

The annual Welsh Language monitoring report 2016/17 for Cardiff and Vale University Health Board

Policy Impact Assessment
<p>A revised Equality & Health Impact Assessment has been introduced into the Health Board. Altogether 43 policies have been passed between 2016-2017. 100% of them have been assessed.</p> <p>An example of impact due to the Welsh Language assessment can be seen with our No Smoking Policy (Annex A)</p>
Services provided by others
<p>240 and 100% of third party agreements monitored to ensure they comply with the relevant requirements of the Welsh language scheme.</p> <p>An example of the monitoring work done is included with this report (Annex B). An example of how our shared procurement services have ensured compliance with the Welsh Language measure can be seen in Annex B(1)</p>
Workforce Planning
<p>The organisation has made progress on the bilingual skills strategy in 2016/17. For example, it financed 21 members of staff to participate in Welsh Language lessons. It has also distributed the new 'Dysgwyr' lanyards to new staff members who wish to use their learnt Welsh in a workplace setting. They have been sent within 'learner's packs' which also contain information on learning Welsh outside of work and in the community. Discussions have been taking place in mainstreaming the Welsh language into recruitment, by piloting a Welsh language in non-clinical roles. There has been continued reluctance (due to staff shortage and recruitment challenges) to place Welsh language as essential as an essential criteria.</p> <p>Please see (Annex C) for data.</p>
Training to improve Welsh language skills
<p>The organisation has been working to develop Welsh language awareness for staff. A new Welsh language awareness package is now available on the NHS E-learning site for staff to use. Welsh Language Awareness has been extended to other areas outside of induction and mandatory training, including clinician seminars, trainee psychologists and clinical leaders' development programmes.</p> <p>The organisation funded 21 places for staff to learn Welsh at the Cardiff University Welsh Language Learning Centre.</p>
Recruitment
<p>While a total 1393 staff members were recruited to the organisation, none of the posts were advertised with Welsh Language as essential. All of the organisation vacant posts advertised as rule with Welsh language skills as desirable.</p>
Language awareness training
<p>713 new members of staff were given Welsh Language Awareness training during the Corporate induction. This accounts to 51% to the total amount of new staff in 2016-17.</p>
Website
<p>4% of the website pages are available in Welsh.</p>

Due to the constant changing and updating of the website, it has been a constant challenge to provide a fully bilingual website. However, the core and most popular information for the public is in Welsh.

Welsh Language services provided

The organisation has been developing the 'active choice' to our patients. For example, the new Hafan y Coed Mental Health Unit is a bilingual building, with Welsh words for different trees as ward names. It also advertises on each ward an information card encouraging service users to use their preferred language of Welsh when they see a member of staff wear the 'iaith gwaith' badge on their uniforms.



- The new 'Dysgwr' lanyards have also been distributed to the staff accompanied with posters which can be displayed to encourage patients/service users to speak Welsh with the wearers.
- The Maternity unit worked with Menter Caerdydd to run a Welsh-medium ante-natal class with expectant parents.
- The organisation asks, through in patient feedback forms, whether they experienced a Welsh language service.

Complaints

3 complaints were received regarding the Welsh language services offered by the organisation.

Statutory Investigations

The organisation has received 4 statutory investigations in the past year.

<ul style="list-style-type: none"> • English only public address systems – The system 	<p>Dinas Powys Medical Health Centre</p>	<p>Apologised for any embarrassment which was caused but explained</p>
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<p>automatically calls the patient name out. However it is unable to do this for Welsh speakers, and their names was announced was garbled.</p>		<p>that this was an issue for the surgeries' owner.</p>
<ul style="list-style-type: none"> English only appointment letters sent out by the organisation Switchboard could only respond to phone call in English 	<p>IMT - Patient Management Systems</p> <p>Operations - Switchboard</p>	<p>Apologised for the oversight. Assured the Commissioner that the patient management system/s is/are able to provide letters through the medium of Welsh.</p> <p>Apologised for the lack of Welsh medium service on the switchboard. Will work with operations to improve their services.</p>
<ul style="list-style-type: none"> No offer of Welsh medium ante-natal classes. 	<p>Midwifery Directorate</p>	<p>Has been working in conjunction with Menter Caerdydd to pilot Welsh medium ante-natal classes.</p>

Annexes:

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

Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy Integrated Screening Tool

Please answer all questions:-

1.	Title of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Director of Public Health, Cardiff and Vale University Health Board
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The aim of the policy is to protect and improve the health of smokers and non-smokers by promoting action to limit smoking on all Cardiff and Vale UHB hospital sites.</p> <p>The policy outlines the implementation and monitoring of the complete ban on smoking across Cardiff and Vale UHB grounds. The ban, which was introduced on the 1st October 2013, prohibits smoking by patients, staff, contractors and visitors throughout the UHB workplace, grounds and vehicles.</p> <p>The policy details the implementation of the policy including:</p> <ul style="list-style-type: none"> • Provision of effective communication processes to ensure compliance and adherence to the policy • Provision of adequate smoking cessation support and encouragement for those smokers who wish to stop smoking via smoking cessation services such as the UHB's in-house smoking cessation service, Stop Smoking Wales and the Level 3 Pharmacy Service. • Enforcement and monitoring of the policy by the No Smoking Enforcement Officer



NHS Wales Shared Service Partnership – Procurement

Cardiff and Vale University Local Health Board

Instructions for Use:

- Please complete sections highlighted in yellow
- Please consider adopting questions to suit the contract
- Consider adding 'MUST' have's to Part 2 Capacity & Capability
- Delete/remove yellow highlighted areas once completed
 - Delete instructions once completed

Please ensure above is deleted prior to issue

PROCUREMENT TITLE

Pre – Qualification Questionnaire

and

Memorandum of Information

Tender Reference: []

1. INTRODUCTION

- 1.1 This Pre-Qualification Questionnaire (“PQQ”) has been issued by **Cardiff and Vale University Local Health Board** (the ‘Health Board’) in connection with an competitive tender process for the procurement of ***** referred to hereinafter as the “Requirement”
- 1.2 This PQQ sets out the information which is required by the Health Board in order to assess the suitability of potential suppliers (the “Bidder”) in terms of their technical knowledge and experience, capability/capacity, organisational and financial standing to meet the Requirement.
- 1.3 No information contained in this PQQ, or in any communication made between the Health Board and any Bidder in connection with this PQQ, shall be relied upon as constituting a contract, agreement or representation that any contract shall be offered in accordance with this PQQ. the Health Board reserves the right, subject to the appropriate procurement regulations, to change without notice the basis of, or the procedures for, the competitive bid process or to terminate the process at any time. Under no circumstances shall the Health Board incur any liability in respect of this PQQ or any supporting documentation.
- 1.4 Direct or indirect canvassing of any employee or agent of the Health Board by any Bidder concerning this requirement, or any attempt to procure information from any employee or agent of the Health Board concerning this PQQ may result in the disqualification of the Bidder from consideration for this requirement.

- 1.5 The Health Board will not reimburse any costs incurred by Bidders in connection with preparation and submission of their responses to this PQQ.
- 1.6 The law of England and Wales (as applied in Wales) is applicable to this PQQ, and the courts of England and Wales (sitting at Cardiff) will have exclusive jurisdiction to hear and decide any suit, action or proceedings, and to settle any disputes, which may arise out of or in connection with the PQQ.

The main purpose of the PQQ is to:

- Provide suppliers with high level information around the broad requirements
- Enable C&V UHB to select suitably qualified suppliers with whom it will invite tenders with a view to becoming a supplier of the Health Board. The shortlist of suppliers to be invited to ITT will be based upon responses to the information requested in this document.

IMPORTANT – The contracting authority reserve the right to reapply the PQQ scoring at any time during the procurement and may disqualify any bidder who subsequently fails to meet the contracting authority's minimum requirements set out herein.

Suppliers are to note that the details of the requirement provided in this PQQ are for information purposes only and further detail on the requirement will be provided in due course.

2. THE REQUIREMENT

- 2.1 The Health Board require the information sought in this PQQ from Bidders responding to the **OJEU notice** issued by the Health Board in relation to the procurement of the Requirement. Further details of the Health Board's Requirement under any ensuing contracts are set out in the memorandum of information ("MOI") in Annex 2 to this PQQ.

