Bundle Strategy and Delivery Committee 25 June 2019

Agenda attachments

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AGENDA

STRATEGY AND DELIVERY COMMITTEE

To be held on Tuesday, 25 June 2019, at 9.00am

Coed Y Bwl, Woodlands House, Ground Floor

Time	1	**Preliminaries – 10 minutes**	
9.00	**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 30 April 2019	Charles Janczewski
	1.5	Action Log – 30 April 2019	Charles Janczewski
	1.6	Chairs Action taken since last meeting	Charles Janczewski
	2	**Items for Review and Assurance**	
9.10	**2.1**	Summary on Integrated Care Fund	Abigail Harris (Verbal Update)
9.20 9.35 9.50	**2.2**	Performance against strategic objectives: a) Childhood Immunisation Annual Update b) Maximising Prevention in the UHB c) Have a planned Care System where Demand and Capacity are in Balance	Fiona Kinghorn Fiona Kinghorn Steve Curry (Verbal Presentation)
10.10	**2.3**	Mental Health Measures: Baseline Information	Steve Curry
10.25	**2.4**	Commercial Developments	Abigail Harris
10.40	**2.5**	Key Organisational Performance Indicators	Steve Curry
11.00	**2.6**	Workforce Key Performance Indicators	Keithley Wilkinson
11.15	**2.7**	Employment Policies 2.7.1 – LED Policy 2.7.2 - LED Policy EHIA 2.7.3 – Adaptable Workforce Policy 2.7.4 – Adaptable Workforce Policy EHIA 2.7.5 – Employee Health & Wellbeing Policy 2.7.6 – Employee Health & Wellbeing Policy EHIA 2.7.7 – Recruitment Policy (Interim Review) 2.7.8 – Welsh Language Policy (including EHIA)	Martin Driscoll
11.30	**2.8**	Annual Equality Plan	Martin Driscoll
11.50	**2.9**	Board Assurance Framework: Sustainable Culture Change	Nicola Foreman

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12.00	**2.10**	Feedback on Committee Effectiveness Review	Nicola Foreman
	3	**Items for Approval/Ratification**	
	4	**Items for Noting and Information**	
12.10	**4.1**	Joint Commissioning Strategy for Adults with Learning Disabilities	Fiona Jenkins
	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, 3 September 2019 at 9.00am Venue to be confirmed	

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CONFIRMED MINUTES OF THE STRATEGY AND DELIVERY COMMITTEE
HELD ON TUESDAY, 30 APRIL 2019
EXECUTIVE MEETING ROOM, WOODLANDS HOUSE

Present:

Charles Janczewski	CJ	Vice Chair
Dawn Ward	DW	Independent Member – Trade Unions
Eileen Brandreth	EB	Independent Member – ICT

In Attendance:

Abigail Harris	AH	Executive Director of Planning
Chris Lewis	CL	Deputy Finance Director
Fiona Kinghorn	FK	Executive Director of Public Health
Martin Driscoll	MD	Executive Director of Workforce and OD
Nicole Foreman	NF	Director of Corporate Governance
Ruth Walker	RW	Executive Nurse Director
Dr Sharon Hopkins	SH	Deputy Chief Executive / Director of Transformation and Informatics
Steve Curry	SC	Chief Operating Officer

Secretariat:

| | GM | Glynis Mulford |

Observer:

| Urvisha Perez | UP | Wales Audit Office |

Apologies:

Gary Baxter	GB	Independent Member - University
Fiona Jenkins	FJ	Executive Director of Therapies and Health Science
John Antoniazzi	JA	Independent Member - Estates
Robert Chadwick	RC	Executive Director of Finance
Sara Moseley	SM	Independent Member – Third Sector

SD: 19/04/001	**WELCOME AND INTRODUCTIONS**	ACTION
	The Chair welcomed everyone to the Strategy & Delivery meeting.	
SD: 19/04/002	**APOLOGIES FOR ABSENCE**	
	Apologies for absence were noted.	
SD: 19/04/003	**DECLARATIONS OF INTEREST**	
	Charles Janczewski declared his interest as Chair of the Quality and Patient Safety Committee at WHSCC.	
SD: 19/04/004	**MINUTES OF THE BOARD MEETING HELD ON 5 MARCH 2019**	
	Subject to a few minor amendments the minutes of the meeting were agreed as a true and accurate record.	
	Resolved – that:	

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	(a) The Committee approved the minutes of the meeting held on 5 March 2019.	
SD: 19/04/005	**ACTION LOG FOLLOWING THE LAST MEETING** **Resolved – that:** The Committee **REVIEWED** the Action Log from the March meeting.	
SD: 19/04/006	**CHAIRS ACTION TAKEN SINCE LAST MEETING** There had been no Chairs actions taken since the last meeting.	
SD: 19/04/007	**SHAPING OUR FUTURE WELLBEING IN OUR COMMUNITY PROGRAMME** The Executive Director of Planning presented the report. Members had previously received an in depth paper at the Board Development meeting. The following comments were made: • The report ensured services and infrastructure were in place and gave an update on the latest tranches from the programme and the All Wales Capital Programme. • Two projects were at a critical stage and the Board would receive a detailed business case on the £20m funding to complete Cogan and the Maelfa Wellbeing Hubs which were linked to the local authority. • This was a positive step forward in terms of the wider population being co-located. The Maelfa was part of a redevelopment scheme including upgrading community facilities and housing. • Progress confirmed we were in the latest tranches of work but needed to accelerate and move faster on the Barry Health and Wellbeing Hub. Clinical Boards were discussing ideas on the needs of the service. Further discussion would take place shortly regarding these plans with the Vale Local Authority. • In relation to North Cardiff, the GP lead was pushing for support in planning for a Health and Wellbeing Centre. In particular regarding the population growth and the added pressure with resourcing planning. • The Quality and Health Impact Assessment did not raise any issues and gave assurance that the Board received quality of work and was focussed. • Members stated the report presented a good example of how we were implementing the wellbeing hubs into the strategy. • In response to the Cardiff Royal Infirmary (CRI) being fit for purpose, it was explained that the programme business case was delayed as Welsh Government had changed their approach. The business case had also been updated. The programme business case would be circulated to Members. • Cardiff Royal Infirmary required significant investment as it was a listed building. There was expectation that the Health and Social Minister who was supportive of the plan, would endorse the work	AH

	programme and enable the business case to go through quickly. There would be a discussion on the constituency and advice would be taken on who we need to keep engaged locally. There would be a series of business cases to ensure the work was completed over time. • The CRI Chapel would be the heart of the Health and Wellbeing Centre for the community. Other spaces would be utilised to bring areas of the building into life. **Resolved – that:** (a) The Committee noted progress made in relation to the development and implementation of the SOFW: In Our Community Programme	
SD: 19/04/008	**SCRUTINY OF THE CAPITAL PLAN** The Executive Director of Planning presented the report informing that the Finance Committee had confirmed we were on track with the latest schemes. The following comments were made: • The report highlighted where we were in terms of investment required. It acknowledged that the capital programme was large and some of the red displayed within it had a knock on effect in terms of slippage. • The Committee was informed that there would not be a dedicated trauma centre in place by April 2020 as the build was being undertaken in a court yard and there was no access. This added to the complexities as well as keeping services running. • Management Executive agreed for a process being put in place to receive early warning signs from the team by alerting them to potential slippage so that intervention could occur before this happened and was working through a process. **Resolved – that:** (a) The Committee recognised the difficulty in managing a large and complex programme of works within a limited resource be noted (b) The Committee supported the approach taken to manage the competing requirements of the Clinical Boards by engaging with them through a series of workshops to agree the priorities	
SD: 19/04/009	**UPDATE ON THE CLINICAL SERVICES PLAN** The Executive Director of Planning presented the report. The following comments were made: • There had been wider discussion at Board Development where it was agreed to focus engagement on the principles and the shape. For example, UHL would grow into a complex surgery. An EHIA would need to be undertaken so as not to effect a particular group of patients. A meeting would be arranged with the Community Health Council to agree the principles to the approach. Involvement	

	of advice and the quality of service would be beneficial in driving the UHL redevelopment. This would accelerate our services. • New access measures would emerge once the GMS negotiations concluded. • As not all planned services would be in place this would need to reviewed continually over the next 10 years and nuancing the scale in what was needed. • Regarding unscheduled care there was a need to ensure wider engagement filtered down to all staff as they would be involved in the carrying out services. • Engagement with communities would involve a series of events. Sessions based on the Canterbury working and Amplified 25 would also be considered. **Resolved – that:** (a) The Committee noted progress to date on the development of the UHBs strategic clinical services plan and the emerging clinical models for UHW and UHL.	
SD: 19/04/010	**A HEALTHIER WALES – IMPLEMENTATION UPDATE** The Executive Director of Planning presented the report, stating our strategic intent was in line with Welsh Government. The following comments were made: • To take stock and keep on top of all of the actions in A Healthier Wales and to ensure that as an organisation we were working through delivering the design principles, how we achieve our strategic objectives and if there was a close alignment. • To consider how we have a conversation with the public in how things would change. It was acknowledged that the model of care needed to look different but as yet the mechanisms were not in place to drive this forward, although we were on track with the things we could influence on a national agenda. • Some of the projects were encouraging and a good piece of work to be undertaken was to make comparisons in its application. Staff were more interested in what the purpose was. • The Clinical Board Directors would put items on their agendas to take to meetings. • Work was needed to be undertaken with the Regional Partnership Board. A workshop had been arranged to take stock of the action and consider accelerating the Health and Social Care agenda. We had set ourselves the year 2025 for our Strategy to be completed and to start the build for a new hospital. • Collectively with the Vale of Glamorgan we spend nearly £2b in using money on resource and prevention. Our Regional Partnership Board (RPB) was in a good place in terms of understanding how we make preparations for the next change. • Alastair Roeves from Welsh Government would be working with Canterbury to weave into the WG approach and align this with the Health Boards direction of travel. Invitations would be sent out to	

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	people from various stakeholder groups and through the Amplify 25 programme would endeavour to understand the vision through natural process by being more flexible through our approach.	
	• Also discussed was the modifications in Health Care globally and how this was delivered in a different way. There was an important shift in the way we think and work. • There was a need to develop the clinical plan and respond to the new ways of working. • Welsh Government was taking an increasing shift to measure what matters in outcomes and increasing interest in how we measure outcomes. **Resolved – that:** (a) The Committee discussed the contents of the report and confirmed it was assured that the Health Board was taking appropriate action to implement A Healthier Wales, which was aligned to Shaping Our Future Wellbeing	
SD: 19/04/011	**SHAPING OUR FUTURE WELLBEING: STRATEGY REVIEW** The Executive Director of Planning presented the report. The following comments were made: • The Health Board was coming to the midway point of the strategy and was taking stock whether the strategy was fit for purpose and how we were progressing against it. • The paper focused on pieces of work in the Strategy and was a subjective view of pulling the IMTP together and to see where we were by drawing out exemplars and using some indicators that would not normally be reviewed. • This was a helpful way in looking at specific areas that had made good progress. It also presented an opportunity to look forward at what was left to do and put some milestones in place. • The data activity articulated the actions that delivered the transformation programme. It also articulated some of the IMTP to ensure it did not sit outside. In addition, it reviewed the key milestones and tried to put these under headings. • The ability to enable the organisation to come up with the next step and health pathways was moving in the direction of travel and within the aims of the strategy. • Work regarding the Outcomes Framework and Lightfoot helped to develop this piece of work and there would be a workshop next week. • The UHBs role as tertiary and specialist provider did not come through clearly in the strategy. Ian Langfield from Welsh Health Specialised Services would be seconded for two years working solely with the Health Board on what was our role to meet the agenda. An update had been provided at the Health Systems Management Board (HSMB) where it was explained how our clinical services plan regarding genomics was developing and the cell and gene service was excelling.	

	Resolved – that: (a) The Committee agreed the direction of the strategy and its strategic objectives continued to provide a clear and effective direction for the organisation and it was not recommended that the objectives be amended. (b) Identified our strategy as a specialist services provider on a regional and national basis within the context of Shaping Our Future Wellbeing (c) The Committee agreed to ensure partnership working was the norm for all areas of activity in the next phase of strategy deployment in line with A Healthier Wales. The Strategy would only be delivered in a partnership, whilst progress had been made through our Regional Partnership Board arrangements	
SD: 19/04/012	**ENSURING THAT SERVICE, QUALITY, FINANCE AND WORKFORCE ARE ALIGNED AND INTEGRATED** The Executive Director of Workforce and Organisational Development presented the report where an example of filling band 5 nurses was chosen to see how we were demonstrating looking at issues across the whole structure. The report was in line with most of the UK where there had been challenges in the nursing workforce. There was success in attracting nurses to Wales but even with the programmes in place there was still a gap. The following comments were made: • Our position had improved with 231 nurses being employed but recognised there was still a number of posts which needed to be filled. This had been discussed at the Local Partnership Forum. • A number of conversation had been undertaken through MDTs. The recommendation from the group was to go back to the international service as the retention rate for overseas staff was high at 88%, although this would be at a cost to the Health Board, there was a financial benefit. • The programme was being worked on collectively to share the approach in the cost envelope. The second step which needed to be undertaken in order to build some workforce plans. • To recognise the complexities of the Health Board with the amount of numbers coming in and out and how not to repeat where we had been before. This issue was around the retention of the nurses. • The Group listed the lessons learnt from the last time and was working on embedding them into the society and culture of the organisation. • There was a need to provide pastoral support for overseas staff and The UHB was using Filipino nurses to support new staff coming over. • The Health Board had good success with being a good place to work and learn, especially with the student cohort. • This was a blended approach with regards to the financial aspects and offered value for money. There needed to be a deliberate strategy to be carefully managed with pace and timing. This was about investment and it did carry a risk which was understood and shared at Management Executive and Clinical Board level.	

	- The paper demonstrated how these were being aligned and this showed an example. - There was a design principle about balancing on quality, activity performance and finance. - The report provided the ability to see practically how the alignment was working and as a Committee, needed to be assured that colleagues across the Health Board were working in an integrated way and not in silos. **Resolved – that:** (a) The Committee noted the Report on Integrated Working	
SD: 19/04/013	**DIGITAL HEALTHCARE UPATE** The Director of Transformation provided a verbal update on Digital Healthcare. The following comments were made: - Part of the restrictions encountered was the way we do business. It was explained that systems come in and were delivered to the organisation but there was no understanding of what the staff required. - The way in which this was organised had changed significantly with digital managers placed in each Clinical Board. This looked at what was needed in a more helpful way. - Two pieces of work had been undertaken on accessible information and base work on the electronic patient record. This would enable our own local and national records to be able to talk to each other. This was a national piece of work and fast tracking of what we needed to do locally with detailed work behind the scenes to make this happen. Lots of things were being linked together and needed storage to draw everything together. Also explained was how the records were drawn together from different systems. - Work had been undertaken on Dashboarding which was demonstrated by design and a ward dashboard with aggregated data which drilled down to patients. - The outcome of this work was that three awards had been shortlisted for the MJ Awards with significant work around PROMS. - The work with Lightfoot (who were one of the companies that partnered with Canterbury) enabled clinicians and staff to make much more rapid decisions in terms of flow. - Workshops had been scheduled and a bid for a five year partnership with Lightfoot had been submitted to Welsh Government. - Another system called Patient Knows Best was a portal for both staff and patients. This provided patients with access to their records and the system was waiting to be implemented into the organisation. The implementation was being prepared in the speciality areas that were running the project first.	

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	• All these systems do slightly different things but needed to work together. If we get all this right it will be easier for people to put things together for them to move forward. • A further document would be presented at a future meeting. • The strategic outline case has been refreshed and will come to next meeting. **Resolved – that:** a) The Committee noted the update and b) The Strategic outline case would come to the June meeting and c) A further report at a future meeting.	 SH SH
SD: 19/04/014	**DEVELOPING A PERFORMANCE FRAMEWORK** The Chair introduced the report stating it was a piece of work the Director of Transformation was engaged with to look at what needed to be dealt with at each Committee to ensure we were not duplicating work. The Director of Transformation made the following comments: • There were a number of targets and indicators associated with the Wales Delivery Framework and what was adding value by reviewing material used to make daily, weekly or yearly decisions and in turn how this could be value added for the Committee. • The measures were reviewed and what was routinely used for business. • 32 of the 42 measures were actively used on a weekly or monthly basis and was used to inform whether they were progressing. For our organisation improvement trajectories were set and not just RAG rated. It was found that 10 indicators were not used routinely. • These indicators should be looked at to see whether the Committee could add value and how they may be better used in the organisation. • One of the measures not useful was ERAS and suggested this measure should not be considered at this stage. • Eight measures were not routinely used but one of them may be helpful and was doing work with relevant leads around this. For example the reduction in number 20 and know this was a good indicator in how we are managing chronic conditions. These do get reported to the Board on an annual basis and would see all of these being reported in the Board report. These are not routinely informed for business. • For the 32 measures routinely reviewed it was suggested they would only be brought by exception. • To consider looking at indicators not being used with the advice of how they could be applied and scrutinise an area that was not subject to routine measures. • Informing those indicators we were not currently using to see how they can be helpful or valuable indicators.	

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- The development of the Outcomes Framework was being worked through and were using the outline of Canterbury.
- There was a need to have a balance of scrutiny and challenge through the next phase to see what the work looked like.
- Dashboards ranged from validated to unvalidated and a currency needed to be agreed.
- Some public health indicators were only seen on an annual basis and there was a need to know how they were used in the organisation to inform our business.
- The direction of travel was encouraging and recognised reviewing 42 measures would not be manageable. There was a need to have a balance and identify areas necessary to scrutinise, it was agreed to meet outside the committee and look at the indications at the next Committee.
- To ask Wales Audit Office if there was anything to be shared form other Health Boards.

Resolved – that:

(a) The Committee agreed to only scrutinise routinely reported measures by exception as advised by the lead Executive
(b) The Committee considered scrutinising those indicators which were currently not used to actively inform practice, following completion of work outlined
(c) The Committee be appraised of areas achieving or exceeding agreed trajectories and / or targets
(d) That a report detailing the above be presented in the September committee.

SD: 19/04/015	**IMPLEMENTATION OF WELLBEING OF FUTURE GENERATIONS (WALES) ACT IN CARIDFF AND VALE UHB - UPDATE**

The Executive Director of Public Health presented the report and advised the Health Board was currently being examined by Wales Audit Office on how we are embedding the Act into Health Board strategy and delivery.. There was a Flash report that summarised progress made by the Steering Group against the action plan for 2019/20. The following comments were made:

- The Wellbeing of Future Generations (WFG) Act was world leading legislation and internationally there was interest in how this was being implemented. The Health Board was required to take on board implementation of the sustainability principle and five ways of working throughout its business The UHB's wellbeing objectives are the SOFW objectives.
- A WFG Steering Group had been set up to oversee and embed the culture change required by the WFG Act and would like to see this as part of our Amplify 2025. The Wales Audit Office had a statutory requirement to ensure the organisation is delivering on the WFG Act. There is a developmental approach about what the organisation will choose to demonstrate how the act is being implemented. Our chosen arena for a detailed review is our SOFW in our community work.

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	• Two workshops would be undertaken and there would be interviews with people who couldn't participate. • Work needed to be done around communication which related to people and staff on the ground and what they can do to contribute to implementing the Act and the five ways to wellbeing. The Committee Chair, Charles Janczewski is the Board Champion for FGW Act and sat on the Steering Group. **Resolved – that:** (a) The actions the UHB are planning for 2019/20 to further embed the WFG Act in the organisation be noted. (b) The Committee noted the attached Flash Report which would provide regular assurance in the future of progress against the Steering Group's action plan to undertake actions required for the UHB to meet its statutory duties under the Act.	
SD: 19/04/016	**KEY ORGANISATIONAL PERFORMANCE INDICATORS** The Chief Operating Officer presented the report. The report covered end of year period relating to tier 1 on the overall plan. The following comments were made: • **Planned care**: It had been a good year and largely delivered on commitments to Welsh Government. The remaining patients related back to tertiary services and a bespoke plan for spinal patients was in progress. • **Diagnostics:** The Health Board was 40 patients short in delivering its target but reflected a year on year improved position. There were additional changes in the rules for cardiology tests and although there was a marked improvement The UHB had not reached its goal. • **Cancer:** Improvements had been made but were below the national target. The position ended at 82% of a 62 day target being met and was 5 short on the IMTP. There was a need to do more work to increase from 80 – 87% this year. In the spring there was a significant increase in referrals with a 20% increase over the year and neurology was a third more. There was a 24% increase in the Upper GI. Cardiff & Vale were the best performing in Wales at just over 90%. • There had been improvement (from a challenging position in follow-up delays) in the trajectory and had the highest volume in Wales. The Wales Audit Office provided an extensive update on Follow-Up Outpatients Report. Our data and systems were defaulting to a conservative position and there was a significant piece of work being undertaken around this. There was a need to be cautious as taking someone of the list could be detrimental. This was a clinical led service guided by our clinicians. Cardiff & Vale were the only Health Board in Wales that had risk stratified against the patients. • This work was continuing and this year there would be actual targets set to achieve and ensure we were working through systems to ensure we were compliant.	

