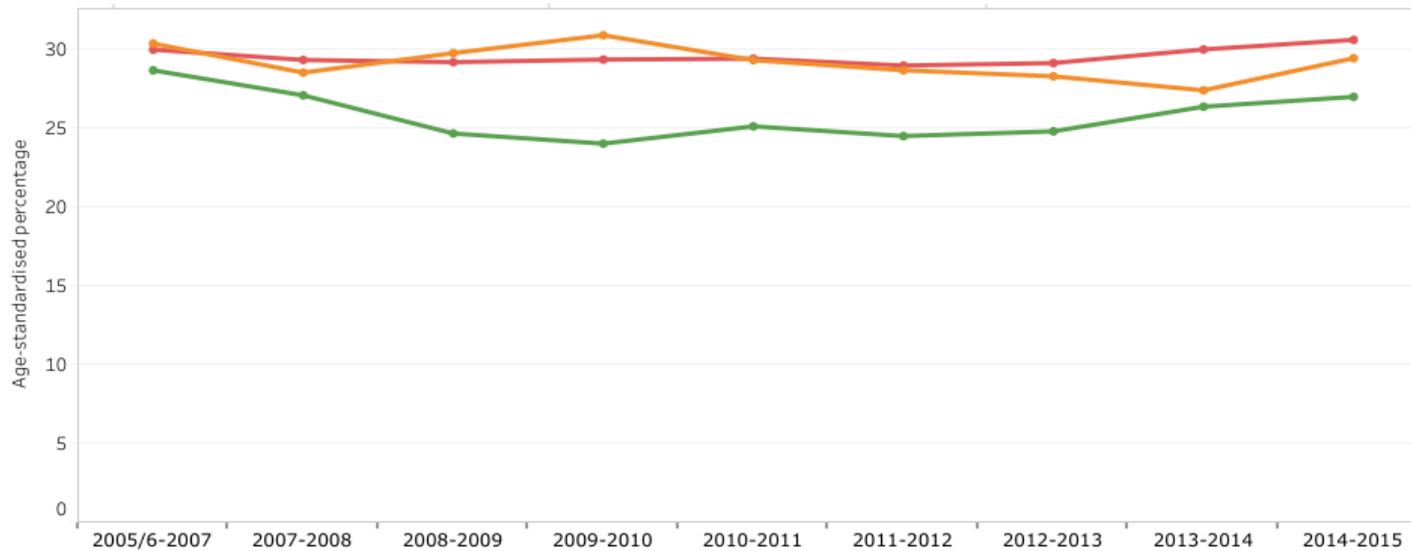
Source: PHOF – WHS (2005-2015)

Cardiff ————

Vale ————

Wales ————

Source: PHOF – NSW (2016-2019)

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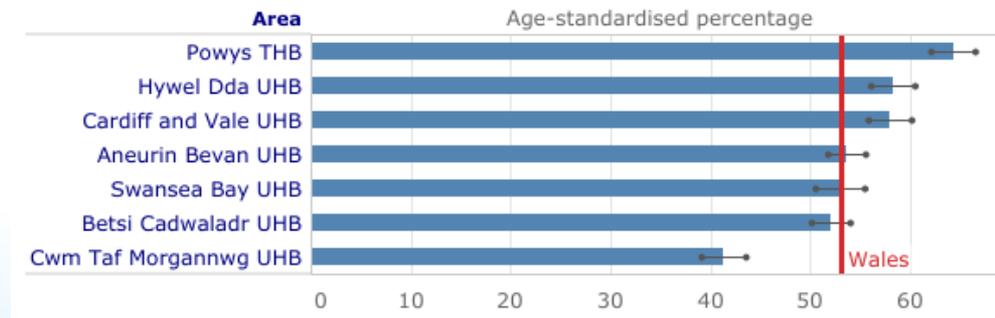
Health behaviours: smoking
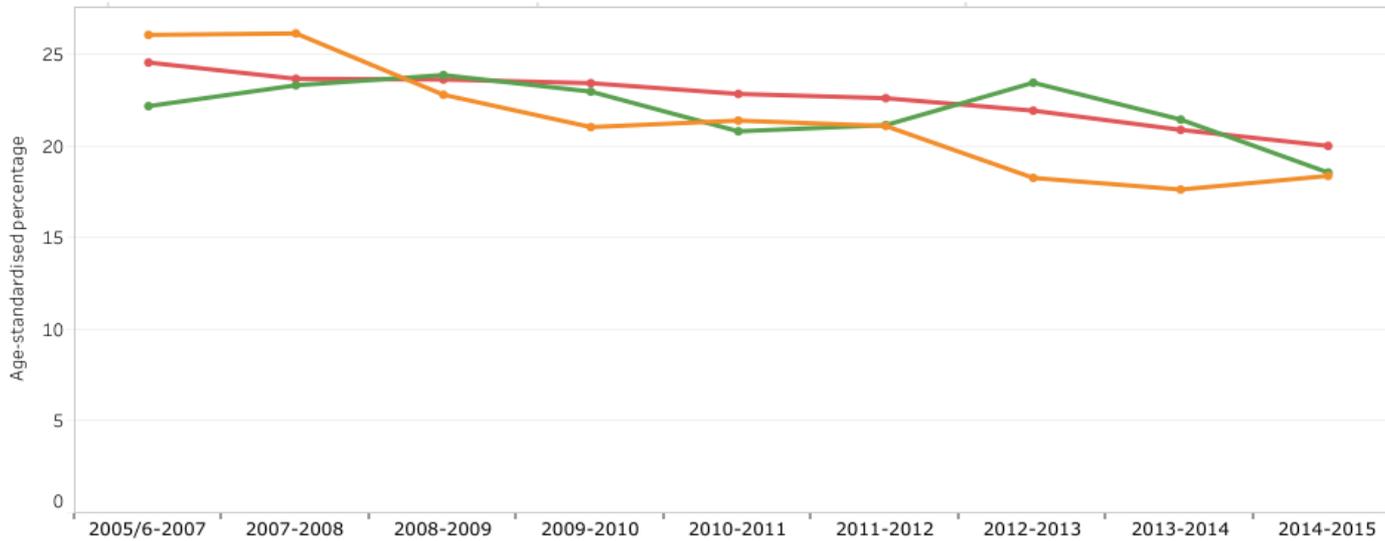
Source: PHOF – WHS (2005-2015)

Cardiff ───

Vale ───

Wales ───

Source: PHOF – NSW (2016-2019)

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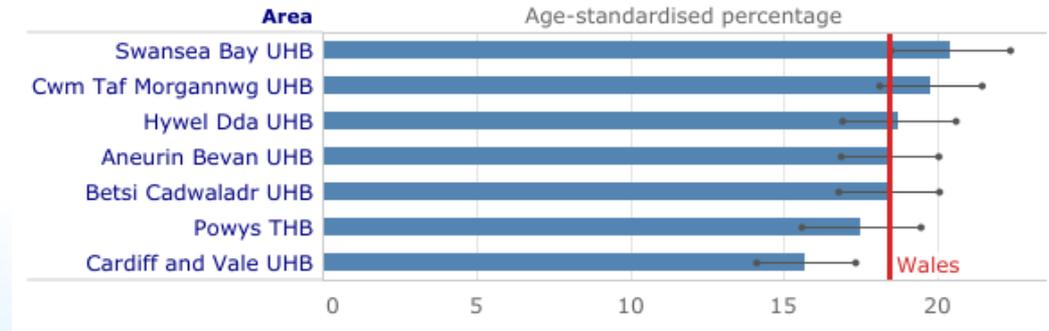
Health behaviours: drinking alcohol
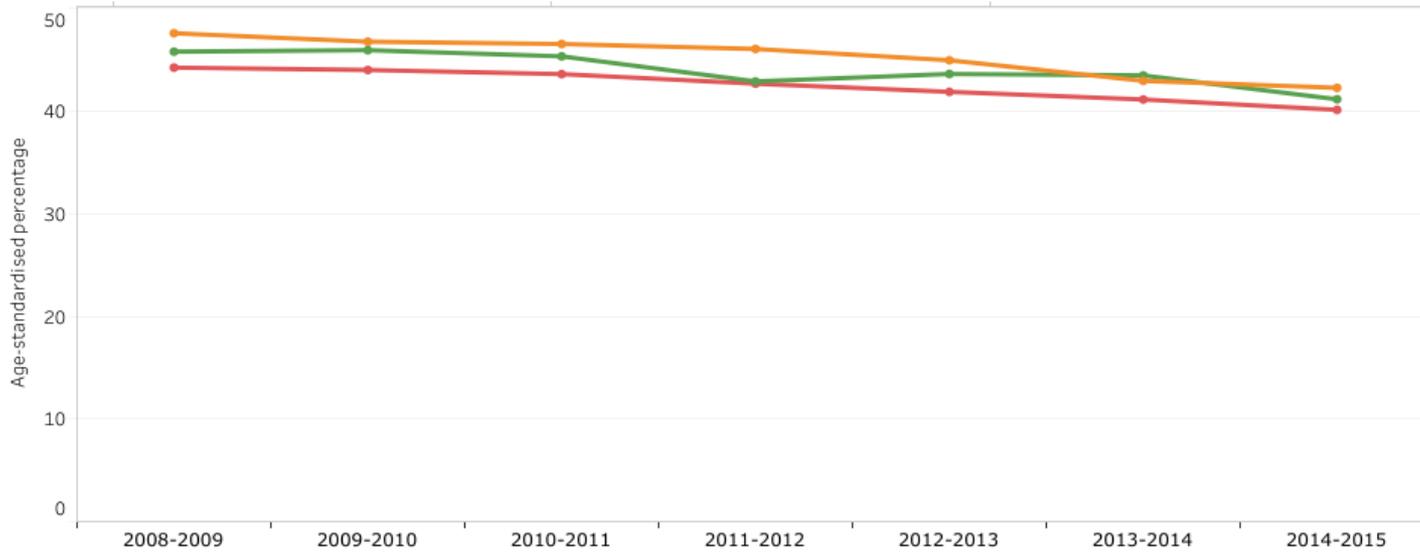
Source: PHOF – WHS (2008-2015)

Cardiff ————

Vale ————

Wales ————

Source: PHOF – NSW (2016-2019)

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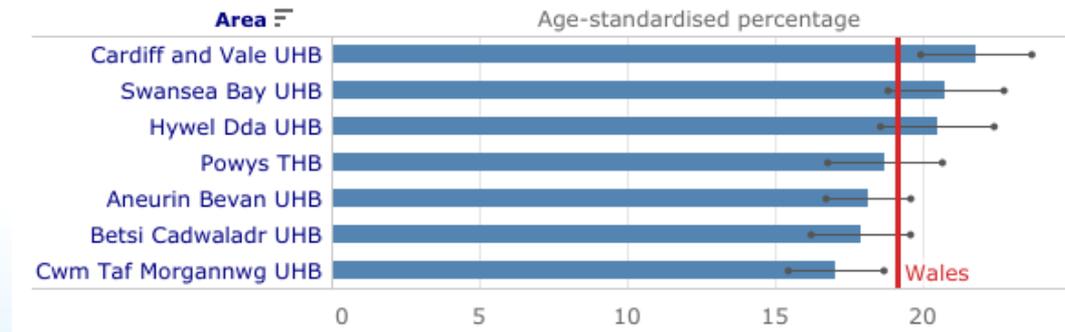
Health behaviours: teenage pregnancy

Cardiff   Vale   Wales

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Health behaviours: vaccinations
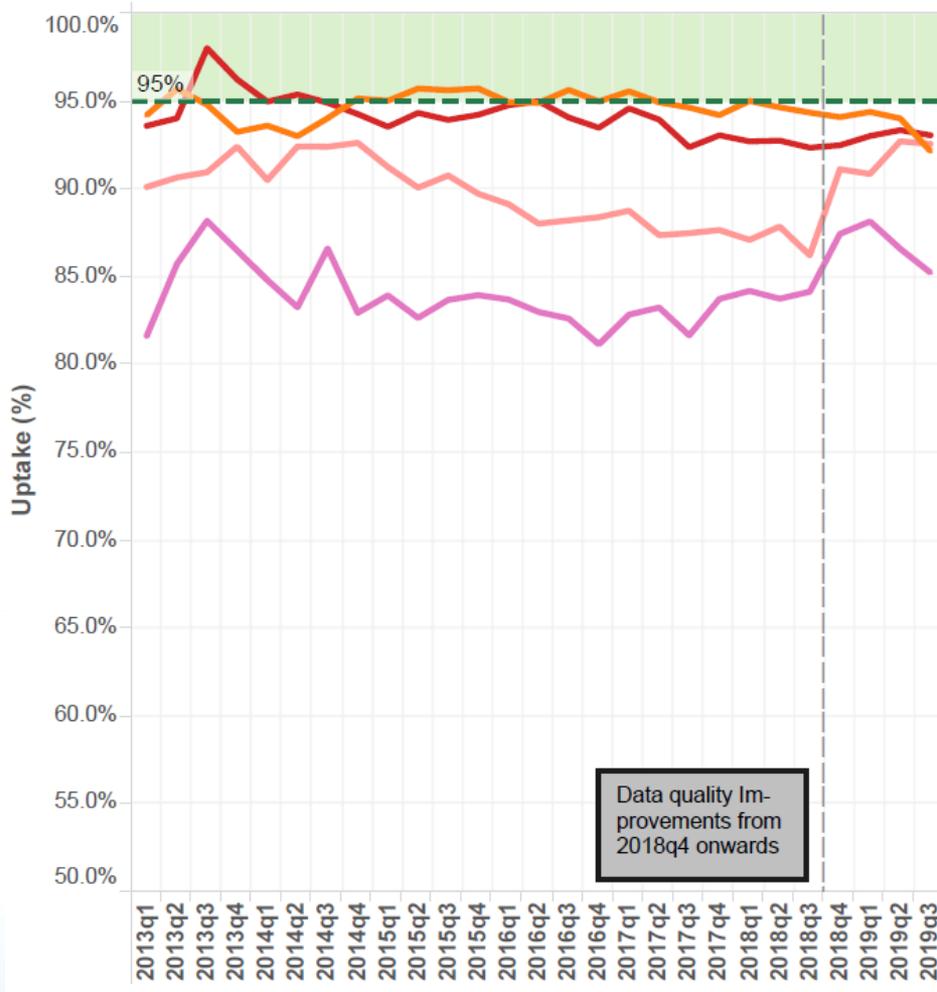
Legend:
- 5 in 1 primary (1 year)*
- MMR (1 dose, 2 years)
- Up to date* (4 years)
- MMR (2 doses, 5 years)

Data quality Improvements from 2018q4 onwards

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Health behaviours: children of a healthy weight

Cardiff ——— Vale ——— Wales ———

Health behaviours: adults of a healthy weight
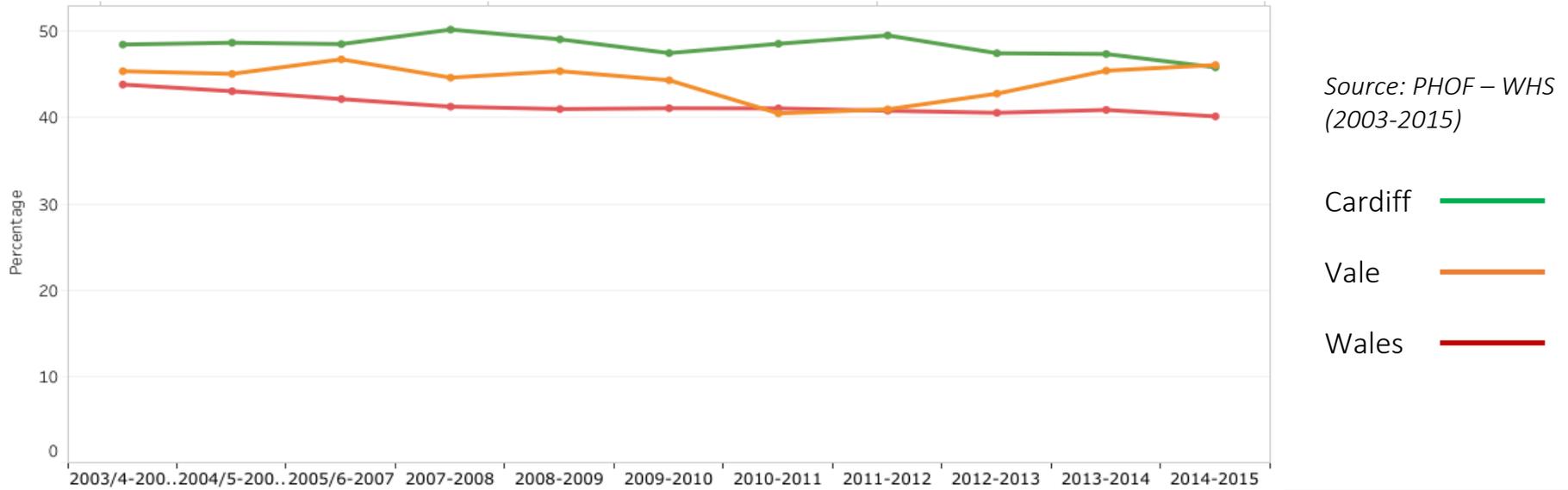
Source: PHOF – WHS (2003-2015)

Cardiff —————

Vale —————

Wales —————

Source: PHOF – NSW (2016-2019)
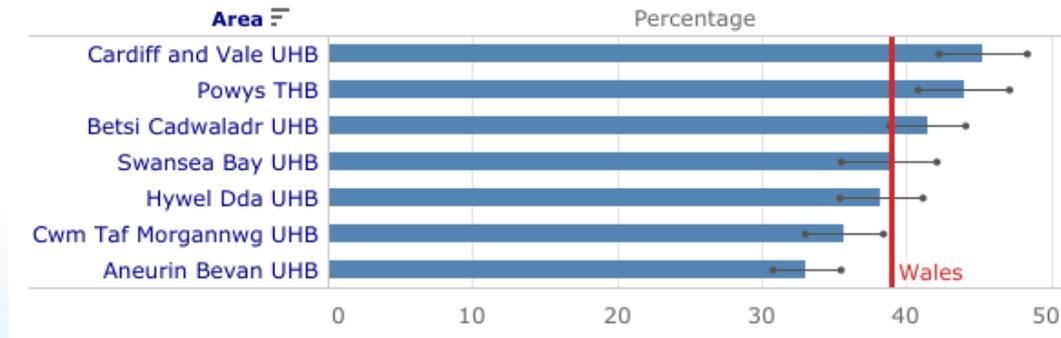
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Health outcomes

Health outcomes: adults in good health

Source: PHOF – WHS (2003-2015)

Cardiff ——————

Vale ——————

Wales ——————
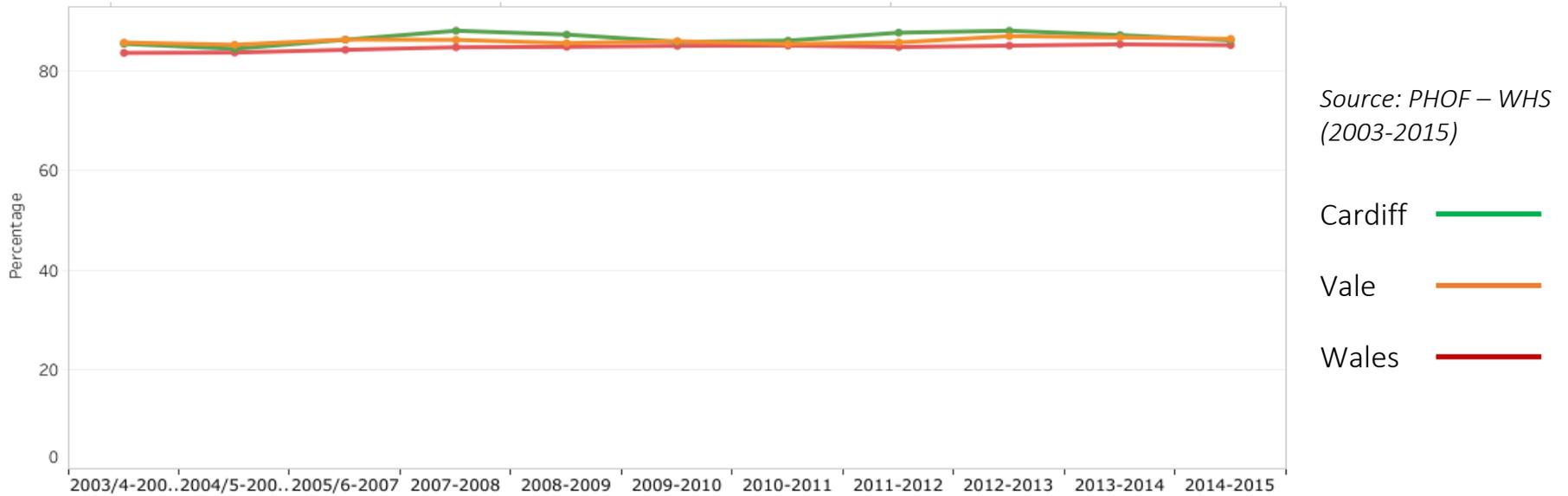
Source: PHOF – NSW (2016-2019)

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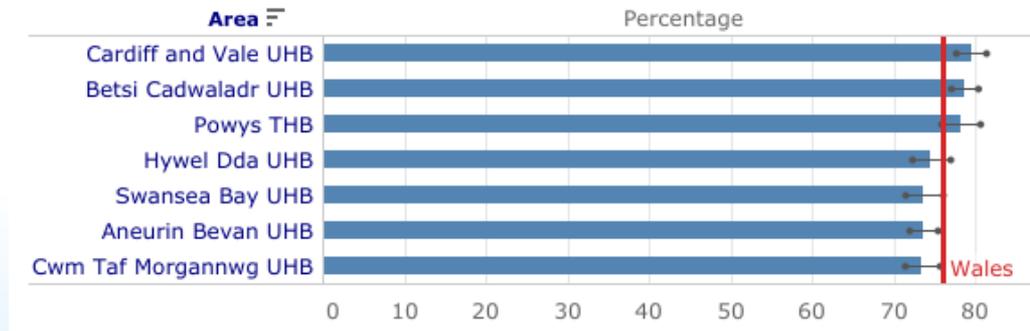
Health outcomes: older people in good health

Source: PHOF – WHS (2003-2015)

Cardiff ———

Vale ———

Wales ———
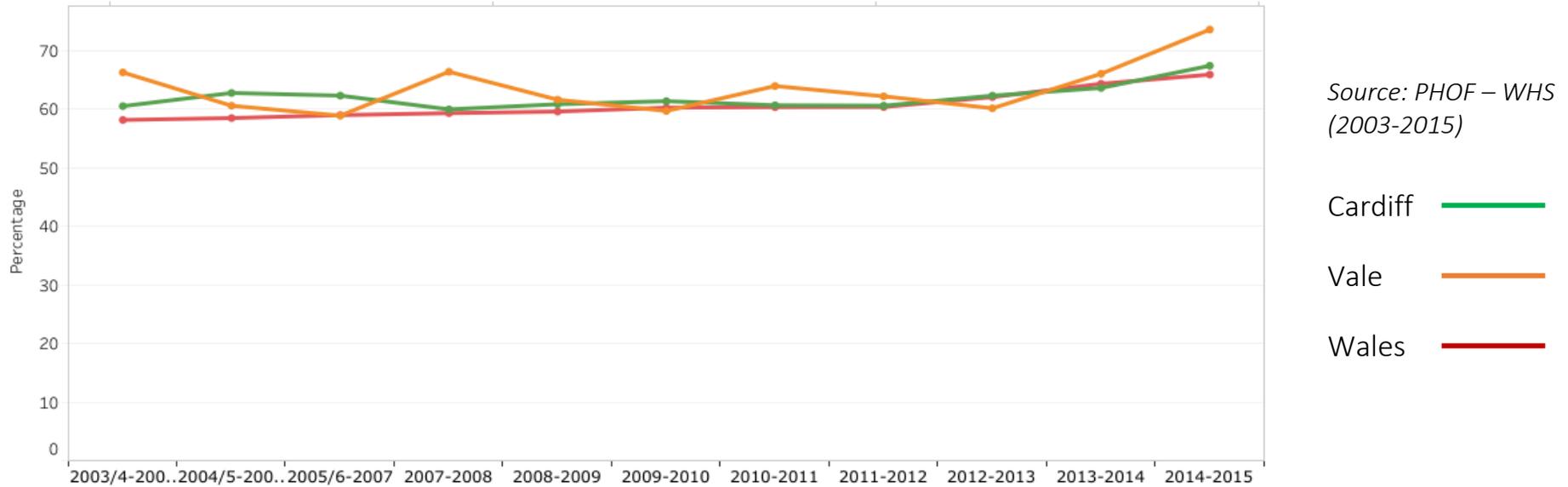
Source: PHOF – NSW (2016-2019)

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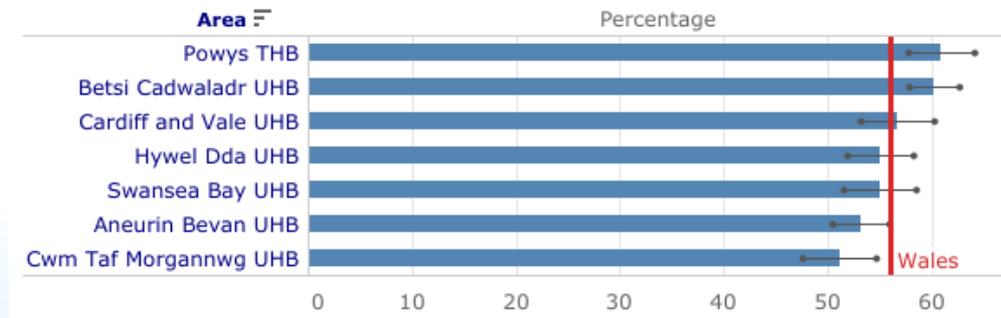
Health outcomes: gap in employment rate for those with a long term health condition

Area	Percentage
Aneurin Bevan UHB	
Cwm Taf Morgannwg UHB	
Hywel Dda UHB	
Swansea Bay UHB	
Betsi Cadwaladr UHB	
Powys THB	
Cardiff and Vale UHB	Wales
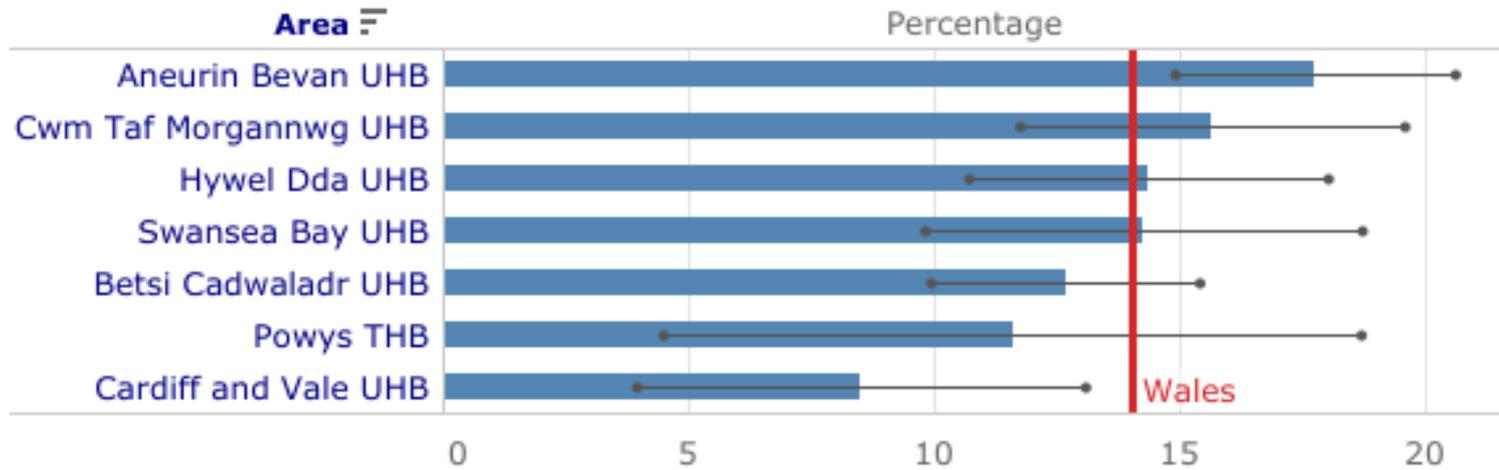
Tolley, Laura
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Health outcomes: hip fractures in older people

Cardiff —— Vale —— Wales ——

Health outcomes: premature deaths from NCDs

Cardiff   Vale   Wales

Tolley, Laura
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Health outcomes: suicides
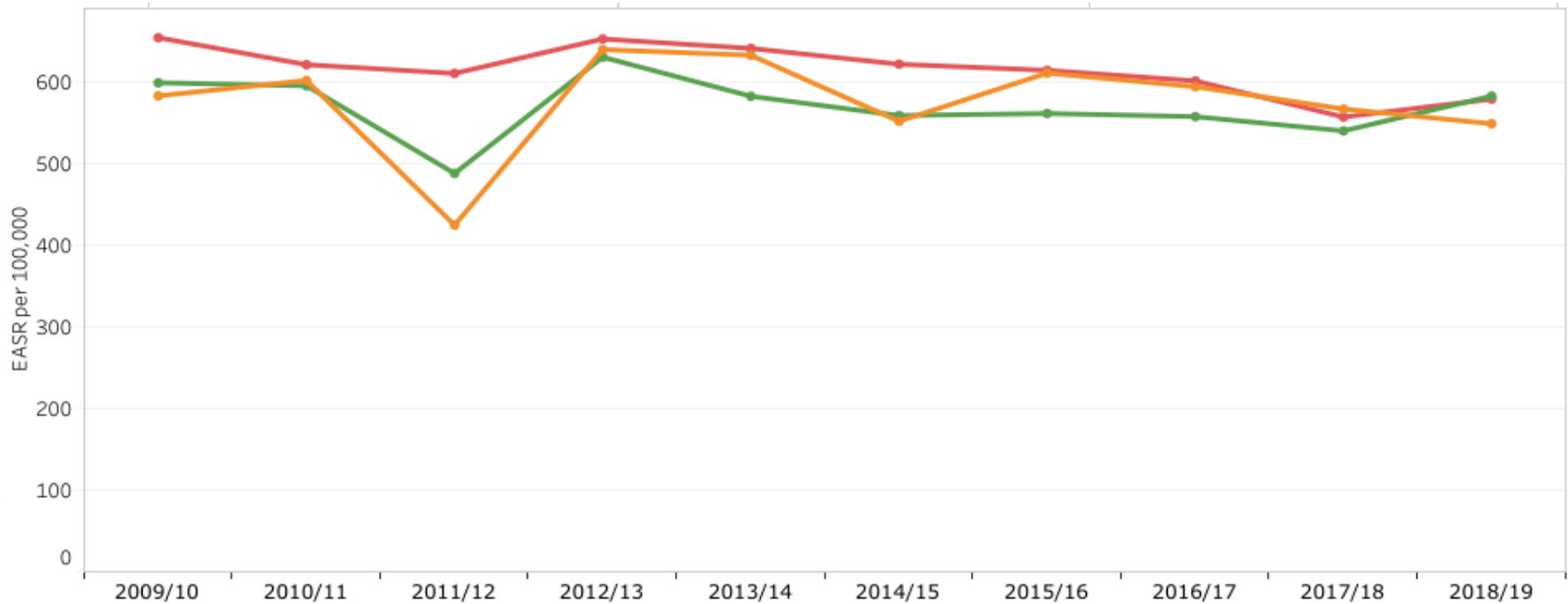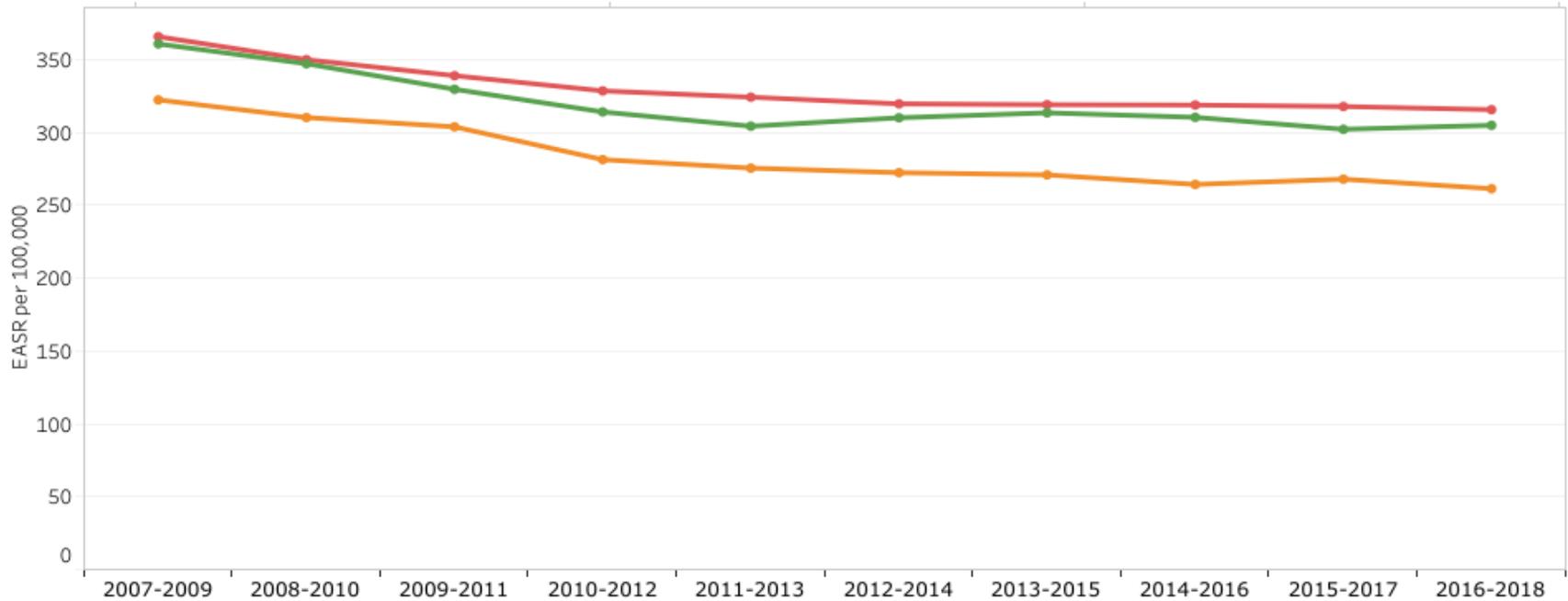
Tolley, Laura
03/03/2020 10:37:47

Cardiff ——— Vale ——— Wales ———

Health outcomes: suicides (cont.)

