

Bundle Strategy and Delivery Committee 5 March 2019

Agenda attachments

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 - 1.2 Apologies for Absence
Charles Janczewski
 - 1.3 Declarations of Interest
Charles Janczewski
 - 1.4 Minutes of the Meeting held on 8 January 2019
Charles Janczewski
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 - 1.5 Action Log - 8 January 2019
Charles Janczewski
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 - 1.6 Chairs Action taken since last meeting
Charles Janczewski
- 2 ITEMS FOR REVIEW AND ASSURANCE
 - 2.1 Scrutiny of the Capital Plan
Verbal - Abigail Harris
 - 2.2 Update on the Workforce Delivery Plan (with Dashboard to include Key Performance Indicators)
Presentation - Julie Cassley
2.2 - March 2019 - SD Cttee Presentation (JC for Martin).pptx
 - 2.3 Staff Survey Results
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 - 2.4 Shaping Our Future Wellbeing Strategic Objectives: "Offer of Services that our Citizens are Entitled to Expect"
Verbal - Abigail Harris
 - 2.5 Learning Alliance
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 - 2.6 Equality Agenda
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 - 2.7 Welsh Language Standards
Keithley Wilkinson
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 - 2.8 Key Organisational Performance Indicators
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 - 2.9 Committee Self-Assessment
Nicola Foreman
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 - 2.10 Board Assurance Framework: Risks Relevant to Committees' Terms of Reference
Nicola Foreman
2.10 - BAF - covering report.docx

2.10.1 - BOARD ASSURANCE FRAMEWORK.docx

3 ITEMS FOR APPROVAL / RATIFICATION

3.1 Performance Mapping

Presentation - Sharon Hopkins

3.2 Committee Workplan

Nicola Foreman

3.2 - S&D Work plan 2019.20 - covering report.docx

3.2.1 - Copy of Draft SD Workplan v5.xlsx

3.3 Review of Terms of Reference

Nicola Foreman

3.3 - Strategy and Delivery Committee Terms of Reference - covering report.docx

3.3.1 - Strategy and Delivery Committee TOR.pdf

3.4 Committee Annual Report

Nicola Foreman

3.4 - S&D Annual Report - covering report.docx

3.4.1 - Strategy and Delivery Committee Annual Report.docx

3.5 Employment Policies

Julie Cassley

3.5 - Jan 19 - employment policy report.docx

3.5.1 Proposed Rationalisation Employment Policies

3.5.1 - App 1 Proposed rationalisation employment policies.docx

3.5.2 Revised Organisational Change Policy and Schedule of Changes

3.5.2 - App 2 revised OCP.docx

3.5.2 - App 3 OCP schedule of changes.docx

3.5.3 Maternity Policy

3.5.3 - App 4 - Maternity Policy.docx

3.5.4 Menopause Policy and EQIA

3.5.4 - App 5 - Menopause Policy.pdf

3.5.4 - App 6 Menopause Policy EQIA.docx

3.6 Dr David Thomas Dialysis Unit

Verbal - Nicola Foreman

4 ITEMS FOR NOTING AND INFORMATION

4.1 Transformation Bid Update

Sharon Hopkins

4.1 - Strategy and Delivery Group Meeting transfund update.docx

4.2 Strategic Service Planning Flash Report

Abigail Harris

4.2 - Strategic Service Planning update January 2019 final.docx

4.3 Major Capital Business Case GANTT Chart

Abigail Harris

4.3 - Updated Gantt Chart 6 February 2019.xlsx

5 ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE

Charles Janczewski

6 REVIEW OF THE MEETING

Charles Janczewski

7 DATE AND TIME OF NEXT MEETING

*Tuesday, 30 April 2019 at 9.00am
Corporate Meeting Room, UHW*

AGENDA

STRATEGY AND DELIVERY COMMITTEE

Tuesday, 5 March 2019
Corporate Meeting Room, HQ, University Hospital of Wales

Mins	1	Preliminaries – 10 minutes	
	1.1	Welcome & Introductions	Charles Janczewski
	1.2	Apologies for Absence	Charles Janczewski
	1.3	Declarations of Interest	Charles Janczewski
	1.4	Minutes of the Committee Meeting held on 8 January 2019	Charles Janczewski
	1.5	Action Log – 8 January 2019	Charles Janczewski
	1.6	Chairs Action taken since last meeting	Charles Janczewski
	2	Items for Review and Assurance	
10	2.1	Scrutiny of the Capital Plan	Verbal Abigail Harris
10	2.2	Update on the Workforce Delivery Plan (Dashboard to include Key Performance Indicators)	Presentation Julie Cassley
10	2.3	Staff Survey Results	Julie Cassley
10	2.4	Shaping Our Future Wellbeing Strategic Objectives: “Offer of Services that our Citizens are Entitled to Expect”	Verbal Abigail Harris
10	2.5	Learning Alliance	Sharon Hopkins
10	2.6	Equality Agenda	Keithley Wilkinson
	2.7	Welsh Language Standards	Keithley Wilkinson
10	2.8	Key Organisational Performance Indicators	Steve Curry
10	2.9	Committee Self-Assessment	Nicola Foreman
5	2.10	Board Assurance Framework: Risks relevant to Committees’ Terms of Reference	Nicola Foreman
	3	Items for Approval/Ratification	
10	3.1	Performance Mapping	Presentation Sharon Hopkins
5	3.2	Committee Workplan	Nicola Foreman
5	3.3	Review of Terms of Reference	Nicola Foreman
10	3.4	Committee Annual Report	Nicola Foreman
5	3.5	Employment Policies: 1. Proposed Rationalisation Employment Policies	Julie Cassley

		2. Revised Organisational Change Policy 3. Maternity Policy 4. Menopause Policy	
10	3.6	Dr David Thomas Dialysis Unit	Verbal Nicola Foreman
	4	Items for Noting and Information	
	4.1	Transformation Bid Update	Sharon Hopkins
	4.2	Strategic Service Planning Update	Abigail Harris
	4.3	Major Capital Business Case GANTT Chart	Abigail Harris
	5	Items to bring to the attention of the Board/Committee	Charles Janczewski
	6	Review of the Meeting	Charles Janczewski
	7	Date and time of next Meeting	
		Tuesday, 30 April 2019 at 9.00am Corporate Meeting Room, UHW	

MINUTES OF STRATEGY AND DELIVERY COMMITTEE
On 8 JANUARY 2019
MEETING ROOM, HEADQUARTERS

Present:

Charles Janczewski	CJ	Vice Chair
John Antoniazzi	JA	Independent Member - Estates
Gary Baxter	GB	Independent Member - University
Sara Moseley	SM	Independent Member - Third Sector
Dawn Ward	DW	Independent Member - Trade Union

In Attendance:

Maria Battle	MB	Chair
Steve Curry	SC	Chief Operating Officer
Martin Driscoll	MD	Director of Workforce and OD
Abigail Harris	A\H	Director of Planning
Michael Imperato	MI	Independent Member – Legal
Dr Fiona Jenkins	FJ	Director of Therapies and Health Sciences
Dr Fiona Kinghorn	FK	Consultant in Public Health
Chris Lewis	CL	Deputy Finance Director
Len Richards	LR	Chief Executive
John Union	JU	Independent Member – Finance
Ruth Walker	RW	Executive Nurse Director

Secretariat:

Sheila Elliot

Apologies:

Eileen Brandreth	EB	Independent Member – ICT
Nicole Foreman	NF	Director of Corporate Governance
Akmal Hanuk	AH	Independent Member - Community
Sharon Hopkins	SH	Director of Public Health

SD: 19/01/001	WELCOME AND INTRODUCTIONS The Chair welcomed everyone to the meeting and thanked the Independent Members not on the Committee for attending. The Chair explained that the meeting was focussing solely on the draft Integrated Medium Term Plan.	ACTION
SD: 19/01/002	APOLOGIES FOR ABSENCE Apologies for absence were noted.	
SD: 19/01/003	DECLARATIONS OF INTEREST Charles Janczewski declared an interest in WHSSC as Chair of their Quality and Patient Safety Committee.	

SD: 19/01/004	MINUTES OF THE COMMITTEE MEETING HELD ON 1 NOVEMBER 2018 Resolved – that: (a) The Committee RECEIVED the Minutes from the November meeting	
SD: 19/01/005	ACTION LOG FOLLOWING THE LAST MEETING The Committee RECEIVED the Action Log from the November meeting	
SD: 19/01/006	INTEGRATED MEDIUM TERM PLAN 2019-2022 The Committee RECEIVED the Integrated Medium Term Plan (IMTP) and it was discussed as follows: 2.1 The Plan <ul style="list-style-type: none"> • This document has been specifically prepared to be as succinct as possible with links to individual plans such as the Workforce Plan, Clinical Board Plans, Estate Plan, Area Plan and Quality Framework which can be accessed for more in-depth details. • A full set of Clinical Board Plans will be published alongside the IMTP • Welsh Government feedback is awaited. They have seen the Workforce Plan and Financial Schedules and we have had no negative feedback so far. The Mental Health and Primary Care plans have also been shared but it is acknowledged that this is still work in progress. • Steve Curry and Lee Davies are completing work on the detailed plans for maintaining and improving the key deliverables. • It was noted that a number of Executives were meeting with the Welsh Government on 9th January 2019 where they will be looking for assurance that the financial gap of £12million will be closed and that we can demonstrate the actions we are undertaking to achieve this. • IMTP looks very similar to the Annual Plan which the Welsh Government liked. The illustrations are valuable as they can often portray quickly the key messages. • It was agreed that the values would be added • It was noted that the Area Plan provides the link to housing plans. • Regarding work with Lightfoot and the local authority more work is required across the system on the dashboard, but the two local authorities are interested in securing a system-wide intelligence system. • Co-dependencies with the Community and Board is key and is working well providing a stable clinical board working as a team. • The RPB was maturing well. The change in the model was having a significant impact on outcomes for people. • Unfortunately two residential homes were closing which poses issues as there are very few places available to accommodate the residents of the homes. 	

2.2 Transformation Bid

- The market needs to be more diverse in relation to support in the community.
- Cardiff Council is exploring the possibility of going back into the residential care market. This may provide a good opportunity for the Organisation to specify what is required.
- The Government is focussing on Mental Health and Primary Care and one of the NHS priorities is Crisis Intervention and Children Services. The report will be strengthened to reflect this.
- IMTP is being taken to the Management Executive on 14th January and published on 16th January in the Board Papers
- It is hoped that with approval of the Plan this will launch us into a more constructive environment and gives the organisation a positive outlook, particularly as the financial position and performance is good. The Workforce and Financial plan do join up well.

2.3 Financial Plan

- The plan has been marginally tweaked since the December Board Development Session and has gone to the Finance Committee. It still shows financial balance over each year of the IMTP.
- There is a brought forward deficit of £36.3million
- Welsh Government budget is quite generous and will allow for investments and development
- CIP requirement was 4% in 2018, and will be 2.8% for 2019
- We have £12million to find to close the residual gap
- The plan requires a saving of 2% on delegated budgets and a further 1.8% on corporate and high value opportunities
- We will be able to put in a balanced plan and once through 2019/2020 we will be in a much better place financially
- We will enter onto the Risk Register of the Financial Committee that a No Deal Brexit may result in inflationary pressures.
- We are nearly half way through the ten year plan of 2015-2025 and probably are not quite on track and this will need to be checked out at the half-way point. However, items take a while to put into place, such items as population health, obesity, screening, quitting smoking etc. and should lead to a healthier generation to come, especially if viewed in a 25-year framework.
- Infrastructure funding is somewhat easier to forecast both in the short and longer term. There is no doubt that there will be a rapid change in healthcare over the next decade.
- We envisage being in a recurrent balanced position in 20/21 but will breach our statutory duty for the next two years.

2.4 Workforce Plan

Martin Driscoll presented the Workforce Plan

- The Plan was reviewed and discussed
- The Finance and Workforce areas have pulled together nicely with a balanced plan.

	<ul style="list-style-type: none"> • It is difficult to forecast the workforce and each Board has a different structure. • There is still work to do to further align service, finance and workforce planning • If a vacancy has been open for a long while we might consider that it doesn't need to be filled. However, this may not be the case and this decision could have a knock-on effect of additional locum cost, staff morale and quality of care provided • We have exhausted the pool of UK nurses and are looking worldwide • There is a pathway of talent coming through, with career planning, leavers, retirement etc. • The common conception is that it seems to take a long time to replace a vacancy and produces a high interim locum cost. We need to be more proactive • An in-house leadership programme is to be set up which is a cost-effective option for the employee Engagement Programme and is linked to taking forward recommendations following the staff survey • Considering that 25% of absence is down to mental health issues, depression and stress the Occupational Health Department with 1.6 counsellors is doing very well with very little resource. • Currently we are 180 nurses short • It is more difficult to plan for retirement now as there are more retirement options for people. This should be a question asked at an appraisal and the developing leadership programme will include this training. • A new Director of IT has been appointed who will have some new ideas which will be interesting. • Cardiff and Vale local authorities are both tying in their data with the next phase of Lightfoot. • Other Health Boards are beginning to hear about the success of the Canterbury link and are wanting to consult with us • An 'Academy of Scalability and Spread' is proposed and Dr Hopkins is leading in the project. • We need to continue to communicate the Clinical Services Plan and build on the strategy for the engagement of users. <p>Resolved – that:</p> <p>(a) The action update be noted</p>	
SD: 19/01/007	ANY OTHER URGENT BUSINESS	
	There was no other business to raise	
SD: 19/01/008	DATE OF THE NEXT MEETING OF THE BOARD	
	Tuesday 5 March 2019, 9.30am – 12.00pm Corporate Meeting Room, Headquarters	

ACTION LOG
FOLLOWING STRATEGY AND DELIVERY COMMITTEE MEETING
NOVEMBER 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions Completed					
SD: 18/073	Transformation Bid Update	The transformation dashboard should be regularly presented to the S&D Committee to note progress being made	6.11.18	Sharon Hopkins	Item on agenda for 5 March 2019
SD: 18/072	Staff Survey Results	An employee stakeholder group to be created to review the staff survey and choose 3 or 4 areas on which to focus their attention. Report to be presented back to the Committee	6.11.18	Martin Driscoll	Item on agenda for 5 March 2019
		A 'people's dashboard' to be developed and presented to the Committee to show absence rates, appraisals tribunals etc	6.11.18	Martin Driscoll	Item on agenda for 5 March 2019
SD: 18/070	Equality Agenda	A report to be presented to the Committee on the way forward for equality to enable assurance to be provided to the Board	6.11.18	Martin Driscoll	Item on agenda for 5 March 2019
SD: 18/068	Committee Workplan	Completed work plan to be presented to the next meeting of the S&D Committee	6.11.18	Nicola Foreman	Item on agenda for 5 March 2019
SD: 18/052	Performance Mapping	Report on Performance Mapping to be presented to the November S&D Committee meeting	11.09.18	Sharon Hopkins	Item on agenda for 5 March 2019. This agenda item was rescheduled from the January meeting.
SD: 18/049	Workforce Delivery	To review the variable pay metric and	11.9.18	Martin Driscoll	Item on agenda for 5 March 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
	Plan	determine if it was providing an instructive overview			
Actions In Progress					
SD: 18/074	Staff Nursing Act – Mental Health Clinical Board	A progress report to be provided to the next meeting of the S&D Committee by the Mental Health Clinical Board	6.11.18	Ruth Walker	This agenda item has been deferred to the April 2019 meeting
SD: 18/048	Estates Strategic Plan	To receive comments from the Committee on the Estates Strategic Plan	11.09.18	Abigail Harris	Update received at the November meeting that no further feedback had been obtained.
SD: 18/045	Shaping Our Future Wellbeing: Planned Performance and Delivery Framework	An update to be presented as to what Management Executives expect to be presented to the Strategy and Delivery Committee	11.09.18	Abigail Harris	Updates against the Shaping our Future Wellbeing objectives have been built into the Committee Work Programme
Actions referred to committees of the Board					
SD: 18/025	Study Leave Procedure	The study leave procedure for Medical Staff needed to be placed on the internal audit plan	5.6.18	Nicola Foreman	The Committee was advised at the November meeting that this item would be placed on the Internal Audit Plan for 2019/20 as the plan for 2018/19 was already agreed.

Strategy and Delivery Committee - 5 March 2019

Workforce Plan

Julie Cassley

Deputy Director of Workforce &
Organisational Development

Presentation Agenda

- Workforce Metrics Update
- Workforce Enablers
 - HR Operations, Mediation Service
 - Nurse Recruitment and Retention
 - Leadership, Talent Management and Succession
 - Apprenticeship Programme
 - Staff Survey
- Back up Slides

Workforce Metrics

Key Performance Indicator	2017-18 Outturn	YTD	Monthly Actual	2018-19 Target
1. Sickness Absence Rate (YTD from Apr-18)	5.07%	5.11%	5.86%	4.60%
2. Job Plan Compliance	50.80%	42.38%	42.38%	85.00%
3. Voluntary Resignation Turnover Rate (WTE)	6.34%	6.60%	6.60%	6.34%
4. Pay Bill Over/Underspend	-0.43%	-0.27%	-1.10%	Underspend
5. Variable Pay Rate	8.06%	8.32%	8.08%	Improve
6. Actual (Contracted) WTE	12,758.00	12,939.84	12,939.84	12,726.00
7. Fire Safety Mandatory Training Rate	65.32%	66.65%	66.65%	85.00%
8. PADR Rate	57.19%	56.36%	56.36%	85.00%

HR Operations Update

- **New Call management system** introduced in September to manage general HR queries in a more efficient way
 - Each month the team receive between 500-600 generic HR queries. These queries are assigned within 24hours to a HR Practitioner and answered within 3 days
- **Industrial Injury Procedure** reviewed in October as it was inefficient, the new procedure was implemented in November and there is a significant improvement. The backlog of claims has been cleared

Formal Employee Relations Cases



Formal Investigations	Months				
Clinical Board	0 - 3	4 - 6	7 - 12	Over 12	Total
C&W	2	1			3
CAPITAL ESTATES & FACILITIES		1			1
CD&T	1				1
MEDICINE	3	1	5		9
MENTAL HEALTH	11	3		1	15
PCIC		2			2
SPECIALIST	2	3	1		6
SURGERY	1				1
Execs	1				1
Total	21	11	6	1	39

Suspensions		
Clinical Board	Staff Group	Total
C&W	Unregistered Nursing	1
CAPITAL ESTATES & FACILITIES	Estates and Ancillary	1
MEDICINE	Unregistered Nursing	1
	Medical	1
MENTAL HEALTH	Nursing and Midwifery Registered	2
PCIC	Nursing and Midwifery Registered	1
SURGERY	Medical	1
Total		8

Clinical Board	Appeal Hearings	Total
Capital, Estates & Facilities	Industrial Injury Appeal	1
Mental Health	Disciplinary Dismissal	1
	Industrial Injury Appeal	2
Mental Health	Disciplinary Dismissal	1
	Final Written Warning	1
Total		6

Clinical Board	Stage 2 Grievance Hearings	Total
Dental		1
Mental Health	Unregistered Nursing	1
C&W	Nursing & Midwifery	1
Capital Est & Fac	Additional Clinical Services	1
PCIC	Administrative and Clerical	1
Medicine	Medical	1
Specialist Services	Administrative and Clerical	1
	Administrative and Clerical	1
Total		8

Mediation Service

A new Mediation Service (Consensus) was launched in February

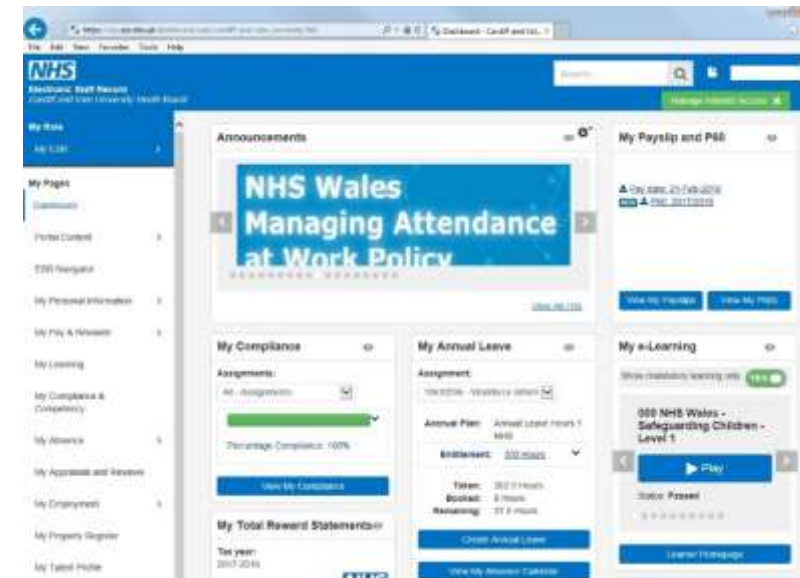


What is Mediation?

- Mediation is a process by which an impartial third party assists people in exploring and understanding their differences with an aim to resolving them
- Mediation is a confidential, non-judgemental process which encourages individuals to find their own solutions to a situation
- Mediation avoids the win-lose approach to resolving conflict and instead concentrates on the importance of communication, understanding and shared interest
- Mediation seeks to promote mutual trust, respect and positive behaviours in the workplace

Statutory and Mandatory Training Level 1, 2 and 3

- Since December Level 1 E-learning training (awareness) is now reduced for employees and is profession specific
- ESR highlights which training is required for individuals
- Benefits:
 - Avoids employees undertaking training not required for their role
 - Stops repetition and duplication of training hence increasing efficiency and productivity and ultimately impacting on patient care / experience
- Level 2 and 3 are now being reviewed to avoid further duplication for staff



Nurse Recruitment and Retention Programme

- 93% establishment at Bands 5 &6 @ end January
 - (84% Band 5; 105% Band 6) (predict to be at 92% band 5 in Feb 2020)
- Successful UHB wide Recruitment Campaign in January 2019 with 71 new starters joining us now through to May (*targeted social media campaign*)
- Student Streamlining
 - 61 Students join in February and March intake
 - 2nd cohort underway for July – Sept (circa 130)
- 53 Nurses will go through 4 Adaptation Cohorts profiled up to February 2020
- Aim to recruit 50 Nurses via International Recruitment
- Further events for MCB and UHB wide in pipeline
- Enhance New Starter Engagement and Support
- Streamline Internal Transfer Scheme
- 'Itchy Feet' Programme – Management Development Interventions and Career Clinics in Spring

Leadership, Talent Management & Succession Planning





Culture and Leadership

- Senior leaders programme commencing March 2019
- 1st cohort involve 40 participants
- Work is led by Cardiff and Vale and facilitated by Korn Ferry looking at leadership styles / climate
- An Engagement Work Plan Proposal written
- March – Sept 2019 looking at the mobilisation of staff and illustrating the case for change, the “Cardiff and Vale way” (modelled on Canterbury)

Talent Management & Succession Planning

- Engagement sessions with managers to shape the process started in January 2019
- Presentation of the findings in April 2019
- Training package to managers commence April 2019
- PADR documentation aligned to the talent management conversation Spring 2019

Current 9 Box Grid

Readiness to move	Professional talent	Developing talent, ready soon	Ready now
Performance and behaviours	Shows promise to continue to advance in their professional field or into a wider leadership role within 3–5 years if they have the capacity and ambition to do so, but equally valuable where they are.	Demonstrates the potential, ambition and motivation to develop at their current level and potentially progress in their career within 1–3 years into new and wider challenges.	Demonstrates the potential, ambition, motivation and experience to perform at the next level now or within the next 12 months into new and wider challenges.
Exceeds expectations Outstanding performance against objectives, achieves more than what is expected of them, and demonstrates role modelling of behaviours required beyond their role.	Professional in field <ul style="list-style-type: none"> High performance in own field. Role models behaviours of organisation/role. Consistent results and brings added value to tasks given. Possible reached 'expert' stage in their career. Shows upward potential, but less ambition, likely to move on in the medium future, outside of own specialism. Emergent wider skills. 	Key generalist (Pivotal and flexible) <ul style="list-style-type: none"> High performance with consistency of results across a variety of assignments and brings added value to tasks given. Acts wider than professional background. Role models behaviours of organisation/role. Low-moderate potential/ambition to move on, possibly happy to stay in current position. Secondary pool to fill critical positions; perhaps move one level; likely to shift to key of high professional roles over time. 	Role model (High potential to go further) <ul style="list-style-type: none"> A role model with the highest levels of performance, potential and ambition to move on. High performer, bringing added value to assignments with lots of potential and capacity for immediate advancement. Role models behaviours of organisation/role. Demonstrates mastery of current assignment. True organisation asset – role model. First call to fill critical positions.
Meets expectations Meets the expectations for performance against objectives and behaviours required at the level for their role.	Future professional in field <ul style="list-style-type: none"> Good reliable performance. Behaves professionally in line with role. Showing upward potential but less ambitious to move outside of field. 	Solid generalist (Solid/adaptable) <ul style="list-style-type: none"> Good rounded performance. Behaves professionally in line with role. Meets expectations. Works wider than professional background. Some potential to do more in long term if ambition and development allows. 	Future emergent potential (Capacity for key roles) <ul style="list-style-type: none"> Individual with high potential. Good rounded performance. Behaves professionally in line with role. Has the capacity to be a consistent talent, or with stretch move to higher levels.
Partially met expectations Below 'met expectations' against performance objectives and behaviours required at the level for their role.	Developing professional (Needs stretching) <ul style="list-style-type: none"> Current low demonstration of performance and behaviours required of role. Being supported to reach their potential. May be in the wrong role. 	Developing generalist (Needs stretching) <ul style="list-style-type: none"> Low performance but showing moderate potential over time outside of professional role. Being supported, needs pushing and stretching to reach full potential. May be bored, under-used or in the wrong role. 	Transition employee (New to role, needs support) <ul style="list-style-type: none"> New to post or assignment. Have yet to demonstrate results, or high potential in a new position / development assignment. Future performance will allow assessment of where they align to the grid longer term.

Apprenticeship Programme Launched



GIG
CYMRU
NHS
WALES

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

ACADEMI
prentisiaid apprenticeship
ACADEMY

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



The Cardiff
Commitment
Addewid Caerdydd

Cardiff and Vale University Health Board Pledge

The Cardiff Commitment Employer Pledge supports the vision that the public, private and third sectors will work in partnership, with schools and education providers, to connect children and young people to the vast range of opportunities available in the world of work.

Ultimately the goal of the Cardiff Commitment is to ensure that all young people in Cardiff eventually secure a job that enables them to reach their full potential, whilst contributing to the economic growth of the City.

Cardiff and Vale University Health Board as an employer pledges to:

- Work in partnership with schools to raise the awareness of career opportunities within the health system
- Promote a structured approach to provision of unpaid work experience opportunities
- Promote and advertise entry level apprenticeships through the Apprenticeship Academy
- Work collaboratively with children and young people to have a voice in future health service redesigns

Len Richards
Chief Executive
Prif Weithredwr

Martin Driscoll
Executive Director of Workforce & Organisational Development
Cyfarwyddwr Gweithredol y Gweithlu a Datblygu Sefydliadol

Addewid Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Mae Ymrwymiad Cyflogwyr Addewid Caerdydd yn cefnogi'r weledigaeth y bydd y sectorau cyhoeddus a phreifat a'r trydydd sector yn gweithio mewn partneriaeth ag ysgollon a darparwyr addysg i gysylltu plant a phobl ifanc ag amrywiaeth eang o gyfleoedd sydd ar gael yn y byd gwaith.

Yn y pen draw, nod Addewid Caerdydd yw sicrhau bod yr holl bobl ifanc yng Nghaerdydd yn cael swydd sy'n eu galluogi i gyflawni eu llawn botensial, a chyfrannu at dwf economaidd y ddinas ar yr un pryd.

Mae Bwrdd Iechyd Prifysgol Caerdydd a'r Fro fel cyflogwr yn addo:

- Gweithio mewn partneriaeth ag ysgollon i godi ymrwybyddiaeth am gyfleoedd gyrfaol yn y system lechyd
- Hyrwyddo dull strwythuredig o ran darparu cyfleoedd profiad gwaith di-dâl
- Hyrwyddo a hysbysebu prentisiaethau lefel mynediad trwy'r Academi Prentisiaid
- Cydwelthio â phlant a phobl ifanc er mwyn iddynt gael llais pan fo gwasanaethau lechyd yn cael eu hall-ddylunio ar gyfer y dyfodol

GOFALU AM BOBL, CADW POBL YN IACH
CARING FOR PEOPLE, KEEPING PEOPLE WELL

GOFALU AM BOBL, CADW POBL YN IACH
CARING FOR PEOPLE, KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

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

Back up Slides



Kind and caring
Candak dan peduli

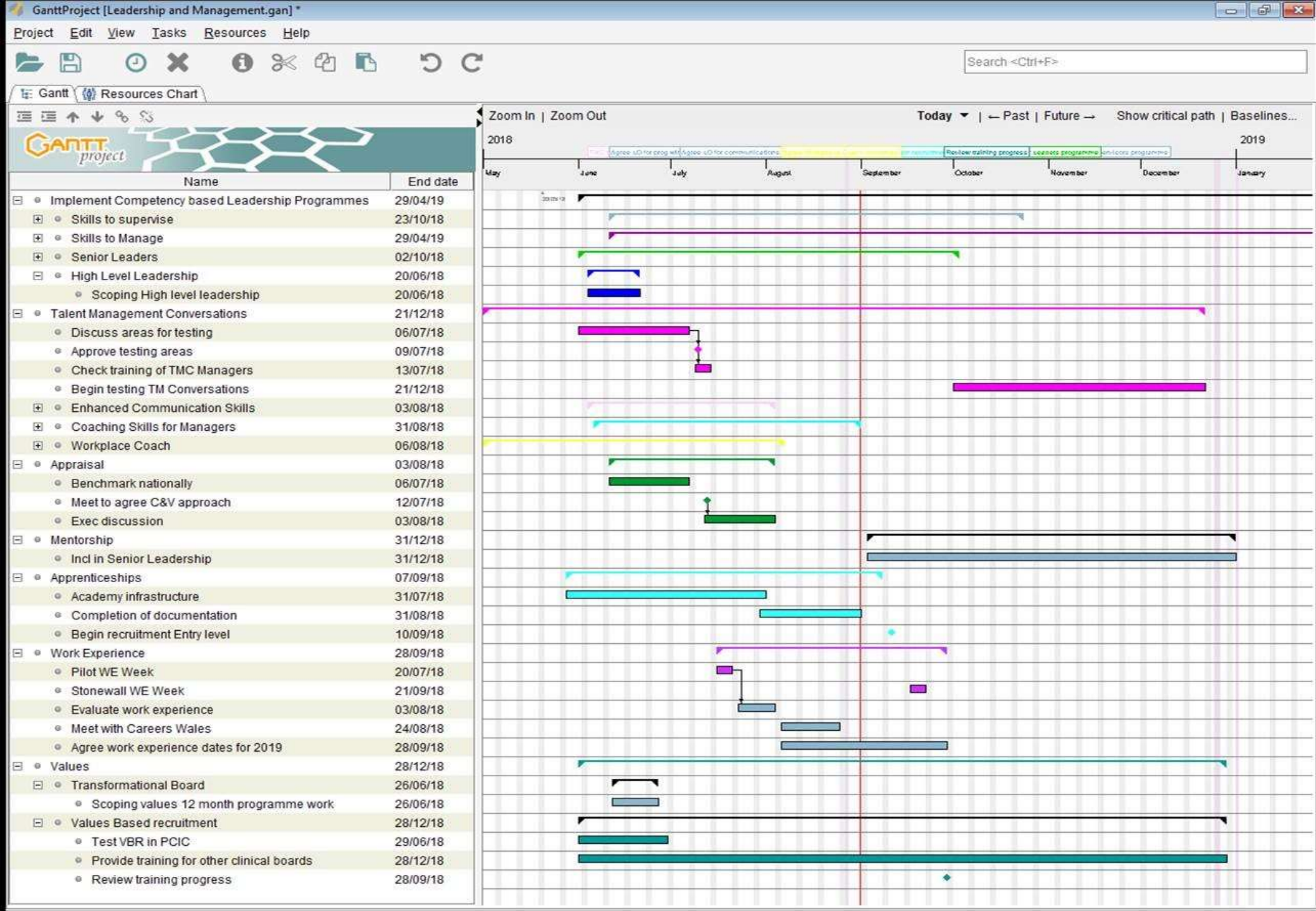
Respectful
Menghormati

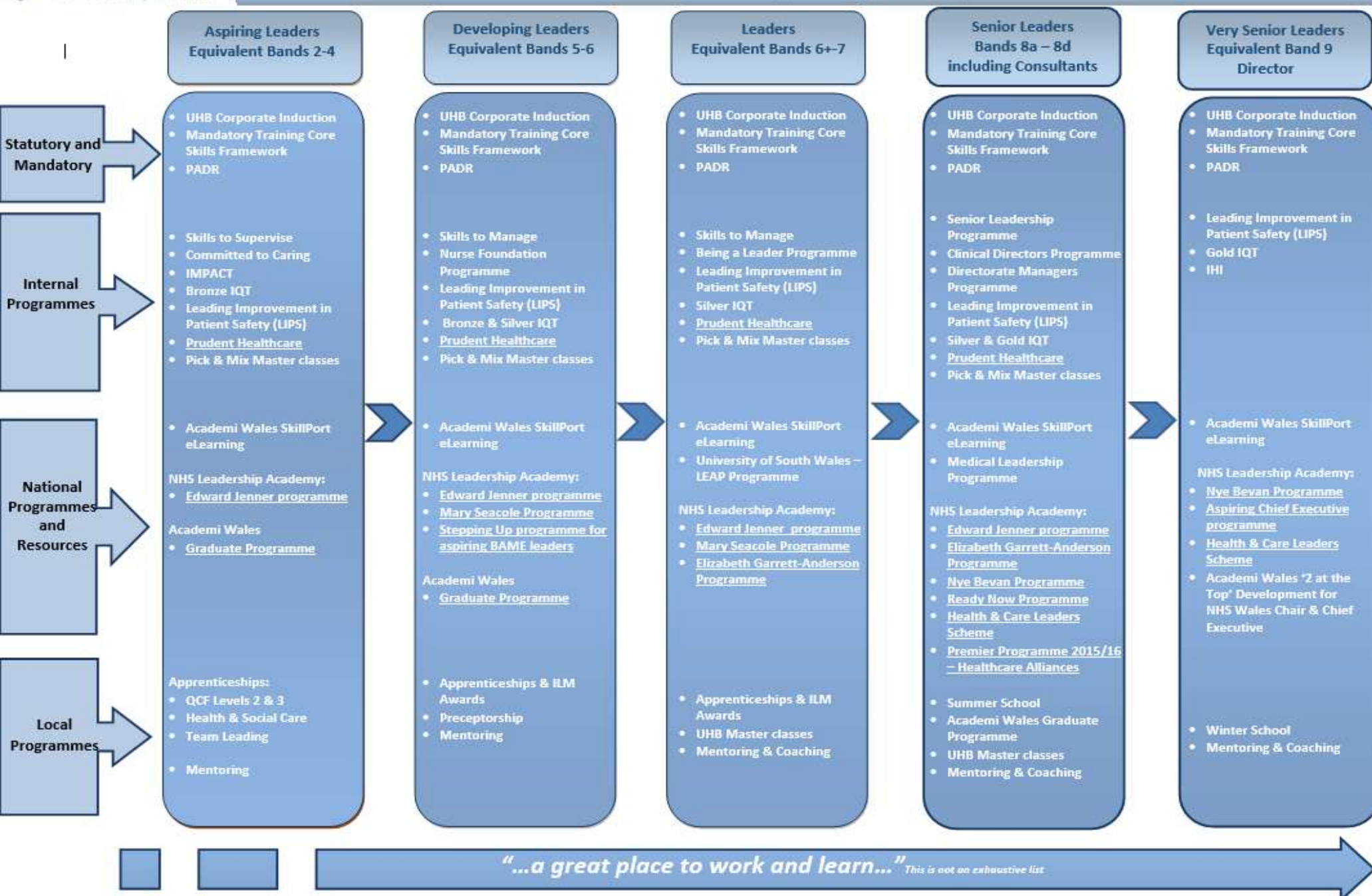
Trust and integrity
Kepercayaan dan kejujuran

Personal responsibility
Tanggung jawab pribadi



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





XXXXXXXXXXXX

Project Plan and Gantt Chart

[illegible]

REPORT TITLE:	Staff Survey Employee Stakeholder Group					
MEETING:	Strategy and Delivery Committee			MEETING DATE:	5 March 2019	
STATUS:	For Discussion		For Assurance	For Approval	For Information	x
LEAD EXECUTIVE:	Executive Director of Workforce and OD					
REPORT AUTHOR (TITLE):	Workforce Governance Manager / Assistant HR Officer Intern					
PURPOSE OF REPORT:						

SITUATION:

In November 2018 the Strategy and Delivery Committee received a report on the NHS Wales Staff Survey and its key findings. The Committee supported the creation of employee stakeholder group, chaired by the Executive Director of Workforce and Organisational Development, to consider the report and determine an action plan for Cardiff and Vale UHB.