	• **MH Measure:** This was 8.9% higher than last year. There were challenges with CAMHS and work was ongoing to improve the primary care service through reform and capacity changes. In addition, the CAMH service had recently been repatriated back to the Health Board. There was a piece of work to be undertaken to redesign the service. CAMHS performance would be monitored by the Strategy and Delivery Committee. It was suggested for the Committee to review the baseline information for June.	SC
	• **Unscheduled Care:** This did not meet national requirements although relative performance was good. The four hour position improved and the picture over winter showed year on year improvement. The trend continued to improve throughout Wales and the UK overall. There was a need to build on this going forward.	
	• Figures published by Welsh Government showed The UHB were the best in Wales for four and 12 hour waits.	
	• **DTOCs:** Targets focused on improving 14 day Length of Stay. Thanks were conveyed to Judith Hill who had undertaken work on this area over the past year. The outcome of the Internal Audit Assurance showed a substantial rating. The minister for Health and Social Care during his intended visits to the Regional Planning Board would be looking at DTOC processes.	
	• **Stroke:** The centennial assigns rating levels of A being the best and D not so good. The Organisation retained level B and was rated in one of five in Wales. In regard to the stroke measures, there would be greater emphasis on stroke input and changes going forward. A gap analysis would be undertaken to see how this could improve. Some trajectories had been set to see consistent delivery with Clinical Boards and was looking to attain level A. Overall this was a positive picture for performance. Areas to focus on would be cancer, stroke and unscheduled care.	
	• Improvements from here would become much more difficult. Moving from this point was an issue of volume. The new issue was specialist and would have to go back to the 'X matrix'. There were pathways with transformation improving over time through redesigning and decreasing trajectory, through efficient productivity tactics and moving from one type of working to the other.	
	• It was acknowledged we could not live in the transformation space and must not forget it was the staff taking these projects and services forward and the people who benefited was the patients.	
	• Looking at comparisons within the UK regarding four hour waits, the Organisation were able to help colleagues in other HBs and to share learning with them. It was explained that we did not have a sustainable position and was moving all the time.	
	• The Chair asked Members to think about and reflect how we could enforce the recognition and thanks to staff.	
	Resolved – that: (a) Year to date performance for 2018/19 was considered.	
SD: 19/04/017	**WORKFORCE KEY PERFORMANCE INDICATORS / DASHBOARD**	

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	The Executive Director of Workforce and Organisational Development presented the report. The following comments were made: • **Sickness Absence Rate:** In looking at absence it was acknowledged that performance in organisations that were doing very well was because they had good leadership and engagement. • The absence rates was the same as last year. Therefore there was a need to have a different conversation on the contributors. • **Job Planning:** There had been a number of conversations with letters disseminated across the Health Board and undertaken training and the outcome was that job planning compliance was very poor. A workshop was being set up with Clinical Boards to explore this. • **Turnover rate**: There needed to be an understanding why people were leaving the Organisation. Work was being undertaken on retaining numbers and staying at the same level. Exit interviews had improved and were looking at people who were leaving the NHS altogether. • **Pay Bill:** There had been an under spend on the pay bill. • Good news on head count showed that 1400 people had been recruited to the Health Board. • **Training**: Although a move in the right direction, fire training needed to achieve 85% compliance. • **PADR rate:** These were not taking place in a timely way and needed to improve. • The People dashboard was a work in progress and the aim was for the dashboard to replace the boxes from the previous format. The new style was more progressive and enabler driven. • Some of challenges were beyond what the Executive Team could achieve and the Clinical Boards were being held to account. The workforce planning was significantly better and would sit with the Director of Operations to work through. **Resolved – that:** (a) The Committee Noted the People's Dashboard.	
SD: 19/04/018	**STAFF SURVEY RESPONSE GROUP REPORT** The Executive Director of Workforce and Organisational Development presented the report. The following comments were made: • Established from the survey was four key themes. A Steering Group had been set up which the Director of Workforce and Organisational Development would continue to chair. • Volunteers would continue to determine how we would make this happen in the next stage and had written to people who had been previously engaged. • This item will be kept live at the Committee. • The Director was thanked for his personal involvement and leadership	

	Resolved – that: (a) The contents of the report, the attached action plan and the role of the Staff Survey Steering Group be considered	
SD: 19/04/019	**DEEP DIVE REPORT ON ABSENCE RATES AND HOTSPOTS** The Executive Director of Workforce and Organisational Development provided a presentation. The following comments were made: • The capability of line managers was being built on with 140 being trained. People were being furnished with the skills to have the right conversations for sickness absence. • Work behind the scenes was ongoing with the right level of activity and results was being achieved although not reaching the considered targets. • Regarding health and wellbeing, the highest reason for absence reporting was stress. The key stressors for 2 out of 3 of the workforce was money worries. • There were people employed in the Health Board on low pay and there was a need to look at the whole individual. A programme was envisaged to be set up by Autumn. • An action plan had been put in place which the HR operations team were working on. • It was considered that themes had been inherited that were policing absence and disempowering managers. The team had worked hard over the past 10 months to change the way of thinking. Under the new ethos focus would be on the bigger picture and the root causes of absence. This would be driven through the Maximising Attendance Group. • It was suggested to make links to each of the local councils who could provide assistance through their hubs by offering solutions to financial issues and housing advice. • Public Health were also looking at strengthening prevention across the Health Board in relation to keeping people well and considered to join these two elements together. • Staff were encouraged to approach the Trade Union where they could obtain Welfare Grants. • The principle was how to help our workforce to be more resilient and in a rounded view make people aware of this. • The Chair stated this was a very constructive deep dive in trying to understand as an Organisation how we move forward. **Resolved – that:** (a) The Committee noted the presentation.	
SD: 19/04/020	**STRATEGIC EQUALITY OBJECTIVES – DELIVERY PLAN FRAMEWORK 2018-19** The Equality Manager presented the report. The following comments were made:	

- There was a legal obligation to have a Strategic Equality Plan in place.
- Steady progress had been made during year three of the four year plan and all actions should be completed by year four.
- The Annual Equality Plan would be brought to the next meeting.
- A Task and Finish Group had been established to explore how to improve our scoring on the Employers Index. The Group was looking at weaknesses and there were no guarantees to return as there were unforeseen elements out of our control.

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- One of the advantages was The UHB had been consistent but there was work ongoing with the Task and Finish Group.
- There were difficulties with staff disclosing their orientation. A communications brief had been written and the purpose was to build on recording nationality. This was down to a trust issue in order for the employer to help them.
- The briefing paper that had been shared with people was to take a more directive approach and endeavoured to explain the benefits of the information.

Resolved – that:

    (a) The Committee noted the contents of the paper
    (b) The Committee noted the fourth year SEP delivery plan

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SD: 19/04/021

BOARD ASSURANCE FRAMEWORK: SUSTAINABLE PRIMARY AND COMMUNITY CARE

The Director of Corporate Governance presented the report. The following comments were made:

- There were six key risks on the Board Assurance Framework and four were monitored by the Strategy and Delivery Committee.
- It was agreed the Committee would look at one risk at a time.
- The risk on Sustainable Primary Care would go forward to the May Board meeting.
- The purpose of the Committee was to do some check and challenge and ensure the controls in place were working.
- It was acknowledged that the Director of Corporate Governance had brought some rigour around risks but thought it would be helpful but difficult to provide a summary on how this could be achieved. It was acknowledged that the work contributed that mitigate the risks were much more extensive and were looking for alternative roles and flexible working.
- A lot of work had been undertaken with high level markers that indicated in comparison we were doing well but there was a need to make it resilient and stable. There were a number of milestones and themes going forward such as integration.
- Access was another theme and sparked a discussion on how we take these forward that was linked contractually. The non-traditional methods of providing care would be dominant going forward and this needed to be considered carefully.

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	• Governance was another theme and the Multi-Disciplinary Team element of primary care. To prudently provide care that they were working at the top of their licence and people were accessing care at the right level. • A paper was being developed on how this would be going forward. **Resolved – that:** (a) The Committee reviewed the attached risk in relation to Sustainable and Primary Community Care to enable the Committee to provide further assurance to the Board when the Board Assurance Framework was reviewed in its entirety.	
SD: 19/04/022	**MEMORANDUM OF UNDERSTANDING BETWEEN CARDIFF AND VALE UHB AND THE THIRD SECTOR IN CARDIFF AND VALE OF GLAMORGAN** The Director of Public Health provided an overview of the report. The following comments were made: • The Third Sector play a key role not least in that they can reach people we are unable to. The Health Board commissions around £7m of services from the Third Sector. • The Strategic Framework had been in place for five years since 2012. Services had changed over this time and it was important to review how we continued a bilateral relationship with the CEO of the Third Sector. • The development of the Memorandum of Understanding (MOU) was due to many changes over the past few years including the creation of Public Service Boards and the Regional Partnership Board. The Framework had moved on significantly where stronger relationships had developed. • Health & Social Care Facilitator action plans have also been reframedas part of the approach. • The Steering Group had been stood down. • Subject to confirmation of this paper at a Management Executives' meeting, the Committee would approve the document. **Resolved – that:** (a) The Committee approved the MOU.	FK
SD: 19/04/023	**ITEMS TO BRING TO THE ATTENTION OF THE BOARD / COMMITTEE** • A Healthier Wales Report • CAMHS report	
SD: 19/04/024	**REVIEW OF THE MEETING**	

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	- Conversations were focussed and constructive. - It was interesting to see conversations being strategic and not operational. - To talk about what was noted in meeting with the Wales Audit Office. - Felt quality of papers were very good and addressed the demanding responsibilities in the Terms of Reference. This would provide assurance to the Board that we are addressing the issues.	NF / CJ
SD: 19/04/025	**ANY OTHER URGENT BUSINESS** There was no other business to raise	
SD: 19/04/026	**DATE OF THE NEXT MEETING OF THE COMMITTEE** Tuesday, 25 June 2019, 9.00am – 12.00pm Corporate Meeting Room, Headquarters, UHW	

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ACTION LOG
FOLLOWING STRATEGY AND DELIVERY COMMITTEE MEETING
30 APRIL 2019

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
Actions In Progress					
SD: 19/04/007	Shaping Our Future Wellbeing in Our Community Programme	To Circulate the Programme Business Case in relation to Cardiff Royal Infirmary Members	17/06/19	Abigail Harris	Complete – Programme circulated
SD: 19/04/013	Digital Healthcare Update	The strategic outline case to presented at June meeting. A further report to be provided at a future meeting.	03/09/19	Sharon Hopkins Sharon Hopkins	The strategic outline case will be considered by the DHIC Committee in August 2019. It will be brought to the S&D Committee in September.
SD: 19/04/014	Developing A Performance Framework	A report be presented detailing the performance measures agreed	03/09/19	Sharon Hopkins	An overview document is being prepared in readiness for the September meeting of the S&D Committee.
SD: 19/04/016	Key Organisational Performance Indicators	For baseline information on Mental Health Measures to be brought to the June meeting	25/06/19	Steve Curry	Report on agenda of June meeting (see *Agenda Item 2.3*).
SD: 19/04/020	Strategic Equality Objectives – Delivery Plan Framework 2018/19	The Annual Equality Plan to be presented at next meeting	25/06/19	Keithley Wilkinson / Martin Driscoll	Report on agenda of June meeting (see *Agenda Item 2.8*)
SD:05/03/007	Scrutiny of the Capital Plan	A summary to be provided on the Integrated Care Fund	25/06/19	Abigail Harris	Verbal item on agenda of June meeting *(see Agenda Item 2.1)* Report to be brought to September meeting.

MINUTE REF	SUBJECT	AGREED ACTION	DATE	LEAD	STATUS/COMMENT
SD: 05/03/015	Committee Self-Assessment	The outcomes of the assessment and subsequent action plan to be presented at a future meeting	25/06/19	Nicola Foreman	Report on agenda of June meeting (see *Agenda Item 2.10*)
Actions referred to committees of the Board					

Report Title:	Childhood Immunisation: Annual update on Performance and Schedule Changes		
Meeting:	Strategy and Delivery Committee	Meeting Date:	25th June 2019
Status:	For Discussion	For Assurance ✓ For Approval	For Information
Lead Executive:	Executive Director of Public Health		
Report Author (Title):	Consultant in Public Health		

SITUATION

Immunisation is a safe and effective intervention to protect children and adults from illness, disability and death due to a range of diseases. Performance measures relating to childhood immunisation and seasonal flu vaccination uptake are national targets for Local Health Boards. In addition to these targets, there are clinical thresholds which should be reached for ensuring maximum clinical and cost-effectiveness of the immunisation programmes, and protection of the population.

Coverage of Vaccination Evaluated Rapidly (COVER) data shows that uptake of some vaccinations has started to fall in Cardiff and Vale University Health Board (C&V UHB) over the last two years, particularly those given in the first year of life, despite efforts to identify and address the causes of low uptake. Concerns also remain about uptake among children entering primary school, and teenage vaccinations. The reasons for low uptake are multifactorial, with no single solution. However, the Cardiff and Vale Immunisation Action Plan 19/20 aims to drive forward uptake of childhood vaccination rates through the implementation of evidence-based interventions.

In addition to the need to improve uptake of our current routine immunisations, there will be further changes to the immunisation programme during 2019/20, outlined below.

REPORT

BACKGROUND
Key performance indicators for immunisation are provided in the appendices. Of particular note are:

Childhood Immunisations:
- Declining uptake at age 1, below 95% target
- Persisting low uptake among pre-school children (age 3-5), below 95% target (although some improvements in uptake observed due to national quality assurance project)
- Uptake of vaccinations low amongst teenagers (lowest in Wales)

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Seasonal flu vaccination:
- 47% uptake of flu vaccine in 2 & 3 year olds (delivered in GP) and 61% uptake amongst primary school-aged children (4-10 years old), (school-based programme) both slightly lower than the Welsh average

Factors which have been identified as contributing to low uptake of childhood immunisation seen in Cardiff and Vale:

- The **Cardiff population** is unlike the rest of Wales, in that it is highly mobile with a higher black, minority ethnic (BME) (and non-English/non-Welsh speaking) population. Movements in and out of the UK can be slow to register on Child Health 2000 (CH2000), distorting the uptake reported through COVER
  - Previous work in Cardiff and Vale has identified a significantly lower uptake among the black ethnic group, and among children who have moved into Cardiff since birth
- The **Child Health Information System**:
  - The Child Health 2000 system was replaced by the Children and Young Persons Integrated System (CYPrIS) in Autumn 2018. However, as with the previous CH2000 system, it is still not yet possible to automatically reconcile data on CYPriS with that held by GP practice computers. Information on every vaccine administered has to be separately written down, posted, and re-entered by Child Health, rather than using the information already captured on GP systems
  - It is anticipated that there will read-only access for GP practices during 2019 which will help with data reconciliation
  - Historical improvements and stability in uptake seen at age 1 have been chiefly achieved by regular data cleansing of information held by Child Health, compared with that held by GP practices. A pilot of parental postcard reminders carried out in Cardiff and Vale did lead to an improvement in uptake but most of this could be attributed to data cleansing prior to sending the postcards

A number of changes to the childhood immunisation programme will take place during 19/20, based on Welsh Government policy, which in turn is in response to recommendations from the UK Joint Committee on Vaccination and Immunisation (JCVI):

- An extension to the human papillomavirus (HPV) programme to boys will commence in the school year 2019/20. Further information on this change and the funding arrangements will be issued by Welsh Government in due course.
- Reducing the childhood pneumococcal vaccination (PCV) from a three dose schedule to a two dose schedule. Further information on this change and the funding arrangements will be issued by Welsh Government in due course. However, it is the expectation that the savings that will be realised from the reduction in cost on the PCV programme should be re-directed towards funding the extension of the HPV programme.

New and expanded programmes are funded by Welsh Government, including elements of funding for staff delivering the vaccine, pharmacy costs, and Child Health recording.

ASSESSMENT

The Cardiff and Vale Immunisation Steering Group maintains, updates and monitors implementation of the immunisation action plan, covering strategic immunisation issues. Action

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plan priorities for 19/20 in relation to childhood immunisations have been agreed by the Immunisation Steering Group and are pending approval by the Children and Women and PCIC Clinical Boards. These are:

- An annual data cleansing and performance cycle for childhood immunisations (particularly at age 1, pre-school, and teenage). This will include an annual data cleansing process to ensure accuracy of data held on the Child Health Information System.
- A regular cycle of escalation which identifies and supports GP practices with low immunisation uptake.
- Dissemination of quarterly GP practice and cluster uptake profiles, which identifies trends and compares with C&V and national averages, together with follow-up discussions with localities, clusters and Community Directors to focus action.
- Training and support for community link workers in areas with higher BME (and non-English/non-Welsh speaking) populations to support families, increase accessibility to vaccinations and dispel myths.
- An approach to develop the current school immunisation team, to enable the teenage booster vaccine to be delivered in the school setting rather than GP practices (in line with other Health Boards in Wales). This would improve uptake in this age-group and offer a catch-up opportunity for the childhood immunisation programme.
- School-based actions including the delivery of locally designed lesson plans and social media / communications to improve uptake of teenage booster and Men ACWY using a partnership approach (education, primary care, school nursing, healthy schools and public health).
- Monitoring of impact and implementation of HPV for boys programme
- Updating the communications plan for 19/20

With these actions we aim to drive forward positive improvements in childhood vaccination rates by the end of 19/20. (NB- changes now in clinical vaccination uptake rates will sometimes not be reflected for up to a year in COVER data). Changes in COVER performance during the next 12 months will relate to actions which have been taken over the year to date.

ASSURANCE is provided by:

- A clear and focused programme of work aimed at driving forward improvements in childhood vaccination rates in our Cardiff and Vale of Glamorgan population.

RECOMMENDATION

The Committee is asked to:

- **NOTE** the UHB's current uptake of immunisations; forthcoming changes to the immunisation programme and the implementation of actions to deliver changes to the programme to improve uptake in childhood vaccination rates.

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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:	No If "yes" please provide copy of the assessment. This will be linked to the report when published.

APPENDIX 1

Vaccine	Age Given	Age Measured	Target	Previous Quarterly Data C&V Apr – Jun 18	C&V Jul – Sep 18	C&V Oct – Dec 18	Latest Quarterly data C&V Jan – Mar 19	Wales Jan – Mar 19	England *Oct – Dec 18*
6 in 1	2/3/4m	1y	95%	94.7	94.4	94.1	94.4	95.3	93.2
Rotavirus	2/3m	1y	95%	93.6	92.2	92.7	92.4	93.6	91.1
MMR1	12/13m	2y	95%	92.8	92.4	92.5	93.0	94.6	91.8
4 in 1	3y4m	5y	95%	91.6	90.2	90.8	91.4	92.9	87.9
MMR2	3y4m	5y	95%	87.9	86.3	91.2	90.9	92.4	89.0
MMR2	3y4m	16y	95%	83.4	83.7	86.5	85.5	89.6	-
3 in 1	13-14y	16y	95%	74.0	74.5	75.4	75.5	84.3	-

Indicator	Target	Period / population C&V Apr – Jun 18	C&V Jul – Sep 18	C&V Oct – Dec 18	Latest reporting period C&V Jan – Mar 19	Wales Jan – Mar 19
Vaccines up-to-date age 4	95%	84.5	84.2	87.5	88.2	87.6

Indicator	Target	Period / population C&V Mar 2016	C&V Mar 2017	C&V Mar 2018	Latest reporting period C&V Mar 19	Wales Mar 19
Seasonal flu vaccination						
- >65s	75%	68.9%	69.0%	71.0%	69.9%	68.2%
- <65s at risk	55%	48.2%	48.3%	49.0%	44.0%**	44.0%**
- pregnant women	75%	87.9%	87.2%	77.2%	71.9%	74.2%
- frontline healthcare staff	60%*	46.8%	52.9%	64.7%	60.7%	55.5%
-2-3yo	-	45.4%	45.6%	49.2%	46.6%	49.3%
-4-6yo / 4-8yo (16/17&17/18) 4-10yo (18/19)	-	58.0%	55.4%-58.2%	60.6%	61.0%	69.9%

* National target increased to 60% from 50% from 17/18
** Includes morbidly obese

APPENDIX 2

Cardiff & Vale UHB quarterly COVER trends

Cardiff and Vale UHB

Choose Area
- ● Cardiff and Vale UHB
- ○ Cardiff
- ○ Vale of Glamorgan

Choose Vaccine (Age)
- ☑ 5 in 1 primary (1 year)*
- ☐ PCV primary (1 year)
- ☐ MenB (2 doses, 1 year)
- ☑ Rotavirus (2 doses, 1 year)
- ☐ Hib/MenC booster (2 years)
- ☐ PCV final (2 years)
- ☑ MMR (1 dose, 2 years)
- ☐ MenB (Complete course, 2 years)
- ☑ Up to date* (4 years)
- ☐ 4 in 1 pre-school booster (5 years)
- ☑ MMR (2 doses, 5 years)
- ☑ 3 in 1 teenage booster (16 years)
- ☐ MMR (1 dose, 16 years)
- ☐ MMR (2 doses, 16 years)

Data quality Improvements from 2018q4 onwards

Vaccine (age)
- 5 in 1 primary (1 year)*
- Rotavirus (2 doses, 1 year)
- MMR (1 dose, 2 years)
- Up to date* (4 years)
- MMR (2 doses, 5 years)
- 3 in 1 teenage booster (16 years)

A long term quality assurance project looking at COVER data took place between July 2018 and February 2019. The results of this project led to increases in reported vaccination uptake across a number of vaccinations and age groups impacting reported figures from 2018q4 onwards.

Interpretation notes

*Uptake of pertussis is used as a proxy for the 5 in 1 primary (1 year) and the 4 in 1 pre-school booster (5 years) vaccinations. Those born before August 2017, would have received the the 5 in 1 vaccine.

**Up to date refers to a completed 4 in 1 pre-school booster, Hib/MenC booster and second MMR dose by four years of age.

***Uptake of diphtheria (reinforcing booster dose) is used as a proxy for the 3 in 1 teenage booster in 16 year olds.

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Report Title:	'Keeping People Well' – Embedding Prevention in the UHB					
Meeting:	Strategy and Delivery Committee			Meeting Date:	25/6/19	
Status:	For Discussion	X	For Assurance	For Approval	For Information	
Lead Executive:	Fiona Kinghorn					
Report Author (Title):	Consultant in Public Health Medicine					

SITUATION

The Wellbeing of Future Generations (Wales) Act, *A Healthier Wales* and our strategy, *Shaping Our Future Wellbeing,* identify prevention as a core element and essential foundation in the delivery of effective and sustainable healthcare. The UHB has a strong track record of projects which take a preventative approach, but these are not always coordinated for best impact, nor do they have systematic reach across the organisation. This paper proposes that prevention should become a systematic element of the work of the UHB, ensuring that we deliver our mission of 'keeping people well'.