Compared to Wales

- Wales
- Significantly better
- Similar
- Significantly worse

	Wales	Betsi Cadwaladr UHB	Powys THB	Hywel Dda UHB	Swansea Bay UHB	Cardiff and Vale UHB	Cwm Taf Morgannwg UHB	Aneurin Bevan UHB
Suicides, 2014 to 2018 (EASR per 100,000)	12.0	11.5	13.9	13.0	12.3	11.8	13.8	10.0
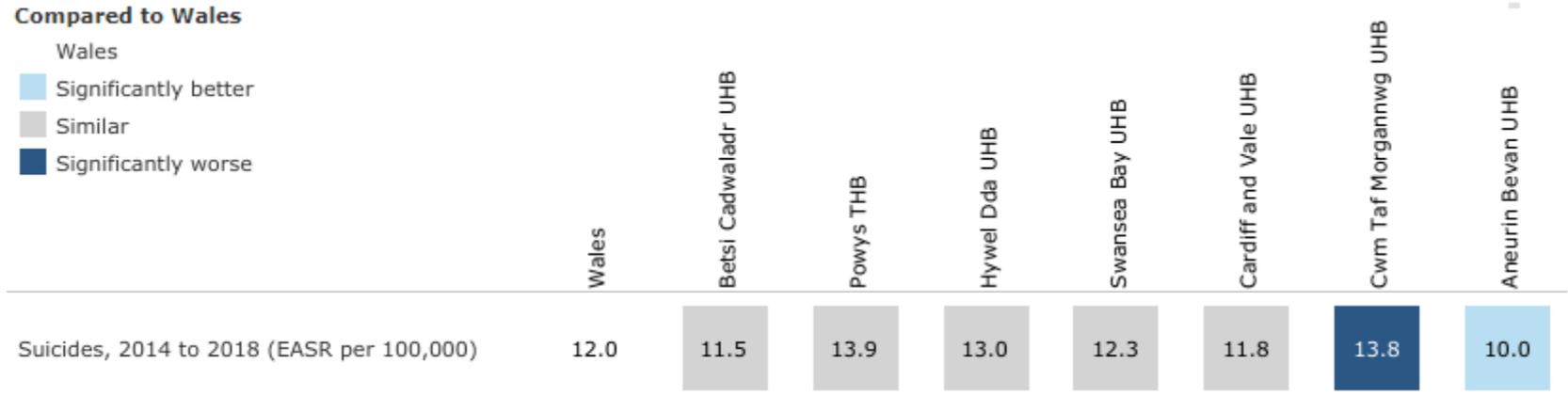
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Health outcomes: adult mental well-being

Total score, people aged 16+, 2018/19 Source: PHOF (2020)

Health outcomes: life expectancy at birth (F)

Health outcomes: life expectancy at birth (M)

Cardiff —— Vale —— Wales ——

Health outcomes: healthy life expectancy (F)

Healthy life expectancy in females at birth, Cardiff & Vale UHB and local authorities, 2011-13 to 2016-18
Produced by Public Health Wales Observatory, using health state life expectancies (ONS)
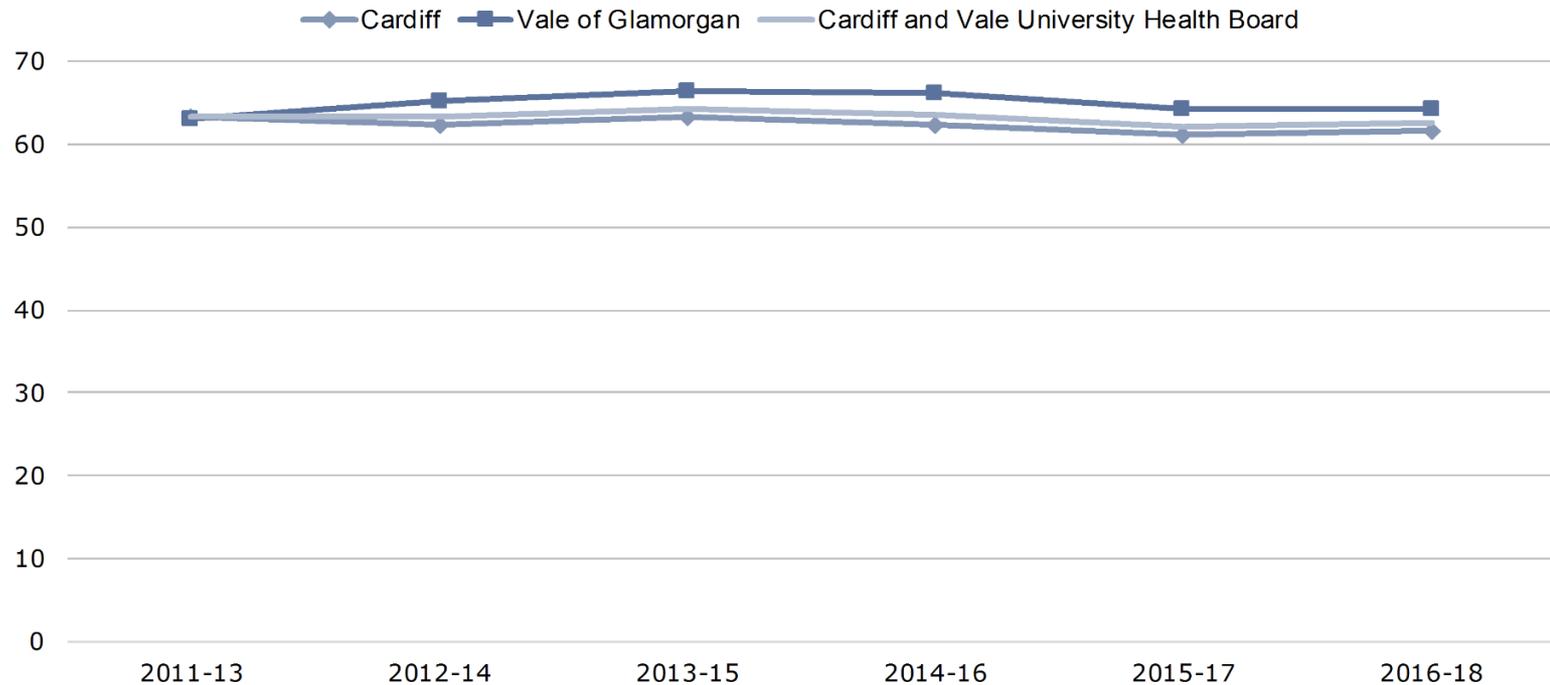
Health outcomes: healthy life expectancy (M)

Healthy life expectancy in males at birth, Cardiff & Vale UHB and local authorities, 2011-13 to 2016-18
Produced by Public Health Wales Observatory, using health state life expectancies (ONS)
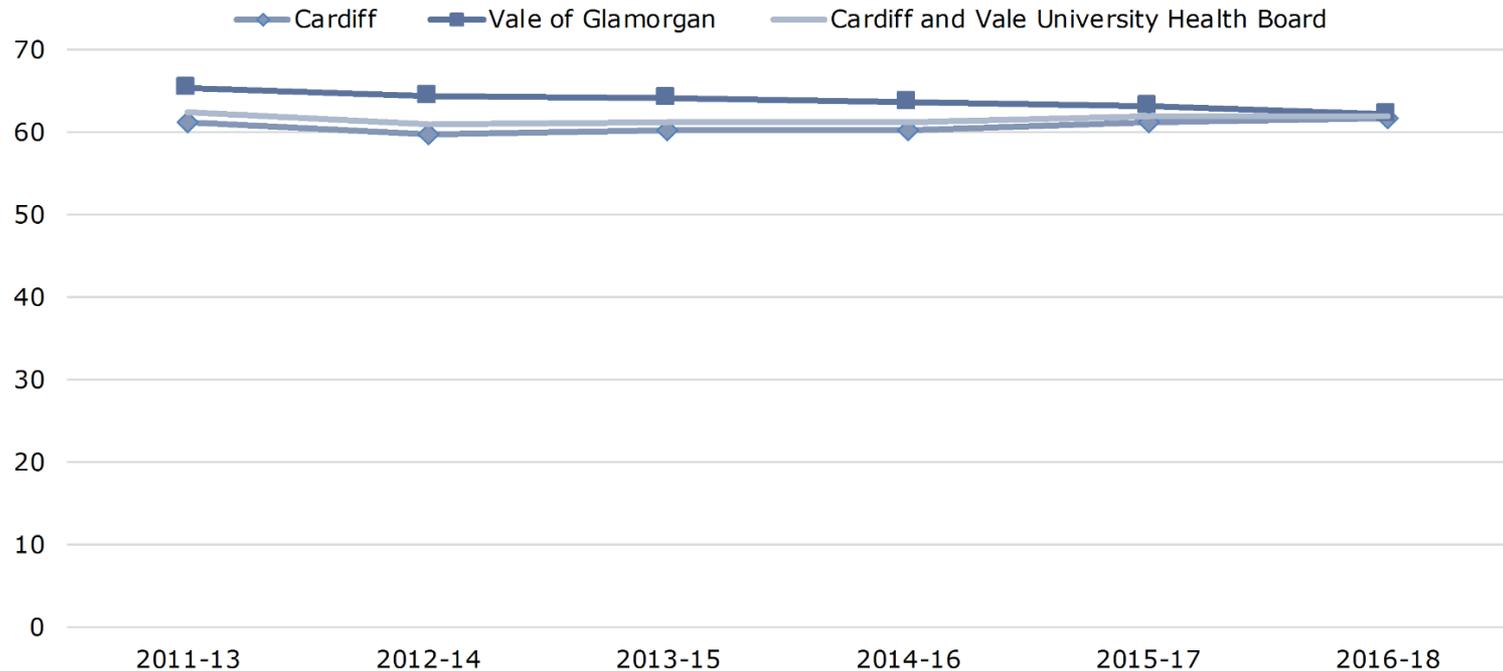
Health outcomes: life expectancy gap (M)

Gap in LE at birth between most and least deprived fifth (2015-2017)
Years, males
Source: PHOF (2020)
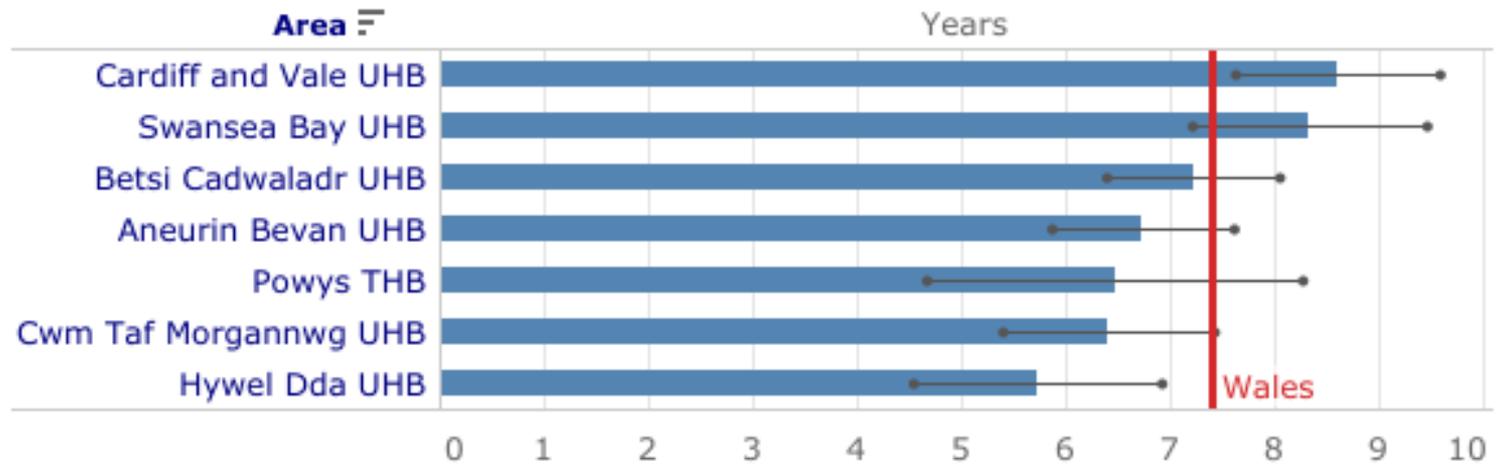
Notable findings

- Positive*

  - Air quality (improving)
  - Qualifications (above av)
  - Physical activity (improving recently)
  - Smoking (declining)
  - Alcohol use (declining)
  - Teen pregnancy (declining)
  - Healthy weight children (improving)
  - Adults of a healthy weight (above av)
  - Adults in good health (above av)
  - Older people in good health (improving)
  - Employment rate gap for LTC (below av)
  - Premature deaths from NCDs (declining)
  - Adult mental well-being (above av)

- Negative^

  - People living in poverty (above av)
  - Five a day fruit & veg (declining)
  - Life expectancy gap (above av)

*(above average or improving)

^(below average or worsening)

Tolley, Laura
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Taking action: the public health system
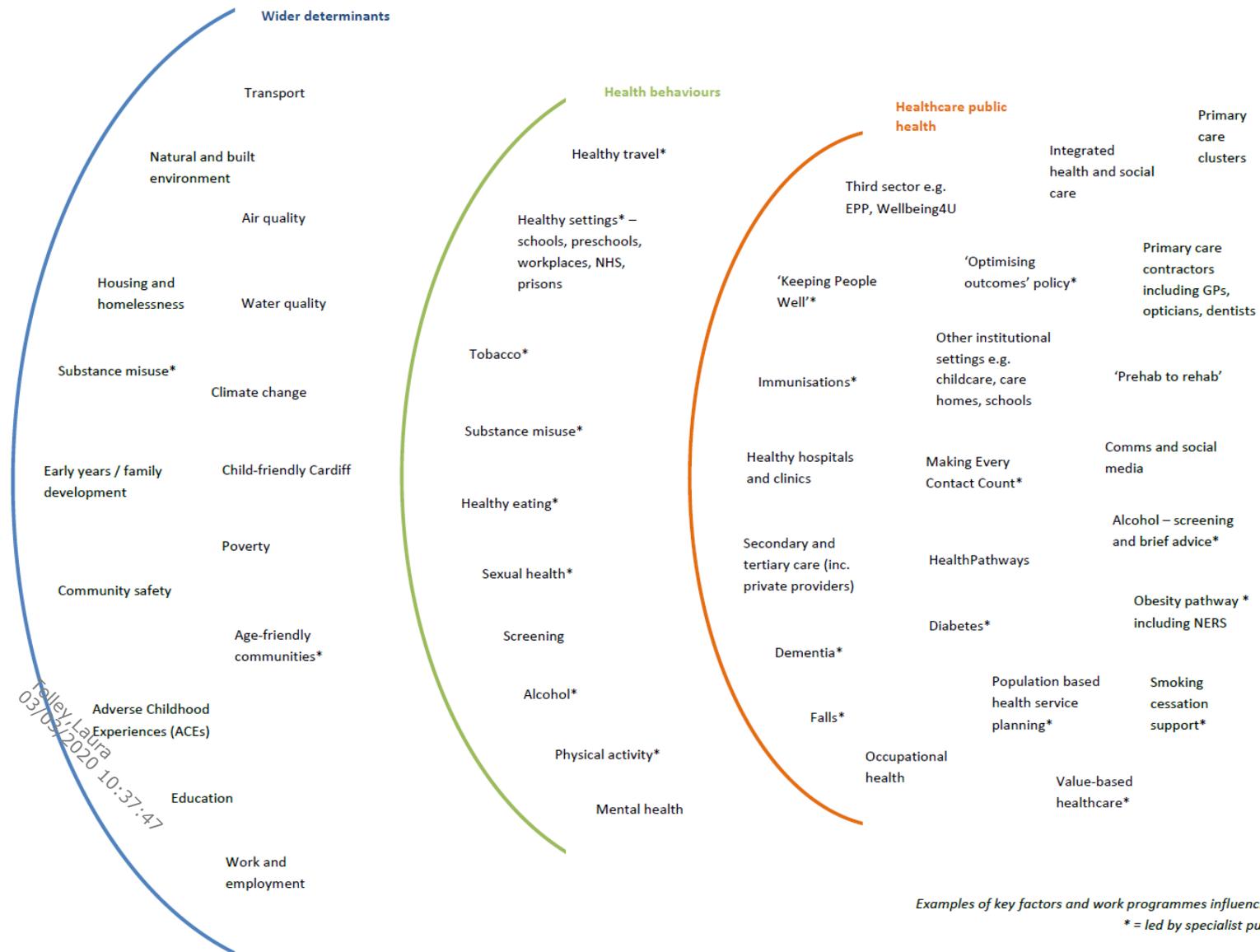
Examples of key factors and work programmes influencing public health
* = led by specialist public health team

Monitoring progress

- We regularly monitor a broad suite of indicators in relation to the health of our population

- Mechanisms include:
    - local public health team monthly performance meetings
    - C&V UHB performance framework and performance mechanisms
    - Public Service Board outcome indicators
    - Regional Partnership Board outcomes framework

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03/03/2020 10:37:47

Summary and recommendations

Summary

- Overall the health of the population of Cardiff and Vale is good, and improving

- Persisting inequalities in health and wealth remain

- Improving trends need to be sustained

- Range of Health Board and partnership work to tackle priority health improvement arenas

Recommendations

- Focus of partnership work and implementation of Shaping our Future Wellbeing needs to remain on reducing the gap in inequalities, and strengthening prevention across the system

Acknowledgements

- Public Health Wales Outcomes Framework

- Dr Tom Porter and local public health team

- Public Health Wales Observatory

Tolley, Laura
03/03/2020 10:37:47

REPORT TITLE:	**Integrated working – Major Trauma Centre/Network Example**					
MEETING:	Strategy and Delivery Committee				MEETING DATE:	10 March 2020
STATUS:	**For Discussion**	X	**For Assurance**	X	**For Approval**		**For Information**	
LEAD EXECUTIVE:	Executive Director of Workforce & OD					
REPORT AUTHOR (TITLE):	**Deputy Director of Workforce & OD, Head of Workforce & OD Specialist Clinical Board**					
PURPOSE OF REPORT:						

SITUATION:

The terms of reference of the Strategy and Delivery Committee refer to the purpose being to promote an integrated approach to the service provision, quality, finance and workforce elements so that they are aligned and integrated.

The purpose of this paper is to provide an example of this as illustrated through our work in establishing the Major Trauma Centre; especially in regard to the team effort focussed on the recruitment campaign.

REPORT:

BACKGROUND:

In March 2018 all 6 Local Health Boards in Wales covered by the proposed trauma network fully endorsed the recommendations of an independent expert panel review, which indicated that:

- A major trauma network for South and West Wales and South Powys with a clinical governance infrastructure should be quickly developed.
- **The adults and children's MTC's should be on the same site.**
- **The MTC should be at University Hospital of Wales, Cardiff.**
- Morriston Hospital should become a large Trauma Unit and should have a lead role for the major trauma network.
- A clear and realistic timetable for putting the trauma network in place should be set.

The model will have a phased introduction including the following:

- Operational Delivery Network (ODN) including clinical informatics as well as training and education requirements.
- Pre-hospital provider (WAST and EMRTS). For EMRTS this is provided for reference only, as resourcing for EMRTS expansion has been subject to a prior separate business case process.
- **Adult and paediatric (MTC).**

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- Morriston hospital TU with specialist services.
- LHBs (including TUs and LEHs).

The provision of rehabilitation and repatriation for 'care with treatment closer to home' will be incorporated into the above where appropriate.

Following this agreement, Cardiff and Vale established a Major Trauma Board and appointed a Programme Director to develop an appropriate overarching implementation plan. It was agreed that the accountability for MTC would fall within the Specialist Services Clinical Board. The project board was specifically designed to provide a multi-professional approach to the MTC and incorporate the service development, quality, finance and workforce requirements.

Early on it was recognised that one of the keys to success of the MTC would be our ability to recruit a talented and skilled workforce in the timescale set. It was therefore crucial that we worked as a team to understand the clinical requirements, service model, financial funding streams as well as the workforce availability and attraction strategies we were putting into place. One of our key priorities in Cardiff was to recruit 176 WTE for the MTC within 6 months.

It was also very important that we recognised the need to work as a Network across South, Mid and West Wales as otherwise we could easily de-stabilise the service and workforce in other Health Boards which were inter-dependent to the overall Network success. In recognising this Cardiff and Vale's Director of Workforce established a Workforce Work-stream across South, Mid and West Wales and through consensus we developed a set of core workforce principles which would help sustain the workforce across South, Mid and West Wales. These were signed off at Chief Executive level. (see Appendix A).

ASSESSMENT:

An implementation plan was developed within C&V to deliver the recruitment Programme that would enable the recruitment of 176 WTE into new posts to support the delivery of the MTC. The wider team of clinicians, finance and workforce came together to develop the business cases required to establish the recruitment Programme and funding streams. The membership of the local team was specifically designed so that all parts of the organisation were represented across Clinical Boards.

Regular weekly meetings were established to share the finance, service and workforce agendas which included an analysis of which posts needed to be recruited to and when. This was to ensure that essential training and development could be undertaken prior to MTC 'go live'. A business case was subsequently forwarded to WHSSC to request funding for the posts in 3 tranches from October 2019 to April 2020.

The close working relationship of the Workforce and Finance teams was fundamental in identifying and analyzing a large range of complex data to produce a comprehensive and detailed report which was later approved by WHSSC and funding authorised.

As an example of the wider communication and team working the recruitment progress summary within Table 1 is shared each week at a teleconference across the Wales health

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boards.

Table 1:

![University Hospital of Wales — MAJOR TRAUMA — Cardiff and Vale University Health Board] Directorate progress Summary

Directorate	October 19 - January 2020			January 20 - March 2020			Apr-20			Total		
	1			2			3			Total WTE	Total WTE Filled	Total % filled
	WTE	WTE Filled	% filled	WTE	WTE Filled	% filled	WTE	WTE Filled	% filled			
Community Child Health							0.20	0.20	100.0%	0.20	0.20	100.0%
Critical Care							26.85	13.00	48.4%	26.85	13.00	48.4%
EU	3.50	3.50	100.0%	5.60	5.60	100.0%	12.00	3.50	29.2%	21.10	12.60	59.7%
General Surgery							2.10	0.50	23.8%	2.10	0.50	23.8%
Haemotology							1.00	1.00	100.0%	1.00	1.00	100.0%
Medical Physics							0.50		0.0%	0.50		0.0%
MTC	2.00	2.00	100.0%	2.20	2.00	90.9%	0.20		0.0%	6.90	5.90	85.5%
Neurosciences (rehab)							2.00		0.0%	2.00		0.0%
Neurosurgery							1.00		0.0%	1.00		0.0%
Pharmacy & Medicines							0.50		0.0%	0.50		0.0%
Polytrauma Unit	1.00	1.00	100.0%	37.90	33.60	88.7%	15.50	11.92	76.9%	54.40	46.52	85.5%
Psychology							1.00		0.0%	1.00		0.0%
Radiology							6.10	6.10	100.0%	6.10	6.10	100.0%
T&O	0.50	0.50	100.0%	3.00		0.0%	1.90		0.0%	5.40	0.50	9.3%
Theatres	21.60	21.60	100.0%				4.80		0.0%	26.40	21.60	81.8%
Therapies				2.00		0.0%	16.50	6.80	41.2%	18.50	6.80	36.8%
Therapies(including Paeds)							1.60	0.20	12.5%	1.60	0.20	12.5%
Thoracic Surgery				1.00		0.0%				1.00		0.0%
Grand Total	28.60	28.60	100.0%	51.70	41.20	79.7%	93.75	43.22	46.1%	176.55	114.92	65.1%

RECOMMENDATION:

The Strategy and Delivery Committee is asked to **NOTE** the contents of this paper and the example of integrated working from a service provision, quality, finance and workforce perspective.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
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		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	

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click here for more information

Sustainable development principle: 5 ways of working	Prevention	Long term	X	Integration	Collaboration	X	Involvement

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Yes / **No** / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Tolley,Laura
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South, Mid and West Wales Major Trauma Programme

Workforce Principles

1.0   Introduction

Following the Gateway review of the South, Mid and West Wales Major Trauma Network, Programme Business Case (PBC) a number of recommendations were made, one of which included the need to consider impacts to wider system from implementing a Major Trauma Network and undertaking what will be a considerable recruitment drive. To support this an Executive Strategy Group has been convened and is supported by a deputy leads group which works with members of the existing programme team.

A Workforce Task and Finish Group has been established to coordinate the production of the network-wide workforce plan to support the PBC and to inform operational planning.   Representation is secured from: Cardiff and Vale (Chair), NHS Wales Health Collaborative, HEIW, Hywel Dda, Aneurin Bevan, Swansea Bay and Cwm Taf

Below is an overview of the service and rehabilitation model for Major Trauma Centre and Major Trauma Units.

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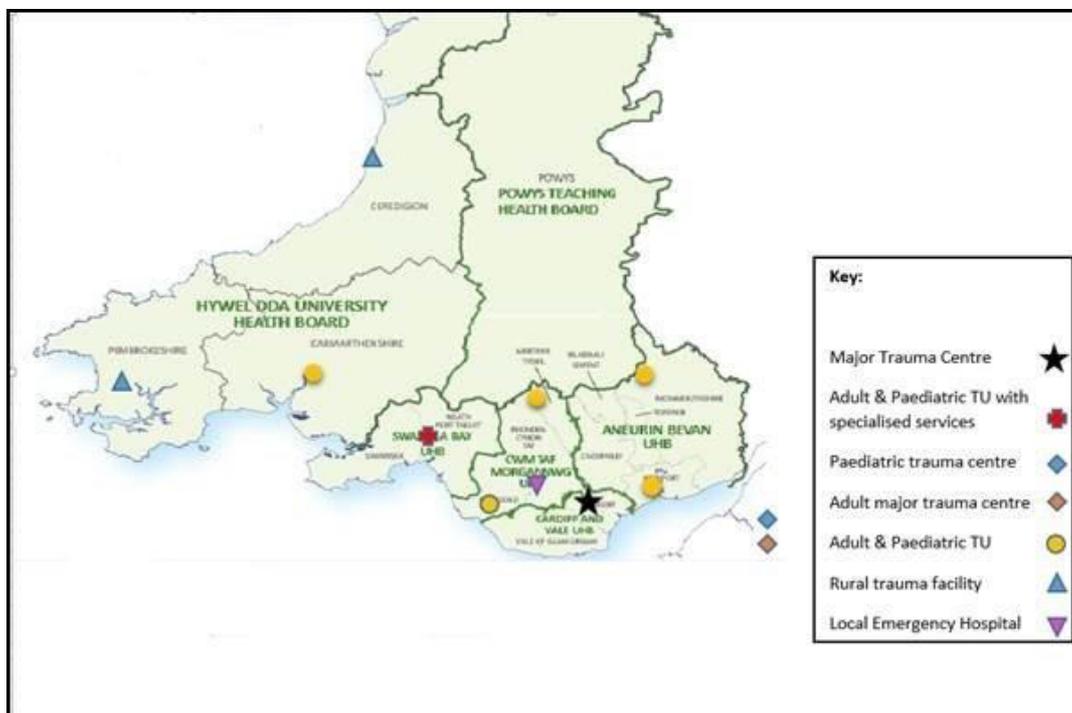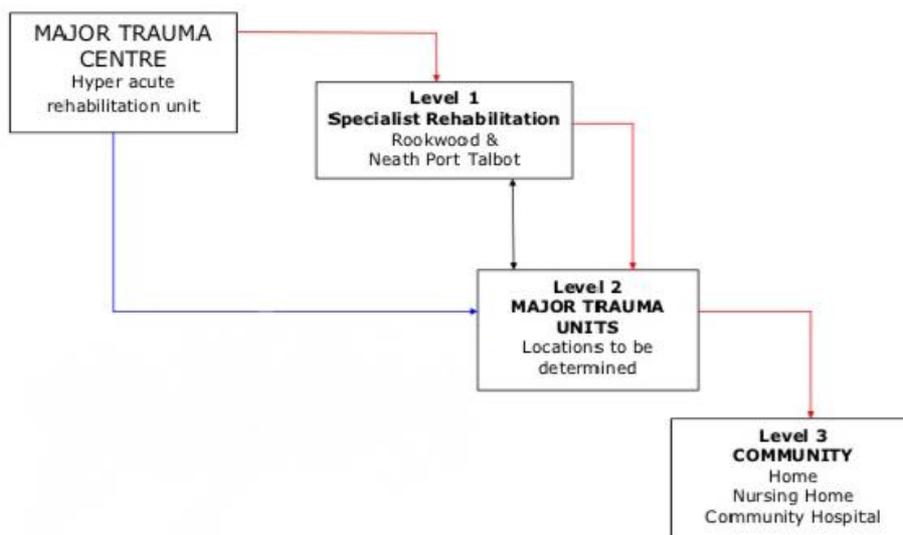
2.0 Emerging Workforce Models

2.1 The Workforce identified for the **Major Trauma Unit** (MTC) is in two tranches as follows:

Tranche one							
Location	Role	Band	WTE	Cost (£000)	Start date	Full year cost (£000)	
MTC Directorate	Tarn co-ordinators	4	2.0	29.4	October	58.8	
Adult EU	Consultants - ED	con	3.5	102.7	January	410.8	
Theatres	Consultants - Anaesthetists	con	3.8	120.0	January	480	
	Register nurse/ODP	6	2.2	39.1	October	78.2	
	Register nurse/ODP	5	6.7	95.9	October	191.8	
	Register nurse/ODP	3	6.5	66.2	October	132.3	
	HCSW/ODP	2	2.4	22.7	October	45.3	
PTU	Practice Educator	7	1.0	27.6	October	55.1	
Trauma & Orthopaedics	Consultant surgeons	con	0.5	38.2	August	57.3	
Plastic Surgery	Consultant surgeons	con	3.0	88.1	January	393	
ODN	Network Manager	8c	1.0	45.2	October	90.5	
Total			**32.6**	**675.1**		**1993.1**	

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Tranche Two Recruitment as previously indicated						
Location	Role	Band	WTE	Cost (£000)	Start Date	Full Year Cost (£000)
MTC Directorate	Therapy Lead	8a	1.0	16.0	January	64
	Rehabilitation coordinator	7	1.0	13.8	January	55.2
	Major Trauma Practitioner	7	2.2	30.3	January	121.2
Adult EU	Registered Nurses	6	5.6	48.7	January & March	281
Polytrauma Unit	Advanced Nurse Practitioners	7	5.7	90.3	January	361.2
	Sister/Charge Nurse	7	1.0	4.6	March	55.1
	Registered Nurses	6	9.0	40.4	March	494.4
	Registered Nurses	5	14.2	51.2	March	614.6
	HCSW/ODP	2	8.0	19.3	March	231.5
Trauma & Orthopaedics	Consultant surgeons	Con	3.0	65.5	February	393
Thoracic Surgery	Consultant Surgeon	Con	1.0	10.8	March	130
Total			**51.7**	**390.9**		**2791.2**
Additional posts not previously considered						
Plastic Surgery	Locum Consultant Surgeon	Con	1.0	29.4	January	131
ODN	Senior Data Analyst and Service Improvement Manager	7	1.0	13.7	January	54.9
ODN	Admin support	4	1.0	7.3	January	29.3
			3.0	**50.4**		**215.2**
Totality of tranche 2 posts						
Total			**54.7**	**441.3**		**3,006.4**

2.2 The immediate short-term **workforce model** for each **Trauma Unit (TU)** is outlined below:

- Clinical lead - 1 session.
- TARN coordinator – 1 WTE band 4
- Major trauma practitioner – 1.5 WTE band 7
- Rehabilitation coordinators – 1.5 WTE band 7 (both an operational and clinical role)
- Rehabilitation consultant sessions 4 sessions/week for each LHB to undertake ward reviews, clinics and MDTs.

The PBC will be used to describe the schedule of business cases produced in year 1 and year 2, in order to support subsequent developments of the programme. It is expected that these will be considered by the **Operational Delivery Network (ODN)** board and reflected in subsequent LHB IMTPs. These are outlined as follows:

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Year 1
- Therapy requirements – delivered over years 2 and 3.
- Neuropsychology requirements – delivered over years 2 and 3.
- Level 2 training requirements for nursing staff (as appropriate) – delivered over years 2 and 3.

Presently none of the LHBs are able to accurately describe their local rehabilitation model with respect to major trauma, how this overlaps with other areas of practice, the predicted workload and how roles could work across the LHBs. Notwithstanding the gaps in current provision of balanced therapies, consideration will first need to be given to how roles could be met through internal re-organisation before additional resources are considered. Thus, more time is required for these elements to be developed and mature. Hence, this should now be considered a year one business case development. Even now, many TUs in England do not meet all the quality indicators.

Year 2
- Orthogeriatric requirements – delivered over years 3 and 4.

Year 1 deliverables will include a 'silver' trauma triage tool to enhance identification of patients and a 'silver' trauma guideline. In line with the approach being taken by the MTC, LHBs will be encouraged to look at innovative ways of achieving these standards (e.g. through use of major trauma practitioner) and evaluate how effective these have been. The ODN board will work with HEIW as part of developing a workforce strategy on how Orthogeriatric input could be improved. Thus, if additional resources are required here, decisions will be better informed by evaluating innovative solutions and deliverability of the workforce. This aspect will take time to mature, hence the longer timescale provided.

3.0 Risk Management

The Management of risk associated with the workforce will be critical to successful implementation of the Programme. The required mitigation will vary dependent on the post and numbers of WTE. There are two immediate aspects to risk identified that relate to workforce:

i. Ability to practically recruit the numbers of posts agreed in tranche 1 & 2
ii. Impact on the wider system of appointing to posts from within existing workforce in Wales

The core principles are designed to provide practical mitigations and solutions to these risks.

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4.0   <u>Core principles</u>

The workforce principles are designed to support:

- ***Whole network sustainability – an initiative in one area of the network must not negatively affect a different part***
- ***Continued delivery of high quality and safe services to patients***
- ***Collaboration throughout and the promotion of effective staff communication***
- ***Effective recruitment and staff development***

4.1   System Network Sustainability, high quality services

❖ A commitment from everyone to whole system thinking across boundaries is essential to meeting the needs of our patients in South, Mid and West Wales.

❖ All parties will commit to sharing workforce resource, knowledge and experience.

❖ Staff flexibility is a key requisite to success and there may be occasions when staff may be requested to provide cover to any part of the Network. In such circumstances proposals will be discussed with staff individually and a change of base may carry an entitlement to excess travel payments.

❖ It will be essential during transition that staffing levels are maintained, with specific consideration of the retention of specialist skills to support any necessary contingency plans and changes to patient flow and activity.

❖ In order to maintain safe services for patients, and avoid destabilizing any one organisation, temporary movement of staff across the Major Trauma Network may be required and will be supported by honorary contracts, where appropriate.

4.2   Collaboration and effective staff communication

❖ Each organisation will be responsible for engaging and communicating locally with staff on the strategic development of the Major Trauma

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Programme – including the development of the Network and Major Trauma Centre.

❖ The South, Mid and West Wales organisations will take collective responsibility for pro- actively planning the workforce and deployment of staff across the service areas affected as service models are implemented.

❖ HEIW will work in partnership with the Deanery and LHBs to determine future training provision requirements; especially providing an early assessment of the implication of Higher Training Grades for August 2020.

4.3   Recruitment and retention

❖ The South, Mid and West Wales organisations will explore and implement a range of workforce solutions which may include:

- o   running collaborative recruitment panels
- o   flexible recruitment campaigns
- o   joint advertising
- o   staff rotations
- o   joint appointments
- o   hiring on sessional basis
- o   secondment opportunities

❖ Shared posts and sessions should be facilitated in order to reflect the whole system ambition of the Programme; especially in areas where there is considered to be a shortfall across the Network and/or those difficult to recruit roles.

❖ The Network will promote the informal and formal rotation of staff between hospital sites in order to build relationships and also ensure skill levels are maintained.

❖ Medical job plans should be developed which support individuals working in the Major Trauma Centre and that continue to support their Trauma Unit/home base.