This report summarises for the Committee the work undertaken by the Group to date and plans for the next steps.

REPORT:

BACKGROUND:

An All-Wales Staff Survey was undertaken in June 2018. The UHB results show positive improvements in most areas since the survey previous survey (conducted in 2016), and the Board is above the overall NHS Wales scores on many questions. However, there are some scores which have declined and some which are below the average for NHS Wales. Important areas which require attention include stress at work and harassment, bullying and abuse.

ASSESSMENT:

A wide range of communication tools were used to seek volunteers from across the UHB to be part of the working Group. Around 50 members of staff expressed an interest in being involved and were invited to attend a series of 3 workshops looking at:

- Expectations
- Key themes / issues
- Actions

The first two meetings have taken place and the main issues have been identified, and some suggestions of how we can address these have been put forward.

Key themes	Suggested improvements
Executive involvement	<ul style="list-style-type: none"> Improved visibility through: <ul style="list-style-type: none"> Attendance at Corporate Induction Departmental Visits 'A day in the life...' where Execs experience front line roles
Improved communication at every level	<ul style="list-style-type: none"> Email addresses for Band 5 nurses Computer rooms Protected time Encouraging appropriate use of social media
Work related stress / bullying	<ul style="list-style-type: none"> Gain a greater understanding of the causes of work related stress (by influencing future surveys) Empower managers Promote Freedom to Speak Up / Raising Concerns Review Employee Wellbeing Service resources
Improving the Survey	<ul style="list-style-type: none"> Accessibility Shorten the length Provide anonymity Incentivise

An action plan is currently being developed which sets out specific tasks for completion, the desired outcome and how it will be measured. The last of this series of workshops will take place on 20 March and will focus on the implementation and monitoring of this plan.

It has recently been suggested on an All-Wales basis that the Staff Survey should be an annual initiative. This would enable us to monitor improvements and ongoing issues on a more regular and timely basis.

RECOMMENDATION:

The Strategy and Delivery Committee is asked to **NOTE** the contents of this report and that a full update, with a copy of the action plan and monitoring arrangements, will be provided to a future meeting and to the Local Partnership Forum.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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	

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	Integration	Collaboration	Involvement	x
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

Not Applicable



Report Title:	Learning Alliance					
Meeting:	Strategy and Delivery				Meeting Date:	05.03.19
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	Dr Sharon Hopkins					
Report Author (Title):	Stephen Parnell, Assistant Director of Organisational Systems Change					

SITUATION

The report informs the committee on progress being made within the Learning Alliance with Canterbury New Zealand. It highlights the learning conversations, the purpose of the study tour in March and uses the work on, accessible information, Healthpathways and the Alliancing approach as direct learning being applied within the health board.

BACKGROUND

A Learning Alliance agreement has been set up with Canterbury New Zealand and Grampian Health Scotland, with a view to enabling good practice to be shared, adapted and adopted for all partners. For us, this relates directly to the facilitation of delivery of SOFW. This work is linked into our transformation programme as one of the enabling activities.

ASSESSMENT

The initial focus, for our learning alliance, is on developing relationship with colleagues in Canterbury. Good progress is being made with some key contacts, lines of enquiry, learning and focused discussion. These are concentrated on leadership and culture, alliancing (using falls as the test ground), accessible information working with Lightfoot with their signals from noise product and in implementing Health-pathways as a tool to agree clinical pathways focused on general practitioners working with secondary care clinicians to support care in the community, referral management and decrease variation. These are all the areas that are currently in active development with adaptation learning from Canterbury. Some are already in the early implementation phase (eg Health-pathways).

Canterbury Study Tour – March 2019

On 2nd March, nine of our staff will be departing for a short study and learning tour with Canterbury Health Service NZ. They span primary and secondary care, clinical board operational management, informatics and transformation. Objectives have been agreed with the team and many have had early conversations with counterparts in Canterbury to maximize the learning opportunity. Some have built on the contacts and discussions in October, when some colleagues from Canterbury were over with us. All know that we are using the learning help us pace up our development and delivery.

After an initial briefing, the team will divide and spend time studying a number of areas to ensure maximum use is made of the time in Canterbury. Some of the key themes for the CAV team to see and experience are:

- The 'warehouse' space, where alliancing groups get together to design and transform services.
- The Canterbury '8' (e.g. acceler8) improvement training.
- How Canterbury has improved the overall culture of the organisation.
- How clinicians make best use of the 'Signals from Noise' data system.
- The move of services from a centralised hospital into the community.

The team will meet every evening to review the day and report their findings back to each other. This will also enable the team to ensure that all the relevant questions have been answered in preparation for reporting to the wider staff body on their return.

Canterbury return visit

The Medical Director from Canterbury will be visiting us in March and has specifically asked to see and experience the work being done by Community Mental Health Teams, working in partnership with the other agencies and our users. She will use this opportunity to discover other learning opportunities. The culture and leadership team will also be visiting, both learning from us and supporting the work that the Director of WOD and Assistant Director of OD are leading on leadership, values and behaviours as part of our transformation journey.

Transformation - Alliancing Approach

The Health Board is one of only 23 out of 275 applicants to be awarded funding from the Health Foundation Innovation for Improvement Fund. In addition to the £63,000 requested to test the alliancing approach the Health Foundation has awarded an additional £10,000 to commission an independent evaluation of the approach. Funding has been granted from the Health Foundation to recruit a Band 7 to provide support and facilitation for the programme. This position is funded for 12 months, the recruitment has been completed, with the successful candidate starting shortly.

Use of alliancing methodology has been extended to develop an out-patient framework fit for 2025. The framework has been co-produced utilising stakeholder work conducted locally and nationally over the past two years and is going through an iterative testing and design phase. The framework includes the use of virtual environments, maximises the use of digital technology and reframes patient journeys and staff experience. It will be introduced, over the next three months, in either two (ENT and Gastroenterology) or three departments (Urology) to test and implement the changes; creating "model" departments to understand processes and showcase outcomes for patients and staff, before spread across the Health Board. A similar development process has now begun for palliative care.

As this develops discussions with counterparts in Canterbury continue to support our development.

RECOMMENDATION

The Strategy and Delivery Committee is asked to **NOTE** the contents of this 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	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		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	x	Collaboration	x	Involvement	
Equality and Health Impact Assessment Completed:		<p>Yes / No / Not Applicable</p> <p>If "yes" please provide copy of the assessment. This will be linked to the report when published.</p>							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

REPORT TITLE:	Equality Agenda - A Transformation from Equality to Inclusion								
MEETING:	Strategy & Delivery Committee						MEETING DATE:	5 March 2019	
STATUS:	For Discussion	x	For Assurance	x	For Approval	x	For Information	x	
LEAD EXECUTIVE:	Executive Director of Workforce and OD								
REPORT AUTHOR (TITLE):	Equality Manager / Assistant Director of OD								
PURPOSE OF REPORT:									

SITUATION:

It was agreed at the Strategy & Delivery Committee meeting on 6th November 2018 that a report should be presented to the Committee on the way forward for equality, to enable assurance to be provided to the Board. This report suggests undertaking a more inclusive approach and the Strategy and Delivery Committee is asked to review it and support its approval to the Board.

REPORT:

BACKGROUND:

The **Equality Act 2010** includes certain duties to actively promote equality of opportunity for some groups. This legal framework applies to the UHB as we are a public authority stated under the Act. The Act prohibits direct and indirect discrimination, harassment and victimisation of people with a number protected characteristics: Age; (Dis)ability; Trans; Marriage and civil partnership (but only in respect of eliminating unlawful discrimination); Pregnancy and maternity; Race – this includes ethnic or national origins, colour or nationality; Religion or belief/non-belief; Sex (Gender identity) and Sexual orientation. Under the Equality Act 2010, it is also illegal to discriminate against a carer because of their responsibilities as a carer, or because of the individual(s) they care for.

In terms of employment the UHB has three aims for equality of opportunity:

- To ensure that our workforce is representative of the community served at all levels and across all occupations
- To ensure equality in the application of employment policies and practices, and specifically equality of outcomes for different groups
- To promote good relations between all people who work for the trust, including volunteers and individuals employed by other organisations.

People who use our health and social care services, or who are the target of public health initiatives, incorporate a wide range of differences across the population. It is well established that some parts of the population experience greater ill health, disability and reduced life expectancy than others. Inequalities by age, ethnic group and gender, for example, can be demonstrated across a wide range of measures of health. In 2010, the Marmot Review

concluded that health inequalities are a result of social and economic inequalities across the population - 'put simply, the higher one's social position, the better one's health is likely to be' (Marmot 2010, page 10).

The Human Rights Act 1998

The Human Rights Act 1998 also places a positive duty to promote and protect rights of people. In addition, there is a responsibility to comply with the provisions of the Welsh Language (Wales) Measure 2011 and the Welsh Language (Health Sector) Regulations 2015, which has created specific standards relating to the use of Welsh language and resulting in rights being established that will ensure Welsh speakers can receive all services through the medium of Welsh.

ASSESSMENT:

Inclusion Project

It is unlikely that achieving greater diversity and inclusion will come through 'quick fix' solutions. Effective diversity and inclusion is often about transforming or changing the culture of an organisation and its ways of doing things.

We have a moment of serendipity. By this time next year we will need to have developed our new legally obliged four year Strategic Equality Plan 2020-2024 Fair Care (SEP) and its accompanying action plan. (We are currently in the last year of the current SEP). This new SEP 2020-2024 could be used to promote and advance equality of opportunity, diversity and inclusion throughout our organisation. It could drive transformation and be a step-change in the culture of our organisation, helping us to embed positive behaviours in all that we do, for the benefit of our staff and patients.

We are currently working in partnership with Cardiff and Vale College and Delsion Ltd who are the only people and development consultancy that provides specific solutions to develop, support and embed pan-inclusive working practices within organisations. It uses development and measurement models that are unique to Delsion and not available from any other service provider within this sector. This proof of concept project aims to look at the effective and measurable impact of an organisational development approach to inclusion at a management level.

The objective is to upskill and develop a group of managers around all aspects of inclusion. This allows managers to focus on inclusion as a whole and is a move away from the traditional approach of placing inclusion within 'silos' based around individual protected characteristics.

Through this, the project will facilitate the promotion of an inclusive culture and environment in the teams of the supported managers. We would aim to allow managers to identify barriers, understand biases and fully appreciate the benefits around inclusion, including within their own development. It would also aim to identify how managers can be empowered to be inclusive in their roles.

It also aims to review the scope and content of current management roles and identify new working practises that can enable an inclusive approach through the management function.

The project will include the development of a review and measurement framework that will allow the direct impact of inclusive practises to be measured against the organisations key indicators.

It is proposed that a group of 10 managers will be identified from 5 key areas of the organisation (clinical and non-clinical) to be participants over a 6 month period.

The activities will be based around:

- Specific development around inclusion within the management role
- Ongoing mentoring
- A review of role content and the identification of new working practises
- Continuous review
- A measurement framework to capture outputs

Within the development activities there will be 3 areas of focus:

- Leadership
- Resourcing
- People Management

There will of course be an evaluation of the project.

Stonewall and LGBT+ work

We recently fell out of the Stonewall Workplace Equality Index which is used as an effective way to measure our efforts to tackle discrimination and create an inclusive workplace for our lesbian, gay bisexual and trans employees. We recently held a benchmarking with Stonewall to review our learning and to look at how we can develop our future work. A task group has been established to implement an action plan which we have already agreed to share with the CEO of the UHB. Our transformational goal is not solely to return to the top 50 LGBT friendly organisations through the Stonewall Workplace Equality Index, but to enter the Inclusive Top 50 UK Employers list, which identifies who the true leaders of equality, diversity & inclusion are.

Learning Disability

We wish to increase their recruitment of people with learning disabilities and build on the evolutionary steps that we have made within the workplace. We will be looking to raise awareness, highlight good practice, break down the barriers that we as an employer may have and that potential employees may face, and create a culture that welcomes people with learning disabilities. For example, we are looking at developing easy read versions of our application forms and looking at our advertising and recruitment. With this in mind we have begun partnership working with Learning Disability Wales.

Welsh Language

Our UHB specific Welsh Language Standards have now been placed on the organisation. There are some quick wins within them as well as the need for further work on others. However, there are also Standards that will prove challenging. Our work around the Standards will be aligned within the SEP 2020-2024 as will our work surrounding the IMTP and adherence to the Well-being of Future Generations (Wales) Act 2015.

Innovative Drama

To underpin phase one of the new inclusive approach and as the UHB witnessed by the successful dementia raising awareness event good drama has the power to change hearts and minds. It can challenge perceptions, improve understanding and create recognition and empathy in a 'safe', positive learning environment. We are looking to create with the AFTA Thought Theatre Company, a drama-based training showcase that will introduce the inclusion agenda. It

will be a unique and innovative session with training scenarios that are realistic, recognisable and measurable. The intent behind this would be to help the UHB enable positive change in the workplace

To deliver the transformation highlighted throughout this paper, we need to put equality, diversity and inclusion at the heart of the organisation and consider it in everything we do. The start we have made sets out a clear picture of our long-term commitment to achieving this ambition and how it will enable us to meet the needs of the communities and our workforce. Each year, we will assess the progress we have made on delivering our objectives and will report this through the Strategy and Delivery Committee. Developing the SEP 2020-2024 will be the first step

ASSURANCE is provided by:

Discussions Discussions within the Workforce & Organisational Development team, the Sensory Loss Standards Working Group and Champions, the Rainbow LGBT+ Fflag Network, the Equality Champions, the Welsh Language Standards Group and the newly forming 'Inclusive Ability Network'.

RECOMMENDATION:

The Strategy and Delivery Committee is asked to:

APPROVE the inclusion approach advocated within the report.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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		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	x
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	x	Long term	x
			Integration	x
			Collaboration	x
			Involvement	x
EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not applicable at this time			



Report Title:	Welsh Language Standards						
Meeting:	Strategy & Delivery Committee				Meeting Date:	5th March 2019	
Status:	For Discussion	✓	For Assurance		For Approval		For Information ✓
Lead Executive:	Executive Director of Workforce and Organisational Development						
Report Author (Title):	Welsh Language Officer / Assistant Director of OD						

SITUATION

By May 2019, Cardiff and Vale UHB will be required to comply with the new Welsh Language Standards as set down by the Welsh Language Commissioner. The organisation provided feedback on the proposed set of standards Cardiff and Vale UHB would expect to comply with. The response set out which standards that were realistically achievable, which were achievable but needed an extended deadline and which ones would be very challenging to achieve.

After considering the response, the Welsh Language Commissioners' office in late November 2018 presented the organisation with the final compliance notice (Annex 1). Cardiff and Vale UHB will be working with frontline and corporate areas to achieve compliance.

REPORT

BACKGROUND

The Welsh Language Standards have replaced the organisations' Welsh Language Scheme due to the Welsh Language Measure (2011). These new standards place a duty on the organisation to provide a certain level of Welsh language services for its patients and service users. Staff will also have certain internal services through the medium of Welsh, such as training and staff tribunals.

In July 2018, the Welsh Language Commissioner provided the UHB with a draft version of the Standards, setting out those that the organisation will have to comply with under a proposed deadline. A three month consultation took place where staff who would have the responsibility in ensuring compliance could feedback on the viability of the standards. Submitted on 10th October to the Welsh Language Commissioner, the response was a robust analysis supported by evidence on what kind of compliance could be achieved. Request were made for exemptions for some standards due to them being unreasonable and unrealistic.

ASSESSMENT

On the 30th November, the Welsh Language Commissioner responded with the final draft compliance notice. From that day on and over the next 6-24 months the organisation will be expected to prepare its compliance with these standards by their assigned deadlines.

In most cases, the standards can be reached or already have reached compliance. For example, Standard 36, expects that all forms should be available in Welsh. While this practice is not universal across the frontline services, it can be achieved within the stated timeframe of 6 months. Under Standard 67 there is an expectation that we provide staff who can speak Welsh with the 'iaith gwaith' lanyards or the 'iaith gwaith' on their uniform. This practice is already widespread across the organisation.

For some other standards, it granted revised deadlines and a change in circumstances to achieve full compliance. This is mainly due to the need for structural changes that would be necessary to achieve full compliance.

For example, Standard 57 is a requirement for the UHB to publish procurement contracts in Welsh if the subject of the contract has an impact on the Welsh language. Therefore to comply with this standard, there would be a need to establish a methodology in a tender process to assess whether the contract would need to be published bilingually. The organisation explained to the Welsh Language Commissioner the difficulties in establishing these structures, and as a response they extended the compliance deadline to 30 November 2019.

There are however still concerns, quite severe in many cases, on whether compliance to these standards can be achieved. For example Standard 107A expects that all published job descriptions must be available in Welsh and English. Approximately the organisation uploads 40-60 job descriptions a week onto the NHS recruitment websites, so that it will cause a significant financial (due translation cost) impact for the organisation.

ASSURANCE is provided by:

For many cases, compliance to some standards is already happening in many areas (*bilingual posters and patient information*). However, there will be areas that will be new to the experience of providing a bilingual service such as the communication team who will be expected to provide a bilingual information service on social media platforms. To aid compliance, the Assistant Director for Organisational Development and the Welsh Language Officer will be meeting with clinical boards and corporate areas to advise them and ensure they comply with the standards.

Additionally, the organisation has established a Welsh Language Standards Group. The aim of the Group is for representatives from clinical boards and corporate side to join together and share successes, challenges and good practice.

For the standards which cause concern, the Welsh Language Officer and the Assistant Director will meet and discuss further with the Welsh Language Commissioners' office to reiterate apprehensions about compliance and discuss a realistic way forward.

RECOMMENDATION

The Strategy & Delivery Committee is asked to:

- Note and discuss the content of this paper.

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	
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:		/ Not Applicable							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	KEY ORGANISTAIONAL PERFORMANCE INDICATORS						
Meeting:	Strategy & Delivery Committee				Meeting Date:	05/03/19	
Status:	For Discussion		For Assurance	✓	For Approval		For Information
Lead Executive:	Chief Operating Officer						
Report Author (Title):	Deputy Chief Operating Officer						

SITUATION

Timely and effective access to unplanned and planned care is integral to the delivery of the Health Board's strategy "Caring for people, keeping people well". The purpose of this paper is to provide a summary of 2018/19 year to date performance against key operational performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

REPORT

BACKGROUND

A full Performance Report is presented to the Board on the Health Board's performance against the Welsh Government's Outcome Framework and other priority measures, including actions being taken to improve performance. This report for the Strategy and Delivery Committee provides a high level summary of 2018-19 year to date performance against key operational performance targets and IMTP delivery profiles.

ASSESSMENT

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

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

ASSURANCE is provided by:

- The development of an IMTP delivery dashboard outlining performance against a range of key operational performance targets
- The Board receives a full Performance Report outlining the UHBs current level of performance against 67 performance measures and detail on actions being taken to improve performance in areas of concern.

RECOMMENDATION

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

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

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	
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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:		Not Applicable.							

Appendix 1a

Performance against key operational performance targets

Unscheduled Care: April 2018 to Dec 2018 / Jan 2019

2018/19		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unscheduled Care														
EU waits - 4 hours (95% target)	IMTP 18/19 profile	-	87.0%			87.0%			87.0%			87.0%		
	18/19 Actual - Monthly	80%	82.1%	83.4%	91.0%	92.5%	89.7%	90.3%	86.2%	85.7%	83.8%	84.0%		
	18/19 Actual - Qtly	-	85.6%			90.9%			85.3%					
EU waits - > 12 hours (0 target)	IMTP 18/19 profile	-	100			0			0			0		
	18/19 Actual - Monthly	207	116	26	16	18	7	17	94	55	39	137		
	18/19 Actual - Qtly	-	158			42			188					
Ambulance handover > 1 hour (number)	IMTP 18/19 profile	-	370			300			730			900		
	18/19 Actual	344	374	171	109	57	161	145	296	244	241	389		
Ambulance - 8 mins red call (65% target)	IMTP 18/19 profile		65.0%			65.0%			65.0%			65.0%		
	18/19 Actual	78.9%	83.1%	83.9%	85.7%	85.0%	81.1%	81.3%	82.0%	80.3%	80.4%	80.4%		
Delayed Transfers of Care	18/19 Actual	47	48	45	51	47	41	29	40	38	51	45		
Stroke														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 59.7%)	IMTP 18/19 profile	-	60.0%			65.0%			65.0%			70.0%		
	18/19 Actual	48.6%	53.2%	39.4%	44.1%	65.1%	63.0%	60.8%	51.9%	58.6%	64.6%			
2 - % of patients who receive a CT scan within 12 hours (Target = 94.5%)	IMTP 18/19 profile		97.0%			98.0%			99.0%			100.0%		
	18/19 Actual	97.4%	100.0%	97.1%	97.2%	100.0%	92.9%	98.1%	94.4%	100.0%	98.1%			
2a - % of patients who receive a CT scan within 1 hours (Target = 54.4%)	IMTP 18/19 profile		N/A			N/A			N/A			N/A		
	18/19 Actual								67.9%					
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84%)	IMTP 18/19 profile		80.0%			80.0%			80.0%			80.0%		
	18/19 Actual	78.9%	89.6%	83.8%	72.2%	84.1%	83.6%	92.3%	79.6%	81.4%	83.0%			
Time 2b - Thrombolysed patients door to needle <=45 mins (Target = reduction - 12 month trend)	IMTP 18/19 profile		25.0%			30.0%			35.0%			40.0%		
	18/19 Actual	14.3%	44.4%	10.0%	16.7%	33.3%	0.0%	14.3%	20.0%	12.5%	16.7%			

Appendix 1b

Performance against key operational performance targets

Planned Care: April 2018 to Dec 2018 / Jan 2019

2018/19		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Care														
RTT - 36 weeks (Target = 0)	IMTP 18/19 profile	-	725			600			475			350		
	18/19 Actual	783	2,266	2,569	686	890	1,366	944	984	954	948	984		
RTT - 26 weeks (Target = 95%)	IMTP 18/19 profile	-	87.5%			88.0%			88.5%			89.0%		
	18/19 Actual	86.5%	85.7%	85.7%	88.7%	89.3%	87.4%	86.7%	87.3%	87.0%	85.5%	86.3%		
Diagnostics > 8 weeks (Target = 0)	IMTP 18/19 profile (revised)	-	800			600			300			0		
	18/19 Actual	883	1,336	1,379	1,527	1,371	1,186	846	448	431	450	448		
31 day NUSC cancer (Target = 98%)	IMTP 18/19 profile	-	98.0%			98.0%			98.0%			98.0%		
	18/19 Actual	95.52%	98.6%	96.4%	96.4%	94.40%	88.60%	95.83%	98.75%	98.17%	93.90%			
62 day USC cancer (Target = 95%)	IMTP 18/19 profile	-	92.0%			92.0%			92.0%			93.0%		
62 day USC cancer (Target = 95%) - Monthly	18/19 Actual	87.00%	88.9%	75.0%	87.0%	81.80%	79.78%	83.52%	84.52%	81.00%	85.70%			
62 day USC cancer (Target = IMTP) - Quarterly cumulative	18/19 Actual	-	83.58%			81.72%			83.6%					
Mental Health measures														
Part 1a: % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (Target = 80%)	IMTP 18/19 profile	-	> 80%			> 80%			> 80%			> 80%		
	18/19 Actual	94%	87%	88%	86%	85%	83%	80%	89%	80%	69%	56%		
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	IMTP 18/19 profile	-	> 90%			> 90%			> 90%			> 90%		
	18/19 Actual	67%	78%	84%	82%	86%	74%	93%	93%	84%	92%	90%		
Part 2: % of UHB residents in receipt of secondary mental health services (all ages) who have a valid CTP (Target = 90%)	IMTP 18/19 profile	-	90%			90%			90%			90%		
	18/19 Actual	91%	85%	84%	85%	85%	86%	85%	89%					
Part 3: All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken	IMTP 18/19 profile	-	100%			100%			100%			100%		
	18/19 Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Part 4 - % of hospitals within a health board which have arrangements in place to ensure advocacy is available for all qualifying patients (Target = 100%) - 6 monthly assessment	IMTP 18/19 profile	-	100%						100%					
	18/19 Actual	100%	100%											

Report Title:	Self Assessment – Strategy and Delivery Committee						
Meeting:	Strategy and Delivery Committee				Meeting Date:	05.03.19	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to discuss the attached self-assessment and associated process to be undertaken by the Director of Corporate Governance.

REPORT

BACKGROUND

It is good practice and good governance for the Committees of the Board to undertake an assessment of their effectiveness on an annual basis. It is also a requirement of the UHB's Standing Orders that Committees of the Board review their effectiveness.

ASSESSMENT

Attached to the report is an effectiveness assessment to be undertaken by the Members and the Executive Lead of the Strategy and Delivery Committee. The assessment will be sent out to Members to complete and then the results will be analysed by the Director of Corporate Governance. The results of the review and an action plan to improve will then be reported back to the next meeting of the Strategy and Delivery Committee.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

APPROVE that the attached effectiveness review is undertaken and results and action plan reported back to the next meeting of the Committee.

Shaping our Future Wellbeing Strategic Objectives

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			
Sustainable Development Principles: Five ways of working	Prevention	x Long term	Integration Collaboration Involvement
Equality and Health Impact Assessment Completed:	Not Applicable		

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Strategy and Delivery Committee – Self Evaluation 2019

Key to status (shown in Status column where applicable): 1=must do 2=should do 3=could do

Establishment, Composition, Organisation, Resources, Duties		Status	Strong	Adequate	Needs Improvement	Comments
1	The Strategy and Delivery Committee terms of reference clearly, adequately & realistically set out the Committee's role and nature and scope of its responsibilities in accordance with guidance and have been approved by the committee and the full board.	1				
2	The board was active in its consideration of Strategy and Delivery Committee composition	2				
3	The Strategy and Delivery Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.					
4	The Strategy and Delivery Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.	2				
5	Strategy and Delivery Committee meetings are well organised, efficient, and effective, and they occur often enough and are of appropriate length to allow discussion of relevant issues consistent with the committee's responsibilities.	2				
6	Appropriate internal or external support and resources are available to the Strategy and Delivery Committee and it has sufficient membership and authority to perform its role effectively.	1				
7	The Committee informs the Board on its significant activities, actions, recommendations and on its performance through minutes and regular reports and has appropriate relationships with other committees	2				

Establishment, Composition, Organisation, Resources, Duties		Status	Yes	No	Comments
8	Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?	2			
9	Are changes to the committee's current and future workload discussed and approved at Board level?	2			
10	Are committee members independent of the management team?	1			

Agenda Management and Oversight of Process		Status	Strong	Adequate	Needs Improvement	Comments
11	The Strategy and Delivery Committee agenda-setting process is thorough and led by the Strategy and Delivery Committee chair.					

Agenda Management, Compliance with the Law and Regulations Governing the NHS and Internal Control		Status	Yes	No	Comments
12	Has the Committee established a plan for the conduct of its work across the year?	2			
13	Has the committee formally considered how its work integrates with wider performance management and standards compliance?	2			
14	Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?	2			
15	Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?	2			
16	Is the committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?	2			

Continuous Improvement		Status	Strong	Adequate	Needs Improvement	Comments
17	The Strategy and Delivery Committee's self-evaluation process is in place and effective	2				

Overall Evaluation		Status	Strong	Adequate	Needs Improvement	Comments
18	What is your overall assessment of the performance of the Strategy and Delivery Committee?					

Additional Comments:

Name

Position

Report Title:	Board Assurance Framework – Workforce						
Meeting:	Strategy and Delivery Committee				Meeting Date:	05.03.19	
Status:	For Discussion	x	For Assurance	x	For Approval		For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

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.

REPORT

BACKGROUND

The Board Assurance Framework has now been presented to two Board Meetings after discussion at the Executive Management Team on what the key risks are impacting upon the Strategic Objectives of Cardiff and Vale University Health Board as set out in Shaping Our Future Wellbeing.

ASSESSMENT

There are currently six key risks set out within 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**

At agenda setting it was agreed that we would look at one risk per meeting of the Strategy and Delivery Committee and the risk attached for review is **Workforce**.

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 which are 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.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

REVIEW the attached risk in relation to **Workforce** thereby providing further assurance to the Board.

Shaping our Future Wellbeing Strategic Objectives									
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									
Sustainable Development Principles: Five ways of working	Prevention	x	Long term		Integration		Collaboration		Involvement
Equality and Health Impact Assessment Completed:	Not Applicable								

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BOARD ASSURANCE FRAMEWORK 2018/19 – JANUARY 2019

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	15	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	10	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	12	8	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. Workforce

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.