3. TIMETABLE

- 3.1 Set out below is the proposed procurement timetable. This is intended as a guide and whilst the Health Board do not intend to depart from the timetable they reserve the right to do so at their sole discretion at any time. Nothing in this timetable should be understood to be a representation that any specific thing will be done at or within any specific time or at all.

TARGET DATE	ACTIVITY
Date	OJEU notice published with PQQ made available to Bidders.
Date	OJEU Notice close and return of PQQ
Date	Pre-Qualification evaluation concluded & Bidders selected
Date	Supplier Presentation Day [Optional]
Date	Issue Tender
Date	Evaluation Period / Final Evaluation concluded
Date	Board Approval of recommendation and Standstill Period concludes.
Date	Contract Award/Start Date

4. CONTACT POINT

All enquiries should be submitted through the Bravo messaging facility of the e-tender portal.

5. INSTRUCTIONS FOR COMPLETION

- 5.1 Bidders are invited to complete the PQQ and to submit it, together with any requested supporting information, to the Health Board by the due date for return in accordance with the procedures set out in the paragraph 11 entitled “**Submission of Pre-Qualification Questionnaires**”.
- 5.2 Bidders should follow the instructions outlined below when completing the PQQ :-

- 5.2.1 Bidders should answer all questions as accurately and concisely as possible in the same order as the questions are presented. Where a question is not relevant to the Bidder's organisation, this should be indicated, with a full explanation.
- 5.2.2 Questions must be answered in English.
- 5.2.3 The information supplied will be checked for completeness and compliance with the instructions before responses are evaluated.
- 5.2.4 Failure to provide the required information, make a satisfactory response to any question, or supply documentation referred to in responses, within the specified timescale, will mean that a Bidder's submission will be evaluated accordingly and may mean (where the information response or documentation is mandatory) that a Bidder is not invited to participate further. In the event that none of the responses are deemed satisfactory, the Health Board reserve the right to terminate the procurement and where appropriate re-advertise the procurement.
- 5.2.5 Bidders must be explicit and comprehensive in their responses to the PQQ as this will be the single source of information on which responses will be evaluated. Bidders are advised neither to make any assumptions about their past or current supplier relationships (if any) with the Health Board nor to assume that such prior business relationships will be taken into account in the evaluation procedure, unless they are (1) expressly referenced in the appropriate section of the PQQ and (2) relevant to the question being answered.

6. QUERIES ABOUT THE PROCUREMENT

- 6.1 All requests for clarification or further information in respect of the Pre-Qualification Documents should be submitted through the Bravo messaging facility of the e-tender portal. No approach of any kind in connection with Pre-Qualification Documents should be made to any other person within, or associated with, the Health Board, their employees or their professional

and/or technical advisors. Doing so may lead to Bidders being excluded from this procurement.

- 6.2 The Pre-Qualification Documents are being provided on the same basis to all Bidders.
- 6.3 The Health Board will not enter into detailed discussions on the Requirement at this stage.
- 6.4 If the Health Board consider any question or request for clarification to be of material significance, both the question and the response will be communicated, in a suitably anonymous form (to the extent that this is reasonably practicable), to all Bidders who have responded, have expressed an interest, or those that show an interest before the closing date for the submission of this PQQ. Anything of commercial interest may not necessarily be shared.

7. ADDITIONAL INFORMATION

- 7.1 The Health Board expressly reserve the right to require a Bidder to provide additional information supplementing or clarifying any of the information provided in response to the requests set out in this PQQ. The Health Board may seek independent financial and market advice to validate information declared or to assist in the evaluation.

8. CONSORTIA AND SUB-CONTRACTING

- 8.1 Where a consortium or sub-contracting approach is proposed, all information requested should be given in respect of the proposed prime contractor or consortium leader. Relevant information should also be provided in respect of consortium members or sub-contractors who will play a significant role in the delivery of the Requirement under any ensuing contract. For the purposes of this PQQ, a significant role is where the economic and financial standing and the technical or professional ability of the consortium member or subcontractor is referred to or relied on in the response to this PQQ. Responses must enable the Health Board to assess the overall offering proposed. Bidders should note that in the case of a consortium approach not involving a prime contractor, the Health Board will require that the liability of the consortium members shall be joint and several.

- 8.2 Where the proposed prime contractor is a special purpose vehicle (“SPV”), full information should be provided about the extent to which the SPV will call upon the resources and expertise of its members to fulfil the Requirement, including whether a parent company guarantee or bond will be available.
- 8.3 The Health Board recognises that arrangements in relation to consortia and sub-contracting may (within limits) be subject to future change. Bidders should therefore respond in the light of the arrangements as currently envisaged. Bidders are reminded that any future change in relation to consortia and sub-contracting must be notified to the Health Board so that they can make a further assessment by applying the selection criteria to the new information provided.
- 8.4 Without prejudice to paragraphs 8.1 to 8.3 above, the Health Board need to ensure that any entity with which the Health Board contract meets the financial standing requirements in this PQQ. Consequently:
- 8.4.1 where an SPV arrangement is proposed, Bidders must identify and must provide full financial details in respect of the member or members of the SPV (or parent company thereof) which will provide a guarantee of the performance of the SPV.
- 8.4.2 where a Bidder intends to rely on the financial standing of other entities (whether parent companies, group companies or otherwise), full information must be provided about those other entities.

9. **BIDDER CONTACT POINT**

- 9.1 It is the sole responsibility of Bidders to ensure that their access to this procurement exercise through the BRAVO e-tendering portal enables them to respond to clarification requests promptly.

10. **FREEDOM OF INFORMATION**

- 10.1 In accordance with the obligations and duties placed upon public authorities by the Freedom of Information Act 2000 (the ‘FoIA’), all information submitted to the Health Board may be disclosed in response to a request made pursuant to the FoIA.

10.2 In respect of any information submitted by a Bidder that it considers to be commercially sensitive the Bidder should:

10.2.1 clearly identify such information as 'commercially sensitive';

10.2.2 explain the potential implications of disclosure of such information;
and

10.2.3 provide an estimate of the period of time during which the potential Bidder believes that such information will remain commercially sensitive.

10.3 Where a Bidder identifies information as commercially sensitive, the Health Board will endeavour to maintain confidentiality. Bidders should note however that even where information is identified as commercially sensitive, the Health Board might be required to disclose such information in accordance with the FoIA. Accordingly, Health Board cannot guarantee that any information marked 'commercially sensitive' will not be disclosed.

11. SUBMISSION OF PRE-QUALIFICATION QUESTIONNAIRES

11.1 The responses must be submitted through the portal no later than:

DATE 11:15 a.m.

11.2 Please note that completed PQQ responses received after the closing deadline in paragraph 11.1 may be rejected.

12. BIDDER SELECTION

12.1 The Health Board may disqualify any potential Bidder who fails to:

12.1.1 comply with the requirements of Regulation 23 (1) and (4) of the Public Contracts Regulations 2015 (as amended) - see Part 5 (*Supplier Acceptability*) of this PQQ

12.1.2 provide a satisfactory response to any questions in this PQQ or who inadequately or incorrectly completes any question;

12.1.3 submit its completed PQQ after the deadline for submission in paragraph 11.1 above; or

12.1.4 fails to meet the Health Board minimum requirements as set out in this PQQ.

12.2 Bidders who are not disqualified in accordance with the above grounds shall be evaluated on the qualification criteria which take into account the economic and financial standing and the technical or professional ability of the Bidder.

12.3 The Health Board may seek independent financial, technical and market advice to validate information declared or to assist in the evaluation (see below). Reference site visits or demonstrations and/or presentations are unlikely to be requested at this stage but Health Board reserve the right to request the same as a part of this PQQ process.

13. PQQ EVALUATION PROCESS

Stage 1 - Questionnaire return. Any PQQ response that is received after the designated deadline may, at the Health Board discretion, be rejected and therefore not considered for evaluation.

Stage 2 – Checking responses. All responses will be checked to ensure that all questions have been addressed and that all documents requested have been attached. In the event that a Bidder is unable to provide a positive response to any of the questions, or a detailed reason as to why a positive response cannot be given, the Health Board may either exclude the Bidder from further participation in the selection process or, at their discretion, seek clarification. In the case of the latter, a failure by the Bidder to provide a satisfactory response within any deadline specified by the Health Board in the request for clarification may result in its disqualification from the selection process.