BACKGROUND

In *A Healthier Wales,* improving population health and wellbeing through better prevention and self-management is one of the quadruple aims, along with improving wellbeing, capability, engagement and leadership among the health and social care workforce. Furthermore, prevention and early intervention form one of the ten national design principles to drive change and transformation. Prevention also features at different levels of our transformational approach and seamless care model in '*Me, My Home, My Community'* within our partnership approach to integrated health and social care*.* Finally, the Wellbeing of Future Generations (Wales) Act identifies prevention as one aspect of the sustainable development principle, placing a duty on the UHB to integrate it into its way of working. A developing approach is in place to allow us to meet our duties under the Act and share the learning of how this needs to change the way we function. This paper proposes an approach to 'Keeping People Well' by strengthening our internal prevention work in order to improve population health outcomes.

The UHB has a strong track record of supporting population health. Prevention, defined as the prevention of ill health, is a recurrent theme within *Shaping Our Future Wellbeing* and is implicit in our strategic objectives of delivering outcomes that matter to people, all taking responsibility for improving our health and wellbeing, and offering services that deliver the population health our citizens are entitled to expect. From the principles for change through to the individual service standards articulated in the Strategy, the intention to empower people, deliver outcomes that matter and reduce waste, harm and variation all have elements of prevention within them. The UHB also has a diverse and innovative range of projects and actions which exemplify this preventative role, many of which lead the way in the NHS in Wales. Examples include a smoke free UHB, hospital restaurant and retail standards, and the UHB's approach to supporting staff health and wellbeing which contributed to the award of the Platinum Corporate Health Standard.

Despite this strong track record and often leading this agenda in Wales, the embedding and reach of prevention as a key function within the UHB could be further improved. We are recognised for our role in 'Caring for People', but the approach to 'Keeping People Well' is less well defined and not yet systematically adopted. This paper makes the case for increasing the profile of all aspects of the UHB's preventative role under the banner of 'Keeping People Well', linking up and enhancing the separate projects already underway, and taking a systematic approach to ensure they are delivered in all parts of the organisation.

The role of healthcare in prevention is a topic gaining interest in the other home nations. The Chief Medical Officer in Scotland has been leading a 'Health Promoting Health Service' programme since 2015 and in England both the Faculty of Public Health (FPH) and the Health Foundation (HF) are actively investigating the role. A recent literature review commissioned by FPH reported a relative paucity of published evidence on the topic, but emerging findings identify five prevention roles: leader, partner, employer, advocate and researcher. This complements work by HF which highlights four ways in which 'the NHS can make a positive difference on health and wellbeing:

1. As a direct provider of health care, building prevention and action on social determinants into services and pathways
2. By acting as a role model employer providing good quality, stable employment and prioritising the health and wellbeing of its workforce, creating healthy and environmentally sustainable environments for both patients and staff.
3. By intentionally acting as an anchor in its community, leveraging its resources and activities through procurement, creating good employment and the use of its land and assets to maximise social value and contribute to wider economic and social wealth in a place
4. As a system leader and partner working to improve population health through their local health and care system'

Complementing our partnership work through Cardiff and Vale Public Service Boards and Regional Partnership Board, this paper proposes an enhanced focus on the first two of these roles within the UHB. It proposes a social movement approach that would enable employees to identify, articulate and act on their contribution to keeping people well.

ASSESSMENT

The Keeping People Well Model
We propose adopting a 'Keeping People Well (KPW) model (figure 1) to help identify the additional points where we can have influence and strengthen our vision of keeping people well; for our patients, our colleagues and in our environment. In addition, we propose that this is underpinned by supporting leadership in relation to the prevention agenda at all levels of the organisation. The UHB already delivers significant work in relation to all of the areas, a selection of which is shown in figure 1, but this can be improved.

Figure 1 The Keeping People Well Model

External to UHB
- Local partnerships
- Systems leader within NHS Wales

Within UHB
- Integral to the organisational approach to the Wellbeing of Future Generations Act,
- UHB role in addressing wider determinants e.g. apprenticeships, procurement etc
- Consultant Clinical Prevention Champions

- HealthPathways – ensuring prevention is embedded
- Prehab to Rehab
- Making Every Contact Count
- Healthcare Standards
- Stop Before Your Op
- Optimising Outcomes Policy
- Immunisation
- Screening

- Staff health and wellbeing at work
- Corporate Health Standard
- Occupational health services
- Health Improvement Routemap using the employment cycle as a framework to embed prevention within practice
- Staff flu vaccination

- Restaurant food standards
- Healthy vending
- Cycling infrastructure
- Walking routes
- Park and Ride
- The Orchard/ Wellbeing Project
- Creative Arts in Health
- Healthy Headquarters

The proposed approach aligns directly to our partnership transformative approach of 'Me, My Home, My Community', where prevention is a common theme through all levels of the model (figure 2). It also links with work around social determinants being delivered through our Public Service Board Wellbeing Plans. Within the organisation it aligns to our transformation approach, where through Organising for Excellence (Amplify 2025), clinical leaders could further support and champion the prevention agenda. It would contribute positively to demonstrating our values and behaviours, particularly those related to personal responsibility, and form part of the action to support staff wellbeing. The approach would also be an integral part of the organisational response to Wellbeing of Future Generations Act.

Figure 2

Five actions are proposed to deliver this:

1. Adopt a systematic approach to recording of smoking status and referral to smoking cessation services, taking a programme management approach, with revised individual clinical board targets
2. Deliver the UHB commitments in the Healthy Travel Charter
3. Create a social movement approach to prevention, which encourages all staff to identify what they are going to do to 'Keep People Well', encouraging them to commit to what they will do 'For Me, For My Patients and For My Team/Directorate'. We will support this by highlighting a range of opportunities and support that staff can engage with.
4. Support a **KPW Clinical Network** involving multidisciplinary clinical prevention champions, linked with Amplify 2025
5. For the UHB to consistently highlight its preventative role under the banner of 'Keeping People Well #KeepingPeopleWell' within its communications, with visible senior level support for the importance of the UHB's preventative role and action to deliver it.

We will work through more detailed actions over the next two months.

It is suggested that delivery oversight should be via Management Executive, HSMB and the UHB Programme Management Matrix.

In addition it is proposed that using the KPW Model as a framework to identify actions, the approach should be supported by systematically setting **KPW Objectives** across the organisation i.e. a prevention objective articulated in annual work plans for Directorates, teams and individuals.

An update will be provided to Management Executive and HSMB in six months.

RECOMMENDATION

Strategy and Delivery Committee members are asked to:
- Approve the proposed approach, with each Clinical Board playing a leadership role with their teams and services
- Individually role model healthy living

References
Attwood D. (2019) *The art of the possible: the role of the NHS in improving health* (Blog…)
Faculty of Public Health (2018) *The Role of the NHS in Prevention: Discussion paper*
Health Promoting Health Service CMO Scotland letter (2015)
http://www.knowledge.scot.nhs.uk/media/13196803/cmo%20letter%202015_18.pdf
Health Promoting Health Service CMO Scotland letter (2018)
http://www.knowledge.scot.nhs.uk/media/13192831/cmo%20letter%20-%20hphs%20april%202018%20sghd_cmo(2018)3.pdf
NHS Scotland *Health Promoting Health Service*
Public Health Directors (Wales) 2019 *Building a Healthier Wales*
The King's Fund (2018) *A vision for population health: towards a healthier future*

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

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

Equality and Health Impact Assessment Completed:	▬ / No / ▬▬▬▬ If "yes" please provide copy of the assessment. This will be linked to the report when published.

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

REPORT TITLE:	**Mental Health Measures: Baseline Information**				
MEETING:	Strategy and Delivery Committee			**MEETING DATE:**	**25.06.19**
STATUS:	**For Discussion** ✓	**For Assurance**	**For Approval**	**For Information**	✓
LEAD EXECUTIVE:	Steve Curry, Chief Operating Officer				
REPORT AUTHOR (TITLE):	**Rose Whittle – Directorate Manager; Community Child Health** **Katie Simpson – CAMHS Repatriation Project Manager**				

PURPOSE OF REPORT:

SITUATION:
The Specialist CAMHS service was repatriated into Cardiff and Vale University Health Board, from the 1st April 2019. The decision to reptariate the service was made in late 2017 following ongoing concerns about the performance of the service.

Throughout the repatriation project, the Health Board has had the opportunity to work more closely with the service to ensure the smooth and safe transfer into the Community Child Health Directorate. As part of the process, the Directorate Maangement Team have identified a wide range of concerns about the service in relation not only to performance against required targets, but to the management of capacity and demand, clinical practice and HR and workforce. The project undertook engagement activities with a range of stakeholders whose feedback and concerns echo those identified by the Directorate Management Team.

With the service now repatriated to Cardiff and Vale, it is imperative that the Health Board has an understanding of the current performance and concerns identified and the proposed actions identified by the Directortate to address these and transform the service.

REPORT:

BACKGROUND:
The Specialist CAMHS service delivers secondary care mental health services for children and young people up to the age of 18. The service for the Cardiff and Vale residents has been commissioned for delivery by Cwm Taf University Health Board since 2007 under a managed clinical network arrangement. At the end of 2017, the decision was taken to repatriate the service back to Cardiff and Vale University Health Board, following significant concerns about the under performance of the service.

ASSESSMENT:
A review of the historical performance has been undertaken, as well as identifying the projected performance of the service for continued delivery at the current rate of activity. In summary, the key areas for consideration include:

- Over the last three reporting years, the service has never achieved the required 80% target and is typically operating at between 50-60%. This has been a consistent trend despite the allocation of waiting list funding to boost capacity on a number of occasions.

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- In 2016 and 2017 the longest wait and waiting list size came down significantly, although this could have been as a result of the Neurodevelopment service being established and patients being transferred into this service. For the past 12 months the waiting list has stabilised at around 160-190 patients and the longest wait is currently approximately 18 weeks, although these patients have appointments booked.
- Derived demand for the specialist CAMHS service is typically between 50-60 assessments per month, with a 28-day target this would suggest the total waiting list will need to reduce to below 60 patients if the service is to meet the standard reliably.
- The service has an establishment of 50wte but 10.5wte of these posts were vacant (21%) on transfer.
- With current vacancies, and without additional capacity, the capacity of the service is calculated at 35 assessments per month which means, without action, the waiting list is likely to grow by around 20 patients per month; performance against the 28-day target is therefore likely to deteriorate further without additional actions.
- A range of clinical and workforce issues have been identified including insufficient practice development in line with emerging evidence base, poor integration across the team and with wider clinical teams e.g. PCAMHS and lack of appropriate skill mix across professions.

Proposed actions are identified to improve the waiting list performance in the short term, whilst longer term actions are undertaken to address the clinical, HR and stakeholder concerns identified.

Proposed Actions

There are four components to the emerging SCAMHS plan:

- Further work will be undertaken with the service to increase the capacity of practitioners to deliver increased initial assessments every month to meet the incoming demand (i.e. productivity gain within the existing staffing). This will include the Directorate commissioning an independent and objective review and evaluation of the current service delivery to determine baseline performance against the evidence base, identifying the areas for improvement and the viability for continuing with the Choice and Partnership Approach. The procurement process for this has been instigated, with the expectation for the review to be completed by 1st September 2019.

- The Directorate Management Team are recruiting to the existing vacancies to boost capacity back to the current baseline. Since the transfer 3.6wte of the vacant posts has been recruited to, however some has been filled through the promotion of existing team members and will therefore not boost capacity immediately. Job descriptions and skill mix are being reviewed to maximise recruitment opportunities within a nationally narrow recruitment field.

- The directorate are undertaking a more fundamental review of the service and the pathways of care, including looking to maximise the opportunities presented by the repatriation and a more integrated model with primary CAMHS. This is particularly important given the scarcity of the workforce across all professional groups.

- Additional capacity – the demand-capacity assessment suggests, at this stage, that the core capacity within the service will be insufficient to both meet the ongoing demand and reduce the backlog as required. The exact details of this cannot be fully understood until the productivity and redesign work (referenced above) has progressed further. Nonetheless given the historical performance issues and the inherited position it is likely that further investment will be required. A further £2 million has been recurrently allocated to the Health Board from 2019/2020 by Welsh Government for mental health services, with child and adolescent mental health

services identified as a key priority for the funding to be attributed to. The intention is to utilise a proportion of the CAMHS share of this funding to support both non-recurrent backlog reduction and sustainable increases in capacity. In addition we expect to utilise slippage accrued from the current vacancies to support the implementation of short term actions for improvement.

RECOMMENDATION:
The Committee is asked to:

- **NOTE** the status of the Specialist CAMHS service inherited by the UHB and the implications for performance
- **NOTE** that a definitive trajectory for improvement cannot be developed until the work on service redesign, productivity and recruitment has progressed further
- **NOTE** the plans to review the service models and recruit to the existing vacancies in a context of scarce skills

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	
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

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Completed as part of the repatriation project – August 2018

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Report Title:	Commercial Services Performance Report		
Meeting:	Strategy & Delivery Committee	Meeting Date:	25th June 2019
Status:	For Discussion	For Assurance	For Approval	**For Information**
Lead Executive:	Director of Planning		
Report Author (Title):	Director Capital Estates & Facilities		

SITUATION

The report is to advise the Strategy & Delivery Committee on the current Status of the Commercial Services performance for the retail outlets within the UHB

BACKGROUND

The Capital Estates & Facilities Service Board introduced Aroma coffee outlets following the NHS Scotland model in the summer of 2015 this business model delivers a high street experience within the confines of a hospital environment. The business model provides a sustainable income stream where profit can be released to the Health Board.

In March 2016 the Aroma business model was radically changed to reflect the Cardiff and Vale UHB Hospital Restaurant and Retail Catering Food Standards key objectives 75% healthy eating.

In June 2018 the PFI contract for the concourse at UHW ended, the ownership reverted back to the Health Board, business options were appraised and a three year interim leasing arrangement agreed with Gentian Ltd was agreed, the contract excluded the new Aroma Concourse, Bwyd Blasus and coffee pod unit which are run by the Health Board.

Price reviews have been undertaken in 2018/19 reflecting current commercial trends and introduction of new cup sizes in April 2019 have been introduced to maximise profits in line with other private commercial retailers.

The Health Board currently operate eleven retail outlets

Outlets	Site
Y Gegin Restaurant	UHW
Llandough Restaurant	UHL
Aroma Cafe CHfW	UHW
Aroma Cafe Women's Unit	UHW
Aroma Cafe Y Gegin	UHW
Aroma Radiology	UHW
Aroma Cafe - Plaza	UHL
Aroma Concourse	UHW
Bwyd Blasus	UHW
Aroma Coffee Pod	UHW
Spar - Plaza	UHL

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ASSESSMENT

The Capital Estates and Facilities undertake monthly monitoring for the commercial trading activity at the finance meeting and bi monthly to the CEF Service Board. The trading activity is reviewed by the Head of Commercial Services and Team identifying trends and potential opportunities.

Annual trend Analysis Income & Expenditure (- underspend / + overspend)

Outlets	2015/16 Full Year	2016/17 Full Year	2017/18 Full Year	2018/19 Full Year	2019/20 2 Months
1151: Y Gegin	203,723.23	378,108.72	254,683.74	104,172.19	38,254.48
1154: Llandough Restaurant	-79,316.26	-12,496.35	16,590.86	-16,562.80	-2,490.74
1157: Aroma Cafe - CHfW / Women's Unit	-9,812.26	-78,144.75	-97,940.48	-22,032.37	-8,664.83
1159: Aroma Cafe - Y Gegin, UHW	-5,032.77	-26,340.18	45,646.97	-30,908.99	-584.90
1160: Aroma Radiology	10,864.07	5,995.38	-95,251.82	-40,278.18	-4,097.45
1165: Aroma Cafe - Plaza, UHL	-15,827.03	1,305.29	-24,263.30	-7,177.08	-11,081.18
1167: Aroma Concourse	-	-	-	67,061.16	-25,148.67
1169: Bwyd Blasus	-	-	-	-62,684.08	-12,855.73
1173: Aroma Coffee Pod	-	-	-	-28,142.35	-7,327.38
1235: Spar - Plaza, UHL	-	-4,255.76	-380.39	-98,047.41	-15,987.14
	104,598.98	264,172.35	99,085.58	-134,599.91	-49,983.54

Healthy Eating Audit

The Commercial outlets have achieved a 77% to 83% compliance against the 75% target

ASSURANCE is provided by:

The Service Board are undertaking monthly reviews on the trading position

RECOMMENDATION

The Strategy & Delivery Committee is asked to:

- Note the contents of the report

Shaping our Future Wellbeing Strategic Objectives

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term		Integration		Collaboration	✔	Involvement	

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

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Report Title:	KEY ORGANISTAIONAL PERFORMANCE INDICATORS		
Meeting:	Strategy & Delivery Committee	Meeting Date:	25/06/19
Status:	For Discussion	For Assurance √ For Approval	For Information
Lead Executive:	Chief Operating Officer		
Report Author:	Deputy Chief Operating Officer		

SITUATION

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

BACKGROUND

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

ASSESSMENT

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

Planned Care overview (Appendix 1)

Whilst the Health Board did not achieve its monthly IMTP *referral to treatment times* commitment in April and May for greater than 36 week breaches, the successful transition to monthly delivery in 2018/19 has significantly reduced the 'bounce back' seen in previous years i.e. 363 increase this April compared to 1479 last year. The aim for 2019/20 remains to clear all greater than 36 week breaches with capacity issues in ophthalmology and orthopaedics currently presenting the greatest challenge.

In terms of *diagnostics*, the Health Board aim for 2019/20 is to achieve and then maintain zero breaches. We did not achieve our IMTP commitments but the bounce back and overall volume compared to previous years remains considerably lower. May's reported position was 110 greater than 8 weeks.

In terms of *therapies*, the Health Board was close to achieving its IMTP commitment of a zero greater than 14 week breach position, with the reported position in April and May being 1 and 5 respectively.

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As reported at the last Committee, the starting point for improving our **62 day urgent suspect cancer** position was more challenging than anticipated. Performance for April was 85.2%. The main areas of challenge remain GI and urology. Balancing demand and capacity and strengthening our tracking and expedite processes remain the key improvement actions in the short term. The Health Board remains committed to achieving 95% compliance in 2019-20.

An announcement by Welsh Government on new targets for **follow-up outpatients** is anticipated this month. The Health Board has seen further improvement in reducing the overall waiting list volume and also those patients recorded with no target date. After an increase in April, the volume of patients delayed past their target date in May has reduced back to the year-end level.

Unscheduled Care overview (Appendix 2)

In terms of the key performance indicators for unscheduled care, Cardiff and Vale's **4 hour Emergency Department (ED) transit time** performance for April and May was 85% and 85.2% respectively. Performance in the first two months was above last year by 2.9% and 1.8% respectively.

12 hour performance in the first two months of the year has also shown an improvement on last year with 116 12 hour breaches, 26 fewer than April and May last year. Cardiff and Vale continues to have the lowest 12 hour breach volume in Wales.

Ambulance handover waits were also lower in the first two months of the year compared to last year, with the Health Board's unvalidated position being 307 patients waiting greater than one hour compared to 545 last year, a 44% reduction.

ASSURANCE is provided by:
- Progress made against a number of the key operational performance targets and IMTP delivery profiles.
- 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 **NOTE**:
- Year to date performance for 2019-20 against key operational Welsh Government performance targets and delivery profiles as set out in the Health Board's Integrated Medium Term Plan (IMTP)

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:	No								

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

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Planned Care														
	IMTP 19/20 profile	-	350	350	275	275	275	200	200	200	125	125	125	0
RTT - 36 weeks (Target = 0)	19/20 Actual	327	690	657										
	IMTP 19/20 profile	-	89.0%	89.0%	89.5%	89.5%	89.5%	90.0%	90.0%	90.0%	91.0%	91.0%	91.0%	92.0%
RTT - 26 weeks (Target = 95%)	19/20 Actual	87.9%	87.2%	Avail 17/06										
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostics > 8 weeks (Target = 0)	19/20 Actual	40	158	110										
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
Therapies > 14 weeks (Target =0)	19/20 Actual	0	1	5										
	IMTP 19/20 profile	-	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
31 day NUSC cancer (Target = 98%)	19/20 Actual	97.4%	95.1%	Avail 01/07										
62 day USC cancer (Target = 95%)	IMTP 19/20 profile	-	93.0%	93.0%	93.5%	93.5%	93.5%	94.0%	94.0%	94.0%	94.5%	94.5%	94.5%	95.0%
62 day USC cancer (Target = 95%) - Monthly	19/20 Actual	84.9%	85.2%	Avail 01/07										
OPFU - Delayed past agreed target date	19/20 Actual	105,271	114,892	105,426										
OPFU - No Target date	19/20 Actual	39,469	43,084	38,028										
OPFU - Within target	19/20 Actual	91,366	90,011	88,699										
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%)	19/20 Actual	75%	56%	50%										
Part 1b: % of therapeutic interventions started within (up to and including) 28 days following assessment by LPMHSS	19/20 Actual	71%	70%	56%										

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

2019/20		March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Unscheduled Care														
	IMTP 19/20 profile	-	90.0%	90.0%	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	90.0%	90.0%	90.0%
EU waits - 4 hours (95% target)	19/20 Actual - Monthly	84.3%	85.0%	85.2%										
	IMTP 19/20 profile	-	0	0	0	0	0	0	0	0	0	0	0	0
EU waits - > 12 hours (0 target)	19/20 Actual - Monthly	34	51	65										
	IMTP 19/20 profile	-	180	100	50	50	100	100	150	150	150	150	150	150
Ambulance handover > 1 hour (number)	19/20 Actual	189	136	171*										
Ambulance - 8 mins red call (65% target)	19/20 Actual	77.6%	78.2%	77.0%										
	IMTP 19/20 profile	-	48	48	40	40	40	35	35	35	40	40	40	35
Delayed Transfers of Care	19/20 Actual	37	42	49										
Stroke														
1a - % of patients who have a direct admission to an acute stroke unit within 4 hours (Target = 58.9%)	19/20 Actual	53.3%	40.9%	43.3%										
2a - % of patients who receive a CT scan within 1 hours (Target = 54.5%)	19/20 Actual	51.9%	55.3%	51.6%										
3a - % of patients who have been assessed by a stroke consultant within 24 hours (Target = 84.4%)	19/20 Actual	73.1%	74.5%	76.6%										
Time 2b - Thrombolsyed patients door to needle <=45 mins (Target = reduction - 12 month trend)	19/20 Actual	16.7%	40.0%	50.0%										
* - Unvalidated														

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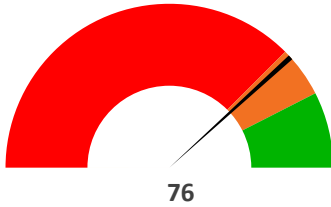Cyfrifoldeb personol
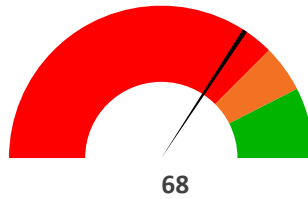
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Report Title:	People Dashboard				
Meeting:	Strategy & Delivery Committee			Meeting Date:	25th June 2019
Status:	For Discussion	For Assurance	For Approval	For Information	✓
Lead Executive:	Executive Director of Workforce & OD				
Report Author (Title):	Deputy Director of Workforce & OD/Workforce Information Systems Manager				

SITUATION

The Executive Director of Workforce & OD presented a new design and format for workforce key performance indicators (KPI) at the Strategy and Delivery Committee on 25th June 2019. This new format was welcomed and there was positive feedback.