Risk Date added: 12.11.2018	There is a risk that the organisation will not be able to recruit and retain a clinical workforce to deliver high quality care for the population of Cardiff and the Vale		
Cause	Increased vacancies in substantive clinical workforce Requirements of the Nurse Staffing Act and BAPM Standards Ageing workforce Insufficient supply of Nurses at UK national level High nurse turnover in some specialties Medicine and Surgery Clinical Boards Insufficient supply of Doctors in certain specialties at UK national level (e.g., A&E, Adult Psychiatry, Anaesthetics, General Medicine, Histopathology, Neurosurgery, Paediatric Surgery) Changes to Junior Doctor Training Rotations (Deanery) Brexit		
Impact	Increase in agency and locum usage Increase in costs of using agency and locum Impact on quality of care provided to the population Rates above Welsh Government Cap (Medical staff) Low Staff moral and sickness Poor attendance at statutory and mandatory Training Potentially inadequate levels of staffing		
Impact Score: 5	Likelihood Score: 5	Gross Risk Score:	25 (Extreme)
Current Controls	Project 95% Nurse Recruitment and Retention Programme Medical international recruitment strategies (including MTI) Recruitment campaign through social media with strong branding Job of the week Staff engagement with recruitment drive Programme of talent management and succession planning Values based recruitment Medical Training Initiative (MTI) 2 year placement scheme Comprehensive Retention Plan introduced from October 2018		
Current Assurances	Workforce metrics reported to Strategy and Delivery Committee High conversion rates from media campaign and Open Day Highest percentage of students in Wales applied to Cardiff and Vale UHB (23.2%) Nurse monitoring at Nurse Productivity Group (NPG) Medical monitoring at Medical Workforce Advisory Group (MWAG) Trajectory showing next vacancies in nursing Paediatric Surgery now fully established A & E fully established by February 2019 Extra capacity put in place to deal with winter pressure – winter ward		
Impact Score: 5	Likelihood Score: 4	Net Risk Score:	20 (Extreme)
Gap in Controls	Continuation of Open days uncertain Plan for recruitment of overseas staff		
Gap in Assurances	Trajectory showing net vacancies in nursing		

Actions		Lead	By when	Update since 29.11.2018
1. Trajectory to be developed showing recruitment and when numbers arrive plus leavers providing a net effect		RW/MD	31/12/2018	Complete – trajectory presented to Management Executives 3.12.2018
2. Plan for overseas recruitment of nursing staff to be developed		MD	31/03/2019	Complete – plan in place to recruit from overseas
3. Plan to be developed for continuation of social media campaign and open day		MD/JB	31/03/2019	Complete – next Open Day planned for 26.01.2019 and plan in place for April 2019.
4. Nursing capacity of Heulwen South to be agreed		RW	31/01/2019	Complete – discussion and agreement on Winter Ward capacity and Management Executives 10.01.2019
Impact Score: 5	Likelihood Score: 2	Target Risk Score:		10 (High)

Report Title:	Work Plan 2019/20 – Strategy and Delivery Committee						
Meeting:	Strategy and Delivery Committee				Meeting Date:	.05.03.19	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

The purpose of the report is to provide Members of the Strategy and Delivery Committee with the opportunity to review the Strategy and Delivery Committee Work Plan 2019/20 prior to presentation to the Board for approval

REPORT

BACKGROUND

The work plan for the Committee should be reviewed annually by the Committee prior to presentation to the Board to ensure that all areas within its Terms of Reference are covered within the plan.

ASSESSMENT

The work plan for the Strategy and Delivery Committee 2019/20 has been based on the requirements set out within the Strategy and Delivery Committee Terms of Reference which assumes that the Committee meets six times a year.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

REVIEW the Work Plan 2019/20

APPROVE the Work Plan 2019/20

RECOMMEND approval to the Board of Directors

Shaping our Future Wellbeing Strategic Objectives

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			
Sustainable Development Principles: Five ways of working	Prevention	x Long term	Integration Collaboration Involvement
Equality and Health Impact Assessment Completed:	Not Applicable		

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	A	B	C	D	E	F	G	H	I
1	Strategy and Delivery Committee Work Plan 2018 - 2019	Lead Executive	5-Mar-19	30-Apr-19	25-Jun-19	3-Sep-19	29-Oct-19	7-Jan-20	10-Mar-19
	Approval - A Discussion - D Information - I								
2	PART A - Shaping Our Future Wellbeing Strategy (SOFW)								
3	Performance Against Strategic Objectives:								
4	1. Reduce Health Inequalities	FK			D				
5	2. Deliver outcomes that matter	FK			D				
6	3. Ensure that all take responsibility for improving our health and wellbeing	FK			D				
7	4. Offer services that our citizens are entitled to expect	FK, FJ SC							
8	5. Have an unplanned care system that provides the right care, in the right place, first time	SC				D	D		
9	6. Have a planned care system where demand and capacity are in balance	SC			D				
10	7. Reduce harm, waste and variation sustainably so that we live within the resource available	RW, GS, SH							D
11	8. Be a great place to work and learn	MD						D	
12	9. Work better together with partners to deliver care and support across care sectors, making best use of people and technology	MD						D	
13	10. Excel at teaching, research, innovation and improvement	GS, AH						D	
14	Learning Alliance:								
15	Ensure that the learning alliance established is progressing, active learning being derived and used with benefits captured	SH	D		D				
16	National Strategies:								
17	Ensure that the organisation is strategically aligned with the Welsh Governments health and social care strategy including:								
18	1. Wellbeing of Future Generations Act	FK		D				D	
19	2. Social Care and Wellbeing Act	SC				D			
20	3. The Long Term Health and Social Care Plan - A Healthier Wales	SC		D				D	

	A	B	C	D	E	F	G	H	I
1	Strategy and Delivery Committee Work Plan 2018 - 2019 Approval - A Discussion - D Information - I	Lead Executive	5-Mar-19	30-Apr-19	25-Jun-19	3-Sep-19	29-Oct-19	7-Jan-20	10-Mar-19
21	PART B - DELIVERY PLANS								
22	Integrated Medium Term Plan (IMTP):								
23	Monitor the development and delivery of the 3 year IMTP. Particular focus will be given to:	AH							
24	1. Ensuring that service provision, quality, finance and workforce elements are aligned and integrated	RW, RC,MD	D	D	D	D	D	D	D
25	2. Close scrutiny of the Workforce Plan (Annual	MD					D		
26	3. Scrutiny of the Capital Plan	AH	D	D	D	D	D	D	D
27	Other Significant Plans:								
28	Scrutinise other significant plans associated with the delivery of SOFW to ensure they are implemented as intended including:								
29	1. Research and Development	GS			D				
30	2. Digital Healthcare	SH		D					
31	3. Commercial developments	AH			D				
32	4. Infrastructure / Estates	AH				D			
33	5. Key service change proposals	AH			D				
34	6. Major consultations or engagements that support the delivery of SOFW (As and when required)	AH							
35	Regional Plans:								
36	Ensure that SOFW delivery plans are aligned with and reflect agreements reached in Regional planning groups/forums/programmes including:								
37	1. South Central and East Planning and Delivery Forum	AH							D
38	2. Tertiary Service Provider Partnership	AH							D
39	Transformation Programme								
40	Ensure that the transformation programme is strategically aligned, progressing and being implemented as planned and at pace	SH				D			

	A	B	C	D	E	F	G	H	I
1	Strategy and Delivery Committee Work Plan 2018 - 2019 Approval - A Discussion - D Information - I	Lead Executive	5-Mar-19	30-Apr-19	25-Jun-19	3-Sep-19	29-Oct-19	7-Jan-20	10-Mar-19
41	PART C - PERFORMANCE REPORTS								
42	Ensure that key performance indicators are on track and that actions are taken to correct unintended variations including:								
43	1. Key organisational performance indicators	SC	D	D	D	D	D	D	D
44	2. Workforce key performance indicators	MD	D	D	D	D			
45	3. Undertake closer scrutiny "deep dives" when considered appropriate	CJ	D	D	D	D	D	D	D
46	PART D - OTHER RESPONSIBILITIES								
47	Equality and Health Impact Assessments								
48	Ensure that all Equality and Health impact assessments are fully considered including:								
49	1. Strategic Equality Plan	MD	D						
50	2. Annual Equality Statement and Report	MD	D						
51	3. More Than Just Words (Welsh Language)	MD			D				
52	4. Welsh Language Scheme	MD				D			
53	GOVERNANCE ARRANGEMENTS								
54	Minutes	NF	A	A	A	A	A	A	A
55	Action Log	NF	D	D	D	D	D	D	D
56	Approval of Policies (as and when required)	NF	A	A	A	A	A	A	A
57	Review Terms of Reference	NF	A	A	A	A	A	A	A
58	Committee Self Assessment	NF	D	A					
59	Committee Annual Report	NF	A						
60	Board Assurance Framework - To receive risks allocated to Committee	NF	D						

Report Title:	Terms of Reference – Strategy and Delivery Committee						
Meeting:	Strategy and Delivery Committee				Meeting Date:	05.03.19	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

In line with the UHB's Standing Orders, Terms of Reference for Committees of the Board, should be reviewed on an annual basis.

This report provides Members of the Strategy and Delivery Committee with the opportunity to review the Terms of Reference prior to submission to the Board for approval.

REPORT

BACKGROUND

The Terms of Reference for the Strategy and Delivery Committee were last reviewed in May 2018 so very few changes have been recommended.

ASSESSMENT

The Terms of Reference for the Strategy and Delivery Committee have been reviewed by the Director of Corporate Governance. There are a limited number of changes to the document, these have been tracked and left in the draft so Committee Members can identify the changes that have been made. One key change which is recommended to Members of the Committee is that its responsibility for the IT&IG Committee is removed. The IT Committee should be a Committee of the Board as set out in the UHBs Standing Orders and should not be a sub Committee of a Committee of the Board.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

APPROVE the changes to the Terms of Reference for the Strategy and Delivery Committee and **RECOMMEND** the changes to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

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									
Sustainable Development Principles: Five ways of working	Prevention	x	Long term		Integration		Collaboration		Involvement
Equality and Health Impact Assessment Completed:	Not Applicable								

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Strategy and Delivery Committee

Terms of Reference and Operating Arrangements

~~May 2018~~ February 2019

Draft: Version ~~6~~1



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1. PURPOSE

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

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

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

2 RESPONSIBILITIES OF THE COMMITTEE

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

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

Part A

Strategy and/or Strategic Intent

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

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

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

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

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

Part B

Development and Delivery of Plans that support Strategies

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

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

- v. Key Service Change Proposals. This will include providing assurance that they are in accordance with national guidance regarding engagement and consultation with stakeholder/partner organisations
- vi. Major consultations and or engagements that support the delivery of SOFW

2.5 Regional Plans: The Committee will provide assurance to the Board that SOFW delivery plans are aligned with and reflect agreements reached in Regional Planning Groups/Forums/Programmes. This will include receiving notes and updates from:

- a. South Central and East Planning and Delivery Forum*
- b. The Tertiary Service Provider Partnership*

2.6 Transformation Programme: The Committee will scrutinise and provide assurance to the Board that the transformation programme is strategically aligned, progressing and being implemented as planned and at pace.

Part C

Performance

2.7 Performance: The Committee will scrutinise and provide assurance to the Board that key performance indicators are on track and confirm that effective actions are being taken to correct unintended variations giving full consideration to associated governance arrangements. This will include:

- a. The key organisational Performance Indicators as determined by the Board*
- b. Workforce Key Performance Indicators as determined by the Board*
- c. Closer scrutiny ("Deep Dives") on areas of concern where the committee considers it appropriate*

Part D

Other Responsibilities

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

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

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

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

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

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

Comment [nF1]: I think this should come out and IT and IG should report directly as a Committee of the Board – this is a requirement of the UHBs Standing Orders which is currently not happening.

3 GOVERNANCE

3.1 Delegated Powers of Authority

As described above.

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

3.2 Authority

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

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

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

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

3.3 Sub Committees

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

Comment [nF2]: Ditto above this section should be removed and the IT&IG Committee should be established to report directly to the Board.

3.4 Membership

Chair: Independent member of the Board

Members: A minimum of 2 other Independent member of the Board,
The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

3.5 Attendees

In attendance: Chief Executive (~~Lead Executive~~)
~~Executive~~ Director of ~~Strategic~~ Planning (~~Lead Executive~~)
Chief Operating Officer
~~Executive~~ Director of Workforce and Development
~~Director of Nursing~~~~Executive Nurse Director~~ or nominated

deputy

~~Executive~~ Director of Finance or nominated deputy
~~Executive~~ Director of Public Health or nominated deputy
Director of Corporate Governance
Other Executive Directors should attend from time to time as required by the Committee Chair (nominated deputies must be consistent)
Deputy Director of Planning (Service Planning)
Director of Capital Estates and Facilities
Trade Union representation from the Local Partnership

Forum
Specialist Advisor to the Board for Strategy /
Transformation

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

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

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

3.6 Secretariat

Secretary: As determined by the Director of Corporate Governance

3.7 Member Appointments

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

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

3.8 Support to Committee Members

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

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

3.9 COMMITTEE MEETINGS

Quorum

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

Frequency of Meetings

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

Withdrawal of individuals in attendance

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

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

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

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

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

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

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

4.1 REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports throughout the year;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the UHB Chair, or Chairs of other relevant committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.

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

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

4.2 APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum (set within individual Terms of Reference)

4.3 REVIEW

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

Report Title:	Draft Annual Report 2018/19 – Strategy and Delivery Committee						
Meeting:	Strategy and Delivery Committee				Meeting Date:	05.03.19	
Status:	For Discussion	x	For Assurance		For Approval	x	For Information
Lead Executive:	Director of Corporate Governance						
Report Author (Title):	Director of Corporate Governance						

SITUATION

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

REPORT

BACKGROUND

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.

ASSESSMENT

The attached Annual Report 2018/19 of the Strategy and Delivery Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference. The Committee has achieved an overall attendance rate of 68% and has met on five occasions during the year.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

REVIEW the draft Annual Report 2018/19 of the Strategy and Delivery Committee.

RECOMMEND the Annual Report to the Board for approval.

Shaping our Future Wellbeing Strategic Objectives

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				
Sustainable Development Principles: Five ways of working	Prevention	x	Long term	Integration Collaboration Involvement
Equality and Health Impact Assessment Completed:	Not Applicable			



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Bwrdd Iechyd Prifysgol
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Cardiff and Vale
University Health Board

Annual Report of the Strategy and Delivery Committee 2018/19

1.0 INTRODUCTION

In accordance with best practice and good governance, the Strategy and 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 three Independent Members and during the financial year 2018/19 the Committee comprised 5 Independent Members. In addition to the Membership, the meetings are also attended by the Executive Director of Strategic Planning (Lead Executive), the Chief Executive, the Chief Operating Officer, the Executive Director of Workforce and Development, the Executive Nurse Director or nominated deputy, the Executive Director of Finance or nominated deputy, the Executive Director of Public Health or nominated deputy and the Director of Corporate Governance.

3.0 MEETINGS AND ATTENDANCE

The Committee met six times during the period 1 April 2018 to 31 March 2019 in line with its Terms of Reference and has discharged its responsibilities by requesting reassurances from Trust Officers and colleagues. The Strategy and Delivery Committee achieved an attendance rate of 68% (80% is deemed to be an appropriate level of attendance) during the period 1st April 2018 to 31st March 2019 as set out below:

	05/06/2018	11/09/2018	05/11/2018	08/01/2019	05/03/2019	% Attendance
Charles Janczewski (Chair)	✓	✓	✓	✓	✓	100%
John Antoniazzi (from Dec 18)	N/A	N/A	N/A	✓	✓	100%
Gary Baxter	X	X	X	✓	✓	40%
Sara Moseley	X	X	X	✓	✓	40%
Dawn Ward	✓	✓	✓	✓	✓	100%
Eileen Brandreth (until Dec 18)	✓	X	X	N/A	N/A	33%
Totals	60%	50%	50%	100%	100%	68%

4.0 TERMS OF REFERENCE

The Terms of Reference were reviewed and approved by the Committee on 5th March 2019 and were approved by the Board on 31st March 2019.

5.0 WORK UNDERTAKEN

During the financial year 2018/19 the Strategy and Delivery Committee reviewed the following key items at its meetings:

Private S&D Committee

- Suspension Report
- Proposed naming of the Academic Building UHL

Public S&D Committee

- Terms of Reference for Strategy & Delivery Committee
- Update - Shaping Our Future Wellbeing Strategy
- Update - Implementation of the Framework for Working with the Third Sector
- Update – Review of the Performance Report
- Update – Review of the Workforce and Organisational Development Report
- Update – GDPR
- Update – Information Governance Workforce
- Update – Capital Programme Report
- Update – Transformation Bid
- Update - Integrated Medium Term Plan
- High Level Performance Dashboard
- Study Leave Procedure for Medical Staff
- Recruitment Policy
- Annual Compliance Report on the Welsh Language Scheme
- Annual Equality Statement & Report
- Strategic Equality Plan and Delivery Plan
- Equality Agenda
- Committee Work Plan
- Capital Plan
- Estates Strategic Plan
- Workforce Delivery Plan
- Key Performance Indicators
- Performance Mapping
- Transformation Programme

- Employment Policies Report
- Occupational Health Support for Staff with Mental Health Problems
- Clinical Innovation and Research
- Managing Attendance Policy
- Staff Survey Results

6.0 REPORTING RESPONSIBILITIES

The Committee has reported to the Board after each of the Strategy and Delivery Committee meetings by presenting a summary report (introduced from November 2018) of the key discussion items at the Strategy and Delivery Committee. The report is presented by the Chair of the Committee.

7.0 OPINION

The Committee is of the opinion that the draft Strategy and Delivery Committee Report 2018/19 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

REPORT TITLE:	Employment Policies Report									
MEETING:	Strategy and Delivery Committee						MEETING DATE:	05.03.19		
STATUS:	For Discussion		For Assurance		For Approval	x	For Information			
LEAD EXECUTIVE:	Executive Director of Workforce and OD									
REPORT AUTHOR (TITLE):	Workforce Governance Manager									
PURPOSE OF REPORT:										

SITUATION:

This paper summarises for the Strategy and Delivery Committee a proposal to rationalize the number of Employment Policies we have and to align the accompanying Procedures with them in a more coherent way. The Committee is asked to support this new model and to rescind or re-designate a number of existing 'policies'.

The Committee is also asked to ratify Chair's Action taken to adopt the revised NHS Wales Organisational Change Policy, approve the UHB Maternity, Adoption, Paternity and Shared Parental Leave Policy, and to formally adopt a new NHS Wales Menopause Policy.

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

REPORT:

BACKGROUND:

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

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum.

ASSESSMENT:

- **Rationalisation of Employment Policies**

In November 2014 the UHB changed the way we used 'policies' and 'procedures' through the implementation of the [Management of Policies, Procedures and Other Written Control Documents Policy](#) ('Policy on Policies') and the [Written Control Documents - Development and Approval Procedure](#). Previously we had documents which were called policies, but which actually contained both policy statements and procedural elements. These were subsequently split into separate documents and defined by the UHB as follows:

Policy – A written statement of intent, describing the broad approach or course of action that the UHB is taking with a particular issue.

Procedure - A standardised method of performing clinical or non-clinical tasks by providing a series of actions to be conducted in an agreed and consistent way to achieve a safe, effective outcome. This will ensure all concerned undertake the task in an agreed and consistent way. These are often the documents detailing how a policy is to be achieved. Procedures are considered mandatory within the UHB.

Guidelines - give general advice and recommendations for dealing with specific circumstances. They differ from procedures and protocols by giving options of how something might be carried out. They are used in conjunction with the knowledge and expertise of the individual using them.

On examining the list of Workforce and OD Policies and other control documents which are currently due for review, it has become apparent that we still have a great deal of duplication and it is often confusing for managers and staff. It is therefore proposed that instead of having many topic-specific policies with accompanying procedures, we develop a small number of overarching policies covering:

- Learning, Education and Development
- Health and Wellbeing
- Patterns of working (including breaks, redeployment, flexible working, retirement options etc)
- Recruitment
- Maternity, Adoption, Paternity and Shared Parental Leave
- Equality

These Policies will set out our organisational commitments and responsibilities, and will be accompanied by a suite of procedures which describe how we will achieve them. **Appendix 1** sets out the proposed changes, shows how the procedures will be aligned to the policies, and describes the actions needed to achieve this.

This model has been tested over the last 3 years with the Maternity, Adoption, Paternity and Shared Parental Leave Policy and accompanying Procedures and has been found to work well.

A communication plan is currently being developed to let staff know that we have listened to their concerns about how confusing the current system is, and that we have streamlined it to improve ease of access.

- **NHS Wales Organisational Change Policy**

The NHS Wales Organisational Change Policy was originally issued in March 2017 for implementation from 1 April 2017. In early 2018, a high-level review was undertaken with a view to identifying necessary changes, whilst recognising that the policy had yet to be used extensively across organisations. The revised policy was approved for implementation by the Welsh Partnership Forum at the meeting held on 23rd November 2018, and now becomes the standard policy for the implementation of organisational change within NHS Wales.

Although the changes made to the Policy are small, they are significant, and Chair's Action was taken on 14 February 2019 to formally adopt the revised Policy.

A copy of the revised policy is attached as **Appendix 2**, and the schedule of changes is attached as **Appendix 3**.

- **Maternity, Adoption, Paternity and Shared Parental Leave Policy**

This Policy was initially adopted in 2015 and has recently been reviewed as part of the scheduled programme of work.

No changes were required to the Policy except for the inclusion of a commitment to treat all employees with dignity and respect regardless of any binary / gender identity. For the purposes of this Policy and the accompanying Procedures, the gender an individual is assigned at birth is not relevant as long as they meet the eligibility criteria described.

The revised Policy is attached as **Appendix 4**.

- **NHS Wales Menopause Policy**

A new NHS Wales Menopause Policy has been developed following a commitment made as part of the Framework Agreement on the Reform of Agenda for Change

The policy has been developed in partnership and was approved by the Welsh Partnership Forum on 23 November 2018. It now needs to be adopted by the UHB. The Policy (attached as **Appendix 5**) aims to raise awareness of the menopause and the impact it can have on the workplace, and provide guidance on the support available.

RECOMMENDATION:

The Strategy and Delivery Committee is asked to:

- **SUPPORT** the development of a small number of overarching Employment Policies with accompanying Procedures aligned to them
- **RESCIND** the following Policies on the basis that we already have Procedures covering these topics and they are no longer needed (effective from when the Procedure is reviewed and approved by the Employment Policy Sub Group)
 - Domestic Abuse Policy, Retirement Policy, Redeployment Policy, DBS Policy, Recognition of Prior Learning Policy, Professional Abuse Policy

- **RESCIND** the following Policies on the basis that they are out of date with current practice and have been replaced by standard operating processes within the departments (effective immediately):
 - Pre- and Post-Registration Nurse Placement Policy and Occupational Health Policy
- **RE-DESIGNATE** the following Policies as Procedures with effect from the date the reviewed document is approved by the Employment Policy Sub Group :
 - Payroll Over/Under Payment Policy, Relocation Expenses Policy, Loyalty Award Policy, Working Times Policy, Flexible Working Policy,
- **RE-DESIGNATE** the following Policies as Procedures with immediate effect on the basis that they have already been considered and approved by the Employment Policy Sub Group:
 - Management of Alcohol, Drugs and Substance Misuse Policy and Management of Stress and Mental Health in the Workplace Policy
- **RATIFY** Chair's Action taken to adopt the revised NHS Wales Organisational Change Policy (OCP)
- **ADOPT** the revised NHS Wales Menopause Policy
- **APPROVE** the Revised Maternity, Adoption, Paternity and Shared Parental Leave Policy
- **APPROVE** the full publication of these documents in accordance with the UHB Publication Scheme

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

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	

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	Integration	Collaboration	x	Involvement
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**EQUALITY
AND HEALTH
IMPACT
ASSESSMENT
COMPLETED:**

The existing [EQIA](#) for the Organisational Change Policy remains in place.

EHIAs will be completed for each of the ‘umbrella policies’ – these already exist for the [Maternity etc. Policy](#), [Recruitment Policy](#) and [Equality Policy](#)

A EQIA has been completed for the NHS Wales Menopause Policy and is attached as **Appendix 6**

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Proposed rationalisation of Employment Policies

Policy	Accompanying procedures / guidelines	Required Action / timescale
LED Policy (NEW)	<ul style="list-style-type: none"> • Mandatory Training Procedure • PADR Procedure • Study Leave Guidelines for non-medical staff • Study Leave Procedure for Medical and Dental Staff • Academic Malpractice Procedure • Recognition of Prior Learning Framework (under development nationally) 	<ul style="list-style-type: none"> • Re-designate Mandatory Training Policy as Procedure – with immediate effect • Re-designate PADR Policy as Procedure – effective from next review • Rescind Pre and Post Registration Nurse Placement Policy as now business as usual – with immediate effect • Rescind Recognition of Prior Learning Policy – on publication of Framework
Health and Wellbeing Policy (replacing current strategy)	<ul style="list-style-type: none"> • Management of Stress in the Workplace Procedure • Alcohol and Substance Misuse Procedure • Domestic Abuse Procedure • Industrial Injuries Procedure 	<ul style="list-style-type: none"> • Re-designate Management of Stress in the Workplace Policy as Procedure – with immediate effect • Re-designate Alcohol and Substance Misuse Policy as Procedure – with immediate effect • Rescind Domestic Abuse Policy – effective from approval of revised procedure • Rescind Occupational Health Policy – with immediate effect
Agile Workforce Policy (NEW)	<ul style="list-style-type: none"> • Flexible Working Procedure • Home/remote working Guidelines (new) • Parental Leave Procedure • Retirement Procedure 	<ul style="list-style-type: none"> • Re-designate Flexible Working Policy as Procedure – effective from next review • Develop Home/Remote Working Guidelines • Rescind Retirement Policy – effective from approval of revised procedure

Proposed rationalisation of Employment Policies

	<ul style="list-style-type: none"> • Redeployment Procedure • Working Times Procedure • Annual Leave Procedure (non-medical staff) • Annual Leave Procedure for Career Grade and Medical Staff (currently policy) • Loyalty Award Procedure • Relocation Expenses Procedure • Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades 	<ul style="list-style-type: none"> • Rescind Redeployment Policy – effective from approval of revised procedure • Re-designate Working Times Policy as Procedure – effective from next review • Re-designate Loyalty Award Policy as Procedure – effective from next review • Re-designate Relocation Expenses Policy as Procedure – effective from next review
Maternity, Adoption, Paternity and Shared Parental Leave Policy (existing)	<ul style="list-style-type: none"> • Maternity Procedure • Adoption Procedure • Paternity Procedure • Shared Parental Leave Procedure • Maternity Risk Assessment Procedure • Combining Breastfeeding and Returning to Work Guidelines 	
Recruitment and Selection Policy (existing – may need widened slightly)	<ul style="list-style-type: none"> • Recruitment and Selection Procedure • Recruitment of Locum Doctors and Dentists Operational Procedure • Fixed Term Contract Procedure • DBS Procedure • Professional Registration Procedure 	<ul style="list-style-type: none"> • Rescind DBS Policy – effective from approval of revised procedure

Proposed rationalisation of Employment Policies

EDHR Policy (existing but needs radical review)	<ul style="list-style-type: none"> • Support Transgender Staff Procedure • Strategic Equality Plan 	
NHS Wales Disciplinary Policy	<ul style="list-style-type: none"> • Professional Abuse Procedure 	<ul style="list-style-type: none"> • Rescind Professional Abuse Policy – effective from approval of revised procedure
Standalone Documents (covered by contractual obligations/T&Cs or policy not required)	<ul style="list-style-type: none"> • Partnership and Recognition Agreement • Death in Service Procedure • New and Changed Jobs Procedure • Payroll Over/Under Payment Procedure 	<ul style="list-style-type: none"> • Re-designate Payroll Over/Under Payment Policy as Procedure – effective from next review

Proposed rationalisation of Employment Policies

ALL WALES POLICIES

- Disciplinary Policy and Procedure
- Dignity at Work Process
- Secondment Policy
- Grievance Policy
- Reserve Forces Training and Mobilisation Policy
- Medical Appraisal Policy
- Upholding Professional Standards Policy
- Raising Concerns Procedure
- Employment Break Policy
- RRP Protocol
- Special Leave Policy
- OCP
- Capability Policy
- Managing Attendance at Work Policy
- Menopause Policy

Cardiff and Vale University Health Board

Organisational Change Policy

Approved by: Welsh Partnership Forum

Issue date: December 2018

Review date: March 2020

Adopted by the UHB (Strategy and Delivery Committee):

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**



GIG
CYMRU
NHS
WALES

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

Document Title: Organisational Change Policy	2 of 56	Approval Date: 23 Nov 2018
Reference Number: UHB 182		Next Review Date: March 2020
Version Number: 3		Date of Publication: dd mmm yyyy
Approved By: Welsh Partnership Forum		Adopted by UHB (S&D Committee):

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	March 2009		New All Wales Policy
2	23.03.17	30.03.17	<p>Removal of references to the 2009 Reform Programme including replacement of alternative employment scheme with a new (integrated) Redeployment Policy.</p> <p>Removal of a specific grievance procedure - any future grievances will be managed in line with the All Wales Grievance Procedure</p> <p>Reduction of the main body of the Policy - it was felt that the document was too long and a great deal of the content could be edited or moved to appendices for reference as and when required</p> <p>Additions to the content:</p> <ul style="list-style-type: none"> • 5.2 consultation with staff interests - to facilitate timely discussion with affected staff • 5.3 collective consultation of proposed redundancy - this has been added to ensure compliance with the relevant legislation • 6.1b introduction of change, the organisation - amended to broaden the duty on the organisation to undertake discussions on the implications of proposed changes at the workplace • 7.3 creating flexibility - added to allow organisations to seek volunteers for a voluntary severance payment or redundancy so as to reduce the numbers in contention for posts in a new structure • 8.2 'Priority Status Staff' has been changed to 'Consideration for posts in a new structure' - this now focuses on staff who are not just affected by the change, but also those staff who are, in addition, also 'at risk of being displaced'. • 9.2 principles for filling posts - a number of amendments have been made to provide more clarity • 9.3 appointment/selection process - the process has been amended to ensure that organisations can progress to appointing to new structures in a timely manner and with the minimum of delay • 9.8 priority for redeployment - this new paragraph allows for the designation of "at risk" staff as having priority for redeployment <p>Changes to Protection Arrangements in line with legal advice.</p> <p>Management of Staff on Protection - the revised policy incorporates wider elements to support employees on</p>

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			protection as well as new duties required of staff in receipt of protection. Excess travel arrangements have been simplified.
2.1	16.05.17	18.05.17	Summary of Key Changes added
3			<p>9.2 following paragraph added <i>employees who have a protected characteristic within the definitions of the Equality Act 2010 will be afforded adjustments to the process to ensure that they are not disadvantaged;</i></p> <p>9.2 'scope of the role remains unaltered OR it matches "two thirds" or more' replaced with 'scope of the role remains unaltered AND or it matches "two thirds" or more'</p> <p>9.3 additional sentence added to the second paragraph: <i>The mapping outcome should be published and drawn to the individual employee's attention.</i></p> <p>9.9 Replaced "if" with "of"</p> <p>Flowchart amended from: <i>Will your post remain substantially unchanged and/or the scope of the role has not changed? i.e. matches 2/3 of new JD/PS; to: Will your post remain substantially unchanged? (i.e. the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification).</i></p>

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1. Introduction

This policy has been developed by the Welsh Partnership Forum and sets out the principles that apply in managing internal organisational change within NHS Wales. NHS organisations will adopt and abide by this policy as the core standards of practice, which apply to all employees affected by change.

At times of organisational change it is particularly important to ensure that support, guidance, training and development opportunities are made available to all staff employed by NHS organisations within Wales in accordance with best practice. The wider NHS in Wales will be responsible for assisting in the redeployment of employees from any NHS organisations affected by organisational change.

2. Scope of the policy

This policy replaces the Organisational Change Policy published in March 2009.

The Organisational Change Policy will apply to all NHS Wales employees. It will apply to all situations of organisational change, whether these are internally generated service reviews or externally approved mergers or de-mergers.

3. Policy statement

- 3.1** In the application of this policy all employees will be treated with dignity and respect and in accordance with equality and human rights legislation. No individual will be treated less favourably on the basis of age, disability, gender,, race, religion and belief and non-belief, sexual orientation, pregnancy and maternity or because they are transgender, married or in a civil partnership (also known as “protected characteristics”). No employee should be treated less favourably due to their hours worked (full-time or part-time) or trades union membership.

Organisations are required to monitor the implementation of this policy and ensure that they assess its impact across the “protected characteristics” and in respect of human rights. This will require the collection, monitoring and reporting of workforce equality data for all employees identified as being at risk and subject to the provisions of the policy.

4. Principles to be observed

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4.1 It is the policy of NHS Wales to prevent all avoidable compulsory redundancies, which could potentially occur as a result of organisational change. As such, it is the aim of this policy to ensure that the NHS retains the valuable knowledge, skills and experience of its workforce, by utilising a number of strategies, to assist displaced employees to find suitable alternative employment and / or retraining opportunities, which will enable them to continue to contribute positively to the service.

4.2 Subject to the processes outlined below, when the need arises to redeploy employees, the UHB will;

- a) consider the use of short term temporary staff in any period of change, to maintain service requirements until the change is completed and to maximise potential redeployment opportunities;
- b) use early retirement and / or voluntary severance schemes where circumstances and / or resources allow;
- c) after consultation, identify (in pay and conditions) suitable alternative work in the employing organisation for employees affected by change;
- d) transfer employees affected to suitable alternative work with other organisations, by agreement with the employees concerned and the organisations concerned;
- e) support employees who wish to retrain and are qualified to undergo training for posts in other disciplines / areas, where reasonable; and
- f) by means of the development review / personal development plan process, assist and support employees to overcome constraints which may prevent them undertaking a new role.