Stage 3 - Individual Evaluations. All PQQ's that have passed the initial checks are to be evaluated on the basis of an assessment of information provided in response to the each of the questions set out in the PQQ. Responses to questions will be evaluated on the basis of the scoring methodology set out in this PQQ.

A score will be applied to each section as indicated below in the evaluation methodology.

Capability	Evidence	Remark	Scores
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Bidder is likely to be able to meet the needs of the Health Board	Evidence is consistent, comprehensive, compelling, directly relevant to the project in all respects and highly credible (by being substantiated by independent sources where possible.)	Absolute Confidence	10
	Evidence is sufficient (in qualitative terms), convincing, and credible.	Confidence	7
Small risk that Bidder will not be able to meet the needs of the Health Board	Evidence has minor gaps, or to a small extent is unconvincing, lacks credibility or irrelevant to the project.	Minor Concerns	5
Significant risk that the Bidder will not be able to meet the needs of the Health Board	Evidence has major gaps, is unconvincing in many respects, lacks credibility, or largely irrelevant to the project.	Major Concerns	3
Bidder will not be able to meet the needs of the Health Board	No evidence or misleading evidence.	Not acceptable	0

The allocated score will be applied to the percentage weighting per section.

14. SCORING/ASSESSMENT METHODOLOGY

All scoring methodology must add up to 100% i.e.

Part 2 capacity & Capability 50%

Part 3 Economic & Financial Standing 50%

These can be amended to suit the contract

Part 1 - General Organisation / Company Information will not be evaluated but MUST be completed.

Part 2 – Capacity & Capability 50% ** weighting

Evaluation will be based on an assessment of information provided in response to the each section as set out below. Note – the PQQ questions set out the further and specific details as to how each of the questions set out therein will be evaluated.

All scored questions should add up to the total stated above ** Percentages can be allocated in order of relevance to the contract and additional questions can be as appropriate.

- q.1 – not scored, for information only
- q.2 – 20%
- q.3 – 20%
- q.4 – 10%
- q.5 – pass / fail
- q.6 – pass / fail
- q.7 – pass / fail
- q.8 – pass / fail
- q.9 – pass / fail
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Part 3 (*Economic and Financial Standing*) 50% weighting

Evaluation will be based on an assessment of the information and/or evidence provided by the Bidder. Failure to provide a response to any of the questions set out in Part 3 may lead to the Bidder being eliminated. Each sub-section below will be evaluated as follows:-

- q.1 - Financial Viability

The risk % score will be provided by 'D&B'. The score returned will be an expressed as percentage (%), will be scored:-

- 91 to 100% - scores 10

- 81 to 90% - scores 9
- 71 to 80% - scores 8
- 61 to 70% - scores 7
- 51 to 60% - scores 6
- < or = 50% - scores zero

Note: A zero score in respect of question 3.3 (Financial Viability) will automatically eliminate a bidder.

- q.2 – Audited / Management Accounts Information
 - Not scored for information only. The accounts may be used for cross checking information provided elsewhere.
- q.3 – Financial Guarantee
 - Not scored for information only

Part 4 (Additional Information)

Evaluation will be based on an assessment of information provided in response to the each of the questions in the sections referred to below. Please see the '**Guidance**' column adjacent to each of the sectional questions for specific information as to how a response will be evaluated (on a question by question basis). Failure to provide a response to any of the questions set out in Part 4 may lead to the Bidder being eliminated.

- Section 1 – (Management)
 - q.1 – not scored, for information only
 - q.2 – not scored, for information only
- Section 2 – (Equal Opportunities)

- q.1 – pass / fail
- q.2 – pass / fail
- Section 3 – (**Sustainability**)
 - q.1 - pass / fail
 - q.2 – not scored, for information only
 - q.3 – not scored, for information only
- Section 4 – (**Health and Safety**)
 - q.1 - pass / fail
 - q.2 - pass / fail
- Section 5 – (**Insurances**). Not scored, but the Health Board may disqualify a Bidder who fails to evidence the minimum levels of insurance required (**or** fails to give a commitment to obtain them if awarded the contract).
- Section 6 – (**Incidents and Disputes**) – pass / fail

Part 5 (*Bidder Acceptability*)

- q.1 - pass / fail
- q.2 – for information. Bidders are advised to refer to the ‘guidance’ to this question

Stage 4 – Shortlist production Taking account of all of the above a shortlist of up to **five (5) Bidders per Lot** will be produced.

Please identify how your Bidders will be shortlisted i.e. Methodology, example based on supplier ranking

IMPORTANT – prior to any award of any ensuing contract, the Health Board may, at its discretion, confirm or re-check some or all aspects of the information provided at this, the PQQ stage. The process (if undertaken) will be to ascertain that the Cardiff and Vale University Local Health Board

information given at PQQ stage is still correct and that there have been no significant adverse changes in the Bidders' positions.

Part 1 - General Organisation / Company Information

Ref:	Question	Guidance
1	Please provide the name of the Bidder in whose name the tender will be submitted (for example, SPV, the Consortium leader, Prime or Single contractor)	<i>Not Scored – for information only</i>
	Supplier response:	
2	Please provide the VAT registration number for the Bidder	<i>Not Scored – for information only</i>
	Supplier response:	

3	3a - Is your organisation:		<i>Not Scored – for information only</i>
		Please indicate with x	
	a public limited company		
	a limited company		
	a partnership		
	other (please specify).		
	3b - Provide your company registration number (if applicable)		
	Supplier Response:		
4	4a - Is the potential Bidder a consortium, joint venture or other arrangement?		<i>Not Scored – for information only</i>
	Yes / No: Please delete as appropriate		
	4b - If yes, and if it is available, please provide details of the constitution and percentage shareholdings.		
	Supplier Response:		
5	5a - Is the Bidder proposing to deliver the Requirement:		<i>Not Scored – for information only</i>
		Please indicate with x	
	(i) itself		
	(ii) as prime contractor and intends to use third parties to provide some elements of the Requirement,		
	(iii) is the Bidder a consortium		
	5b - If the answer to 5a is (ii) or (iii) please indicate the composition of the arrangement, indicating which member of the consortium/third party (which may include the Bidder itself or solely be the Bidder) will be responsible for the elements of the Requirement (expressed in % of capital expenditure terms).		

	Supplier Response:	
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Part 2 - Capacity & Capability

Ref:	Question	Guidance
1	<p>What are the main business activities of your organisation?</p> <p>Supplier Response:</p>	<p><i>Not scored – for information only)</i></p>
2	<p>Provide details of <u>up to</u> 3 contracts you have successfully delivered in the last 3 years that show experience that is relevant to the Requirement.</p> <p>You must show experience of having delivered services/goods similar to the Requirement.</p> <p>In particular provide details of, inter alia:</p> <ul style="list-style-type: none"> • Name and nature of the project/s (which the contract/s referred to relate) • Relevance of the contracts to the Requirement • Value of the contract/s • Period over which the contracts were delivered • References from your client/employer for <u>up to</u> the last three completed contracts <p>(Scores will be applied on the basis of the response to this section overall - no sub weightings are applied to the bullet points above).</p> <p>Note: The Health Board reserves the right to contact the organisations cited for references, and your permission to do so is hereby given. (word limit 2500 words).</p> <p>Supplier Response:</p>	<p>-----%</p> <p>Must relate to above</p>

<p>3</p>	<p>Identify the main issues and areas of risk encountered when delivering services similar to the Requirement and describe how those main issues / risks were managed.</p> <p>In particular provide details of:</p> <ul style="list-style-type: none"> • Product Use • Implementation and continuity • Production / Manufacturing <p>(Scores will be applied on the basis of the response to this section overall - no sub weightings are applied to the bullet points above).</p> <p>Note: An Absolute Confidence score will be achieved if both the risk and solution for all details are provided.</p> <p>Word limit 2500 words.</p>	<p>-----%</p> <p>Must relate to above</p>
	<p>Supplier Response:</p>	
<p>4</p>	<p>Please set out your training and education experience and capability in delivering services similar to the Requirement.</p> <p>In particular provide details of:</p> <ul style="list-style-type: none"> • Dedicated personnel to educate and support implementation of service • Relevant experience in providing training <p>(Scores will be applied on the basis of the response to this section overall - no sub weightings are applied to the bullet points above).</p>	<p>-----%</p> <p>Must relate to the above</p>