Attached at Appendix 1 is the first report produced in this format. The purpose of the **People Dashboard** is to visually demonstrate key performance areas and trends against selected key workforce indicators.

REPORT

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

ASSESSMENT
The revised format for the People Dashboard is designed to be more visual, simpler and linking a number of performance areas across the workforce and leadership agenda. This doesn't substitute for the deeper dive reports but is in addition to them.

ASSURANCE is provided by:
Operational performance and detail is discussed and reviewed at the HSMB, Executive/Clinical Board Performance Reviews and Clinical Board meeting structures.   Further assurance is also provided to the Board through the Health Care Standards process.

RECOMMENDATION

The Board is asked to:

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

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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:	~~Yes / No~~ / Not Applicable *If "yes" please provide copy of the assessment. This will be linked to the report when published.*

Workforce Key Performance Indicators April 2019

Stat & Mand e-Learning % Compliance

76

Fire e-Learning % Compliance

68

PADR & Medical Appraisal % Compliance

55

Voluntary Resignations

⇧ 6.66%

Pay Bill Under/Overspend

⇧ 0.00%

Variable Pay Rate

⇩ 8.15%

WTE Staff in Post

⇩ 12900.30

Consultant & SAS Job Plan % Recorded

89%

Consultant & SAS Job Plan % 12-Month Review

32%

In-Month and Year to Date Sickness Rates

In-Month — YTD — Target

Short-Term/Long-Term Sickness

27%   Short-Term

73%   Long-Term

Flu Immunisation Data

58%

Will only change between October and March

Engagement Score Index

⇧ 3.83

Will only change after Staff Survey

Number of Disciplinary Investigations

⇨ 51

Number of Grievances

⇧ 10

Number of Dignity at Work Cases

⇨ 0

Number of Appeals

5

Number of Staff in Apprenticeship Education Frameworks

270

This data is presently being validated

REPORT TITLE:	**Employment Policies Report**						
MEETING:	Strategy and Delivery Committee				MEETING DATE:	25.06.19	
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:

On 5 March 2019 the Strategy and Delivery Committee supported a proposal to rationalize the number of Employment Policies we have and to align the accompanying Procedures with them in a more coherent way.   These Policies have now been reviewed or developed and the Committee is asked to approve them.   In addition, a new Welsh Language Policy has been developed and is being brought to the Committee for comment prior to being presented to the Board for approval.

The Committee is also asked to adopt a minor amendment to the NHS Wales Disciplinary Policy, extend the review date of the current Equality, Diversity and Human Rights Policy and to formally rescind the 'Supplementary Statement' which previously used to be issued alongside contracts of employment but which has not been used for many years and is no longer fit for purpose.

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

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, though the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the Strategy and Delivery Committee.   The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

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

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ASSESSMENT:

- **Learning, Education and Development (LED) Policy   (Appendix 1)**

The UHB recognises that staff are its most valuable and important resource and is committed to providing a learning culture where they are nurtured and encouraged to develop.   This new Policy sets out the need to ensure that staff are appropriately equipped and skilled to undertake their role and gives a high level description of how this will be achieved, with the operational details set out in the following Procedures/Guidelines:
- Personal Appraisal Development Review Procedure
- Statutory/ Mandatory Training Procedure
- Study Leave Guidelines
- Study Leave Procedure for Medical and Dental Staff (not in training)
- Academic Malpractice and Fair Assessment in the Delivery of Credit Based Learning Procedure

The LED Policy was considered and supported by the Employment Policy Sub Group on 15 May 2019.

- **Adaptable Workforce Policy (Appendix 2)**

The UHB is committed to developing and maintaining arrangements which make it a great place to work and learn, and to the delivery of a quality service. We value the contribution of our workforce and the skills and experience they utilise to provide the best possible care for our patients and we recognise our responsibility to attract, retain, deploy and develop staff to maximise their potential.

The Adaptable Workforce Policy is a new Policy which sets out a number of strategies used to ensure that we retain the valuable knowledge, skills and experience of our workforce.   It is supported by a number of Procedures/Guidelines which describe the following:
- Flexible Working
- Home / Remote Working
- Parental Leave
- Retirement
- Redeployment
- Working Times and breaks
- Annual Leave
- Loyalty / Long Service Awards

The Adaptable Workforce Policy was considered and supported by the Employment Policy Sub Group on 15 May 2019.

- **Employee Health and Wellbeing Policy (Appendix 3)**

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

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levels of sickness.   The UHB is committed to encouraging and empowering staff to take personal responsibility for their lifestyle choices, health and wellbeing and to guide managers on their roles and responsibilities.

The Employee Health and Wellbeing Policy is a new Policy which brings together a number of tools and strategies, many of which are already in place, for achieving this.

Procedures and Guidelines which are specifically aligned to this Policy are:
- Alcohol, Drug and Substance Misuse Procedure
- Management of Stress at Work Procedure
- Industrial Injury Claims Procedure
- Domestic Abuse Procedure

However, there are close links with other UHB and All-Wales Policies and Procedures including, for example, Managing Attendance at Work, Flexible Working, Dignity at Work, Redeployment and Equality, Diversity & Human Rights.   It will replace the existing Health and Wellbeing Strategy.

The Employee Health and Wellbeing Policy was considered and supported by the Employment Policy Sub Group on 15 May 2019.

- **Recruitment and Selection Policy (Appendix 4)**

The Recruitment and Selection Policy was reviewed and approved by the Strategy and Delivery Committee in May 2018.   An interim review has now been carried out to ensure that it appropriately references all of the key elements contained in the Procedures now aligned to it and the following changes have been made:
- It has been made explicit that all staff who have a requirement to be registered with a statutory regulatory body in order to practice their profession are appropriately registered at all times.
- References to Disclosure and Barring Service (DBS) checks have been strengthened,
- Relocation Expenses have been referred to

These changes were considered and supported by the Employment Policy Sub Group on 15 May 2019

The Committee is asked to note that this as this is an interim rather than a full review the review date of May 2021 will not change.

- **Welsh Language Policy (Appendix 5)**

Evidence on patient language choice has shown the positive outcomes for the patients when they are able to use their preferred language, including improved communication between patient and staff and a decrease in anxieties and concerns.   The UHB supports our patients and services users who prefer to use Welsh when discussing their healthcare, and also recognises the importance of enabling staff to speak Welsh and develop their Welsh Language skills.

This new Policy encourages and enables the use of Welsh and describes how the organisation will support it.   It also complies with the Welsh Language Measure (standards) and supports the Welsh Governments' Welsh Language in Healthcare Strategic Framework (the More than

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Just Words Strategy), both of which are regularly reported to the Strategy and Delivery Committee.

The Committee is asked to consider and comment on this Policy prior to it being presented to Board for approval on 25 July 2019.

- **Equality, Diversity and Human Rights Policy**

The Committee will be aware that the UHB Strategic Equality Plan is now in its 4th year and that the process of developing a new plan for 2020 onwards is currently underway.

The Equality, Diversity and Human Rights Policy is overdue for review, however, it is considered to be largely fit for purpose in its current state.

Given the need to review both documents, and the lengthy consultation process involved in developing the Strategic Equality Plan, the Committee is asked to extend the review date of the current EDHR Policy to March 2020.   This will enable the SEP and the Policy to be developed together and appropriately aligned, and also for them to be considered and approved by the Committee at the same time.

- **Supplementary Statement of Terms and Conditions of Service**

On reviewing the list of Control Documents delegated to the Director of Workforce and OD, it has come to light that the Supplementary Statement of Terms and Conditions of Service is incorrectly listed as a 'live' document.   In reality this was superceded many years ago by the One Wales Contract and a significantly improved local induction process and booklet.   For completeness, the Committee is asked for formally rescind this document on the basis that it is no longer used or fit for purpose.

- **NHS Wales Disciplinary Policy and Procedure**

The All Wales Employment Policies have now been translated into Welsh in line with the Welsh Language Standards and have been issued to all Health Boards for distribution and publication.

In addition, the NHS Wales Disciplinary Policy and Procedure has been amended slightly so that it now includes the sentence 'An employee may respond in Welsh to any allegations made against them and they should be advised of this at the beginning of any proceedings' under section 4 of the policy.   The Committee is asked to note this change and formally adopt the revised version of the Policy.

RECOMMENDATION:

The Strategy and Delivery Committee is asked to:

- **APPROVE** the following Policies:
  - Learning, Education and Development (LED) Policy

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- Adaptable Workforce Policy
- Employee Health and Wellbeing Policy
- Recruitment and Selection Policy
- **APPROVE** the extended review date of March 2020 for the Equality, Diversity and Human Rights Policy
- **CONSIDER** and comment on the Welsh Language Policy
- **RESCIND** the Supplementary Statement of Terms of Conditions of Service on the basis that it is no longer used or fit for purpose and the Health and Wellbeing Strategy as this is being replaced by the new Employee Health and Wellbeing Policy
- **ADOPT** the amended NHS Wales Disciplinary Policy and Procedure
- **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

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	UHB Policies cannot be approved without an EHIA – relevant EHIAs are attached as appendices to this report

Reference Number: Version Number: 1	Date of Next Review: Previous Trust/LHB Reference Number: *n/a*

Learning, Education and Development (LED) Policy

Policy Statement

Cardiff & Vale UHB is an organisation who cares for their staff and patients. The UHB recognises that staff are its most valuable and important resource and the organisation is committed to providing a learning culture where staff are nurtured and encouraged to learn.

Staff learning, education and development is provided to enable staff to live the UHBs values, making patient centred care at the heart of everything we do.

The UHB needs to ensure that staff are appropriately equipped and skilled to undertake their role and is committed to ensuring that all staff learn and develop appropriately to meet the needs of the UHBs strategic aims and objectives.

The availability of appropriately trained staff is a key determinant of the quality of patient care.

All professionals have a personal duty as specified within their respective 'Codes of Conduct' to maintain their knowledge and skills throughout their working lives.
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Policy Commitment

We will achieve this through;
- Ensuring new staff attend Induction and complete their statutory/mandatory training requirements within 2 months of their hire date.
- Ensuring clear and meaningful PADRs are taking place
- Ensuring existing staff are clear about their Statutory/ Mandatory Training requirements and compliance is monitored via the PADR process
- Ensuring all staff are aware of the correct procedure and timescales for applying for study leave
- Ensuring staff are aware of their responsibilities to maintain academic standards and malpractice is recognised and reported.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following with regard to LED.

- Personal Appraisal Development Review Procedure
- Statutory/ Mandatory Training Procedure
- Study Leave Guidelines
- Study Leave Procedure for Medical and Dental Staff (not in training)

- Academic Malpractice and Fair Assessment in the Delivery of Credit Based Learning Procedure

Other supporting documents are:

- LED internet pages *'Your Development'*
- PADR/ Pay Progression on-line Toolkit
- Statutory/ Mandatory Training on-line Toolkit
- Recognition of Prior Learning Framework

Scope

This policy applies to all of our staff in all locations including those with honorary contracts

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed for this policy and supporting procedures and this found there to be a positive impact.
Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of Workforce and OD
Disclaimer **If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.**	

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1			New policy

Equality & Health Impact Assessment for

LEARNING, EDUCATION AND DEVELOPMENT (LED) POLICY

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

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

Please note:

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

Please answer all questions:-

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

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

		To provide a structure to ensure that staff are appropriately equipped and skilled to undertake their role and whom are committed to ensure that all staff learn and develop appropriately to meet the needs of the UHBS strategic aims and objectives.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future	**WORKFORCE MONITORING DATA** (see end of document) A **CONSULTATION** has taken place between <<insert dates>> via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD and the Rainbow Flag Network. A **NUMBER OF EQIAS FROM OTHER ORGANISATIONS** were accessed via a Google search during March 2019 - of those accessed: • Sheffield Health and Social Care NHS Foundation Trusts – Performance Development Review (Appraisal) Policy found a potential positive impact on the basis of disability, however that training and resources could be adapted to allow staff to fully participate in the process. There was a negative impact in terms of age, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. • Plymouth Hospitals NHS Trust - Appraisal and Personal Development Policy found its policy to have no evidence to suggest there is a disproportionate impact on race, religion, disability, sex, sexual orientation, age and human rights. Also that they have no data collected for gender identity and socio-economic, therefore monitoring these areas via feedback collected from staff. • Royal Cornwall Hospitals NHS Trust – Mandatory and Statutory Training policy, found there to be no adverse impact in relation to age, sex, race/ ethnic communities/ groups, disability, religion/ other beliefs, marriage and civil partnership, pregnancy and maternity or sexual orientation. • Nottingham University Hospitals NHS Trust – Mandatory Training Policy identified some considerations in relation to disability with regards to access issues and barriers to a full learning experience i.e. physical disability and location of training, visual impairment, hearing impairment and learning disabilities. Their recommendation was to provide additional learner support brochures where specific requirements can be provided. Where a training podcast has a film clip in a script if this is available, also to provide training in different formats – classroom based podcasts are available as a back-up option to e-learning training. They also identified that staff on maternity leave would remain on their non-compliance reports as they are unable to filter them out. All remaining categories had no impact identified. • Royal United Hospital Bath and Royal Cornwall Hospitals NHS Trust both undertook an equality screen on their study leave policy and found there to be no adverse impact in terms of age, disability, gender

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	Wellbeing' Strategy provides an overview of health need[3].	reassignment, pregnancy and maternity, race, religion and belief, sex, sexual orientation, marriage and civil partnership.
		
		• Barnsley Clinical Commissioning Group (CCG) in their Study Leave Policy found there to be neutral impact in terms of Human rights, Carers, Disability, Religion or belief, Sexual orientation, gender reassignment, Marriage and civil partnership and other relevant groups, however identified a positive impact for age in that it ensures that staff of all age groups have fair and equitable access to study support to progress their careers in line with their individual requirements, which will allow people to pursue their own career path. In terms of sex in that it ensure that a fair process is in place regardless of sex and race in that it allows staff of any gender or race to purse their careers in line with their own individual wishes. For pregnancy and maternity to ensure that staff who choose to have children are still able to pursue the individual career path they wish to and for part or fixed term staff to ensure that a fair process is in place for equal access to training for all staff.
		• City College Plymouth in their Plagiarism and Academic Dishonesty Procedure EIA found their procedure to have a possible adverse impact on those with learning difficulties and disabilities, international students, partnership and part-time students and student at entry level 3 to level 1. To overcome the negative impact, 7 points were recommended in their EQIA such as the introduction of an electronic plagiarism tool, to have reviews conducted by their international office, ESOL lecturers etc.
		
		• On the ACAS website it is noted that fairness in the workplace is a vital part of a successful public body and supported by the Equality Act 2010. The aim of the Act is to improve equal job opportunities and fairness for employees and job applicants and highlighting it is unlawful to discriminate against people at work because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. It also highlights the benefits of promoting equality and diversity such that employees have a better chance of getting training, career development and promotion opportunities and developing skills, knowledge and experience relevant to the role which thereby benefits the individual and the organization as a whole.
		
		• ACAS states that an employer must consider making **'reasonable adjustments'** for a disabled employee or job applicant if:
		    ○ It becomes aware of their disability and/ or
		    ○ They ask for adjustments to be made and/ or
		    ○ A disabled employee is having difficulty with any part of their job and/ or
		    ○ Either an employees sickness record, or delay in returning to work, is linked to their disability.

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[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from these policies include: - Our patients and their families - Managers - Our staff and their families / dependents - Workforce and OD - Payroll services (NWSSP) - The public

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This Policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the age of the individual concerned. Organisationally we employ very few individuals under age of 21, and have an aging workforce. There is now an expectation for all staff to complete their required level 1 statutory / mandatory training via e-learning. This expectation means that all staff of all ages are skilled up to use technology. As mentioned previously there is an aging workforce, who may not have the skills to complete this training, therefore access to classroom training is offered as an alternative. There is evidence which suggests that people over the age of 50 struggle to find a new job, training or promotion opportunities. This policy prevents discrimination and has a positive impact by setting out the processes to be followed when an employee needs to undertake and take study leave for training regardless of their age.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Staff are expected to have a PADR, irrespective of age, however development needs may change with age e.g. older workers on the top of a pay band may have no desire to undertake any further development. This may also be true of staff receiving a PADR in that if they are top of the scale and have no career aspirations they may feel they do not require a PADR.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Employers are required to make reasonable adjustments for disabled employees. This would include adapting and providing training materials to staff where there may be a visual or hearing impairing or learning disability. The flexibility of alternative learning offerings are now available, which includes being able to access mandatory training e-learning from home devices.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	Women are more likely to have a break in service to raise a family, which could have an effect on their ability to undertake development and career progression. More female employees work part time, therefore the study leave entitlement will be pro rata based on their contracted hours.		
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the martial status of the individual concerned.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the maternity leave. Maternity is no reason for women's careers to go on hold. Performance reviews and training can be worked around or into maternity leave. For instance a Keeping in Touch day could be used to attend a performance review – equality and human rights commission.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned. There is evidence (referenced above) to show that BME employees (especially nurses) are more likely to leave jobs for negative reasons and this could impact on their career progression.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	There is no evidence to suggest that these policies have any impact on people because of their sexual orientation.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is no evidence to suggest that these policies have any impact on people because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh Speakers into consideration when applying this Policy and the accompanying procedures . There are plans in place to ensure all mandatory training being offered via e-learning, will also be available to be completed in Welsh.		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of income		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people being able to improve/ maintain healthy lifestyles.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people in terms of their income and employment status.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on people in terms of their use of the physical environment.		
7.5 People in terms of social and community influences on their health:	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	basis of social and community influences on their health		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	This policy and accompanying procedures have a positive impact on all groups with protective characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and/ or terms and conditions and are for the benefit of one or more groups with protected characteristics.

| | | AGE – there is a requirement for all staff to complete their mandatory training via e-learning, hence use of technology – alternative offerings i.e. classroom training are being provided.

DISABILITY – due consideration should be given to individual circumstances such as reasonable adjustments – this could include adapting training provisions.

GENDER - Women are more likely to have a break in service to raise a family, which could delay any development/ career progression they wish to pursue.

MATERNITY – Considerations should be given for women on maternity to conduct a PADR/ undertake their statutory and mandatory training during a keeping in touch day. Or at least, where possible, planed around the maternity leave.

RELIGION & BELIEF – Consideration should be given to cultural/ religious practices which may impact on training days – timings of break etc.

WELSH LANGUAGE – Considerations should be given for the training to be provided in welsh – there is a plan in place to provide all mandatory training eLearning modules in welsh. |
|---|---|---|

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No changes identified as a result of this EHIA.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	No			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?				

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
    o continues unchanged as there are no significant negative impacts
    o adjusts to account for the negative impacts
    o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
    o stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	No changes identified as a result of this EHIA. The Strategy and Delivery Committee will be asked to approve the Policy following a period of consultation and discussion and the Employment Policy Sub Group
	
	This EHIA will be published on the UHB internet and intranet sites.
	
	This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required
		WF Gov Manager	May 2019
			
			On approval
			
			2022	

WORKFORCE MONITORING DATA (September 2018):

Age Profile

Staff Group

- Unqualified Nursing 13%
- Add Prof
- Additional Clinical Services 8%
- Students 0%
- Administrative and Clerical 16%
- Nursing and Midwifery Registered 30%
- Allied Health Professional
- Medical and Dental 10%
- Healthcare Scientists 3%
- Estates and Ancillary 8%

Gender and Contract

- Male Part Time 4%
- Male Full Time 19%
- Female Full Time 37%
- Female Part Time 40%

Sexual Orientation

- Unspecified 37%
- Gay or Lesbian
- Other 6%
- Bisexual 1%
- Heterosexual or
- Not stated 4%

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Marital Status

- Single
- Divorced
- Civil Partner
- Widowed 0.67%
- Other 17.78%
- Legally Separated 0.49%
- Unknow
- Marri

Listening/Speaking Welsh

- 0 - No
- 2 - Foundation
- 3 -
- 4 - Higher / Uwch 0.77%
- Other 7.73%
- 5 - Proficiency / Hyfedredd 1.36%
- Not
- 1 - Entry/ Mynedia

Reading Welsh

- 0 - No
- 3 -
- 4 - Higher / Uwch 0.46%
- 2 -
- Other 3.45%
- 5 - Proficiency / Hyfedredd 0.62%
- Not
- 1 -

Writing Welsh

- 0 - No
- 3 -
- 4 - Higher / Uwch 0.39%
- 2 -
- Other 3.16%
- 5 - Proficiency / Hyfedredd 0.52%
- Not
- 1 -

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Christmas Tree by Payband

Reference Number: Version Number: 1	Date of Next Review: Previous Trust/LHB Reference Number: n/a

ADAPTABLE WORKFORCE POLICY

Policy Statement

Cardiff and Vale University Health Board (the UHB) is committed to developing and maintaining arrangements which make it a great place to work and learn, and to the delivery of a quality service.   We want to create a more responsive, efficient and effective organisation which can meet the changing service needs, deliver our Strategy *Shaping Our Future Wellbeing,* as well as care for the needs of our staff.