All employees are entitled to be represented by a recognised trades union official, local trades union representative or accompanied by a workplace colleague, when subject to any of the arrangements arising from this policy.

5. Consultation with staff interests

5.1 Each employing organisation's senior managers will continue to work in effective partnership with representatives of Trades Union on the implications for employees in respect of strategic and other major plans concerning the organisation and provision of services. Such discussions will take place through local partnership arrangements.

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5.2 In conducting such consultations, management will follow the principles set out in the following section **6 The Introduction of Change**. They will also be required to provide in advance, written details of any proposed organisational change and / or the workforce implications, to facilitate discussion with the employees affected. Such consultations should be conducted over a specified period of time, which should be of no less than four weeks duration unless agreed otherwise as noted in para 5.3.2c.

5.3 Collective Consultation of Proposed Redundancy

5.3.1 NHS Wales and the Trades Unions recognise that, where organisational change includes or leads to a proposal to dismiss 20 or more employees as redundant (within the meaning of the definition within the Trades Union and Labour Relations (Consolidation) Act 1992 (TULRCA)) at one establishment within 90 days or less, then the statutory consultation framework under s188 TULRCA will be engaged. NHS Wales and the Trades Unions also recognise the desirability of exploring alternatives to redundancy before such proposals are formulated.

5.3.2 To ensure that these requirements are addressed within the context of this policy, NHS Wales and the Trades Unions have agreed the following:

- a) as far as possible, the procedures set out in the OCP will be followed in order to avoid a situation in which an employing organisation is proposing to dismiss 20 or more employees as redundant at one establishment within 90 days or less;
- b) where proposals to dismiss employees as redundant are in prospect but have not been formulated, the UHB will notify the local and regional representatives of the relevant Trades Unions in writing that this is the position and will invite them to participate in a formal "OCP Consultation Period". The notification will specify the start date for the OCP Consultation Period which will be not less than 7 days from the date of the notification;
- c) the OCP Consultation Period will normally last for a period of at least four weeks from the start date specified in the written notification. The OCP Consultation Period may be extended or shortened by such further period as may be agreed in writing by the UHB and each of the relevant Trades Unions but the

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unanimous agreement of all parties will be required to such a duration;

- d) the OCP Consultation Period may involve representatives of the relevant Trades Unions at local, regional and/or national level although the Trades Unions' choice of representation will not unreasonably delay the progress of substantive consultation during the OCP Consultation Period;
- (e) that in agreeing to participate in the OCP Consultation Period on any given occasion, the respective Trades Unions accepts that:
 - (i) there is not a "proposal" such as to trigger an obligation on the UHB to consult under s.188 TULRCA; and/or;
 - (ii) if there is such a proposal (or one is subsequently formulated after the OCP Consultation Period), none of the relevant Trades Unions will seek to argue that consultation on that proposal under s188 TULRCA has not begun "in good time" (or that the UHB is otherwise in breach of s188) by reason of the UHB having first participated in the OCP Consultation Period; and
 - (iii) if there is a proposal to which s188 applies (or one is subsequently formulated after the OCP Consultation Period), the consultation undertaken during the OCP Consultation Period will be taken into account when assessing the nature, duration and content of the further consultation to be carried out in accordance with s188 TULRCA, bearing in mind that the shared aim of s.188 and OCP consultation is to find ways to avoid redundancies if possible. Further consultation under s188 will, as a general rule, take place after the OCP Consultation Period.

6. The introduction of change

6.1 The Organisation

- a) Recognises that employees and their representatives have an expectation that management will discuss with them the reasons for and the implications of any proposals or options, which appear likely to have a significant impact on the nature of the work they perform or the arrangements or conditions under which the work is carried out; and

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- b) Undertake that its managers will, in a timely manner, discuss with employees and their representatives, at departmental and other appropriate levels, the workforce implications of particular proposals or developments, which appear likely to, or have the potential to have a significant impact on the work of individuals, the departments or staff group concerned, before any final decisions are taken.

6.2 The Trades Unions

- a) Recognise that in the interests of patient care and the efficient use of resources, the organisation's managers have a responsibility to review from time to time the activities of individuals and groups of employees and the arrangements and conditions under which such activities are performed; and
- b) Undertake to advise their members to participate in the introduction of changes arising from such reviews, where the principles set out in this policy are followed.

- 6.3** Both management and Trades Unions also recognise that there is no single universal prescription, which can be meaningfully followed in every case where changes are proposed.

Where, however, the changes proposed are of a significant nature, some prior discussion regarding the reasons for them, any available options and their implications will be necessary. As a general rule, such discussions are best conducted between the responsible manager, the employees affected and their representatives.

Where the changes envisaged appear likely to affect the location, hours of work, grades / bands or earnings of the employees concerned, the responsible manager should consult the accredited representative(s) of the employee(s) concerned, at the earliest possible stage.

- 6.4** Particular consideration should be given to the following points during the discussion of any proposed changes, as applicable;
- a) health and safety implications;
 - b) training or re-training needs;
 - c) staffing requirements;
 - d) arrangements for redeploying or transferring any displaced employees;

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- e) arrangements for recruiting any additional employees;
- f) any required changes to shift patterns, location and / or hours of work;
- g) any grade / band implications; and
- h) applicability of any relevant protection arrangements.

7. Anticipating and preparing for change

7.1 Restrictions on vacancy filling

Restrictions on the filling of vacancies in certain categories of posts (other than on a short term temporary basis) will be introduced to assist in creating suitable alternative positions for employees affected by the change.

Employers will consult with trades unions in a timely manner, in respect of the categories of posts which need to be brought within this restriction, as required.

7.2 Temporary appointments to maintain services

A number of fixed term appointments or secondments may be required to maintain services whilst rationalisation or reorganisation of services or organisations takes place. These temporary arrangements will be required either to fill gaps in the service or organisation that is undergoing change, or to fill gaps elsewhere, to 'reserve' places for employees who will become displaced but who are required to remain in their current post for the time being, to maintain adequate services.

The reasons for the temporary nature of the appointment must be given clearly in writing to any employees appointed in this capacity and an estimate should be given as to how long the appointment will last. In these circumstances fixed term appointments or secondments will not normally be made where the position concerned is likely to continue for a period of more than one year.

7.3 Creating Flexibility

To reduce the potential for compulsory redundancies, there may be a need to consider the merits of inviting employees to volunteer for a voluntary

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severance payment or redundancy at an early stage and prior to the implementation of the selection process.

7.4 Employees affected by the change and notice provisions

A list of employees at risk of being displaced from their substantive post as a result of each approved reorganisation, rationalisation or reduction of services should be compiled at the earliest practicable date. Managers will be responsible for the compilation of such lists, in conjunction with Workforce and OD departments and for informing relevant representatives.

Whilst every effort must be made to find a suitable alternative employment and arrange redeployment in line with the change timetable, employees affected must be advised by their line manager as to their position in writing, throughout the change process.

Careful consideration must be given, in the light of the circumstances of the change programme, as to the timing of the issue of any notices of redundancy.

8. Managing employees at risk of displacement

8.1 Placing employees at risk of displacement

The timing of when employees will be declared at risk is important and this will be agreed in partnership with the trades unions, at the start of any period of organisational change.

8.2 Consideration for posts in a new structure

Employees that will be affected by any change process and who are at risk of being displaced from their substantive post will receive priority consideration for appointment to suitable alternative roles in the new structure.

8.3 Seconded and acted up employees

Specific arrangements govern seconded, acting up and fixed term employees and these are covered in Appendix 3.

8.4 Support arrangements

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Managers must ensure that local arrangements are established to assist employees who are at risk of being displaced or whose posts are potentially at risk. The following points can be regarded as a checklist of support facilities, which could be offered:

- access to career advice;
- access to counselling;
- access to suitable senior staff to act as mentors and provide external advice and guidance as appropriate;
- arrangements for accessing and/or restricting vacancies as appropriate, using NHS jobs;
- assistance and advice on CV writing, application form filling, interviewing skills, etc.;
- assistance with access to NHS jobs, job centres, recruitment consultants, etc.;
- facilities and assistance for sending CV's to all-Wales NHS bodies, organisations and employers;
- contact with and access to retraining opportunities and allowances, further education establishments, etc.; and
- access to independent financial and pension advice in the event of redundancy or early retirement.

The above list is not exhaustive. It is intended to be a general guide on areas for consideration.

9. Procedure for filling posts during organisational change

9.1 Scope

This procedure will apply to all employees affected by organisational change.

Employers should make appropriate arrangements to ensure that all employees affected by change, including those on any form of authorised absence, which may include maternity leave, parental leave, carers leave, term-time working, long term sick leave or secondment, are considered at each stage of this procedure and are not disadvantaged in any way.

9.2 Principles for filling posts

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The arrangements for filling posts should be based on the following broad principles, applied to all employees with a permanent contract of employment, but may exclude those employees employed on fixed term contracts (please refer to Appendix 3);

- all those eligible for consideration for a post should be treated on the basis of equality;
- all employees should have a legitimate expectation that they will be supported to secure a post with similar pay and conditions of service (suitable alternative employment);
- where an employee accepts a suitable alternative post, which attracts a lower salary, their pay will be protected in accordance with the 'Arrangements for Salary Protection', set out in section 10 of this policy ;
- in making decisions consideration should be given to making adjustments to accommodate the different circumstances of employees with caring responsibilities outside of work and give flexibility around part time employees;
- employees who have a protected characteristic within the definitions of the Equality Act 2010 will be afforded adjustments to the process to ensure that they are not disadvantaged;
- reasonable consideration/adjustments should be made to accommodating employees with flexible working arrangements e.g. term-time working, job-share, part-time so as to avoid, wherever possible, these employees being disadvantaged by the process. All requests to work flexibly must be given full and fair consideration and handled consistently;
- reasonable adjustments should be made to a role and/or working environment to support disabled employees to gain an alternative post or suitable alternative employment;
- opportunities for career development and maximising an employee's employment potential should be encouraged wherever possible;
- where the implementation of change covers more than one organisation there should be consistency in approach between all organisations involved in terms of time-scales and processes to ensure equality;
- all job applicants should be treated fairly and with dignity and respect: Principles of equality will apply and the process will be transparent;
- the organisation must commit to supporting employees in their efforts to secure employment for all employees affected by the change, including the use of redeployment schemes, trial periods and retraining;
- all appointment decisions should be based on merit and on the suitability of each candidate for the post, based on an assessment of

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their knowledge, skills, experience etc., against the new post's person specification and job description;

- details of available posts in a new structure must be available to all employees (including indicative pay band, title, job description and person specification) and provided in a timely manner, including to those on an authorised absence;
- where posts or groups of posts are judged not to have altered substantially, the principles of 'slotting in' and 'prior consideration' should be applied;
- a post may be considered as substantially unchanged if the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification; and
- all employees must be considered against the roles in the new structure and slotting in and prior consideration must be applied at the outset to determine the potential appointment status to the structure of the existing employees (subject to sections 9.3 to 9.10 below).

9.3 Appointment/Selection process

Organisations should seek to progress to appointing to new structures in a timely manner and with the minimum of delay.

To progress this, managers should undertake a "mapping exercise" where employees within the existing structure are considered against the posts in the new structure, so as to understand the scope of slotting in, prior consideration and restricted competition. The mapping outcome should be published and drawn to the individual employee's attention.

Employees who are eligible for slotting in should be identified and their new/revised roles confirmed in writing at the outset of the process.

Where appointments to posts are subject to prior consideration or restricted competition, an interview will be the minimum selection process requirement. The process of selection will be carried out by reference to the relevant job description and a person specification and KSF outline (for employees on AfC terms and conditions), including the following objective criteria, against which the requirements of the post will be measured:

- qualifications;
- relevant experience;
- skills and knowledge and any other particular aptitudes/attributes identified for the post;
- suitability for trial period/retraining to meet the criteria; and

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- the need for reasonable adjustments to posts in accordance with the Equality Act 2010.

Every employee involved in the process will be able to receive feedback on their performance during the selection process, from a nominated member of the interview selection panel.

9.4 Slotting in

Slotting in will apply where a post is substantially unchanged and there is only one candidate or equal numbers of posts and candidates, who currently undertake this role. In this circumstance the post would not be advertised and the individual(s) whose post(s) meets the criteria would be slotted into the post(s).

Consistency in the approach to and the application of the slotting in principles are essential. A flowchart is attached at **appendix 1**, which describes the steps to be followed.

In cases of disagreement about whether the job is substantially unchanged, the current and new job descriptions and person specifications will be considered by an independent review undertaken by a panel including a member of the Workforce and OD team, a management and a trades union representative. Anyone involved in the review will have no working relationship or have had any involvement in previous discussions relating to the review, with the aggrieved employee(s). It will be the role of this independent panel to review the original outcome and to reach an objective decision. Should the employee(s) continue to disagree with the independent review decision, they may lodge an appeal, in accordance with stage 2 of the All Wales Grievance Policy and Procedure.

9.5 Prior consideration

Prior consideration will apply where a post is substantially unchanged (e.g. the scope of the role remains unaltered and it matches 'two thirds' or more of an existing job description and person specification) and there is more than one potential candidate. Selection will be undertaken by interview.

Where an employee is eligible to express an interest in more than one post they will be required to indicate their preferences in rank order.

Consistency in the approach to and the application of the prior consideration principles are essential. A flowchart is attached at **appendix 1**, which describes the steps to be followed.

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If following the prior consideration process employees have been unsuccessful in being allocated to a post, they may be eligible for consideration in respect of a restricted competition post at the same or a lower level, if there are no other employees at that level with slotting in or prior consideration rights.

9.6 Restricted competition

Where a post is considered to be new or substantially changed it should be filled in the first instance by restricting competition to employees directly affected by the changes.

9.7 Collection of information

Employees who are identified as being “at risk” of being displaced and who are not eligible for “slotting in” or “prior consideration” should be informed of their position and interviewed by their manager, with appropriate support and advice from their Workforce and OD department, as soon as possible and, if they so wish, in conjunction with their staff representative. This should be confirmed in writing. This provision will also apply to employees who are not appointed following the conclusion of a “prior consideration” process.

A formal record should be created for each employee considered to be at risk of being displaced, to record relevant personal details, circumstances, preferences (post the change), knowledge, skills, qualifications and experience.

To co-ordinate the number of employees at risk of displacement in any large scale reorganisation, it may be necessary for affected employees to have their range of knowledge and skills assessed using a consistent format. This will ensure that appropriate vacancies and opportunities can be identified speedily and without the need for these employees to be interviewed on more than one occasion. This process will be undertaken in partnership, by appropriately skilled managers and staff representatives.

9.8 Priority for redeployment

Priority will be afforded to those employees, that are displaced from their substantive posts, in consideration for appointment to roles in the new structure and who are not appointed to a role under “slotting in” or “prior consideration”. If employees are unsuccessful in securing a post, they will

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become a redeployment candidate and will be able to be considered for posts in the Health Board/Trust through “restricted competition”.

9.9 Appealing against a decision

In the case of a dispute in respect of the selection process associated with organisational change, an employee may lodge a grievance, in accordance with the all Wales Grievance Policy, at Stage 2 of the procedure.

9.10 Actions to be considered following the appointment process

Following the appointment process, the organisation will need to consider the position of any employees not appointed to posts in the new structure. Every practicable effort will be made to avoid compulsory redundancies. Organisations and affected employees are required to further explore the following options:

- redeployment elsewhere within the organisation;
- redeployment within other NHS bodies within Wales;
- secondment arrangements with other NHS bodies and public sector organisations in Wales where practical and feasible; and
- re-training to undertake a new role.

10. Protection of Pay and Conditions of Service

10.1 Scope

Protection will apply to any employee, who, as a consequence of organisational change, is required to move to a new post, their shift pattern/rota changes or they suffer a reduction in basic hours worked within the standard working week.

This provision does not apply to individuals who voluntarily move to a post carrying a lower salary.

It provides:

- Short-term protection of earnings, whether or not downgrading is involved.
- Long-term protection of basic salary where downgrading is involved.

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The short term and long term protection arrangements set out below replace any local/legacy arrangements previously in place.

10.2 Definitions

New post

-for the purposes of defining entitlement to protection, this section refers to employees undertaking a new post. This specifically refers to the post the employee undertakes immediately following an organisational change; this may be a new role considered as suitable alternative employment or the same role but with revised contractual arrangements e.g. a different shift pattern or hours of work.

Basic salary

- basic salary is the weekly or monthly sum due in respect of basic hours worked in the substantive post by the employee within the standard working week on the day immediately preceding the first day of employment in the new post (i.e. the last day in the old post). This excludes any payments made in respect of temporary movement to a higher band or seconded positions. This will normally be the incremental point within a band/grade and will form the basis of the sum used to calculate protection for the duration of Long Term Protection.

Earnings in the new post

- means the sum of the basic salary in the new post and any remuneration in respect of overtime, shift work, on call and emergency work and other additional duties where appropriate. Earnings in the new post will be subject to national pay awards and increments (where applicable).

Protectable earnings

- the weekly or monthly average earnings over the 17 weeks/four months or appropriate rota where applicable, immediately preceding the first day of employment in the new post.

Downgrading

- occurs when the new post, irrespective of its title, has:

- a salary scale with a maximum incremental point, lower than that applying to the post held previously or;
- a salary lower than that held in the previous post.

10.3 Short Term Protection of Earnings

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Short-Term Pay Protection applies when, through organisational change, an employee is required to undertake a change which may affect their earnings but does not require a change in pay band/grade. An example would be change to work/shift pattern. Organisations should ensure that any situation where an employee may be subject to short term protection is continuously managed with the impact on the employee being minimised so far as is possible.

Employees are entitled to have certain earnings ("protectable earnings"), following the change, protected in accordance with the following table –

Reckonable Service	Protection Period (Months)
Up to 2 years	2
After 2 Years' Service	4
After 3 Years' Service	6
After 4 Years' Service	8
After 5 Years' Service	12

The employee's earnings are protected at the average weekly/monthly pay level received in the 17 weeks/four months immediately preceding the first day of employment in the new post, or in line with their previous rota if applicable. For employees who have been on Maternity Leave a representative reference period will be identified to ensure an appropriate level of short term protection is applied.

The earnings eligible for protection are:

- Contracted Hours
- Unsocial hours payments
- Regular or contracted overtime/extra hours
- Allowances for:
 - Stand-by/on-call duty/work done
- Any other appropriate allowances / earnings described in the relevant Terms and Conditions Handbook.

Earnings in the new post/rota/shift pattern will be offset against protectable earnings. If for any particular pay period the earnings in the new rota/shift pattern exceed the protectable earnings, protection of earnings is extinguished and earnings in the new rota/ shift/ will be paid in full for that particular pay period.

When calculating earnings, the rates used for calculating payments in respect of additional hours, overtime, shift work and other additional duties shall be those applicable to the new post.

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The continued receipt of short-term protection of earnings is conditional on the employee undertaking any overtime, shift work on call, emergency work and additional duties where applicable which may be needed in the new post up to the level at which earnings in the new post equal the protected earnings. Beyond this point normal arrangements will apply and payments will be made at the rates applicable to the new post.

Short-term protection of earnings are also conditional on the employee accepting any subsequent offer (during the period of protection) of another suitable post with the same Health Board/NHS Trust which attracts a higher level of average earnings than that applying to the new post.

10.4 Long-term protection of basic wage or salary where downgrading is involved

Long Term Pay Protection applies when, through organisational change, an employee is moved from one post to another and who is downgraded as a result to suitable alternative employment or where an employee's duties change which result in a down-grade to a post carrying a lower band/grade. In such circumstances employees will be entitled to full protection of basic salary until:–

- a) the period specified in the table below expires, or;
- b) the employee is appointed to a post in which the normal salary is equal to or exceeds the protected salary, or;
- c) the employee moves on his or her own application to a post with a salary which is lower than that of the new post, or;
- d) the employee refuses to apply for three posts deemed to be suitable alternative employment, or;
- e) the employee refuses an offer of suitable alternative employment, or;
- f) the employee retires, or;
- g) the basic salary of the new post is equal to or exceeds the protected salary.

Reckonable Service	Length of Protection Period
After 2 Years' Service	6 Months Protection
After 3 Years' Service	1 Year Protection
After 4 Years' Service	2 Years Protection
After 5 Years' Service	3 Years Protection
After 6+ Years' Service	6 Years Protection

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When an employee commences in their new post they will be placed on the appropriate incremental pay point commensurate with their service history. This may provide for incremental progression within the new band/grade. The basic salary during the period of protection will be assessed against the salary in the old post to maintain the level of protection for the full eligible Length of Protection Period. As noted in g) above, the basic salary of the new post may at some point be equal to or exceed the protected salary, in which case protection will end.

Long-term protection entitlement is assessed on the basis of actual hours worked in the new post, paid at the hourly rate applicable to the previous post. If the hours in the new post exceed hours worked previously, long-term protection entitlement is based on (hours worked previously) x (rate applicable previously) with any additional hours in the new post being paid at the rate applicable to the new post.

Any additional earnings derived from work in the new post will be remunerated at the rate appropriate to the new post.

Long-term protection of basic wage or salary is also conditional on the employee giving an undertaking to move to a post on their previous i.e. protected band/grade with the Health Board/NHS Trust and actively seeking/applying for such opportunities as they arise. Health Boards and NHS Trusts have a duty through this policy to actively support individuals with securing such appointments and will ensure that suitable opportunities and vacancies are brought to individuals' attention. Accordingly there is an explicit requirement that staff, whilst in the receipt of long term protection, will be proactive in managing their careers as a condition of the continued receipt of protection. The refusal to apply for suitable alternative employment on three occasions; or to accept an offer of a suitable alternative post will result in the immediate cessation of protection.

To support staff on long-term protection Health Boards/NHS Trusts will use the provisions of the Redeployment Policy so as to enable staff to be afforded "restricted competition" status at any appropriate interview(s) for posts at their previous band/grade provided there are no employees at risk of redundancy who are eligible for priority interview.

Moving to an alternative post during protection may be instrumental in employees re-establishing their careers, but such moves may not necessarily result in individuals securing a post at their previous band/grade. In such circumstances, there will be no loss of eligibility for protection, where an employee moves within their Health Board/NHS Trust to a post not at the previous band/grade but where such a move is

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considered supportive in their career development/a step to returning to the previous band/grade. In such circumstance the level of protection may need to be recalculated based on the new post.

Exceptionally, protection may be transferred when an employee moves on his or her own application to a post with another Health Board or NHS Trust in NHS Wales with a basic wage or salary which is equal to that of the existing post, but only at the discretion of the organisation which would have to meet the cost of protection after such a move and only where that organisation can justify the continuation of protection as being in the interest of the service.

10.5 Possible Protection of Pension Following Down-Grading / Reduction in Hours

Employees who are members of the NHS Pension Scheme (with more than 2 years' pensionable service) who are eligible for long term pay protection following organisational change may apply to have their pension protected at the higher rate, subject to the approval of the NHS Pensions Agency. Individuals are advised to contact the Pensions Department on this matter, within 3 months of the reduction in salary to discuss how this option is accessed.

10.6 Interaction between Long and Short-Term Pay Protection

An employee to whom both short-term and long-term protection is applicable shall be paid both entitlements at the same time for the duration of the short-term protection. At the end of the short term protection period payment will be made on the basis of the remaining entitlement to long-term protection.

10.7 Appeals

Appeals arising out of the application of this section of the policy shall be dealt with by application of Stage 2 of the Grievance Procedure.

11. Excess mileage and travel

Where an employee's base is changed as a result of organisational change and this results in additional mileage from home to base then the excess miles incurred can be claimed.

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Excess mileage will be reimbursed in accordance with the Reserve Mileage Rate for a period of up to 4 years. Alternatively, staff may claim a lump sum equivalent to 2 years excess travel payments.

If the employee moves their residence/home closer to their new work base during the period of entitlement, the excess mileage/travel will be reduced accordingly. If the individual moves their residence/home further from their new base no additional mileage/travel will be paid.

For those employees who have lease cars, any reimbursement will be subject to national insurance and tax deductions.

Staff are able to retain their entitlement to excess travel should they apply and obtain promotion or transfer to a new role on the same band at their new base.

If the employee voluntarily takes up another post at a different location then payment of excess mileage will cease from date of appointment.

Non driving employees will be reimbursed for additional incurred public transport costs for a period of four years, or are entitled to receive two years' excess mileage paid as a lump sum.

Car parking charges will be reimbursed where an employee is redeployed under this policy, to a site where such charges are mandatory and the charges will therefore be necessarily incurred. Reimbursement of car parking charges in these circumstances will be made for a period of four years (arrangements for parking including location and rate should be agreed by the organisation and the employee in advance). As an alternative to the above, the UHB may offer two years car parking fees paid as a lump sum. Lump sum payments will be subject to a pro rata 'claw back' clause, should the employee leave their employment before the end of the two year period.

12. Relocation / removal expenses

Organisations should have a relocation/removal expenses policy, which makes provisions for the payment of removal expenses, in circumstances where employees are required to move their home base and the organisation is satisfied that the arrangements proposed are reasonable in the circumstances.

Employees, who may be contemplating relocating their home as a result of, or in anticipation of an organisational change process, should obtain

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confirmation of the entitlement to relocation/removal expenses, prior to entering into any binding arrangements.

13. Review, evaluation and monitoring arrangements

13.1 Formal Review

This policy will be reviewed formally by the Welsh Partnership Forum by March 2020.

13.2 Evaluation

There will be ongoing evaluation of this policy with the trades unions, employees and NHS organisations, particularly in the context of equality impact assessments.

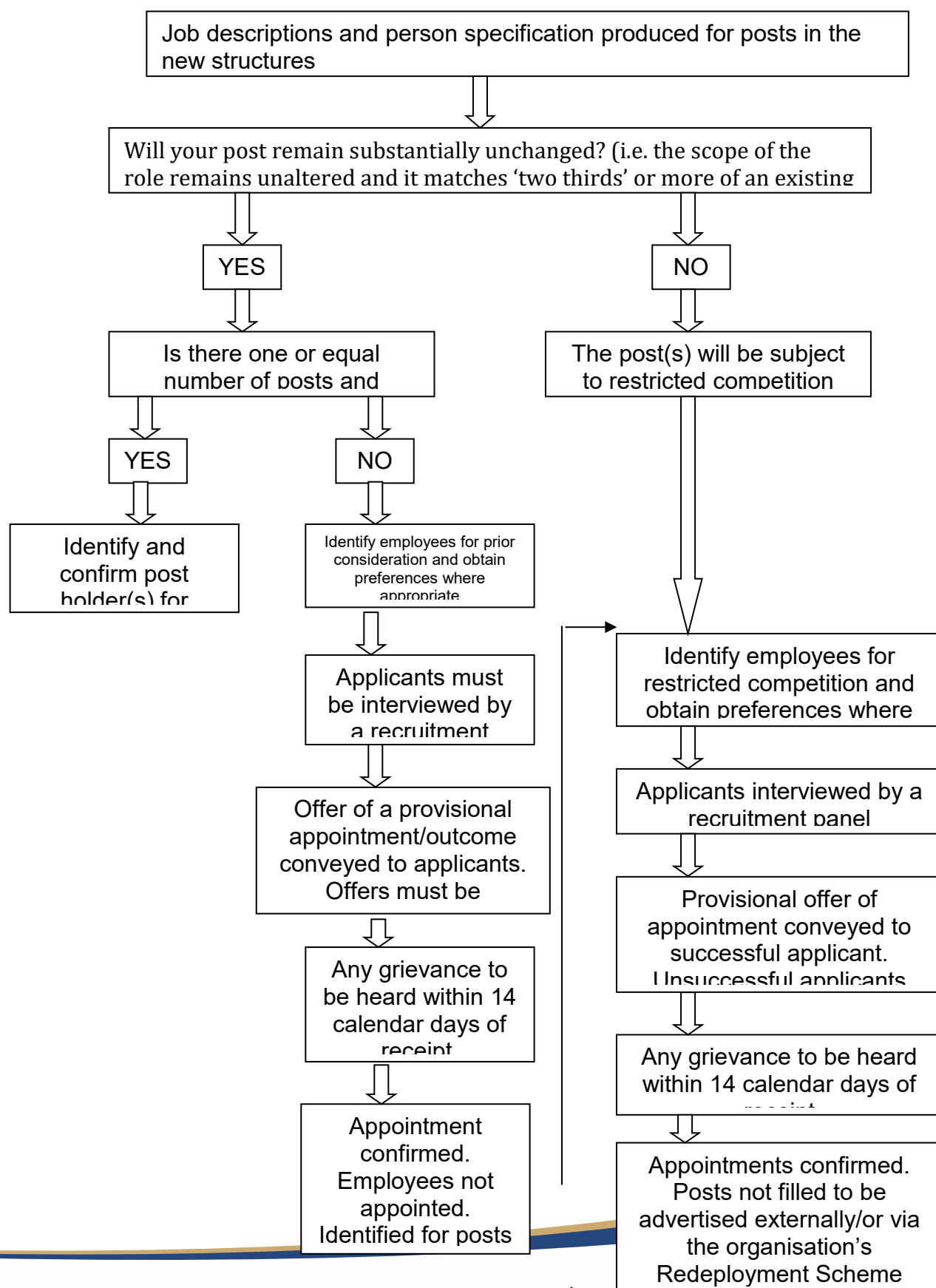
13.3 Monitoring

A monitoring proforma will be developed and the policy will be monitored, in partnership, after each organisational change, to ensure that the principles have been adhered to.

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APPENDIX 1

Procedure for filling posts during organisational change flow chart



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APPENDIX 2

Redundancy policy

1. Statement of Intent

1.1 Definition of Redundancy:

Redundancy can be defined as a dismissal, which is wholly or mainly attributable to:

- The fact that the employer has ceased, or intends to cease, to carry on the business for the purposes of which the employee was employed by them, or has ceased or intends to cease to carry on that business in the place where the employee was so employed; or
- The fact that the requirements of that business for employees to carry out work of a particular kind or for employees to carry out work of a particular kind in the place where they were so employed, have ceased or diminished or are expected to cease or diminish. (Section 139 (1), Employment Rights Act 1996).

NHS Wales organisations are committed, as far as is possible, to providing continued employment for existing permanent employees. These organisations are therefore required to take all reasonable, practical and affordable steps to retain valuable skills, knowledge and experience and avoid making employees compulsorily redundant.

This policy sets out all the measures which organisations must explore to avoid compulsory redundancy and the procedure to be followed, in the event of compulsory redundancy having to be affected.

The organisations will:

- encourage full and open consultation with employees and their representative(s) during a period of change, which may result in redundancy;
- facilitate the redeployment of employees;
- ensure appropriate and fair processes are followed; and
- endeavour to ensure that wherever possible, or affordable, reductions in employee numbers are achieved through natural wastage, or by means of voluntary early retirement or voluntary early release.

2. Procedures

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2.1 Consultation

Where it is evident or strongly considered that changes planned will have a significant impact on employee contracts or will result in redeployments or redundancies then the statutory requirements concerning the provision of information to, and consultation with, recognised trades unions/staff representatives will be followed in accordance with section 5.3 of the OCP - Collective Consultation of Proposed Redundancy.

Employees at risk of redundancy will have the right to representation throughout the process.

Management must do their utmost in all circumstances to ensure that the consultation process commences at the earliest possible stage.

2.2 Measures to be taken to minimise or avoid redundancies

Wherever practicable all possible steps will be taken to minimise or avoid redundancy in accordance with the provisions set out in the Organisational Change Policy.

Any offer of alternative employment, which is considered to be suitable should be made in writing, providing sufficient details of the post and allowing reasonable time for the employee to consider it, prior to expiry of the notice period. The offered alternative post should be available no later than four weeks, from the date the old contract is ended. The offer should, where appropriate attempt to indicate the principal ways in which the new job differs from the old. Where this procedure is followed but the employee fails to respond to any such offer, the employee shall be deemed to have refused suitable alternative employment.

The acceptance of any alternative employment, which is considered suitable, may by agreement be subject to a four week trial period. Trial period arrangements, including mechanisms for assessment and review should be agreed between the manager and the employee before the trial period beings.

If during the trial period it becomes clear that the redeployment is not in fact suitable, this will not affect the employee's entitlement to any redundancy payments that might be due under their old substantive contract. Redundancy payments will be put at risk if an employee withdraws without reason from an agreed trial arrangement.

2.3 Selection Methods

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Selection methods will be agreed locally according to the circumstances of the reduction in posts, the staff groups involved and the requirements of the service and the organisation following the change. Any or all of the following may be considered as criteria for selection, bearing in mind the requirement that selection must be based on objective criteria:

- length of service;
- attendance record;
- sickness record (use of this criteria must be carefully managed in accordance with the Equality Act (2010);
- disciplinary record;
- qualifications;
- skills;
- competencies;
- work experience; and
- performance records (based on formal documented and objective evidence e.g. performance management/development review documentation).

The organisation must take care when designing and applying their selection criteria, to avoid using factors, which may directly or indirectly discriminate against any employee, on the grounds of gender, race, disability, religion or belief, age, sexual orientation, pregnancy and maternity or because they are transgender, married or in a civil partnership. The same consideration should be given to part-time employment status and trades union membership. Organisations must undertake an equality impact assessment of the chosen selection method.