	<p>Note:</p> <p>An Absolute Confidence score will be achieved if details are provided of both the above bullet points.</p> <p>A Minor Concerns score will be achieved if details are provided for only one of the above bullet points.</p> <p>Failure to provide either will achieve a Not Acceptable score.</p> <p>Word limit 2500 words.</p>	
	<p>Supplier response:</p>	

<p>5</p>	<p>A key element for the uLHB is customer service, therefore, please confirm your organisation can deliver the stated requirements below;</p> <ul style="list-style-type: none"> • Dedicated customer service personnel which can provide; 24 hours, 7 days a week or a minimum level of coverage in a day i.e. 9am to 5pm, 7 days a week • Response time for customer service enquiries can be provided within 12 hours or less or over 12 hours to 24 hours. 	<p><i>Pass / Fail</i></p>
	<p>Supplier Response:</p> <p>Yes / No please delete as appropriate</p>	

<p>6</p>	<p>In accordance with the Welsh Language Act 1993, the Cardiff and Vale University Local Health Board operates a Welsh Language Scheme. This Scheme recognizes that the principle of linguistic equality is crucial to the uLHB delivering a quality service. To that end, the uLHB has adopted the principle that, in the conduct of public business in Wales, it will treat the Welsh and English languages on the basis of equality.</p> <p>This principle can and will place obligations on the uLHB's contractors for goods and services, and any tenderer being awarded a contract by the uLHB must comply with the Scheme.</p> <p>A copy of the uLHB's Welsh Language Scheme is attached</p>	<p><i>Pass/Fail</i></p>
	<p>Supplier Response:</p> <p>Adherence to Welsh Language Act 1993</p> <p>Yes / No please delete as appropriate</p>	
<p>7</p>	<p>The Equality Act 2010 covers the following protected characteristics: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Religion or belief (or lack of belief), Race – including ethnic or national origin, colour or nationality, Sex or Sexual Orientation.</p> <p>The uLHB has a general duty to promote Equality and Diversity as set out in the Equality Act 2010. The aim of the general duty is that we and those who act on our behalf, demonstrate 'due regard' of the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act • Advance equality of opportunity between people who share a relevant characteristic and those who do not • Foster good relations between people who share a protected characteristic and those who do not. <p>The duty makes sure that equality considerations are built into the design of policies and the delivery of services and that they are kept under review.</p>	<p><i>Pass/Fail</i></p>

	A copy of the uLHB's Equality and Diversity Policy is attached	
	<p>Supplier Response:</p> <p>Adherence to Equality and Diversity policy</p> <p>Yes / No please delete as appropriate</p>	
8	<p>Tenderers for Medical Devices must confirm that all items tendered for comply with the Medical Devices Directive. Please attach copies of relevant certificates demonstrating compliance with the Medical Device Directive for each facility which holds such certificates. It is important that the scope of the certificate can be linked to the products which you are tendering. If necessary please provide a table or matrix.</p>	<i>Pass/Fail</i>
	<p>Supplier Response:</p> <p>Medical Device Directive certification returned</p> <p>Yes / No please delete as appropriate</p>	
9	<p>Tenderers are required to provide copies of certification demonstrating compliance with BS EN ISO 13485:2003 - Medical Devices - Quality Management Systems. Please name any files(s) provided with the appropriate certification title.</p> <p>Please note that the information required is for manufacturing and distribution of the product/s, as appropriate</p>	<i>Pass/Fail</i>
	<p>Supplier Response:</p> <p>BS EN ISO 13485:2003 certification returned</p> <p>Yes / No please delete as appropriate</p>	

Part 3 - Economic / Financial Standing

Ref:	Question	Guidance
1	Financial vetting will be undertaken using a third party credit reference agency, (Dun and Bradstreet).	See page 11/12 for applicable scoring methodology, any score 50% or lower will eliminate a bidder
2	2a -Provide accounts, in PDF format for the most recently completed two financial years for all Bidders including consortium members or sub-contractors who will play a significant role in the delivery of the Requirement.	<i>Not scored – for information only. The accounts may be used for cross checking information provided elsewhere.</i>

	<p>Supplier Response:</p> <p>Audited accounts submitted Yes / No please indicate If No, please provide reason/explanation:</p>	<p><i>Not scored – for information only</i></p>								
	<p>2b -If available, provide in PDF format any quarter or half-year accounts, results or management reports for the period since the end of the most recently completed financial year for all Bidders including consortium members or sub-contractors who will play a significant role in the delivery of the Requirement.</p>									
	<p>Supplier response:</p> <p>Information submitted Yes / No please indicate</p>									
<p>3</p>	<p>A financial guarantee, parent company guarantee and/or performance bond may be required from the Bidders (during the next stage (tender evaluation) of the procurement process. Please confirm whether you are able and willing to make available one of the following?</p> <table border="1" data-bbox="288 1234 1118 1435"> <thead> <tr> <th data-bbox="288 1234 703 1283"></th> <th data-bbox="703 1234 1118 1283">Yes / No – please indicate</th> </tr> </thead> <tbody> <tr> <td data-bbox="288 1283 703 1335">parent company guarantee</td> <td data-bbox="703 1283 1118 1335"></td> </tr> <tr> <td data-bbox="288 1335 703 1386">performance guarantee bond</td> <td data-bbox="703 1335 1118 1386"></td> </tr> <tr> <td data-bbox="288 1386 703 1435">Bank guarantee</td> <td data-bbox="703 1386 1118 1435"></td> </tr> </tbody> </table>		Yes / No – please indicate	parent company guarantee		performance guarantee bond		Bank guarantee		<p><i>Not scored – for information only</i></p>
	Yes / No – please indicate									
parent company guarantee										
performance guarantee bond										
Bank guarantee										

Part 4 – Additional Information

Part 4 - Section 1 - Management/Governance

Ref:	Question	Guidance
1	Explain how you manage communication with your clients so as to ensure continued delivery of services/goods that meets their needs.	<i>Not scored – for information only</i>
	Supplier Response:	
2	2a -Does your organisation operate in accordance with a formally documented Quality Management System that is certified by a third party against a standard equivalent to ISO9000?	<i>Not scored – for information only</i>
	Supplier Response: Yes / No Please delete as appropriate	
	2b -If you answered “yes” to 2a provide the following details: <ul style="list-style-type: none"> • Standard certified against • Certification body, date and validity of certificate • Scope of certification <p>Please provide a copy of the certification</p>	

Part 4 - Section 2 - Equal Opportunities

Ref	Question	Guidance
1	<p>1a - In the last three years, has any finding of unlawful discrimination been made against your organisation by an Employment Tribunal, an Employment Appeal Tribunal or any other court (or in comparable proceedings in jurisdictions other than the UK)?</p> <p>Yes / No Please delete as appropriate</p>	<p>Pass / fail</p> <p><i>The Health Board will not select a Bidder to tender if it has been found to have unlawfully discriminated in the last three years unless it has provided evidence that it has taken appropriate action to prevent similar unlawful discrimination reoccurring.</i></p>
	<p>1b - If you answered 'yes' to 1a provide a summary of the finding or judgement and explain what action you have taken to prevent similar unlawful discrimination from reoccurring.</p>	
	<p>Supplier Response:</p>	
2	<p>2a - In the last three years, has your organisation been the subject of formal investigation by the Equality and Human Rights Commission or its predecessors (or a comparable body in a jurisdiction other than the UK), on grounds of alleged unlawful discrimination?</p> <p>Yes / No please delete as appropriate</p>	<p>Pass / fail</p> <p><i>The Health Board will not select a Bidder to tender if a complaint was upheld following investigation unless appropriate action has been taken to prevent similar unlawful discrimination from reoccurring.</i></p>

	<p>2b - If you answered 'yes' to 2a provide a summary of the nature of the investigation and an explanation of the outcome (so far)</p> <p>If the investigation upheld the complaint against your organisation, provide an explanation of what action (if any) you have taken to prevent unlawful discrimination from reoccurring.</p>	
	<p>Supplier Response:</p>	