❖ When recruiting to the MTC, jobs will be advertised on NHS Jobs (and the BMJ for medical posts), open to internal and external candidates, in order to promote equality of opportunity and support a competitive recruitment process.

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❖ Staff who currently work in any of the South, Mid and West Wales organisations will be treated as internal candidates when vacancies are being filled as a means to support staff development.

❖ Internal candidates are requested to inform their immediate line manager of their application so that consideration can be given to the impact on the whole system. This information will be shared with Health Board's.

❖ The delivery of recruitment plans will be reviewed regularly through the Workforce Task and Finish Group.

These principles will be reviewed on a regular basis.

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Report Title:	Capital Management Process and Procedure		
Meeting:	Strategy & Delivery Committee	Meeting Date:	10.03.2020
Status:	For Discussion / For Assurance / **X** For Approval / For Information		
Lead Executive:	Director of Strategic Planning		
Report Author (Title):	Director of Capital, Estates and Facilities		

Background and current situation:

Situation

The purpose of this paper is to provide the committee with information relating to the process for seeking All Wales Capital Funding support via the Business Case process and to provide assurance to the committee that a robust capital management procedure is in place to ensure appropriate governance of all capital schemes.

To support the above, the following appendices are attached:-
- Business Case Development Presentation
- Capital Management Procedure

Background

The UHB has a significant Capital Programme where funding is provided from either its Discretionary Capital allocation or through All Wales Capital Funding.

To ensure appropriate governance and management arrangements are in place the programme is overseen on behalf of the UHB by the Capital Management Group (CMG), which is chaired by the Executive Director of Finance and includes the Executive Director of Strategic and Service Planning and the Executive Director of Therapies.

The Director of Capital Estates and Facilities, as the delegated budget holder, responsible of ensure that the UHB remains within its Capital Resource Limit on an annual basis provides a monthly report to the CMG which includes detailed information on each of the projects including key dates, progress, risk and financial summaries. The Head of IM&T and the Assistant Director of Therapies, provide a paper to update the group on IM&T and Medical Equipment respectively.

The CMG have developed a Capital Management Procedure in line with the UHB Standing Financial Instructions and Scheme of Delegation and Earned Autonomy Framework which are the key policy documents which underpin the governance arrangements associated with the management of the capital programme.

In order to secure All Wales Capital Funding, the UHB are bound by the NHS Infrastructure Investment Requirements, which includes development of appropriate Business Cases to justify

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each programme / project.

Business Cases require a significant amount of detail and there is often a misconception about the amount of time that each element of the process can take. Typically, an Outline Business Case would take 9 months to develop and obtain the requisite internal approvals prior to submission to Welsh Government for scrutiny. The scrutiny process can often take in excess of 3 months and requires the UHB to attend the WG Infrastructure Investment Board prior to a recommendation to the Minister for Health and approval to proceed with the next stage.

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

This paper provides the Committee with assurance on the Governance arrangements in place to oversee the extensive major capital programme. In addition to the arrangements described in this report, the Welsh Government also undertakes Gateway Reviews on Major Capital Schemes which identify any lessons to be learnt.

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

For all capital schemes requiring welsh government funding, the UHB are required to develop a Business Case to support the objectives and benefits of the project / programme. Appendix 1 – Business Case Development Presentation identifies the types of Business Case required together with the content for each stage of the process.
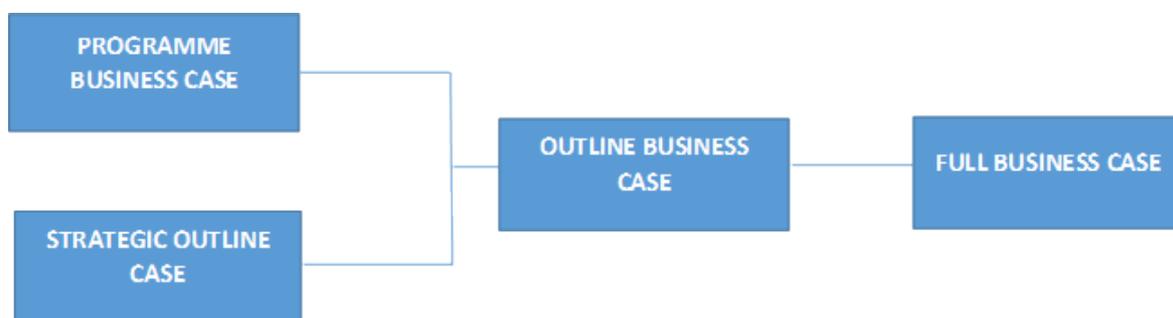
For less complex schemes typically for values of less than £4m works cost, a single stage Business Justification Case can be used in agreement with Welsh Government. Whilst this appears to be a relatively simple process it does require full design of the scheme and appropriate tendering to ensure that robust costs are included and thereby mitigating the risk to the Health Board.

A simple process map including timelines in included in the presentation.

Appendix 2; Capital Management Procedure sets out the management arrangements around capital expenditure and specifically relating to;
- How the UHB identifies its capital needs as part of its long and short term planning

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process.
- How the UHB prioritises its scarce capital recourses against a background of multiple competing needs.
- Outlines who is able to authorise capital expenditure in line with the UHB's Scheme of Delegation.
- The process by which the UHB may make additional bids for capital from the Welsh Government and defines who is authorised to submit them on the UHB's behalf.
- The management arrangements that are in place to ensure appropriate governance around individual capital schemes.

A description of the capital group structure which the UHB has established to support the Strategy and Engagement Committee and help it discharge its duties in respect of capital governance and management.
In addition, provides details budget responsibilities, arrangements for amendments to budget and the governance structure associated with the management arrangements around both Discretionary and All Wales Capital Funding.

Assurance is provided by:

The information contained within this paper and the CMG report Appendix 1 which was considered by the Capital Management Group at their meeting held on 16 December 2019.

Recommendation:

The Committee is asked to:

- **Note**: the content of the paper and supporting documentation and be
- **Assured** that the capital programme is being closely monitored to ensure the UHB meet their statutory and mandatory obligations referred to within the report

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
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	

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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, click here for more information*									
Prevention		Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Trust and integrity
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NHS Wales Infrastructure Investment

Business Case Development

Understanding the requirements
and timescales

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Revised Guidance Issued

- **Guiding Principles:**
- A Healthier Wales : our plan for Health and Social Care/Prosperity for All
- Well-being of Future Generations (Wales) Act 2015

> Infrastructure developments within the NHS need to clearly consider the Well-being of Future Generations Act. There are seven well-being goals and business cases must clearly articulate how investment proposals align with these.

- Health Inequalities
- Primary Care Planning

NHS Infrastructure Planning

'The plan needs to be clearly linked to the direction of travel set out within organisations Integrated Medium Term Plans (IMTPs)'.

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Objectives & Investment Criteria

Investment Objectives

- support the delivery of safe, sustainable and accessible services, and facilitate high standards of patient care;
- support changes to streamlining and transforming healthcare provision, with a focus on prevention and supported self management, the provision of care closer to home, and the integration and coordination of service delivery with partners;
- promote the maximum efficient utilisation of assets and to improve asset condition and performance; and
- promote the use of innovation to improve the quality of care, to reduce costs and to deliver the necessary service change

Investment Criteria

- **Health gain** – improving patient outcomes and meeting forecast changes in demand;
- **Affordability** – given the long term revenue assumptions, there should be an explicit reference to reducing revenue costs;
- **Clinical and skills sustainability** – reducing service and workforce vulnerabilities, and demonstrating solutions that are flexible and robust to a range of future scenarios;
- **Equity** – where people of highest health need are targeted first; and **Value for money** – optimising public value by making the most economic, efficient and effective use of resources – including the delivery of efficiency savings

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page **3**

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Types of Business Case

A PBC provides an initial stage strategic context for progression of a programme; from which subsequent cases for developed components can be presented (OBC/FBC/BJC). Route to be confirmed with Welsh Government.

The SOC needs to confirm the strategic context of the proposal, present a robust case for change and outline the preferred way forward demonstrating strategic fit with Welsh Government objectives.

The OBC revisits earlier SOC assumptions, identifies "preferred option" which demonstrably optimises value for money and puts in place the procurement and delivery plans.

The FBC is the procurement stage which should recommend "the most economically advantageous offer", the document the contractual arrangements and confirms the arrangements for successful delivery including post evaluation arrangements.

Business justification Case

- Minor , straightforward projects
- Typically for schemes less than £4m works costs
- Firm prices included (requires full design & tender)
- Not intended for new builds where there may be a number of options for delivery

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Business Case Process & Timescales

Strategic Outline / Programme Business Case (6/9 months) → Welsh Gov't Scrutiny (3 months min) → Outline Business Case (9 months) →

Welsh Gov't Scrutiny (3 months min) ← Full Business Case (9/12 months) ← Welsh Govt Scrutiny (3 months min) ←

Mobilisation (2 months) → Construction (? mths) → Operational commissioning (Average 2/3 months)

Tolley,Laura
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5 Case Business Case Process Map

Strategic Outline Business Case (SOC)

- Strategic Service Strategy (Clinical/Non-Clinical Service Models & Policies)
- Estates Strategy
- Prepare Project Governance Arrangements
- Completion of Clinical Output specifications
- Schedule of Functional Content
- Initial Schedule of Accommodation
- Initial Long List Option Appraisal
- Development Control Plan (DCP)
- Cost Allowances (based on DCAG's)
- Back-Log Maintenance Assessment
- Outline Risk Register
- Outline Programme

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Outline Business Case (OBC)

- Long List/Short List Options Appraisal (Building & Service)
- Identify Preferred Option (incl Site Acquisitions)
- Develop Schedule of Functional Content & Schedule of Accommodation
- Whole Hospital & Departmental Policies
- Develop Brief and Development Control Plan to 1:500
- ADB Room Data Sheets & Equipment Schedules
- Initial BREEAM & AEDET Workshops
- Progress Design to RIBA Stage 2 (1:200's typical elevations & cross sections)
- Prepare Planning Application & Submit Pre-App
- Undertake Site Surveys & Prepare Site Information
- Compliance with CDM Regs (2015) – Appoint Principal Designer & discharge duties
- Develop Elemental Cost Plan(s)
- Develop Risk Register (incl contingency) & Risk Management Strategy
- Develop Management Control Plan (Programme)
- Develop Project Allowance (capital, non-works, equipment, IT & Risk), incl VAT liaison

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Full Business Case (FBC)

- Develop Preferred Option
- Final Schedule of Functional Content & Schedule of Accommodation
- Final Whole Hospital & Departmental Policies
- Update ADB Room Data Sheets & Equipment Schedules
- Further Follow On BREEAM & AEDET Workshops
- Progress Design to RIBA Stage 4: Detailed Design (1:50's, C-Sheets & production information)
- Submit Planning Application & Obtain Approval (discharge pre-start conditions) & Building Regs
- Undertake further Site Surveys & Update Site Information
- Prepare Works Information for Contract Award
- Compliance with CDM Regs (2015) – Appoint Principal Designer & discharge duties
- Competitively Market Test & Agree Target Cost (Price Not to be Exceeded)
- Update Risk Register (incl contingency) & Update Risk Management Strategy
- Develop Compliant Accepted Programme
- Develop Out-Turn Cost (capital, non-works, equipment, IT & Risk)
- Prepare GEM and Revenue Costs, incl VAT liaison

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Business Justification Case Process Map
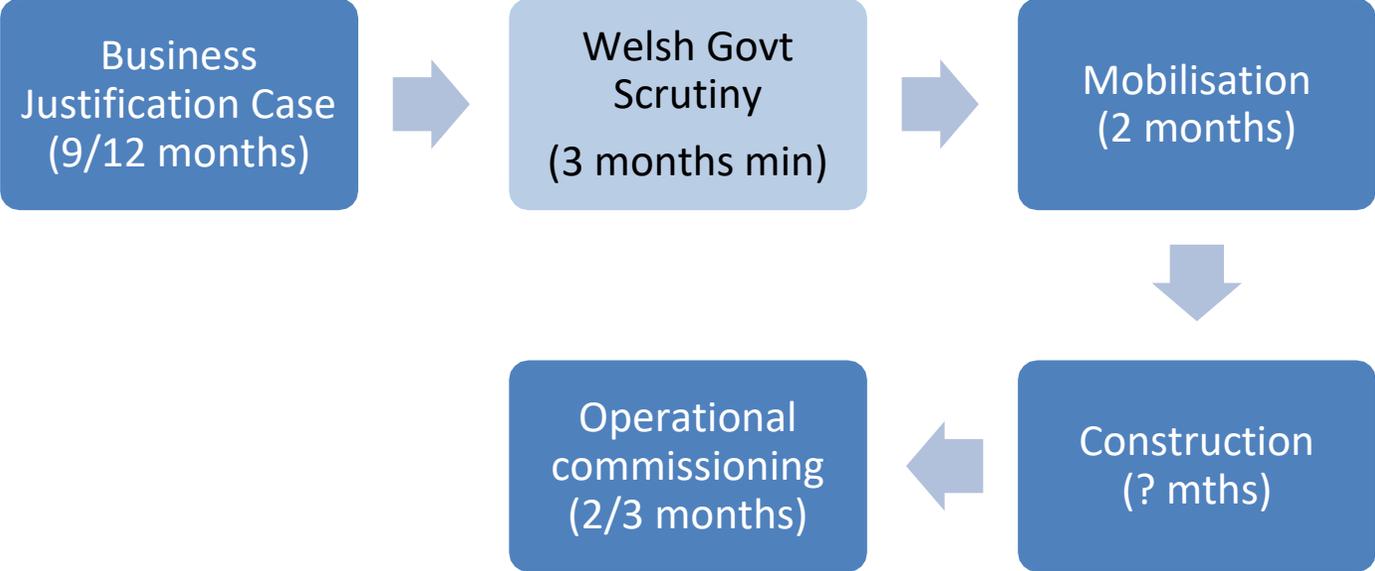
Business Justification Case (9/12 months) → Welsh Govt Scrutiny (3 months min) → Mobilisation (2 months) → Construction (? mths) → Operational commissioning (2/3 months)

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APPENDIX 2

GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board	**Reference Number: UHB 240** **Version Number: 3** **Next Review Date: 09 Feb 2022** **Previous Trust/LHB Reference Number: N/A**
	Capital Management Procedure

Introduction and Aim

This procedure has been developed to ensure that the University Health Board (the UHB) has appropriate management and governance arrangements in place around capital expenditure. These will determine how capital is planned, prioritised and managed in-year within the UHB's structures.

The UHB's Standing Financial Instructions (SFI's) and Scheme of Delegation and Earned Autonomy Framework are the key policy documents for this area. This provides detail of the operational arrangements which underpin this.

Each year the UHB receives a capital resource allocation from the Welsh Government (WG). The UHB has an annual statutory financial duty to ensure that its capital expenditure does not exceed this resource allocation. The funding comprises two elements:

- **Discretionary Capital.** This is a one off annual allocation given to the UHB by WG. As the title implies, the UHB is free to prioritise the sum allocated as it best sees fit.
- **Capital funding issued by WG for a specific purpose**. WG has a number of capital budgets (the All Wales Capital Building Programme, the Health Technology Fund, Invest to Save Funding) which the UHB can bid against in order to obtain capital funding which often, as a result of the size of the projects involved, cannot be accommodated from within the discretionary programme. Section 3.3 of this procedure outlines the principles such bids should follow and the governance regime that applies to their submission.

In addition to the above the UHB can internally generate capital funding by means such as property disposals or encouraging charitable donations.

Alternative forms of capital finance may also be considered (such as via the Private Finance Initiative (PFI)); but the same governance principles would apply to these as projects going down a more conventional financing route. In the case of PFI any proposed arrangement would always need to be signed off by the Minister.

Objectives

This procedure sets out the management arrangements around capital expenditure. Specifically it addresses the following:

- How the UHB identifies its capital needs as part of its long and short term planning process.
- How the UHB prioritises its scarce capital recourses against a background of multiple competing needs.
- Outlines who is able to authorise capital expenditure in line with the UHB's Scheme of Delegation.
- The process by which the UHB may make additional bids for capital from the Welsh Government and defines who is authorised to submit them on the UHB's behalf.
- The management arrangements that are in place to ensure appropriate governance around individual capital schemes.
- A description of the capital group structure which the UHB has established to support the Strategy and Engagement Committee and help it discharge its duties in respect of capital governance and management.

Scope

This procedure applies to all of our staff in all locations including those with Honorary Contracts who are involved in either bidding for, or the use of capital funding.

In addition to the responsibilities detailed within the procedure staff also have a responsibility for making sure that they meet the requirements of their role profiles and any other responsibilities delegated to them.

Equality Impact Assessment	An Equality Impact Assessment has not been completed. The UHB will, however ensure that an Equality Impact Assessment is undertaken annually when it is prioritising its capital programme.
Documents to read alongside this Procedure	Standing Financial Instructions Scheme of Delegation and Earned Autonomy Framework
Approved by	Audit Committee
Accountable Executives or Clinical Board Director	Director of Planning
Author	Head of Financial Accounting and Services

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

Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	12/08/2014	29/08/2014	This is a new procedure
2	21/12/2015	05/04/2016	Amendments made to Capital Governance Structure (section 4)
3			Amendments made to Capital Governance Structure (section 4)

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1.   **What are the Annual and Long Term Planning development and approval processes?**

In June 2014, the UHB produced and submitted to WG a ten year capital plan. This established core principles which the UHB follows in prioritising scarce capital resources. The Plan set out the long-term capital requirements for refreshing the estate, medical equipment and Information Management and Technology (IM&T) both to keep it safe and also to provide support for service improvements.

With the above in mind, the Board approves a detailed three year and one year capital plan for each year in March, prior to the start of each financial year, as part of the Three Year Integrated Medium Term Plan (IMTP) and Annual Operational and Financial Plan.

As part of the Annual Financial Plan, the Director of Planning will submit to the Board for approval a report showing the total allocations received for capital expenditure (Capital Resource Limit), assumed in-year adjustments and the proposed capital expenditure for the year including any expenditure to be held as a contingency.

The proposed capital expenditure for the year will be identified through the IMTP planning process each year with Clinical / Service Boards and Corporate Departments identifying the need for capital. Where schemes have both a capital and revenue consequence, the Management Executive review the strategic imperative of the scheme before being considered by the UHB's Capital Management Group (CMG) – see 'Business Case Process – April 2016' below

Schemes with a capital implication are prioritised by CMG according to the criteria outlined in section 2. The prioritisation process will include a risk assessment of all schemes under consideration. The proposed programme will then be considered by the Management Executive as part of the final round of IMTP sign off, prior to formal Board approval.

Business Case Process – April 2016

Key
SDD Group – Strategy Development and Delivery Group
HSE – Health Systems Executive
Mgt Exec – Management Executive

Start

Clinical Board or Corp Team Development Proposal

In year implementation required ?

Clinical Board or Corp Team Developed POD

SDD Group

Decision Point 1.

HSE / Mgt Exec

Not a Strategic Priority – proposal not taken forward

Proposal is strategic priority

Capital Management Group

Are there revenue implications?

Does proposal have capital implications ?

Capital Management Group

Major capital

Major Capital Programme

Proposal not taken forward

Proposal approved for implementation

Engagement Plan

UHB Business Case

Discretionary capital

Are there revenue implications?

Major Capital Business Case

Major Capital Business Case with revenue implications ?

Decision Point 2a.

Revenue costs revised

HSE

Business Case Approval Group

Revenue element of business case not approved

Unapproved business case with capital implications?

Capital Management Group

Business case not internally approved

Decision Point 2b.

Capital Management Group

Business case not internally approved

Revenue element of business case approved

Business case not taken forward

Business case internally approved

Approved business case with capital implications?

Decision Point 3.

In year implementation required ?

Mgt Exec Annual IMTP Business Case Prioritisation

Business Case not current priority

Business Case held for review in next planning cycle

Decision Point 3.

Business case not taken forward

Implement Business Case

Business Case is priority

Implement Business Case at beginning of financial year

Implement Business Case

Note : The Business Case Approval Group will also consider business cases for external funding for example WHSCC, Health Technology Funding, WG ringfenced funds etc

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2.   What are the criteria for prioritising capital?

Capital will be prioritised on pre agreed criteria which are set out below:

Priority	Capital programme	Definition
1	**Statutory compliance**	Capital required to ensure compliance with the UHB's statutory responsibilities eg legislation relating to fire, asbestos, legionella
2	**Critical service continuity – backlog maintenance**	Capital required to bring the physical condition of estate assets to condition B as defined by NHS Estatecode i.e. acceptable and to keep services functioning. Key priorities include general maintenance, UHW bathroom replacement and health centre maintenance.
	Critical service continuity – IT replacement	Capital required to replace existing IT infrastructure (ie servers and systems) on a rolling basis over 10 years – on a risk assessed basis and in line with the expectations of the NHS Wales Informatics Service (NWIS). Without this, core IT services will not be sustained, jeopardizing service delivery.
	Critical service continuity – equipment replacement	Estimation of capital required to replace existing critical medical equipment infrastructure on a rolling basis over 10 years. Again, without this the UHB would not be able to maintain core services.
3	**Tier 1 targets**	Capital required to deliver those Tier 1 targets which the UHB is set each year by WG.
4	**Achieve statutory duty of financial sustainability**	Capital required to deliver the IMTP savings plans.
5	**Strategic imperative**	Capital required to deliver strategic imperative such as the enabling infrastructure to deliver the South Wales Programme and other regionally configured services.
6	**Patient environment**	Capital required to update our poorest areas of care including those which the Community Health Council have highlighted repeatedly as unacceptable.
7	**Service development**	Capital required to develop services in line with commissioning requirements to support appropriate care/local delivery plans considered desirable.
8	**Functional suitability and modernisation**	Estimation of capital required to modernise UHB infrastructure, particularly at UHW which is now 43 Years old. This would involve include layout, location, flexibility, environment, servicing, user perception and energy performance.

3.   How is the Capital Process managed?

3.1 What are the Authorisation Limits?

As per the UHB's Scheme of Delegation and Earned Autonomy Framework, the

Director of Capital Estates & Facilities Service Board is the delegated budget holder responsible for ensuring that the UHB stays within its Capital Resource Limit on an annual basis.

While the Director of Capital Estates & Facilities Service Board will be the delegated budget holder for the capital programme as a whole, the Director of Finance will delegate responsibility for individual capital schemes (including those funded directly by WG) to nominated Budget Holders

This delegation will be in writing and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Timescales for scheme delivery
- g) The provision of regular progress reports.

A lead Executive Director will be nominated to each scheme with an approved spend greater than £0.2m.

Any budgeted discretionary funds not required for their designated purpose(s) revert to the UHB Capital Contingency Budget, subject to any authorised use of virement and subject to the Board's scheme of delegation

Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation

3.2 What are the arrangements for in year changes to budgets?

In relation to in-year changes to budgets, the following are authorised to make changes to the overall value of discretionary schemes within the capital programme: Any changes to All Wales Capital Funded Schemes will require Welsh Government approval.

These only apply to adjustments within the overall approved budget; any overcommitment on budget requires Board approval (or Chief Executive in emergency)

- Amendments greater than £1.0m require UHB Board approval (WG will be informed via monthly capital monitoring arrangements)

- Amendments greater than £0.5m; but less than £1m require Chief Executive Approval (based on the recommendation of CMG)

- Amendments up to £0.5m may be authorised by the Director of Planning, Director of Finance & Chief Operating Officer via the Capital Management Group.

- Amendments within the scheme budget and in support of the original objectives may be made by the budget holder. However if these increase the scope of the original scheme, they must be agreed with the Director of Finance as they might better be prioritised to other schemes.

Where a clinical board needs to make an emergency request for capital to address urgent medical equipment, estates maintenance or statutory compliance issue then a standard form designed for this purpose needs to be completed. The forms are available from the Head of Discretionary Capital. Once complete, for estates maintenance or statutory compliance issue the forms should be returned to the Head of Discretionary Capital. In the case of urgent medical equipment bids, the forms should initially be sent to the Assistant Director of Therapies and Health Science, who will review the bid before forwarding on to the Head of Discretionary Capital. The Head of Discretionary Capital will advise the Director of Capital Estates & Facilities Service Board on the level of contingency funding available to support the request The Director of Capital Estates & Facilities Service Board will then forward the details of the bid (including the level of funding available to support it) to the Chief Operating Officer and the Director of Finance who will decide if the bid is to be supported or not.

A schedule of all changes to allocations made will be reviewed by the Capital Management Group on a monthly basis.

3.3 What is the process for making submissions of funding bids to Welsh Government?

Where discretionary capital funding is not available to fund a specific UHB prioritised capital scheme, the UHB may bid for additional capital funding from the WG. The WG require that, for all such schemes a business case is prepared in line with the Welsh Ministers guidance and where appropriate in conjunction with the 5 case model as described in the HM Treasury Green Book.

Where a 5 case model approach is not required (e.g. regarding Invest to Save or Health Technology Funding) the preparation of a robust internal business case is required which would outline how they would impact on the areas contained within the UHB's 8 capital prioritisation criteria (as outlined in section 2 above) and also as a minimum should consider the impact on the following factors:

(1) Improved quality, safety and efficiency in patient care
(2) Capital Charges
(3) Long term cost reduction
(4) Income maximisation
(5) Cost containment
(6) Reduction in waiting Lists
(7) Prevention of avoidable admissions
(8) Alternatives to acute beds
(9) Reductions in length of stay
(10) Improving patient discharge process

(11) Reduced Health & safety risk

All submissions should have appropriate approval by the Business Case Approval Group for revenue and Capital Management Group for capital, prior to onward consideration.

All submissions requiring funding of £1m or more will require UHB Board approval. Schemes requiring funding of less than £1m may be approved by the Chief Executive on the recommendation of the Management Executive.

It would be expected that the full implications of such business cases will be built into the IMTP of the relevant Clinical / Service Board who were seeking this capital Investment.

Often towards the end of the financial year, WG will ask the UHB to bid for additional capital funding which must be spent by the end of the financial year in question. In these instances bids will be drawn up from the prioritised list described in section two above. This process will be coordinated by the Director of Capital Estates & Facilities Service Board who will be responsible for identifying those schemes which are deliverable within the required timeframe. These schemes will then be reprioritised by the Director of Finance before the finalised bid goes to the Chief Executive or UHB Board for approval.

3.4 Management of capital schemes funded by WG

The same approach of effective management of capital schemes will apply to WG funded as to internally funded schemes.

As well as allocating a nominated budget holder in respect of such centrally funded projects it is recommended that the establishment of an appropriate project board is essential to ensure projects are completed both within budget & agreed timescales, as failure to complete work on time may have repercussions for patient care. Typically this involves:

(1) An Investment Decision Maker (The Board of Directors)
(2) The Chief Executive will have ownership of the project
(3) A Project Board (Chair nominated by the Director of Finance)
(4) A Project Director (Appointed by the chair of the project board).
(5) A Project Manager (Appointed by the project director).

It will be necessary in some years to make emergency bids for funding to WG to tackle urgent emerging issues which if not tackled would adversely affect patient care. It is recommended that such bids may be made directly to WG by the Chief Executive on the advice of the capital management group. Where necessary retrospective Board approval will be sought for these bids:

The Director of Finance will regularly update the Board on significant changes to the initial allocation and the application of such funds

4. Capital Governance Group Structure

The below diagram shows the capital management group structure that sits below the Strategy and Engagement Committee and how they feed into this committee to help it discharge its duty in respect of capital governance and management.

CARDIFF AND VALE UNIVERSITY HEALTH BOARD
EXISTING CAPITAL GOVERNANCE STRUCTURE
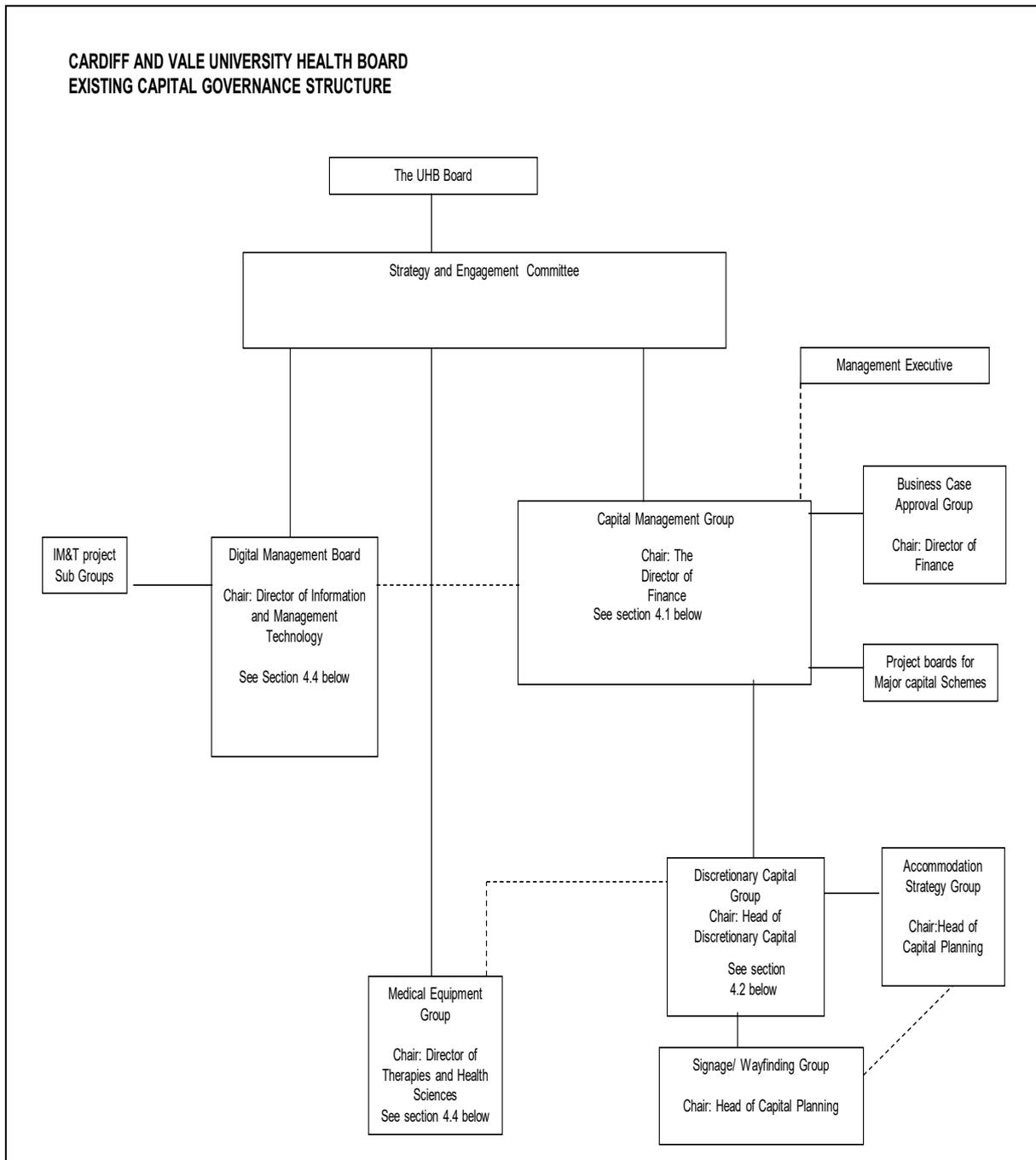
The role of the main groups in respect of capital management will be as follows:

4.1 Capital Management Group (CMG)

The CMG will report into and will assist the Director of Finance in all areas of the UHB's capital programme and other asset management issues. This will include ensuring robust financial management and governance arrangements are in place in respect of the capital programme. It will be charged with reviewing the benefits realisation of completed capital schemes and in determining how the use of capital funding can help shape better service delivery.

This will include:

- Compiling a draft capital programme each year for approval by the UHB Board

- Monitoring financial and operational progress against approved schemes within the programme.

- Helping to produce reports to the Board and the Strategy and Engagement Committee on areas of concern in relation to specific schemes.

- Considering whether in year bids either for additional external or internal capital funding should be supported or not.

- Implementation and review of recommendations arising from audit reports:

- To receive and consider reports from the following groups:

Discretionary Capital Management Group (DCMG)
Wayfinding /Signage Group
UHB Accommodation Group
Medical Equipment Group
Information Technology Project Board
The Project Boards of Major Capital Schemes

A copy of the Group's Terms of Reference and Membership is available from the Director of Capital, Estates and Facilities.

4.2 Business Case Approval Group (BCAG)

The BCAG is established as the senior management forum to oversee, on behalf of the Management Executive, the approval and management of revenue aspects of business cases

It will be the forum for formal scrutiny of all business cases to ensure that they are robust and that their implications have been carefully considered, applying the agreed Business Case Evaluation and Prioritisation Criteria (appendix 1). As a minimum the Director of Operations should attend for a pre-arranged slot to respond to any queries raised; in particular, BCAG will:

- consider all business cases with revenue consequences greater than £75,000, or where there will be a material change in service, with details of these cases reported to the Management Executive for noting;
- consider all business cases related to Welsh Health Specialist Service Committee (WHSCC) commissioned services prior to cases being sent;
- consider business cases for in-year investment where unforeseen circumstances have arisen, or when in-year ring fenced Welsh Government funding has been identified;
- consider business cases identified through the Integrated Medium Term Plan (IMTP) planning process ready for Management Executive prioritisation in Q3, and implementation on 1st April of the next financial year;
- consider post project evaluation reports from business case sponsors for all service development business cases which are approved;
- ensure that the business case process (appendix 2) is open, transparent and continuously reviewed to ensure it is fit for purpose; and
- ensure that all business cases with both capital and revenue consequences are reviewed by the Capital Management Group, following a decision on the revenue requirements.

A copy of the Group's Terms of Reference and Group Membership is available from the Corporate Strategic Planning Lead.

4.3 Discretionary Capital Management Group (DCMG)

The Role of the DCMG will include:

- Managing the annual bidding process and prepare a draft annual Discretionary Capital Programme (DCP) based on annual bids received from Directorates and Departments. The annual programme to be submitted to the Capital Management Group for consideration.

- Monitor the performance of the DCP to ensure that allocation and expenditure balance at year end and the Cardiff & Vale UHB Capital Resource Limit (CRL) is achieved.

- Consider requests for new discretionary capital schemes (submitted via 'statement of need' form) as and when they arise during the year. If agreed submit to Capital Management Group for consideration and approval in line with the UHB's scheme of delegation.

- To prepare and sign off reports for submission to the Capital Management Group on progress with implementing the DCP.

A copy of the Group's Terms of Reference & Group Membership is available from the Head of Discretionary Capital.

4.4 The IT Programme Board (ITPB)

The Role of the ITPB will include:

To liaise with the Capital Management group to flag up capital requirements in respect of:

- Key risks in terms of safety and security of the UHB IT Infrastructure
- Delivering agreed UHB Objectives
- The impact of any new Information requirements arising either as a result of WG directives or operational need and to advise on priorities and business benefit

A copy of the Group's Terms of Reference & Group Membership is available from the Head of Information Management and Technology.