2.4 Time off to look for work

Employees will be given reasonable time off, with pay and reimbursement of expenses, to consult with management, trades union and staff representatives, to visit any new locations where they may be seeking alternative employment, to attend for interview and to attend training and retraining.

2.5 Retraining

Appropriate preparatory training, induction and on or off the job training will be provided to enable employees to move into areas of work, not fully covered by their original training or recent experience. This will include attendance at any courses or seminars that may be pertinent to current vacancies.

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2.6 Additional assistance

Each employee who is displaced or at risk of redundancy will be given the opportunity for individual counselling, including provision of information e.g. entitlements and specific support as identified in section 8.6 of the OCP Support arrangements.

2.7 Notice periods

Contractual notice should be served to any employees that are given notice of termination of employment by reason of redundancy.

Circumstances will dictate whether the organisation can offer a notice period which is longer than the employee's contractual notice. Notice periods may be extended, to maximise the opportunity to find the employee suitable alternative employment.

Subject to mutual agreement an employee may leave before the expiry of their notice period if:

- they obtain other employment outside of the NHS. In such a circumstance the new termination date will become the revised date of redundancy, for the purposes of redundancy calculations; or
- the employee, after having been given notice by their employing organisation, gives written counter notice, which with agreement may be less than the contractual period, with no loss of redundancy payment rights.

An employee may also be required to leave if:

- they engage in conduct resulting in another reason for dismissal, during their redundancy notice period.

In respect of the above, the organisation reserves the right to make an outright payment in respect of notice and the redundancy entitlement, by way of full and final settlement, subject to statutory regulation.

2.8 Equality

In applying this redundancy policy, organisations will ensure that any proposed arrangements do not discriminate on the basis of disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, trade union

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membership, age (except in so far as it is affected by the age retirement policy) etc. Part time employees should be treated in the same way as full time employees in all respects.

3. Entitlements of employees who are redundant

- 3.1** All NHS employees who are eligible to receive a redundancy payment will have their entitlement calculated and paid in accordance with section 16 (redundancy pay) of the Agenda for Change NHS Terms and Conditions of Service Handbook.
- 3.2** Provision also exists for eligible NHS employees to retire early without reduction of their pension benefits subject to the specific criteria set out in the NHS Pension Scheme membership rules and the provisions of Section 16 (redundancy pay) of the Agenda for Change NHS Terms and Conditions of Service Handbook.
- 3.3** It should be noted that these redundancy pay provisions apply to all NHS employees not just those covered by the Agenda for Change NHS Terms and Conditions of Service.

4. Right of appeal

4.1 Redundancy process grievances

In the case of dispute in respect of the redundancy process, associated with organisational change, an employee may lodge a grievance, in accordance with the All Wales grievance policy.

- 4.2** Employees who are served notice of redundancy must be advised of their right of appeal. Any such appeal should be lodged within 21 days of the date of the letter of notice. Such appeals will be managed and conducted in accordance with the relevant organisation's dismissal procedure.

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APPENDIX 3

Arrangements for managing seconded, acting up and fixed term employees.

1. Seconded and acted up employees

The procedure for filling posts during organisational change, set out in section 9 of this policy, will not be applicable to a 'seconded' or 'acted up' role, which will be affected by the organisational change process, unless the employee has been in the post for a period of four continuous years or more, on the date on which they are displaced.

An employee who is 'seconded' or 'acting' up may however be included in the provisions of section 9, if they hold a substantive role which is subject to organisational change. In these circumstances the secondment or acting up arrangement may cease if appropriate where the employee may be slotted in or have prior consideration rights in regard to their substantive role.

1.1 Seconded and acted up employee with less than four years continuous service

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Where an employee has been seconded or acted up in a post for a period of less than four continuous years, on the date on which they are displaced, the banding/grading and terms and conditions of service of their substantive post will be used to determine offers of suitable alternative employment, should they be unable to return to their substantive post.

Where an employee has been seconded or acted up into a post with no agreement to return to their **substantive post**, it will be the responsibility of their substantive employing organisation to find them suitable alternative employment where possible, at the end of the secondment/acting up period. This post should be at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where an employee has been seconded or acted up into a post with no agreement to return to their **substantive employing organisation**, it will remain the responsibility of their former substantive employing organisation to find them suitable employment. This post should be where possible at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where an employee's substantive employing organisation no-longer exists, it will be the responsibility of the successor organisation to the original employing organisation to honour their return to their substantive post, where this is still available, or to find them suitable employment where possible, should the post no longer be available or exist. This post should where possible be at the same band/grade and on similar terms and conditions to those the employee was employed on, prior to the commencement of their secondment.

Where a seconded employee has a substantive contract but never held a substantive post with their employing organisation, i.e. their contract is hosted, it will be the responsibility of their employing organisation to find them suitable employment where possible. This post should where possible be at the same band/grade and on similar terms and conditions to those the employee enjoyed in their secondment post.

1.2 Seconded and acted up employee with four or more years continuous service

Where an employee has been seconded or acted up in a post for a period of four continuous years or more, on the date on which they are displaced this will be considered to be their substantive post.

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In these circumstances the employee's secondment/acting up banding/grading and terms and conditions will be used to determine offers of suitable alternative employment, should they not be appointed to a post using the slotting in or prior consideration principles.

2. Fixed term employees

Under the Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002, an employee on a fixed term contract, (e.g. the employee has been appointed to work in a fixed term or temporary post until a specified end date, event or task) is entitled to equal treatment. This equal treatment applies in terms of pay, benefits, equal opportunities for promotion, training and further development, including the right to be informed of all suitable available vacancies, and equal access to the occupational pension scheme, unless the less favourable treatment can be objectively justified by the employer.

Where an employee has been appointed on a fixed term contract and is affected by organisational change, the manager should liaise with the Workforce and OD department. Where an employee has been employed specifically to cover e.g. maternity leave, sickness absence, or to undertake a specific project, it is unlikely that they will have an entitlement to the provisions outlined in section 9 of this policy.

Where an employer is proposing to dismiss an employee on a fixed term contract, there should be full consultation with the affected employee and a thorough consideration of alternative employment prior to this decision being taken.

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APPENDIX 4

Transfer to a new employer

1. Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014

2. The Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 are commonly known and referred to as the TUPE Regulations. These Regulations provide employment rights to employees when their employer changes as a result of a transfer of an undertaking. The effect of these Regulations is to preserve the continuity of employment and terms and conditions of those employees that are transferred to a new employer, when a relevant transfer takes place. This means that employees employed by the previous employer when the transfer takes effect will automatically become employees of the new employer on the same terms and conditions of service. The Regulations also contain specific provisions to protect employees from dismissal before or after the transfer.

The Regulations therefore ensure that employees are not penalised when they are transferred by being placed on inferior terms and conditions. Therefore, not only are their pre-existing terms and conditions transferred across on the first day of their new employment with the new employer, the Regulations also impose limitations on the ability of the new employer and the transferred employees to agree a variation to terms and conditions thereafter.

3. Partnership and Management Change Agreement

The Partnership and Management Change Agreement issued by the Welsh Assembly Government Workforce Forum in February 2008 provides employees with a further reassurance, as it requires the public sector to treat TUPE as applicable upon any change of employer as a result of reorganisation in the public sector.

4. Information rights

The Regulations requires the existing employer to provide information to the new employer regarding transferring employees, prior to the relevant transfer date. The Regulations state that this information should be given at least 28 days before the completion of the transfer, or if special circumstances make this not reasonably practical, as soon as is reasonably practicable.

As such existing employer is required to provide the new employer with specific information (in writing or other forms which are accessible to the new employer)

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which will assist them to understand the rights, duties and their obligations in respect of the transferring employees.

5. Consulting with affected employees

The TUPE Regulations place a duty on both the existing and new employers to inform and consult employees who may be affected by the transfer. The Regulations do not prescribe a timescale for such consultations, other than to state that such consultations should take place “long enough before a relevant transfer to enable the employer of any affected employees to consult with the appropriate representatives”.

5.1 Employees who are trades union members

NHS Wales encourages all employees to join a trades union. Where employees may be affected by a TUPE transfer are represented by a recognised trades union(s), the existing employer must inform and consult with a recognised authorised official i.e. local or full-time officer of that union(s).

5.2 Non-unionised employees

Where employees that may be affected by the transfer are not represented by a recognised trades union, the employer is required to inform and consult with an appropriate representative of these employees.

The employer will enable employees who wish to elect a representative to do so and will inform and consult with them as appropriate.

6. Refusal to transfer

It is accepted that some employees will struggle to accept change and may fail to make the adjustment, and may therefore need to be counselled as to their options. The legal position of those employees who may decide not to transfer is that they will be voluntarily leaving their employment without any entitlement to notice or other severance compensation.

Employers should treat such employees sympathetically and arrange to meet with them to fully explore their reasons for refusing to accept a transfer and discuss alternative re-deployment opportunities should they exist.

7. Re-engagement following redundancy

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For NHS Terms and Conditions of Service purposes, NHS organisations are 'associated employers'. Therefore if an employee is made redundant and accepts and commences a new NHS post within four weeks of leaving the previous post, they are not entitled to redundancy pay under the regulations. Steps should therefore be taken by NHS organisations to actively identify and pursue suitable vacant/advertised posts, to avoid a redundant employee receiving a significant redundancy and/or termination payment and then taking up another post elsewhere in the NHS, after the four week period. Detailed legal advice may be necessary according to the individual circumstances and compliance with WG policy and directives.

8. Career planning and support for displaced employees

Local mechanisms will be established to provide support to those employees that are displaced or who may need support to adjust to a new working environment. The aims of developing such a scheme are to:

retain skills and experience within NHS Wales;

- avoid unnecessary loss of staff and reduce redundancy costs;
- effectively support individuals whose career is in transition;
- ensure fair and equal treatment of employees across NHS Wales;
- and
- provide personal support for those employees who may not be displaced but who are generally concerned about the effects of organisational change on them.

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APPENDIX 5

ORGANISATIONAL CHANGE WITHIN NHS WALES

REDEPLOYMENT POLICY

1. Introduction

The National Health Service (NHS) in Wales is committed to attracting and retaining excellent, committed staff and values the depth and breadth of experience, knowledge and skills that they hold and contribute to the service.

The changing needs of the NHS in Wales, as a result of ongoing organisational change and the requirement to pro-actively manage these changes, means that some employees may need to be redeployed into alternative roles, should they be displaced from their current post and / or their post has been identified as being at risk of redundancy. In these circumstances, it is recognised that the employees affected will have experience, knowledge, skills and expertise, which will enable them to continue to contribute to the success of a Health Board (LHB) / NHS Trust, should they be given suitable opportunities to do so.

It is the responsibility of each of the LHB and Trusts to make all reasonable efforts to assist employees, where necessary to find suitable alternative employment, to enable them to continue their careers within the National Health Service. This will include fully supporting the potential and actual redeployment of NHS Wales's staff from outside of their own organisations, into suitable vacancies in other organisations in circumstances where it is appropriate and where there is agreement to do so.

During any period of organisational change, the following Redeployment Policy will be utilised by all LHBs and Trusts when there is a requirement for them to seek to find suitable alternative employment for employees that have been displaced from their current post and / or their post has been identified as being at risk of redundancy.

The Policy must be read in conjunction with other NHS Wales policies.

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2. Scope

This Policy will only apply in instances where redeployment is appropriate as a result of organisational change.

This Policy will apply to all NHS Wales employees who hold a substantive or fixed term contract that have been displaced from their current post and / or their post has been identified as being at risk of redundancy, as a result of an organisational change process.

Each NHS Wales organisation will establish arrangements within their Workforce & OD Departments to co-ordinate and manage the process of managing employees who are eligible for redeployment and will ensure that collaborative arrangements are put in place with their counterparts within the other NHS Wales LHBs/Trusts.

Displaced employees will be designated as a Redeployment Candidates, once it has been confirmed in writing that they have been unsuccessful in securing a suitable post within the new organisational structure, i.e. they have been formally displaced or their post has been identified as being at risk of redundancy and it has been confirmed that continuing in their current post is not tenable.

Such employees will retain the designation as a Redeployment Candidate for a maximum period of 3 months, unless they secure a substantive post in the intervening period. It is anticipated that LHBs and Trusts, working co-operatively, should be able to find candidates, suitable alternative employment within the above timescale. It should be noted that any staff at risk of redundancy will be given precedence in identifying suitable alternative employment over staff who are already in an alternative post and on protection. Additionally, an employee being made redundant, and who is taking leave such as statutory maternity leave, must be offered any suitable vacancy before any other employee. Also, they do not have to apply for it. If the organisation has doubts about the employee's suitability for the role, it can assess/interview them for the role – and if they are found to be suitable, they must be offered the role first. However, if there is not a suitable role, they can be made redundant if the decision is not because of their legally-protected leave, and the redundancy process is fair.

All Redeployment Candidates will have all of their employment rights protected, as required by the Employment Rights Act (1996). It should be noted and specifically communicated to employees in writing that where they are redeployed to a post within a new NHS Wales

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employer, they would be given a new start date in post with that employer, however their continuous NHS service would be counted as reckonable in respect of sick pay, annual leave and incremental credit.

3. Purpose

This Policy will assist employees to identify suitable alternative posts within NHS Wales, when they are unable to continue in their current substantive post, by providing a commitment and process which allows them preferential consideration when applying for identified vacant posts.

The purpose of the Redeployment Candidate designation is to:

- ensure that displaced employees are made aware of vacancies prior to them being advertised via the open competition process;
- ensure that displaced employees are matched to appropriate vacancies, to secure alternative employment in accordance with the 3 month timescale and in accordance with best practice;
- ensure that a fair, equitable and consistent approach is adopted in the management of suitable alternative employment, within NHS Wales, during any organisational change process;
- maintain continuity of service and service efficiency and effectiveness during all organisational change processes;
- ensure that all employees remain valued and that their ongoing contribution to the NHS Wales is recognised and supported during any organisational change process;
- provide effective and ongoing support to employees who have been displaced from their current post or their post has been identified as being at risk of redundancy and is no-longer tenable for them to continue working in that post;
- assist and support employees to find suitable employment and where possible, provide for their career development and aspirations; and
- ensure that NHS Wales's organisations meet all of their relevant legal obligations, as regards finding suitable alternative employment for employees at risk of redundancy, in accordance with the Employment Rights Act (1996).

4. Equality Statement

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All employees subject to redeployment will be treated with dignity and respect and in accordance with equality and human rights legislation. No individual will be treated less favourably on the basis of age, disability, gender, race, religion and belief and non-belief, sexual orientation, pregnancy and maternity or because they are transgender, married or in civil partnership. No employee should be treated less favourably due to their hours worked (full-time or part-time) or trades union membership.

Selection for suitable alternative employment or training / re-training will be on the basis of the employee's qualifications, knowledge, skills and relevant experience, against the job description, essential person specification criteria and requirements of the role.

5. Roles and responsibilities

The effective operation of this all Wales Policy is dependent on the full co-operation of all Welsh NHS LHBs and Trusts working collaboratively, to ensure that all appropriate vacancies are made available to staff Redeployment Candidates.

Each LHB and Trust will therefore review and consider all of their new vacancies, against any notified Redeployment Candidates, to determine whether they may provide suitable alternative employment opportunities.

NHS Wales LHBs and Trusts will not therefore arrange open competition interviews for new vacancies, until potential eligible redeployment candidates have been considered for these posts, via the agreed recruitment process.

5.1 Executive Organisational Change Redeployment Lead

The Director of Workforce and OD will have overall organisational responsibility for ensuring the effective resourcing and operation of this Policy.

It will also be their role to facilitate local discussions with senior managers and appointing managers within their own organisation (as well as cross organisational discussions with their counterparts), where it is identified that there are challenges, which may be preventing an employee being deployed to a suitable alternative post, which they clearly have the knowledge, skill and experience to fulfil.

The Director of Workforce and OD will also ensure that their

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organisation implements a vacancy control process. This process will ensure that no vacancies are authorised to be advertised via an open competition process, until it has been confirmed that these vacant posts will not offer a potential suitable alternative opportunity, to any Redeployment Candidates.

5.2 Head of Department

Initial responsibility for finding suitable alternative employment opportunities for an employee, displaced from within a departmental structure, will rest with the Head of Department*

The Head of Department* will initially be required to make every effort to find a suitable alternative position for the affected employee, within their new structure.

The Head of Department* must liaise with their HR representative, supporting the organisational change within their structure, to obtain and provide appropriate advice to the affected employee, in relation to the Organisational Change Policy, redeployment etc. This will be necessary to ensure that any employees designated as Redeployment Candidates receive timely and appropriate support and advice throughout the change process.

* **N.B.** This responsibility may rest with the head of department, functional head, line manager or professional lead, depending on the organisation's structure.

5.3 Nominated HR Officer/Manager

Each NHS LHB and Trust will nominate a HR Officer / Manager, to support Redeployment Candidates in their search for suitable alternative employment. Such HR nominees will act as the "Case Manager" for all such redeployments cases.

It will be the role of the nominated Case Manager to:

- work proactively with redeployment candidates to assist them to secure where possible suitable alternative employment, within 3 months of being designated as such;
- Seek completion of and signature on the Agreement Form to confirm that both parties (the employee and the LHB/Trust) are committed to work together, within the specified period to find a suitable post;
- ensure the identified employee's information is recorded by the

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LHB / Trust in a system which can ensure appropriate management of all employees designated as Redeployment Candidates;

- review all vacancies that are submitted via the vacancy control process, to establish whether any of these posts could offer a potential suitable alternative opportunity, to redeployment candidates.
- make regular contact with redeployment candidates;
- as necessary, assist redeployment candidates to access NHS jobs and download vacancy information;
- ensure that all appropriate vacancies and the associated recruitment documentation are made available to redeployment candidates;
- discuss appropriate vacancies with redeployment candidates to assist them to assess and make an informed decision regarding their suitability of the post, with particular reference to the person specification, job description and any other information available, which is relevant to vacancy;
- as necessary, assist redeployment candidates with their application for suitable alternative posts, where it has been identified that they meet the essential selection criteria for a post;
- ensure that employees designated as redeployment candidates that meet the essential short listing criteria are offered the opportunity to discuss the post with the appointing manager, prior to the agreed redeployment recruitment process;
- liaise with a more senior HR Manager, should an appointing manager fail to consider an employee, that meets the essential criteria for the post, to ensure the matter is investigated and resolved appropriately and in a timely manner;
- liaise with a more senior HR Manager, in view of the potential consequences, should a registered employee decline to apply for a potential suitable alternative employment post, which has been brought to their attention.
- provide *initial* constructive and timely feedback to the employee, following their application being considered for a post, as appropriate;
- as appropriate provide support to redeployment candidates in seeking approval for requests in respect of funding for training, to enable them to update their skills and / or knowledge or to re-train for work of a different type or in a different discipline / field;
- ensure employees designated as redeployment candidates have access to counselling / careers advice services, communicating the availability of such services as appropriate;
- ensure the details of redeployment candidates is maintained and kept up to date

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- manage the transactional processes associated with redeploying an employee e.g. any agreed pay protection, terms and conditions protection, and excess mileage payments arrangements etc.

5.4 Appointing Manager

The appointing manager is responsible for;

- ensuring that redeployment candidates that express an interest in a vacancy and meet the essential person specification criteria for the post are offered the opportunity to have an informal discussion about the role, prior to the redeployment interview;
- ensuring where redeployment candidates, meet the essential person specification criteria for the post (based on the content of their formal application for the post) are offered a formal interview, prior to any open recruitment competitive process;
- seeking advice from the HR Case Manager where there is an application from a redeployment candidate for their post and they consider that they do not meet all of the essential elements of the person specification and provide written reasons.
- Approval to advertise the posts for open competition will not be granted until this information is provided by the appointing manager;
- notifying the HR Case Manager supporting the redeployment candidate of the outcomes from any meetings/interviews and providing initial feedback to them;
- notifying the candidate of their recruitment decision and providing constructive feedback, following a recruitment interview, should the employee not be appointable; and
- providing the HR Case Manager with a copy of the recruitment documentation, to ensure the reasons for not appointing are reasonable and documented.

5.5 Employee

All employees that are displaced from their substantive post and / or their post has been identified as being at risk of redundancy, as a result of an organisational change process, will be designated by their LHB and Trust as a Redeployment Candidate.

These Redeployment Candidates may also request that their details be notified to other NHS Wales LHB/Trusts for consideration of vacancies. The appointed HR Case Manager will ensure that the

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employee's details are forwarded to the LHB/Trust HR Case Manager, for consideration of vacancies within that organisation.

It will be the responsibility of these Redeployment Candidates to:

- maintain regular contact with their LHB/Trust HR Case Manager (and the HR Case Managers of any external LHB/Trust, which they have requested to be considered for), including notifying them of any protracted periods of absence, such as extended leave whether annual, maternity, sick leave etc., to ensure that information about vacancies can continue to be made available to them;
- complete and sign the Redeployment Registration Form, providing all relevant information / documentation in relation to contact details, employment record, qualifications, experience and role / job preferences;
- submit their Form to their HR Case Manager, so that their baseline skills levels and competencies can be established;
- complete and sign the Redeployment Scheme Employee Agreement Form to comply with the terms of the redeployment scheme and work proactively with the LHB/Trust to secure alternative employment within the prescribed 3 month timescale;
- access and review NHS jobs on a daily basis and other relevant recruitment media on a regular basis to assist in the identification of potentially suitable internal and external NHS vacancies;
- consider and pursue all reasonable suitable alternative employment opportunities within NHS Wales, expressing an interest in those vacant posts for which they may be potentially suitable (with reference to their knowledge, skills, qualifications and experience) and submitting an application;
- contact their HR Case Manager, should they require any additional information regarding a potential suitable vacant post, to enable them to make an informed decision regarding the suitability of the vacancy;
- consider alternative posts, which would be regarded as suitable except for the rate of pay, terms and conditions of service, location etc. In such circumstances the employing LHB / Trust organisation will give full and fair consideration to offering pay and / or terms and conditions of employment protection and / or excess travel expenses etc. in accordance with the provisions set out in the Organisation Change Policy;
- co-operate fully and to exercise reasonable flexibility when considering and being considered for suitable alternative posts, to ensure where possible that they are able to secure

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substantive employment, prior to the expiry of their Redeployment Candidate status. Whilst reasonable attempts will be made to accommodate employee's preferences, they should not unreasonably refuse a post within a reasonable travelling distance or at a lower band, as pay protection will be given in accordance with the terms set out in the OCP. Should an employee unreasonably refuse a post that has been assessed as one which could provide suitable alternative employment, the matter will be dealt with in accordance of Section 6.6 of this policy "Refusal of an Offer of Suitable Alternative Employment";

- contact their HR Case Manager, should they wish to consider attending a training course, to enable them to update their skills and / or knowledge or to re-train for work of a different type or in a different discipline / field;
- complete the application process in respect of all identified suitable alternative post and attend all associated arranged meetings and interviews;
- approach their manager to request reasonable time off work to find suitable alternative employment, including attendance at interviews and meetings in relation to their redeployment and training events;
- meet with a senior HR Manager should their HR Case Manager believe that they have unreasonably refused an offer of suitable alternative employment.

All Redeployment Candidates will be entitled to be accompanied by a trades union representative or a work colleague, if they so wish during any redeployment related meetings.

5.6 Trades Union / Professional Organisation Representative

At the request of the displaced employee the trades union / professional organisation representative is responsible for;

- Supporting the employee and attending meetings with them in relation to their redeployment. This will **not include** attendance at formal meetings with an appointing manager to discuss a specific post or recruitment interviews;
- Working with the Health Board/Trust representatives to address any concerns they may have regarding the organisation and/or the employee's adherence to the provisions of this policy, seeking to resolve any issues of concern, informally where possible.

6. Interview and appointment process

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6.1 Process for identifying suitable alternative employment vacancies

All recruitment to suitable alternative employment vacancies must be undertaken in line with the NHS Wales Shared Services Recruitment Process and Procedures.

The person specification and job description for a post will be the principle documents used as the means, by which the HR Case Manager and the Redeployment Candidate, will identify and determine potential suitable alternative posts.

To be eligible for consideration for vacant posts, the employee must be able to demonstrate that they meet all of the essential person specification criteria for the post.

Whilst consideration of suitability will necessarily focus on knowledge, skills, experience and qualifications, it will also be necessary to take into consideration any personal circumstances which may render the post unsuitable such as caring responsibilities and hours of work. In addition, due regard must be given to the requirement to make reasonable adjustments to posts in accordance with the Disability Discrimination Act (2005) and the requirement not to unlawfully discriminate against disabled staff seeking redeployment opportunities, by providing staff at risk of redundancy with preferential treatment.

An employee will not have a right to more than one offer of suitable alternative employment, unless it can be established that the offer did not in fact provide them with a suitable alternative post.

6.2 Identified appropriate suitable alternative employment vacancies

Where a post has been identified as a potential suitable post for a Redeployment Candidate, the HR Case Manager will advise the appointing manager that they are required to consider and offer the employee an interview. Such vacancies will not be the subject of an open competition recruitment process, unless an appointment cannot be made from any eligible Redeployment Candidates.

If a full skills match does not exist at the outset, the vacancy may still be deemed suitable if it is agreed that after a trial period (see 6.6 below) and/or a period of training it is assessed that there is certainty that the full skills match would be achieved.

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6.3 Appointment process

Where it has been identified and agreed that an employee on the Redeployment Candidate list is able to demonstrate, via their job application that they meet the essential person specification criteria for a vacant post, the appointing manager must meet with them to discuss the post and role requirements, prior to the recruitment interview process.

The purpose of the meeting will be to establish whether the employee is potentially appointable to the post. This will ensure that both parties are confident going into the recruitment process that the post may provide suitable alternative employment and could potentially be filled by the identified employee.

Where only one individual is involved, the decision to offer a post will still be based on whether the individual could reasonably be expected to undertake the duties to the required standard through a formal recruitment interview as the only candidate.

Should it be determined that the post would represent a significant change in responsibilities and pay band for the employee, a formal recruitment interview would be required under the normal open competition arrangements, to ensure that there was no unfair advantage in securing a promotion.

Where more than one redeployment candidate expresses an interest in a vacancy and they meet the essential person specification criteria for the post, they will all be interviewed for the post. The selection decision will be based on the appointed individual's ability, as demonstrated via the interview process, that they could undertake and perform in the role to the required standards.

Where appropriate, redeployment to a fixed term or temporary post on an interim basis will be considered if this is deemed to be in the best interests of an employee and the service. In such cases, the employee's designation as a Redeployment Candidate will be suspended, while they undertake this post. Their designation will resume once the fixed term / temporary post comes to an end. In such circumstances, and in preparation for the ending of this post, the employee will be able to apply for vacancies as a redeployment candidate 3 months prior to the end of the fixed term/temporary arrangement.

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Where an employee has been identified as suitable for a post and they can demonstrate that they meet the essential person specification criteria, and they are the only candidate, but they are not considered to be suitable by the appointing manager (either at the formal meeting or interview stage), the appointing manager will be required to provide written objective reasons to the HR Case Manager supporting the displaced employee, copied to the Director of Workforce and OD. The purpose of this written documentation will be to confirm the reason(s) for their decision, based on their deliberations against the post's essential person specification criteria, the job description and the candidate's knowledge, skills, qualifications and experience.

In such circumstances the appointing manager will not be permitted to proceed to appoint to the post, via a process of open competition, until they have met with a senior Workforce & OD Manager and / or executive lead (depending on the seniority of the post). The purpose of this meeting will be to discuss the decision, explore concerns and where possible reach a final conclusion, regarding whether the post would offer the employee suitable alternative employment.

Should it be concluded that the appointing manager can objectively justify not considering the employee for their post, the senior Workforce & OD Manager / executive lead will contact the HR Case Manager, to advise them of this decision.

If no other Redeployment Candidates are eligible/suitable for appointment to the post the HR Case Manager should notify the appointing manager, to enable them to put the vacancy through the Vacancy Process for approval to advertise the post via a process of open competition.

6.4 Appointment to the post

Should an appointing manager recommend that a Redeployment Candidate is appointable following an interview process, they should inform the relevant HR Case Manager of the outcome, the associated terms and conditions of service and where applicable the agreed commencement date. The manager will confirm the recruitment decision in a letter to the employee, which will be followed up with the official appointment letter and contract.

It will be the responsibility of the relevant HR Case Manager to ensure that the employee's status as a Redeployment Candidate is changed.

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6.5 Not recommended for appointment to the post

Should an appointing manager conclude that a Redeployment Candidate is not appointable following an interview process, they should not inform the candidate of the outcome until they have discussed their decision with the HR Case Manager. (depending on the seniority of the post). Initial contact regarding this matter, will be via the HR Case Manager who will refer the matter to a senior HR Manager /Executive Lead, depending on the seniority of the post.

Prior to contacting the HR Case Manager the appointing manager should ensure that they have produced written objective reasons, supporting their decision. These reasons should be mapped across to the post's person specification criteria, the job description content and the candidate's knowledge, skills, qualifications and experience and fully explain why the employee was unsuccessful at interview.

This information will be used for the following purposes:

1. to aid the discussion between the appointing manager and the senior Workforce & OD Manager / or their executive lead (depending on the seniority of the post);
2. to enable the HR Case Manager to provide initial constructive feedback to the unsuccessful employee.

It will be the responsibility of the appointing Manager to provide the unsuccessful employee with detailed and constructive interview feedback.

The purpose of the meeting between the Appointing Manager and the senior HR Manager / or the executive lead (depending on the seniority of the post), will be to discuss the decision, explore concerns and where possible reach a final conclusion, regarding whether the employee is appointable to the post.

Depending on the reasons given not to appoint the employee, the Appointing Manager may be asked to consider offering the employee a minimum four week trial period, in accordance with the statutory provisions set out in the Employment Rights Act (1996), to provide them with training and adaptation time in the new post.

Should the appointing manager agree to allow the employee to take up the post on a trial period, they must be advised during this meeting that they would be required to confirm the employee's appointment as

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permanent, at the end of this agreed period, should the trial prove successful.

They should also be advised that should a trial prove unsuccessful, due to practical and reasonable reasons the employee would return, where practicable to their previous position on a supernumerary basis. Where a return to their previous post is not possible, the employee's former manager will allocate them meaningful work to undertake, in accordance with the provisions set out in **Section 7** of this policy.

Should it be concluded that the appointing manager's decision not to appoint the employee was justified and it would not be appropriate in the circumstances to offer a trial period, the senior Workforce & OD Manager / an executive lead (depending on the seniority of the post) will contact the HR Case Manager, to advise them of this decision.

6.6 Trial period

In accordance with the employee's statutory rights, as set out in the Employment Rights Act (1996) redundancy provisions, they are entitled to a four week trial period, to provide them with some time to decide whether they consider the new post to be suitable. A trial period may also be used where the suitability of the post is disputed or unclear to either the LHB/Trust or the employee. A longer trial period may be agreed by the appointing manager and the employee, in limited circumstances, for example to provide training or re-training.

Where a trial period is agreed, the appointing manager and the employee should establish in writing, the agreed duration of the trial and how both parties will assess the suitability of the post during and / or at the end of this period.

At the end of the trial period it is the responsibility of the appointing manager to inform the employee and the HR Case Manager whether or not the appointment to the post has been regarded as successful. Where the employee proves to be competent in the new post at an early stage the appointment can be confirmed at any stage prior to the end of the 4 week period.

Where the appointment is deemed not to have been successful at the end of the agreed trial period, the written objective reason(s) must be provided to the relevant HR Case Manager using the Record of Trial Redeployment Period Form.

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Where the manager concludes that the trial appointment has been unsuccessful and the employee is not suitable for the post, they will be responsible for putting the reason(s) in writing to the employee using the Record of Trial Redeployment Period Form, copied to the HR Case Manager.

Where the employee concludes that the trial appointment has been unsuccessful and the post is not suitable for them, they will be responsible for putting the reason(s) in writing to the Appointing manager and the relevant HR Case Manager using the Record of Trial Redeployment Period Form.

The written reasons will be reviewed by the HR Case Manager and discussed with the senior HR Manager/ Executive Lead (depending on the seniority of the post), to determine what follow up action may be required.

Where it is concluded that an employee has **unreasonably** refused an offer of suitable alternative employment, following a trial period, their entitlement to a redundancy payment will be forfeited and the LHB / Trust reserves the right to proceed to terminate their employment.

Where it is established that an employee has **reasonably** refused an offer of suitable alternative employment, following a trial period, they will be required to continue to seek suitable alternative employment in accordance with the provisions set out in this policy.

6.7 Refusal of an offer of suitable alternative employment

Where the senior HR Manager/ executive lead concludes that an offer of suitable alternative employment has been **unreasonably** refused, a formal meeting will be held with the employee.

The employee will have the right to be accompanied by a trades union / professional organisation representative or a work colleague. The purpose of this meeting will be fully explore and discuss the reasons for the refusal and to establish whether the reasons are valid and reasonable in the circumstances.

Where it is established that the employee has unreasonably refused an offer of suitable alternative employment, their entitlement to a redundancy payment will be forfeited and the employing LHB / Trust may reserve the right to proceed to terminate their contract of employment. An employee may appeal against this decision directly to Stage 3 of the All Wales Grievance Policy and Procedure.