Part 4 - Section 3 – Sustainability

Ref:	Question	Guidance
1	<p>1a - Has your organisation:</p> <p>(a) been convicted in the last three years following prosecution under environmental legislation by any environmental regulator or authority (including local authority) or</p> <p>(b) had any notice which has not been challenged or withdrawn served upon it in the last three years by an environmental regulator or authority (including local authority)?</p> <p>Yes / No please delete as appropriate</p>	<p>Pass / fail</p> <p><i>The Health Board will not select a Bidder to tender if it has been prosecuted or served notice under environmental legislation in the last three years unless there is clear evidence that decisive action to remedy the situation has been taken.</i></p>
	<p>Supplier Response:</p> <p>1b - If your answer to 1a is "yes" give details of the prosecution or</p>	

	notice and details of any remedial action or changes you have made as a result of prosecution or notices served.							
2	<p>2 - Please provide details of any environmental certification that your organisation holds, e.g. ISO 14001 or equivalent standard. Please include a copy of any certificate. If no accreditation is held, please attach your environment policy:</p> <table border="1"> <tr> <td></td> <td>Attached – please indicate x</td> </tr> <tr> <td>ISO4001</td> <td></td> </tr> <tr> <td>Environment policy</td> <td></td> </tr> </table>		Attached – please indicate x	ISO4001		Environment policy		<i>Not scored – for information only</i>
	Attached – please indicate x							
ISO4001								
Environment policy								
3	<p>3 - Please provide an overview of your organisation’s policy (ies) on sustainable development, including any external accreditation or other initiatives.</p> <p>Supplier Response:</p>	<i>Not scored – for information only</i>						

Part 4 - Section 4 - Health and Safety

Ref:	Question	Guidance						
1	<p>Please provide details of any health and safety certification that your organisation holds, e.g. ISO 18001 or equivalent standard. Please include a copy of any certificate. If no accreditation is held, please attach your health and safety policy.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Attached – please indicate x</td> </tr> <tr> <td>ISO18001</td> <td></td> </tr> <tr> <td>Health and Safety policy</td> <td></td> </tr> </table>		Attached – please indicate x	ISO18001		Health and Safety policy		<p>Pass / fail</p> <p><i>The Health Board will not select a Bidder to tender if it fails to provide either a health and safety certification or its health and safety policy.</i></p>
	Attached – please indicate x							
ISO18001								
Health and Safety policy								
2	<p>2a - In the last three years has your organisation been convicted following prosecution or had any notice(s) which has not been challenged or withdrawn served upon it by the Health & Safety executive?</p>	<p>Pass / fail</p> <p><i>The Health Board will not select a Bidder to tender if it has been prosecuted or served notice under health and safety legislation unless there is clear evidence that decisive and comprehensive action to remedy the situation has been taken.</i></p>						
	<p>Supplier Response</p> <p>Yes / No please delete as appropriate</p> <p>2b - If your answer to 2a was “yes” provide details of the prosecutions or notice(s) served and give details of any remedial action or changes to procedures you have made as a result of the prosecution or notice(s) served.</p>							

Part 4 - Section 5 – Insurance

Ref:	Question	Guidance						
1	<p>Minimum required insurance levels: (please provide documentary evidence of current insurance policies.</p> <p>Employer’s liability: £10 million or the statutory minimum required in England and Wales from time to time (whichever is the highest)</p> <p>Product / Public Liability Insurance: £5 million each and every event, including for death and personal injury to all third parties including (without limitation) damage to tangible and other property of third parties (including of the contracting authority)</p> <p>Professional Indemnity: - £5 million each and every event.</p>	<p><i>Not scored</i></p> <p><i>Please confirm you have these insurances in place or commit to obtaining them if awarded the contract.</i></p> <p><i>Note - the Health Board reserves the right to require higher levels of insurance during the tender/award stage</i></p>						
	<p>Supplier Response</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Employer’s Liability</td> <td></td> </tr> <tr> <td>Product/Public Liability Insurance</td> <td></td> </tr> <tr> <td>Professional Indemnity</td> <td></td> </tr> </table>	Employer’s Liability		Product/Public Liability Insurance		Professional Indemnity		
Employer’s Liability								
Product/Public Liability Insurance								
Professional Indemnity								

Part 4 - Section 6 – Incidents and Disputes

Ref:	Question	Guidance
	<p>1a - Is there any material pending or threatened litigation or other legal proceedings connected with similar projects against the Bidder and/or any of its named consortium members (sub-contractors) that may materially affect delivery of the Requirement?</p> <p>Yes / No please delete as appropriate</p>	<p><i>Pass / Fail</i></p> <p><i>The Health Board will not select a Bidder to tender if its answer is "Yes" to either of the questions in this section</i></p>

	<p>Supplier Response</p> <p>Yes / No please delete as appropriate</p>	
	<p>1b - Has there been any material litigation or other legal proceedings connected with similar contracts against the Bidder and/or any of its named consortium members (sub-contractors) in the last three years that will materially affect delivery of the Requirement?</p> <p>Yes / No please delete as appropriate</p>	

Part 5 - Bidder Acceptability

Ref:	Question	Guidance
1	Do any of the grounds for <u>mandatory</u> and/or <u>discretionary</u> rejection as set out in Regulation 23 (i) and (iv) of the Public Contracts Regulations 2015 (as amended) apply to the Bidder (including any consortium members or sub-contractors who will play a significant role in the delivery of the Requirement) (see Annex 1 below for details of Reg. 23)	<i>Pass / fail</i>
2	2a - Is the Bidder (including any consortium members or sub-contractors who will play a significant role in the delivery of the Requirement) or any of its directors/staff, related or connected to any the Health Board officers who influence / plan the delivery of services/goods covered by this procurement?	<i>The Health Board may not select a Bidder to tender without having taken steps to avoid the perception of a conflict of interest.</i>
	2b - If you answered "yes" to question 2a provide details.	<i>NOTE: In the event that you fail to declare a potential conflict of interest the Health Board may exclude you from participation in the tender process (at any stage) and/or cancel any place on the framework or any contract awarded pursuant to it.</i>
	Supplier Response	

Annex 1

1. Regulation 23 of the Public Contracts Regulations 2015 (as amended)

1.1 Grounds for mandatory rejection (ineligibility) - Reg. 23 (1)

The potential Bidder or its directors or any other person who has powers of representation, decision or control of the named organisation has been convicted of any of the following offences:

(a) conspiracy within the meaning of section 1 of the Criminal Law Act 1977 where that conspiracy relates to participation in a criminal organisation as defined in Article 2(1) of Health Board Joint Action 98/733/JHA (as amended);

(b) corruption within the meaning of section 1 of the Public Bodies Corrupt Practices Act 1889 or section 1 of the Prevention of Corruption Act 1906 (as amended);

(c) the offence of bribery;

(d) fraud, where the offence relates to fraud affecting the financial interests of the European Communities as defined by Article 1 of the Convention relating to the protection of the financial interests of the European Union, within the meaning of:

(i) the offence of cheating the Revenue;

- (ii) the offence of conspiracy to defraud;
- (iii) fraud or theft within the meaning of the Theft Act 1968 and the Theft Act 1978;
- (iv) fraudulent trading within the meaning of section 458 of the Companies Act 1985 or section 993 of the Companies Act 2015;
- (v) defrauding the Customs within the meaning of the Customs and Excise Management Act 1979 and the Value Added Tax Act 1994;
- (vi) an offence in connection with taxation in the European Community within the meaning of section 71 of the Criminal Justice Act 1993; or
- (vii) destroying, defacing or concealing of documents or procuring the extension of a valuable security within the meaning of section 20 of the Theft Act 1968;
- (e) money laundering within the meaning of the Money Laundering Regulations 2003 or Money Laundering Regulations 2007; or
- (f) any other offence within the meaning of Article 45(1) of Directive 2004/18/EC as defined by the national law of any relevant State.