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

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

Policy Commitment

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

- Support a positive and healthy work-life balance for staff while ensuring that service needs are balanced with individual needs

- Ensure that our workforce is cared for, and that the wellbeing, health and safety of our patients and our staff are considered – this will include working patterns, rest periods and other commitments outside of the workplace

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

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

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Approved By:		

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

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

Supporting Procedures and Written Control Documents

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

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

Other supporting documents are:

Flexible Working Procedure
Home / Remote Working Guidelines
Parental Leave Procedure
Retirement Procedure
Redeployment Procedure
Working Times Procedure
Annual Leave Procedure (non-medical staff)
Annual Leave Procedure for Career Grade and Medical Staff
Loyalty Award Procedure
Relocation Expenses Procedure
Relocation Costs and Associated Provisions for Doctors and Dentists in the Training Grades
NHS Wales Special Leave Policy
NHS Wales Secondment Policy
NHS Wales Organisational Change Policy
NHS Wales Employment Break Policy

Scope

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

2

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

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

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Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1			New Policy

Equality & Health Impact Assessment for

ADAPTABLE WORKFORCE POLICY

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

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

Please note:

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

Please answer all questions:-

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

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

		To recognise and value the contribution of our workforce and the skills and experience they utilise to provide the best possible care for our patients, and attract, retain, deploy and develop staff to maximise their potential, to meet the needs of the service.

4.	Evidence and background information considered. For example
	• population data
	• staff and service users data, as applicable
	• needs assessment
	• engagement and involvement findings
	• research
	• good practice guidelines
	• participant knowledge
	• list of stakeholders and how stakeholders have engaged in the development stages
	• comments from those involved in the designing and development stages
	
	Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future
		WORKFORCE MONITORING DATA (see end of document)
		
		A **CONSULTATION** has taken place between 14.03.19 and 15.04.19 via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives, Equality Manager, Welsh Language Officer, Workforce and OD and the Rainbow Fflag Network.
		
		A **NUMBER OF EQIAS FROM OTHER ORGANISATIONS** were accessed via a Google search on 25 February 2019 - of those accessed:
		• The North Yorkshire and York NHS Primary Care Trust found that its Retirement and Flexible Retirement Policy had the potential to affect individuals adversely on the basis of age, but that there was no adverse impact on the basis of disability, race, religion and belief, gender or sexual orientation. They noted that staff in special classes were able to retire at 55 whilst their colleagues could not. Special class status was withdrawn in March 1995 for new entrants and staff who had more than 5 years break in pensionable service.
		• Hywel Dda Health Board found that with regards to age, its Retirement Policy includes provisions for early retirement on grounds other than ill-health. In line with the NHS Pension Scheme, there was differential treatment for those who joined the scheme before or after 1 April 2008 but staff have a free choice to choose whu. It was also noted that there was a potential negative impact on young workers in respect of succession planning and promotion if the older workforce was retained.
		• Velindre NHS Trust found that its Redeployment Policy had a positive impact in terms of:
		   o gender (ie it will have a positive benefit for all staff, though there could be a gender bias in requests made in relation to work life balance issues)
		   o for transgender staff (ie the policy could be used to assist a member of staff that is undergoing gender reassignment)
		   o race (the policy could be used to resolve issues around race e.g. bullying and harassment)
		   o disability (the policy recognises the legal right to positively discriminate to ensure equality of outcome in employment)

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	Wellbeing' Strategy provides an overview of health need[3].	- sexual orientation (the policy could be used to resolve issues around sexual orientation e.g. bullying and harassment) - religion (the policy could be used to resolve issues around religion which could link into issues of race e.g. bullying and harassment) - age (linked to disabilities or work life balance requests) - Welsh language (if employee is Welsh speaker and Welsh is a factor of the employment) • <u>Calderdale Clinical Commissioning Group</u> found that their Long Service Award Policy had a possible negative impact on the following groups: - Age – (impact on employees aged 40 years and below) employees eligible for long service must have a minimum of 25 years of service with the NHS (aggregated). The minimum employment age is 16 therefore employees must be at least 41 years old before they become eligible. However, as the policy is designed to reward long service of 25 years and above, this negative impact can be justified as a proportionate means of achieving a legitimate aim - Sex - – this group (ie women) may take careers break and therefore unable to fulfil the eligibility criteria at the earliest opportunity - Carers - this group may take careers break and therefore unable to fulfil the eligibility criteria at the earliest opportunity. - Pregnancy/maternity - Employment Breaks following maternity leave may make it harder to fulfil the eligibility criteria at the earliest opportunity However, The policy is applicable to all employees and adheres to the NHS Litigation Authority Standards, statutory requirements and best practice. The policy makes all reasonable provision to ensure equality of access to all employees. There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic. • <u>Nottinghamshire Healthcare NHS Foundation Trust</u> found that their Annual Leave Policy had a positive impact on those taking maternity leave where leave is accrued throughout the period of maternity/adoption, and an indirect positive impact where those on long term sickness who may have a disability are able to carry forward statutory leave untaken. With regards to Human Rights they stated that it supported fundamental right to paid leave under the working time directive. • <u>Southern Health NHS Foundation Trust</u> found that their Special Leave Policy had: - A positive impact on the basis of age as the provisions were made available to all staff with all types of responsibilities regardless of whether they have young families or older dependents or need support to deal with personal circumstances, but that it also had a negative impact on the basis of age because employees without families may feel aggrieved that as this is not available to them,

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[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

therefore they are not afforded the same opportunities for leave. However, the special leave policy provides a wider range of additional leave that would equally be available to them.

- o A negative impact on the basis of race because staff may have relatives' abroad or require extended period to travel for events i.e. funerals
- o A negative impact on the basis of religion/belief because whilst the Trust understand that there are many 'special days' within religious calendars, the Trust is unable to give paid time off for these events under special leave.
- o A negative impact on the basis of gender because employees with caring responsibilities (which tend to include more women and, therefore, a higher proportion of their workforce) may be subject to increased need to take time off in relation to care for dependents.

AGE

- Legally age differs from other protected characteristics in that an employer can make a decision based on someone's age, even if this would otherwise be direct discrimination, as long as it can be objectively justified (EHRC Guidance).
- All staff with more than 26 weeks service can apply for flexible working, and the Policy sets out the only reasons which can be given for rejecting an application. However, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be approved for younger workers.
- For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. (AGE UK)
- There has been a trend for employees over the age of 50 to increasingly seek opportunities for flexible working. In 2005, 30% of employees aged 50+ worked flexibly, by 2010 the proportion had increased to 38%. (Age UK)
- The Equal Opportunities Commission says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment because of their age is considered to be a victim of age discrimination.   However, there are certain circumstances when discrimination may be allowed if it can be objectively justified.
- On 6 April 2011, there was a change to the law relating to retirement. The effect of this change is that in most cases workers can now retire when they are ready, rather than when their employer decides. It is direct age discrimination to require or persuade a worker to retire because of their age unless you can **objectively justify** doing so. Retirement age is not necessarily the same as pension age – the age when a person becomes entitled to their pension. Equality law does not affect the age at which someone gets the state

retirement pension. Neither does equality law affect the age at which a person can receive any **occupational pension**, which is decided by the rules of the pension scheme. Some workers may continue working beyond the age when they become entitled to a pension. (Equality Human Rights Commission)

- From April 2015, the Normal Pension Age (NPA) that members can receive their pension under the 2015 NHS Pension Scheme arrangements (without reduction for early payment) will be set equal to their State Pension Age (SPA).   For 70% of NHS staff this will mean their pension age is between 65 and 68 years old (Working Longer Group Factsheet)
- In the UNISON response to the Working Longer Review, UNISON refer to data from the Health and Social Care Information Centre which shows a correlation between age and sickness levels is demonstrated – UNISON express concern about the potential effect working till 68 years old could have on the health of NHS staff and suggest this may lead to an increase in sickness levels and the number of staff being made redundant for reasons of capability. However, the Equality Human Rights Commission advises that employers need to be careful not to make assumptions that workers' performance will deteriorate as they get older. Research shows that older workers' productivity does not usually decline at least up to the age of 70 where the same level of training is provided as for younger workers.   Similarly, they advise that employers should not make assumptions about workers' developmental or training needs based on their age. In particular, they should not assume that older workers would resist training in new areas.
- According to the Department of Works and Pensions, by 2014 nearly a quarter of a million more people aged 65 and over opted to stay in work since the default retirement age was abolished three years earlier in 2011. In October 2014 there were 1,103,000 workers aged 65 and over in work compared to 874,000 in the quarter October to December 2011 – an increase of 229,000. There are 9.1 million people aged 50 plus in work, 29.7% of all those in work aged 16 plus in the UK (30.6 million)
- According an Equality and Age Factsheet published by the Older People's Commissioner for Wales, over half a million people in Wales are aged 65 and over which is 18% of the population and there are now more people of this age than there are children under the age of 16. The number of people aged 65 is projected to rise to one in four (over a million) by 2030. The factsheet states that negative stereotypes of later life can have a significant impact on older people in employment. Many people struggle to find training or promotion opportunities as they get older and it can be particularly difficult to find a new job once you are over 50. Instead of tapping into the huge wealth of knowledge and experience that older workers have to offer, increasingly they are described as 'job blockers'.
- According to XpertHR long service awards are not necessarily incompatible with the age discrimination provisions of the Equality Act 2010. Service-related benefits - although not age-related benefits - are subject to a limited exemption. The exemption means that long-service awards such as additional holiday or pay are allowed, provided that they are awarded on the basis of service of five years or less. If this is the case no further justification is required.

DISABILITY:

- If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job (EHRC Guidance).
- The Equality and Human Rights Commission states that Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person. However, case law has established that an employer must not give priority to other categories of redeployee, eg those at risk of redundancy, over a disabled worker who needs redeployment.
- NHS Employers 'Guidance relating to disability for the NHS' (January 2014) highlights good practice advice for the management of disabled staff in relation to sickness absence, carers leave and redeployment to help organisations meet with their duties under the Equality Act 2010. It states that the Equality Act 2010 requires that reasonable adjustments are made to working conditions, policies and practices that put a disabled member of staff at a disadvantage and suggests that a reasonable adjustment could include transferring the individual to fill an existing suitable vacancy without competitive interview, altering his/her working hours or assigning him/her to a different place of work.

MATERNITY:

- Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. (Equal Opportunities Commission)

RELIGION & BELIEF:

- The ACAS guide for Religion or Belief discrimination: key points for the workplace (2018) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable

and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination

- Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods (EHRC). This may have flexible working implications
- An employer is not under any legal obligation to grant indefinite religious holidays or time off so individuals can observe each and every one of their religious and cultural festivals and ceremonies. However, they should try and accommodate requests for time off when possible and only if it does not interfere with their business. It is important to ask early to give the employer some time to make alternative arrangements. (Equal Opportunities Commission)
- The Equality and Human Rights Commission website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack or religion or belief.   They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of not agreeing to the request.

GENDER (incl. Gender reassignment)

- If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person (EHRC Guidance).
- CIPD research has found that Flexible workers are much less likely to report being under excessive pressure than people who don't work flexibly, with 29% of flexible workers saying they are under excessive pressure every day or once or twice a week compared with 42% of people who don't work flexibly. There is a big difference between the flexible working options that are most commonly used by women compared to men. In all, 44% of women work part-time compared to 13% of men. Men (17%) are more likely to work from home than women (10%). Overall 63% of women employees use one or more forms of flexible working compared to just 44% of men. In total, 33% of respondents report that flexible working helps them manage caring responsibilities of some description, either for children, parents or grandparents, spouse or partner, or others outside of the family.   Men are more likely than women to say flexible working helps reduce the time and cost of commuting, while women are more likely to say working flexibly enables them to manage caring responsibilities.

- Anecdotally, it is expected that more women than men would take Special Leave to care for sick children etc., but as Special Leave is managed locally by line managers and is not recorded centrally there is no evidence to support this.
- A Government Equalities Office publication (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer."
- According to the Department of Works and Pensions, while numbers of both men and women in work and aged 65 and over increasing, in 2014 there were still more men from this age group in employment than women. In October 2011 there were 526,000 men over 65 in work, by 2014 there were 643,000 whereas for women in work the figure were 460,000 in 2014, compared to 348,000 in October 2011

SEXUAL ORIENTATION

Stonewall published 'LGBT in Britain: Work Report' about experiences of LGBT individuals in the workplace. They found that almost one in five LGBT staff (18 per cent) have been the target of negative comments or conduct from work colleagues in the last year because they are LGBT. This includes being the target of derogatory remarks, experiencing bullying and abuse, and being outed without consent. This rises to a third of trans people (33 per cent) and one in four LGBT disabled people (26 per cent). The following examples show that this can impact on retention and length of service:
- I retired early because of being outed in my workplace. My employer's attitude was appalling: I was told it was my own fault and to put up with the abuse I received. Freddie, 59 (West Midlands)
- I have recently been off work because of stress due to homophobic bullying by my managers. While my colleagues are great, the managers are terrible. An official complaint to HR found that homophobic attitudes extend there also and I have been faced with either quitting or returning. I return next week but I am feeling stressed and depressed, and at times suicidal. Dewi, 36 (Wales)

RACE

- Gough and Adami (2013) 'Saving for Retirement: A Review of Ethnic Minorities in the UK' found that disadvantages of ethnic minorities during their working life persist, especially for women, although to a lesser extent than in the past, and continue to affect private savings and prospective retirement income. Indian and Chinese men have experienced the greatest improvements in terms of employment status and income and this is reflected in higher levels of saving for retirement since the mid 1990s

- Although it is now more than 10 years old, a [Race Equality Foundation Briefing Paper](#) by Franklin Oikelome (2007) entitled 'The recruitment and retention of black and minority ethnic staff in the National Health Service' notes the following points:
  - Studies have shown that racial discrimination continues to account for pay differentials and career advancement in the NHS between white and BME staff. BME staff are generally less likely to be invited for interviews or to be selected after the interview process. They earn less, experience higher rates of unemployment, and are less likely to gain promotion or to advance on the career ladder at work
  - BME nurses, in particular, experience persistent and systematic racism and are more likely than white nurses to change jobs for negative reasons — mainly bullying and harassment. They also face a 'glass ceiling' which prevents them from advancing to the higher levels of the occupational ladder

MATERNITY

- The [Equality and Human Rights Commission](#) website states that maternity leave and holiday cannot be taken at the same time. If an employee wants to take paid holiday they need to bring their maternity leave to an end. Annual Leave is acrued during maternity leave and employees must be allowed to carry over any unused part of their statutory leave entitlement of 28 days (which includes bank holidays). The UHB also allows staff to carry over contractual Annual Leave accrued during maternity leave. This can be taken before returning to work, or spread out to enable a phased return.

OTHER FACTORS

- In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. ([ACAS)](#)
- An [ONS report](#) from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men. The second biggest reason for being ecomically inactive is looking after family or home (the largest category is students)

		• According to the Department of Works and Pensions, the south east of England had the highest employment rates for 65 plus at 12.5% (Annual Population Survey, April 2013 to March 2014). Within Wales this stood at 9.1%, but there is no evidence to indicate what percentage of these are Welsh Speakers.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from these policies include: • Our patients and their families • Managers • Our staff and their families / dependents • Workforce and OD • Payroll services (NWSSP) • The public

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

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

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

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the gender of the individual concerned. However, it is anticipated that some of the flexibilities offered are more likely to be used by female employees because caring responsibilities for both children and elderly relatives are disproportionately taken on by women. Women are more likely to have a break in service to raise a family. This would have an effect on their ability to meet the eligibility criteria for e.g. loyalty awards at the earliest opportunity. More female employees work part time – the AL procedure states that part time staff are entitled to a pro rata entitlement based on their contracted hours. There is also evidence that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. The Supporting Transgender Staff Procedure states that while employees are receiving treatment, managers should try to be as flexible as possible to meet reasonable requests for changes in shifts or working hours within the needs of the service. Flexible Working or redeployment (temporary or permanent) can also be considered.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the martial status of the individual concerned. Staff often want to have a longer period of Annual Leave around the time of their wedding/honeymoon. The procedure recognises this and reminds managers that there may be times when it is appropriate to allow longer periods of leave than usual, as long as service needs can be met.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	If at the end of their maternity leave an employee wishes to return to work on different hours, her manager has a duty to facilitate this wherever possible, with her returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which she held prior to her maternity leave. These provisions are mirrored for staff on adoption leave The Working Times Procedure states that consideration should be given to individual circumstances such as combining breastfeeding and returning to work.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Women who are pregnant are entitled to time off for ante-natal care, and **w**omen who have recently given birth and returned to work should have paid time off for postnatal care e.g. attendance at health clinics

Maternity leave does not count as a break in service and therefore does not have an impact on an individual's eligibility for a long service award.

Annual Leave continues to be accrued by employees while they are on maternity leave.   This can then be taken before the member of staff returns to work or spread out to enable them to have a phased return. Staff are referred to the Maternity Leave and Pay Procedure which describes these processes and entitlements. | | |
| **6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers** | This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned.

There is evidence (referenced above) to show that BME employees (especially nurses) are more likely to leave jobs for negative reasons and this could impact on their eligibility for loyalty awards

some staff may want to have a longer period of Annual Leave than would ordinarily be approved e.g. overseas | This evidence is from NHS England.   We will try to find out if this is also true for Cardiff and Vale through our exit questionnaires. | |

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	employees who wish to visit their families. The procedure has been updated to recognise this and remind managers that there may be times when it is appropriate to allow longer periods of leave than usual, as long as service needs can be met.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The Working Times Procedure has a positive impact on this group stating that due consideration should be given to cultural/religious practices which may impact on the timings of breaks The Annual Leave Procedure has a positive impact on people because of religion, belief or non-belief. It prevents discrimination by setting out the processes to be followed for requesting and approving Annual Leave, thereby ensuring that all staff accessing the procedure will be treated in the same way. Furthermore, the procedure states that managers should consider favourably any request by staff to take paid leave for religious festivals. Such requests should take priority where possible, although managers will need to balance the needs of the team. Employees should inform managers at the earliest possible time of these dates, so that appropriate arrangements can be made. Managers are signposted to the ACAS guide for Religion or Belief in the workplace - A guide for employers and employees		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of who the individual concerned is attracted to. However, there is evidence (referenced above) which shows that LGBT individuals sometimes leave their employment early because of their experiences in the workplace	We will try to find out if this is also true for Cardiff and Vale through our exit questionnaires.	
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	There is no evidence to suggest that these policies have any impact on people because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh Speakers into consideration when applying this Policy and the accompanying procedures		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of income		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of where our employees live		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Discrimination by Association should be considered when considering requests for flexible working, homeworking, special leave and parental leave. The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)	Guidance on Discrimination by Association should be incorporated into the Flexible Working Policy and Parental Leave Procedure when they are next reviewed. The Special Leave Policy is an all Wales Policy and cannot be altered by the UHB.	

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of access to services		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	There is an expectation that employees should take all their annual leave entitlement in the relevant year as its purpose is to take a break from work. Staff who work night shifts as part of a regular commitment are entitled to a regular, free and confidential health assessment. The UHB will consider the availability of alternative daytime employment should a night worker's health preclude them from safe night working.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	The Working Times Procedure requires staff to notify the UHB if they plan to undertake / are undertaking secondary employment. Staff who have secondary employment are responsible for ensuring they have adequate rest periods and that their combined working hours are not excessive. If the combined hours are in excess of 48 hours per week the UHB must be informed The UHB wants to acknowledge staff commitment and loyalty by providing a tangible reward to staff who have completed a mile stone for long service – this means that they must be in continuous employment with the UHB or its predecessor organisations to be eligible. If an individual has an employment break, this does not count as a break in service. However, the length of the employment break is disregarded when determining if the eligibility criteria has been met. 'Retire and return' breaks and absences due to maternity leave etc. do not count as breaks in service for the purposes of loyalty awards.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	All staff should record their Annual Leave in hours to ensure staff who work variable hours/shifts or part time do not receive either more or less leave than colleagues who work a standard pattern.