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Where it is established that an employee has reasonably refused an offer of suitable alternative employment, following a trial period, they will be required to continue to seek suitable alternative employment in accordance with the provisions set out in this policy.

6.8 Failure to secure a suitable alternative employment post

If at the end of the 3 month redeployment period a Redeployment Candidate has not secured suitable alternative employment, as a last resort, the LHB / Trust organisation may need to consider terminating the employee's contract of employment by reason of redundancy, in accordance with the provision set out in the Employment Rights Act (1996), Section 16 of the NHS Agenda for Change Terms and Conditions of Service Handbook and their contract of employment.

No redundancy payment will be made where suitable alternative employment has been identified but the displaced employee has unreasonably refused the post.

6.9 Posts advertised under open competition

Should no Redeployment Candidate meet the specified essential person specification criteria and the vacancy is not considered to provide a suitable alternative employment opportunity, then posts will be advertised via the open competition process. In these circumstances Redeployment Candidates may apply for the post, in accordance with the LHB's/Trust's recruitment and selection policy. As such these candidates will be considered for the post, in competition with other applicants.

Where a Redeployment Candidate secure a post via a process of open competition, they are required to advise their HR Case Manager as soon as practicably possible, to ensure that their status as no longer being a Redeployment Candidate is appropriately recorded.

7. Allocation of meaningful work

Wherever possible, employees who have been displaced and / or identified as being at risk of redundancy will remain in their original post, and continue to report to the appropriate manager.

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Where it is not possible for an employee to remain in their original post and they cannot be immediately redeployed to a suitable permanent post, their manager in conjunction with the Head of Department / Function will find and allocate the employee, meaningful, interim work

In such cases, the employee is expected, through discussion and agreement with their Head of Department / Function, to be flexible regarding the type and nature of work that they are allocated to undertake, to ensure that the LHB / Trust can provide continuity of service and meet its operational needs, during the period of organisational change.

In any such discussions, the employee would be offered reasonable interim work, which was broadly commensurate with their substantive pay band / grade and which would best utilise their knowledge, skills, experience and expertise. The employee's personal circumstances and commitments outside of work would also be taken into consideration, during any such discussions.

The employee would be entitled to be accompanied by a trades union or work colleague, should they so wish during any meetings to discuss this matter.

8. Secondments and fixed term posts

A Redeployment Candidate who takes up a secondment or fixed term post, will have their displaced / at risk status suspended, until the contract comes to an end.

If the secondment or fixed term post is for less than 12 months they would have the balance of their 3 months as a Redeployment Candidate reinstated and the search for suitable alternative employment continue from the date of the termination of the fixed-term / temporary post.

If the secondment or fixed term post is for more than 12 months then the employee will become displaced 3 months before the secondment or temporary post is due to end and their status as a Redeployment Candidate will be re-activated for a further 3 months at that stage.

9. Pay Protection

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Where an employee accepts a suitable alternative post, which attracts a lower salary, their pay will be protected in accordance with the **Arrangements for Salary Protection**, set out in **Section 10** of the **Organisational Change Policy**.

10. Grievance and right of appeal

Where an employee has a grievance, in respect of the application of the Organisational Change Redeployment Policy or the management of their case, they may lodge a grievance in accordance with the provisions set out in the All Wales Grievance Policy and Procedure.

Should an employee raise a grievance which is not entirely within the control of their LHB / Trust (*for example; failure of an external LHB / Trust to consider an application from an eligible displaced employee*), their organisation should treat the matter in the same way as any other internal grievance.

In such circumstances the employing LHB / Trust will be required to make the third party organisation aware of the grievance and their need to fully engage, participate and contribute to the investigation process. Where appropriate the employing LHB / Trust will also inform the third party organisation of their obligation to be involved in the implementation of any agreed resolution, decision or recommendations.

Once this process has been exhausted the employee will have no further recourse to their organisation's local grievance policy and procedure.

11. Monitoring and review

This Policy will come into effect on the <Insert date> and will be used solely for the purpose of managing employees who are displaced / at risk during the implementation of an organisational change process.

The Welsh Government in conjunction with the NHS Wales LHB / Trust will regularly monitor and review the effectiveness and any issues of concern, regarding the implementation of this Policy and the local management arrangements for supporting Redeployment Candidates.

Document Title: Organisational Change Policy	56 of 56	Approval Date: 23 Nov 2018
Reference Number: UHB 182		Next Review Date: March 2020
Version Number: 3		Date of Publication: dd mmm yyyy
Approved By: Welsh Partnership Forum		Adopted by UHB (S&D Committee):

Appendix 2

Organisational Change Policy – Schedule of agreed amendments as approved by the WPF on 23rd November 2018.

Paragraph 9.2 – Principles for Filling Posts

The following bullet point included: -

- *employees who have a protected characteristic within the definitions of the Equality Act 2010 will be afforded adjustments to the process to ensure that they are not disadvantaged;*

The following bullet point has been removed: -

- *a post may be considered as substantially unchanged if the scope of the role remains unaltered or it matches “two thirds” or more of an existing job description and person specification;*

and replaced with: -

- *a post may be considered as substantially unchanged if the scope of the role remains unaltered and it matches “two thirds” or more of an existing job description and person specification;*

Paragraph 9.3 – Appointment/Selection Process

An additional sentence has been added to the second paragraph as follows: -

The mapping outcome should be published and drawn to the individual employee’s attention.

Paragraph 9.9 – Appealing Against a Decision

Replaced “if” with “of”

The paragraph has been amended to read: -

In the case of a dispute in respect of the selection process associated with organisational change.....

Appendix 1- Flowchart – Procedure for Filling Posts During Organisational Change

The flowchart to be amended as follows (see 9.2 above): -

From: *Will your post remain substantially unchanged and/or the scope of the role has not changed? i.e. matches $\frac{2}{3}$ of new JD/PS;*

To: *Will your post remain substantially unchanged? (i.e. the scope of the role remains unaltered and it matches ‘two thirds’ or more of an existing job description and person specification).*

Reference Number: UHB 249 Version Number: 4	Date of Next Review: Previous Trust/LHB Reference Number:
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Maternity, Adoption, Paternity and Shared Parental Leave Policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure that employees are made aware of their rights surrounding the maternity, adoption, paternity and shared parental leave provisions and any impact they may have on their employment. These provisions will be applied in a fair, consistent and effective way.

Policy Commitment

Employees are entitled to take reasonable time off to for ante-natal care or official meetings relating to the adoption process.

A risk assessment will be completed as soon as possible after a member of staff advises their manager that they are pregnant.

Maternity, adoption, paternity and shared parental leave is available to all employees irrespective of length of service. Entitlement to payment is dependent on length of service and whether or not the employee intends to return to work.

Employees retain all of their contractual rights during maternity, adoption, paternity and shared parental leave except for remuneration.

Employees and their managers are entitled to make reasonable contact during the leave period. The arrangements for doing this should be discussed in advance. If an employee and their manager agree, it may be possible for them to work Keeping in Touch (KIT) days

Fixed term, temporary or training contracts which are due to expire after the 11th week before the EWC/matching date will be extended to allow the member of staff to receive their maternity/adoption leave and pay entitlements.

Employees are entitled to return to work on their original job under their original contract and on no less favourable terms and conditions. If this is not reasonably practical they will be found suitable alternative employment, where the terms and conditions are not substantially less favourable than those of their original job.

If employees wish change their return to work date they may do so as long as they provide their manager with 28 days written notice.

If an employee wishes to return to work on different hours, their manager has a duty to facilitate this wherever possible, with the employee returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively

justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that previously held.

If an employee states on their maternity or adoption leave application form that they intend to return to work for the UHB or another NHS employer, they are required to do so within 15 months of the beginning of their maternity or adoption leave. They will be required to work for a minimum of 3 months. If they fail to do so they will be liable to pay back all of their occupational maternity / adoption pay. The UHB has some discretion to waive their rights to recovery if it is believed that the enforcement of this provision would cause undue hardship or distress. In addition, the UHB may waive the rights to recovery if the individual returns to work a minimum number of shifts through the Temporary Staff Office.

Eligible employees may be entitled to take up to 50 weeks Shared Parental Leave during the child's first year in their family. The number of weeks available depends on when the mother/adopter brings their maternity/adoption leave to an end. They are entitled to a maximum of 52 weeks maternity or adoption leave, but can choose to end this early and take any remaining weeks as Shared Parental Leave.

Statutory Shared Parental Pay may be payable during some or all of Shared Parental Leave, depending on the length and timing of the leave, but there is no entitlement to occupational maternity or adoption pay while on shared parental leave.

All employees will be treated with dignity and respect regardless of any binary / gender identity. For the purposes of this Policy and the accompanying Procedures, the gender you were assigned at birth is not relevant as long as you meet the eligibility criteria described.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the legal and contractual entitlements relating to:

- Maternity, Adoption, Paternity and Shared Parental Leave and Pay
- Working during pregnancy and before the leave period
- Annual Leave
- Keeping in Touch Days
- Fixed Term, Training and Rotational Contracts
- Returning to Work

Other supporting documents include:

- [Maternity Leave and Pay Procedure](#)
- [Adoption Leave and Pay Procedure](#)
- [Paternity Leave and Pay Procedure](#)
- [Shared Parental Leave Procedure](#)
- [Maternity Risk Assessment Procedure](#)
- [Combining Breast Feeding and Returning to Work Guidelines](#)
- [Sickness Policy](#)
- [Flexible Working Policy](#)
- [Supporting Transgender Staff Procedure](#)

Scope	
This Policy sets out the relevant definitions and provisions concerning maternity, adoption, paternity and shared parental leave provisions and related benefits for doctors, dentists and staff employed under Agenda for Change Terms and Conditions.	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed for this and other family friendly policies and found there to be a positive impact. Key actions have been identified and these have been incorporated within the appropriate policy or procedures.
Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of Workforce and OD
<p style="text-align: center;"><u>Disclaimer</u></p> <p>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.</p>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	May 2011	June 2011	Amended in line with legislation and other policy changes
2	April 2012	25 April 2012	Bank holiday entitlement included
3	March 2015	08 April 2015	Amendments to reflect introduction of Shared Parental Leave and new policy format
4			Section on trans / non-binary staff added



NHS Wales Menopause Policy

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03 Guidance Section 3 What happens during the menopause?	04 Guidance Section 4 Why is the menopause a workplace issue?	05 Guidance Section 5 Supporting an employee through the menopause
06 Guidance Section 6 Menopause and the Law	07 Guidance Section 7 How the menopause can affect different people (protected characteristics)	08 Guidance Section 8 Seeking help and self help
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NHS Wales Menopause policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: December 2018
Effective Date: December 2018

Review Date: December 2021

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Menopause policy

1.0 Policy Statement

Core Principles for 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 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 have a zero tolerance of bullying or victimization of any patient, service user or 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 in order to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to colleagues and act on feedback and concerns.

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 to maintain/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 simplified and consistent approach when it comes to managing workplace employment issues.

This All Wales Menopause policy and supporting toolkit are intended to provide clarity and direction on how NHS organisations in Wales should deal with menopause related issues, either for individuals experiencing the menopause or those affected indirectly for example, partners, colleagues or line managers.

The policy sets out the key principles to which NHS organisations in Wales should adhere to, to ensure that individuals affected by the menopause or perimenopause are treated fairly and given the appropriate support.

2. Aims and objectives

The aim of this policy is to make managers aware of the

(Organisation name)

responsibility to understand the menopause and related issues and how they can affect staff, their partners, families and work colleagues by educating and informing managers about potential symptoms and how they can support individuals in the workplace; raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available; and subsequently reduce menopause related sickness by supporting staff to remain in work rather than having to take sick leave (or in some cases resign) meaning that the organisation retains valuable skills and experience.

The
(Organisation name)

recognises that staff may need additional consideration, support and adjustments during this transitional time before, during and after the menopause and ensure that staff are treated according to their circumstances and needs. To ensure that individuals feel confident in discussing menopausal symptoms and asking for support and adjustments in order to continue with their role within the organisation.

(Organisation name)

is committed to ensuring that all individuals are treated fairly and with dignity and respect in their working environment. It is also committed to ensuring the health, safety and wellbeing of the workforce.

This policy is supported by a set of guidance sections and needs to be read in conjunction with these.

3. Definitions and background

The **menopause** is part of the natural ageing process for women, although it can be brought on as a result of other medical conditions or certain surgical interventions. It refers to the point in time when menstruation has ceased for twelve consecutive months. After a woman has not had a period for a year, this is considered to be ‘post-menopausal’.

This organisation recognises that a large and increasing proportion of its workers will be working through and well beyond the menopause. In the UK it is estimated that around 1 in 3 women are either currently going through or have reached the menopause. The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well.

The **peri-menopause** is the period of hormonal change leading up to the menopause and can often last four to five years although for some women it may continue for many more years or for others may last just a few months. It varies greatly in different individuals. During the time of the peri-menopause individuals may begin to experience symptoms due to changes in their hormone levels. These symptoms may vary in degree between different individuals. Due to the fact that they may be still having regular periods at the onset of the symptoms, many individuals do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms; and can be a barrier to accessing support.

The menopause usually occurs between the ages of 45 and 55. In the UK, the average age is 51, but it can happen much earlier. Many women experience

the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (**premature menopause**). Some women experience a medical/surgical menopause which can occur suddenly when the ovaries are damaged or removed by specific treatments such as chemotherapy, radiotherapy or surgery.

People from the non-binary, transgender and intersex communities may also experience menopausal symptoms. Due to a variety of factors, the experience of the menopause may be different for those within these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons; peoples’ individual experiences of the menopause may differ greatly.

Some people seek medical advice and treatment for the symptoms of the peri-menopause (the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms) and menopause (defined biologically as reaching a natural end to reproductive life). A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but HRT is not suitable or appropriate for all women.

Some people using HRT may experience side effects which may also require adjustments in the workplace.

4. Legislative setting

The **Health and Safety at Work Act (1974)** requires employers to ensure the health, safety and welfare of all workers. Under the Act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed.

The **Equality Act (2010)** prohibits discrimination against people on the grounds of certain ‘protected characteristics’ including sex, age and disability. It is also important to

note that conditions linked to the menopause may meet the definition of an ‘impairment’ under the Equality Act and require reasonable adjustments.

The **Public Sector Equality Duty (Wales)** was created by the Equality Act. The duty places a legal obligation on this organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a ‘protected characteristic’ and those who do not. This includes:

- Removing or minimising disadvantages suffered 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.

5. Key principles

(Organisation name)

aims to create an environment where individuals feel confident enough to raise issues about their symptoms and ask for support and adjustments at work. The organisation is committed to ensuring that conditions in the workplace do not make menopausal symptoms worse and that appropriate adjustments and support are put in place.

(Organisation name)

has a positive attitude to the menopause/perimenopause and will work proactively to make adjustments where necessary to support individuals experiencing the menopause and to ensure the workplace does not make their symptoms worse.

(Organisation name)

takes a proactive stance and will promote a greater understanding of the menopause/perimenopause and seek to eradicate any exclusionary or discriminatory practices.

(Organisation name)

recognises that the menopause/perimenopause is a very individual experience and that people can be affected in different ways and to different



degrees, and therefore different levels and types of support and adjustments may be needed.

(Organisation name)

will provide appropriate information and support to staff and other individuals.

(Organisation name)

will carry out risk assessments which take the specific needs of individuals into consideration (including stress risk assessments).

(Organisation name)

recognises that managers should “**know their staff**” and be familiar with the needs of their staff and any associated issues. In ‘knowing their staff’ managers will understand when to apply discretion in respect of this policy and its guidance sections. Manager discretion should be used when assessing a staff member’s individual needs and circumstances, in situations where there is a reasonable expectation of improvement without the need for formal intervention. Managers should create a supportive team culture that removes any barriers to disclosing information to their Line Manager, and the Line Manager should equally be trained to understand the impact of the menopause and act accordingly without breaking the confidence of the individual.

6. Training and awareness

All staff will be made aware of this policy upon commencement with the NHS organisation. Copies can also be viewed on the NHS organisation's Intranet or obtained via the Workforce and OD department and/or line manager.

7. Equality

(Organisation name)

recognises and values the diversity of its workforce. Our aim is to provide a safe environment where all employees are treated fairly and with dignity and respect.

(Organisation name)

recognises that the promotion of equality and human rights is central to its work both as a provider of healthcare and as an employer. This policy has been impact assessed to ensure

that it promotes equality and human rights.

8. 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 (Organisation name)

Data Protection Policy.

9. Freedom of Information Act 2000

All (Organisation name)

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

(Organisation name)

publications scheme.

10. Records management

All documents generated under this policy are official records of the (Organisation name)

and will be managed, stored and utilised in accordance with the (Organisation name)

Records Management Policy.

11. Monitoring

Any information recorded and held must be capable of being disaggregated by each of the protected characteristics and routinely collected, analysed and reported on to ensure that the process is fair and equitable for all individuals and groups, and to demonstrate that the

(Organisation name)

is meeting its employment equality monitoring duties.

12. Review

This policy will be reviewed in three years. Earlier review may be required in response

to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

Signed on behalf of the Staff Side

Signed:	
Name:	
Title:	
Date:	

Signed on behalf of the Management Side:

Signed:	
Name:	
Title:	
Date:	

01

Guidance Section 1 What is the menopause

1 Guidance Section 1 What is the menopause?

The menopause is normally a natural biological transition point in life– part of the normal ageing process experienced by all women, though not everyone experiences it in the same way.

We tend however to use the term 'menopause' to describe the transition years when the ovaries spontaneously fail to produce the hormones oestrogen and progesterone. Periods become less frequent and then stop altogether. The menopause is said to have occurred when periods have stopped for 12 consecutive months.

Menopause

Comes from two Greek words men (month) and pausis (cessation or stop)

Literal meaning is therefore the last menstrual period that occurs

*Don't forget that while all women experience the menopause, they are not the only ones affected. Managers need to understand that trans and non-binary staff may go through the menopause too (often with little support available) and need to be treated with dignity and respect, and men may need support while their wife or partner is menopausal. Everyone has different experiences and you shouldn't make any assumptions but listen to your member of staff and support their individual needs sensitively.

Sometimes in these sections we refer to 'women' – this is because the majority of people experiencing the menopause are women and sometimes it gets clumsy if we try to list everyone affected every time but please bear in mind that other staff could be affected too!

02

Guidance Section 2 When does the menopause occur?

In the UK, natural menopause usually occurs between 45 and 55 years of age, with the average age being 51.

However, a significant number of individuals experience the menopause before the age of 40 (some even in their teens or twenties). This is known as premature menopause or primary ovarian insufficiency and estimates suggest that around 1 in every 100 women in the UK will experience this. Premature menopause may be as a result of medical or surgical intervention or it can just happen on its own, with no clear cause.

Whilst menopause is generally a natural process involving gradual change, it can be sudden and acute following medical or surgical intervention (e.g. surgical hysterectomy, chemotherapy or radiotherapy).

03

Guidance Section 3

What happens during the menopause?

The menopause brings physical changes to the body. For many people experiencing the menopause, it can result in physical, psychological and emotional changes to which it can be difficult to adjust.

The particular changes involved can affect different people in different ways.

- Not everyone has symptoms - some experience few or no problems around this time
- 80% of women in the UK report noticeable changes – though the type, amount and severity of those symptoms can vary, ranging from mild to severe.
- 45% of women find their symptoms difficult to deal with.
- Approximately 25% of women experience very debilitating symptoms

In addition, the menopause typically occurs at a challenging time in many women's lives - they may be managing chronic health conditions, whilst bearing the greater share of caring and domestic responsibilities as well as being in employment. This can impact on emotional wellbeing and lead to excessive levels of stress. Without appropriate support, women can be left feeling isolated and vulnerable and this can affect their work and the role that they do.

Perimenopausal Stage

The perimenopausal stage describes the period of hormonal change leading up to the menopause. It can often last for four to five years (though it may continue for many more years for some people, whilst lasting just a few months for others).

During the perimenopause, the levels of hormones produced by the ovaries

fluctuate, leading to menstrual irregularities in the time between periods, and length of period and flow, until they stop altogether. Sometimes they can stop suddenly.

Changes in hormone levels (particularly oestrogen) can lead to symptoms which can have an adverse impact on personal and work life. Whilst everyone's experience of the menopause will be different, most may experience some of the following:

- **Hot flushes** – hot flushes experienced by most people and described as a sudden feeling of heat, starting in the face, neck or chest, before spreading throughout the body. Most flushes last only a few minutes but during this time there can be sweating with the face, neck and chest becoming red and patchy and the heart rate becoming quicker or stronger. For some people these can be occasional, but others may have many daily – and though generally harmless, these can be uncomfortable, disruptive and embarrassing.
- **Night sweats** – night sweats are when you sweat so much that your night clothes and bedding are soaking wet, even though where you are sleeping is cool.
- **Sleep disturbances/difficulty sleeping** – sometimes because of hot flushes and/or night sweats, though it may also be as a result of the anxiety felt during menopause. This may lead in turn to fatigue, irritability, loss of concentration and/or forgetfulness.
- **Mood disturbances** – including low mood and increased susceptibility to anxiety, which can also lead to tiredness, tearfulness and an inability to concentrate.
- **Problems with memory** - and/or concentration.

- **Vaginal symptoms** – such as dryness, itching and pain/discomfort during sexual intercourse.
- **Heavy periods and clots** – and some periods may last longer. Periods are usually irregular and harder to prepare for.
- **Urinary problems** – including recurrent urinary tract infections such as cystitis. Many women feel an urgent need to pass urine or to pass it more often than normal.
- **Reduced sexual desire (libido)** – which may be as a result of falling hormonal levels.
- **Palpitations** – heartbeats that suddenly become more noticeable.
- **Migraines and headaches**
- **Joint stiffness, aches and pains**
- **Reduced muscle mass**
- **Skin irritation**

These symptoms (which can vary in degree) may be experienced even though menstruation continues so women who are still having regular periods may not realise that they are experiencing the perimenopause and not understand the cause of their symptoms.

Menopause Symptoms in Other Circumstances

There are other circumstances in which symptoms may be experienced:

- Whilst menopause is usually a process involving gradual change, it can sometimes be sudden and acute following serious illness, medication or surgery. Sudden menopause tends to experience more severe symptoms and may require treatment and/or post-operative care to manage further problems.
- Younger women undergoing treatments for conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age) and infertility (affecting around 1 in 7 couples), may experience menopausal symptoms whilst receiving treatment.

- Surgical and medical treatments as part of an individual's gender transition can result in menopause symptoms.

Post Menopause

Symptoms continue on average for four years from the last period, and can continue for up to 12 years.

There is potentially an increased risk of certain conditions, including heart disease and osteoporosis (brittle bones) during post-menopause because of lower levels of certain hormones. These risks are higher for those who have had an early or premature menopause.

04

Guidance Section 4 Why is the menopause a work place issue?

4 Guidance Section 4

Why is the menopause a work place issue?

Within

(Organisation name)

52 % of our workforce
(organisation to insert own figures)
are women between the ages of 46
and 55.

**This means that a significant number
of staff may be going through
the menopause or experiencing
perimenopausal symptoms at any
time. In addition, between 1% and
10% of women experience an early
or premature menopause and so
may be trying to deal with the same
symptoms.**

Sometimes going through the menopause can be uneventful, but for others it can impact on their working lives, with it becoming increasingly difficult to function effectively at work as a result of their symptoms. This can leave them feeling less confident, more susceptible to fatigue and stress at work. It has also been recognised that certain aspects of work, working conditions and environment may exacerbate menopause symptoms.

A lack of knowledge about the menopause may mean that someone can be misdiagnosed as constantly having health issues which restrict them from fulfilling their normal role and having time off work. In addition, symptoms may impact on their performance, leading potentially to capability or disciplinary proceedings. They may be afraid to approach anyone for help and therefore suffer in silence, losing confidence and feeling isolated before leaving work altogether. It has been estimated that approximately 10% of women actually leave work because of their severe symptoms and lack of support in the workplace (Source My

Menopause Doctor)

It is therefore important that employers understand, address and manage these issues in order to protect the health and wellbeing of their workforce. Without effective support, employers risk losing key and valuable talent, expertise and experience.

Annual Report of the Chief Medical Officer
(Department of Health), 2014
The Health of the 51%: Women

This report recognises the menopause as a workplace issue and recommends the following advice for employers:

- Flexibility of working hours and working arrangements
- Encouraging women to talk to co-workers and line managers if they have troublesome symptoms at work
- Greater awareness of managers about the menopause as a possible occupational health issue
- Challenging negative expectations about the menopause and stereotypical attitudes towards mid-aged and older women
- Better access to informal and formal sources of information and support
- Improvements in workplace temperature and ventilation
- Challenging negative expectations about the menopause and stereotypical attitudes towards mid-aged and older women
- Better access to informal and formal sources of information and support
- Improvements in workplace temperature and ventilation

The Chief Medical Officer's recommendations are based on research undertaken by the University of Nottingham – 'Women's Experience of

Working Through the Menopause'. Further information about the findings can be found [here](#).

It is also worth noting that whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware. Case law has shown the need to take medical information into account in capability situations where ill health has been raised by the employee. Further information about the legal considerations can be found [here](#).

05

Guidance Section 5 Supporting an employee through the menopause

5 Guidance Section 5 Supporting an employee through the menopause

Menopause is a very personal experience and can affect people at work in various ways. This means that different levels of support and assistance may be needed at what can be a very difficult time. Attitudes can vary from empathy and understanding, through to insensitivity and "jokey", to a complete lack of sympathy.

Support from Line Managers

The most important and valuable thing a manager can do is listen and wherever possible, respond sympathetically to any requests for adjustments at work

People who are experiencing the menopause (whether directly or indirectly) may need sympathetic and appropriate support from their line manager. As with any longstanding health-related conditions, this support can make a major difference to how they deal with the menopause, enabling them to continue working well and productively.

Managers can only be sympathetic and supportive though if they are aware that their member of staff is experiencing difficulties. Research has shown that people may feel uncomfortable or embarrassed approaching their manager to discuss any difficulties in managing their menopausal symptoms. This is particularly the case if their manager is younger than them or male and, as menopause can affect levels of confidence, if the person they are talking to has no idea about the menopause. This can be particularly true for trans or non-binary staff who are not 'out' to their colleagues or manager, and also for men who may be embarrassed to admit that they are affected by the experiences of their partner.

It is therefore important that as a manager, you are aware of the symptoms associated with the menopause and understand the issues affecting people going through it. This will help in fostering an environment where we are all more comfortable talking about the menopause, the symptoms and measures that could help in minimising these. You will need to be sensitive to any feelings of discomfort, listen to concerns and complaints and consider what can be done to reduce and minimise the impact symptoms may be having on the staff members performance within the workplace - could adjustments be made to allow them to manage their symptoms better?

The main symptoms of menopause are described [here](#).

There are a number of websites and publications which provide additional information to help you feel confident and comfortable in talking to staff going through menopause. See [Guidance section 8: Seeking help and self-help](#).

Remember:

- You will need to maintain confidentiality in handling health information about the menopause.
- Any specific needs identified (including reasonable adjustments that are agreed) should be recorded and reviewed regularly.
- You should be aware of the potential impact of menopause on performance. If someone's performance suddenly dips, it is worth considering whether the menopause may be playing a part in this.
- Case law has shown the need to take medical information into account in capability situations where ill health has been raised by the employee –

- seeking advice from the GP and/or occupational health practitioner.
- Staff should not experience any detriment because they may need time off during this time. Any absences should be managed in line with the Managing Attendance At Work Policy and the Manager in knowing “their employee” should use discretion when applying the policy.

Risk Assessments

A risk assessment should be undertaken in order to consider the specific needs of individuals going through the menopause and ensure that the working environment will not make their symptoms worse. The risk assessment will assist in identifying any potential adjustments which may be required. Particular issues to consider include temperature, ventilation and the materials used in any uniform which is provided. Welfare issues (including toilet facilities and access to cold water) should also be considered. See [Appendix 1 – Risk Assessment Checklist](#).

Adjustments

It has been recognised that certain aspects of work and the working environment can aggravate menopausal symptoms. It is therefore important to consider whether adjustments can be made to help people experiencing those symptoms by removing any barriers that get in the way of them doing their job. It is recognised however that every workplace is different (e.g. in some workplaces it is not possible to open a window). Any adjustments should be identified through discussion with the individual concerned and, where appropriate, with additional advice from Occupational Health.

The following are adjustments which could be considered in order to help with various menopause symptoms but most important of all is the need to listen to the individual and to respond sympathetically.

Other Adjustments

These may include:

- Flexibility to attend clinics, hospital or appointments and for women and men seeking advice relating to the menopause in line with the Managing Attendance At Work Policy.
- Flexibility to take breaks when needed rather than at pre-determined times - while undergoing the menopause employees may experience bouts of feeling unwell at work so a flexible and sympathetic approach to breaks is needed, including to take medication in a private space, to walk around and ease any pain. There may also be a need to leave work suddenly to return home.
- Consideration of phased return after sick leave in line with the Managing Attendance At Work Policy for women suffering with particularly severe symptoms and impairment.
- Provision of private spaces for women to rest temporarily, to talk with a colleague or to phone for personal or professional support.
- Consideration of role – stressful environments, high work demands, and long hours can aggravate menopausal symptoms and, in some cases, have been shown to bring on an earlier menopause.

Whilst it is important to consider whether adjustments can be made to help employees experiencing menopausal symptoms, many use self-help management or seek medical help to manage the symptoms themselves. For further information, please see [here](#).

Hot Flushes and Daytime Sweats

With research showing that hot flushes are the most common symptom of menopause, poor ventilation and high working temperatures can prove an aggravation. Individuals can take measures to alleviate this themselves, but suggested adjustments would include:

- Facilitating a comfortable working environment for those affected - temperature and ventilation-controlled areas (or the provision of a desk fan that can be controlled by the individual). Staff going through the menopause may ask to sit near a door or window. Consider positioning within an area with a breeze if possible.
- Encouraging suitable workplace clothing made from natural fibres if at all possible.
- Providing flexibility wherever possible for employees wearing uniform (preferably not nylon) which may exacerbate symptoms – allowing them to remove certain items/layers where possible. In addition, providing additional uniforms in order for them to be able to change during the day where the need arises.
- Providing access to cold water supplies.
- Ensuring easy access to toilet facilities and showers/washing facilities.
- Making adjustments to duties – hot flushes can be difficult to cope with when undertaking high visibility work such as formal meetings and formal presentations.

Hot Flushes, Night Time Sweats and Sleep Disturbance

These symptoms may result in both the individual experiencing them and their partner being very tired at work. Suitable adjustments may include:

Revisiting working time arrangements – flexible enough in order to deal with

symptoms, including starting later after difficulties in sleeping, taking more breaks during the day or needing to leave work suddenly. Many staff have a time of day when they are able to work most productively and adjusting working hours to suit that time is a reasonable adjustment.

Urogenital Problems

This will include an increased frequency and urgency to pass urine, with a need to access toilet facilities more frequently and to drink more fluids. Suitable adjustments may include:

- Providing ready access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing more frequent breaks to go to the toilet.
- Providing easy access to drinking water.

Heavy and/or Irregular Periods

Sometimes there can be heavier or unpredictable periods during the perimenopausal stage. Suitable adjustments may include:

- Providing ready access to suitable toilet facilities.
- Providing ready access to suitable washing facilities.
- Allowing for more frequent breaks to go to the toilet.
- Providing storage for sanitary products near the toilet.

Psychological Problems

A lack of confidence, forgetfulness and/or memory loss, difficulty in concentrating and a change of mood is reported by many people going through the menopause. This can mean that it may become more difficult to carry out certain tasks temporarily and that performance is affected. Work related stress can exacerbate these symptoms. Suitable adjustments may include:

- Encouraging employees to discuss concerns openly at one-to-one meetings with their manager or Occupational Health. Sometimes employees may prefer to speak initially to someone else e.g. a female manager in their department, a trade union representative or Workforce & OD.
- Agreeing possible adjustments where possible.
- Providing access to counselling services.
- Addressing work related stress through risk assessment and implementation of the HSE’s management standards.

Psychosocial and Social Impact

Some people report feelings of isolation. Suitable adjustments may include:

- Promoting physical and mental wellbeing at work.
- Providing access to counselling.
- Providing an ability to network with colleagues experiencing similar issues.

General Itchiness

Suitable adjustments may include:

- Encouraging employees to wear clothes made from natural fibres.
- Providing comfortable working conditions.

Muscular Aches and Bone and Joint Pain

For individuals experiencing these symptoms, moving and handling or adopting static postures may be more uncomfortable. Suitable adjustments may include:

- Making any necessary temporary adjustments through review of risk assessments and work schedules.

Weight Gain

Weight gain may result in difficulties with mobility. Suitable adjustments may include:

- Promoting physical wellbeing at work.

06

Guidance section 6
Menopause and the
Law

6 Guidance Section 6 Menopause and the Law

Whilst there is no specific legislation addressing the impact of the menopause in the workplace, there are regulations of which employers should be aware.