1.2 Discretionary grounds for rejection - Reg. 23 (1)

(a) being an individual is bankrupt or has had a receiving order or administration order or bankruptcy restrictions order made against him or has made any composition or arrangement with or for the benefit of his creditors or has made any conveyance or assignment for the benefit of his creditors or appears unable to pay or to have no reasonable prospect of being able to pay, a debt within the meaning of section 268 of the Insolvency Act 1986, or article 242 of the Insolvency (Northern Ireland) Order 1989, or in Scotland has granted a trust deed for creditors or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of his estate, or is the subject of any similar procedure under the law of any other state;

(b) being a partnership constituted under Scots law has granted a trust deed or become otherwise apparently insolvent, or is the subject of a petition presented for sequestration of its estate;

(c) being a company or any other entity within the meaning of section 255 of the Enterprise Act 2002 has passed a resolution or is the subject of an order by the court for the company's winding up otherwise than for the purpose of bona fide reconstruction or amalgamation, had a receiver, manager or administrator on behalf of a creditor appointed in respect of the company's business or any part thereof or is the subject of similar procedures under the law of any other state;

(d) has been convicted of a criminal offence relating to the conduct of his business or profession;

(e) has committed an act of grave misconduct in the course of his business or profession;

(f) has not fulfilled obligations relating to the payment of social security contributions under the law of any part of the United Kingdom or of the relevant State in which the organisation is established;

(g) has not fulfilled obligations relating to the payment of taxes under the law of any part of the United Kingdom or of the relevant State in which the economic operator is established;

(h) is guilty of serious misrepresentation in providing any information required of him under this regulation;

(i) in relation to procedures for the award of a public services contract, is not licensed in the relevant State in which he is established or is a member of an organisation in that relevant State when the law of that relevant State prohibits the provision of the services/goods to be provided under the contract by a person who is not so licensed or who is not such a member.

Annex 2

Memorandum of Information

1. Introduction

- 1.1 The Cardiff and Vale uLHB seeks to establish a contract for XXXX.

2. The Requirement

3. Estimated Spend (Please remove this, the estimated may change from the advertisement if the OJEU, which may cause challenges later on in the process – CS 04/1012)

4. Duration

- 4.1 The duration of the contract/s is for an initial term of Three (3) years, with an option to extend, at the sole discretion of the Health Board for up to an additional one (1) year (in 12 month tranch).

5. Terms and Conditions of Contract

The contract will be awarded on the Standard NHS Terms & Conditions for Supply of Goods – (Please be careful with this as Managed Services contracts are bespoke and agreed with the bidders CS 04/10/12)

6. Procurement Process - Invitation To Tender (ITT) Please be careful this is standard “restricted” procurement process and NOT Competitive Dialogue or Open Procedure

- 6.1 The Procurement Process has been broken down into three Phases:

- Phase 1: Qualification and selection to tender
- Phase 2: Invitation to tender and tender evaluation

- Phase 3: Contract Commencement

Phase 1: Qualification and selection to tender

6.2 The main elements of this phase are:

- Issue of the Contract Notice
- Issue (via BRAVO) of this MOI and the PQQ
- PQQ responses from candidates
- PQQ evaluation (including evaluation of financial robustness)
- Selection to tender and notification to successful and unsuccessful Bidders.

Phase 2: Bid and evaluation

6.3 The main elements of this phase are:

- Issue (via BRAVO) of Invitation to Tender packs
- Tenders received from bidders
- Tender evaluation/clarification
- Final selection and preparation of Tender Report and Recommendations
- Health Board approval
- Notification to successful and unsuccessful bidders
- Standstill period (10 calendar days from midnight at the end of the date of notification)
- Publication of Notice of Contract Award

Phase 3: Contract Commencement

6.4 The main elements of this Phase are:

- 6.4.1 Clarifying/ finalising contract documents (note that no substantive amendments may be made, or negotiations entered into, over the terms and conditions of contract, whether before or during the tender process or after the tender process is complete. Therefore Bidders must carry out all appropriate due diligence on the contract documents and take all necessary legal advice prior to submitting their bids.

- 6.4.2 Contract commencement

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

Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy Integrated Screening Tool

Please answer all questions:-

1.	Title of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Director of Public Health, Cardiff and Vale University Health Board
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The aim of the policy is to protect and improve the health of smokers and non-smokers by promoting action to limit smoking on all Cardiff and Vale UHB hospital sites.</p> <p>The policy outlines the implementation and monitoring of the complete ban on smoking across Cardiff and Vale UHB grounds. The ban, which was introduced on the 1st October 2013, prohibits smoking by patients, staff, contractors and visitors throughout the UHB workplace, grounds and vehicles.</p> <p>The policy details the implementation of the policy including:</p> <ul style="list-style-type: none"> • Provision of effective communication processes to ensure compliance and adherence to the policy • Provision of adequate smoking cessation support and encouragement for those smokers who wish to stop smoking via smoking cessation services such as the UHB's in-house smoking cessation service, Stop Smoking Wales and the Level 3 Pharmacy Service. • Enforcement and monitoring of the policy by the No Smoking Enforcement Officer

		<ul style="list-style-type: none"> • Commitment and reinforcement of support from all UHB independent members, executive directors, senior clinicians and managers • Provision of appropriate no smoking signage and awareness of the permitted smoking areas.
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • consultation and involvement findings • research • good practice guidelines • participant knowledge <p>The UHB's 'Shaping Our Future Wellbeing' Strategy and needs assessment provides good background data¹.</p>	<p>The 2011 Census indicates that the population of Cardiff is 346,090, with 169,893 men and 176,197 women resident in the city². 17.1% of the population is 0-14 years old, 69.8% of the population is 15-64 years old and 13.2% is 65+ years². In terms of ethnicity, 84.7% of the population report being White, 2.9% of mixed ethnicity, 8% Asian, 2.4% Black, and 2% 'other' ethnic group². The majority of the population report having a religious faith with 51.4% of the population Christian, 31.8% of no religion, 6.8% Muslim, 1.4% Hindu, 0.5% Buddhist, 0.4% Sikh, 0.4% other religion². The largest proportion of the population report being single (45%), followed by married (38.5%), divorced (8.2%), widowed (6%), separated (2.1%) and in a civil partnership (0.2%)².</p> <p>Currently, 20% of the population in Cardiff and the Vale of Glamorgan smoke⁴ and smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and six per cent of outpatient costs³.</p>

¹ <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

² Cardiff Council (2015). Ask Cardiff: Cardiff and Vale profile. Available at: http://formerly.cardiff.gov.uk/content.asp?nav=2872,3257,6571,6572&parent_directory_id=2865&id=13784 [Accessed on 24th May 2016]

³ Phillips, C. J., and Bloodworth, A. (2009). Cost of smoking in Wales: Report presented by Action on Smoking and Health, British Heart Foundation at the Smoking Conference Wales 2009. Swansea: Swansea University.

Smoking prevalence in Wales is highest in the 25-34 age group (33%) and the 35-44 age group (27%) but thereafter the prevalence of smokers declines to 7% by 75+ years⁴.

The prevalence of smoking in males 16+ in Wales is 22% compared to 19% in females⁴. There is currently no data collected on smoking prevalence in the transgender community.

Smoking rates vary considerably between ethnic groups. A report from ASH Wales in 2011 using combined data from Health Surveys in England in 2006, 2007 and 2008 shows that in men, rates are particularly high in the Bangladeshi (40%), Irish (30%) and Pakistani (29%) populations compared White English (27%). Among women, smoking rates are highest in White English (26%), Black Caribbean (24%) and Irish (26%) and less than 8% in other ethnic groups (Chinese, Black Other, Pakistani, Bangladeshi, and Indian). Overall, smokers from minority ethnic groups smoke fewer cigarettes than the UK population as a whole^{5 6}.

Smokers from minority ethnic groups are as ready to quit smoking as their counterparts in the UK population as a whole, though proportionally fewer make a quit attempt⁵.

UK evidence shows that, a quarter of lesbian and bisexual women currently smoke. It also shows that 21% of lesbian and bisexual women who smoke, smoke more than 20 cigarettes per day compared to 28% of women in general who smoke⁷.