4.5 The Medical Equipment Group (MEG)

The Role of the MEG will include:

- To develop and maintain a medical equipment governance framework and supporting operational infrastructure to assure the UHB that medical equipment life cycle management risks are adequately addressed.
- To be the focal point for medical equipment, ensuring no capital purchase decisions are made without reference to this group. This includes medical equipment which forms part of a larger capital project.
- To produce for the Capital Management Group each year a prioritised list of clinical equipment items that require replacement.
- To advise the Discretionary Capital Group on the clinical need of critical medical equipment items not included on the MEG list; but which are submitted as urgent ad-hoc bids against the discretionary capital allocation during the year:
- Evaluating, recording and managing risk issues arising from the use and condition of medical equipment.

- The development and maintenance, in conjunction with the Finance Department, of a comprehensive inventory of capital and non capital medical equipment

A copy of the Group's Terms of Reference & Group Membership is available from the Assistant Director of Therapies and Health Science.

5.   Conclusion.

By implementing the above scheme of delegation and putting in place the extensive network of capital governance committees, the UHB should ensure it has a robust capital governance regime in line with its standing financial instructions, standing orders and the requirements of The Welsh Ministers Guidance.

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Report Title:	Draft Strategic Equality Plan- Caring About Inclusion 2020-2024					
Meeting:	Strategy and Delivery Committee			**Meeting Date:**	10 March 2020	
Status:	**For Discussion**	x	**For Assurance**	**For Approval**	X **For Information**	x
Lead Executive:	Executive Director for Workforce and Organisational Development					
Report Author (Title):	Equality Manager					

Background and current situation:

Cardiff and Vale University Health Board, have to meet the requirements of the General and the Specific Duties in Wales set out in the Equality Act 2010. Our proposed Strategic Equality Plan- Caring about Inclusion 2020-2024 will provide a clear framework for how we meet those requirements.

The duty ensures that equality considerations are built into the design of strategy, policies and the delivery of services and that they are kept under review. This means:
- Removing or minimising disadvantages experienced by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

Those characteristics protected by the Equality Act 2010 include:
- ✓ Age
- ✓ Disability
- ✓ Gender re-assignment
- ✓ Marriage and civil partnership
- ✓ Pregnancy and maternity
- ✓ Race including nationality and ethnic origin
- ✓ Religion or belief
- ✓ Sex
- ✓ Sexual orientation

Although language is not a protected characteristic under the Equality Act 2010 and the protection of the Welsh language is taken forward under separate legislation (the Welsh Language (Wales) Measure 2011 and related Standards), it has long been recognised that the equality and Welsh language policy agendas complement and inform each other and is further supported through the Goals within the Wellbeing of Future Generations Act – A Wales of vibrant culture and thriving Welsh language. Our aim is to sustain and reinforce that principle through our new Strategic Equality Objectives and ensure they serve to promote and protect the Welsh language.

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

The Health Board has a duty to renew our Strategic Equality Objectives by April 2020. This document sets out how we intend to do that, to ensure these objectives are the right ones for the next four years, which fully support our long-term inclusion aims and enable the Health Board to work closely with many other bodies to achieve those aims. The Health Board views, in particular, the Equality and Human Rights Commission as a key organisation in the promotion of inclusion and our approach is based in large part of its important report *Is Wales Fairer? 2018*. It is also aligned to the Well-being Future Generations Act 2015, our Health and Care Standards as well as our IMTP. The new plan also provides us with an opportunity to make some culture changes within the Health Board.

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

Initial discussions and engagement events with equality related organisations, experts and other key stakeholders regarding the Equality Objectives began in the summer of 2019. We wanted to find out their views on the current Equality Objectives and what the Health Board should be addressing in its Equality Objectives for 2020-202 for protected groups.

Participants provided us with all-embracing views and experiences of using our services. They highlighted where they thought more could have been done to treat them (or the groups that their organisations represented) fairly. They also referenced barriers they have faced because they belong to one or more protected group.

Prior to us beginning our planning work, the Equality and Human Rights Commission (EHRC) published *Is Wales Fairer? 2018* – a comprehensive review of how Wales is performing on equality and human rights. The EHRC looked across six themes of life ("domains"), including health and work. The report provides valuable data and evidence that will support the organisational efforts of the organisation and all the other public bodies to reduce inequality in Wales.

We used the analysis from our early engagement with stakeholders, our partnership work with other public bodies, legislation, organisational plans and the evidence contained in *Is Wales Fairer?* 2018 to prepare a draft set of Equality Objectives. Our public bodies' partnership involved: Natural Resources Wales, Arts Council of Wales, National Museum Wales, HEFCW, Welsh Language Commissioner, Careers Wales, Welsh Venue Authority, HEIW, ESTYN, Sport Wales and Velindre University NH Trust. Our aim is to ensure our Equality Objectives for 2020-2024 will address the health related challenges set out in *Is Wales Fairer? 2018*. (Please see Appendix 2) These public bodies were keen to take steps to agree shared objectives and

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wanted to take forward a collaborative approach involving the sharing of resource, insight and expertise. This approach promotes smarter working and creates capacity for widening stakeholder and community engagement. (Please see Appendix 3). Uniting behind shared objectives has the potential to influence further collaborative working and shared practice, promoting greater impact across the public sector and public services in Wales contributing significantly to tackling inequalities and the 'prevention agenda'.

Focus was also aimed at ensuring the objectives themselves, and the long-term aims to which they will contribute, are the right ones.

Under the Welsh specific equality duties, the Health Board must assess the impact of our policies and decisions using a thorough analysis of equality evidence and engagement with communities, individuals and experts. This helps us to understand how our policies might affect people with protected characteristics, and whether appropriate action is required to eliminate or minimise any negative impacts where possible.

Our Equality & Health Impact Assessment for the SEP Caring about Inclusion 2020-2024 includes the feedback from our consultation and engagement, as well as the valuable equality evidence available from recent research, inquiries and statistical releases. It concludes that there is an overall positive impact.

Some of the overarching sources of equality evidence that was referred to as part of our analysis for the Equality and Health Impact Assessment include:

- *Is Wales Fairer?* (EHRC, 2018)

- *Rapid Review of Gender Equality Phase One*5, and Phase Two report and roadmap when published in the early Autumn (Chwarae Teg, 2018)

- *Review of the Evidence of Inequality in Wales* (Welsh Government)

- *Well-being of Wales 2017-18* (Welsh Government, 2018)

The evidence available provides us with information on a wide range of issues affecting people who share protected characteristics that we need to consider when developing our SEP Caring about Inclusion 2020-2024. Please see below for some of the highlights:

Sex
Women encounter inequality in many areas, which only intensifies if they are also part of another protected group. Women from BAME communities, LGBT, and elderly or disabled women often face multiple disadvantage which makes it more difficult to reach their full potential.

Age
(Older People)
We are an ageing society, with just over 800,000 people aged over 60 estimated to live in Wales in 2018, equating to just over 25% of the total population. This figure is expected to increase and the number of people over the age of 85 is expected to grow significantly in the years ahead. There are increasing levels of poverty amongst older people and the gap in healthy life expectancy at birth between the least and most deprived areas of Wales vary by as much as 18 years for women and men (applicable to the period 2015 to 2017).

(Children and Young People)

In 2019, the Children's Commissioner published *A Charter for Change: Protecting Welsh children from the impact of poverty*. It found that children and young people living in poverty in Wales miss out on their most basic human rights of having their food, shelter and health needs met. The costs of attending and participating in school leads to an inequality of opportunity for children and young people living in poverty. These children and young people also feel socially isolated because of a lack of opportunities available to them in their local communities.

Disability
Disabled people have been disproportionately affected by welfare reform and austerity. This was highlighted by the UN's examination of the UK's implementation of the Convention on the Rights of Disabled People (UNCRDP) in 2016/17 and the issues have been reinforced by the process of developing the Welsh Government's new framework: *Action on Disability, the Right to Independent Living*.

Pregnancy and maternity
The EHRC has undertaken research into pregnancy and maternity in the work place. It found the majority of employers felt 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. In contrast, around one in nine mothers (11%), reported they were either dismissed or made compulsorily redundant in comparison to others in their workplace who were not treated in this way. It was reported some were treated so poorly they felt they had to leave their job. One in five mothers said they had experienced harassment or negative comments related to pregnancy or flexible working from their employer and /or colleagues and 10% of mothers said their employer discouraged them from attending antenatal appointments.

Race
Recent spikes in hate crime have affected BAME people disproportionately, since 74% of hate crimes and incidents are motivated by racial or religious prejudice. Recent meetings of the Wales Race Forum and the Welsh Government's All Wales BAME Engagement Programme have starkly highlighted racism in our communities, including schools and workplaces, and the need for concerted action to promote racial equality.

Refugees and Asylum Seekers
In 2017, the National Assembly for Wales Equality, Local Government and Communities (ELGC) committee published its inquiry on refugees and asylum seekers during the world's largest refugee crisis since the Second World War. Refugees and asylum seekers often arrive in Wales following traumatic experiences in their countries of origin and on their journeys to the UK. We want to ensure that these individuals are supported to rebuild their lives and make a full contribution to Welsh society. In January 2019 the Welsh Government launched the Nation of Sanctuary Plan8, which captures a range of actions to address the recommendations of the ELGC committee and additional issues identified through consultation to improve the lives of people seeking sanctuary in Wales.

Religion/ belief
In 2016, the EHRC published *Religion or Belief: Is the Law Working?14* The research found the Equality Act and the Human Rights Act provide sufficient protection for individuals with and without a religion or belief, religion or belief organisations and other groups protected by the

Equality Act. Nevertheless, there were opportunities identified for improvement. For example, to address concerns that employers, employees, service providers and service users are often unclear about their rights and obligations. They are unsure how to request or respond to a request related to an individual's religion or belief, or how to manage diverse workplaces or diverse service user groups.

Sexual orientation/ gender reassignment (Lesbian, Gay, Bisexual, Trans – LGBT+)
The Stonewall Cymru 2018 *Work Report* has revealed troubling discrimination in Wales's workplaces, with a third of LGBT respondents who were employed in Wales (34%) reporting that they hid or disguised that they are LGBT+ at work because they were afraid of discrimination.

It is intended that the Health Board's Strategic Equality Plan Caring about Inclusion 2020-2024 will have **three main elements**:

A. **Partnership Long-term Aims**. These will relate to equality in Wales as a whole and shared by other public sector organisations. These aims are likely to remain relevant beyond the period covered by the plan. These aims are offered as an agreed model which other organisations may wish to adopt, either wholly or in part, in order to support shared action to advance equality and human rights in Wales. (Please see Appendix 2).

B. For each of the long-term aims, a single, measureable, Health Board **Equality Objective for 2020-2024**. These objectives relate more closely than the long-term aims to this organisations. The focus will be on what the Health Board intends to achieve within the lifetime of the new plan.

C. Underpinning each of the Health Board's Equality Objectives, will be a number of **Actions** linked to the health domain within *Is Wales Fairer? 2018* and the views of our stakeholders.

The Health Board's Equality Objectives can be found below (Please see Appendix 1). Publication of the SEP objectives will need to take place before the 31 March 2020. Thereafter, a SEP 2020-2024 Delivery Plan Framework for each individual year will be produced.

In developing these aims, objectives and actions, the Health Board has and will continue to undertake careful consideration to ensure people with protected characteristics, as defined by the Equality Act 2010, will be supported. We will also develop a Our actions will be specific to protected groups where the evidence tells us that targeted action is required.

The Health Board acknowledges that many people have experience of intersecting or overlapping protected characteristics. A person is rarely defined by a single characteristic. For example, if you are a disabled child; from the older LGBT+ community or a Muslim women, you can potentially be discriminated against on at least two aspects of your identity. We are therefore developing Equality Objectives that are "intersectional", i.e. ones that seek to eliminate discrimination and which promote equality of opportunity and foster good relations in the most inclusive ways possible. Similarly, the aims and objectives themselves are cross-cutting and interdependent.

Recommendation:

The Strategy and Delivery Committee is asked to:
- **Note** and consider the content of this report
- **Support** the public bodies partnership long term approach to the Strategic Equality Plan
- **Endorse** the Strategic Equality Plan – Caring about Inclusion 2020-2024

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

Five Ways of Working (Sustainable Development Principles) considered									
Please tick as relevant, click here for more information									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Equality and Health Impact Assessment Completed:	**Yes** / No / Not Applicable

Strategic Equality Plan
Caring about Inclusion 2020-24

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

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Foreword

The UHB always strives to put patients first. Caring for People, Keeping People Well is why we exist as a UHB, and fundamental to this is recognising that we operate in one of the most ethnically and culturally diverse areas in Wales. Stakeholders including the public, patients and members of staff expect the UHB to be proactive about equality, diversity and human rights as well as meeting its obligations under the equality and human rights legislation. The UHB is committed to acting on its social, moral and ethical obligation to promote equality of opportunity and outcome, foster good relations and eliminate discrimination, victimisation and harassment and to uphold human rights principles.

This is our third four year Strategic Equality Plan (SEP) and is closely aligned to our ten year strategy 'Shaping Our Future Well-being' and our Intermediate Medium Term Plan (IMTP *2019-2022*) as well as to the organisation's values of: kind and caring, trust and integrity, respectful, and personal responsibility. Our ambition is that a person's chance of leading a healthy life is the same wherever they live and whoever they are. This SEP sets out as plainly as we can the most important outcomes we want to achieve and some of the ways in which we will deliver improvements between April 2020 and March 2024.

Communication, respect, access, quality of care and equality of pay are at the heart of this plan.

The responsibility for implementing the plan falls to all employees, Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

SEP actions will be linked to UHB strategic objectives, the Health and Care Standards, the Well-being of Future Generations Act 2015 goals and progress will be monitored through regular reports to the appropriate Board Committees. Every year we will continue to produce an Annual Equality Report which will show how we are doing. Previous equality reports can be found here:
We will also hold workshop events throughout the time span of the plan so that we can continue to engage with relevant stakeholders, gain their feedback and receive their input into Health Board planning processes

Chair – Charles Janczewski   Chief Executive Officer
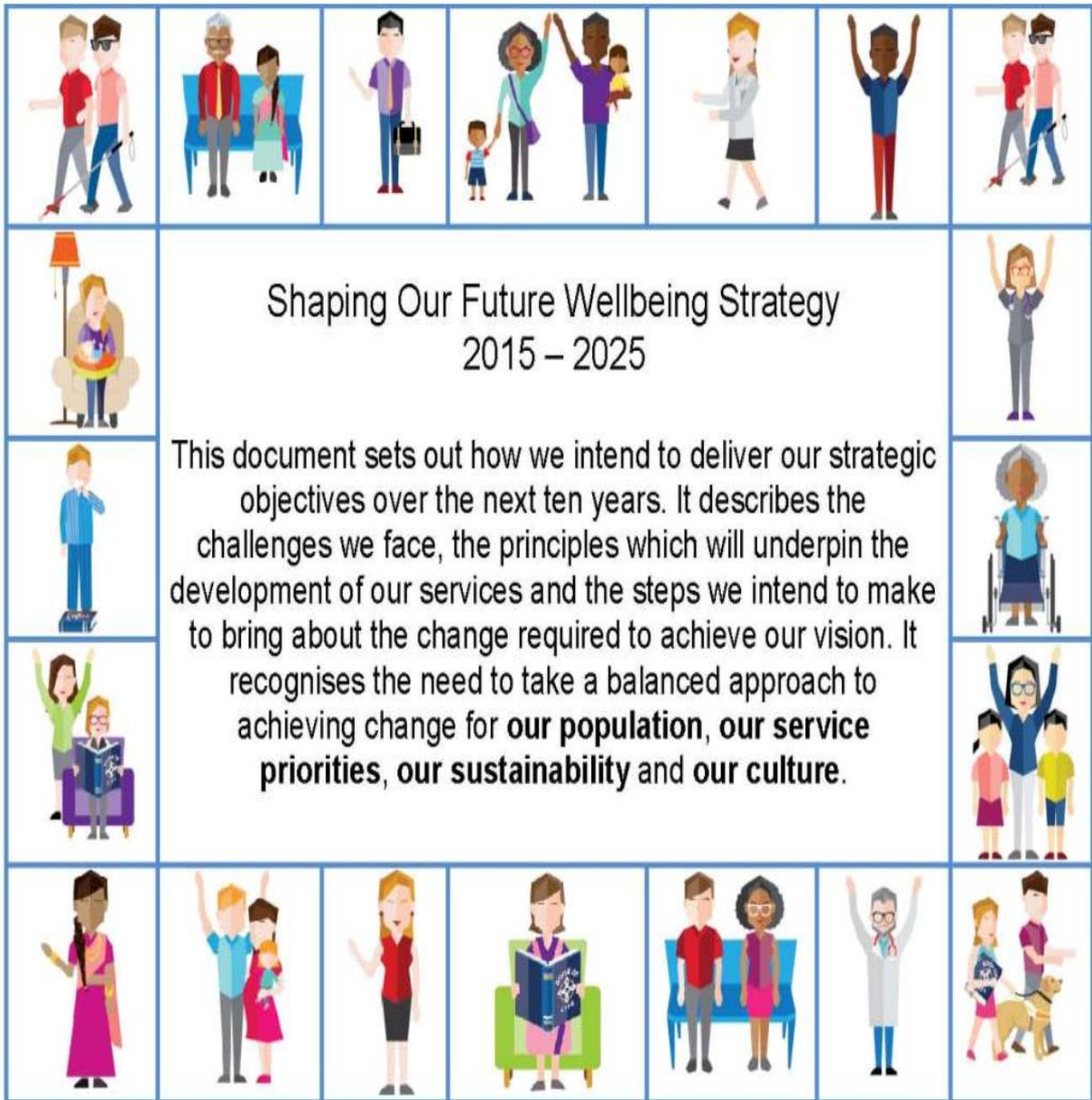
Shaping Our Future Wellbeing Strategy
2015 – 2025

This document sets out how we intend to deliver our strategic objectives over the next ten years. It describes the challenges we face, the principles which will underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for **our population**, **our service priorities**, **our sustainability** and **our culture**.

Visit
Shaping Our Future Wellbeing.com
>

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Who we are

Cardiff and Vale University Health Board (UHB) is one of the largest NHS organisations in the UK and was established in 2009. As a Health Board we have a responsibility for the health of around 475,000 people living in Cardiff and the Vale of Glamorgan, including the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres and community health teams. We have the most ethnically and culturally diverse communities in Wales. We employ around 14,000 staff.

Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section Our Services: http://www.cardiffandvaleuhb.wales.nhs.uk/our-services

The UHB has signed a learning alliance with Canterbury Health Board (CHB) from New Zealand. CHB have made significant cultural and system improvements during the past ten years which have positively impacted on how patients move through their 'joined up' services, consequently improving outcomes. These changes have benefitted staff moral and improved the culture within CHB to a high trusting environment, with a person centered approach.

Working collaboratively with CHB, the health Board have designed a similar program of work to develop our own health system for the benefit of patients and staff. The recent 'Amplify2025' engagement event was the first step in this process. 'Amplify 2025' enabled eighty of the highly engaged leaders at the UHB to think differently about delivering healthcare, ensuring we put the person "Wyn" at the heart of all our decision making. Amplify 2025 was designed to complement the current ten year strategy and strategic clinical service plan.

The term "Amplify" is an umbrella term to encapsulate all of the work that is being delivered around the culture and leadership agenda, which includes value base recruitment / appraisals, talent and succession planning, leadership styles and the climate it creates, inclusion and health and wellbeing.

Why we have a Strategic Equality Plan

As a public sector body, Cardiff and Vale University Health Board takes pride in making sure that we continue to improve our services. This is so we can meet better the needs of the people we work with. We are guided by both the 2010 Equality Act (2010) and the Public Sector Equality Duty, which call on us to think ahead and put a Strategic Equality Plan in place. Other legislation that informs this plan include the Human Rights Act (1998), Welsh Language (Wales) Measure 2011, the Social Services and the Well-being (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015. In addition, the United Nations Convention on the Rights of the Child 1989 and the UN Convention on the Rights of Persons with Disabilities 2010 have also been considered.

What are Strategic Equality Objectives?

As part of our specific duties we are required every four years to develop and publish our strategic equality objectives. These objectives set out the strategic equality priorities of the organisation, focusing on how we can add to an inclusively fairer society and move ahead on equality and good relations. The objectives are specific and focus our attention on how we deliver services and employment opportunities in relation to 'protected characteristics' and the forthcoming Socio-Economic Duty 2020.

Developing our Equality Objectives

During 2019 and 2020 we consulted and engaged with patients, staff, partners, equality organisations and other stakeholders in partnership with the Wales's Public Body Equality Partnership. We asked them what they thought the equality priorities should be for the Health Board. We also identified what research and information was already available to help in the development of the objectives.

We also specifically surveyed patients, staff, partners, equality and third sector organisations and other people as to whether the Health Board's previously set objectives should be kept as they are, changed or whether we needed to add new ones. We again identified what research and information, such as the findings of our equality and health impact assessments[1].The development of our Shaping Our Future Wellbeing Strategy, Is Wales Fairer 2018?[2] As well as the Ethnicity and Health in Wales[3], were already available to help in the development of the objectives. An analysis of concern letters, patient feedback forms and staff surveys were also considered.

During all of these consultation and engagement forums, a number of themes emerged. These have been translated into the following outcomes. In essence, if the UHB was being truly effective across the equality, diversity and human rights agenda we would see the following:
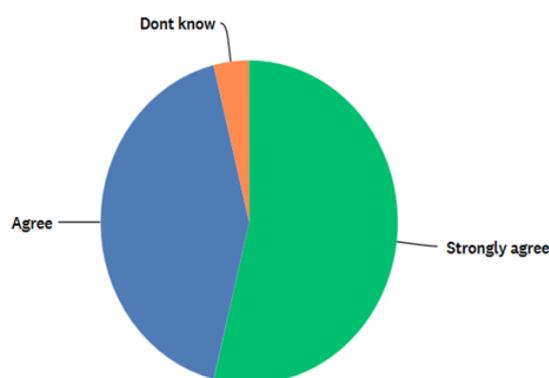
- People are and feel respected; this includes patients, carers and family members as well as staff and volunteers.

- We communicate with people in ways that meet their requirements (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)

- More people receive care and access services that meet their individual requirements, including those from socio-economic communities

- Gender and any other protected characteristic pay gaps are eliminated

[1] http://www.cardiffandvaleuhb.wales.nhs.uk/equality-diversity-and-human-rights

[2] http://www.equalityhumanrights.com/publication/wales-fairer

[3] http://www.wales.nhs.uk/sitesplus/922/news/37600

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We aim to take these outcomes which were gathered from our engagement sessions and use them to form our Strategic Equality Objectives for the next 4 years which will also have an action plan to ensure successful delivery. The measures in year one highlighted in the plan below will enable us to establish a performance baseline. The delivery plan will take into account demographic and other information available to us. We also aim to take a human rights based approach to all functions, policies and procedures within the organisation. Our equality and health impact assessment processes will ensure that all decisions on policy development, service provision and other functions take human rights and Welsh language into consideration.

The four outcomes are intended to work together. The following table describes how our service will meet these outcomes. Each outcome includes a number of measurable actions. These are not listed in any priority order and there is some intersectionality or overlap across them. (Please see below).

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Strategic Equality Plan- Caring about Inclusion 2020-24

SEP Outcome **Alignment with** [**10 year strategy-Shaping our Future Wellbeing (SOFW)**](#)**, UHB Integrated Medium Term Plan** *IMTP* [*2019-2022*](#)**,** [**Well-being of Future Generations Act 2015 goals**](#)	Objective	Actions Year 1- 4	Lead	Measures
1.People are and feel respected this includes patients, carers and family members as well as staff and volunteers	To promote and support the Health Board as a great place to work for all	Continued participation in Stonewall's Workplace Equality Index whilst linking the Index to other protected characteristics (Year 1-4) Continued support for the Rainbow LGBT+ FFlag Network (Year 1-4)	Equality Manager/ HWOD's/ Clinical Board Directors	Year on year improvement in Workplace Equality Index ranking

		Achievement of Disability Confident Leader Status Level 3, partnership working with Project Search, the signing of the Working Forward Pledge and continuation our successful adherence to current Mindful Employer charter. (Year 1-4)	Equality Manager/Assistant Director of OD	Moving from current level 2 to level 3 status.
		Identify and shape opportunities to engage with staff to understand their experience and respond to feedback to ensure all staff feel valued and involved, and ensure equality of opportunity is UHB wide. (Year 1-4)	Executive Director of Workforce and Organisational Development	Engagement feedback from staff survey engagement index score reported by demographic groupings where possible
		Annually update the Strategy and Delivery Committee on our compliance with the Welsh Language Standards (Year 1-4)	Equality Manager	Annual Report

	To undertake engagement activities to communicate with stakeholders and obtain views on service delivery for all.	Gain feedback from stakeholders (and disseminate) through involvement in and attendance at partnership equality or related events and activities, including: Annual Minority Ethnic Communities (MEC) Health Fair (Year 1-4) Annual Carers' Events (Year 1-4) Annual Volunteers Event (Year 1-4)	Assistant Director of Patient Experience/ Assistant Director of OD/ Assistant Director of Planning/ Equality Manager	Number of equalities issues raised/ resolved from each event or activity
		Annual Pride event (Year 1-4) - Stakeholders Reference Group (Year 1-4) Annual third sector engagement (Year 1-4) Annual equality engagement event year to assess progress against the SEP (Years 1-4)	Assistant Director of Patient Experience/ Assistant Director of OD/ Assistant Director of Planning/ Equality Manager	Number of equalities issues raised/ resolved from each event or activity

	To ensure that people are respected and free from abuse, harassment, bullying and violence	Disseminate hate crime, abuse and harassment materials whilst making sure that reporting links are clear and well communicated (Year 1-2)	Director of Planning/ Head of Health and Safety/ Equality Manager/ Equality Champions	Number of issues reported/ resolved
		Raise awareness of hate crime, abuse and harassment in Violence and Aggression training (Year 1-4) Ensure safeguarding reporting mechanisms are present (Year 2-4)	Head of Health and Safety Executive Director Nursing	Number of training attendees Number of issues reported/ resolved
	To review all equality related training, support and development with a view to creating a more	Redesign, develop and roll out a programme of Trans related training for all staff (Year 1-4) Continue Learning Disability Champion training	Assistant Director of OD/ Equality Manager/ Lead Nurse Surgery,	% staff who receive training

	inclusive workplace and more inclusive services		Urology, Ophthalmology & ENT	
		Provide additional materials and reference guides for all managers and supervisors (Year 1-2)	Equality Manager	% who are satisfied with induction training % of staff compliant with equality module

		Continue to support and develop the role of Equality and Welsh Language Champions within the organisation	Equality Manager/ Welsh Language Officer	Number of Equality Champions in the organisation
	To explore the use of positive action employment initiatives with regards to protected characteristics	Partnership development with Project Search providing internships for young people with learning disabilities to gain/increase job skills (Year 1)	Assistant Director of OD/Equality Manager	Number of internships
		Working with Elite to increase workforce representation of people with learning disabilities and/or autism (Year 1-4)		
		Apprenticeship opportunities are provided to 16+ year olds post education	Apprenticeship & Widening	Number of apprenticeships

		with no upper age limit or restriction on any other protected characteristic	Access Coordinator	
		Increase workforce representation in relation to all protected characteristics at all levels of organisation, including BAME, Disability, LGBT+, Age, through education and awareness (Year 1-4)	Deputy Director of Workforce/ Heads of Workforce/ Shared Services /Senior Medical Workforce Manager/ Bank Manager/ All Appointing Managers/	Workforce demographic changes

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			Equality Manager	
	To promote person-centred services that respect people's human rights, and communication, spiritual and cultural needs	Support Clinical Boards to understand and implement Health and Care Standard 6.2 People's Rights (Year 1)	Assistant Director Patient Safety/ Equality Manager	Self-assessments completed (Health and Care Standards)
		Assess the Health Board's use and the effectiveness of the Wales Interpretation &Translation service (Year 1-4)	Executive Director of Nursing	% patient satisfaction

		Identify targeted interventions to ensure patients' communication, cultural and spiritual needs are assessed (Year 1-2)	Assistant Director of Patient Safety	% whose communication needs are assessed % whose spiritual needs are assessed % whose cultural needs are assessed (Annual Health and Care Standards Audit

		Provide screening and educational sessions to meet the needs of patients with cultural, religious dietary requirements (Year 1-4)	Nutrition & Dietetics Manager	% of patients who have undergone screening e.g. WASP % of patients who attend structured education sessions

2. We communicate and engage with people in ways that meet their needs (whether this is through written communication, face to face, signage, Welsh or other community languages including British Sign Language)	To meet the All Wales standard for accessible communication and information for people with sensory e.g. large fonts, Plain English where BSL is first language	Develop and implement a Health Board wide action plan to meet the All Wales Standards for Accessible Information and Communication for People with Sensory Loss (Year 1-4)	Sensory Loss Task and Finish Group/ Clinical Boards/ Assistant Director of Planning/ Assistant Director of Patient Experience	% of frequently used information leaflets and letters which are in accessible format % of identified staff who require training Number of concerns raised about poor communication with persons with sensory loss % patients whose

				communication requirements are assessed
				Improvement reported in Community Health Council environmental audit

	To comply with the Welsh Language Standards Framework	Implement the Welsh Language Standards Framework including through the establishment and work of the ESWLSG (Year 1-4)	Deputy Chief Executive/Assistant Director of OD/ Welsh Language Officer	Annual Equality Report and Welsh Language Standards Report

| | To create environments accessible to people with sensory loss, stroke and dementia and which consider lighting, colour, contrast, signage, background noise etc | Building and Engineering Services Standards and Equality Impact Assessment checklist will help with comments around accessibility within different buildings is really important in terms of access to services. This includes accessible toilets, gender-neutral toilets, wide and automatic doors, large lifts, ramps that are both wide enough and not too steep etc. as well as comfort, signage, ease of navigation (Year 1-4) | Clinical Board Heads of Service/ Assistant Director of Planning/ Equality Manager | Number of issues reported/ resolved

Improved satisfaction rates from people with sensory loss, stroke and dementia accessing our services areas with appropriate communication aids |
|---|---|---|---|---|

	To meet legislative engagement responsibilities	Review our UHB guide to engagement and supporting toolkit, to ensure it appropriately highlights equalities and in particular that the needs of people with protected characteristics are taken into account when designing engagement and consultation (Year 1)	Head of Partnerships/ Equality Manager	Review completed and revisions made

3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities	To support the implementation of the Integrated Medium Term Plan *2019-2022* including support for people with learning disabilities, trans people, people with mental health issues, Gypsies, Roma and Travellers, prisoners, the homeless and for asylum seekers and refugees	Engage with service users to ensure they are involved in service redesign, for example, adults with learning disabilities, trans people, people with mental health issues, Gypsies, Roma and Travellers prisoners, the homeless, and asylum seekers and refugees (Year 1-4)	Clinical Boards	Number and quality of Equality and Health Impact Assessments (EHIA)

	To ensure that we have the necessary mechanisms in place to capture and monitor the protected characteristics data	Enter into data sharing arrangements where possible, so as to ensure that those who are identified by other services as being disadvantaged receive the appropriate support (Year 2-4)	Information Management & Technology/ Clinical Boards/Head of Information Governance and Assurance/ Equality Manager	All relevant protected characteristics data available for use
		Regularly review and monitor the data collected in order to ensure that it is collected and processed in a manner which enables us to make more informed decisions on how to improve the services we provide. (Year 1-4)	Chief Operating Officer/ Executive Director of WOD	Executive Performance review reports/Annual Quality Report

	To create a separate/combined Welsh Language and Equality & Health Impact Assessment (EHIA) process	Establish a combined/separate Welsh Language and Equality & Health Impact Assessment (EHIA) process (Year 1)	Equality Manager/ Head of Corporate Governance	New all-encompassing EHIAs completed and published
	To build equality considerations into the organisation's procurement and commissioning processes	Ensure that equality issues are addressed early on in the procurement process, which are relevant to the subject or performance of the contract. (Year 1-4)	Head of Purchasing E-Business & Capital Development	Number of tenders/ contracts complying with procurement equality guidance
4. Gender and any other protected characteristic pay Gaps are eliminated	To reduce any gender or other protected characteristic pay gap to promote equality and good practice	Meet the legislative requirements of the gender pay gap information regulations Through the development of an action plan(Year 1-4)	Deputy Workforce & OD Director	Identify any trends and to formulate an action plan to address any unfair differentials that may emerge

Overview of how our objectives support each of the protected characteristics

Below is a summary of how each of our five objectives support each of the nine protected characteristics.

	Age	Disability	Gender Reassignment (Trans)	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion, belief or non-belief	Sex	Sexual Orientation
1.	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	✓	✓	✓	✓	✓	✓	✓	✓	✓

Monitoring and review

We will monitor our progress against the objectives and supporting actions on an ongoing basis, which will lead to the publication of an annual report. The report will summarise our progress and any changes to our future work. Our Board is accountable for the equality objectives, with our staff being responsible for the delivery of the actions.

Feedback

We value feedback about our work, including the objectives and actions set out in this document, on an ongoing basis. If you would like to share any feedback or would like to discuss any aspect of our work, please contact:

Cardiff and Vale University Health Board, Equality Team
1st Floor Woodlands House, Maes Y Coed Road, Llanishen, Cardiff CF14 4TT
Or
keithley.wilkinson@wales.nhs.uk

Wales's Public Body Equality Partnership

Strategic Equality Objectives 2020-2024

Foreword

The Public Sector Equality Duty (PSED) requires listed bodies to review their existing equality objectives at least every four years.

In line with recommendations from the Equality and Human Rights Commission (EHRC) and The Welsh Government, the duty represents an opportunity for public sector bodies in Wales to work together to recognise and collectively impact against the challenges set out in the Equality and Human Rights Commission 'Is Wales Fairer report, 2018'.

The Wales Public Bodies Equality Partnership represents a group of public bodies committed to working together to unite behind shared equality objectives. This approach promotes smarter working and creates opportunity for shared engagement, learning and intervention to achieve greater impact across the public sector and public services in Wales, contributing significantly to delivering equality.

Emma Tobutt,
Chair - Wales Public Bodies Equality Partnership

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Shared Intent: 'A Fairer Society and a More Equal Wales'.

Wales Public Body Equality Partnership - Long Term Objectives

Shared long term objectives: we will work together to:	Contribution to Welsh Government long term aims (Currently these are draft)
1. **Increase workforce diversity and Inclusion**	**Aim 1** - Elimination of inequality caused by poverty. **Aim 2**: Strong and progressive equality and human right protections for everyone in Wales. **Aim 4**- Wales is a world leader for gender equality. **Aim 5:** Elimination of identity-based abuse, harassment, hate crime and bullying. **Aim 7** - Everyone in Wales is able to participate in political, public and everyday life. **Aim 8** - The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.
2. **Eliminate pay gaps**	**Aim 1** - Elimination of inequality caused by poverty. **Aim 2**: Strong and progressive equality and human right protections for everyone in Wales. **Aim 4**- Wales is a world leader for gender equality. **Aim 8** - The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.
3. **Engage with the community**	**Aim 1** - Elimination of inequality caused by poverty. **Aim 2**: Strong and progressive equality and human right protections for everyone in Wales. **Aim 3** - The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales. **Aim 4**- Wales is a world leader for gender equality. **Aim 5:** Elimination of identity-based abuse, harassment, hate crime and bullying.