The UHB has an Annual Leave Purchase Scheme which enables staff to apply to 'buy' up to two weeks additional annual leave and spread reductions over a 3, 6 or 12 month period.   It is recognized that some staff may not be able to afford to access this scheme because of the required repayments | The Annual Leave Purchase Scheme is entirely voluntary – a 'calculator' is available to help staff work out what the likely repayments would be before submitting an applications for additional annual leave | The UHB reserves the right to reject applications for additional annual leave if the absence will have a negative effect on the day to day delivery of services or adversely affect the team. |
| **7.4 People in terms of their use of the physical environment:** Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing | This Policy and the accompanying procedures could have a positive impact on people in terms of their use of the physical environment e.g. breaks away from the workplace, flexible working and annual leave all enable staff to access fresh air, leisure activities etc. | | |

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	There is no evidence to suggest that this Policy and accompanying procedures have an impact on the basis of social and community influences on their health		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	There is no evidence to suggest that these Policies and accompanying procedures have an impact on the basis of macro-economic, environmental and sustainability factors as they apply to all staff		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	These Policy and accompanying procedures have a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that the same opportunities, entitlements and obligations exist and processes are followed for all staff. Any exceptions to this are set out in legislation and/or terms and conditions and are for the benefit of one or more groups with protected characteristics: AGE - 'special rules for younger workers' apply for 16 and 17 year olds, ensuring they have longer rest periods. Some forms of flexible working are more suitable for employee with young children (e.g. term time working) but flexible retirement options could be used to retain older workers. Although loyalty awards are not directly linked to age, younger workers (under 40) will not be eligible. Annual leave entitlements also increase with length of service so has a potential positive impact on older workers DISABILITY - due consideration should be given to individual circumstances such as reasonable adjustments – this could include redeployment, extra breaks or flexible working for example. GENDER – some of the flexibilities offered may be more attractive to female workers because they tend to be responsible for caring for dependents. MATERNITY - Cconsideration should be given to individual circumstances such as combining breastfeeding and returning to work. Furthermore, the Maternity Policy and accompanying Procedures requires that a risk assessment is be conducted for pregnant employees and this would be expected to take working patterns into consideration and that women who are pregnant or have recently had a baby are entitled to time off for ante-/post-natal care. RELIGION & BELIEF - Consideration should be given to cultural/religious practices which may impact on the timings of breaks, annual leave etc With regards to the impact on the overall health of individual people and on the impact on our population (ie health inequalities): EMPLOYMENT STATUS/INCOME - Staff must notify the UHB if they plan to undertake / are undertaking secondary employment. They are responsible for ensuring they have adequate rest

	periods and that their combined working hours are not excessive. If the combined hours are in excess of 48 hours per week the UHB must be informed. Staff who work night shifts as part of a regular commitment are entitled to a regular, free and confidential health assessment. All staff should record their Annual Leave in hours to ensure staff who work variable hours/shifts or part time do not receive either more or less leave than colleagues who work a standard pattern. The UHB has an Annual Leave Purchase Scheme which enables staff to apply to 'buy' up to two weeks additional annual leave and spread reductions over a 3, 6 or 12 month period. It is recognized that some staff may not be able to afford to access this scheme because of the required repayments.

PHYSICAL ENVIRONMENT - breaks away from the workplace, flexible working and annual leave all enable staff to access fresh air, leisure activities etc.

With regards to WELSH LANGUAGE SKILLS, there is no evidence to suggest that the policy has any impact on individual members of staff because of their Welsh Language Skills, however, managers should take the ability to provide a service to Welsh speakers into consideration when considering e.g. annual leave, flexible working, redeployment etc |
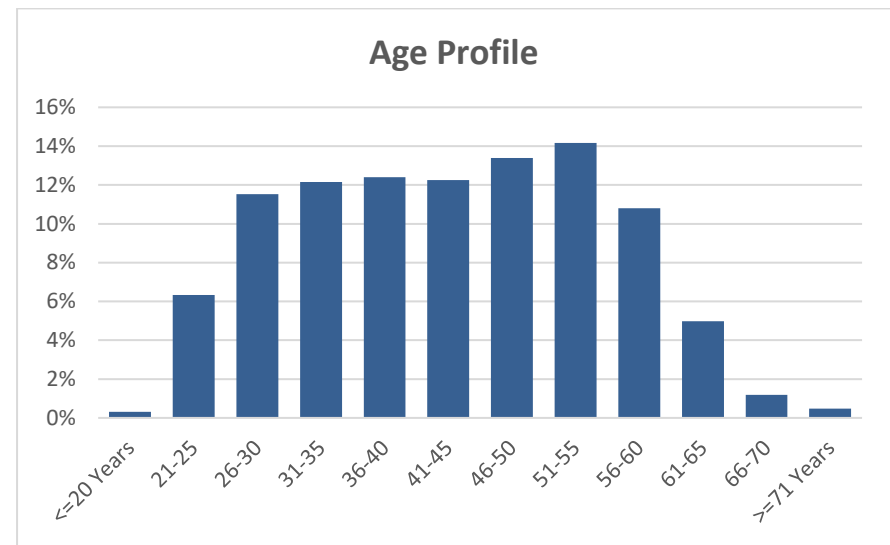
Action Plan for Mitigation / Improvement and Implementation

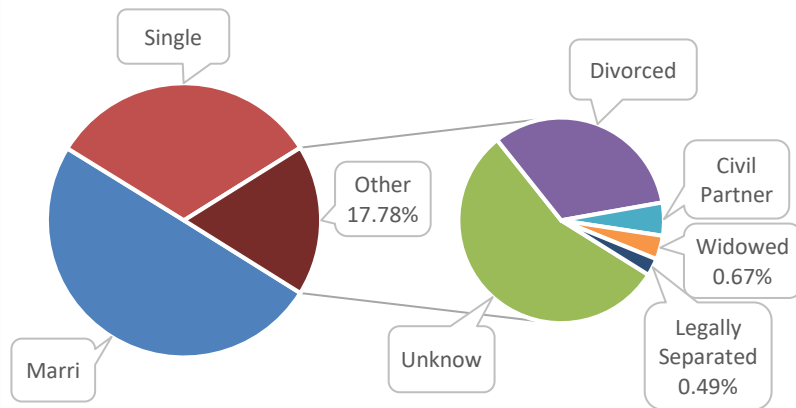|	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	No changes identified as a result of this EHIA.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	no			

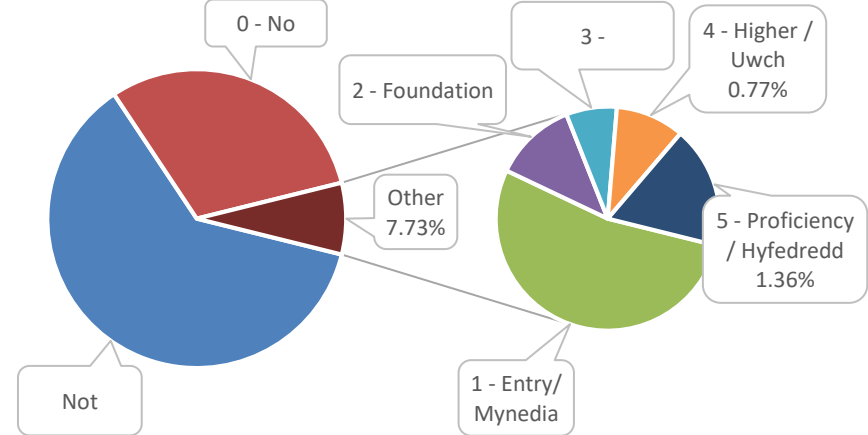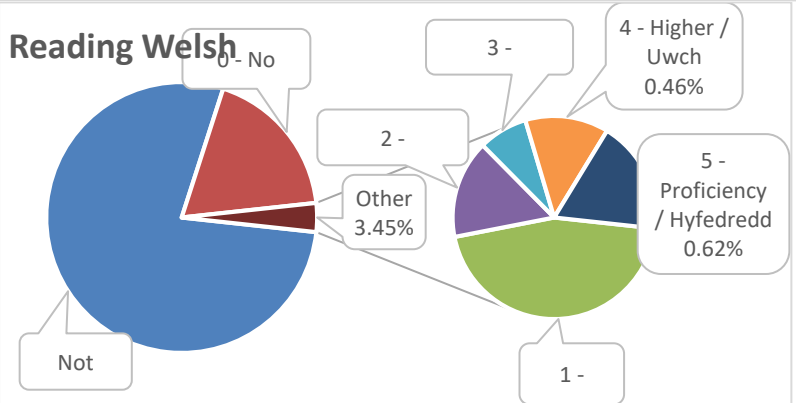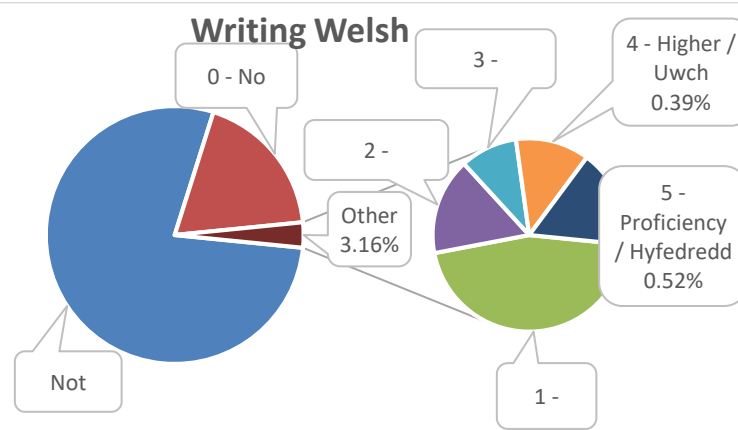|	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?				

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
   o continues unchanged as there are no significant negative impacts
   o adjusts to account for the negative impacts
   o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
   o stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	No changes identified as a result of this EHIA. The Strategy and Delivery Committee will be asked to approve the Policy following a period of consultation and discussion and the Employment Policy Sub Group
	
	This EHIA will be published on the UHB internet and intranet sites.
	
	This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required
		WF Gov Manager	May 2019
			
			On approval
			
			2022	

WORKFORCE MONITORING DATA (September 2018):

Age Profile

A bar chart showing the age profile distribution:
- <=20 Years: ~0.3%
- 21-25: ~6.3%
- 26-30: ~11.5%
- 31-35: ~12.2%
- 36-40: ~12.4%
- 41-45: ~12.3%
- 46-50: ~13.4%
- 51-55: ~14.2%
- 56-60: ~10.8%
- 61-65: ~5.0%
- 66-70: ~1.2%
- >=71 Years: ~0.5%

Staff Group

A pie chart showing staff group distribution:
- Unqualified Nursing 13%
- Add Prof (no value)
- Additional Clinical Services 8%
- Administrative and Clerical 16%
- Allied Health Professional (no value)
- Estates and Ancillary 8%
- Healthcare Scientists 3%
- Medical and Dental 10%
- Nursing and Midwifery Registered 30%
- Students 0%

Gender and Contract

A pie chart showing gender and contract distribution:
- Male Part Time 4%
- Male Full Time 19%
- Female Full Time 37%
- Female Part Time 40%

Sexual Orientation

A pie chart showing sexual orientation distribution:
- Unspecified 37%
- Other 6%
- Heterosexual or (no value)
- Gay or Lesbian
- Bisexual 1%
- Not stated 4%

Ethnic Group

- White
- Asian or Asian British 7%
- Black or
- Chinese or Any Other Ethnic Group 1%
- Mixed 1%
- Other Specified 0%
- Other 18%
- Unspecified 8%

Religious Belief

- Christianity 34.12%
- Atheism 10.92%
- I do not wish to disclose my religion/belief
- Other 7.57%
- Hinduism 0.58%
- Buddhism 0.36%
- Judaism 0.04%
- Sikhism
- Jainism 0.01%
- Islam 0.98%
- Others
- Unspecified 37.29%

Disability

- Unspecifi
- Not
- Prefer Not To
- Other 3.74%
- No
- Yes 2.00

Marital Status

Single · Divorced · Civil Partner · Other 17.78% · Widowed 0.67% · Marri · Unknow · Legally Separated 0.49%

Listening/Speaking Welsh

0 - No · 3 - · 4 - Higher / Uwch 0.77% · 2 - Foundation · Other 7.73% · 5 - Proficiency / Hyfedredd 1.36% · Not · 1 - Entry/ Mynedia

Reading Welsh

0 - No · 3 - · 4 - Higher / Uwch 0.46% · 2 - · Other 3.45% · 5 - Proficiency / Hyfedredd 0.62% · Not · 1 -

Writing Welsh

0 - No · 3 - · 4 - Higher / Uwch 0.39% · 2 - · Other 3.16% · 5 - Proficiency / Hyfedredd 0.52% · Not · 1 -

Christmas Tree by Payband

Reference Number: Version Number: 1	Date of Next Review: Previous Trust/LHB Reference Number: UHB 084

EMPLOYEE HEALTH AND WELLBEING POLICY

Policy Statement

Cardiff and Vale UHB is committed to being a 'Great Place to Work and Learn'. An important aspect of achieving this is the promotion and maintenance of the health and wellbeing of our staff.

Organisations which prioritise employee health and wellbeing have been shown to perform better, with improved patient satisfaction, better outcomes, higher levels of retention and lower levels of sickness. It is vital that the workplace does not create barriers to making healthy choices, but supports and encourages them and through this further develops a highly skilled, motivated and engaged workforce which strives to improve patient care.

Policy Commitment

The UHB recognises that its employees are fundamental to its success and is committed to encouraging and empowering them to take personal responsibility for their lifestyle choices, health and wellbeing and to guide managers on their roles and responsibilities. To achieve this we will utilise a number of strategies, including:

- Aligning initiatives with the wider public health priorities of increasing exercise, tackling obesity, reducing smoking and excessive drinking, and improving mental health.

- Raising awareness and providing guidance on issues relating to health and wellbeing

- Involving employees in decision-making processes and developing a working culture based on partnership

- Organising work tasks and processes so that they contribute to, rather than damage, health and wellbeing

- Implementing good practices which enhance employee health by making the healthy choices easier

- Recognising that organisations have an impact on people which is not always conducive to their health and well-being

- Reducing the incidence of workplace risk through a zero tolerance to violence and aggression

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Reference Number:			Next Review Date:
Version Number:			Date of Publication: dd mmm yyyy
Approved By:			

- Developing a culture where equal focus is placed on mental health and wellbeing and which challenges the stigma associated with such conditions

- Creating an environment that encourages employees to take an interest in their health and wellbeing and provides opportunities and support for them to take action to improve it

- Demonstrating our commitment to maintaining the Gold and Platinum Corporate Health Standards

- Provide consistent leadership from the top, ensuring the organisation actively supports a positive approach to employee health and wellbeing

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following:

- The important role that the UHB has to play in improving the health, safety and wellbeing of employees

- The expectation that every employee is responsible for maintaining and improving their own health and wellbeing

- The view that domestic abuse and other forms of violence (including emotional and psychological abuse) are wholly unacceptable and will not be condoned, and the support available for staff who are experiencing domestic abuse, violence against woman and sexual violence.

- The assistance and guidance provided for managers and staff in identifying and dealing with incidences of domestic abuse, violence against woman and sexual violence, and the impact they have on the workplace.

- Information for employees and their managers to enable them to support staff who are identified as having a problem related to alcohol, drugs and/or other substance

- Identifying potential hazards or circumstances that might contribute to inappropriate levels of work-related stress and conduct risk assessments to eliminate or control the risks from such stress

- Guidance on the process for submitting and considering an industrial injury claim

Other supporting documents are:

- Alcohol, Drug and Substance Misuse Procedure

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Approved By:			

- Management of Stress at Work Procedure
- Industrial Injury Claims Procedure
- Domestic Abuse Procedure
- Managing Attendance at Work Policy
- Flexible Working Policy
- Dignity at Work Process
- Grievance Policy and Procedure
- Equality, Diversity & Human Rights Policy
- NHS Wales Disciplinary Policy and Procedure
- Redeployment Procedure
- Health and Safety Policy
- Incident, Hazard and Near Miss Reporting Policy
- Minimal Manual Handing Policy
- Management of Violence and Aggression Policy
- Menopause Policy
- Health and Safety Executive Stress Management Standards

Scope

This Policy applies to all our staff, honorary contract holders and volunteers

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

<u>Disclaimer</u>
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 <u>Governance Directorate.</u>

Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1			NEW Policy – replaces previous Health and Wellbeing at Work Strategy (UHB 084)

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Approved By:		

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Equality & Health Impact Assessment for

EMPLOYEE HEALTH AND WELLBEING POLICY

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

Please note:

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

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Employee Health and Wellbeing Policy and accompanying procedures (e.g. Management of Stress at Work, Alcohol and Substance Misuse, Domestic Abuse, Industrial Injuries Procedures)
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Rachel Pressley, Workforce Governance Manager Nicky Bevan, Head of Employee Health and Wellbeing Services Stuart Egan, UNISON

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

3.	Objectives of strategy/ policy/ plan/ procedure/ service	The health and wellbeing of staff is key to the UHB providing high quality care for patients and is a key responsibility for individuals and managers. This Policy has been designed to create the environment in which staff are encouraged and supported to take personal responsibility for their own health and wellbeing, and to ensure managers recognise the importance of supporting staff health and wellbeing and creating opportunities for this.

4.	Evidence and background information considered. For example
	• population data
	• staff and service users data, as applicable
	• needs assessment
	• engagement and involvement findings
	• research
	• good practice guidelines
	• participant knowledge
	• list of stakeholders and how stakeholders have engaged in the development stages
	• comments from those involved in the designing and development stages
	
	Population pyramids are available from Public Health Wales Observatory[2] and the
		• WOD 3-year workplan
		• 2018 NHS Wales Staff Survey results for the UHB (health and wellbeing and engagement questions):
		   ○ 63% of respondents had come into work in the preceding 3 months despite not feeling well enough to perform their duties (57& in 2016, 71% in 2013)
		   ○ 25% have felt under pressure from their manager to come to work (31% 2016, 39% 2013) and 20% have felt pressure from colleagues (23% 2016, 29% 2013)
		   ○ 50% of respondents believe the UHB is committed to helping staff balance their work and home life (45% 2016, 38% 2013)
		   ○ 34% of respondents have been injured or felt unwell as a result of work related stress during the preceding 12 months (28% 2016, 35% 2013)
		   ○ 22% had personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the pubic in the preceding 12 months (20% 2016, 19% 2013)
		   ○ 18% had personally experienced harassment, bullying or abuse at work from managers/line managers/team leaders or other colleagues in the preceding 12 months (16% 2016, 21% 2013)
		• Gold and Platinum Corporate Health Standard assessments in September and October 2017 found the UHB to have robust data, evaluation and comprehensive and diverse health and wellbeing practices, to the extent that the UHB is now recognised as an exemplar organisation
		• A consultation has taken place between dates via the UHB intranet site – views have been specifically sought from Clinical Board teams, Executive Directors, Staff Representatives,

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf

	UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	Equality Manager, Welsh Language Officer, Workforce and OD, and the Rainbow Fflag Network. As a result of the consultation <<to be completed following consultation>>
		 • A number of Policies and EQIAs from other organisations were access via a Google Search on 12.03.19 – of those accessed: -
		      o Mid Essex Hospital Services NHS Trust <u>Staff Health and Wellbeing Policy</u>: DISABILITY - Disabilities can sometimes development from a bought of sickness and disabilities can require differing facilities to sustain a healthy working environment. AGE Staff do tend to have differing health issues at different times of their life.
		      o East of England Ambulance Service NHS Trust <u>Occupational Health and Wellbeing Policy</u>: The policy has a high positive impact and low negative impact on gender, race, disability, sexual orientation, age and belief and religion on the basis that it will affect all equally
		      o Public Health Wales <u>Prevention of Stress and Management of Mental Wellbeing Policy</u> EHIA: AGE adults between 25 – 34 are more stressed than other age groups. They have an ageing workforce, and there is evidence that stress can lead to unhealthy ageing. The policy will impact positively due to increased awareness of stress issues. GENDER There are noted gender differences in response to stress. Some research indicates that transgender people, and those undergoing gender reassignment, experience lower self-esteem and higher rates of mental health problems and anxiety disorders RACE Research carried out by the HSE in 2005 found there was a significant association between work stress and ethnicity. The combination of racial discrimination with gender and ethnicity is powerfully influential in work stress. RELIGION & BELIEF There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on wellbeing, and therefore have a positive impact on stress

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[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		SOCIAL/COMMUNITY INFLUENCES The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated. Provision of support for staff in times of stress is known to have beneficial effects on their social relationships and for their friends and families in general.