⁴ Welsh Government (2015). Statistics and Research: Welsh Health Survey: Tables – Health related lifestyle 2014. Available at: <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en> [Accessed 20th May 2016]

⁵ ASH (2011). ASH Factsheet: Tobacco and ethnic minorities. Available at: http://www.ash.org.uk/files/documents/ASH_131.pdf [Accessed 20th May 2016]

⁶ Race Equality Foundation (2011). Better Health Briefing 22: Tobacco use among ethnic minority populations. Available at: <http://raceequalityfoundation.org.uk/sites/default/files/publications/downloads/health-brief22%20final.pdf> [Accessed 24th May 2016]

⁷ Stonewall (2008) Prescription for change. Available at: http://www.stonewall.org.uk/sites/default/files/Prescription_for_Change__2008_.pdf [Accessed 20th May 2016]

		Smoking rates are higher amongst lower socio-economic groups. Smoking rates increase with deprivation, with rates of those living in the most deprived fifth of areas more than twice that of the least deprived (29% compared with 13%) ⁸ .
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The stakeholders include:-</p> <ul style="list-style-type: none"> • In-patients, outpatients, staff, contractors and visitors. • Any referrer e.g. General Practitioners, Surgeons, Physiotherapists, Outpatient Nurses etc. • Primary Care – General Practices, Community Directors, Local Medical Committee (LMC) • CVUHB, Clinical Boards • CVUHB IT Department • Cardiff and Vale Public Health Team • Community Health Council (CHC) • Stop Smoking Wales (Public Health Wales) • Hospital in-house Smoking Cessation Service • Level 3 Pharmacy.

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

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation
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⁸ Welsh Government (2015). Statistical Bulletin: Welsh Health Survey 2014: Health-related lifestyle results. <http://gov.wales/docs/statistics/2015/150603-welsh-health-survey-2014-health-related-lifestyle-en.pdf> [Accessed 20th May 2016]

<p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>The policy has a positive impact on children and young people as the policy contributes to a smoke free environment thereby reducing their exposure to second hand smoke. The policy also means children are less likely to see adults smoking in public places influencing their social norms so they perceive smoking as less common and less acceptable. This helps to prevent initiation of smoking as children are less likely to take up smoking when older.</p> <p>In terms of supporting children and young people to give up smoking, the UHB's in-house smoking cessation service is able to provide 1-2-1 support to those under 16 years old. However, the in-house service can only prescribe to those 12+ years. Stop Smoking Wales are able to provide support to under 16s in a 1-2-1 context or by telephone. It would not be appropriate for under 16s to access a support group of mixed ages. ASH Wales are able to provide specific support tailored to young people.</p> <p>In terms of older people, older people can choose to access any of the in-house, SSW or Level 3 pharmacy services face to face. The SSW service is also accessible by telephone or online. Transport can be arranged to ensure older people are able to access the in-house service. Accessibility for older people with a disability is detailed under 'disability'.</p> <p>Overall, a positive impact was identified.</p>	<p>No recommendations.</p>
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning</p>	<p>Smoking cessation services are provided in easily accessible venues enabling access for those with physical impairments.</p>	<p>Visual impairment – There is a need to develop supporting resources for people with sensory</p>

<p>disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>SSW conduct an accessibility assessment of each of the venues they use.</p> <p>SSW cessation support can also be accessed via telephone and online.</p> <p>Those with learning disabilities would need to access 1-2-1 provision. Carers are invited to attend appointments.</p> <p>For those with hearing impairments, SSW are able to provide the hearing loop system and a BSL interpreter.</p> <p>For those with visual impairments, no specific adaptations are provided by any of the services.</p> <p>SSW does not offer 1:1 support for community based mental health patients. A programme of work has been initiated to improve the provision of services for mental health patients in the community.</p> <p>Services targeting mental health in-patients are improving. Smoking cessation champions have been identified in every ward.</p> <p>With regard to access for those with a learning disability, there may be a gap in provision. SSW may not offer a service. Any support would need to be 1-2-1.</p> <p>Overall, a negative impact was identified for those with visual impairments, mental health patients in the community and those with a learning disability.</p>	<p>impairments e.g. audio books.</p> <p>Learning disability – a gap has been identified and further consideration of mitigation is required.</p> <p>Mental health – a programme of work has already been initiated.</p>
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<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>There is currently no service data available to assess whether males and females are accessing smoking cessation services in a way which is proportional to the prevalence of smokers who are male or female smokers in the local population.</p> <p>No positive or negative impact was identified.</p>	<p>Review the data collected and recorded on the UHB systems with a view to better understanding access to services by gender and to determine if any mitigation is required.</p>
<p>6.4 People who are married or who have a civil partner.</p>	<p>Data on access to services by marriage and civil partnership is not collected.</p> <p>Therefore, no positive or negative impact was identified.</p>	<p>Review the data collected and recorded on the UHB systems with a view to better understanding access to services by marriage and civil partnership and to determine if mitigation is required.</p>
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>A question about pregnancy is asked in the assessment telephone call at the start of the SSW 6 week programme to enable tailored support. A SSW service is provided specifically targeting pregnant women.</p>	<p>No recommendations.</p>
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>SSW and in-house services can be provided in other languages through the use of an interpretation service and language line.</p> <p>SSW have employed a member of staff who is able to conduct groups in Hindu, Urdu and Bengali.</p> <p>There are no written materials promoting the SSW or the in-house service available in languages other than</p>	<p>SSW and in-house smoking cessation written materials could be developed in different languages.</p>

	<p>English and Welsh.</p> <p>Overall, no negative impact was identified.</p>	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Stigma may be experienced by individuals whose religion discourages smoking. Access to in-house and SSW services is confidential and can be done on a 1-2-1 basis to reduce stigma. SSW offer telephone and online support also which may help reduce stigma.</p> <p>No culturally specific adaptations to the smoking cessation advice are necessary as a result of differences in an individual's religion and belief.</p> <p>No positive or negative impact was identified.</p>	<p>No recommendations.</p>
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual). 	<p>No positive or negative impact was identified.</p>	<p>No recommendations.</p>
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p>	<p>Patient information for SSW is available in both Welsh and English.</p> <p>SSW can provide consultations in Welsh.</p> <p>The in-house service does not provide any patient information currently. Consultations can be provided in Welsh via language line.</p> <p>A negative impact was identified in terms of the in-house service.</p>	<p>The in-house service could develop resources including a Welsh version.</p>

<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>All smoking cessation services are free to access and prescriptions for Nicotine Replacement Therapy are free.</p>	<p>No recommendations.</p>
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>The smoking cessation services (SSW, Level 3 pharmacy, Weight Management Service) are aligned with areas of deprivation where there is a higher smoking prevalence. Therefore there are more services in these areas of deprivation. For example, all 15 Level 3 pharmacies are situated in Communities First areas i.e. the areas of highest deprivation.</p> <p>Overall, a positive impact was identified.</p>	<p>No recommendations.</p>
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>Nothing identified.</p>	

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

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities; the availability of health and social care services, transport, housing, education, cultural and leisure services; the ability to access and navigate these services; the quality of services provided and received; access to education and training and information technology</p>	<p>The policy promotes access to smoking cessation services in the community at venues across Cardiff and Vale.</p> <p>If choosing to access SSW, there is the flexibility for individuals to choose to access a group that is convenient for them, for example, they could access a group near to work or home.</p> <p>The in-house smoking cessation service offers ambulances for those patients who are unable to access the in-house service.</p> <p>Smoking cessation services are available face to face, online, via app and Nudjed.</p> <p>Individuals can self-refer to smoking cessation services.</p> <p>The quality of services is monitored and reported on regularly i.e. by the number of individuals accessing each service and the number of smokers quitting at 4 weeks.</p> <p>Building knowledge, skills and confidence to help</p>	<p>Smoking cessation No recommendations.</p>

	<p>individuals change their behaviour is a key component of the support provided by the smoking cessation services.</p> <p>Overall, a positive impact on access to services.</p>	
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider decisions that support healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs; access to services that support disease prevention, including immunisation and vaccination, falls prevention</p>	<p>The purpose of this policy and the smoking cessation services promoted within it are to empower individuals to make decisions that support healthy lifestyles.</p> <p>Overall, a positive impact on access to lifestyles.</p>	No recommendations.
<p>7.3 People in terms of their income and employment status: Consider the availability and accessibility of work, paid/ unpaid employment, wage levels, job security; cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco; working conditions</p>	<p>The policy may help support individuals to reduce their level of absenteeism, as the evidence suggests smokers have a higher level of absenteeism compared to non-smokers and this may have an impact on their employment, income and job security. Therefore, quitting smoking is likely to have a positive impact on an individual's income, employment and work.</p> <p>Overall, a positive impact.</p>	No recommendations.
<p>7.4 People in terms of their use of the physical environment: Consider the availability and accessibility of transport, healthy food, leisure activities, green spaces; the Impact of the design of the built environment on the physical and</p>	<p>The policy aims to produce smoke free UHB hospital sites enabling universal access to an environment which is free from second hand smoke. This improves the air quality and reduces the exposure of all individuals using the site to harmful pollutants. It can also contribute to improved open spaces for use by all.</p>	No recommendations.