The Health and Safety at Work Act (1974)

The Act requires employers to ensure the health, safety and welfare of all employees - and this will include women experiencing the menopause. Under the Act, employers are required to carry out risk assessments under the Management Regulations and these should include specific risks to menopausal women, considering their specific needs and ensuring that the working environment will not worsen their symptoms. Particular issues for consideration will include temperature and ventilation, together with welfare issues such as toilet facilities and access to cold water. Further information about risk assessments can be found [here](#).

The Equality Act (2010)

The Act protects people from discrimination in the workplace because of 'protected characteristics' and includes both direct and indirect discrimination and harassment.

The protected characteristics are:

- age
- disability
- gender reassignment
- marriage or civil partnership pregnancy and maternity
- race
- religion or belief
- gender
- sexual orientation

The **Public Sector Equality Duty**

(Wales) was created by the Equality Act. The duty places a legal obligation on the organisation to consider how it can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not. This includes:

- Removing or minimising disadvantages suffered 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.

Sex Discrimination

Employers could risk facing claims for sex discrimination under the Act if they fail to properly support their female employees who are experiencing the menopause. An example could be refusing to take menopause symptoms into account as a mitigating factor when applying a performance management policy, when it could be reasonably assumed that similar symptoms (e.g. memory problems) arising from other conditions would have been taken into account as a mitigating factor for male staff.

The first successful Employment Tribunal concerning the menopause was in 2012 (Merchant vs BT plc). Ms Merchant alleged that she had been discriminated against on the grounds of her gender when her employer failed to deal with her menopause symptoms in the same way that it would have dealt with other medical conditions. Ms Merchant had been underperforming and had reached the final written warning stage of the

capability process. She provided her employers with a letter from her GP stating that she was going through the menopause which could affect her levels of concentration at times and that she was also suffering stress as she was a carer for two family members.

Whilst the employer's capability process required an investigation as to whether underperformance was due to health factors, the possible impact of menopause was not investigated – rather, the manager concerned relied on his own knowledge of the menopause, together with the symptoms experienced by his wife and a colleague. Ms Merchant had subsequently been dismissed prior to her claim to the Tribunal.

The Tribunal concluded that the dismissal was discriminatory and unfair, stating that a man suffering from ill health with comparable symptoms from a medical condition (in this case, affecting concentration) and with performance issues would not have been treated in the same way. The failure to refer Ms Merchant for an occupational health assessment following receipt of her GP's letter, before taking the decision to dismiss, was held to be direct sex discrimination.

Harassment

An example of harassment might be a manager commenting that there is no point promoting a menopausal employee because they are 'hormonal'. Even if not addressed directly at a particular employee, this could cause staff to be upset and to worry about their careers – which could be considered harassment.

Disability

Whilst the menopause is not in itself a disability, conditions arising from it may meet the definition of an 'impairment' under the Equality Act. As an example,

depression or urinary problems linked to the menopause and which have a substantial and long term adverse effect on ability to carry out normal day to day activities, mean that the person concerned would be considered to have a disability under the Act. An employer is required to make reasonable adjustments where a disabled worker would be at a substantial disadvantage compared with a non-disabled colleague.

Case law has therefore shown the need to take medical information into account in capability situations where ill health has been raised by the employee – seeking advice from the GP and/or Occupational Health practitioner.

07

Guidance Section 7 How the menopause can affect different people (protected characteristics)

7

Guidance Section 7 How the menopause can affect different people (protected characteristics)

There are many different factors and personal circumstances that may affect how someone experiences the menopause, including the protected characteristics described in the Equality Act.

The following examples illustrate how certain groups of people may be affected by the menopause. This is not an exhaustive list but gives managers some idea of the types of issues they should be considering.

Remember that not everyone experiences the menopause in the same way. It is important not to make assumptions but to listen to the needs and experiences of the individual concerned.

Some people may have more than one protected characteristic and therefore may experience multiple levels of barriers and discrimination. Needs should be addressed sensitively on an individual basis.

the menopause including arthritis, multiple sclerosis (MS), mental health conditions, skin conditions, diabetes, hyperthyroidism, chronic fatigue syndrome, fibromyalgia and many others. A significant number of women also experience the menopause as a result of cancer treatment.

Individuals with conditions that cause differences in communication or sensing and perceiving (such as women with autism) or women with certain mental health conditions may perceive menopausal symptoms differently and may find it more difficult to access medical help for symptoms or to get the right support.

If a woman has an existing condition that is worsened by the menopause, she may need more time off for medical appointments or treatment for that condition and it may be necessary to review any reasonable adjustments that were previously in place.

Existing Health Conditions and Disabilities

Many individuals report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare up of symptoms, or that an existing health condition may also worsen symptoms of the menopause. It can be difficult to tell whether a symptom is caused by the menopause or by the existing condition, or to tell which is making the other worse as many symptoms can interconnect or overlap.

There are reports that a wide range of conditions that can be affected by

Black, Asian and Minority Ethnic (BAME) people and the Menopause

Some research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than a woman's ethnic origin.

People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.

Racism at work can increase work related stress which may worsen some menopausal symptoms.

Research by the TUC has also shown that BAME workers are more likely than white workers to be in insecure work, such as zero hours or casual contracts. The Wales TUC menopause research with BAME women found that a number of those on insecure contracts were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security.

Trans people and the Menopause

Stonewall describe 'trans' as an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with the sex they were assigned at birth. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Trans men (those who identify as male but were assigned female at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier

age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is in place.

Trans women (those who identify as female but were assigned male at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).

As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).

Some trans people may not wish to disclose their trans status and as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey found that almost half of trans people (48 per cent) have experienced bullying or harassment at work, which may cause increased stress, and which may in turn worsen some menopausal symptoms.

LGBT+ and the Menopause

Women in same sex relationships may have a partner who is going through the menopause at the same time. While this can be positive in terms of increased mutual understanding and support at home, sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may

increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.

Many people report that stress can impact on menopausal symptoms. If they are experiencing homophobia at the same time as symptoms of menopause this can also increase stress which may exacerbate some symptoms. A recent TUC survey of LGBT+ workers found that nearly two in five (39 per cent) of all respondents have been harassed or discriminated against by a colleague, a quarter (29 per cent) by a manager and around one in seven (14 per cent) by a client or patient.

Women and the Menopause

The menopause can often come at a time of life when women are already experiencing other issues or difficulties, such as the onset of age related health conditions, increasing caring responsibilities for elderly or sick parents and relatives as well as children or grandchildren. Women still tend to have a larger share of caring responsibilities and these can be an added source of stress during the time of the menopause. Increases in the state pension age also mean that some women will now have to work longer than they may have planned.

Women who have suffered damage to their pelvic floor during childbirth may be more at risk of certain conditions as a result of the menopause. For example, problems such as incontinence or prolapses can develop as a result of the hormonal changes during the menopause as this can further weaken damaged tissue.

For older women who do not have children, the fact that the menopause signals the end of a woman's reproductive life can give rise to additional emotional issues. It may be a particularly difficult

time for women who wished to have a baby but were unable to conceive or for those who've suffered miscarriages or still birth.

Younger women can also experience a premature menopause (around 1 in every 100 women will have the menopause before the age of 40) or they may experience a surgical or medical menopause. As well as the symptoms of the menopause, these women may have a range of related difficulties to deal with at the same time- for example, fertility problems and side effects from fertility treatments or recovery from cancer treatment (or both). Many fertility treatments can also in themselves cause side effects similar to the menopause such as fatigue, night sweats, anxiety and depression. Women who have an early or premature menopause are also more at risk of developing osteoporosis ('brittle bones') and heart disease.

Men and the Menopause

Men can be indirectly affected by the menopause for example if their partner is experiencing insomnia and night sweats, men may also experience disrupted sleep and fatigue. If a man's partner experiences significant physical or psychological symptoms (such as depression) he may be concerned for her wellbeing and feel increased levels of stress. In some cases, people can experience relationship problems or difficulties at home at this time. These issues can have an impact on men in the workplace.



08

Guidance Section 8 Seeking help and self help

8 Guidance Section 8 Seeking help and self help

Don't Suffer in Silence ...

Consider:

- Discussing symptoms and seeking support from a trusted manager. If you don't feel able to talk to your Line Manager, at least initially, you can talk to another manager in your department, Workforce & OD, a trade union representative or the Equality Manager.
- Consulting a GP on managing the menopause - and to ensure the symptoms are not the result of anything else.
- Speaking with Occupational Health about symptoms in order to obtain advice and support.

Whilst some women go through this natural stage without any requirement for intervention, others experience more difficult symptoms. These can pose significant challenges to daily living, leading to the need to seek help from a healthcare practitioner or to consider self-help alternatives. If you are struggling to cope please seek a professional opinion from your GP, Occupational Health or other healthcare professional.

Healthier Lifestyle

Current health promotion advice highlights the importance of lifestyle choices before, during and after the menopause. Lack of sleep, stress, unhealthy eating and unhealthy lifestyle can increase the symptoms of menopause.

In addition to helping with certain symptoms, the following may also help reduce the risks of osteoporosis (brittle bones), diabetes and heart disease in later life:

- Eating healthily and regularly – research has shown that a balanced diet can help in alleviating some symptoms, in keeping bones healthy and in not gaining weight.
- Drinking plenty of water.
- Exercising regularly - to reduce hot flushes, improve sleep, boost mood and maintain aerobic fitness levels.
- Not smoking – to help reduce hot flushes and the risk of developing serious conditions such as cancer, heart disease and stroke.
- Ensuring alcohol intake is within recommended levels and cutting down on caffeine and spicy food – all of which can trigger hot flushes.
- Having access to natural light.
- Staying cool at night – wearing loose clothes in a cool and well-ventilated room to help with hot flushes and night sweats.
- Ensuring adequate rest and relaxation – to reduce stress levels and improve mood (through, for example, activities such as mindfulness, yoga and tai chi).
- Trying vaginal lubricant or moisturiser – available from shops and pharmacies for anyone experiencing vaginal dryness.

09

Guidance Section 9 Women's experience of working through menopause: The research

9

Guidance Section 9 Women's experience of working through menopause: The research

In 2011, the British Occupational Health Research Foundation (BOHRF) published research undertaken at the University of Nottingham.

Conducted by Professor Amanda Griffiths and entitled 'Women's Experience of Working through Menopause', the study found that:

- Nearly half of the women found it somewhat or fairly difficult to cope with work during menopausal transition with 5% reporting it to be very or extremely difficult. Nearly half said that they did not find it difficult at all.
- Many women said that they are/were little prepared for the onset of the menopause, with even less feeling equipped to manage its symptoms at work. Over half had not disclosed their symptoms to their manager and the majority felt that they needed further advice and support.
- Workplaces and working practices were not designed with menopausal women in mind.
- Heavy and painful periods, hot flushes, mood disturbance, fatigue, poor concentration and memory presented significant and embarrassing problems for some, leaving them feeling less confident. Hot flushes were made more difficult to cope with from working in hot and poorly ventilated environments, formal meetings and high visibility work such as formal presentations.
- Women often did not feel comfortable in disclosing their difficulties to their managers, particularly with younger or male managers.
- Where they had taken time off because of their symptoms, only half of the women had disclosed the real

reason for absence to their manager.

- Others had considered part-time working (though having concerns about the impact on their career if they were to do so) or had thought about stopping work altogether.
- Over half of the women said that they were unable to negotiate flexible working hours or working practices to the extent that they needed in order to deal with their symptoms.
- Over half of the sample believed that it would be useful to have information or advice from their employer about the menopause and how to cope with their work.
- Workplace temperature appeared to be an issue for many, with nearly half reporting not having temperature control in their normal working environment. Some could not open windows whilst others experienced interpersonal difficulties doing so in shared workplaces.
- Although no objective measures of performance were undertaken, some women felt their job performance had been affected negatively by the menopause. Some reported having worked extremely hard to overcome their perceived shortcomings due to menopause. Nearly a fifth thought that it had had a negative impact on perceptions of managers and colleagues about their competence at work and reported feeling anxious about these perceived performance deficits.

Strategies for Coping

The research also showed that many women had developed strategies for coping with problematic symptoms of menopause at work. These included:

- Obtaining fans or opening windows.
- Adjusting their working hours or routine.
- Active coping strategies - including disclosure, requesting formal adjustments, trying to control emotions, using positive reinterpretations and humour.
- Taking precautionary measures – including wearing layers of clothes and having a change of clothes at work.

In addition, whilst the majority did not use HRT to help cope with the more troublesome symptoms at work, of those who had, nearly three-quarters said that work was one of the main reasons for trying it and 91% of these said it had helped.

Many women had also adopted more general strategies for dealing with menopausal symptoms including changing their diet, doing more exercise, wearing layers of clothing, trying to sleep longer at weekends, seeking out information about the menopause, maintaining a sense of humour, making time for themselves and making changes to their appearance to try and counteract their increasingly negative self-image.

TUC RESEARCH (2003)

- 45% said their managers did not recognise problems associated with the menopause.
- Almost one in three reported management criticism of menopause-related sick leave.
- Over a third spoke of embarrassment or difficulties in discussing the menopause with their employers.
- One in five reported criticism, ridicule and even harassment from their managers when the subject was broached.
- The working environment was responsible for making some menopause symptoms worse, particularly hot flushes, headaches, tiredness and a lack of energy,

sweating and anxiety attacks. Respondents reported high workplace temperatures, poor ventilation, poor or non-existent rest or toilet facilities and a lack of access to cold drinking water were causing problems.

- 49% spoke of the relationship between stress and increased symptoms.
- Working hours were also cited as a problem for women working through the menopause.

In 2016 the Wales TUC carried out a major survey of almost 4,000 workers on the issue of the menopause, and published the findings in 2017 'The Menopause: a workplace issue'. Almost 9 out of 10 of those with direct experience of the menopause felt that it has an effect on working life. Significant numbers of those responding to the survey also reported witnessing the menopause being treated negatively or as a joke within their workplaces. The survey showed that only a very small number of workplaces have policies in place to support women who experience difficulties during the menopause.

10

Guidance Section 10 Further information and advice



10 Guidance Section 10

Further information and advice

If you would like further information about the menopause, you may wish to look at the following websites, using the links provided below.

[NHS Menopause Guidance](#)

Provides an overview, together with information about menopausal symptoms and treatment options.

[Wales TUC Cymru](#)

The Wales TUC has produced a new toolkit for trade unionists looking at the issue of The Menopause in the Workplace.

[Menopause Matters](#)

An independent website which gives up-to-date information about the menopause, menopausal symptoms and treatment options.

[The Menopause Matters Forum](#)

Provides the opportunity to chat to other women experiencing the same problems and concerns.

[British Menopause Society](#)

The BMS provides education, information and guidance to healthcare professionals specialising in all aspects of reproductive health.

[Women's Health Concern \(WHC\)](#)

WHC is the patient arm of the British Menopause Society and provides factsheets about the menopause, linked articles (e.g. about experiencing a healthy menopause), FAQs and recommended further reading.

[Manage My Menopause](#)

A not for profit organisation providing tailored menopausal advice about post reproductive health.

[Women's Experience of Working Through the Menopause, December 2010](#)

British Occupational Health Research Foundation. A report of research commissioned by the British Occupational Health Research Foundation, to explore women's experience of working through the menopause.

[The Daisy Network Charity](#)

A registered charity providing free information and support to women with Premature Ovarian Insufficiency (POI) also known as Premature Menopause.

[Simply Hormones](#)

Provides blogs and articles about the menopause and opportunity to sign up to receive free Menopause Survival Kit, newsletters and updates

[Simply Hormones - Menopause: A Guide for Men](#)

Information to help men understand more about the menopause, including some "helpful hints".

[RCM guidance on the menopause](#)

[UNISON guidance on the menopause](#)

[The Menopause and Work: Guidance for RCN Representatives](#)

[2017 Government report](#)

[NICE Guidelines](#)



This document should be retained on the individual’s e-file and reviewed by the individual and manager on a regular basis.

Agreed adjustments must be put in place to lower any risks to an acceptable level. (It may also be necessary to seek further guidance from Workforce & OD and/or Occupational Health).

Name: _____ Dept: _____

Date:

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Information on menopause	Does the employee have access to in-formation on men-opause, relevant policies on attend-ance management, EAP, Occupational Health etc?						
Sickness reporting	Is there the facility for those who are not able to attend work due to men-opausal symptoms to report these to a female manager or other point of contact?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Stress	Are there the appropriate mechanisms in place to deal with other related issues such as stress management? e.g. Counselling services, HSE Stress Management Standards						
Occupational health arrangements	Has the employee been made aware of what facilities are in place for OH referral and support to remain in the workplace? Do they need a referral?						
Unions support / discussion groups	The employee has been made aware of other support mechanisms in the workplace which may be able to help? E.g. Occupational Health, EAP Menopause Cafe						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
Physical							
Work stations	Are work stations / locations easily accessible to toilet, and rest facilities?						
Facilities	Are there private washing and changing facilities available?						
	Is there access to sanitary products?						
	Do rotas, shifts and schedules ensure that workers have easy access to sanitary and washing facilities?						
Temperature	Is the employee/ employer aware of the workplace maximum and minimum temperature and is it implemented?						
	Is ventilation available and is it regularly maintained?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Is additional ventilation provided if necessary? E.g. Desk Fan, ability to open / sit by a window. How is this implemented?						
	Do uniforms and PPE equipment reflect the needs of the individual?						
	Is the employee aware of what additional uniform can be provided and how to get this?						
	Are the clothes provided made of natural fibres?						
Environment / duties	Have workstation risk assessments been reviewed to take menopause into account?						
	Are there opportunities to switch to lighter or different duties?						
	Do manual handling assessments take any issues around menopause into account?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Are there flexible arrangements in place in relation to breaks?						
	Can start and finish times be adjusted as part of a flexible working agreement?						
	Is the role suitable for agile working? If not why not?						
	Is there access to natural light?						
	Have work processes been assessed to see if any adjustments are needed?						
	Is air conditioning / humidifiers functioning efficiently?						
	Is the environment too noisy?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Does the role impact on fatigue (mental and physical)? Are you able to assess, monitor and respond to frequent changes in patient acuity / job demands? Are you able to concentrate to undertake and record complex medicine calculations / complex pieces of work? Do you have the ability to deal with emotionally challenging clinical / staff / customer situations? Etc.						
	Does the role result in fatigue from standing?						
	Do you have sufficient workspace?						
	Are you able to move freely / adjust posture etc.?						
	Do you undertake remote working?						

What are the hazards	Considerations	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved
	Could remote working support you to perform effectively in your role? E.g. Ad Hoc Home Working Policy?						
Working conditions	Do you work night shifts?						
	Do you work shifts in general?						
	Are you a lone worker?						
	Do you work ad hoc / regular overtime / on call?						
	How do you travel to work? Do you drive for business purposes?						
Other risk / issues Please identify							
What are the hazards	Consideration	Who might be harmed and how including level of risk	What is already being done	What further action is necessary	Action by whom	Action by when	Date achieved

PLEASE NOTE:
The list above is not exhaustive. There may be other issues that are highlighted which should be considered when agreeing reasonable adjustments.

CONFIRMATION OF COMPLETION OF REASONABLE ADJUSTMENTS IDENTIFIED

Details of adjustments agreed:

Details of adjustments not approved (including reasons for the decision)

Date of annual review meeting (N.B. this review can be cancelled if the employee decides the meeting is not required)

I confirm that the meeting was undertaken for _____ on
and that any agreed adjustments listed above will be carried out.

Signed: _____(Line Manager) Signed: _____ (Employee)

Print name: _____ (Line Manager) Print name: _____(Employee)

Form 1: Preparation

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

1.	What are you equality impact assessing?	All Wales Menopause Policy
2.	Policy Aims and Brief Description	<p>To make managers aware of the organisational responsibility to understand the menopause and related issues and how they can affect staff, their partners, families and work colleagues.</p> <p>To raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available.</p> <p>To ensure individuals are treated fairly and with dignity and respect in their working environment and ensure the health, safety and wellbeing of the workforce.</p>
3.	Who is responsible for the Policy/work?	NHS organisations
4.	Who is Involved in undertaking this EqIA?	Menopause Policy Working Group
5.	Is the Policy related to other Policies/areas of work?	Equality, Sickness, Disciplinary, Capability, Grievance and Dignity at Work Policies. Codes of Conduct of Professional/Regulatory Bodies

6.	Stakeholders	<ul style="list-style-type: none"> • Managers • Staff • Patients • Occupational Health
7.	What might help/hinder the success of the Policy?	<p>Factors that may hinder:</p> <p>Lack of leadership and commitment at Board level Lack of awareness and understanding by managers and Lack of confidence/ability to speak out when affected by menopause Unwillingness to listen</p> <p>Factors that may help:</p> <p>Positive attitude at all levels of the organisation Development of understanding and awareness through supporting Menopause Toolkit Risk Assessments All Wales implementation plan to ensure delivery of policy objectives and good employment practice</p>

Form 2 : Information Gathering✓

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

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

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

	Yes	No
Consider, is the Policy relevant to:		
Article 2 : The right to life Examples: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	By contributing to a positive working environment, with the best possible working conditions for our staff, this policy helps enable them to deliver the highest standards of patient care	
Article 3 : The right not be tortured or treated in an inhuman or degrading way Examples: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	Issues of dignity and respect (by tackling the idea of menopause being a taboo subject and encouraging our workforce to talk openly about their experiences and offering support as appropriate)	
Article 5 : The right to liberty		

<p>Examples: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	<p>By recognising that experiencing the menopause can effect an individuals confidence and by enabling our staff to speak out about the experiences and providing appropriate support we seek to empower them</p>	
<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	<p>This policy is relevant as it recognises that menopause can have an impact on e.g. concerntration and may therefore be a mitigating factor when there are issues around performance and capability</p>	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Examples: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	<p>Impact on family life – for example individuals can be indirectly affected by the menopause e.g. if their partner is experiencing insomnia and night sweats they may also experience disrupted sleep and fatigue or if their partner experiences significant physical or psychological symptoms (such as depression) they may be concerned for her wellbeing and feel increased levels of stress. In some cases people can experience relationship problems or difficulties at home at this time.</p> <p>Issues of dignity and privacy, for example, confidentiality issues if an individual does not want colleagues to know that they are experiencing the menopause or that it is affecting them in a particular way. There may also be issues for transgender staff who are experiencing the menopause but have not told their manager or colleagues that they were assigned a differnet gender at birth</p>	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Examples: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	<p>Issues of respect for and knowledge about different religious beliefs and cultural values. It is important to understand that not all religious and cultural groups have the same approach or attitude toward the menopause</p>	

Equality Strand	Information Gathered
Race	The Menopause in the Workplace: A toolkit for trade unionists, Wales TUC Cymru Race, ethnicity may affect how women experience menopause https://womeninbalance.org/2014/09/17/menopause-around-the-world/
Disability	The Menopause in the Workplace: A toolkit for trade unionists, Wales TUC Cymru NHS Guidance – Menopause Davies v Scottish Court and Tribunal Service (SCTS) It's time to mention the menopause (employ law) Guidance on Workforce Wellbeing and the Management Of Sickness Absence, Nottingham Healthcare NHS Foundation Trust
Gender	The Menopause in the Workplace: A toolkit for trade unionists, Wales TUC Cymru Women's experiences of Working Through the Menopause, University of Nottingham Merchant vs BT plc NHS Guidance – Menopause NHS Guidance – Male Menopause Menopause transition: effects on women's economic participation The Telegraph Lifestyle: Woman - How to handle the menopause at work
Gender Reassignment	The Menopause in the Workplace: A toolkit for trade unionists, Wales TUC Cymru If I'm Transgender, Do I Go Through Menopause?
Sexual Orientation	The Menopause in the Workplace: A toolkit for trade unionists, Wales TUC Cymru
Age	The Menopause in the Workplace: A toolkit for trade unionists, Wales TUC Cymru NHS Guidance – early menopause A New Vision for Older Workers: Retain, Retrain, Recruit - Report to Government by Dr Ros Altmann CBE Business Champion for Older Workers The Five Ages of Menopause

Maternity and Pregnancy	Can you get pregnant after menopause?
Religion or Belief	https://www.researchgate.net/publication/26704699/download https://www.reuters.com/article/us-health-menopause-perceptions/culture-may-influence-how-women-experience-menopause-idUSKBN0OL1XH20150605 https://womeninbalance.org/2014/09/17/menopause-around-the-world/
Marriage and Civil Partnership	Menopause Matters: Ending A Marriage During Menopause: Why It May Not Be A Good Idea
Welsh Language	No information has been sourced, however, anecdotally we know that at times of stress individuals may prefer to use their first language. There are possible implications for Welsh speaking members of staff who wish to have these conversations in Welsh.
Human Rights	<p>General</p> <p>There are gaps in workforce equality monitoring data across all of the protected characteristics. Disaggregated workforce monitoring data is required to inform future policy review and assessment.</p>

Form 3 : Assessment of Relevance and Priority

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

Scoring Chart A: Evidence Available

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

Scoring Chart B: Potential Impact

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

Scoring Chart C: Impact Decision

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

Form 7 : Outcome Report

Organisation:	Welsh Assembly Government/NHS Wales/Trade Unions
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Proposal Sponsored by:	Name:	
	Title:	Joint Chairs
	Department:	Wales Partnership Forum

Policy Title:	All Wales Menopause Policy
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Brief Aims and Objectives of Policy:	<p>To make managers aware of the organisational responsibility to understand the menopause and related issues and how they can affect staff, their partners, families and work colleagues.</p> <p>To raise wider awareness and understanding among employees and to outline support and reasonable adjustments that are available.</p> <p>To ensure individuals are treated fairly and with dignity and respect in their working environment and ensure the health, safety and wellbeing of the workforce.</p>
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Was the decision reached to proceed to full Equality Impact Assessment?:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Record Reasons for Decision: <p>The principles and values of the policy are grounded in the promotion of fair and equal treatment. The supporting toolkit will ensure that managers have sufficient information/support to enable them to apply the provisions of the policy fairly and equally – this will be issued to organisations for implementation locally</p>	

If no, are there any issues to be addressed?	Yes ✓	No <input type="checkbox"/>
	<p>Record Details:</p> <p>Lack of robust workforce monitoring data to be addressed through all Wales action plan and local implementation. Action will be taken to ensure data gaps are addressed through Workforce Information Systems Programme and Electronic Staff Record (ESR).</p> <p>The issue of recording menopause related sickness absence (ie should it be recorded as an ongoing issue, rather than individual absences) needs to be addressed – it is recommended that this is considered by the All-Wales Managing Attendance at Work Policy Group or the Welsh Partnership Forum Business Committee.</p>	

Is the Policy Lawful?	Yes ✓	No <input type="checkbox"/>
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Will the Policy be adopted?	Yes ✓	No <input type="checkbox"/>
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes ✓	No <input type="checkbox"/>
	<p>Refer to Action Plan (Form 8)</p> <p>Monitoring arrangements will be addressed through local application of all Wales action plan. Scrutiny and review of monitoring reports should be undertaken at regular intervals by the Welsh Partnership Forum.</p>	

Who is the Lead Officer?	Name:	
	Title:	
	Department:	
Review Date of Policy:		

Signature of all parties :	Name	Title	Signature
	Andrew Davies		
	Rachel Pressley		
	Vicky Richards		
	Angela Lloyd		
	Nicola Bevan		
	Peta Beynon		
	Ruth Jones		

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

Form 8: Action Plan for Menopause Policy

	ACTION	WHO	HOW/ WHEN
Action to address issues highlighted by EqIA process to date	Development of a supporting toolkit (to include section on protected characteristics)	Menopause Policy Working Group	To be shared with organisations for local implementation on approval of policy
During consultation additional evidence was provided around religion and belief, marriage and civil partnership and Welsh language	To be built into EQIA and, if appropriate, the toolkit and Policy	Menopause Policy Working Group	Complete
Absences due to the menopause	It should be made clear that all absences due to the menopause need to be managed in line with the Managing Attendance Policy	Menopause Policy Working Group	Complete – this point has been emphasised throughout the toolkit which accompanies the Policy.
Individuality and individual experiences	To meet the aim of raising awareness, increasing understanding and creating support for individual, it needs to be made very clear that not all individuals experience the menopause in the same way and that some individuals may have more than one protected characteristic.	Menopause Policy Working Group	Complete – this point has been emphasised throughout the toolkit which accompanies the Policy.
Welsh Language	There is an expectation that managers will work closely with their staff to ensure that their communication needs are met	Local organisations	As part of ongoing implementation of the policy

Monitoring Arrangements			
How will the Policy be monitored?	<p>Monitoring arrangements will be determined locally.</p> <p>Monitoring outcomes will be reported to Health Boards</p>	Workforce and OD Directors	ongoing
What monitoring data will be collected?	Local application of policy and procedure disaggregated against each protected equality characteristic, workplace/directorate and staff group.	Workforce and OD Directors	Ongoing
Publishing Arrangements	Policy and EHIA to be published in line with local procedures following organisational adoption of the All Wales Policy	Workforce and OD Directors	On approval of policy
Review Arrangements	EQIA to be reviewed when Policy is reviewed	Welsh Partnership Forum	To be agreed by Welsh Partnership Forum on approval of Policy

Report Title:	Proposal to Welsh Government Transformation Fund - Update					
Meeting:	Strategy and Delivery				Meeting Date:	05.03.19
Status:	For Discussion		For Assurance		For Approval	
Lead Executive:	Dr Sharon Hopkins					
Report Author (Title):	Meredith Gardiner					
	For Information					x

SITUATION

The Regional Partnership Board (RPB) is determined to fully utilise the opportunities afforded by the Welsh Government transformation fund to progress our agenda. A second proposal has been prepared and submitted WG.

BACKGROUND

The committee is aware the RPB has had one successful proposal to the fund. This is in an implementation phase. The implementation is overseen by the RPB with its supporting strategic leadership group (SLG) and integrated partnership team. PCIC the lead Board for the UHB and the Director of Strategic Planning is our executive lead with the RPB.

ASSESSMENT

The second proposal to the fund has been submitted to Welsh Government covering a range of innovative service developments focusing upon the needs of

- children,
- older people,
- commissioning/workforce and
- pre-hab support to improve outcomes for people experiencing Cancer and also improving the wellbeing of those being investigated for cancer.

This second proposal builds on the initial work and is linked closely to RPB priorities, the area plan and SOFW.

Welsh Government colleagues have requested some additional financial information before considering the proposal at its next meeting in early April.

The approval timescale is therefore longer than anticipated previously and now runs in parallel with timescales for the submission of ICF proposals for the next 2 years. The SLG will need to consider areas where the 2 sets of proposals overlap in order to agree priorities for each funding stream. A discussion is scheduled for 6th March 2019.

Welsh Government has indicated that a limited amount of Transformation funding remains for allocation against a range of bids from across Wales. We are keeping close contact with advisors to ensure that our proposals are aligned as closely as possible with priorities.

Finally, there is a need to ensure that all approved proposals have an exit strategy. Partners are working together to strengthen exit and sustainability plans , for example through incorporating

successful projects into financial plans for the coming years.