- Age UK provides information about age-related health conditions including dementia, eye health, incontinence, hearing loss, osteoporosis, and depression & anxiety
- Public Health Wales published a statistical report on alcohol and drug use on health, social care and education services in Wales (2016-17)
- A Stonewall report into health and the LGBT community in 2018 found that 52% of LGBT people experienced depression in the last year and that 14% (in in 7) LGBT people avoid seeking healthcare for fear of discrimination from staff.   Key findings include:
  - One in five LGBT people (19 per cent) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40 per cent of bi men and 29 per cent of bi women
  - Almost one in four LGBT people (23 per cent) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone, six per cent of LGBT people – including 20 per cent of trans people – have witnessed these remarks.
  - One in eight LGBT people (13 per cent) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
  - One in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year.
  - One in eight LGBT people aged 18-24 (13 per cent) took drugs at least once a month
  - Almost half of trans people (46 per cent) have thought about taking their own life in the last year, 31 per cent of LGB people who aren't trans said the same
- The Mental Health Foundation says that though the area of mental health in black, Asian and minority ethnic (BAME) groups is under-researched, BAME groups are generally considered to be at higher risk of developing mental ill health – it provides an online summary of research to date

		• The [Maternal and Early Years website](#) says that estimates suggest that up to 1 in 7 mothers will experience a mental health problem in the antenatal or postnatal period. • [Public Health Network Wales](#) state that both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. Men and women share many health concerns in common, but there are of course many differences between the sexes, through their biological composition, the traditional roles and responsibilities that society continues to perpetuate, and their statuses within the family and community. Women generally live longer than men but their quality of life and well-being tends to be poorer. • [The Telegraph](#) included an article in 2019 which claimed that there are health benefits associated with being married, including reduced chances of heart attacks and strokes, lower stress levels and improved fitness
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The groups of individuals who will benefit from this policy include: • Our patients and their families • Managers • Our staff • Other groups who meet our patients e.g. volunteers, honorary contract holders, bank and agency staff • Workforce and OD • Public Health

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	This policy and the accompanying procedures apply to all staff regardless of age. It is likely to have a particularly positive effect for older staff as the investment in keeping staff healthy may enable them to work longer, if they wish.		Clinical Boards and Directorates are encouraged to support a range of health and wellbeing activities, meaning staff can choose age-appropriate activities.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	This policy and accompanying procedures apply to all staff groups. The policy applies equally to physical and emotional wellbeing.	The UHB has achieved Disability Confident Employer Level 2 status. This is a scheme that helps the UHB think differently about disability, and improve how we attract, recruit and retain disabled workers. A task and finish group has been established to look at how we can achieve Disability Confident Leader Level 3 status. Copies of the policy and accompanying procedures can be made available in alternative formats (e.g. large print) on request.	
6.3 People of different genders:	This policy and accompanying procedures have a positive impact on this group by ensuring that the same health and wellbeing	A standalone EHIA is being developed for the Domestic Abuse, Violence	The UHB has recently adopted the NHS Wales Menopause Policy

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	opportunities are available to staff irrespective of the gender of the individual. Our workforce profile shows that we have more female than male employees, but also that more female employees work part time. The policy is explicit in its aim for health and wellbeing activities to be accessible to all staff groups.	against Women and Sexual Violence Procedure	
6.4 People who are married or who have a civil partner.	This policy and accompanying procedures aim to ensure equal access to health and wellbeing activity irrespective of marital status or having a civil partner.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks	This policy and the accompanying procedures apply irrespective of whether individuals are on maternity leave or have recently had a baby.		The UHB Maternity Procedure requires managers to complete a Maternity Risk Assessment for pregnant employees

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
after having a baby whether or not they are on maternity leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the race of the individual concerned.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	This policy and accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of the religion or belief of the individual concerned.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay);	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of sexual orientation.		The UHB is committed to equal opportunities and is ranked number 127 of the Stonewall Index which indicates that the UHB is committed to making the workplace LGBT+ friendly in all its practices

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
• both sexes (bisexual)			
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	This policy and the accompanying procedures have a positive impact on this group by ensuring that the same processes are followed irrespective of whether staff are Welsh speakers		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the income of the individual concerned.		Employees have access to health and wellbeing activities by virtue of them being a staff member, rather than because of their ability to pay.
6.11 People according to where they live: Consider people living in areas	This policy and accompanying procedures have a positive impact by ensuring that the same		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
known to exhibit poor economic and/or health indicators, people unable to access services and facilities	processes are followed irrespective of the where the individual concerned lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No evidence was found to suggest that any other groups or risk factors relevant to this policy and accompanying procedures have a negative impact. The policy has a positive impact by ensuring that the same processes are followed irrespective of the individual concerned.		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	This policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of access to services offered.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that	Our ambition is to be a 'great place to work and learn' – the policy states that an important aspect of achieving this is the promotion and maintenance of the health and wellbeing of our staff The policy is the umbrella document for a number of other procedures, including Stress at Work and Alcohol and Substance Misuse.		The health and wellbeing agenda is apparent throughout the WOD 3-year workplan, which is used as the basis for the workforce aspects of each Clinical Board plan.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	The policy and accompanying procedures have a positive impact by ensuring that the same processes are followed irrespective of the individuals income and employment status and that all staff have access to health and wellbeing activities regardless of their income. The Industrial Injuries Claims Procedure applies to employees who have sustained an injury or have contracted a disease or other health condition that they believe is wholly or mainly		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales	attributable to their NHS employment and is not due to or aggravated by their own negligence or misconduct. Injury Allowance is a top up payment to 85% of pay for a maximum of 12 months during sickness absence, or to extend phased return to plans as an alternative to using annual leave.		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing	This policy states that our initiatives will be aligned to the wider public health priorities – this includes access to green spaces, healthy food, walking routes and other forms of outdoor exercise, and support for physical and emotional health

The Corporate Health Standard is key mechanism for monitoring the policy. It assesses all of these areas through its Gold and Platinum assessment processes | | |

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	This policy has a positive impact by ensuring that the same access is given to health and wellbeing activity irrespective of social and community influences on the individual's health.		

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

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

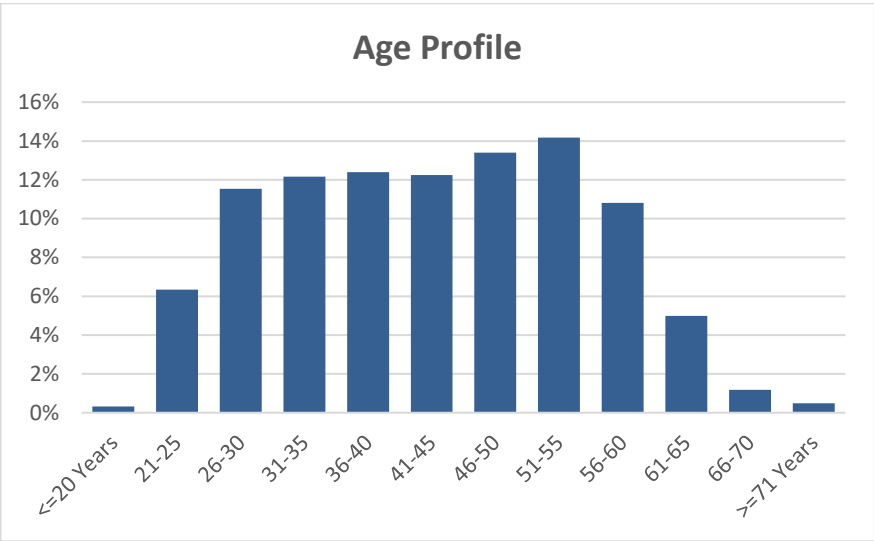|	
8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The Policy has a positive impact on all groups with protected characteristics as set out in the Equality Act (2010) by ensuring that all staff have access to health and wellbeing activities irrespective of the individual concerned. The policy also recognises the importance of encouraging staff to take personal responsibility for their health and wellbeing. The Gold and Platinum Corporate Health Standard assessments are rigorous and comprehensive across the whole health and wellbeing agenda.

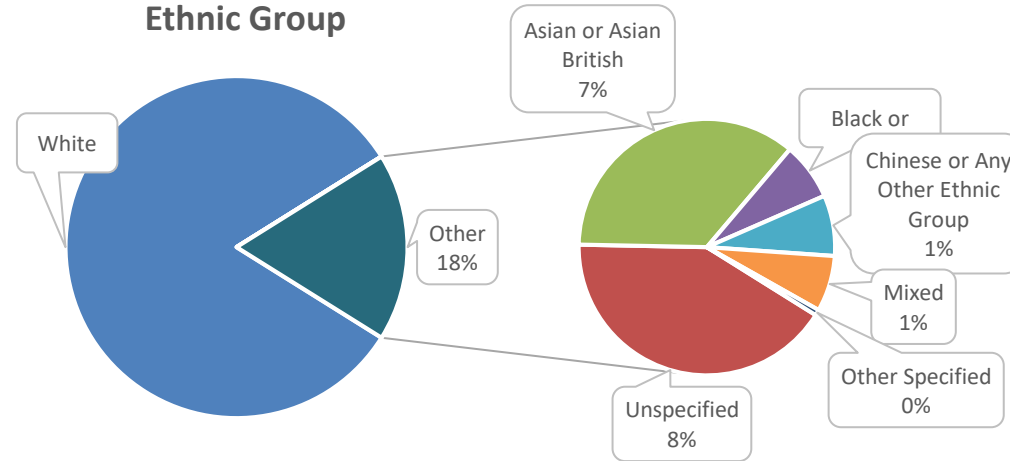## Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Copies of the policy can be made available in alternative formats (e.g. large print) on request.	Line managers	Ongoing	Action to be taken as and when required
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No, as the overall impact is positive.			

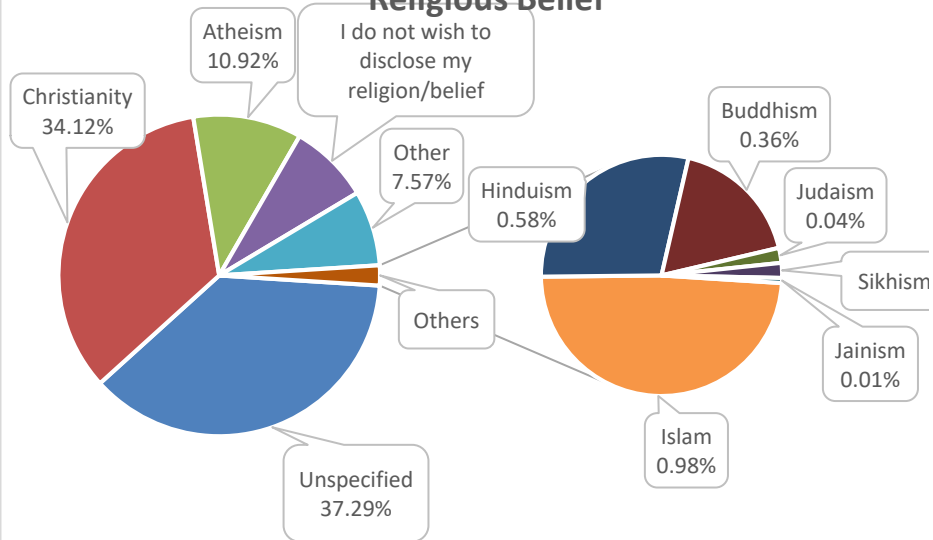|	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
    o continues unchanged as there are no significant negative impacts
    o adjusts to account for the negative impacts
    o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
    o stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	The Policy, Procedures and EHIA will be published on the UHB internet and intranet sites.
	
	On publication, the policy will be communicated via a briefing for staff and managers advising of the key changes This will be communicated via the Health and Wellbeing internet pages, email to Clinical Boards and the CAV You Heard? (UHB) Newsletter.
	
	The Policy and EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required			

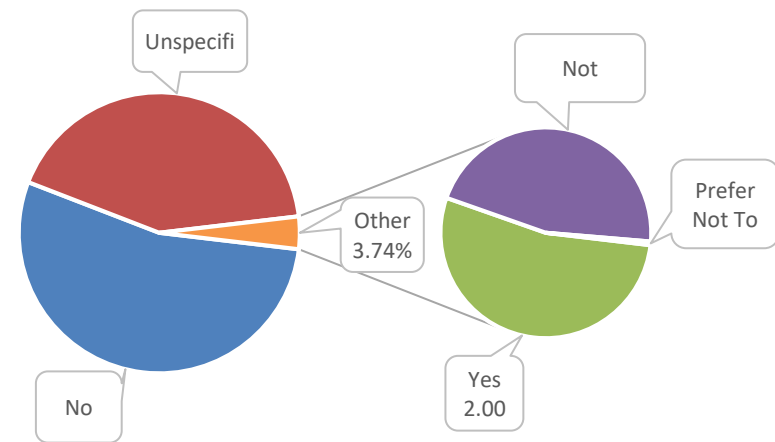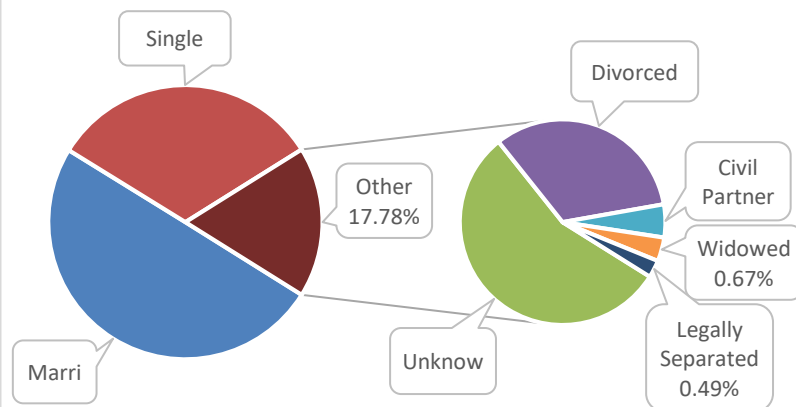**WORKFORCE MONITORING DATA** (September 2018):

Age Profile

Age groups (approximate percentages):
- <=20 Years: ~0.3%
- 21-25: ~6%
- 26-30: ~11.5%
- 31-35: ~12%
- 36-40: ~12.5%
- 41-45: ~12%
- 46-50: ~13.5%
- 51-55: ~14%
- 56-60: ~11%
- 61-65: ~5%
- 66-70: ~1%
- >=71 Years: ~0.5%

Staff Group

- Unqualified Nursing 13%
- Add Prof
- Additional Clinical Services 8%
- Students 0%
- Administrative and Clerical 16%
- Nursing and Midwifery Registered 30%
- Allied Health Professional
- Medical and Dental 10%
- Healthcare Scientists 3%
- Estates and Ancillary 8%

Gender and Contract

- Male Part Time 4%
- Male Full Time 19%
- Female Full Time 37%
- Female Part Time 40%

Sexual Orientation

- Unspecified 37%
- Gay or Lesbian
- Bisexual 1%
- Other 6%
- Not stated 4%
- Heterosexual or

Ethnic Group

- White
- Asian or Asian British 7%
- Black or
- Chinese or Any Other Ethnic Group 1%
- Mixed 1%
- Other Specified 0%
- Unspecified 8%
- Other 18%

Religious Belief

- Christianity 34.12%
- Atheism 10.92%
- I do not wish to disclose my religion/belief
- Other 7.57%
- Hinduism 0.58%
- Buddhism 0.36%
- Judaism 0.04%
- Sikhism
- Jainism 0.01%
- Others
- Islam 0.98%
- Unspecified 37.29%

Disability

- Unspecifi
- Not
- Other 3.74%
- Prefer Not To
- No
- Yes 2.00

Marital Status

- Single
- Divorced
- Other 17.78%
- Civil Partner
- Widowed 0.67%
- Legally Separated 0.49%
- Unknow
- Marri

Listening/Speaking Welsh

- 0 - No
- 3 -
- 4 - Higher / Uwch 0.77%
- 2 - Foundation
- Other 7.73%
- 5 - Proficiency / Hyfedredd 1.36%
- 1 - Entry/ Mynedia
- Not

Reading Welsh

- 0 - No
- 3 -
- 4 - Higher / Uwch 0.46%
- 2 -
- Other 3.45%
- 5 - Proficiency / Hyfedredd 0.62%
- 1 -
- Not

Writing Welsh

- 0 - No
- 3 -
- 4 - Higher / Uwch 0.39%
- 2 -
- Other 3.16%
- 5 - Proficiency / Hyfedredd 0.52%
- 1 -
- Not

Christmas Tree by Payband

Payband	
Consultant	
Junior/Other Medical	
Band 9	
Band 8d	
Band 8c	
Band 8b	
Band 8a	
Band 7	
Band 6	
Band 5	
Band 4	
Band 3	
Band 2	
Band 1	

-25% -20% -15% -10% -5% 0% 5% 10% 15% 20% 25%

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

RECRUITMENT AND SELECTION POLICY

Policy Statement

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

Policy Commitment

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

- Provide a well-defined Policy and supporting Procedure for managers to work within and ensure they are clear about the principles underlying the recruitment and selection processes
- Promote the values of the UHB and ensure that this is reflected in the selection of candidates
- Work at all times within current employment legislation and best practice guidelines to ensure a fair and equitable recruitment process
- Consider, before a job is advertised, whether there is scope for modernisation or skill mix to enable improvement
- Ensure that every post has a written job description, person specification and KSF outline / Job Plan (as appropriate)
- Endeavour to engage workers as employees whenever possible. If this is not possible the preferred route will be through the Temporary Staffing Office (Bank) / Agencies.   Self-employed contractors will only be engaged if the usual routes are not possible, and will be subject to the Off Payroll Procurement Process to ensure compliance with the Off Payroll Working in the Public Sector legislation which was introduced in April 2017
- Employ staff on permanent contracts of employment as the norm, with fixed term contracts only used where necessary and appropriate. Any employee engaged on a fixed term contract will be entitled to terms and conditions of employment that are no less favourable on a pro-rata basis than the terms and conditions of a comparable permanent employee, unless there is an objective reason for offering different terms. Fixed term employees will be treated in the same way as comparable permanent employees in relation to opportunities for training, promotion, transfer and appraisal

Document Title:	2 of 4	Approval Date: dd mmm yyy
Reference Number:		Next Review Date: dd xxx 2020
Version Number:		Date of Publication: dd mmm yyyy
Approved By:		

- Make reasonable adjustments should people with disabilities apply
- Shortlist applicants for interview on the basis of the information they provide on their application form against the criteria set out in the person specification for the post
- Ensure that all shortlisted applicants have a formal interview before an appointment can be made.   No discriminatory questions will be asked.
- Ensure that all offers of employment are conditional and subject to pre-employment checks, including Disclosure and Barring checks and professional registration (if appropriate)
- Ensure that all staff who have a requirement to be registered with a statutory regulatory body in order to practice their profession are appropriately registered at all time.
- Ensure that the Executive Director of Workforce and OD and/or the Director of Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors
- Actively consider Welsh language skills as part of the recruitment process to help meet the UHB's commitment to providing quality healthcare through the medium of Welsh
- Provide information for managers on starting salaries (including when reckonable service or incremental credits apply) and the evidence required to make a salary offer
- Provide financial support, at the discretion of the UHB to appointees who need to relocate to take up employment with Cardiff and Vale UHB, in order to attract the very best staff.
- Ensure that new staff are welcomed and settled into their role in the organisation, and enable them to become as effective as soon as possible, through a carefully planned induction programme

Supporting Procedures and Written Control Documents

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

Other supporting documents are:

- Recruitment and Selection Procedure

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Approved By:			

- Recruitment and Selection Procedure for Medical and Dental Staff
- Recruitment & Selection Toolkit for NHS Managers
- Disclosure and Barring Service Policy and Procedure
- Secondment Policy
- Fixed Term Contract Policy
- Professional Registration Policy
- Organisational Change Policy
- Redeployment Policy and Procedure
- New and Changed Jobs Protocol
- Supporting Transgender Staff Procedure

Scope

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

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact. Key actions have been identified and these have been incorporated within this policy/supporting procedure.
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

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Summary of reviews/amendments			
Version Number	**Date Review Approved**	**Date Published**	**Summary of Amendments**
1	04.03.14	09.04.14	Updated from Trust document to reflect change in process due to Shared Services
2			• Policy and Procedure separated in line with UHB format.

Document Title:		4 of 4		Approval Date: dd mmm yyy
Reference Number:				Next Review Date: dd xxx 2020
Version Number:				Date of Publication: dd mmm yyyy
Approved By:				

				• Policy now covers all staff, not just those under AFC terms and conditions
				• Reference to self employed contractors included
				• The Executive Director of Workforce and OD and/or the Director of Corporate Governance are actively involved in supporting and advising the Chief Executive or Chair in the appointment of Executive Directors
3				• References to DBS and professional registration strengthened and relocation expenses added

Reference Number: Version Number:	Date of Next Review: Previous Trust/LHB Reference Number:

Welsh Language Policy

Policy Statement

Cardiff and Vale University Health Board supports our patients and services users who prefer to use Welsh when discussing their healthcare with our staff and service users.

The Board will endeavour to provide the best patient experience in their preferred language. Evidence from research on patient language choice has shown the positive outcomes for the patients when they are able to use their preferred language, including improved communication between patient and staff and decrease in anxieties and concerns.

We recognise the importance for staff to use their preferred language of Welsh when applicable and developing their Welsh skills We also recognise the duty the UHB in ensuring that it complies with the Welsh Language Measure (2011) and progress and support on the Welsh Governments' Welsh Language in Healthcare Strategic Framework (the More than Just Words Strategy).

Policy Commitment

- We welcome and encourage patients to use their preferred Welsh with staff in our everyday business. We positively encourage our staff with all ranges of Welsh language skills

- We will record the language choice of our patients and service users on our main patient management systems.

- We cannot guarantee a Welsh language service, but we welcome the use of Welsh by staff who can do so. We will mainstream the Welsh language into our recruitment processes, ensuring that Welsh language skills are considered in job descriptions when necessary. We will ensure that the language becomes an overall part of the overall staffs' skills mix, including as part of the staff level and service provision processes when appropriate.

- We incorporate the Work Welsh logo on Welsh speaking staff's uniforms, badges and lanyards. We'll encourage Welsh speaking staff to wear them and place posters in areas (reception and ward areas) where staff can provide a level of Welsh language service.

- We will continue to provide critical patient/service users and visitor information on the Cardiff and Vale University Health Board website in a bilingual format. The organisation will also use Welsh as much as possible on its social media channels.

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

- The organisation will provide fully bilingual signage across the organisations to help patients/service users/public to find their way around our sites in their preferred language of either Welsh or English. Promotional and information posters will also be bilingual across the organisation.

- The organisation will welcome all communication in the patient/service user preferred language of Welsh or English. The Board will treat both languages equally in terms of response. The organisation will offer the language choice of Welsh/English/bilingual in patient appointment letters and information leaflets.

- The organisation encourage staff to answer all telephone calls with a bilingual greeting and use their level of Welsh language skills when dealing with callers who prefer to speak Welsh.

- We will encourage all staff to register their language skills onto their ESR records.

- We will include Welsh language skills as the overall part of staff development in our PADR system.

- We will promote and arrange relevant training for staff who want to improve their Welsh language skills.

- The organisations' procurements processes will ensure that all relevant third party contractors consider our Welsh language policies when offering services on the organisations' behalf, including bilingual posters, leaflets and signs and face to face services.

Supporting Procedures and Written Control Documents

This Policy describe the following with regards to ensuring care through the preferred language of Welsh.