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	Aim 6 - A Wales of cohesive communities that are resilient, fair and equal. **Aim 7** - Everyone in Wales is able to participate in political, public and everyday life. **Aim 8 -** The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.
4. **Ensure equality is embedded into the procurement / commissioning process and is managed throughout delivery**	**Aim 1** - Elimination of inequality caused by poverty. **Aim 2**: Strong and progressive equality and human right protections for everyone in Wales. **Aim 4**- Wales is a world leader for gender equality. **Aim 5**: Elimination of identity-based abuse, harassment, hate crime and bullying. **Aim 8 -** The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.
5. **Ensure service delivery reflects individual need**	**Aim 1** - Elimination of inequality caused by poverty. **Aim 2**: Strong and progressive equality and human right protections for everyone in Wales. **Aim 3 -** The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all public services in Wales. **Aim 4**- Wales is a world leader for gender equality. **Aim 5**: Elimination of identity-based abuse, harassment, hate crime and bullying. **Aim 6** - A Wales of cohesive communities that are resilient, fair and equal. **Aim 8 -** The Welsh public sector leads the way as exemplar inclusive and diverse organisations and employers.

Strategic Equality Plan - Outcomes and Outcome Measures

Shared Long Term Objective	Long Term Outcome	Intended Outcome By 2024	Outcome Measure	Steps That We Will Take To Meet The Intended Outcome
1. Increase workforce diversity and inclusion	Our organisations will reflect a fair and inclusive environment, where all people feel valued and can have equal opportunities to fulfil their potential within their organisation.	By 2022, we will have aligned our own employment data reporting to match that of the Welsh Government in both format and reporting dates. By 2024 we will have evidence of how we reach out to minority groups and those living in poverty to gain employment with us.	Employment data Engagement profile data	Standardise data collection to enable benchmarking to ensure consistency of analysis and reporting of data. Remove barriers and enhance recruitment & selection policies, procedures and practices through the lens of equality. Ensure values & behaviours promote a fair, equal and inclusive environment throughout the organisation. Develop shared initiatives to target unrepresented groups to increase employability e.g, work experience, mentoring opportunities, apprenticeship, academy, and internships.
2. Eliminate pay gaps	Disclosure of information is part of organisational culture, staff understand why data is collected, ensuring that necessary data is only collated	Accurate data across the public sector which provides analysis across protected characteristics.	Employment profile data Pay gap methodology and analysis.	Share and standardise systems for collating and analysing data across bodies, supporting staff to disclose information. Agree a standard methodology for defining and collating pay gaps,

	(GDPR)		Professional Development opportunities Uptake of different work patterns at different levels.	interpreting/ communicating. Standard rounding methodology. Share strategies for workforce planning. Join together to create workforce development opportunities. Joint management and leadership training (HR Group). Share practice on work patterns and ways of working.
3. Engage with the community.	Diverse communities throughout Wales will be actively engaged in our organisations' work. Strategies, policies, and decisions will be co-produced with diverse individuals. People's experiences and views will shape our organisations	By 2024 we will be able to demonstrate and evidence co-production of our strategies, policies, service changes and decisions	Engagement profile data.\n\nConsultation and engagement - protected characteristic data is produced/published, including supplementary evidence such as surveys, and case studies as appropriate	Offering shared events and engagement opportunities. Engage directly with diverse communities to enable representation at shared events We will explicitly identify contributions from our engagement and co-production in our strategies, policies and decisions. (you said-we did)
4. Ensure equality is embedded into the procurement / commissioning process and is	Equality is embedded into procurement principles which are operational and evidenced.	Principles are in place with updated organisational policies. Procurement data will be in place and will evidence diversity of procurement.	Publish agreed procurement principles and procurement data	Agree a set of procurement principles for organisations to commit to. Revising organisational policies to reflect principles. Work together to train and support staff to deliver the principles. Share practice.

managed throughout delivery.				
5. Ensure service delivery reflects individual need.	People and shared good practice actively influences delivery of services to meet individual needs.	By 2024, we will be able to evidence operational systems and ways of working that ensure individual needs are understood and respected whilst accessing and receiving services. By 2024 we will have collaborative systems in place for co-producing. A framework for adopting and sharing good practice.	We will monitor and report complaints, concerns and feedback from people using our services to identify areas for improvement. Surveys Questionnaires Citizen Journeys Co-production evidence.	Share learning and examples of positive changes to services, demonstrating dignity, respect and understanding of communication and access needs. To have in place shared mechanism for co-production. To have in place a framework for recording examples of and sharing and adopting good practice. Offer collaborative awareness training around understanding service users.

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Application of the 5 Ways of Working - Well-being of Future Generations (Wales)

Ways of working	How this has been applied
Prevention	The objectives have been informed through understanding inequality insight evidenced through 'Is Wales fairer' – The state of equality and human rights, the Equality and Human Rights Commissions review of the public sector equality duty, 2019 and information from our collective organisations. The consultation process included engagement with people from a range of diverse communities and backgrounds.
Long term	The high-level objectives are recognised as long-term objectives that will exist beyond the four-year cycle of the SEP. Organisations uniting behind the objectives will achieve greater impact for future generations in enjoying a fairer society and more equal Wales
Collaboration	Public Bodies will unite behind shared objectives and are committed to working together to meet the objectives. Partnership bodies have signed a 'memorandum of understanding' which outlines their commitment to collaborative working.
Integration	The high-level objectives have been informed through insight, they align to Welsh Government long term equality aims and contribute to a more equal Wales (FGA) and a fairer society (Equality act, 2010). Application of the five ways of working has supported integration across duties. Each of the partnership bodies will integrate the shared objectives within their own strategy and planning.
Involvement	Stakeholders and recipients of public services were involved in the development of the objectives. Through the delivery of the objectives the partnership has committed to engage with people and communities in the design of services that will ensure equality of outcome and services that meet people's needs.

Wales Public Body Equality Partnership
Strategic Equality Objectives 2020-2024 – Public Engagement and Consultation Summary Report
Background

The Public Sector Equality Duty (PSED) requires listed bodies to review their existing equality objectives at least every four years. Revised equality objectives and the steps organisations intend to take to meet them should be published by 1st April 2020.

In line with recommendations from the Equality and Human Rights Commission (EHRC) and The Welsh Government, the duty represents an opportunity for public sector bodies in Wales to work together to recognise and collectively impact against the challenges set out in the 'Is Wales Fairer' report, 2018

Several public bodies were keen to work collaboratively to agree shared objectives to take forward a collective approach, involving the sharing of resources, insight and expertise. This approach promotes smarter working and creates capacity for widening stakeholder and community engagement. Uniting behind shared objectives has the potential to influence further collaborative working and shared practice, promoting greater impact across the public sector and public services in Wales contributing significantly to tackling inequalities and the 'prevention agenda'. This collaborative work reflects the principles of the Well-being of Future Generations (Wales) Act and will directly contribute to the national well-being goal 'A More Equal Wales'. Throughout the work of the partnership, the sustainable development principle and five ways of working will be applied and evidenced.

Equalities remains a key priority for the Welsh Government. On the 11th June 2019 the below statement was made by Jane Hutt, Deputy Minister which provided an update on the work that Welsh Government is doing to strengthen Equality and Human Rights in Wales.

'To demonstrate and reaffirm our commitment to these principles, we're taking forward work to explore options to safeguard equality and human rights in Wales. This will begin with commencing the socio-economic duty in Wales, as well as working with the Equality and Human Rights Commission to review and strengthen the Welsh regulations for the public sector equality duty. We're also commissioning research to explore wider options, including how we might incorporate UN conventions, including the convention on the rights of disabled people into Welsh law'.

Public Bodies involved in the partnership:

- Velindre University NHS Trust
- Cardiff & Vale University Local Health Board
- Health Education & Improvement Wales
- Sports Wales
- Arts Council for Wales
- Careers Wales
- Higher Education Funding Council for Wales
- National Museums Wales
- Natural Resources Wales
- Welsh Language Commissioner

- Welsh Revenue Authority

Partnership aims and objectives

The overarching aim of this partnership is to agree and commit to reviewing the impact
against shared objectives over the long term and working together to understand the
collective impact through agreeing transparent outcome measures, with each
organisation setting out alignment to their own strategic intent.

Following a review of existing Strategic Equality Plans (SEP), current landscape and
literature, a series of evidence papers were produced by the partnership with
common themes/issues emerging across the sector in relation to:

- Increase workforce diversity
- Minimise pay gaps
- Engage with the community
- Ensure procurement drives equality
- Ensure service delivery reflects individual need

Engagement and consultation

The above common themes were developed into high-level, shared, long-term
equality objectives. As part of the development of the Public Sector Equality Groups
Strategic Equality Plan, the partnership commissioned a third sector partner to
assist with meaningful engagement and consultation with individuals and groups
who share 'protected characteristics' and those who do not. The following provides
a summary of public engagement and consultation undertaken by the partnership:

- 3 regional stakeholder events were undertaken, North, West and South East
  Wales. These were inclusive of individuals and groups from across the
  protected characteristics
- Online consultation hosted through third sector partner in conjunction with
  promotion across the Public Sector Equality Group networks and internal
  mechanisms, in the form of a survey
- Individual organisations undertook internal engagement events and focus
  groups with their own staff – these figures are not included in this report.

To ensure accessibility, documentation was made available through the medium of
Welsh, easy read, BSL and child friendly versions. In addition, public participants
were reimbursed for travel, childcare, replacement care and any other relevant
expenses as necessary.

Summary of findings

In summary, the objectives were agreed by an average of 67% of respondents with
6.04% stating they did not agree, 13.95% stating they partially agree and 12.73%
stating they were not sure if they agreed with the objectives. In respect of data
gathered at public engagement and consultation events, please refer to appendix 1.

Responses from both the survey and consultation have been utilised to confirm, strengthen and inform the long-term outcomes, intended outcomes by 2024, outcome measures and steps that the partnership will take to meet the intended outcomes of the Shared Strategic Equality Plan.

A summary of key themes for each objective are set out below, with comments taken directly from either regional engagement events or surveys to highlight themes.

Overall key themes through the objectives include:

- co-production
- digital exclusion
- accessibility
- plain English and Cymraeg clir
- outreach in communities
- support and learning in the workplace
- flexibility
- staff training
- positive action
- culture change
- stories and experiences

Objective 1 – increase workforce diversity

Key themes: equality training; diversification/ targeted work; recruitment; embedding objectives and monitoring; communication; involvement and engagement

In terms of the partnerships shared long term objective, respondents highlighted the importance of including the term 'inclusion' rather than looking at diversity in isolation. Diversification was felt to be achievable through public sector bodies undertaking more targeted work with people from underrepresented groups, coupled with training delivered by people with lived experience to ensure meaningful engagement with equality, diversity and inclusion issues.

> *People need to see themselves represented in the workforce and that the organisation is the kind of employer that meets employee's access and equality requirements. Promote positive experiences and case studies or role models. (South East Wales engagement event and implicit in all events)*

Review of on-boarding and the recruitment process across the public sector through the lens of equality was emphasised by respondents as being necessary due to their defining nature of an organisation's culture. Respondents felt that a more proactive approach to recruitment was necessary with clear suggestions about how and where organisations should advertise and actively recruit from community venues, universities, colleges and schools being cited. The creation of targeted traineeships and apprenticeships for under-represented groups with clear pathways and progression opportunities was also cited.

> *Onboarding discussions about diversity. It's benefits and organisation expectations. (survey)*

> *Review recruitment and selection policies and practices through the lens of equality (survey and South East Wales engagement group)*

Go to schools and colleges as a partnership to promote the roles and careers available in partner organisations, especially those common to most or all (for example HR, finance) and set up cross-partnership (standardised) purposeful work experience initiatives (South East Wales engagement group)

Undertake (legal) positive action to address under-representation. This should include targeted recruitment and additional support both to apply and in the job. (survey and South East Wales engagement event)

Attend or hold more recruitment fairs in communities to promote the wide range of careers in public sector organisations and promote opportunities to under-represented groups, for example university employment fairs (North Wales engagement event)

Develop mentoring schemes, buddying and shadowing, for people from under-represented groups, both prior to applying for any job and for development of staff already in the organisation (South East Wales engagement event)

Review recruitment processes through the lens of equality and amend them focusing on demonstrating capabilities, not merely experience and valuing experiences outside of work, including making them more inclusive of and appropriate for neuro-diverse people. (survey)

Clear support was identified as being needed for some members of the community to apply for jobs with an emphasis on the need for all organisational documents to be accessible through the medium of BSL as well as Welsh and English to ensure equality of opportunity, including pre and post application.

In terms of online job ads, the 'we are equality and diverse, inclusive' note should be at the top, not the bottom. And if a job is flexible, put that at the top along with logos, such as the BSL logo (North Wales and South East Wales engagement event)

Ensure that only the skills and qualifications that are actually needed are included on person specifications. Allow alternative methods of demonstrating skills to the traditional routes. For example, good telephone skills, or using the phone, excludes Deaf people. Good communication skills would include Deaf people; requirements for degrees disadvantage some groups, including older people (North Wales and South East Wales engagement events)

All documents, job adverts, websites etc. must be in BSL as well as Welsh and English (North Wales engagement group)

Embedding equality objectives and monitoring leadership commitment from the top of organisations was cited as being essential.

Demonstrative leadership, not just policies and statistics, on equality. Managers need to champion the objectives. (Survey and South East Wales engagement event)

Ensure that commitment to equality and diversity and delivering the objectives starts from the top of the organisation (South East Wales engagement group and implicit in all groups and survey)

Objective 2 – minimise pay gaps
Key themes: Accessible information; data collection and analysis; recruitment; job evaluation, equal pay and pay information; organisation culture; job sharing and flexible working; specific groups
Respondents were explicit in stating that public sector providers should be looking to eliminate pay gaps rather than minimise pay gaps to ensure equality. Clear direction was being given for the need for public sector organisations to create cultures and workplace practices where staff understand why data is being collected and how it is used to advance equality and diversity.

'Amend to 'Eliminate pay gaps.' (survey)

'Ensure disclosure of information is part of organisational culture to reduce information gaps. Staff understand why data is collected and how it is used to advance equality and diversity. Action is taken to reduce pay gaps and ensure fair pay based on equality information and engagement with staff.' (survey)

'Develop an information-sharing culture' (survey)

The need for transparency was expressed with public sector organisations being asked to refrain from cherry picking data and that there should be clear action plans, written in plain English and available in accessible formats, which demonstrate how organisations intend to address identified gaps. Comprehensive data collection was stated as being necessary across all the protected characteristics.

'Gather good practice examples from other organisations in relation to progression through the levels of diverse people and review how they have achieved a more diverse senior workforce to learn from them' (South East Wales engagement event)

Set an action plan with clear commitment to reduce pay gaps. Justify where and why pay gaps exist. (survey)

Publish clear analysis of the way pay gaps are calculated, displaying the data in a range of formats to make it accessible and easily interpreted by all. (survey)

Comprehensive data collection and analysis in terms of staff numbers, grades, and pay for all protected characteristics and specific groups, including learning disabled people. (survey)

Equal pay and the availability of pay information was identified as being important to respondents, with reference to Living Wage Foundation's Living Wage.
Pay all employees and those employed by contractors/suppliers, at least the Living Wage Foundation's Living Wage. Annual increases at least in-line with the increase in the Living Wage Foundation's Living Wage. (survey)

Ensure that culture, working conditions and processes encourage groups currently not applying for/not being offered more senior jobs, to do so. Ensure a culture where staff feel trusted, respected, valued, and supported to express their views and concerns. (survey)

Gather good practice examples from other organisations in relation to progression through the levels of diverse people and review how they have achieved a more diverse senior workforce to learn from them (South East Wales engagement event)

Objective 3 – engage with the community
Key themes – co-production with communities; direct engagement and outreach; accessibility of engagement and awareness of different groups; plain language communication; public sector collaboration; surveys and research; measuring and monitoring progress.
Authentic co-production came across strongly with respondents articulating how co-production should commence before organisations start to write strategies, policies and service changes. Clear direction should be given to working in partnership with communities as key stakeholders rather than merely seeing communities as recipients of services.

Use a co-production approach, starting before writing strategies, policies, service changes etc. through to the impact of the change in practice. Longer timescales for engagement and feedback. Weave feedback processes into the approach and ensure feedback can effectively be fed back into the community about how their contribution has helped shape things. (survey and North Wales engagement event)

Co-production is absolutely critical (North Wales engagement event)

Do things with the community, not to the community. Listen to and involve people directly. Work in partnership with communities, not assume they are just recipients of services. (survey)

Direct engagement and outreach featured heavily with respondents expressing the need for public sector organisations to build effective relationships and understanding of Wales' diverse communities, with emphasis on organisations going out into communities to run engagement events. The provision of feedback was echoed as being critical so that communities can understand and appreciate the impact their voices have had on bringing about change. This approach was identified as needing to be embedded into an organisation's culture if real collaboration with communities was to be achieved. Alongside these, respondents stated that better use of existing feedback would prevent communities being asked the same questions over again. Better use of existing feedback was cited as allowing for engagement to focus on collective solutions and support rather than continually looking at barriers.

Engagement must be carried out in a direct practical manner, which ensures staff go out to all sections of our diverse community, undertake joint work or

projects and get to know the life experience of individuals from all backgrounds. (survey)

Do things with the community, not to the community. Listen to and involve people directly. Work in partnership with communities, not assume they are just recipients of services. (survey)

Hold some engagement events and information sessions in local areas and go out to the public directly (as opposed to holding engagement events in public sector venues). E.g. Libraries, the hubs, places that have a good bus route, community centres, and religious buildings. (South East Wales engagement event.)

Outreach – go to locations where diverse groups already meet and take part in their meetings. Focus on engagement and support you can offer, not regulation. Join in with what the group are already doing and proactively ask for their feedback – one example given was a knitters group (Survey and South East Wales engagement events)

Be clear about when and why you are engaging. Promote community ownership by clearly communicating what changes engagement has made and can still be made. (survey)

Embed ongoing engagement in organisational culture – develop real collaboration with communities and organisations. (survey)

Use existing information and previous engagement to identify the barriers to engagement, rather than continually asking people about barriers. Use this information and future engagement to break-down barriers to engagement and look at solutions and support, not what the barriers are. (Survey and West Wales engagement event)

Ensuring that not just venues, but all communication and interaction with communities is accessible to all, was expressed as being critical if engagement was to be valid and purposeful. Awareness of digital exclusion should be considered and the need for a range of languages and formats be used to promote events if real connections are to be made with communities. Training and awareness in relation to equality was identified as being needed within public sector organisations. In particular, training was cited as being necessary in relation to raising awareness of the interconnected nature of social categorisation which can create overlapping and interdependent systems of discrimination or disadvantage. Alongside these, the use of plain language and clear collaboration between organisations was identified.

Don't rely on online methods only. Digital exclusion needs to be taken into account. Ensure there is face-to-face contact and off-line options. (survey)

Too much use of English instead of BSL or sign supported Welsh. Providing interpreters isn't enough, people need to know that they're accessible. Accessibility should be made clear by using logos. Improving accessibility also means physically visiting communities to spread the word, instead of relying on

digital media which many people don't have access to. Appropriate people from these communities should be selected to spread the word. (North Wales engagement event)

There needs to be advertising and promotion in a range of languages and formats to reach people and to make the connection. Advertise in local shops (grocers, butchers etc.), GPs, community centres etc. (South East Wales engagement event and implicit in all events)

Use accessible venues for engagement and public meetings. Proactively offer information in different formats and languages and have interpreters available as appropriate. Ensure that access requirements are proactively requested, and clear accessibility information is provided publicly in advance (survey and South East Wales engagement event)

More awareness about intersectionality is necessary: people need to understand that these various groups (disabled young, elderly, female, non-binary etc) all overlap extensively (North Wales engagement event)

Use Plain English / Cymraeg Clir in all consultation and engagement documents and events. (survey)

Partnership between public sector organisations (including health, local council etc.) and a Memorandum of Understanding to commit to delivering proposals. (survey)

Objective 4 – ensure procurement drives equality
Key themes – clear definition of what is meant by procurement; value for money; micro-businesses and third sector organisations not being disadvantaged
Responses to objective 4 focused on the need for organisations to go deeper than merely asking prospective tenders for their equality policy as confirmation of their intention. Value for money rather than focus on price was highlighted as being important, with a clear steer on engaging effectively with small, local businesses to encourage and support in submitting tenders.

Reference to buying the best product at the best price, not purely price-driven procurement. (survey)

Proactively sourcing locally, supporting small suppliers, and connecting to the Future Generations goals in the objective (survey)

Clearly defined tenders that go deeper that asking for an equality policy and different /more demanding requirements where equality of access or diversity of provision is highly relevant. (survey)

Build equality in as part of procurement contracts (survey)

Objective 5 - ensure service delivery reflects individual need

Key themes – engaging people and acting on people's experiences; service design and delivery; delivering shared learning and best practice systems; culture and policies; measuring impact.

Effective engagement of people and acting on people's experiences was raised as being necessary if under-represented or seldom heard groups are to have a voice in shaping public service design and delivery. With a clear steer to the need for public sector bodies to not only deliver engagement within communities but to provided clear mechanisms for continuous feedback, with the need for the use of plain English and accessible information being critical.

> *Involve and listen to people. Feedback from users should influence service delivery as well. (survey and South East Wales engagement event)*

> *Ensure that the voices and needs of seldom-heard people are heard and acted upon, not just the loudest voices. Make sure urban and rural areas are represented (survey and South East Wales engagement event)*

> *Have more options and ways that people can feed in suggestions on a continual basis. Take suggestions seriously, act on them, and provide feedback such as posters of how you've acted on suggestions. (South East Wales engagement event)*

> *Hold engagement events somewhere different and neutral, for example the libraries, housing associations, community centres, sport centres, art centres, job centres, education centres like schools. (South East Wales engagement event – raised in response to service delivery, but probably more relevant to objective 3 – community engagement. It will be important for community engagement to cut across the other objectives, as this was mentioned in all engagement events and is implicit in the survey.)*

> *Communication needs to be accessible, in BSL and community languages, avoid jargon, and be clear and inclusive. This applies to both verbal communication when accessing services and written information. (North Wales and South East Wales engagement events)*

Delivering shared learning and best practice systems was highlighted as being key and the first point of call for any piece of work or service. With co-production being referenced as a source of best practice.

> *Need to develop a system to ensure that best practice really is best practice (for example co-production as a source of best practice – coming from communities and users and evidence of the impact on people of changes made.) (survey)*

There was call for public bodies to review their culture and policies to ensure accessibility and inclusion is at the core of staff interaction with individuals and groups.

> *Embed a culture of respect, inclusion, and actively listening to patients or service users and acting on their concerns. Staff in all services need to be trained in communication and develop people skills. (South East Wales engagement event)*

Embed a culture of being welcoming, celebrating diversity, and automatic inclusion of everyone and different requirements in all services. (South East Wales engagement event)

In relation to measuring impact respondents were clear in identifying the need for measures to include service users' experiences.

Measures need to include consideration of how service users' experiences have changed, alongside satisfaction and other measures. (survey)

Measure the difference service changes have made to individuals – questionnaires to individuals (survey)

There needs to be more of a focus on measuring outcomes for individuals and how services are tailored for individuals and not measuring numbers. (South East Wales engagement event)

Outcome

As a direct result, the engagement and consultation responses have informed and influenced the final shaping of Wales' first shared Public Sector Strategic Equality Plan 2020-2024, to be published on the 1st April 2020, with the groups shared long term equality objectives being:

- Increase workforce diversity and inclusion
- Eliminate pay gaps
- Engage with the community
- Ensure equality is embedded into the procurement/ commissioning process and is managed throughout delivery
- Ensure service delivery reflects individual need

Actions taken from commissioned report, appendix 2, will need to be considered and reflected in individual organisations and collective action planning.

Next Steps

Individual organisations, whilst they are not legally bound by the partnership, have made a commitment through a memorandum of understanding to continue to work together past the initial timeframe of development June 2019 to April 2020. Therefore, the next phase post 1st April 2020 will be the agreeing of clear workstreams and opportunities for future collaboration, co-production, sharing best practice and resources. Co-production will be instigated at the start of the planning process through joint initiatives. This approach will ensure that future action plans and subsequent initiatives are jointly owned by organisations and those who decisions impact upon the most i.e. service users.

Activities will be reviewed annually to ensure that they are being delivered as agreed and having the intended impact.

Appendix 1
To avoid possible identification of individuals some information is missing from the below figures.
Engagement events

27 people participated in the engagement events
- 1 person attended the engagement event in Swansea
- 6 people attended the engagement event in Bangor
- 20 people attended the engagement event in Cardiff

13 people attending were diverse individuals not representing any organisation or group. 14 people attending were representing organisations. Some of these people were representing groups of diverse people (for example 50+ forums), or third sector organisations representing their diverse service users (for example, North Arfon Access Group and FNF Both Parents Matter)

Some attendees represented more than one organisation and a small number of organisations had multiple representatives present.

Organisations represented were:

- 50+ forum (Cardiff)
- 50+ forum (Vale of Glamorgan)
- Cardiff University
- Cymru Older People's Alliance
- Citizens' Advice Wales (Flintshire)
- DWP
- FNF Both Parents Matter
- Forensic Resources
- Llantarnam Grange Arts Centre
- Literature Wales
- Leonard Cheshire
- National Museum Wales
- North Arfon Access Group
- Prime Cymru
- Remembering Srebrenica
- Taff Housing Association
- Unite Community

Online Survey results
43 people responded to the survey
4 have been from organisations or one identifying as an individual and an organisation.
- 3 from Natural Resources Wales

- 1 from Cardiff People First (representing: People with a learning disability across Cardiff. Constant meetings and discussions on all topics of interest.)

Equality monitoring information for Survey

We asked a range of equality monitoring questions. This was to ensure we reached a broad range of people across the protected characteristics.

Age

19.05% of respondents were 18-35; 30.95% were 36-45; 28.57% were 46-55; and 21.43% were 56+

Disability

The question we asked was 'Do you consider yourself to be a disabled person?' This question is based on self-identification and barriers to participation under the Social

Model of Disability

14.29% responded 'yes' to this question. 83.33% responded 'no.'

Ethnicity

Over 42% of respondents identified as White British and over 42% as White Welsh. The remaining respondents identified as White English, White European, or 'Other.'

Gender

Over 64% of respondents identified as female and over 30% as Male.

Religion or belief

33.33% identified as Christian; 33.33% as 'none'; 15.38% as Atheist; and 17.95% as other religions or beliefs.

Sexual orientation

71.43% identified their sexual orientation as heterosexual/straight; 1.67% as Lesbian or Gay; and 7.14% as bisexual.

Equality data from engagement events

All data below is self-reported equality data. It is based on self-identification. All questions were optional and most had an additional prefer not to say option.

Please Note: any number below 8% cannot be reported.

Age

8% of participants were 16-24; 12% 25-34; 8% 35-44; 12% 45-54; 24% 55-64; and 28% 65+.
Given the events were during the day a good range of ages were represented at the event. The higher proportion of older people is expected at daytime engagement events, especially those focused on equality.

Disability

The question we asked was 'Do you consider yourself to be a disabled person?' This question is based on self-identification and barriers to participation under the Social

Model of Disability.

44% of participants answered yes to this question; 48% answered no to this question; 8% did not answer this question

Ethnicity

In terms of broad ethnic group 68% of attendees were white; 12% were of mixed ethnicity; 12% Asian or Asian British; and 8% Black or Black British

In terms of specific ethnicities 20% were White Welsh; 40% White British; 8% White and Black Caribbean. Other specific ethnicities cannot be reported, due to the low numbers.

Gender

76% of participants identified as female; 20% as male; and the remaining 4% chose 'prefer not to say.' All participants either identified their gender identity as the same as the sex they were assigned at birth or did not answer the question relating to gender identity (gender reassignment.)

Sexual orientation

84% identified as heterosexual. 12% identified as Lesbian, Gay or Bisexual. 4% did not answer this question.

Religion or Belief

44% identified as Christian; 36% as 'None'; 8% as Muslim.

Carers and employment situation

52% stated they are employed; 24% stated they are retired; 12% stated they are receiving benefits.

Welsh language

16% stated they are a Welsh Speaker or learner. 76% answered 'no' to the question 'Are you a Welsh Speaker.' 8% did not answer this question.

Appendix 2
Actions below to be considered and reflected in individual organisations and collective action planning; taken directly from commissioned report.

Objective 1 – Increase workforce diversity
Participants in engagement events felt this objective needs to clearly include volunteers and Board members, alongside employees.
How this objective will be monitored and ensuring it is not a tick box exercise was important to participants. Key actions raised by participants included:

- Comprehensive equality training for all staff. This needs to cover each protected characteristic in detail, valuing diversity, unconscious bias, and inclusive recruitment practices. This training needs to start during induction and continue throughout people's careers. Training needs to include how to put equality into practice and developing inclusive, supportive, positive workplaces for all staff and service users. Training needs to be face-to-face and include opportunities for all staff to ask questions and explore their own role.

- Look at all protected characteristic groups, ensuring there is no hierarchy and include intersectionality.

- All actions below apply to all levels of the organisation, including recruitment to senior level roles, not just entry level roles.

- The partnership needs to work together to promote the range of jobs available in the public sector. Outreach and working with diverse communities to raise awareness of the different employment opportunities across the public sector were key actions.

- Work with communities to identify barriers within recruitment processes and revise recruitment processes to work for all communities.

- Review equality monitoring questionnaires and use the data to identify under-representation and take positive action.

- Use role models, case studies and personal stories to showcase diverse people in the roles and organisations, including diverse people at higher grades.

- Targeted recruitment, training before applying for jobs, and additional tailored support for diverse people to apply for roles and to be successful is critical.

- All job descriptions, person specifications, job adverts, and recruitment processes need to be in Plain English and Cymraeg Clir as standard. BSL and community language copies, as well as accessible formats also need to be available and easy to access.

- Advertise jobs in minority press, in community venues, through equality organisations and community groups, and in non-traditional places.

- Work placement, traineeships, apprenticeships, shadowing, buddying and mentoring schemes for people with one or more protected characteristics need to be developed and implemented as a partnership. Tailored support, childcare, and paying expenses need to be part of these schemes. Bursaries should be provided wherever possible. Groups include young people, older people, disabled people (all impairment groups, including Deaf people), women, BME people, and LGBT people.

- Develop a public sector apprenticeship, as well as role specific apprenticeships, targeted at under-represented groups, as a partnership.

- Go into schools to promote the range of jobs and careers available within the partnership and tackle stereotypes. Have work experience opportunities as part of this.

- Have well-trained and supported staff members dedicated to developing volunteering, work placements, work experience, traineeships, apprenticeships, mentoring and other mechanisms targeted at diverse communities.

- Amend recruitment processes to focus on demonstrating capabilities and values, not in-work experience and qualifications. Explicitly value experience gained outside of work and experience as an alternative to qualifications.

- Ensure that job descriptions and person specifications only include those skills needed for the role, are written in Plain English, and broaden skills descriptions where possible. For example 'good written and verbal English or Welsh' excludes Deaf people and BSL users, where 'Good communication skills' would enable Deaf people to meet the criteria.

- Remove stereotypes and biased language from job adverts, such as changing job titles to tackle gender segregation.

- Ensure recruitment processes have sufficient time and arrangements in place to enable BSL interpreters, communication support workers, and other access requirements to be met for interviews.

- Ensure recruitment processes and forms are accessible and that alternative formats and ways of applying are clearly promoted. This includes alternatives to written application forms and off-line application processes.

- Provide more volunteering opportunities and open days for people with protected characteristics in public sector organisations. Link these to developing experience to enter the workforce when people want this.

- Deliver more open days, taster days, and recruitment fairs to provide opportunities for diverse individuals to find out more about working in the public sector.

- Raise awareness of and use Access to Work more effectively.

- Ensure there is diversity on recruitment panels, alongside name-blind shortlisting and ensuring there is equality and diversity challenge built into the process.

- Managers need to champion equality and diversity and actively support diverse individuals.

- Language around equality monitoring needs to change. More inclusive questions need to be asked, for example around disability. It needs to be 'sharing information' not 'disclosing.' There needs to be a positive attitude to monitoring. Recognise and address why staff may not want to disclose. Data needs to be used to improve equality and diversity and staff need to see the changes. Organisations need to use the same methodology so data is comparable. Looking at staff and organisation behaviour and people's experiences is as important as numbers of staff at all levels of the organisation.

- Gather feedback from diverse individuals on this objective and all objectives. Use a co-productive approach, so diverse individuals and organisations are designing actions with the partnership. Partner

with smaller grassroots organisations. Outreach and going to conferences and events where diverse people already are is vital.

- Ensure good work-life balance policies and practices are in place, including flexible working, agile working, family-friendly policies, part-time options. Encourage all employees and at all levels of the organisation to take these up and break-down the stigma of flexible working.

- Review and revise complaints and concerns procedures to ensure equality issues are identified proactively and all staff feel supported and able to raise concerns.

- Build a positive culture and approaches to proactive reasonable adjustments and addressing barriers, such as travel expenses, dietary requirements, flexibility, and childcare.

- Ensure equality and diversity feature explicitly and strongly in corporate plans and all key strategies and policies.

- Develop and support further staff networks. Improve accessibility and face-to-face engagement of staff networks. Create workplace events to celebrate diversity.

- Ensure that workplaces are fully accessible. For example functioning lifts, hearing loops, large print and Braille signage, accessible parking, public transport access etc., but also large print, a variety of languages, and quiet and prayer rooms.

- Display all information in visual and written formats.

- Ensure mental health awareness and mentally healthy and supportive workplaces are embedded in all partner organisations.

- Ensure that the organisation culture actively embraces equality, diversity and inclusion, and develops a positive atmosphere for diverse people, not just have it as a tick-box value. This includes pre-emptively and proactively identifying and removing workplace barriers; seeing equality and diversity as essential to core business; senior managers leading on and championing equality and diversity; and developing understanding of both individual requirements and different groups.

- Respect and valuing people, the moral case for diversity, should be the focus.

- There needs to be investment and funding for engagement, recruitment, training, retention, support and progression for people from under-represented groups.

Objective 2 – Eliminate pay gaps

Participants felt that the partnership needs to explicitly explain this includes disability and ethnicity pay gaps and look at identifying other pay gaps. Ensure that data collected can also be looked at regionally and in terms of rurality, as well as protected characteristics. Explain what pay gaps are and the difference between pay gaps and equal pay.

Key actions raised by participants included:

- All pay gap information produced should follow a clear methodology and be explained in Plain English and Cymraeg Clir. Explanations need to accompany the data, setting out what the data means and why those pay gaps exist, and be available in accessible formats. Bring the data to life with stories and case studies.

- Whenever equality information is collected be clear on what it is being used for and how sharing information will make a difference.

- Set an action plan with clear commitments to reduce pay gaps.

- Partners need to learn from each other and other organisations. Gather good practice examples and apply them in practice.

- Actions under objective 1 also contribute to achieving objective 2.

- Identify the reasons behind career segregation and women, disabled people, and BME people being steered towards lower-paid careers and take action to address this.

- Take positive action through succession planning, so when a vacancy becomes available, have somebody who works for the organisation with a protected characteristic move into the more senior job.

- Mentoring, training, and staff development in the workplace specifically targeted at under-represented groups and tailored to address both general barriers and individual requirements.

- CPD and training needs to be actively available to and promoted to all staff, including people who work part-time. Managers need to proactively identify staff potential and development opportunities and take the onus off staff.