RECOMMENDATION

The committee is asked To note

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration	x	Collaboration	x	Involvement	
Equality and Health Impact Assessment Completed:	<p>Yes / No / Not Applicable If “yes” please provide copy of the assessment. This will be linked to the report when published.</p>								

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

CARING FOR PEOPLE
KEEPING PEOPLE WELL



GIG
CYMRU
NHS
WALES

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

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Paediatrics, Obstetrics & Neonatal (PON) Project Board. Lead planner: Marie Davies, C&V (Chair) <div>A</div>	<ul style="list-style-type: none"> The delay in finalising patient flows has delayed agreement of the changes to patient pathways and consequently the service specifications. UHBs required to issue joint internal and external communication during February to ensure consistent messages on the changes with the UHBs' workforce and resident populations. Clinical conveyancing arrangements continue to be worked through between CTUHB and WAST. Discussion ongoing between ABUHB and CTUHB regarding South Powys and western Heads of the Valleys Obstetrics and Emergency Paediatric patients. Unknown at present whether the potential flows change may impact on the revised SWP flows that Cwm Taf are implementing i.e. increased activity at PCH and PoWH and decreased activity at UHW - an operational risk to UHW in the event that these flows default to Cardiff. Date of transfer of services noted as March 9th but recent T&F Group meetings suggest this may be revised due to ongoing challenge and concern around the paediatric model. 	<ul style="list-style-type: none"> Revised Paediatric and Obstetric service specifications to PON Board on 6th February. Will need sign off from SEWJRP&IG (next meetings 31.01 and 07.03.19) Obstetrics T&F group met 25th January; detail still required in relation to number of women and clinical status. C&V midwifery reps continue to work closely with Cwm Taf to support workforce and clinical governance planning. Changes to activity flows from both CT and AB to be monitored by C&W CB to assess flow assumptions. 	MD
		<p>Key milestones & dates</p> <p>Capital scheme completion estimates:</p> <ul style="list-style-type: none"> PCH Obstetrics and Neonatal expansion – commissioned end 2018. UHW Obstetrics & Neonatal expansion – to be commissioned by February 2019. 9th March 2019 - date for transfer of agreed reduced activity from RGlamH to UHW; may be revised. Costed implementation plans to BCAG for agreement via Chairs Action. 	
Paediatrics C&V leads: Planning – Marie Davies Paediatrics: <i>Jennifer Evans</i>	<ul style="list-style-type: none"> Paediatric T&F Group met 30th January initially with aim to finalise the service specification document. However, challenge and concern around the model has delayed this. Workforce plans continue to be progressed, both to support the implementation of the changes and to ensure sustainability of current services during the interim period. 	<ul style="list-style-type: none"> Agreed operational model, patient pathways from all referral sources, activity flows and supporting workforce arrangements to be finalised within the service specification. Special pathway arrangements for those children with complex needs and current open access to inpatient service in RGlamH in the event of an acute exacerbation to be clarified. 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
	<ul style="list-style-type: none"> The resource transfer to support the projected cross-boundary activity flows continues to be worked through between senior finance leads in C&V & CT UHBs. 	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Costed implementation plans to BCAG for agreement via Chairs Action. 9th March 2019 – implementation of final clinical model – potential delay to this date. 	
Obstetrics Lead planner: Paul Davies, CT C&V Clinical Lead – Pina Amin Planning – Marie Davies	<ul style="list-style-type: none"> Obstetrics T&F Group met on 25th January to finalise the service specification and operational model. Revised flow indicating 200 women to UHW – detail to be provided to C&V midwifery staff by 4th February 2019 with clear protocol for those women who are currently booked requiring an obstetric delivery after 9th March. Joint communication/engagement paperwork to be agreed for use across the regional patch – all O&G staff, midwives, women, GP practices and broader communities. Due to the significant shift in flow assumptions, revised clinical pathway for the UHW patients to accommodate the whole Obstetrics care pathway within the C&VUHB service – with the majority of the midwifery ante natal care continuing to be provided in the community. 	<ul style="list-style-type: none"> Revised pathways across the region to support the interim and longer term plans and ensure seamless arrangements for mothers receiving their maternal care across two HB – those that are Cwm Taf resident, those that are non-Cwm Taf resident and those that will require a change in pathway due to the changes to the clinical model i.e. those women who go into labour <32 weeks; twin deliveries. Close monitoring of planned cross boundary bookings and births, to monitor any significant deviations from revised projected figures and ensure services are able to respond. Costed implementation plan to BCAG for additional activity. Revenue business case for additional consultant appointments (standards compliance). <p>Key milestones & dates</p> <ul style="list-style-type: none"> January 19 - sign off of revised pathways and service specification. Costed activity business case to BCAG. 9th March 2019 – transfer of agreed activity from RGlammH to UHW. 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Neonatal Lead planner: Sam Williams, ABM C&V Clinical lead: Jenny Calvert Planning – Marie Davies	<ul style="list-style-type: none"> Neonatal flow changes (reduced as with paediatric and obstetric changes) are being planned to coincide with the other regional flow changes from February 2019. Planning for future neonatal network service capacity balance across the region is currently being led by WHSSC as part of its overall commissioning and prioritisation strategy but this has yet to commence. It should be noted that there will be insufficient investment in the WHSSC ICP to commission to full BAPM standards from the time that the service transfers take place in February 2019 - current tariff does not provide the level of revenue required. Concerns remain within the service that, until a business case is agreed, submitted and approved, the neonatal service at UHW continues to provide sub-optimal clinical outcomes and length of stay. A separate SBAR and service risk log has been developed for this purpose, which will form the basis of future discussions between the UHB and WHSSC. 	<ul style="list-style-type: none"> WHSSC/UHB to agree cost neutral post implementation activity commissioning position; neonatal capacity across the region; and business case priorities for future investment. 	
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> Jan 19 – formal agreement of revised activity commissioning with WHSSC. Jan 19 - sign off of revised pathways and service specification. March 9th 2019 – transfer of agreed activity from RGlamH to UHW. 	
ENT (Ear, Nose & Throat) Lead planner: Ruth Treharne, CT C&V Clinical lead: Alun Tomkinson. C&V reps ENT Implementation Team: Surgery - Alun Tomkinson Surgery CB - Mike Bond Programme Mgt – None	<ul style="list-style-type: none"> Additional ENT Consultant appointed in C&V to support the establishment of a separate on call rota; two new Middle Grade doctors appointed in CT. As a consequence, a regional solution not pursued. CT and ABMU Project Group established, to review the existing Adult and Paediatric ENT service provision across CT and PoWH. Options being explored to provide a safe and sustainable service. 	None confirmed.	
		<p>Key milestones & dates</p> <p>None confirmed.</p>	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Vascular Lead planner: Ian Morris, AB C&V leads: Planning - Lee Davies Surgery CB - Mike Bond CD&T CB - Matt Temby	<ul style="list-style-type: none"> Regional IR Out of Hours Service to commence on 4th February 2019. Nursing resource to support the rota secured, augmenting earlier work on the radiographer model. The fourth IR Consultant post has been advertised, with interviews imminent and agreement to cover a 1:8 rota prior to the arrival of this additional post. Focus shifted to develop plans to achieve arterial vascular centralisation as a single step approach at UHW, including an assessment of a July 2019 implementation. This will include a feasibility assessment of the enabling capacity at UHW Hub and completion of Business Case for a hybrid theatre. ENT theatre changes (UHL) planned to completion in Q1 2019/20 to create theatre capacity at UHW. 	<ul style="list-style-type: none"> Capital BJC to be submitted to WG – slipped to end Q3 2019. Construction completion estimated end 2020. Detailed plan for key enablers (including clinical protocols) and confirmation of timescale to provide the capacity in C&V UHB for the full vascular centralisation plan to be developed. Three Health Boards and WAST - communication exercise to ensure pathways/protocols cascaded to clinical and operational teams to support implementation. Engagement plan with CHC and wider stakeholders. Post implementation reviews for IR to be held weekly internally and monthly regionally to provide assurance and test the effectiveness of the new service model. 	LeD
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> OoH regional IR rota to commence 4th February 2019. Weekly meeting between AB/C&V/CT planners. 	
Diagnostics Lead planner: Ruth Treharne, CT C&V Clinical Lead: Mike Bourne CD&T CB - Matt Temby Planning – Marie Davies	<ul style="list-style-type: none"> Diagnostic Hub at CT –continues to offer MRI sessions to C&V and AB Health Boards, which are being taken up on a rolling basis. MRI scanner for C&V hosted at the RGlamH site. Scoping documentation on developing a sustainable EUS service completed. Option Appraisal workshop to be planned during February 2019. 	<ul style="list-style-type: none"> Standardised demand and capacity modelling for 2019/20 across the region to be developed with DU support (CT, MRI & endoscopy). 	MD
		<p>Key milestones & dates</p> <ul style="list-style-type: none"> To be determined at next meeting – 1st March 2019. 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
EUS/RFA (Endoscopic UltraSound/RadioFrequency Ablation) Lead planner: Rachel Marsh, CT C&V leads: Radiology – Ashley Roberts Surgery – Wyn Lewis Medicine – John Green Respiratory – Diane Parry Planning – Marie Davies	<ul style="list-style-type: none"> C&V scoping work identified potential additional capacity for short term solution. WHSSC leading planning approach across S Wales for Oesophageal RFA service options. C&V Clinical & Planning representatives identified for option appraisal workshop to be held February/March 2019. Internal group to meet to determine UHB preferred option. 	<ul style="list-style-type: none"> Baseline data to be refreshed for 2018. Current and future D&C gaps and workforce requirements to be finalised. 	MD
		Key milestones & dates <ul style="list-style-type: none"> Proposal for Regional EUS service - option appraisal to be undertaken in Feb/March 2019 – date TBA. 	
Endoscopy Lead planner: Rachel Marsh, CT C&V leads: Medicine - John Green Medicine - Jeff Turner Directorate – <i>Hannah Rix</i> Planning – Marie Davies	<ul style="list-style-type: none"> Demand & Capacity plans require greater consistency to ensure appropriate read across. DU requested to assist with this work. Unclear how work of the National Endoscopy Programme and Regional Group dovetail. 	<ul style="list-style-type: none"> Collaboration between National Endoscopy Programme and Regional Group to progress demand and capacity plans for 2019/20. 	MD
		Key milestones & dates	
Ophthalmology Lead planner: Nicola Prygodzicz, AB C&V leads: Planning - Lee Davies Surgery CB - Tina Bayliss	<ul style="list-style-type: none"> South East Region to lead the roll out of the National Eye Care Digitisation case with C&VUHB providing the leadership for project management and procurement (anticipated implementation December 2019). Bids to develop community services submitted to Welsh Government and now approved. AB UHB to appoint a Project Manager to support the 2019/20 work programme – key element the case for development of the High Volume Cataract Centre. . 	<ul style="list-style-type: none"> Electronic Patient Record (Eye record) is key enabler – need interim solution in short term to enable progression of the regional programme. Definition of key elements of the 2019/20 work programme, including the development of a case for a High Volume Cataract Centre for South East Wales. 	LeD
		Key milestones & dates <ul style="list-style-type: none"> Regional Ophthalmology Plan for 2019/20 to be produced with detailed action plan. UHB bids for additional central funding copied to BCAG. 	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Orthopaedics Lead planner: Abi Harris, C&V C&V leads: Orthopaedics – Simon White Surgery CB – Mike Bond Planning - Marie Davies	<ul style="list-style-type: none"> Progress limited by lack of dedicated project support. Sub speciality analysis revealed various capacity gaps across different sub speciality areas. 	<ul style="list-style-type: none"> Review and update the 2018/19 demand/ capacity assessments to incorporate the final backlog figures carried over from end March for 2019/20. Regional Planning Group and National Orthopaedic Planned Care Board to work more closely to align regional and national work. Produce high level regional capital and revenue implications across South Central UHBs to compare with a centralised elective facility option. 	MD
		Key milestones & dates <ul style="list-style-type: none"> No further progress to report 	

NHS COLLABORATIVE

Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Major Trauma Spec Svs CB – Nav Masani Clinical Lead: Melissa Rossiter Operational Lead: Jessica Castle Programme Mgt – TBC <div style="text-align: right; background-color: #FFD700; padding: 2px;">A</div>	<ul style="list-style-type: none"> MT Project/governance structure reviewed and updated. UHB Steering group Chaired by Operational Lead in place. MT Capital Planning – inaugural meeting of Project team taken place. Programme Director appointed. Predicted data activity for the Network completed. Wales Network Board continues to meet. 	<ul style="list-style-type: none"> Progress implementation of MT database. Finances to be refreshed when updated figures/data received (post implementation of EMRTS). Exploring options to establish 'sharepoint' or similar for the MTC project. Develop business cases for capital solutions for theatres/polytrauma ward/single point of entry. Network Clinical Lead and Collaborative Director to meet with CHCs in March to further update on outstanding issues from consultation. UHB to 	

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	<ul style="list-style-type: none"> Progress Report prepared by Collaborative to go to January Board meetings and CHCs. Network Engagement and Communications Group established by Collaborative to support implementation. Engagement and Communications Plan being finalised. Interviews taken place for Network Leads (Rehabilitation/Paediatrics/Governance/Training and Quality Improvement & Research). 	<p>provide updates on mitigations relating to C&V and UHW issues.</p> <p>Key milestones & dates</p> <ul style="list-style-type: none"> MT Programme Director to take up post early 2019. Next meeting bi-monthly Project Board February 2019. 	
<p>SARC (Sexual Assault Referral Centre) Lead planner: Rachel Hennessey, C&V</p> <p>G</p>	<ul style="list-style-type: none"> Project progressing in line with work plan Project structure in place, with quarterly Project Board chaired by Maria Battle. Clinical Leads for Children and Adults appointed. Additional session for Clinical Lead for Mid & West Wales. Locum Consultant appointed to Interim Children's model. Focus group of paediatricians across region to take place to look at feasibility of preferred model. 	<ul style="list-style-type: none"> Develop SOC/OBC/FBC for Capital solution – based on agreed NHS Wales Health Collaborative proposals. 2019/20 work plan to be developed. Preferred service model to be clarified for Project Board. <p>Key milestones & dates</p> <ul style="list-style-type: none"> Interim Paediatric Service March 2019. Decision by Project Board on preferred model April 2019. Paediatric Focus Group February 2019. Project Board February 2019. 	

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WHSSC (Welsh Health Specialised Services Committee)			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
Thoracic Surgery Clinical Lead: Specialist Services CB ABMU Implementation Plan Group - C&V reps: Clinical: Margaret Kornaszewska Operational: Nick Gidman Planning: Anne Wei Financial: Hywel Pullen	<ul style="list-style-type: none"> At its meeting on 29 November 2018, the Board approved the WHSSC recommendation for the single thoracic surgery centre to be located at Morriston Hospital, with a set of conditions to ensure patient safety. UHB has agreed to support CHC in further conversations with the public to test whether mitigations and commitments given to date provide assurance in relation to issues raised during consultation. Outcome to be considered at Board meeting in May alongside assurance work on workforce model for MTC. 	<ul style="list-style-type: none"> UHB Clinical, Operational, Financial and Planning representatives on ABMUHB Implementation Planning Group (Executive overview from GS and AH). WHSSC co-ordinating meetings involving thoracic surgery and major trauma to develop a detailed workforce model to provide cover for the MTC 	
		Key milestones & dates <ul style="list-style-type: none"> The Board will be reviewing the detailed workforce model and medical rotas to provide 24/7 thoracic surgery cover for the MTC and if it is not assured within six months, will withdraw its approval. The Board will receive the outcome of assurance work led by the CHC at the May Board meeting alongside the workforce model for the MTC. 	
NICU (Neonatal Intensive Care Unit) Clinical Lead: Children & Women CB	<ul style="list-style-type: none"> Revenue business case for additional consultant to meet standards compliance submitted to WHSSC. 	Key milestones & dates <ul style="list-style-type: none"> Recruitment to be progressed. 	
Transgender Service Clinical Lead: Medicine CB Operational: Geraldine Johnstone	<ul style="list-style-type: none"> Interim Service to be established with funding provided directly to WHSSC from Welsh Government. Initial Service in place with GP lead, expressions of interest and recruitment for service roles under way. Currently no plans to develop interim model further. 	Key milestones & dates <ul style="list-style-type: none"> Recruitment February 2019. 	

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Local Planning			
Service Area	Current Actions/Risks	Planned Actions/Risk Mitigation	Lead
New Block Theatres/Haematology/Radio Pharmacy/Polytrauma Ward Block Clinical Leads: Surgery/Specialist/CD&T Clinical Boards Planning Lead: Marie Davies/ Lee Davies <div>R</div>	Business Cases Strategic Overview Paper for Theatres/Haematology/Radio Pharmacy/Polytrauma Ward Block Paper produced in relation to the development of the strategic overview, within C&VUHB, for next 10-15 years. Paper provides the rationale for developing several business cases as detailed below. OBC/FBC will include new accommodation based on requirement to address environmental deficiencies for: <ul style="list-style-type: none"> the replacement of 5 <i>of the main theatres</i> as well as 2 decant theatres linked to the existing theatre accommodation; <i>Haematology facilities</i> - Development of facilities for Haematology has been subject to significant risk as a result of potential loss of JACIE accreditation due to care environment concerns. This development also includes the provision of Advanced Cell Therapy (ACT) facilities. The Directorate are currently undertaking an assessment of ACT requirements including the need for ITU facilities. <i>Radio Pharmacy facilities</i> – Development of facilities for the production of radioactive pharmaceuticals for diagnostic and therapeutic purposes. Project Team are discussing a couple of interim options which will satisfy MHRA Regulations prior to the development of the longer term solution. <i>Polytrauma Ward and Critical Care Facilities</i> – Accommodation for the provision of a polytrauma ward for the new Major Trauma Centre development. The provision of facilities for the critical care elements of the Major Trauma Centre. Critical care facilities that are needed for the health board regardless of the Major Trauma Centre. Completion of the Clinical Output Specification expected mid Feb 2019.	<ul style="list-style-type: none"> Pace of development of Business Cases - Project Team has been established but project management resource is lacking. Key milestones & dates Overall completion aim - 2022/23 <ul style="list-style-type: none"> Strategic Overview Paper submitted to WG October 2018. Synopsis of the Strategic Overview Programme and accompanying letter from Len Richards to Andrew Goodall sent early January 2019. Further discussions to be held with WG shortly. January WG meeting to discuss the potential requirement to provide a SOC by Easter 2019. OBC May – Dec 2019 (subject to WG approval of the SOC). FBC April – Dec 2020. 	

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<ul style="list-style-type: none"> Replacement of Theatres 5&6 at UHL 	<p>A</p>	<p>BJC – UHL – Likely preferred option 3 modular theatres plus 24 bed ward (for winter/decant) due to time critical requirement for capacity.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> BJC to be completed by May 2019. Overall completion December 2020 	
<ul style="list-style-type: none"> UHW – Provision of a Hybrid Theatre/+ MTC Theatre 	<p>A</p>	<p>Development of BJC progressing. Hybrid & MTC theatre - options feasibility testing concluded. Preferred option likely to be hybrid theatre located in courtyard with adjacent general/MT theatre. Workshop to discuss core clinical infrastructure capability and fixed equipment requirements/functionality was held on 11 January 2019.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> BJC completion Sept 2019 Construction completion Nov 2020 	
<ul style="list-style-type: none"> UHW Emergency Unit (EU) and Paediatric Single Point of Entry (SPE) 	<p>A</p>	<p>A requirement for the Major Trauma Centre designation includes the development of the infrastructure to support the service requirements in relation to the Emergency Unit and the creation of a Paediatric Single Point of Entry. Work underway to confirm clinical space requirements for both EU and Paediatric SPE expected mid-January 2019.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Programme to be confirmed 	
<ul style="list-style-type: none"> UHW – Provision of 2nd Ophthalmology Theatre 	<p>A</p>	<p>Development of a 2nd Ophthalmology Theatre to meet demand pressures. Planning work to develop the programme to commence shortly.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Programme to be confirmed 	
<ul style="list-style-type: none"> UHL – Upgrading of Black and Grey Theatres 	<p>A</p>	<p>WG additional discretionary allocation of £1m for scheme. Progressing at risk because of the interdependency with the vascular centralisation at UHW.</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Construction to be completed August 2019 	
<ul style="list-style-type: none"> UHW Rolling Refurbishment of Theatres 	<p>A</p>	<p>Refurbishment of remaining existing theatres at UHW</p>	<p>Key milestones & dates</p> <ul style="list-style-type: none"> Programme to be confirmed but will not commence until the new UHW theatres are operational 	

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<ul style="list-style-type: none"> UHW Refurbishment of the Mortuary <div>A</div>	Recent HTA inspection highlighted significant refurbishment required in order to meet the requirements of the HTA standard. Discussions on-going in relation to the scope of the refurbishment work required. Development of BJC progressing.	Key milestones & dates <ul style="list-style-type: none"> BJC to be completed September 2019 	
<ul style="list-style-type: none"> UHL Upgrading of Cystic Fibrosis Facilities <div>A</div>	BJC will include for the provision of additional capacity to accommodate growth in demand, as well as environmental improvements on the basis that the utilisation of the additional capacity will be phased as it is dependent on the approval of additional revenue funding from WHSSC.	Key milestones & dates <ul style="list-style-type: none"> Anticipated completion of the BJC March 2019. 	
Genomics	Discussion being taken forward at national level through Genomics Task Force Group.	Key milestones & dates <ul style="list-style-type: none"> None currently to report. 	
Shaping Our Future Wellbeing: In Our Community Programme <div>G</div>	Tranche 1 Projects:- <ul style="list-style-type: none"> Internal planning for the first tranche projects underway – see individual projects below for progress. Tranche 2:- <ul style="list-style-type: none"> Planning work underway within Cardiff West Cluster in response to LDP growth and infrastructure opportunities. PCIC and Medicine CBs developing plan in relation to early projects which will contribute to the development of the H&WC@Barry. 	<ul style="list-style-type: none"> Revised PBC submitted to WG as requested to include more detail re: for implementing the remaining capital safeguarding works and fit out as a single project phased over a 10 year period. 	
		Key milestones & dates <ul style="list-style-type: none"> Revised PBC presented to WG. Infrastructure Investment Board – 23 Jan 2019. Awaiting outcome. 	
H&WC@CRI - Masterplan (SOFW:IOC First Tranche Project) <div>R</div>	<ul style="list-style-type: none"> Initial assessment indicates that available space at CRI is insufficient to accommodate the draft service scope. Further work required to challenge space allocation and identify creative space solutions. At request of WG, additional information and capital costs have been given to WG (via a revised PBC) for implementing the remaining capital safeguarding works and fit out as a single project phased over a 10 year period. Awaiting outcome of IIB meeting on 23 Jan 2019 re: PBC, to determine how to proceed. 	Key Milestones and dates <ul style="list-style-type: none"> To be identified. 	

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Relocation of SARC within CRI and enabling works (H&WC@CRI – Phase 2) A	<ul style="list-style-type: none"> SOC submitted to WG mid-October. Scheme includes associated enabling works - relocation of CAU and Links CMHT on CRI site. 	<ul style="list-style-type: none"> Scrutiny comments received from WG. UHB response returned 22 Jan 2019. <p>Key Milestones and dates</p> <ul style="list-style-type: none"> Project plan to be revised once SOC approved. 	
Wellbeing Hub @ Park View R	<ul style="list-style-type: none"> Business case route dependent on WG approval of PBC Awaiting outcome of IIB decision re: SOFW:IOC PBC to agree business case route for the WH@PV. 	<ul style="list-style-type: none"> Confirmation of business case route required from WG. <p>Key Milestones and dates</p> <ul style="list-style-type: none"> Project plan to be determined once business case route agreed with WG. 	
Wellbeing Hub @ Maelfa G	<ul style="list-style-type: none"> SCP appointed July 2018. Service scope and capacity planning identified. Design work underway (AEDET workshop scheduled for 04/02/2019). 	<ul style="list-style-type: none"> Service/revenue modelling work to be undertaken to confirm delivery of redesigned service models within revenue envelope. <p>Key Milestones and dates</p> <ul style="list-style-type: none"> OBC March 2019. FBC Dec 2019. Facility to be opened by Dec 2021. 	
Wellbeing Hub @ Penarth G	<ul style="list-style-type: none"> Design work underway (AEDET workshop undertaken on 17/12/2018) Service/revenue modelling work in progress to confirm delivery of redesigned service models within revenue envelope Engagement with community planned. 	<ul style="list-style-type: none"> Albert Road have given notice to terminate their GMS contract with the UHB. Impact on GMS services delivered from the WH to be determined. <p>Key Milestones and dates</p> <ul style="list-style-type: none"> OBC March 2019. FBC Dec 2019. Facility to be opened by Dec 2021. 	
Clinical Services Plan A	<ul style="list-style-type: none"> Initial scoping workshops with CBDs March and June 2018 with outline principles agreed; followed by workshop with wider Clinical Leads in October 2018 to confirm approach and develop outline model. 	<ul style="list-style-type: none"> High Level Action Plan to be developed to ensure alignment with Tertiary Services and SoFW/community planning. Engagement plan to be developed for delivery during Spring 2019. 	

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		<ul style="list-style-type: none"> High level draft UHB Clinical Services Plan document produced and presented to UHB Board December 2018. Plan subsequently shared with CHC in January 2019 as working document Discussion January 2019 with key Clinical Leads to inform and determine UHL model. Ongoing work to clarify acute medicine/ambulatory care model and pathways for UHL. 	Key milestones & dates <ul style="list-style-type: none"> Outline Plan to SCRG March 2019. UHW and UHL models agreed by end of July 2019. 	
Tertiary Services Plan	A	<ul style="list-style-type: none"> Project Lead in post January – March 2019. Position paper drafted. Baseline assessment in progress – including assessment of co-dependencies, current service issues, future developments (e.g. Advanced Therapeutic Medicinal Products - ATMPs) etc. 	<ul style="list-style-type: none"> Link with Clinical Services Plan. 	
			Key milestones & dates	
LDP (<i>Local Development Plan</i>)		<ul style="list-style-type: none"> Ongoing work in relation to expansion of Primary Care premises to meet population growth; estates planning to support new models of primary/community care recognising growth in strategic sites. 	<ul style="list-style-type: none"> SOFW:IOC Tranche 2 - proposal to accelerate planning work for Cardiff West Cluster in response to LDP growth and infrastructure opportunities. 	
			Key milestones & dates	
IMTP (<i>Integrated Medium Term Plan</i>)		<ul style="list-style-type: none"> Final Draft IMTP to UHB Board for approval 31.01.19 and onward submission to WG. 		
			Key milestones & dates	
HASU (<i>Hyper Acute Stroke Unit</i>)	A	<ul style="list-style-type: none"> Internal Multi CB Stroke Delivery Group to determine UHB model (Sp Svs/Med/CD&T). Clinical Lead agreed – Dr Shakeel Ahmad. 	<ul style="list-style-type: none"> Regional meeting concluded planning should be at local level. C&V service model to be determined. Internal SDG to meet. 	

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Emergency Preparedness, Resilience and Response

Purpose: EPRR team provides an emergency preparedness service for the UHB in accordance with the responsibilities under the Civil Contingencies Act 2004 and other statutory legislation. (Contact: A Stephenson)

Activity to Note: Exercise Wales Connect' was a strategic exercise to test situation reporting between the 4 Strategic Co-ordination Centres (SCCs) and the Emergency Co-ordination Centre (Wales) as part of the Pan-Wales Response Plan. CVUHB were represented by Abigail Harris, Jayne Catherall and EPRR Team (03.12.18). Exercise Shirehorse II was an exercise testing the multi-agency response to a terrorist attack. A MERIT team was established as part of the exercise. CVUHB released 2no. EU staff to participate, with Exercise Directing Support from the EPRR team. Initial feedback from (particularly re: MERIT element) has been very positive (16.01.19).

Training and Resources to Note:

- 09 attended Strategic (Gold) Training (13/12). Further session planned for spring 2019 (01/05/19).
- New dates for Tactical (Silver) Officer Training in 2019 (15/05 & 15/10).
- Tactical (Silver) Officer Major Incident Control Room Familiarisation held (08/01).
- Counter Terrorism (CT) Awareness Training ongoing - 610 trained to date. New dates for 2019 are (12/03, 05/06, 05/09 & 11/11).
- Business Continuity Sessions ongoing: 154 attended to date. New dates for 2019 are (09/01, 11/04, 16/07 & 10/10) at UHW.
- 50 Podiatry Staff attended an EPRR delivered WRAP Training event (04/12).
- UHB EPRR Team and Cardiff Council Emergency Management Unit delivered a BC Awareness Session for GP Practices. Over 40 attended, with positive feedback (16/10).
- 19 volunteers attended the post-LEOPOD III Briefing planned for (27/11). Presentations from WECTU, WAST HART/SORT Team, MERIT Team & Clinical input.
- Specialist multi-agency training support at Whitchurch ongoing.

Priorities and Progress

- EPRR Team continue to represent CVUHB at BREXIT meetings – Cardiff Council, SWLRF & Wales Risk Groups, Welsh Government etc. which includes the All Wales Strategic Brexit Exercise: (07/02), Brexit & Social Care Event: (14/02), SWLRF BREXIT SCG Meeting: (04/03), All Wales Health & Social Care Group Brexit Exercise: (07/03)
- EPRR continue to support Executive Director of Planning in collating Clinical Boards & Corporate Depts. concerns re: a BREXIT 'no deal'. Four corporate meetings held (18/10, 15/11, 06/12, 23/01). Next scheduled for Feb 19.
- Internal BREXIT exercise with representation from all Clinical Boards and Corporate Departments scheduled (22/02).
- EPRR Team to support new Strategic Oversight Group, which will review UHB emergency preparedness and to provide assurance to ME and Board on the management of associated risks. First meeting scheduled (11/02).
- EPRR Team has supported three quarterly BC Clinical Board performance review meetings to be chaired by Steve Curry. The next session is (06/03).
- Work ongoing with PHW to deliver a Pan Flu command post scenario based exercise (18/03).
- EPRR working closely with the Emergency Department and CD&T to deliver BC Exercises, scheduled for March & May 2019.
- Work ongoing to update the UHB Adverse Weather Plan.
- Work ongoing to complete a draft UHB Threat/Response Document.

Significant Risks or Decisions

- **UPDATE to Last Report:** At the SWLRF Mass Fatalities meeting (23/07), no agreement reached on how to proceed with expanding body holding capacity in response to/for a medium-scale incident with Fatalities.
- At the most recent group meeting (12/12), it was agreed that Executive Director (level) from each partner organisation will meet to discuss issues. (Refer to SBAR).
- Dr Graham Shortland identified as Executive Director to attend. An internal pre-meet to ensure clarity on the discussion points and organisation position will be arranged.
- Partner meeting likely to be scheduled for early 2019.

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CARDIFF AND VALE UHB STRATEGY AND PLANNING FLASH REPORT (JANUARY 2019)

Strategic Service Planning Papers Under Development

key: P-papers due, P*-papers late

Papers

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Meeting Key

Board	28.03.19, 30.05.19, 25.07.19, 26.09.19, 28.11.19, 30.01.20, 26.03.20
Board Development	28.02.19, 25.04.19, 27.06.19, 29.08.19, 31.10.19, 19.12.19, 27.02.20, 29.04.20
Strategy and Delivery Committee	05.03.19, 30.04.19, 25.06.19, 03.09.19, 29.10.19, 07.01.20, 10.03.20
Stakeholder Reference Group	27.03.19, 22.05.19, 24.07.19, 24.09.19, 27.11.19, 29.01.20, 24.03.20
Local Partnership Forum	06.02.19
Mgt Exec	Every Monday
HSMB	07.02.19, 07.03.19, 04.04.19 (x cutting), 02.05.19, 06.06.19, 04.07.19, 01.08.19, 05.09.19, 03.10.19 (x cutting), 07.11.19, 05.12.19, 02.01.20, 06.02.20, 05.03.20, 02.04.20
OPG / Clinical-Service Boards	
SDDG	06.02.19, 06.03.19, 03.04.19, 01.05.19, 05.06.19, 03.07.19, 07.08.19, 04.09.19, 02.10.19, 06.11.19, 04.12.19
BCAG	27.02.19, 27.03.19, 24.04.19, 23.05.19, 19.06.19, 24.07.19, 21.08.19, 25.09.19, 23.10.19, 20.11.19, 18.12.19
CMG	18.02.19 18.03.19
Strategic Clinical Reference Group	04.03.19
SOFW:IOC Delivery Group	20.02.19 17.04.19 19.06.19 21.08.19 16.10.19 18.12.19
Directors of Planning	
Strategic Leadership Group	05.02.19 23.04.19
Cardiff/Vale PSB	
Clinical Services Infrastructure	
Regional Partnership Board	
Clinical Services Plan Workshop	

R	Unlikely to achieve its objectives or benefit on time. Major issues are present.
A	May not achieve objectives and/or benefits on time unless issues are resolved.
G	On schedule for delivery of objectives and benefits within timescales, no issues.

Programme	Location	Project Name	Business Case format	2017-18	2018					2019					2020					2021				
				Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4				
Theatres																								
Theatres Tranch 1																								
	UHL	Replacement of Theatres at UHL	BJC						BJC															
	UHL	Black and Grey Theatres	Approved																					
	UHW	Vascular Hybrid Theatre/+ Theatre *	BJC						BJC															
	UHW	Theatres/Haematology/ Radiopharmacy Block/Polytrauma Ward*	SOC/OBC/FBC					Strategic Overview Paper	SOC			OBC						FBC						
	UHW	2nd Ophthalmology Theatre	BJC	Planning work to develop the programme to commence shortly																				
Theatres Tranch 2																								
	UHW	Refurbishment of Theatres in pairs (rolling programme)	BJC																					
Other schemes																								
Rookwood																								
	RKW	Neuro/ Spinal Rehab and Clinical Gerontology	FBC																					
Cystic Fibrosis																								
	UHL	Upgrading of CF Facilities	BJC		BJC																			
Upgrading of Mortuary																								
	UHW	Upgrading of Mortuary	BJC			BJC	On hold pending decision from Coroner																	
Sustainable Transport Hub																								
	UHW	Sustainable Transport Hub	BJC			BJC																		
Major Trauma Centre																								
	UHW	Theatre - included in UHW Hybrid *																						
	UHW	Polytrauma Ward - included in Main Theatres Scheme *																						
	UHW	Emergency Unit and Paediatric SPE		To be confirmed																				
Shaping Our Future Wellbeing: In Our Community (SOFW)																								
	C&V	SOFW:IOC PBC	PBC																					
Health & Wellbeing Centres (Tranche 1 Locality-level)																								
	CRI	Masterplan	Masterplan				To be confirmed																	
	CRI	SARC redevelopment (with CAU/Links enabling works)	SOC			Oct-18																		
			OBC				OBC																	
			FBC							FBC														
	CRI	Chapel redevelopment	BJC		On hold pending confirmation of funding																			
Wellbeing Hubs (Tranche 1 Cluster-level)																								
	Ely	New-build Wellbeing Hub@Park View	OBC	Type of BC to be agreed following WG approval of the PBC																				
			FBC																					
	Llanedern	New-build Wellbeing Hub@Maelfa	OBC	OBC					Mar-19															
			FBC								FBC		Dec-19											
	Penarth	New-build Wellbeing Hub@Penarth	OBC	OBC					Mar-19															
			FBC									FBC		Dec-19										
KEY:																	Business case	Internal/external approval	WG scrutiny	Estimated Construction				