<p>mental health of patients, staff and visitors; air quality and housing/living conditions, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>The design of the UHB environment has been considered in that smoking shelters have been removed to discourage smoking and signage has been erected ubiquitously.</p> <p>A key element of the policy is to support individuals to give up smoking. Individuals who stop smoking will experience an improvement in the quality of the air in their living environment. There may also be a reduction in passive smoking by other individuals living in that environment and therefore their exposure to pollutants will be reduced also.</p> <p>Overall, the policy has a positive impact.</p>	
<p>7.5 People in terms of social and community influences on their health: Consider family organisation and roles; social support and social networks; neighborliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p>The smoking cessation services empower individuals to manage the social and community influences on their health.</p> <p>The SSW group sessions may help to build social networks and social support through shared behaviour change of the individuals attending the groups.</p> <p>Overall, a positive impact.</p>	<p>No recommendations.</p>
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>The policy contributes to Welsh Government's Tier 1 target for Tobacco Control which includes the target of 40% of smokers setting a firm quit date and 5% of those quitting at 4 weeks.</p>	<p>No recommendations.</p>

8. Please answer questions 8.1 to 8.4 following the completion of the Integrated Screening Tool and complete the action plan

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

	Action	Lead	Timescale
<p>8.2 What are the key actions identified as a result of using the Integrated Screening Tool?</p>	<p>Smoking Cessation actions There is a need to develop supporting resources for people with visual impairments e.g. audio books.</p> <p>Consider any barriers and necessary mitigation for individuals with a learning disability accessing smoking cessation services.</p> <p>Review the service data collected and recorded on the UHB systems with a view to better understanding access to services by the protected characteristics to determine if any mitigation is required.</p> <p>Explore the option to develop SSW and in-house smoking cessation written materials in different languages.</p>	<p>Trina Nealon</p> <p>Trina Nealon</p> <p>Sian Griffiths</p> <p>Trina Nealon</p>	<p>May 2017</p> <p>May 2017</p> <p>May 2017</p> <p>May 2017</p>

	Action	Lead	Timescale
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: Is the impact significant enough that a full consultation will be required? Is the impact important enough that you need to do a full consultation?</p>	Not required.		
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <p>1. Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <ul style="list-style-type: none"> - continues unchanged as there are no significant negative impacts; -adjusts to account for the negative impacts; -continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so); or -stops. <p>2. Get your strategy, policy, plan,</p>	<p>The policy will continue to the Q&S Committee on 29th June 2016 to seek approval in its current format as no significant negative impacts were identified. Action will be implemented to address the negative impacts identified above.</p> <p>The impact assessment will be published on the intranet and internet of the UHB.</p>		

	Action	Lead	Timescale
procedure and/or service proposal approved 3. Publish your report of this impact assessment 4. Monitor and review			

Annex C - Breakdown of organisational Welsh Language Skills / Dadansoddiad o sgiliau iaith Gymraeg yn y sefydliad

	Amount/Nifer	%
Nifer a % o cyflogeion y sefydliad sydd wedi cael ei sgiliau iaith eu asesu / Number and percentage of the organisation's employees whose Welsh language skills have been assessed:	10,016	69%

Dadansoddiad o sgiliau iaith Gymraeg yn y sefydliad / Breakdown of Welsh skills level across the organisation:

	Amount/Nifer	%
Dim Sgiliau/No Skills	3169	32%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	5259	52%
sgwrsio sylfaenol iawn / very basic conversational	997	10%
Gallu sgwrsio yn dda / good conversational	369	4%
Uwch/hyfedredd higher/proficiency	195	2%

Nifer a % o chyflogeion yn gweithio yn gwasanaethau ar gyfer grwpiau blaenoriaeth, lle mae eu sgiliau Cymraeg wedi cael ei hasesu/Number and percentage of employees working in the following priority group services, whose Welsh Language skills have been assessed:

	Amount/Nifer	%
Pediatrig/Paediatrics	136	58%
Nyrsio Ysgol/School nursing	25	78%
Ymwelydd Iechyd/health visiting	120	72%
Meddygaeth henoed/elderly care medicine	44	100%
Iechyd Meddwl Plentyn ac Ardeggau/Mental health - Child and Adolescent	100	97%
Iechyd Meddwl Oedolion /Mental health - adult	286	55%
Iechyd Meddwl Cymunedol / Mental Health - Community	102	70%
Iechyd Meddwl Pobl Hyn / Mental Health - older people	77	84%
Anabledau Dysgu / Learning Disabilities	0	0%
Therapi Iaith a Llefaru / Speech and Language therapy	93	82%

Annex C - Breakdown of organisational Welsh Language Skills / Dadansoddiad o sgiliau iaith Gymraeg yn y sefydliad

	Amount/Nifer	%
Pediatrig/Paediatrics	136	
Dim Sgiliau/No Skills	17	13%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	79	58%
sgwrsio sylfaenol iawn / very basic conversational	19	14%
Gallu sgwrsio yn dda / good conversational	14	10%
Uwch/hyfedredd higher/proficiency	7	5%
Nyrsio Ysgol/School nursing	25	
Dim Sgiliau/No Skills	9	36%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	15	60%
sgwrsio sylfaenol iawn / very basic conversational	1	4%
Gallu sgwrsio yn dda / good conversational	0	0%
Uwch/hyfedredd higher/proficiency	0	0%
Ymwelydd lechyd/health visiting	120	
Dim Sgiliau/No Skills	16	13%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	73	61%
sgwrsio sylfaenol iawn / very basic conversational	22	18%
Gallu sgwrsio yn dda / good conversational	5	4%
Uwch/hyfedredd higher/proficiency	4	3%
Meddygaeth henoed/elderly care medicine	44	
Dim Sgiliau/No Skills	7	16%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	23	52%
sgwrsio sylfaenol iawn / very basic conversational	9	20%
Gallu sgwrsio yn dda / good conversational	4	9%
Uwch/hyfedredd higher/proficiency	1	2%

Annex C - Breakdown of organisational Welsh Language Skills / Dadansoddiad o sgiliau iaith Gymraeg yn y sefydliad

Iechyd Meddwl Plentyn ac Ardegau/Mental health - Child and Adolescent	100	
Dim Sgiliau/No Skills	30	30%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	53	53%
very basic conversational	12	12%
good conversational	3	3%
higher/proficiency	2	2%
Iechyd Meddwl Oedolion /Mental health - adult	286	
Dim Sgiliau/No Skills	85	30%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	149	52%
sgwrsio sylfaenol iawn / very basic conversational	39	14%
Gallu sgwrsio yn dda / good conversational	7	2%
Uwch/hyfedredd higher/proficiency	6	2%
Iechyd Meddwl Cymunedol / Mental Health - Community	102	
Dim Sgiliau/No Skills	32	31%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	46	45%
sgwrsio sylfaenol iawn / very basic conversational	19	19%
Gallu sgwrsio yn dda / good conversational	2	2%
Uwch/hyfedredd higher/proficiency	3	3%
Iechyd Meddwl Pobl Hyn / Mental Health - older people	77	
Dim Sgiliau/No Skills	29	38%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	40	52%
sgwrsio sylfaenol iawn / very basic conversational	6	8%
Gallu sgwrsio yn dda / good conversational	2	3%
Uwch/hyfedredd higher/proficiency	0	0%
Anabledau Dysgu / Learning Disabilities	0	0%
Therapi Iaith a Llefaru / Speech and Language therapy	93	
Dim Sgiliau/No Skills	37	40%
Methu siarad Cymraeg neu ychydig / Cannot speak Welsh or little amount	36	39%
sgwrsio sylfaenol iawn / very basic conversational	8	9%

Annex C - Breakdown of organisational Welsh Language Skills / Dadansoddiad o sgiliau iaith Gymraeg yn y sefydliad

Gallu sgwrsio yn dda / good conversational	7	8%
Uwch/hyfedredd higher/proficiency	5	5%