- Identify whether there are any equal pay issues in the partner organisations. If there is then tackle this first. If not then explain how you know there is not and then what the pay gaps are and mean.

- Ensure that the culture of men requesting starting at a higher point within a grade or band and women not doing so is addressed. There needs to be a standard way of working out any uplift when someone starts based on their experience, not based on who requests it.

- Pay all employees, and those employed by contractors/suppliers, at least the Living Wage Foundation's Living Wage.

- Educational attainment is a key inequality issue and recruitment and progression needs to be revised to ensure that people with lower educational attainment have access to jobs and to progression/promotion routes.

- Ensure that culture, working conditions and processes encourage, groups, currently not applying for/not being offered more senior jobs, to do so. Ensure a culture where staff feel trusted, respected, valued, and supported to express their views and concerns.

- Embed commitment and action to diversity and progression for protected characteristic groups throughout the organisations. Have clear diversity values and monitor staff embodying those values.

- Ensure that the culture encourages people to see their strengths and opportunities for progression in the organisation, including part-time workers, women, people with caring responsibilities, and all under-represented groups. This should include opportunities in other departments or roles.

- Ensure that hidden attitudes and unconscious bias are identified and actively addressed through training, awareness raising, and a positive organisation culture to pregnancy and maternity, women, younger people, caring responsibilities etc.

- Have diverse images in the organisation.

- Support, Mental Health First Aiders, flexible reasonable adjustments, seeing occupational health as a positive process involving the individual as an equal, monthly welfare meetings with each staff member, and other mechanisms to reduce and remove stigma against disabled people and the disability pay gap.

- Involve citizen members on Boards.

- Ensue more reasonable adjustments, job shares, flexible and term-time working, part-time working, and agile working options are available, promoted, and used at all levels, including senior management. Use these in an individualised way. Tackle the stigma associated with these options and promote a positive culture to flexible options and progression, which values every employee.

- Ensure that part-time workers, workers taking career breaks, and agile/flexible workers have access to all training and development opportunities and appropriate support, timings etc. are in place to enable them to take advantage of those opportunities to be able to progress.

- Tackle both systemic pay issues around Shared Parental Leave and awareness and attitudes to men taking Shared Parental Leave.

- Refugees and asylum seekers, carers, and menopausal women are missing from the Plan. Actions need to be included for these groups in relation to recruitment, support in the workplace, and pay gaps.

- Address barriers to promotion and progression for older people.

- Provide childcare in workplaces whenever possible. Provide Childcare Vouchers where not possible, available to both parents.

- Provide full salary for the maternity, paternity, and adoption leave periods, not just statutory pay levels. Tackle the perception that taking leave will prevent progression.

- Use Keeping in Touch days for women on maternity leave flexibly and to support the employee in the best way possible for them, including training opportunities and maintaining professional membership.

- Sick pay needs to be for a longer period at full pay, not just in line with Statutory Sick Pay. There also needs to be arrangements for disability-related leave/absence.

Objective 3 – Engaging with the community

Key actions raised by participants included:

- Use a co-production approach, starting before writing strategies, policies, service changes etc. with a blank sheet of paper through to the impact of the change in practice. Go out and work with communities to define the topics that need to be addressed and initiating work, service change etc. within communities first. Longer timescales for engagement and feedback. Weave feedback processes into the approach and ensure feedback can effectively be fed back into the community about how their contribution has helped shape things.

- Do things with the community, not to the community. Listen to and involve people directly. Work in partnership with communities, not assume they are just recipients of services.

- Work both with diverse individuals, including recognising intersectionality, and with third sector equality organisations and community groups. Ensure it is adequately funded and resourced.

- Engage key leaders in different communities so they can encourage others to get involved. Word of mouth is very important, so you need to engage with different organisations who have connections within the community.

- It is absolutely critical to talk about 'seldom-heard groups' not hard-to-reach groups and engage a wide-range of diverse people.

- Training and development for both public sector staff and diverse individuals is vital as part of developing truly co-productive processes and approaches. Everyone needs to start from the principle and approach that they are there to listen and learn and come from a positive perspective and approach to problem and barrier solving.

- Clearly include direct and practical outreach with and in communities directly and through the wide variety of representative charities and community groups as part of engagement.

- Ensure that enough time is spent listening to and engaging communities and getting to know and understand the communities and people.

- Regular accessible and inclusive engagement and outreach throughout the year. Tailor messages to each community and their barriers and concerns. Ensure venues and content are accessible and understandable and in local community venues.

- Deliver outreach by going to locations where diverse groups already meet and taking part in their meetings. Focus on engagement and support you can offer, not regulation. Join in with what the group are already doing and proactively ask for their feedback.

- Have and use staff members whose role, training and background is community engagement and understanding of different diverse groups, communities and issues.

- Provide refreshments and reimburse travel, childcare, replacement care etc. costs for all participants. Pay them for their time where possible as well. Where it is not possible provide time credits or vouchers.

- Ensure adequate resources and promotion are provided for local community engagement, including procuring community engagement.

- Engage locally and focus on solutions, using existing information about barriers to design engagement.

- Openness and transparency of everything public sector organisations are doing is key. "You said, we did" information to all participants is part of this.

- Information stalls at community festivals and events, well-being events and other local events are vital.

- There must be face-to-face local engagement, conference calling, and other off-line engagement to reach digitally excluded people. A wider-range of technology solutions should also be used to broaden engagement.

- Promote engagement events and all forms of engagement off-line, in hard copies, as well as online and on social media. Put posters up in shops, cafes, GPs, libraries, churches, mosques, and other places people already go.

- Proactively address access requirements, rather than waiting for requests, including BSL interpretation.

- Staff engaging need comprehensive training in different groups, communication, and engagement methods. This must include Disability Equality Training and Deaf Awareness training.

- All engagement information and public information must be in Plain English / Cymraeg Clir as standard, as well as BSL, accessible formats, and community languages.

- Work with other public sector organisations to deliver engagement and outreach together.

Objective 4 – Procurement drives equality
Key actions raised by participants included:

- The public sector organisations themselves need to understand equality and diversity better, through training etc. so they can identify where equality is relevant and should be built into specifications and service design.

- Consider all the different contracts where equality may be more relevant than it seems. For example, dietary requirements in relation to disability, religion and belief, and culture need to be built into all food contracts.

- Develop clearly defined tenders that go deeper that asking for an equality policy and different /more demanding requirements where equality of access or diversity of provision is relevant. This could include equality plans, with incremental year on year actions, which should be monitored to see if they are delivered and if these actions have made a difference, as part of contract monitoring.

- Require contractors to sign up to these Equality Objectives and commit to action against them in relevant contracts. This action should be monitored and form part of the contract monitoring arrangements.

- Require contractors to implement effective Equality Impact Assessments in relevant contracts.

- Ensure the best product or service is purchased, at the best price, not the cheapest product or service. Quality and outcomes are more important than price. This should include explicit social awareness, social consciousness and equality requirements.

- Include requirements for organisations to be Disability Confident organisations, and have other equality standards as part of larger contracts. Encourage it for smaller contracts or organisations. Provide information and support so they can.

- Build in requirements to deliver staff equality training; provide apprenticeships, internships, jobs etc. for under-represented groups; fully consider and take action to ensure equality in progression and reducing pay gaps; involve communities directly in service design and delivery etc. into contracts. Community benefits should be equality focused.

- Require contracted organisations to monitor their staff equality make-up across all protected characteristics, progression/promotion, applications for jobs, shortlisting and success, and pay. Publish this information alongside actions to address under-representation if numbers are large enough. If not then require it to be submitted as part of contract monitoring, but not published.

- Write specifications and contract documents in Plain English, not legalese. Ensure that language is accessible and inclusive both to diverse individuals and smaller organisations.

- Ensure timescales are sufficient for smaller organisations to establish collaborative bids.

- Only procure with organisations that are signed up to or committed to becoming a real living wage supplier and who don't use zero-hour contracts, use flexible contracts instead.

- Source from SMEs and not-for-profit organisations supporting and working with people with protected characteristics where possible.

- Ensure that there are good opportunities for new organisations to get involved, not always going back to the same organisations. There needs to be more information and support for smaller organisations and third sector organisations.

- Train suppliers, especially smaller organisations, in how to bid, what they can do, how they can build in equality. Provide mentoring support as part of this.

- Look at ensuring contracts are awarded to people and organisations based on their attitude towards diversity and their values. Standards organisations have to adhere to on equality and diversity.

- There needs to be a much stronger focus on involving disabled people and other people with protected characteristics in design and implementation, not assuming contractors will get it right.

Objective 5 – Service delivery meets individual requirements
Key actions raised by participants included:

- Involve and listen to people. Ensure that the voices and requirements of seldom-heard people are heard and acted upon, not just the loudest voices. Make sure urban and rural areas are represented. This links to co-production and engagement under objective 3.

- Have more options and ways that people can feed in suggestions on a continual basis. Take suggestions seriously, act on them, and provide feedback such as posters of how the partners have acted on suggestions.

- In order to tailor services, talk to individuals and see what they want from services.

- Use citizen stories and journeys to identify issues and barriers and address them. Stories are a vital source of evidence and information.

- Go into schools. Develop and use role models. Start from asking the community what they want and what would benefit them.

- Use community venues for both engagement and service delivery.

- Work with disabled people and with people with other protected characteristics to deliver inter-face training and have face to face engagement with a range of people. Disability Equality Training should be delivered to all staff in organisations and delivered by experts. Comprehensive and continual training for all staff on all protected characteristics. This should also link to equality meetings organisations should hold and unconscious bias training for all staff. Cultural awareness training, and breaking-down stereotypes is also important.

- Look into and apply equality accreditation schemes, but across the protected characteristics. Ensure there are badges and clear indications staff are trained and aware, such as Deaf awareness, Dementia Friends and similar models for other groups.

- Employ more diverse people to deliver services.

- Employ specialists within services, with higher levels of expertise in particular areas. Services need to signpost individuals to the right specialist from general services.

- Deliver services more flexibly, rather than a one-size fits all approach. Offer services in a variety of ways, and not just online.

- Have quiet hours for people with anxiety, people experiencing emotional distress or with mental ill health, and neurodiverse people. Hours when these people can access venues, such as museums, before they are open to the general public.

- Off-line information, face-to-face services, telephone and text are very important. Not everyone is online and there are accessibility issues online. Not everyone has a smart phone either. There needs to be more of an emphasis on hard copy information and off-line contact. There needs to be more support to access and understand information and services available.

- Ensure that there is a minimum standard within service delivery. Have clear service standards and expectations, in plain language, so that people know what service they can expect and how to access services.

- All health boards should embrace the pledge ensuring that the Deaf community can access health services.

- Health services need to have ways people can make appointments online, by text, using relay systems and interpretation systems etc., especially for Deaf people. There also needs to be easier and quicker ways and a variety of ways to make appointments, not just phone in the morning and not get an appointment. This should also be an option for other services.

- GPs surgeries need to signpost people to other services, as appropriate, such as opticians and pharmacists. Both in general and so people can get help when they cannot get an appointment.

- More investment and services are needed in terms of community nurses, mental health and dentistry.

- Health services need to be trained and aware of different people's requirements. They need to have flexible service delivery, times of the day and evenings, home visits etc. to cater for diverse service users. There needs to be a culture of respect, of listening to patients and of acting on their complaints and concerns. This extends to other services too.

- Records need to be shared across health services.

- Services need to understand that the closest place may not be the easiest to get to if people don't drive. They need to be more flexible and ask people where they would prefer to be seen.

- There needs to be consistency in terms of both who you see in a service, and if that is not possible, then being aware of what happened in previous appointments and following up from the same point.

- Accessibility is vital in terms of ensuring communication needs are met within services, for Deaf people, and people who need communication support, such as learning disabled or neurodiverse people.

- Accessible, inclusive Plain English and Cymraeg Clir communication of all information is essential, verbal and written. BSL, community languages, and accessible formats are also required.

- Interpreters need to be easier to access and arrange.

- Service users need to be able to choose how they want to receive communication. Text is better for some people, but others find that difficult and need telephone or letter communication. It needs to be accessible to and at the choice of the individual.

- Accessibility within different buildings is really important in terms of access to services. This includes accessible toilets, gender-neutral toilets, wide and automatic doors, large lifts, ramps that are both wide enough and not too steep etc. as well as comfort, signage, ease of navigation etc. Meeting individual requirements can only happen if people can access the service. Venues need to actively promote and communicate accessibility, so people know if and how they can access the service.

- Where there is a conflict between listed building status and accessibility there needs to be a better balance. The current attitude is no access adjustments can be made, but it needs to move to a balance between protecting the building and improving accessibility.

- People need to know that they can access services and areas by public transport, that the pavements and paths are accessible, that there are drop-kerbs, tactile paving etc. This prevents people accessing services, especially the countryside, arts, and sports. There also needs to be accessible parking at venues, sufficient accessible parking, not just the legal minimum.

- Use 'individual requirements' not 'needs.' 'Needs' is medical model language and offensive.

- Consider and adapt for sensory impairments and neurodiversity in services too. For example, signs saying that the hand driers are loud etc. for people who experience sensory overload. Ensure all services are aware accessibility is far wider than physical accessibility.

- Develop a database of support workers, communication professionals, interpreters etc. that are available locally in different areas of Wales and can support people in terms of different requirements, so mental health, neurodiversity, as well as BSL and community languages.

- When services promise to contact you by a certain date or in a certain way they need to make sure it happens.

- Services need to be available locally. Transport is a significant barrier for many people, so sports, arts, outdoor activities etc. all need to be available locally wherever possible. Outreach is key. Support local third sector and community groups and activities, financially and through promotion.

- Transport needs to be cheaper, more accessible, safer for everyone, and more reliable.

- Quality of care (or service delivery) needs to include the person's experience, attitudes to individuals and diverse communities need to change, and there needs to be a level of care and understanding that isn't currently there. Staff need to have more time to spend with patients and service users.

- Promote the range of services and what the organisations do in schools. Get people interested in countryside, sport, arts etc. at an early age. Ensure they are aware of inclusion and equality, including accessibility and ways services adapt for different protected characteristics. Target messages to the different barriers and perceptions of different protected characteristic groups.

- Develop and implement peer research projects working with equality organisations and people with one or more protected characteristics.

- Find and share research and information that already exists around barriers and solutions, so from third sector organisations, universities etc. not just public sector.

- Embed a culture of always talking to people about their requirements and circumstances without assumptions.

- Empower and train staff to provide the best outcome for individuals. Targets and measures need to be about individualised and personalised services and outcomes, not about numbers or outputs.

- Embed a culture of respect, inclusion, welcome, celebrating diversity and actively listening to patients or service users and acting on their concerns. Staff in all services need to be trained in communication and develop people skills.

- Map the partnership and have a brand approach to promoting the partnership to the public, improving equality and access, and having links between the different partners.

- There needs to be more of a focus on measuring outcomes for individuals and how services are tailored for individuals and not measuring numbers.

Report Title:	Key Organisational Performance Indicators				
Meeting:	Strategy & Delivery Committee			Meeting Date:	10/03/20
Status:	For Discussion	For Assurance	√ For Approval	For Information	
Lead Executive:	Chief Operating Officer				
Report Author (Title):	Assistant Director of Operations (Performance)				

Background and current situation:

Cardiff and Vale University Health Board is required to meet a range of performance targets set by the Welsh Government. There are a number of core operational targets which are tracked as key performance indicators across a range of services including planned and unplanned care. This report will provide a summary of progress against key operational performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP).

A full Performance Report is presented to the Board on the Health Board's performance against the NHS Wales Delivery Framework and other priority measures, including actions being taken to improve performance. This report provides a high level summary of the IMTP delivery profiles for key operational performance targets for 2019/20 and year to date performance.

Key Issues to bring to the attention of the Board/ Committee:

- Consultant capacity, adversely affected from national Pension/Tax issues, continues to affect Planned Care (RTT & Diagnostic) performance. This is a UK-wide pressure.
- Unscheduled Care performance continues to be challenging in the context of continued demand increases. The available performance data from across NHS Wales suggests that the UHB is managing these pressures comparatively well.
- The Board receives a full Performance Report outlining the UHBs current level of performance against 67 performance measures and detail on actions being taken to improve performance in areas of concern.

Assessment and Risk Implications

The tables in Appendices 1 and 2 provide the year to date performance for 2019/20 against the Health Board's IMTP delivery profiles.

Planned Care overview (Appendix 1)

The *Referral to Treatment times* position for January is 1,930 breaches greater than 36 weeks, an in-month deterioration of 182. Operational capacity has continued to be adversely impacted by the pensions tax issue – with lost activity for January being 87 outpatients and 222 inpatients and day cases. This takes our year to date losses to 521 outpatients and 1713 inpatients and daycases. Taking into consideration the continued impact of the pension tax issue alongside

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mitigating plans, our year-end forecast is 1900 greater than 36 week breaches. Welsh Government have been made aware of the revised forecast.

In terms of *diagnostics*, the reported greater than 8 week position in January is 148 up from 33 in December. The main contributory factor of the rise was related to the UHB inability to secure sufficient endoscopy capacity in January. This has been resolved in February and we remain committed to achieving zero breaches by year-end.

In terms of *therapies*, there were 73 patients at the end of January who had waited over 14 weeks, up from 21 in December. As with diagnostics, our plan remains to achieve zero breaches by the year end.

98.8% of our patients met the *31 day target for Non Urgent Suspected Cancer* at the end of December against the IMTP target of 98%. 88% of our patients met the *62 day target for Urgent Suspected Cancer* at the end of January against the IMTP target of 94%. Our shadow reporting against the *Single Cancer Pathway* Target is 83% at the end of December.

Welsh Government targets for *follow-up outpatients* require Health Boards across Wales to reduce their total follow up waiting list volumes and the numbers delayed by over 100% of their target date both by 15% by March 2020. This is in addition to ensuring 95% of patients are assigned a target date by March 2020. We remain on course to deliver against all of the WG targets by the end of March 2020.

Mental Health – Although the headline Part 1a summary position is lower than in previous months, our performance at the end of January remains above target for Adults (86%) and is at 20% for CAMHS, the latter showing a monthly improvement for the 4th month in a row. Our end of January position for Part 1b is 74%.

Unscheduled Care overview (Appendix 2)

The UHB, in common with the rest of the UK, continues to experience challenges in unscheduled care with higher than normal activity levels and admission. 489 and 188 more patients attending our Emergency Units this December and January respectively compared to the same periods last year. It is worth noting, however, whilst our performance is below our IMTP profile, it remains one of the best in Wales and the UK:

- 4 hour Emergency Department (ED) transit time performance for December and January was 81.3% and 80.10% respectively.
- There were 162 and 331 12 hour waits in December and January respectively
- Ambulance handover waits over 1 hour were 489 in December and 585 in January
- The reported volume of Delayed Transfers of Care in January was 54, an in-month reduction of 5

Recommendation:

The Strategy and Delivery Committee is asked to **NOTE**:

- Year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

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This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report				
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, click here for more information*									
Prevention		Long term	√	Integration	√	Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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Performance against key operational performance targets 2019/20: Planned Care

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Planned Care												
	IMTP 19/20 profile	-	350	350	275	650	650	550	450	400	300	200
RTT - 36 weeks (Target = 0)	19/20 Actual	327	690	657	604	638	996	683	922	1,222	1,748	1,930
	IMTP 19/20 profile	-	89.0%	89.0%	89.5%	89.5%	89.5%	90.0%	90.0%	90.0%	91.0%	91.0%
RTT - 26 weeks (Target = 95%)	19/20 Actual	87.9%	87.2%	86.2%	86.6%	87.0%	85.4%	85.2%	85.3%	85.4%	84.2%	83.8%
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0
Diagnostics > 8 weeks (Target = 0)	19/20 Actual	41	158	110	21	30	56	51	88	106	33	148
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0
Therapies > 14 weeks (Target =0)	19/20 Actual	0	1	5	0	0	5	38	44	13	21	73
Cancer												
	IMTP 19/20 profile	-	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
31 day NUSC cancer (Target = 98%)	19/20 Actual	97.4%	95.1%	98.6%	97.2%	98.5%	98.6%	99.0%	97.8%	94.6%	98.8%	Avail 01/03
	IMTP 19/20 profile	-	93.0%	93.0%	93.5%	93.5%	93.5%	94.0%	94.0%	94.0%	94.5%	94.5%
62 day USC cancer (Target = 95%)	19/20 Actual	84.9%	85.2%	80.6%	74.2%	80.0%	88.0%	96.5%	91.0%	90.4%	87.5%	Avail 01/03
SCP - with suspensions *(NB: Shadow Reporting Data)*	*19/20 Actual*				*75.0%*	*72.0%*	*85.0%*	*81.0%*	*81.4%*	*82.7%*	*83.0%*	Avail 01/03
Outpatient Follow Up												
OPFU - > 100% delayed *(Target 66,739 by 31/3/20)*	19/20 Actual	78,516	86,371	77,921	78,195	79,381	79,599	79,112	76,652	79,641	81,077	67,668
OPFU - No Target date *(Target 95% compliance by 31/12/19)*	19/20 Actual	83%	83%	84%	83%	83%	83%	83%	82%	84%	95%	94%
Total OPFU waiting list *(Target 189,000 by 31/3/20)*	19/20 Actual	236,106	247,987	232,153	233,642	235,331	236,351	236,502	234,439	233,853	217,382	207,987
Eye Care												
% R1 opthalmology patients waiting within target date or within 25% beyond target date for OP appointment	19/20 Actual	-	51.4%	57.6%	58.0%	57.0%	58.6%	59.4%	59.3%	57.2%	64.9%	64.2%
98% of patients to have an allocated HRF	19/20 Actual	-	95.9%	93.6%	95.5%	95.9%	95.0%	96.7%	95.7%	95.2%	93.9%	95.8%
Mental Health												
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	19/20 Actual	75%	56%	50%	49%	42%	58%	80%	79%	74%	78%	64%
Part 1a: CAMHs only	19/20 Actual		19%	11%	9%	10%	4%	0%	11%	14%	15%	20%
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	19/20 Actual	71%	70%	56%	55%	62%	81%	80%	80%	84%	88%	74%

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Performance against key operational performance targets 2019/20: Unscheduled Care

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Unscheduled Care												
	IMTP 19/20 profile	-	90.0%	90.0%	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	90.0%
EU waits - 4 hours (95% target)	19/20 Actual - Monthly	84.3%	85.2%	85.2%	82.6%	83.8%	83.7%	82.1%	81.8%	77.2%	81.3%	80.1%
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0
EU waits - > 12 hours (0 target)	19/20 Actual - Monthly	34	51	65	84	56	61	139	173	194	162	331
	IMTP 19/20 profile	-	180	100	50	50	100	100	150	150	150	150
Ambulance handover > 1 hour (number)	19/20 Actual	189	162	200	330	244	265	357	472	529	489	585
Ambulance - 8 mins red call (65% target)	19/20 Actual	77.6%	78.2%	76.7%	79.0%	74.6%	75.1%	72.2%	71.7%	66.7%	72.0%	74.5%
	IMTP 19/20 profile	-	48	48	40	40	40	35	35	35	40	40
Delayed Transfers of Care	19/20 Actual	37	42	49	46	45	38	46	65	61	59	54
Stroke												
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 55.5%)	19/20 Actual	53.5%	40.9%	43.3%	51.0%	50.0%	56.6%	45.0%	37.9%	23.3%	48.1%	41.0%
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	19/20 Actual	73.1%	74.5%	76.6%	78.8%	66.7%	79.2%	95.1%	80.0%	71.7%	86.0%	84.6%

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Workforce Key Performance Indicators January 2020

Stat & Mand e-Learning % Compliance
77

Fire e-Learning % Compliance
68

PADR & Medical Appraisal % Compliance
52

Voluntary Resignation Turnover
6,75%

Pay Bill Under/Overspend
-0,55%

Variable Pay Rate
8,55%

WTE Staff in Post
⇧ **13265,41**

Consultant & SAS Job Plan % Recorded
85%

Consultant & SAS Job Plan % 12-Month Review
31%

In-Month and Year to Date Sickness Rates

	feb-19	mar-19	apr-19	mai-19	jun-19	jul-19	aug-19	sep-19	okt-19	nov-19	des-19	jan-20

Legend: In-Month, YTD, Target

Short-Term/Long-Term Sickness

28% Short-Term

72% Long-Term

Flu Immunisation Data
⇧ **55,00%**

Will only change between October and March

Engagement Score Index
3,85

Will only change after Staff Survey

Number of Disciplinary Investigations
34

Number of Grievances
11

Number of Dignity at Work Cases
⇨ **0**

Number of Appeals
⇧ **6**

Number of Apprentices
⇩ **987 Completed**

261 In Progress

Report Title:	People Dashboard					
Meeting:	Strategy & Delivery Committee				Meeting Date:	10th March 2020
Status:	For Discussion		For Assurance	X For Approval	For Information	
Lead Executive:	Executive Director of Workforce & OD					
Report Author (Title):	Deputy Director of Workforce & OD/Workforce Information Systems Manager					

Background and current situation:

The Workforce & OD Director 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 /Key Issues to bring to the attention of the Board/ Committee:

Attached at Appendix 1 is the Workforce & OD Key Performance indicators dashboard. The purpose of the People Dashboard is to visually demonstrate key performance areas and trends against selected key workforce indicators.

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

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 Health Care Standards process.

Recommendation:

The Strategy & Delivery Committee is asked to:

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

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This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report				
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		
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		
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, click here for more information									
Prevention		Long term	X	Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.

Tolley Laura
03/03/2020 10:37:42

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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Cardiff and Vale
University Health Board

Report Title:	Draft Annual Report 2019/20 – Strategy & Delivery Committee		
Meeting:	Strategy & Delivery Committee	Meeting Date:	10th March 2020
Status:	For Discussion	For Assurance	For Approval	X	For Information
Lead Executive:	Director of Corporate Governance		
Report Author (Title):	Corporate Governance Officer		

Background and current situation:

It is good practice and good governance for the Committees of the Board to produce an Annual Report from the Committee to demonstrate that it has undertaken the duties set out in its Terms of Reference and provide assurance to the Board that this is the case.

The purpose of the report is to provide Members of the Strategy & Delivery Committee with the opportunity to discuss the attached Annual Report prior to submission to the Board for approval at the end of March 2020.

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

The Committee has achieved an overall attendance rate of 60% and has met on six occassions during the year.

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

The attached Annual Report 2019/20 of the Strategy & Delivery Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Recommendation:

The Strategy & Delivery Committee is asked to:

- **REVIEW** the draft Annual Report 2019/20 of the Strategy & Delivery Committee
- **RECOMMEND** the Annual Report to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

Tolley,Laura
03/03/2020 10:37:42

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Cardiff and Vale University Health Board

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
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	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, click here for more information

Prevention	X	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Tolley Laura
03/03/2020 10:37:47

Kind and caring
Caredig a gofalus

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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Annual Report of Strategy & Delivery Committee 2019/20

1.0 Introduction

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

2.0 Membership

The Committee membership is a minimum of two Independent Members. In addition to the Membership, the meetings are also attended by the Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce & Organisational Development, Executive Nurse Director, Executive Director of Finance, Executive Director of Public Health and the Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis.

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2019 to 31 March 2020. This is in line with its Terms of Reference. The Strategy & Delivery Committee achieved an attendance rate of 60% (80% is considered to be an acceptable attendance rate) during the period 1st April 2019 to 31st March 2020 as set out below:

	30/04/2019	25/06/2019	03/09/2019	29/10/2019	14/01/2020	Attendance
Charles Janczewski (Chair)	√	√	√	√	√	100%
Sara Moseley (Vice Chair)	X	X	√	√	√	80%
John Antoniazzi	X	X	X	X	N/A	0%
Total	33%	33%	67%	67%	100%	60%

4.0 Terms of Reference

The Terms of Reference were reviewed and approved by the Committee on 14th January 2020 and were approved by the Board on 27th March 2020.

5.0 Work Undertaken

During the financial year 2019/20, the Strategy & Delivery Committee reviewed the following key items at its meetings:

At all meetings the Committee were provided with updates on:

- **Scrutiny of the Capital Plan**

At all meetings, the Committee recognised the difficulty in managing a large, complex programme, however despite this, the Committee were assured that the Capital Plan was monitored appropriately.

- **Key Organisational Performance Indicators**

At all meetings, the Committee discussed and noted the year to date performance indicators for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Boards Integrated Medium Term Plan. On the 29th October 2019 the Committee were advised of significantly higher admissions into Unscheduled Care and were informed of work being carried out which focussed on improving patient flow in preparation for winter. At the meeting held on 14th January 2020, the Committee agreed that the current period was a very trying time for the Health Board as an organisation but were assured that all teams continued to look at several options and ways to mitigate risks within the system. The Committee were collectively concerned for front line staff, and requested that relevant teams ensure appropriate support was provided when required.

- **Workforce Key Performance Indicators**

The Committee discussed and noted the Workforce Key Performance Indicators during each meeting throughout 2019-20 and at the meeting held on 14th January 2020 it was agreed that a six monthly report would be provided which specifically identified themes and trends for Committee discussion.

30th April 2019, 29th October 2019 & 14th January 2020

- **Ensuring that Service, Quality, Finance & Workforce are aligned and integrated**

At the April, October and January meetings the Committee were encouraged to see informative presentations which demonstrated how service, quality, finance & workforce were aligned and integrated through the following examples:

- **Recruitment of Band 5 nurses**
- **Business Case Approval Group**
- **Enhanced Supervision Framework**

The Committee were assured that colleagues across the UHB were working in an integrated way, not in silo, and noted the reports on all occasions.

- **Developing a Performance Framework**

At the April 2019 meeting the Committee understood that the performance framework needed development to understand the individual committee requirements to report effectively to the Board. At the meeting held on 29th October 2019, all Committee members shared the desire to get a performance framework in place as soon as possible, therefore it was agreed that

work would be completed outside of the meeting to get this underway. The Committee were very pleased to note the progress made to the framework during the meeting held on the 14th January 2020 and were encouraged to note that mapping of measures had been completed and work was ongoing to roll this out for all Committees of the Board. The Committee are eager to receive a further update during the meeting scheduled for 5th May 2020.

30th April 2019

Due to the Committee Vice Chair and Independent Member not being available to attend this meeting, the Independent Member – ICT and Independent Member – Trade Union were both in attendance to ensure the meeting was quorate.

- **Shaping our Future Wellbeing: In Our Community Programme**

The Committee was provided with positive updates on the 'In Our Community Programme'. The Committee noted the significant progress made in relation to the development and implementation of the Shaping our Future Wellbeing Strategy.

- **Update on the Clinical Services Plan**

The Committee were sighted on the updated Clinical Services Plan, and were pleased to note that a number of community engagement events would be scheduled. The Committee agreed that the Clinical Services Plan would need to be continually reviewed over the next 10 years and were happy to note the progress to date on the development of the strategic clinical services plan and the emerging clinical models for University Hospital of Wales, and University Hospital, Llandough.

- **A Long Term Health and Social Care Plan – A Healthier Wales**

The Committee were advised that the UHB's strategic intent was in line with Welsh Government. The Committee discussed the contents of the report and were assured that the UHB was taking appropriate action to implement 'A Healthier Wales', which aligned to the Shaping Our Future Wellbeing strategy.

- **Shaping Our Future Wellbeing – Strategy Review**

The Committee reviewed whether the UHB strategy was fit for purpose. Following review the Committee agreed the direction of the strategy and were content that the strategic objectives continued to provide a clear and effective direction for the organisation and it was not recommended that the objectives be amended.

- **Digital Healthcare Update**

The Committee noted the Digital Healthcare Update and were informed that the Strategic Outline Case was being refreshed and would be brought to a future meeting for discussion.

- **Implementation of Well-being of Future Generations (Wales) Act in Cardiff & Vale UHB – Update**

The Committee were pleased to hear that that a Well-being of Future Generations (Wales) Act Steering Group had been formed to oversee the culture change required by the Act. The Committee noted the actions that the Health Board were planning for 2019/20 to further embed the Wellbeing of Future Generations Act.

- **Deep Dive report on Absence Rates & Hotspots**

The Committee welcomed a constructive deep dive into absence rates & hotspots and were encouraged to note the work and progress that the team had made. A key reason for absence was stress and money concerns. An action plan was developed by HR which was being implemented. This would also be driven by the Maximising Attendance Group.

- **Strategic Equality Objectives – Delivery Plan Framework**

The Committee were pleased to note the steady progress made during year three of the four year plan and were assured that all actions would be complete by year four.

- **Board Assurance Framework: Sustainable Primary & Community Care**

The Committee reviewed the risk relating to Sustainable Primary & Community Care, a full discussion took place around the causes, impact, current controls in place and current assurances provided.

- **Memorandum of Understanding between Cardiff & Vale UHB & the Third Sector in Cardiff & Vale of Glamorgan**

The Committee approved the Memorandum of Understanding put forward by the Executive Director of Public Health.

25th June 2019

- **Performance against Strategic Objectives**

The Committee received performance updates covering:

- Annual Childhood Immunisation
- Maximising Prevention
- A Planned Care System where Demand & Capacity are in Balance

- **Mental Health Measures - CAMHS Baseline Assessment**

Following the repatriation of secondary specialist CAMHS from Cwm Taf UHB, the Committee received an assessment of the very challenging inherited position together, with an outline of the intention to review and redesign the service model and to recruit to existing vacancies in the context of scarce skills.

- **Commercial Developments**

The Committee received a positive update on the performance of the commercial outlets operating across the UHB and were encouraged to note a Healthy Eating Audit had identified a compliance rate of 77% to 83% against a 75% target.

- **Annual Equality Statement and Report 2018 - 19**

The Committee was presented with a copy of the very well developed annual report and advised that progress this year had been good in the delivery the UHB's the equality

agenda. It is intended that the UHB would continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values.

- **Board Assurance Framework: Sustainable Culture Change**

The Committee reviewed the risk relating to Sustainable Culture Change. A full discussion took place around the causes, impact, current controls in place and current assurances provided.

- **Committee Effectiveness Review**

The Committee was presented with the outcomes of the recent self-assessment review. The Director of Corporate Governance presented the data together with an action plan designed to further improve the way the Committee functions.

3rd September 2019

- **Having an unplanned care system that provides the right care, in the right place first time**

The Committee were very encouraged to note an informative presentation delivered by the Chief Operating Officer which assured the Committee that the UHB had an unplanned care system that provided the right care, in the right place, first time.

- **Strategic Clinical Plan – Update**

The Committee noted the progress to date in the development of the UHB's strategic Clinical Services Plan and the emerging clinical models for University Hospital of Wales and University Hospital, Llandough.

- **Summary on the Integrated Care Fund**

The Committee noted the Q4 Performance Report of the Integrated Care Fund (ICF) and the Transformation Fund in 2018-19 and were informed that the ICF was closely monitored by the Regional Partnership Board to ensure funds were used effectively.

- **Amplify 2025**

The Committee agreed to support and promote the Culture & Leadership enabler, and champion the ambition of Amplify 2025.

- **Infrastructure / Estates Update**

The Committee welcomed modernisation within the Estates Department and supported the work being undertaken by the estates team to manage an ageing estate and infrastructure within the limited resource available.

- **Research & Development Update**

The Committee were very encouraged to note that the research function had the best year in the last 5 years with over 6,500 patients recruited into research studies and the

committee agreed to promote the Research & Development funding model to support the Health Boards Research & Development activities.

- **Update on the Independent Review of the CAMH Service and Delivery Unit Report**

The Chief Operating Officer advised the Committee that there had been exceptional increases in the demand for primary care CAMHs during April and May 2019 with100% increase year on year for referrals in. Two pieces of work had been undertaken to help improve the situation and a marked improvement was expected over the coming months. The Committee were assured that the proposals would be sustainable going forward.

- **Primary Care Out of Hours Service – Peer Review & Public Accounts Committee Report**

The Committee discussed the Peer Review & Public Accounts Committee Report and were encouraged to note the action plan which would be monitored through PCIC Clinical Board and Executive Performance Reviews.

- **Welsh Language Scheme**

The Committee acknowledged the need for the Health Board to embrace the Welsh Language as part of the UHB culture and supported the actions to assist the organisation in complying with the standards.

- **Appraisal Rates**

The Executive Director of Workforce & Organisational Development introduced the Committee to the new Value Based Appraisals process, this had been tested widely throughout the organisation and had been received positively. The Committee welcomed the approach and agreed it would be a great benefit to the UHB and its staff.

- **Board Assurance Framework: Capital Assets**

The Committee reviewed the risk relating to Capital Assets. A full discussion took place around the causes, impact, current controls in place and current assurances provided.

- **Employment Policies**

The Committee approved the following policies during this meeting:

(a) NHS Wales Special Leave Policy
(b) Maternity Policy

29th October 2019

- **Wellbeing of Future Generations Act – WFG Flash Report**

The Committee was provided with a very detailed and positive overview of the Wellbeing of Future Generations Act Flash Report and were advised of a recent audit undertaken by Wales Audit Office where it was noted that the wellbeing objectives were aligned to the strategic objectives of the Health Board.

- **Draft IMTP**

The Committee were advised that a series of workshops were undertaken across the UHB to ensure that the IMTP was appropriately refreshed and focused as it was developing.

- **Digital Healthcare Strategic Outline Case**

The Director of Digital & Health Intelligence informed the Committee that a three year informatics plan was developed last year and improvements were being seen. It was explained that data repository work was being undertaken to achieve real time data and also systems were being developed to enable a digital population and workforce. The Committee were advised that Office 365 was also being rolled out across the UHB and the Patient Knows Best system was in development. It was explained to the Committee that WiFi was a concern, therefore, transformation funding was being used to try and address this.

- **Developing a Performance Framework**

All Committee members shared the desire to get a performance framework in place, therefore, it was agreed that work would be completed outside of the meeting to get a framework underway. This work would enable the Committee to report to the Board effectively.

14th January 2020

- **Primary Care – Peer Review**

The Committee was very encouraged to hear that the second Primary Care Peer Review was positive and recognised the good progress made following the first review. The Committee were pleased to hear that both Multi-Disciplinary Team and Demand & Capacity work were noted as exemplary, along with recognition for good Executive support.

- **Excel at Teaching, Research, Innovation & Improvement**

The Committee received an informative report from the Executive Medical Director which explained that an objective for Cardiff & Vale University Health Board was to convert to a multidisciplinary teaching arrangement and have an enhanced working relationship with HEIW, Cardiff University and other stakeholders. The Committee approved the strategic direction in teaching and research and are looking forward to receiving a report on teaching across nursing and midwifery at a future meeting.

- **Update on Healthy Travel Charters**

The Committee supported the introduction of a Healthy Travel Charter to the Vale of Glamorgan and were pleased to hear that a recent staff survey indicated a positive improvement within the charter.

- **A Long Term Health and Social Care Plan – A Healthier Wales**

The Committee were advised that a number of improvements were being made across the whole system and were glad to hear that the recently appointed Director of Transformation & Informatics would be leading transformation into its next phase. It was also confirmed that he will be looking at the UHB objectives within the strategy and analysing how the UHB were delivering against them.

- **IMTP Quarterly Report**

All Committee members discussed, scrutinised and noted the IMTP Quarterly Report for Q2 2019/20 which had been submitted to Welsh Government for approval.

- **Equality Champions**

The Committee were pleased to hear that an Equality Strategy & Welsh Language Standards Group had been set up to help drive both Equality & Welsh Language forward across the UHB. It was agreed that the new group would report into the Committee so progress could be monitored.

- **Developing a Performance Framework Update**

The Committee were informed that mapping of measures for Committees had been completed and a new Digital Group had been created to manage the mapping of the National Framework and identify lead indicators. Whilst further work is required in this area, the Committee were encouraged to see some progress and are eager to receive a further update in May 2020.

- **Primary Care Milestones and Delivery against them**

The Committee received a detailed presentation from the Director of Operations – PCIC which outlined the Clinical Board's delivery against primary care milestones. The Committee were pleased to note the improvements made to date whilst acknowledging the need for further clarity around measures from Welsh Government.

- **Staff Survey Steering Group**

The Committee welcomed the development of the Staff Survey Steering group which consisted of 50 volunteers who would represent workforce for improvement. The group will track actions that come from staff surveys to ensure they are followed.

- **Terms of Reference**

The Committee were presented with, and approved the revised draft Terms of Reference and recommended the changes to the Board for approval at the end of March 2020.

- **Work Plan 2020-21**

The Committee reviewed the Work Plan 2020 – 21 and agreed, subject to further discussion relating to corporate objectives being removed from the work plan, that the Work Plan would be recommended for Board approval at the end of March 2020.

- **Staff Flu Policy**

The Committee approved the updated Staff Influenza (Flu) Vaccination Policy and approved the full publication of the policy in accordance with the UHB Publication Scheme.

6.0 Reporting Responsibilities

The Committee has reported to the Board after each of the Strategy & Delivery Committee meeting by presenting a summary report of the key discussion items at the Strategy & Delivery Committee. The report is presented by the Chair of the Strategy & Delivery Committee.

7.0 Opinion

The Committee is of the opinion that the draft Strategy & Delivery Committee Report 2019/20 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Charles Janczewski
Committee Chair

Tolley,Laura
03/03/2020 10:37:47

Report Title:	Employment Policies Report		
Meeting:	Strategy and Delivery Committee	Meeting Date:	10 March 2020
Status:	For Discussion	For Assurance	For Approval	x	For Information
Lead Executive:	Executive Director of Workforce and OD		
Report Author (Title):	Workforce Governance Manager		

Background and current situation:

This paper summarises for the Strategy and Delivery Committee details of the NHS Wales Pay Progression Policy which has been reviewed and should now be adopted by the UHB, and the NHS Wales Employment Break Scheme which has been re-formatted and rolled forward without any changes.

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

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum and must be adopted, without amendment, by all Health Boards in Wales.

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

1. **NHS Wales Pay Progression Policy**

The All Wales Pay Progression policy has been reviewed in partnership and ratified at the Welsh Partnership Forum Business Committee on 24 October 2019 and the Welsh Partnership Forum on 14 November 2019 and now becomes the standard policy for the NHS in Wales and can only be amended through agreement by the Welsh Partnership Forum.

The revised All Wales Pay Progression policy now needs to be adopted by the UHB and implemented at the earliest opportunity.

The policy marks a significant change in the way pay progression operates with automatic increments replaced by pay steps which will require managers to authorise progression. Guidance is being developed to support managers and staff with this process and to ensure that the policy is taken forward both comprehensively and consistently. The Strategy and Delivery Committee is asked to note that currently we are in a transition period, which means that only a relatively small number of people are due a pay step in 2020.

Tolley,Laura
03/03/2020 10:37:47

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The Pay Progression Policy is attached as **Appendix 1**.   Examples of the briefing sheets being developed for staff and managers are attached for information as **Appendix 2** – these will be circulated widely via the usual channels, including the UHB internet site and newsletter, to ensure that employees are aware of the changes and how they are affected.

2. NHS Wales Employment Scheme

The NHS Wales Employment Scheme has been reviewed and no changes have been made apart from reformatting it to bring it in line with the current NHS Wales branding and style.

The revised NHS Wales Employment Break Scheme is attached as **Appendix 3**

Recommendation:

The Strategy and Delivery Committee is asked to:

- **ADOPT** the revised NHS Wales Pay Progression Policy
- **NOTE** that the NHS Wales Employment Break Scheme has been rolled forward

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
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, click here for more information			

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:									

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Pay Progression Policy

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02
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Tolley-Laura
03/03/2020 10:37:47

01

Pay Progression Policy

Approved by: Welsh Partnership Forum

Issue Date: January 2020

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1. The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.

- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.

- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.

- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.

- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimisation of any patient, service user or member of employees.

- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

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

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

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

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

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

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

They have been developed in partnership with representatives from employers and staff side.

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

2. Policy Aims, Summary and The Appraisal Process

Policy Aims

- **2.1** This policy applies to all members of staff on NHS Terms and Conditions of Service and has been developed in line with Annex 23 of the NHS Terms and Conditions Handbook and must be used in conjunction with local PADR and KSF policies and with the PADR/ Appraisal principles.

- **2.2** This policy sets out the reasons for pay progression and the procedure to be followed to deal with the pay step process. It clarifies the performance ratings to be used and includes a description of each rating.

The policy also covers issues arising relating to pay step progression and deferment and the process for handling any disagreement and it aims to ensure consistency of approach and application.

- **2.3** The aim of the pay progression approach is to improve performance and productivity as well as support the implementation of change by helping staff to understand more clearly what is expected of them in terms of behaviours and new ways of working. The aim is to provide a framework that seeks to get value for money by linking pay progression with performance rather than time served in a role.

- **2.4** The Pay Progression Policy needs to work closely with the Appraisal Process and therefore sets out some best practice principles for appraisal that all organisations should embed in their local processes.

These principles are:

- We will agree and understand what's expected of us in terms of what we should be doing and how we should be doing it
- We will all receive constructive and timely feedback on how we have done
- We will all ensure that we actively seek to develop and improve what we are doing for the benefit of patients

- **2.5** The Pay Progression Policy together with local Appraisal Policies will encourage and reward all staff to give their best contribution whatever their job is and to ensure that when pay steps are awarded they are a reward for performance not because of time in employment.

- **2.6** The Chief Executive of NHS Wales will ensure that the policy is implemented fairly.

- **2.7** This policy will be subject to a full review in April 2021 when a full year of data on pay progression will be available. This review will include an impact assessment of the number of first and final written disciplinary warnings against the protected characteristics outlined in the Equality Act.

3. Pay Progression summary

- **3.1** To help us give the best possible care and services, whatever our role, it is important that we understand what is expected of us, how our contribution helps the organisation achieve its aims and that we are rewarded for doing the right things well and not because of another year in post. Therefore, pay steps will only be given after we've achieved what's expected of us in 3 areas:

Doing the right things, Doing them the right way, Doing things better.

- **3.2** The reason for introducing pay progression linked to performance is to help improve your performance and productivity and that of the organisation. It will better support the implementation of change by helping you and your manager agree what is expected of you in terms of your behaviours and new ways of working. It is important to understand that this has been introduced to increase value for money and to promote fairness by linking pay progression with performance rather than basing incremental progression simply on time served in the role.

- **3.3** Alongside this rationale, Annex 23 of the NHS Terms and Conditions of Service sets out five specific pay progression standards which set out requirements which need to be demonstrated before you are able to progress to your next pay step point

on your pay step date.

These standards are:

  i. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
 ii. There is no formal capability process in place.
iii. There is no formal disciplinary sanction live on your record (this policy expands on the specific application of this provision in paragraph 5.4.4).
 iv. Statutory and/or mandatory training has been completed.
  v. For line managers only – appraisals have been competed for all your staff as required.

- **3.4** Your pay step submissions will only take place after two, three or five years depending on your pay band. Your appraisals will continue to take place annually.

- **3.5** All pay bands will have either one or two step points with specified minimum periods before you become eligible to progress. Your pay step point is set in relation to your start date in that pay band. It is expected that if you meet the required standards at your pay step date you will progress to your next pay step point.

- **3.6** Each year, you and your manager will review how well you have met your objectives, whether you have met the pay progression standards and agree whether your performance is satisfactory or unsatisfactory. In the year when a pay step is due your performance will need to be satisfactory for you to progress to the next pay step point.

If it is unsatisfactory then you will not receive your pay step and you will work with your manager to agree a plan to help you meet the requirements in order that you receive your pay step once the relevant requirements are shown to have been met.

Importantly, there will be checks in place to make sure that if you have not been able to meet what was expected of you, through no fault of your own, then you should receive the next pay step.

- **3.7** Pay progression works in parallel with appraisal however they remain as two separate processes. The flow diagram overleaf shows how the two work together.

4. The Appraisal Process

- **4.1** This Pay Progression Policy does not replace or change Appraisal policies but does set out three principles that will be embedded into local appraisal processes. They are:

  - *We will agree and understand what's expected of us in terms of what we should be doing and how we should be doing it*
  - *We will all receive constructive and timely feedback on how we have done*
  - *We will all ensure that we actively seek to develop and improve what we are doing for the benefit of patients*

- **4.2** The details of best practice appraisal techniques which will support performance linked pay progression are included in appendix 2 and should be embedded in your local appraisal processes.

- **4.3** Your appraisals should continue to take place on an annual basis at the very least, regardless of whether it is a year which includes a pay step date, or

you are at the top of the scale.

02

The Pay Progression Process

The Pay Progression Process

Pay Progression Process

Make sure your appraisal objectives cover these three areas:
- What am I expected to deliver?
- How should I do things (organisational values)?
- How can I develop/do things better?

Two- three months prior to the pay step date, review with manager and use third party feedback. Agree if you have met the objectives in all three areas

(Depending on the pay step date, this review may be conducted as part of the end of year appraisal review)

Manager determines whether satisfactory or unsatisfactory

Manager communicates outcome to individual and seeks agreement

If individual is not content i.e. the pay step is to be withheld, ask for the manager's manager to review (within 7 days). Their decision is final

If individual content, pay step will either be paid or not paid depending on the outcome of the review

There is no further appeal process regarding the rating decision. If the individual feels the process has not been followed correctly they can consider the grievance process

Appraisal Process

At the start of the year, you and your manager should agree your objectives and identify the people who you will seek feedback from

Ongoing conversations
Seek regular feedback on how you are doing

Include feedback from a range of people (where appropriate build in feedback from patients, clients, partners, project managers and colleagues)

If you are failing to meet objectives, agree an improvement plan with your manager

End of year review/appraisal with manager
Builds on in year conversations and feedback. Agreed what needs to be built into the next year's objectives. Recorded on ESR

5. Who does what and when?

5.1 Agreeing Objectives

As part of the annual appraisal process, you and your manager will agree a set of objectives which cover:

- what you need to do i.e. the things you need to deliver;
- how you need to do things, i.e. your behaviours, and the way you demonstrate the values;
- ways in which you can seek to develop and improve what you are doing.

You should play an active role in setting the objectives and checking that you understand what your manager expects of you as the extent to which you meet these objectives will determine whether or not you receive your pay step when it is due.

5.2 Feedback

Both you and your manager should actively seek feedback and information from different people (e.g. patients, colleagues, partners), any relevant results/data, project/improvement work you have been involved in. This feedback will help you and your manager prepare for your pay progression review and support the rating you are given.

5.3 Pay Step Review

You should have a review 8-12 weeks before your pay step is due which will be arranged by your manager. Both you and your manager should prepare in advance. At the meeting you should discuss examples of how you have met your objectives, where appropriate using feedback from other people. Depending on your pay step date, this meeting may also be your end of year appraisal/PADR review. It is good practice to have regular conversations and feedback through out the year so there should be no surprises.

If you have been struggling to meet your objectives, this should have been discussed earlier in the year and an improvement plan agreed.

5.4 Agreeing the rating

- **5.4.1** At the end of your pay step review, your manager will tell you your rating i.e. whether you are satisfactory or unsatisfactory and their reasons for the decision. If you both agree the rating, your manager will inform the W&OD department and payroll and undertake the necessary steps in relation to ESR. If the rating is satisfactory your pay step uplift will be paid, if the rating is unsatisfactory you will not receive the pay step.

Satisfactory

Has successfully met core objectives and demonstrated satisfactory progress in achieving other objectives and met the national pay progression principles set out overleaf

Unsatisfactory

Has been unsuccessful in meeting core objectives and/or has not demonstrated satisfactory progress in achieving other objectives and/or has not met the national pay progression principles set out overleaf

Individual organisations will need to determine what will constitute a satisfactory or unsatisfactory performance on a departmental, team or individual basis. It will depend on the type and nature of the role but should be based on clear, reasonable, agreed objectives.

Managers should agree a core set of achievable objectives on which pay progression is assessed but also include furthermore ambitious objectives as part of a wider performance review process. It must, however, be made clear what level of performance would amount to satisfactory and therefore what would be an unsatisfactory level of performance.

- **5.4.2** In addition to achieving objectives the following national pay progression standards will also need to be demonstrated:

  i. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
  ii. There is no formal capability process in place.
  iii. There is no formal disciplinary sanction live on the staff member's record (the specific application of this provision is set out in paragraph 5.4.4).
  iv. Statutory and/or mandatory training has been completed.
  v. For line managers only – appraisals have been competed for all their staff as required.

- **5.4.3** It is expected that you will achieve the required standards at the point of your pay step date. It is also expected that you and your line manager should have had regular discussions about any problems in reaching the required standards before the pay step date. This will allow time for issues to be raised and possible solutions found to enable the pay step point to be opened on time.

- **5.4.4** Your manager must use the pay step review meeting to discuss the standards. If any of the standards have not been met, there should be a review of the previous discussions about these to consider any mitigating factors and to record the decision.

With regard to live disciplinary sanctions, if you are in receipt of a first written warning, your progression won't be delayed because of the warning. Your manager will however, consider the reasons and circumstances giving rise to the sanction, as well as your performance and behaviour since the sanction was applied. This will form part of the information which your manager will use in determining a pay progression rating. If following due consideration your manager determines that you should receive a satisfactory rating, then you will progress to the next pay step. If you receive an unsatisfactory rating your pay step will be delayed. The decision will be clearly recorded, noting the rationale for withholding the pay step. A final warning will always result in a pay step delay.

- **5.4.5** Importantly, if you have not been able to meet what was expected of you, through no fault of your own, then you should receive the pay step.

- **5.4.6** Pay step points will be closed on the payroll system. Once the pay step review has been successfully completed your manager must take the necessary action to open the pay step point.

- **5.4.7** Managers must ensure that the pay step submission process is completed in a timely fashion to ensure that pay step points can be implemented in time for the staff member's pay step date. This must take account of local payroll timescales and ESR requirements.

- **5.4.8** Although you must have successfully completed your last appraisal to move to your next pay step point, the date the appraisal takes place does not have to be linked to your pay step date. If your last appraisal outcome was not satisfactory but remedial actions have been successfully completed by the time of the pay step date you will be able to progress without delay if you meet the other standards.

5.5 Decisions to delay a pay step

- **5.5.1** In situations where standards have not been met and there are no mitigating factors sufficient to justify this, your pay step will be delayed. Your line manager will discuss and agree a plan with you for any remedial action needed to ensure that the required standards for pay progression are met, including a timescale, and how any training and support needs will be met. In such circumstances you must take all necessary steps to meet the requirements as soon as possible and your line manager must provide you with the necessary support.

- **5.5.2** A further pay step review meeting should be arranged at an agreed date to review progress and, where satisfactory, initiate the opening of the pay step. The effective date for progressing to the next pay step should be the earliest date that the relevant requirements are shown to have been met. The pay step date for future years will remain unchanged.

- **5.5.3** Where a pay step is delayed due to a live disciplinary sanction, or a formal capability process, your line manager should initiate a pay step review meeting before the expiry of the sanction or capability plan. This should be used to confirm that all other requirements have been met and to ensure that you progress to the next pay step, effective the day after the sanction expires. Any future pay step dates will remain unchanged.

5.6 Integrating outcomes into next year's appraisal

- **5.6.1** The pay step review should be part of your ongoing performance management discussions with your manager and will provide a useful source of feedback to take into account in the end of year appraisal review and future objective setting.

If you are rated satisfactory then you and your manager can discuss whether you require further development opportunities etc. If you are rated unsatisfactory you and your manager should agree a plan to help you improve and get your performance back on track.
These objectives should be included and reviewed in your next appraisal.

- **5.6.2** If your manager identifies that you have been unable to meet your objectives through no fault of your own, then you and your manager will need to work together to reset your objectives or remove the barriers to their achievement

5.7 Dealing with disagreement

Very occasionally, you and your manager may disagree on how well you have met your objectives and therefore on the rating you are given. Wherever possible, you should try to resolve issues with your manager. If your manager rates you unsatisfactory and you feel that you have demonstrated satisfactory progress in achieving your objectives and you have met the national pay progression principles, and you can't resolve the reason for an unsatisfactory rating directly with your manager, then you can ask your manager's manager to review the decision.

This process will take place within the provisions of Stage 2 of the Grievance Policy and should be undertaken within 7 calendar days of notification to your manager that you wish to proceed to stage 2 of the Grievance Policy.

The notification requirements for registering a grievance should be used, setting out the grounds upon which you consider the rating should be reviewed. Your manager's manager will want to understand both you and your manager's points of view. She/he will then make a decision on the rating and will communicate their reasons to both you and your manager within 7 calendar days of receiving the review letter.

If you are still unhappy with the decision then you should use the appeal arrangements outlined at stage 3 of the Grievance Policy. Your manager will then inform the W&OD department and payroll, and update ESR. If it is agreed that you should receive your pay step it will be backdated to the original pay step date.

5.8 Band 8c/d and 9 Roles

We recognise that rewarding good performance with pay steps is a significant and positive change. We also recognise that senior leaders are in the main already expected to be setting and reviewing objectives in this way. They are also more likely to be used to asking for and receiving feedback from a number of people. Additionally, we know it's important for leaders to model the behaviours we want from others.

Therefore, for Band 8c, 8d and 9 roles, there are the following differences:

In the year after you have reached the top of bands 8c, 8d or 9, 5 per cent or 10 per cent of basic salary will become re-earnable. Where a satisfactory performance is agreed, your salary will be retained at the top of the band.

If your performance is deemed to be unsatisfactory, your salary may be reduced by 5 per cent or 10 per cent * from the pay step date. You will be able to restore your salary to the top of the band at the end of the following year by meeting the required standards.
You have the right to contest a decision to reduce your pay using the Dealing with Disagreement process outlined above.

*the NHS Staff Council Executive has advised that there are plans to develop some criteria in relation to the application of the re-earnable 5% and 10% of salary and this section of the policy will include the appropriate details once these have been determined.

03

Appendix 1:
Legal issues

Absence from Work When a Pay Step Is Due

If you are absent from work for reasons such as sickness or parental leave when a pay step is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.

In the case of planned long-term paid absence such as maternity, adoption and shared parental leave your pay step review can be conducted early if this is reasonable and practical, allowing the pay step to be applied on your pay step date in your absence.

If you are on long-term paid absence such as maternity, adoption and shared parental leave and a pay step review cannot be conducted prior to the pay step date, the pay step point should be automatically applied in your absence provided that there are no disciplinary sanctions or formal capability processes in place.

If there is a live disciplinary sanction in place at the point you go on leave, the pay step point should be applied in your absence if appropriate, effective from the day after the sanction expires.

If there was an active formal capability process underway at the point you go on leave, the pay step point can be delayed. The improvement process should be resumed immediately upon your return. On satisfactory completion, the period of absence should be set aside, and the pay step point backdated to an agreed date as if you had completed the improvement process without being absent.

Suspension from work on full pay is a neutral act. In order to ensure this is the case, your employer should ensure that your pay step point is applied from your pay step review date where you are suspended on that date, provided your performance was deemed satisfactory and you have met the national pay progression standards.

These standards are:

i. The appraisal process has been completed within the last 12 months and outcomes are in line with the organisation's standards.
ii. There is no formal capability process in place.
iii. There is no formal disciplinary sanction live on your record (this policy expands on the specific application of this provision in paragraph 5.4.4.
iv. Statutory and/or mandatory training has been completed.
v. For line managers only – appraisals have been competed for all your staff as required.

If it is unsatisfactory then you will not receive your pay step and you will work with your manager to agree a plan to help you meet the requirements in order that you receive your pay step once the relevant requirements are shown to have been met.

Importantly, there will be checks in place to make sure that if you have not been able to meet what was expected of you, through no fault of your own, then you should receive the next pay step.

Sabbaticals/career breaks are by definition your choice, therefore if you choose to take a sabbatical/career break at any stage during your career your pay progression will be 'frozen' at the incremental point you have achieved at your last working day.

You, therefore, will return to work at the same incremental point you left on.

An assessment will need to be undertaken within a few weeks of returning to identify your training and development needs.

Equality Monitoring

will monitor the application of the policy against the protected characteristics in line with the Equality Act 2010. This may be done a sample basis. A report will then be provided to the Board or appropriate sub committee on an annual basis.

Other Extenuating Circumstances

recognises that there may be other extenuating circumstances that have not already been covered in this section. In cases where it is believed there are extenuating circumstances for not achieving the progression criteria, advice should be sought from your line manager and a relevant member of the W&OD department.

04

Appendix 2: Principles and Best Practice to be integrated in to Local Appraisal processes

To help us give the best possible care and services, whatever our role, it is important that we understand what is expected of us and how our personal contribution helps our teams and the organisation achieve its aims.

Appraisal discussions should be ongoing and:

- Provide feedback on how we have done - feedback should be honest, constructive and timely and where possible we should seek feedback from a range of people we work with (e.g. colleagues, stakeholders, patients, project managers)

- Ensure each of us agree and understand what's expected of us and how we should be doing things i.e. what we need to deliver and the behaviours and ways of working that are expected of us

- Ensure that we develop ourselves to do things better and/or move to another role and have a plan of what learning we are going to do

Managers involved in reviewing, assessing, agreeing objectives and supporting personal development plans, must ensure that they are competent and confident to do this role. Learning and development teams can help support managers where this is needed.

Agreeing Objectives

It is vital that we know what is expected of us. Importantly, we should agree our specific objectives so that we own them. Objective setting should always be a two-way conversation.

For objectives to be meaningful, they must be SMART: specific, measurable, realistic, time-based and achievable; they must particularly be "within our circle of control". You should not agree objectives on things you can do nothing about. Good objectives are ones where the outcomes are as a result of what we do and how we behave, i.e. they are things we can control.

Agreeing Development Needs

As part of the review or setting of objectives, it is likely that you will have identified things and/or ways you can do better. These are likely to need us to spend time developing ourselves and you should agree the best way to do this with your manager. Often a formal training course may not be the only or the best solution and you should think about the time you need to spend on your development, not just the budget you may need.

Keeping Records

Keeping accurate records is important and any records that you and your manager keep should be within the General Data Protection Regulations 2018 requirements. Managers must ensure that all details of appraisal meetings are recorded on ESR.

05

Appendix 3: EQUALITY IMPACT ASSESSMENT

Tolley, Laura
03/03/2020 10:37:47

1. General

Title of document	Pay Progression Policy (non-medical staff)
Purpose of document	To set out the procedure to be followed for linking pay progression to performance, to describe the process for handling annual incremental reviews, addressing issues arising relating to incremental progression and deferment and to ensure consistency of approach and application. The document shows how pay progression and appraisal processes align and reiterated the need for all staff to have a clear understanding of their expected role and function and have the opportunity to receive feedback about their performance in order that they may develop to their maximum potential.
Intended scope	All non-medical and dental staff employed by NHS Wales.

2. Consultation

Which groups/associations/bodies or individuals were consulted in the formulation of this document?	NHS Wales Partnership Forum (including all unions recognised by NHS Wales); Strategic Pay Taskforce Implementation Group; NHS organisations; Line Managers.
What was the impact of any feedback on the document?	Amendments were made and a commitment given to a full review in April 2021 when a full year of data will be available. See paragraph 2.7.
Who was involved in the approval of the final document?	NHS Wales Partnership Forum & Strategic Pay Taskforce Implementation Group.
Any other comments to record?	

3. Equality Impact Assessment

Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.	No.
What measures are proposed to address any inequity?	None
Can the document be made available in alternative format or in translation?	Yes, on request to Workforce & OD Directors.

4. Compliance Assessment

Does the document comply with relevant employment legislation? Please specify.	Yes.

5. Document assessed by:

Name	Pay Progression Partnership Review Group
Post Title/Position	
Date	June 2019

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Pay Progression – A Guide for Managers and Staff

What has changed?

As part of the agreement to shorten pay bands so staff get to the top quicker, staff will find that they stay on the same point for longer.   This means that instead of a small annual increment, increases will be larger but there will be a longer interval between them.

Managers and staff will receive an ESR notification to remind them that a pay progression meeting is due.   **It is very important that the outcome of the meeting is recorded on ESR** as pay increases will no longer be awarded automatically.

To move up to the next pay step point you need to demonstrate **ALL** of the following:
- You have had an **appraisal** within the last 12 months
- **Statutory** and/or **mandatory training** has been completed
- There is no formal **capability process** in place
- Three is no formal **disciplinary sanction** live on your record
- **Line managers** – appraisals have been completed for all of your staff

The expectation is that all staff will meet the required standards and be able to progress on their pay step date, but if you don't meet the standards your pay step will be **delayed**.   Your line manager will agree an **action plan** with you to help you achieve the standards within an agreed period.   Another pay progression meeting will be set up and if you have met the requirements you will be able to move to the next pay date from that date.   n.b. If you can demonstrate that it is not your fault that the standards haven't been met your pay progression shouldn't be affected.

How will I know a pay step is due?
- Your pay step date is the anniversary of the date you commenced in your current band
- You and your manager will receive an ESR notification 3 or 4 months beforehand
- You can check your pay step date and which pay step you are on by looking at the 'My Employment' details on the ESR dashboard

IMPORTANT: there are only a small number of staff due to go through the Pay Progression process in 2020 – if you need additional advice or support please contact HR

More information about the pay steps, Pay Progression Policy and the process to follow is available on the WOD internet site

Pay Progression Process

We all need to understand what is expected of us, how our contribution helps the UHB achieve its aims, and that we are rewarded for doing things well not just for another year in post. Pay steps are only given after we've shown we are *doing the right things, doing them the right way, doing things better.*

Line manager receives ESR notification when employee's pay step is imminent.
Guidance is available on what to do if they are absent

Line manager notifies the employee and arranges a pay step review meeting.
The employee is also notified on ESR

Line manager & employee meet to review if standards have been met. Refer to most recent appraisal. This should be 8-12 weeks before pay step is due

If the standards have been met the individual is approved to move to their next pay step

Standards have not been met and individual is advised they will not progress onto next pay step immediately
Reasons:
1. Has not had appraisal in last 12 months
2. Formal capability process in place
3. Live formal disciplinary sanction
4. Statutory/mandatory training not complete
5. Line managers – appraisals not completed for their staff

If standards are not met, agree a plan for remedial action (including timescales). On successful completion, manager applies pay step following deferment

Manager MUST record the outcome on ESR. If this doesn't occur the employee won't receive their pay step

To find out more visit the Pay Progression Toolkit on the UHB internet site:
www.cardiffandvaleuhb.wales.nhs.uk/pay-progression-toolkit

Pay Progression – when does it apply to me?

Under the new (2018) pay structure, pay steps (increments) are no longer annual but will happen after two, three or five years. Currently we are in a transition period, which means that only a relatively small number of people are due a pay step in 2020

Staff in post prior to 1 April 2019 :
- Retain their existing pay date
- Move automatically through their pay journey during transition
- Current pay progression arrangements remain in place (ie ESR must be told if pay step is not awarded)

New starters and those promoted to a higher band on or after 1 April 2019:
- ESR will notify you a meeting is due
- Pay step points are closed on the payroll system (ie do not go through automatically)
- Must demonstrate that they have met the required standards

All staff from 1 April 2021:
- Pay step (incremental) reviews only take place after two/three/five years depending on band
- Pay step points are closed on the payroll system (ie do not go through automatically)
- Continue to have yearly appraisals

Entry step point

Intermediate step point (more than one in some bands)

Top step point (re-earnable 8c, 8d, 9)

Yearly appraisals take place

Pay progression meeting - if standards are met outcome must be recorded on ESR to enable pay step increase

Yearly appraisals take place

Pay progression meeting - if standards are met outcome must be recorded on ESR to enable pay step increase

A Simple Process:

Line managers and staff will be alerted in advance through an ESR notification when the next pay step date is coming up. A review of the pay progression requirements is held, and the manager must notify payroll via ESR that the pay increase can be activated.

Employment Break Scheme

Sections

01 **All Wales Employment Break Scheme**	**02** **Appendix A: Employment Break Scheme**	**03** **Appendix B Case Studies – Application of the Policy**

Tolley, Laura
03/03/2020 10:37:47

01

All Wales Employment Break Scheme

Approved by: Welsh Partnership Forum

Issue Date: January 2020

CONTENTS

1. The Core Principles of NHS Wales:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.

- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of employees.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

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

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

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

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

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

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

They have been developed in partnership with representatives from employers and staff side.

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

This policy recognises that employees may wish to take a break from their substantive employment for specific reasons and provides a means of facilitating this. This break may be longer than that provided by other flexible working policies. All applications will be considered subject to the needs of the Service, and as a consequence, approval cannot be guaranteed.

2. Definition

An employment break is an opportunity to leave the work place for a specific period of unpaid leave and to return to the same or a similar position inside

at the end of that period. It should however be recognised that all NHS Wales

organisations are subject to internal and external change, over which there may be little or no control. The All Wales Organisational Change Policy covers this issue. For this reason, it may not be possible to guarantee in all instances, a return to the same or a similar post.

The employee does not have to resign from their post but their contract will be suspended for the duration of the employment break.

Employment breaks are intended for childcare, elder care, care for another dependant, training, study leave or to undertake voluntary work. Other reasons will be considered, on their merits.

This policy excludes sabbatical leave for consultants.

The principles, timescales and parameters included in this policy are derived from Section 36 of the NHS Terms and Conditions of Service Handbook.

3. Benefits to the Employee and the Organisation

3.1 The Employee

- Although the period of the break should count towards continuous employment for statutory purposes, the employee's contract of employment is suspended for the duration of the break. The period of leave is unpaid. The period of absence will not be regarded as a break in service. The period of the break itself will not be reckonable in accordance with the NHS Terms and Conditions of Service.

- Other provisions dependent on length of service, e.g. contractual redundancy payments, will be suspended for the period of the break.

- Normal incremental progression will be suspended for the duration of the

employment break, but the salary on return will include any annual pay awards that have occurred during the absence.

- Healthcare professionals may be given incremental credit for service in a developing country (for doctors and dentists this will be subject to the provisions of WPM (81) 30).

- An employment break can avoid the situation of an employee having to begin their career again, when they are able to return to work.

- A break can help reduce stress in those trying to balance work and home commitments.

3.2 The Organisation

- It can provide an opportunity to retain a high level of skill and experience which might otherwise be lost to the Organisation, with the departure of an employee.

- It can provide development opportunities for other staff in the Organisation who may be able to acquire new skills and knowledge, during the absence of those on an employment break.

4. Eligibility

All permanent employees who have accrued a minimum of 12 months' service with NHS Organisation are eligible to apply for an employment break.

5. Length of Break

The minimum duration which an employment break will be approved for is 3 months. The maximum duration should be 5 years. Approved employment breaks may be taken as a single period or more than one period.

The length of an employment break must balance the needs of the individual employee with the needs of the service. Employment breaks may be extended with appropriate notice, subject to the agreement of the manager. The employee may also request to return to work earlier than the agreed date.

If any individual circumstances change and an earlier return to work is desired, this will be fully considered by the line manager, but this cannot be guaranteed.

6. Application Procedure

Applicants should apply for an employment break at least three months in advance. This may be relaxed in the case of urgent and unforeseen situations where a break is required.

The attached application (Appendix 1) for an employment break should be completed and submitted to the line manager, detailing the reason(s) for the request and outlining when they would like the break to start and end.

7. Professional Registration and Maintenance

The employee should maintain their professional registration in line with their professional regulatory body's requirements.

8. Drafting an Agreement

All breaks should be subject to a signed agreement between the employer and applicant before the break begins.
The agreement should cover the following elements:

- the length of the break (and the criteria by which the decision will be made in relation to whether an employee can return early);
- the employee will not receive any salary from the

  for the duration of the employment

break;

- any outstanding entitlement for annual leave must be taken before commencement of the employment break;
- the employee will be required to return all
equipment (laptop computers, mobile telephones etc.) keys, uniforms etc. These will be returned upon their return from their employment break. Any payments received for e.g. telephone rental will also be suspended for the period of the employment break;
- the effect of the break on various entitlements related to length of service;
- a guarantee that, if the applicant returns to work within one year, the same job will be available, as far as is reasonably practicable;
- if the break is longer than one year, the applicant may return to as similar a job as possible (include parameters for identifying these posts);
- return to work at the equivalent previous salary point, reflecting increases awarded during the break;
- arrangements for keeping in touch during the break, the employee will be requested to attend an annual meeting in person with their manager (unless abroad) and six monthly by phone;
- requirements on the applicant to keep up to date with their relevant professional registration needs, including attendance at specified training courses and conferences, and any assistance the employer may give in the support of this;
- notice periods for return to work;
- training arrangements for re-induction to work;
- during the employment break the employee maybe required to undertake work for the organisation. This should be agreed with their manager, prior to the commencement of the employment break.
Any work undertaken will be paid at the appropriate rate for the work undertaken;

- employees that have a lease car should contact the Finance Department to discuss the implications of their employment break on the lease hire agreement. These will vary depending on the duration of the agreed employment break;
- NHS pension arrangements during the break. Further information for Scheme members in England and Wales can be obtained from the NHS Pensions website at www.nhsbsa.nhs.uk/pensions; n.b. the NHS organisation will pay the employer contributions during the first six months of the employment break.

After six months, the employee may continue to contribute to the pension scheme for a further 18 months. During this period, the employee must pay the employee and employer contributions. It is essential that contributions are paid on time and arrears are not permitted to accrue. It should be noted that if pension contributions are not made, the pension record is closed 364 days after the break commences. These provisions apply to members of both the 1995, 2008 and 2015 sections of the pension scheme. (Employees are responsible for contacting the Pensions Agency to check how the employment break will affect their pension rights);

- consideration of the inclusion of a time limited claw back clause in the agreement to recover employer pension contributions where an employee leaves within a specified period (e.g. 2 years) following their return;
- an employee commencing an employment break straight after maternity leave will if they fail to return, following the employment break, for the required period of 13 weeks, be expected to repay any occupational maternity pay received;

advice on qualifying periods for maternity/adoption provisions (sought from the Workforce & OD team);
any other conditions required either by the employer or the applicant.

Please see appendix B for case studies to support the implementation of the policy and agreements.

9. Taking up Employment Elsewhere

• The employee will not normally be allowed to take up employment with another employer, except where, for example, to work overseas or undertake charitable work, which could broaden their experience, and/or for the purposes of maintaining their professional registration (on a short term basis). In such circumstances, written authorisation from the

would be required, as part of the approval process.

• Individuals may register to work on a NHS Bank and whilst undertaking "Bank" duties will remain a "worker" and not an employee.

10. Return to Work at the End of the Employment Break

Prior to the employee's expected date of return, it is the manager's responsibility to arrange a meeting to discuss their return to work. This is particularly important when the employee's post has not been held open and there is a need to identify a suitable alternative post, into which they can return.

Arrangements for the meeting should ensure sufficient time is allowed to begin a process of discussion with the employee and to allow suitable roles to be identified.

During the pre-return to work meeting, the manager and employee should discuss the employee's departmental induction/training needs and their position in relation to their KSF outline and potential objectives, linked to the

objectives.

Return to work is subject to medical clearance depending on the nature / period of the employment break and the type of employment that the individual is returning to. Managers should seek advice from their Occupational Health team. A renewed DBS check may also be required along with appropriate departmental re-induction. Depending on the outcome of these discussions and necessary clearances the employer has the right to delay a return to work.

In such circumstances the reasons and duration of the delay must be clearly outlined, noting the basis on which a return would be approved, and a decision would need to be made in relation to whether the employee receives pay during the period. There is no automatic entitlement.

If the employee wishes to return to work on less than their contracted hours, they must complete the appropriate flexible working request application form. This request may be refused if there are business reasons for doing so.

The same arrangements as outlined above will be in place should an employee request to return early from an employment break. However, it may not be possible to accede to such a request and employees should be realistic in their expectations when requesting an early return, particularly if alternative time limited arrangements have been put in place to cover the post.

10.1 Notice Periods

The employee will be required to provide

with the following notice of their proposed return to work date:

Duration of the Employment Break	Notice Period
3 – 6 months	1 months
6 – 12 months	2 months
1 – 2 years	3 months
2 – 5 years	6 months

An employee may return from their employment break before the agreed date of return, providing there is a suitable vacancy.

11. Appeals

Employees may contact their next in line manager as a means of appeal against their application being rejected.

Employees have the right to be represented by a Trade Union representative or work colleague.

Employees should submit written notification highlighting reasons for their appeal, within 2 weeks of receiving the written decision.

A discussion meeting will take place within 2 weeks of receipt of the appeal notification.

12. Training and awareness raising

All staff will be made aware of this policy upon commencement with the NHS Organisation. Copies can also be viewed on
Intranet or obtained via the Workforce and OD department. Training will be provided as appropriate depending on the complexity of the policy.

13. Equality

recognises the diversity of the local community and those that it employs; and the requirements placed on the organisations by the Equality Act 2010 and the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011.
Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need.

recognises that equality impacts on all aspects of its day to day operations.

This policy was assessed using the NHS Centre for Equality and Human Rights Equality Impact Assessment Tool and the results published on the website and monitored centrally.

This policy was originally impact assessed on 22 March 2013, and a decision was taken by the review group not to undertake a further impact assessment on an All Wales basis but to recommend that individual organisations monitor thier application against the protected characteristics and report to their Workforce and OD committees.

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14. General Data Protection Regulations 2018

All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the

Data Protection Policy.

15. Freedom of Information Act 2000

All NHS organisation's records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context.

Details of the application of the Freedom of Information Act within the NHS organisation may be found in the NHS organisation's publications scheme.

16. Records Management

All documents generated under this policy are official records of the NHS organisation and will be managed and stored and utilised in accordance with the

Records Management Policy.

17. Review

This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

18. Discipline

Breaches of this policy will be investigated and may result in the matter being treated as a disciplinary offence under the

disciplinary procedure.

02

Appendix A: Employment Break Scheme

Please answer the following questions and return this application to your line manager.	
Name:	
Address (for contact during break)	
Phone no. (for contact during break)	
Email (for contact during break)	
Current Post:	
Grade:	
Department:	
Extension No:	
Line Manager:	
Start Date with NHS Organisation (12 months minimum required)	
Are you a member of the NHS Pension Scheme:	
If yes, please indicate if you wish to preserve continuity	

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Why have you applied for an Employment Break Scheme?	
Childcare	
Care of elderly / dependent relatives	
Study leave / Training	
Voluntary service overseas	
Travel Other (please state below)	
Other (please state below)	

What is the proposed length of the Employment Break?

....
....
....

When do you intend to start the Employment Break?

....
....
....

Please outline in detail why you want to take the Employment Break Scheme, indicating any likely outcomes and benefits for the NHS Organisation?

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Please outline your employment history to date within the NHS and within the NHS Organisation (you may attach your CV if appropriate)

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What are your long-term career plans? How does this Employment Break fit in with your long term career plans?

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What training / study leave have you had during your employment during the last 3 years of your employment in the *NHS Organisation*?

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What training / development or other support would you need to maintain your skills during the Employment Break or on your return to work?

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How do you intend to maintain your professional qualification whilst on the Employment Break? (Please detail all requirements of your relevant profession and how you intend to comply with these).

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Are there any constraints on when you could undertake this work?

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Would you be able to attend work for e.g. briefings and seminars that may be relevant to maintain contact during your break?

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Is there any other information you would like to put forward in support of your application?

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Signed:	
Date:	

Approved:	Yes/No
Signed by manager:	
Date:	

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03

Appendix B:
Case Studies –
Application of the
Policy

Scenario 1 – A member of staff develops a chronic illness/long term condition/becomes pregnant during the employment break and wishes to return to work

In this case the Equality Act 2010 would apply and any detrimental treatment could be discriminatory. In order to avoid discrimination, the employee would need to be considered for return against a set of non discriminatory criteria/parameters (it may be useful if these were included in the original agreement) and be considered in the same way as any other employee wishing to return early from an employment break.

If there is work available the employer may then have to consider reasonable adjustments but this should be carried out after the non discriminatory decision has been made.

Scenario 2 – A member of staff wishes to retire and takes a 6 month employment break, to take advantage of the fact that the employer will pay the pension contributions, before retiring.

Employers may want to consider including a claw back clause in the original agreement, if is possible/likely that an employee will give notice to retire at the end (or within 6 months of returning from an employment break).

Scenario 3 – A member of staff refuses the offer of an alternative role on return to work

As long as the original agreement includes reference to this issue, then the employee is agreeing to a variation in contract. If an employee does not accept an alternative post as outlined in the agreement on return to work, then it is their choice and non acceptance can be considered in effect a resignation.

However, if alternative posts were not properly defined in advance and they were offered a significantly different post which was not equivalent then there could be an argument by the employee of constructive dismissal / breach of contract.

Cardiff and Vale University Health Board

All Wales Medical Appraisal Policy
v12 November 2018

Approved by: Revalidation and Appraisal Implementation Group (RAIG) / Wales Revalidation Delivery Board (WRDB)

Issue Date: November 2018

Adopted by: Cardiff and Vale UHB Strategy and Delivery Committee
10 March 2020

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C O N T E N T S

Note: Development of the policy

This policy was originally developed by a sub group representing the Revalidation and Appraisal Implementation Group (RAIG) at the request of the Wales Revalidation Delivery Board (WRDB).

In line with the review requirements (section 13) subsequent versions of the policy have been agreed by RAIG and ratified by WRDB.

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Approved By: RAIG/WRDB		Adopted by UHB: Strategy and Delivery Committee 10 March 2020

Previous versions	Agreed by	Date	Ratified by	Date
V06	Chair of RAIG	13th April 2012	WRDB	25th April 2012
Version 10	Sub group of RAIG		WRDB	17th March 2016
V12	RAIG	6 Dec 2018	WROG	26 June 2019

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1. Policy Statement

1.1 It is the policy of Cardiff and Vale University Health Board (the UHB) to promote the value and worth of appraisals for all medical employees and contractors.

1.2 It is the policy of the UHB to ensure effective arrangements exist to facilitate appraisal for all such employees in a fair and consistent manner.

2. Scope of Policy

2.1 This policy is applicable to all doctors, employed by the UHB, as well as to all medical independent contractors on a performers list, doctors in training, and locums.

2.2 Where an employee is either jointly employed, or is not employed by the UHB but provides a service to the UHB, the issue of who is responsible for providing the appraisal will be addressed in line with the GMC's 'Find your connection' tool at http://www.gmc-uk.org/doctors/revalidation/designated_body_tool_landing_page.asp .

2.3 Any organisation in which a doctor is working, but which is not responsible for the doctor's appraisal, may still wish to have an interest in the outcome of the appraisal to ensure that its duties as a Health Board are discharged.

3. Objectives of appraisal

3.1 Appraisal is a professional, formative and developmental process. It is about identifying development needs, not performance management. It is a positive process to give doctors feedback on their past performance, to chart continuing progress and identify development needs[1].

3.2 During their annual appraisals, doctors will use supporting information to demonstrate that they are continuing to meet the principles and values set out in *Good Medical Practice*[2]

3.3 The objectives of medical appraisal in Wales are to:

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[1] DH 2002[2] GMC *Good medical practice framework for appraisal and revalidation 2013*

[2] GMC *Good medical practice framework for appraisal and revalidation 2013*

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3.3.1 Provide individuals with an opportunity to:

- Reflect on their practice and their approach to medicine
- Reflect on the supporting information they have gathered and what that information demonstrates about their practice
- Identify areas of practice where they could make improvements or undertake further development
- Document personal, team or service level issues which have constrained their service delivery or development
- Demonstrate that they are up to date.

3.3.2 Provide assurances to their organisation/s and to the public that doctors are remaining up to date across their whole practice.

3.3.3 Provide a route to revalidation which builds on and strengthens existing systems with minimum bureaucracy.

3.4 Appraisal is NOT:

- The mechanism by which serious concerns regarding health, capability, behaviour or attitude are addressed. Such concerns should be managed in an appropriate and timely manner outside appraisal.
- A mechanism by which employers review or judge performance against a contract of employment, job plan or service objectives. Appraisal and job planning are separate processes, though the outputs from each will inform the other[3].

4. Key Principles

4.1 Appraisal is an annual requirement (in most cases contractual) for all doctors. It should be a positive process which adds value for the doctor and the organisation without being unnecessarily burdensome.

4.2 Annual appraisal for every doctor will be based on a system which reflects the GMC's *Good Medical Practice* framework for appraisal and revalidation[4] and incorporates the GMC's core set of supporting information for appraisal and revalidation. This core set of supporting

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[3] RST *Medical Appraisal Guide V4 2014*
[4] GMC *Good medical practice framework for appraisal and revalidation 2013*

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information required for appraisal for the purposes of revalidation is defined by the GMC in their 2018 document *Guidance on supporting information for appraisal and revalidation*[5]. Any additional guidance provided, for example by the Royal Colleges, is advisory only for the purpose of revalidation, although in the wider context of professional appraisal doctors may choose to include additional information relevant to their role/s.

4.3   Every appraisal will result in an agreed summary and Personal Development Plan which will be accessible to the UHB to inform their revalidation recommendation. There is a shared responsibility between the doctor and the UHB to support and progress the outcomes of the appraisal, including the Personal Development Plan.

4.4   Appraisal is a professional process. All appraisers must have received appropriate appraisal training and must keep these skills up to date through regular refresher training.

4.5   Appraisal and job planning are separate processes, although each process should inform the other and some information will need to flow between them. Generally the doctor is responsible for this information flow.

4.6   To ensure the requirements of revalidation are met, the annual appraisal will consider the whole of the doctor's practice.

4.7   The doctor and the Responsible Officer (RO) must be satisfied with the match between doctor and appraiser. Ideally, doctors will be able to choose their appraiser from a list of trained appraisers. There should be no conflict of interest between the appraiser and appraisee

4.8   To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, wherever possible any doctor will only be appraised by the same appraiser twice within any rolling five year period.

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[5] https://www.gmc-uk.org/-/media/documents/RT__Supporting_information_for_appraisal_and_revalidation__DC5485.pdf_55024594.pdf

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4.9 Appraisal will be subject to whole system quality management which will include minimum levels of quality assurance.

4.10 Each Health Board will have to follow this policy and demonstrate how it will be delivered to appropriate standards.

5. **Appraisal in the context of revalidation**

5.1 NHS England's *Medical Appraisal Guide* (England) describes appraisal in the context of revalidation[6]:

Revalidation is the process by which a doctor will have the opportunity to demonstrate that he or she remains up to date and fit to practise. Revalidation will be based on local clinical governance and appraisal processes. Effective medical appraisal and subsequent revalidation will satisfy the requirements of Good Medical Practice (GMP) and support the doctor's professional development.

As part of annual appraisal, the portfolio of supporting information based on the GMP framework for appraisal and revalidation will be reviewed and discussed, and an evaluation made of the doctor's professional practice according to Good Medical Practice. This process is to be supervised by a responsible officer. Every five years the responsible officer will make a recommendation to the GMC that the doctor is suitable for revalidation by the GMC.

Where indicated, the responsible officer will inform the GMC of any concerns about a doctor's fitness to practise, or a doctor's refusal to engage in the processes that inform the revalidation process.

These issues should be addressed as they arise and not solely when revalidation is due

5.2 The GMC has produced a number of documents which describe revalidation and the requirements of appraisal in this context:

- *Good Medical Practice* – defines the principles and values on which doctors should base their practice
- *Framework for Appraisal and Revalidation* – translates *Good Medical Practice* into a format suitable for demonstration at appraisal

6. RST Medical Appraisal Guide A guide to medical appraisal for revalidation in England v4 2014

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- *Guidance on supporting information for appraisal and revalidation* – describes the information required of doctors for the purposes of appraisal and revalidation
- *Effective governance for the medical profession* - A resource to support organisations in evaluating the effectiveness of their local arrangements for doctors, including clinical governance, revalidation, concerns about doctors doctors and pre-employment checks

All of these documents are available via the GMC's website, www.gmc-uk.org

6. Accountability, roles and responsibilities

6.1 For all doctors, annual appraisal is a professional responsibility. It is a requirement of revalidation. For most doctors it is a contractual requirement, or a requirement of continued employment or inclusion on the Medical Performers List (MPL).

6.1.1 The requirement to undertake annual appraisal applies equally to locum doctors. Locum General Practitioners are required to participate in appraisal as a requirement of their continued inclusion on the MPL. Locum doctors employed in secondary care will be given an opportunity to undertake appraisal within the UHB with which they have a prescribed connection. Locum doctors with a prescribed connection with an agency will be provided an opportunity to undertake appraisal by the agency.

6.1.2 The Responsible Officer for all doctors in training in Wales is the Postgraduate Dean. Appraisal for doctors in training is provided through their training programme. Revalidation recommendations are based on engagement with the Annual Review of Competency Progression (ARCP) process. It is essential that there are clear communication links between the UHB and the Wales Postgraduate Deanery regarding clinical governance issues so that the revalidation recommendation can be made. Guidance on revalidation for trainees is available separately from the Deanery.

6.2 The GMC expects doctors to provide evidence of whole practice appraisal, i.e. to bring to annual appraisal supporting information relating

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to all roles for which their professional qualification is required[7]. Employers and contracting bodies have a responsibility to make such data and evidence available to the doctor where possible. The Responsible Officer will make a recommendation to the GMC about a doctor's fitness to practise across the whole of their professional practice, normally every five years. In order to do this the Responsible Officer will need to be satisfied that appraisal has covered all of the doctor's professional roles. The appraisal system needs to be able to demonstrate that a doctor is qualified to undertake the additional roles, carries out appropriate development within these roles and is practising safely. This will usually be captured by bringing evidence relevant to all roles to a single annual appraisal, or by a doctor bringing evidence of appraisal or performance review from the additional roles to their main appraisal.

An All Wales policy relating to whole practice appraisal has been agreed and is available at https://revalidation.walesdeanery.org/revalidation/key-documents/

6.2.1 Where a separate appraisal or performance review is included in the main medical appraisal, the main Appraiser cannot be held liable for errors within that documentation. Performance concerns that may be raised within that documentation MUST be dealt with by the organisation providing that appraisal/performance review. The Appraiser has the responsibility to report that the appraisal/performance review has occurred but should not (normally) be expected to read or comment on areas of practice outside their remit as an Appraiser in the role that they are undertaking, if these have been covered by others.

6.2.2 For University Employed doctors, the Follet review concluded that 'universities and NHS bodies should work together to develop a jointly agreed annual appraisal and performance review process based on that for NHS consultants to meet the

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[7] Guidance on supporting information for appraisal and revalidation 2018https://www.gmc-uk.org/-/media/documents/RT__Supporting_information_for_appraisal_and_revalidation__DC5485.pdf_55024594.pdf

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needs of both partners'[8] The Responsible Officer (RO) for these doctors should be identified using the GMC[9] and DH (England) guidance, although it is anticipated that in most cases this will be the NHS RO. There is a model form for and guidance on the appraisal process for medical academics produced jointly by the BMA and the Universities and Colleges Employers Association (UCEA) and published by UCEA[10].

The UHB will take steps to facilitate this process in partnership with the relevant University. However it remains the doctor's responsibility to ensure they are matched with suitable appraisers; that they provide evidence relevant to both roles; that they agree a suitable meeting date and agree a single appraisal summary via MARS. The employers and contractors remain responsible for making relevant data and information available to the doctor where possible. It should be noted that, in accordance with the objectives described at section 3 above, the medical appraisal remains a formative process which does not constitute performance management, and is separate from job planning.

6.2.3 Doctors employed full time or substantially in management will still be required to undertake appraisal for the purposes of revalidation. Advisory standards for supporting information for medical managers have been developed by the Faculty for Medical Leadership and Management (www.fmlm.ac.uk)[11]. Performance reviews already in place in

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[8] Follet and Ellis, *A review of appraisal, disciplinary and reporting arrangements for senior NHS and university staff with academic and clinical duties*, Department for Education and Skills, London 2001

[9] https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation#x4

[10]

https://www.exeter.ac.uk/media/universityofexeter/humanresources/documents/clinicalacademics/clinical_academic_staff_appraisal_-_guidance_notes_76921.pdf

[11]

https://www.fmlm.ac.uk/sites/default/files/content/page/attachments/Leadership%20and%20Management%20Standards%20for%20Medical%20Professionals%202nd%20Edition%20-%20digital%20format_0.pdf

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relation to this role will feed into the appraisal for the purposes of revalidation.

6.3 In line with the Medical Profession (Responsible Officer) Regulations 2010[12], ROs have a duty to ensure that appropriate, quality assured systems of appraisal are in place within their organisations and equally available to all doctors working for those organizations[13]. In relation to revalidation ROs also have a role in ensuring systems are available to enable doctors to collect the supporting information required for revalidation.

6.4 To avoid conflicts of interest, ROs will not usually undertake appraisals of doctors about whom they will be required to make a revalidation recommendation.

6.5 Appraisers are responsible for maintaining their own skills in this role (eg through taking up approved training), preparing for and facilitating appraisal discussions and producing the appraisal summary and PDP in line with agreed quality criteria.

6.6 Appropriate leadership, support and ongoing development will be provided for appraisers, usually by the organisation which employs them in this role.

7. Managing exceptions

7.1 There will be agreed processes in place for supporting and managing doctors and Health Boards who fail to complete the appraisal within the required timeframes. The principles underpinning these processes for all doctors are set out in the All Wales Exceptions Management Protocol[14]

7.2 The All Wales Exceptions Management Protocol will be enhanced to include guidance on management of conflict of interest situations and/or

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[12] http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents
[13] This includes all doctors regardless of location or branch of practice

[14] https://rsuresources.walesdeanery.org/course/view.php?id=4&section=3

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dissatisfaction with the process for example failure to agree the appraisal summary.

8. Integration between appraisal and other quality and safety systems

8.1 Clinical governance information plays a key role in the supporting information for appraisal and revalidation. Doctors are required to include; quality improvement activity, which may include clinical audit, significant event analysis, clinical performance data where this is available or other quality improvement activity as suggested by the GMC. It is the doctor's role to ensure this information is included in their supporting information, but the UHB also has a role to play in ensuring this information is as accessible as possible.

8.2 Appraisal, performance management and rehabilitation / remediation are separate systems which fulfil separate purposes, while all contributing to overall clinical governance and the wider quality and safety agenda. However, for doctors to be properly supported and for revalidation as a whole to operate effectively and fairly it is essential that there are clear, consistent and transparent links and information flows between these systems.

8.3 Doctors should have an opportunity to discuss at their appraisal any factors constraining their ability to deliver their roles or progress their PDP. It is best practice for Health Boards to collate these constraints and issues of workplace governance reported in appraisal summaries, and feed these into their workplace governance processes.

8.4 Appraisal and Continuing Professional Development (CPD) are closely linked. Doctors are required to bring evidence of CPD relating to their practice to their appraisal, and one of the key outputs of appraisal is the Personal Development Plan. It is best practice for Health Boards to collate the agreed development needs reported in appraisal summaries, and to describe in their local training strategies the links between these identified development needs, organisational development activity and study leave.

8.5 Peer and patient feedback systems will comply with the GMC's *Guidance on Colleague and Patient Questionnaires*[15].

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[15] https://www.gmc-uk.org/-/media/documents/guidance-on-colleague-and-patient-questionnaire_pdf-72399762.pdf

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

Document Title: *Medical Appraisal Policy*	13 of 14	Approval Date: Nov 2018
Reference Number: 129		Next Review Date: Nov 2020
Version Number: 3		Date of Publication: dd mmm yyyy
Approved By: RAIG/WRDB		Adopted by UHB: Strategy and Delivery Committee 10 March 2020

9.   Confidentiality

9.1   The appraisal discussion, as a professional discussion between colleagues regarding the appraisee's development, remains in principle, confidential.

9.2   A sample of appraisal outputs (appraisal summary and PDP) will be reviewed anonymously each year for quality assurance purposes.

9.3   All appraisal outputs (appraisal summary and PDP) will be subject to appropriate quality assurance, and will be utilised by the Responsible Officer and his / her delegated officers to inform the revalidation recommendation. It may also be necessary to review other elements of the appraisal documentation to inform this recommendation.

9.4   It remains the case that should information come to light in the appraisal discussion which raises concerns about fitness to practise or patient safety, the appraiser has a professional responsibility to escalate the issue in accordance with the All Wales Exceptions Management Protocol.

9.5   In Wales all doctors with a prescribed connection to an NHS Responsible Officer, other than those in training or employed by locum agencies, are required to use the online Medical Appraisal Revalidation System (MARS)[16] which is governed by specific Terms and Conditions of Use for MARS[17], including confidentiality, to which all users agree at registration, and on allocation of additional roles within the system i.e. Responsible Officer role.

10.   General Data Protection Regulation (GDPR) 2018

The UHBs Data Protection Policy will cover appraisal and revalidation.

11.   Freedom of Information Act 2000

All UHB records and documents, apart from certain limited exemptions, can be subject to disclosure under the Freedom of Information Act 2000. Records

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[16] https://marswales.org/
[17] https://marswales.org/terms.html

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and documents exempt from disclosure would, under most circumstances, include those relating to identifiable individuals arising in a personnel or staff development context. Details of the application of the Freedom of Information Act within the UHB may be found on the UHB website.

12. Equality and Diversity

12.1 The UHB Equality and Diversity Policy will apply to appraisal and revalidation.

12.2 This policy has been impact assessed to ensure that it promotes equality and human rights. The assessment was undertaken using the toolkit of the NHS Centre for Equality and Human Rights and completed on … The equality impact assessment outcome report is available to download at https://revalidation.heiw.wales/assets/files/c4e6cd1881/2012-App-Policy-EIA-full.pdf

13. Review

This policy will be reviewed every two years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

14. Monitoring

It is the responsibility of the UHB to monitor local compliance with this policy, and to report on this to the Welsh Government and the Wales Revalidation Delivery Board as required.

15. Designated Body **Approval**

Signatures / Dates

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

Report Title:	Board Assurance Framework – Sustainable Primary and Community Care		
Meeting:	Strategy and Delivery Committee	Meeting Date:	10th March 2020
Status:	For Discussion	For Assurance	X For Approval	For Information
Lead Executive:	Director of Corporate Goverance		
Report Author (Title):	**Director of Corporate Governance**		

Background and current situation:

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the risks on the Board Assurance Framework which link specifically to the Strategy and Delivery Committee.

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

The Board Assurance Framework has now been presented to the Board since November 2018 after discussion with the relevant Executive Director and the Executive Directors Meeting. 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.

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

There are currently six key risks set out in the Board Assurance Framework and the risks which link to the Strategy and Delivery Committee are:

1. **Workforce**
2. **Sustainable Primary and Community Care**
3. **Sustainable Culture Change**
4. **Capital Assets**

It has previously been agreed by the Committee that one of the four risks will be reviewed at each meeting and the risk attached for review at the January Meeting is **Sustainable Primary and Community Care.**

The role of the Committee in relation to the risk is to review it, check that the controls are in place and working and agree any further actions required in order to mitigate the risk further. The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time. The Executive Director Lead for this risk is the Chief Operating Officer.

To aid the process I have reviewed what has been presented to the Strategy and Delivery Committee in relation Sustainable Primary and Community Care and to provide triangulation and further assurance for the Board:

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- Shaping Our Future Wellbeing: In Our Community Programme (April 2019)
- A Long Term Health and Social Care Plan – A Healthier Wales (April 2019)
- Primary Care Out of Hours Service – Peer Review and Public Accounts Committee (September 2019)
- Primary Care – Peer Review (January 2019)
- A Long Term Health and Social Care Plan – A Healthier Wales (January 2019)
- Primary Care Milestones and Delivery against them (January 2019)

A summary of each of the above reports is provided in the Annual Report to the Committee also on the agenda.

Recommendation:

The Strategy and Delivery Committee is asked to:

Review the attached risk in relation to Sustainable Community and Primary Care to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.

Shaping our Future Wellbeing Strategic Objectives			
This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report			
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	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, click here for more information			

Prevention	x	Long term		Integration		Collaboration		Involvement	

Equality and Health Impact Assessment Completed:	Yes / No / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

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BOARD ASSURANCE FRAMEWORK 2019/20 – January 2020

It is essential that Cardiff and Vale University Health Board is aware of the major risks which could impact upon the delivery of Strategic Objectives as set out in Shaping Our Future Wellbeing.

Strategic Objectives

1. Reduce health inequalities

2. Deliver outcomes that matter

3. Ensure that all take responsibility for improving our health and wellbeing

4. Offer services that deliver the population health our citizens are entitled to expect

5. Have an unplanned care system that provides the right care, in the right place, first time.

6. Have a planned care system where demand and capacity are in balance

7. Reduce harm, waste and variation sustainably so that we live within the resource available

8. Be a great place to work and learn

9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology

10. Excel at teaching, research, innovation and improvement.

Principle Risks

Risk	Gross Risk	Net Risk	Target Risk	Context	Executive Lead	Committee
1. Workforce	25	10	10	Across Wales there have been increasing challenges in recruiting healthcare professionals. Meeting the requirements of a growing population which is older and with more complex health needs as well as increasing demand on health services has led for an increasing need in clinical staff. Staff costs represent the largest expense for the NHS in Wales. The pay bill has continued to increase year on year, with a significant increase over the last three years.	Executive Director of Workforce and OD	Strategy and Delivery Committee
2. Financial Sustainability	25	15	5	Across Wales, Health Boards and Trusts are seeking to manage their financial pressures by driving out inefficiencies, while at the same time looking to derive greater value from their resources through innovative ways of working and practicing prudent healthcare. As well as the NHS, public sector services, the third sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.	Executive Director of Finance	Finance Committee

3. Sustainable Primary and Community Care	**20**	**15**	**10**	The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	**16**	**12**	**4**	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	**16**	**8**	**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff and the population of Cardiff and the Vale.	Executive Director of Workforce and OD	Strategy and Delivery Committee
6. Capital Assets (Estates, IT Infrastructure, Medical Devices)	**25**	**20**	**10**	The UHB delivers services through a number of buildings across Cardiff and the Vale of Glamorgan, from health centres to the Tertiary Centre at UHW. All NHS organisations have statutory responsibilities to manage their assets effectively: an up to date estate strategy is evidence of the management of the estate. The IT SOP sets out priorities for the next five years and Medical Equipment is replaced in a timely manner.	Executive Director of Strategic Planning, Deputy Chief Executive, Executive Director of Therapies and Health Science	Strategy and Delivery Committee, IG & T Committee, Quality, Safety and Experience Committee

1. Sustainable Primary and Community Care

The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.

Risk **Date added:** 12.11.2018	The risk of losing resilience in the existing service and not building the capacity or the capability of service provision in the Primary or Community care setting to provide the necessary preventative and responsive services.
Cause	Not enough GP capacity to respond to and provide support to complex patients with multiple co-morbidities and typically in the over 75 year age bracket. GP's being drawn into seeing patients that could otherwise be seen by other members of the Multi-disciplinary Team. Co-ordination of Health and Social Care across the communities so that a joined up response is provided and that the patient gets the right care. Poor consistency in referral pathways, and in care in the community leading to significant variation in practice. Practice closures and satellite practice closures reducing access for patients. Lack of development of a multidisciplinary response to Primary Care need. Significant increase in housing provision
Impact	Long waiting times for patients to access a GP Referrals to hospital because there are no other options Patients turning up in ED because they cannot get the care they need in Primary or Community care. Poor morale of Primary and Community staff leading to poor uptake of innovative solutions Stand offs between Clinical Board and Primary care about what can be safely done in the community Impact reinforces cause by effecting ability to recruit

Impact Score: 5	Likelihood Score:4	Gross Risk Score:	**20 (red)**

Current Controls	Me, My Home , My Community Signals from Noise to create a joined up system across Primary, Community, Secondary and Social Care. Development of Primary Care Support Team Contractual negotiations allowing GP Practices to close to new patients Care Pathways
Current Assurances	Improved access and response to GP out of hours service Sustainability and assurance summary developed to RAG rate practices and inform action Three workshops held to develop way forward with engagement of wider GP body in developing future models. Leading to the development of Mental Health and Risk Care Models at scale being implemented.

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

Gap in Controls	Actively scale up multidisciplinary teams to ensure capacity Achieving scale in developing joint Primary/Secondary Care patient pathways Recruitment strategies to sustain and improve GP availability and develop multidisciplinary solutions
Gap in Assurances	No gaps currently identified.

Actions	Lead	By when	Update since 28.11.2019
1. Health Pathways – to create a protocol driven of what should and can be done in Primary care/Community care.	SC	31/03/2020	Health pathways launched on 14/02/2019. As at 07/05/2019 32 pathways were live. Pathways will continue to be developed until the end of the financial year. 65 pathways are now active. Chief Operating Officer has met with partners in New Zealand who are rolling it out. This continues to be rolled out.
2. Roll out of Mental Health and MSK MDT's to reduce the primary care burden on GP's	SC	31/01/2019 31/03/2020	Roll out commenced and plan continue to be monitored through GMS Sustainability Implementation Board Continue roll out at scale until the end of the financial year Completion likely to be between last quarter of this financial year and first quarter of next financial year.
3. Roll out digital solutions for smart working	DT	31/03/2020	Platform procured-phased roll out plan to be implemented with completion due by end of the financial year
4. Other digital platforms being considered e.g. Primary Care CAHMS Assessment platform being deployed	SC	31/03/2020	Digital Platform now been agreed for CAHMS. Contract has now been agreed and is currently being rolled out.
5. Development of recruitment strategies for GP and non GP service solutions	MD	Ongoing	GP Support Unit helps with recruitment and finding GP alternatives action also lined to No 2 above. As an indicator of in hour's resilience GP fill rates for PC out of hour's service have improved leading to a lower escalation status. The focus on a multi-disciplinary solution continues.
6. Develop Health and Social Care Strategies to allow seamless solutions for patients with health and or social needs	SC	Ongoing	These are being developed through the Public Service Board and Transformation work and progressing well
Impact Score: 5	Likelihood Score: 2	Target Risk Score:	**10 (high)**

Key:

1 -3   **Low Risk**

4-6   **Moderate Risk**

8-12   **High Risk**

15 – 25   **Extreme Risk**