Other supporting documents are:
- Welsh Language Standards Compliance Notice for Cardiff and Vale University Health Board
- More than Just Words Strategic Framework

Scope
This policy applies to all of our staff in all locations including those with honorary contracts

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive. Key actions have been identified and these can be found in incorporated within this policy/supporting procedure. *Note: Policies will not be considered for approval without an EHIA*

Policy Approved by	Strategy and Delivery Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Strategy and Delivery Committee Quality, Safety and Experience Committee Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director for Workforce and Organisational Development

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Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1			New policy
2			

Equality & Health Impact Assessment for

Welsh Language Policy

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

Please note:

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

Please answer all questions:-

1	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	

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

3	Objectives of strategy/ policy/ plan/ procedure/ service	To improve the Welsh language care of patients who prefer to speak Welsh.
4	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available	• The are approximately 50,000 Welsh speakers living in Cardiff and Vale area. Cardiff is 4th in the highest amount of Welsh speaking residents according to Wales statistics : https://statswales.gov.wales/Catalogue/Welsh-Language/welshspeakers-by-localauthority-gender-detailedagegroups-2011census • Research into patient experience shows how language choice can provide an important choice when it comes receiving effective language which can leads to improved outcomes: 1. My language, my healthcare (Welsh Language Commissioner investigation of language choice in primary care): http://www.comisiynyddygymraeg.cymru/English/Publications%20List/Health%20inquiry%20full%20report.pdf 2. Welsh language speakers of health and social care : https://www.iaith.cymru/uploads/general-uploads/welsh_speakers_experiences_of_health_and_social_care.pdf 3. More than Just Words Strategy – Welsh Language in Healthcare Strategic framework

	from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	
5	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Patients and service users who prefer to speak Welsh In particular: older patients, children & young people and those with mental health issues.

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

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	• For those under 18, being able to use the language of their family, home or schooling environment. • Over 18 – being able to continue to use the language they prefer as the easiest way to communicate while receiving in healthcare.	Ensuring that language choice is being asked during patient intake and registered on patient management systems. Ensuring that front line areas are aware of the language choice made by the patient, and ensuring they provide best care as possible in that language.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Welsh speaking patients who suffer from dementia and may struggle in English and find it much easier to discuss matters in Welsh. Welsh speaking service users with long term illnesses and disabilities who are used to speaking welsh with families, communities and friends will find it easier to discuss their ailments in Welsh.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is	Welsh speakers come from diverse range of backgrounds including those who are undergoing reassignment. Many of them will find it	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	easier to discuss their treatment/process with our healthcare staff in their preferred language.	face areas as much as possible. 3. Provide bilingual patient information.	than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.4 People who are married or who have a civil partner.	Patients who are married or have a civil partnership might use Welsh with their partners throughout their partnership/marriage. Their partners/spouse might prefer to use Welsh regardless of the patient choice.	1. Ensure that they are given a language choice during intake and/or discussion about their healthcare. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		3. Provide bilingual patient information.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	Expectant and new mothers who's preferred language is Welsh will find it easier to discuss their care and maternity period through the medium of Welsh.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1.　　Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2.　　Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Offering a Welsh language choice as default will ensure that all patients will be given the choice, regardless of race, nationality and background.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as	1.　　Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2.　　Progress on the More than Just Words strategy of

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		possible. 3. Provide bilingual patient information.	encouraging staff to use Welsh language skills and use them with patients.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Welsh speakers might hold their religious faith through the medium of Welsh. Therefore, they might prefer to discuss any faith aspects of their care through the medium of Welsh.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	Welsh speakers come from a diverse range of communities, including from the LBTG community. Many of them prefer to receive healthcare in the preferred	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	language of Welsh	possible. 3. Provide bilingual patient information.	encouraging staff to use Welsh language skills and use them with patients.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	By providing a choice for patients to receive healthcare in Welsh means that it helps people to have a widening access of public, social and health care services in their own language.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Welsh speakers come from a diverse range of communities. Many of them prefer to receive healthcare in the preferred language of Welsh	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		possible. 3. Provide bilingual patient information.	encouraging staff to use Welsh language skills and use them with patients.
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Our Welsh speaking patients and service users range across the South Wales area, especially for our specialist services. They will be able to continue to use their preferred language of Welsh with this organisation.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	**Equity in access : I**mproved access and communications for patients/service users who preferred language is Welsh.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on	Improved quality of information for those who prefer to speak Welsh – would lead to more people	1. Ensure that they are given a language choice during intake. 2. Front line areas will	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	receive messages on healthier lifestyles.	ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information. These will include how to maintain healthy lifestyles.	and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility	It would help with staff with welsh speaking skills be able to communicate and bond better with their patients, leading to improve outcomes	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	for both parties.	to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information. These will include how to maintain healthy lifestyles.	2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to	Clear bilingual information on signs and public information will help patients navigate easier around the hospitals.	1. Bilingual signs and signpostings	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	Patients and service users will be able to use their will promote a feeling of belonging and minimise social isolation.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information. These will include how to maintain healthy lifestyles.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	Being able to use Welsh will help with the Welsh Governments aim of a million Welsh speakers by 2050.	1. Ensure that they are given a language choice during intake. 2. Front line areas will ensure that they are able to use Welsh in face-to-face areas as much as possible. 3. Provide bilingual patient information – including messages through social media and online information.	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Adopting the policy will help patients and services user to have an improve care in their preferred language of Welsh.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.	Welsh Language Officer/ Equality Adviser/ Assistant Director for Organisational Development	30/11/2019	1. Achieve compliance to the Welsh language standards around patient choice on language choice, information and face to face services. 2. Progress on the More than Just Words strategy of encouraging staff to use Welsh language skills and use them with patients.

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

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
 	
    o continues unchanged as there are no significant negative impacts
    o adjusts to account for the negative impacts
    o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
    o stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review				

REPORT TITLE:	Annual Equality Statement and Report 2018-19		
MEETING:	Strategy & Delivery Committee	MEETING DATE:	25 June 2019
STATUS:	For Discussion	x	For Assurance	x	For Approval		For Information	x

LEAD EXECUTIVE:	Executive Director of Workforce and OD
REPORT AUTHOR (TITLE):	Equality Manager

PURPOSE OF REPORT:

SITUATION:
It was agreed at a previous Strategy & Delivery Committee meeting that a report should be presented to the Committee on the annual progress made by Cardiff and Vale University Health Board (the UHB) in meeting its obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20 (SEP). This report covers the period April 2018 to March 2019.

REPORT:

BACKGROUND:

The UHB is required, under the Equality Act 2010 to publish an Equality Annual Statement and Report, This can be found attached as **Attachment 1** and will be published on the intranet and the UHB internet site. This is the last annual report based on the current SEP and relates to the period 2018-19. It reflects the progress that is being made in the overall journey to embed the equality agenda into the UHB.

ASSESSMENT:
This report demonstrates the UHB's compliance with the Public Sector Equality Duty across its functions. It demonstrates the progress made under each of the key areas identified in the UHB Strategic Equality Plan Fair Care 2016-20.

Being faced with an increasing ageing population, the health inequities between the populations and geographical areas that the UHB serves, means that there are challenges that will have to be faced. The UHB recognises that there is still too much difference in people's access, experience and outcomes but progress is being made. The UHB Equality Delivery Plan will assist us in our attempts to address such issues whilst recognising that the population the UHB serves has to play their part. Collaborative work with other Health Boards, as with our consultation work around the next Strategic Equality Plan, and partnership with the Third Sector will become increasingly significant to enable the UHB to meet its objectives.

The UHB wants to go further in achieving change in equality for people who use its services and for its own staff. With this in mind the UHB has looked to continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values. The next Strategic Equality Plan will look to undertake a more inclusive approach.

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ASSURANCE is provided by:

- This report outlines progress made in meeting the obligations set out in the Strategic Equality Plan and Objectives Fair Care 2016-20(SEP).
- This report is structured in accordance with the Equality and Human Rights Commission document, 'Annual reporting, publishing and Ministerial duties: A guide for listed public authorities in Wales'.

RECOMMENDATION:

The Strategy and Delivery Committee is asked to:

- **COMMENT** on the Annual Equality Statement and Report
- **NOTE** the Annual Equality Statement and 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	**Not applicable at this time**

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Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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GIG
CYMRU
NHS
WALES

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Caring for People
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Our Mission is: (This is why we exist)

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Our Vision is: (This is what we want to do)
A person's chance of leading a healthy life is the same wherever they live and whoever they are

Our Strategy is: (This is our game plan)
Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them

Annual Equality Report 2017/18

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

This report is structured in accordance with the Equality and Human Rights Commission (EHRC) Guidelines, and focuses on

- ❖ Steps taken to identify and collect relevant information
- ❖ How the UHB has used this data in meeting the three aims of the general duty
- ❖ Any reasons for not collecting the relevant information
- ❖ The effectiveness of the UHBs' arrangements in identifying and collecting relevant information
- ❖ Progress toward fulfilling each of the authority's equality objectives
- ❖ Effectiveness of the steps taken to meet these objectives

Information on Welsh Speakers is collected and an action plan is in place to fulfil the requirements of the Welsh Language Measure. This is available through the Welsh Language Scheme Annual Report 2016/17.

About Us
Population growth: The population of Cardiff is growing rapidly at nearly around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale is expected to exceed 500,000 for the first time in 2020.

Ageing population: The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years.

Health inequalities: There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 31% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

Race
Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

Welsh language
The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).

Living Our Values
The Values into Action programme launched in Spring 2016, with six core values: Trust, Respect, Integrity, Care, Kindness and Personal Responsibility. These values were co-produced in line with the Health Board's ten year Strategy, Shaping our Future Wellbeing.

'Our Values into Action' is about translating our values into the tangible behaviours we want to see from each other, and to inspire us to keep improving our patient and staff experience.

In 2016, we held a number of engagement events for staff and patients. Almost 3,000 contributions were made to the Health Board's Values into Action project designed to examine the values and behaviours that staff and patients wanted to see.

This work has resulted in a set of revised values and a description of the expected behaviours which emphasise the importance of teamwork and our ambition to always improve; key issues that staff felt were missing from the original values.

The revised values are:
- Kind and caring
- Respectful
- Trust and integrity
- Personal responsibility.

The next phase of this programme will require more engagement with staff to encourage and challenge them to demonstrate the behaviours aligned to the values.

The framework shows what behaviours we want to see what from individuals and teams and also provides what we don't want to see. This is what we mean by Living the Values

1.   Progress toward fulfilling each of the authority's equality outcomes and objectives

Four main equality outcomes are identified and are discussed below after small revisions to the wording were made during the year. They are:

Outcome 1: People are and feel respected

Outcome 2: People are communicated with in ways that meet their needs

Outcome 3: More people receive care and access services that meet their needs (including those from disadvantaged communities)

Outcome 4: Gender and any other protected characteristic pay gap is reduced

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This section provides a brief overview of progress around the high level strategic equality plan outcomes with the specific objectives set out in our SEP Fair Care 2016-20.

In 2014 we developed an Equality, Diversity and Human Rights Strategy Map in order to ensure alignment with the UHB vision and agenda. This provided us with further clarity and focus on our journey, who we will work with to meet our objectives and what outcomes matter to us as a UHB. We continued this approach throughout 2018/19. The following is a summary of the strategy.

EQUALITY STRATEGY MAP: *What are we here for?*	Putting patients first to ensure an equitable approach to the service we provide and to our staff and others who work with us.
What matters/ Outcomes	Improved outcomes for patients and staff in a fully accessible environment where people are treated with respect and dignity, to reflect their individual needs. A place where equality, diversity and human rights are promoted, protected and celebrated/valued. Services are planned and developed collaboratively taking account of protected characteristics and Welsh Language issues.

1.1 People are and feel respected

Our progress with this outcome can be seen through the following examples of our work:

The Cardiff and Vale UHB Audiology team were honoured with the Sustainability Award from the National Planned Care Programme for the introduction of an interactive electronic solution to the UHB's audiology health pathway.

Patients Know Best (PKB) is an e-health solution which empowers patients to manage their care, enabling professionals to share information while improving efficiencies. It is the first patient-controlled health information exchange (PCHIE) which is built around the patient, not the organization. PKB allows patients to create their own health profile and share this with family and professionals involved in their health care. The audiology team were able to use PKB to distribute information and other items, such as questionnaires,

prior to a patients' appointments. In the first instance, this was done to measure initial handicap to inform our treatment plans, and then to measure residual handicap prior to a final review, this second questionnaire often completely negates the need for a final review before discharge to open access clinics.

These changes improve the quality of information provided by the patient, as they are completed at home in a relaxed atmosphere with support from family. This means that subsequently appointments are less rushed, enabling a rapport to be established. Moreover, final appointments can often be avoided altogether, releasing valuable clinical time.

In addition, PKB has a communication platform enabling patients to easily contact their clinician without visiting the site or getting through on busy telephone lines. It also includes an information platform which allows both patients and other nominated family members and friends to easily access information such as videos to reiterate instructions on the care and use of their hearing device, links to voluntary sectors, and information on assistive listening devices.

The Dental Clinical Board at Cardiff and Vale University Health Board gained the Action on Hearing Loss Louder than Words Accreditation Charter Mark.

The University Dental Hospital is the only NHS Hospital in the UK to have this Accreditation

.

During the previous 12 months, the Dental Clinical Board had been working towards this accreditation by initially raising awareness of sensory loss, and following this they have provided training and nominated sensory loss champions in each area. Hearing loops and Sonido listening devices are now installed in all areas and staff trained on their use.

People who have hearing loss experience communication barriers when accessing services and this can have far-reaching consequences, leading to isolation and exclusion. Louder than Words is a nationally recognised accreditation for organisations striving to offer excellent levels of service and accessibility for customers and employees who are deaf or have a hearing loss.

This accreditation shows that the Dental Clinical Board have promoted a greater understanding of those suffering a sensory loss and deliver the best possible service for patients to meet their healthcare needs.

Some of the work undertaken by the Dental Clinical Board to improve accessibility includes:
- Training of staff
- Improved effective use of new communication strategies
- Improving safety
- Raising awareness of sensory loss along with improving satisfaction and employment practices

The Dental Clinical Board invited Action for Hearing loss to undertake a benchmarking audit to ascertain the level they had achieved so far and offer recommendations to meet the standards for accreditation.

The Dental Clinical Board has gone onto achieve an Excellence in Healthcare Award for Organisations with more than 30 employees and also The People's Choice Award for the work they have done in relation to Sensory Loss.

- In November 2018 the Health Board celebrated its work to recognise the *It Makes Sense Campaign* as we continued to promote our work on meeting the All Wales Standards for Accessible Communication and Information for People with Sensory Loss.

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- We recognised the International Day for the Elimination of Racial Discrimination. It was a perfect opportunity to help our communities celebrate human unity and the diversity of the human race rather than allow our differences to become an excuse for racial separation. The day was a chance to recognise prejudice, stereotypes and discrimination in our society, and how each of us may have our own prejudices and may be making people feel excluded without our even realizing it. The Health Board reaffirmed our commitment to do what we can to eliminate all forms of discrimination and help create communities and societies where all citizens can live in dignity, equality and peace. Staff were asked to stand up against racial prejudice and intolerant attitudes. In the lead-up to the 70th anniversary of the Universal Declaration of Human Rights in December 2018 the Health Board promoted fighting racism and standing up for human rights. #StandUp4HumanRights #FightRacism #JoinTogether #AfricanDescent

- We have also publicized a variety of other public awareness campaigns relating to protected characteristics such as: International Women's Day; International Day Against Homophobia, Biphobia and Transphobia (IDAHOBiT Day); UK Older People; Disability Awareness Day; Anti-Bullying Awareness Week; Universal Children's Day, Hate Crime Awareness Week, World Elder Abuse Day; and Holocaust Memorial Day.

- A number of male staff from the Health Board, including our Chief Executive, put on a pair of heels as part of the White Ribbon Campaign, 'Walk a Mile in Her Shoes'. The campaign encourages men of all ages and backgrounds to take part and proudly wear a pair of women's shoes on a walk through Cardiff. The men walked one mile in heels to show their support for the campaign which aims to eradicate violence against women, domestic abuse and sexual violence. Every year in the UK more than one million women suffer domestic abuse and more than 360,000 are sexually assaulted. Although abuse against women is disproportionately higher, anyone can be affected by violence and abuse.
The Health Board has over 14,000 staff and around 76% are women. We want to promote awareness of violence not just against women, but everyone, regardless of someone's gender identity, race, sexual orientation, religion or age. We want to challenge attitudes and behaviours and engage men in talking about these issues. 'Walk a Mile in Her Shoes' is one of the ways we can demonstrate our commitment to the Health Board's Values and our commitment to the White Ribbon campaign." For more information about the White Ribbon Campaign or to sign-up to be an ambassador please visit www.whiteribboncampaign.co.uk

- The Health Board is committed to supporting its carers and held events during Carers Week in June for a chance for carers to meet staff from the Health Board, Local Authorities and Third Sector organisations. It provided the opportunity for carers to ask questions about their caring role. This year Carers Week focused on encouraging carers to become healthy and connected.

  Recent reports have highlighted that many carers health and wellbeing is impacted by their caring role, with up to 51% of carers letting a health problem go untreated. Therefore it is vital to ensure that carers are given the right support to keep them well and allow them to continue caring for their loved ones. The annual campaign developed, by Carers UK, encourages organisations supporting carers to come together to organise activities and events throughout the UK, drawing attention to just how important caring is.

  If you look after someone and would like more advice on the services and support available to you, please contact Suzanne Becquer-Moreno, Patient Experience Support Advisor on 029 2074 5307.

- Cardiff and Vale University Health Board has been recognised for providing its patients with positive experiences. The Health Board has been shortlisted in multiple categories of the annual Patient Experience Network National Awards, which highlight best practice in patient experience throughout health and social care in the UK.

Improvements that the health board has made to the support provided to carers at GP surgeries saw it shortlisted in the 'Integration & Continuity of Care' and 'Support for Caregivers, Friends and Family' categories. Through engaging with the Carers Accreditation Scheme, surgeries have improved awareness of unpaid carers, increased access to information and up-skilled staff, enabling them to provide appropriate support and signposting to carers.

The Health Board was also been shortlisted for the 'Engaging & Championing the Public' award, for changes it has implemented in partnership with the local deaf community to make arranging and attending health care appointments more accessible for patients with sensory loss.

- The South Wales Neuroendocrine Cancer Service, which is hosted by the health board, has been shortlisted for the 'Turning it Around' award. Neuroendocrine Tumors (NET), are uncommon but increasingly prevalent cancers that mainly affect the gastrointestinal tract. By listening to patients, changing models of care, using Patient Reported Outcome Measures (PROMS) and training Cancer Nurse Specialists, the service has increased low patient satisfaction rates to more than 95 per cent.

- The Equality Diversity & Human Rights winner at the 2019 Staff Recognition Awards was Dr Lorraine Lewis, an Audiologist, who made significant improvements within the audiology services for adults with learning disabilities. As a result of changes she instigated, referrals has increased and patients with complex needs have successfully been treated. Patients are seen in the community, therefore reducing the demand for secondary care.

1.2   People are communicated with in ways that meet their needs

Our progress with this outcome can be seen through the following examples our work:

- Show Me Where, a pain communication tool created by Cardiff and Vale UHB staff members, is transforming the care of vulnerable adults and children who have barriers to communication.

    Created to allow patients to communicate via visual and physical rather than verbal means, the Show Me Where fan tool is made up of a series of lightweight and sterilisable polypropylene sheets that each feature an illustrated body part. It's easy to attach to staff uniforms or a patient's bedside, ensuring that patients are given the chance to communicate in the way that's most comfortable for them when they're at their most vulnerable.

    The effects of Show Me Where are far reaching for clinicians and carers. The tool allows clinicians to inform patients where they will be examined and to gain their consent, thus reducing anxiety and improving understanding. The tool also takes the guesswork out of finding the site of pain for nursing assistants, parents and carers, allowing them to report to medical staff more effectively.

    Its usefulness has been established for a number of patient groups including those with learning disabilities, stroke patients, intubated and tracheostomy patients, those with disabilities that affect their speech (cerebral palsy, multiple sclerosis), people with early stage dementia, and patients with hearing problems. It's also proved to be an important communication aid for non-English speakers.

Available from the App Store and Google Play, the multilingual app had the addition of a list of symptoms that work with the body images and features translations from six of the most widely-spoken languages in Wales - Welsh, Somali, Polish, Urdu, Bengali and Arabic - to further open the lines of communication for all with access to a smart device. It's now been adopted as far away as Melbourne, Australia!

A Patient's Story

An instance of Show Me Where making a profound difference to a patient's experience is the case of a young girl with cerebral palsy. Unable to speak or point due to her condition, she could not communicate to her Mum where she felt pain, only that she was in distress.

On the previous occasion that the young girl was in severe pain and she was admitted to hospital, but as she wasn't able to tell medical staff where the pain was she was sedated prior to examination. After intensive investigation, diverticulitis was diagnosed.

The next time that her daughter was in pain, the Mum's initial thought was a recurrence of diverticulitis, so she considered calling an ambulance. However, she had recently purchased the Show Me Where App for her iPad and decided to try that first as her daughter was familiar with the tool and used it regularly at school.

Referring initially to the 'tummy' symbol, there was no response from her daughter. Then by showing her each symbol in turn and watching her body language she saw the child visibly relaxed and smile at the 'ear' symbol.

Her mother administered Calpol and took her to the GP who confirmed she had an ear infection. Show Me Where enabled the child to be understood thereby avoiding a trip to hospital. It was a useful tool in connecting the carer to the clinician.

Without the tool examination would have to be abandoned due to the child not feeling in control or able to understand what the clinician wanted to achieve. I definitely recommend this tool for all clinicians working with children with communication difficulties or those with Autism.

- Vaccinations are a vital part of everyone's life. They protect against an increasing number of diseases, including measles and meningitis, from infancy to old age. By making sure that you and your family are up-to-date with the vaccinations you are entitled to, you give yourselves the best chance of a healthier future.

We are encouraging everyone to check whether they, and those they care for, are up-to-date with the vaccinations they need. To help with this, we've developed a useful postcard resource which summarises the national routine immunisation schedule.

This follows work undertaken with local communities which identified reasons why some children are not up-to-date with their vaccinations. The postcards are available in thirteen languages to reflect the needs of our local population. The languages include: Amharic, Arabic, Bengali, English, Farsi, French, Polish, Portuguese, Somali, Sorani, Tigrinya, Urdu, and Welsh.

The postcards will be available in GP surgeries, schools, from health visitors, and in many other locations, making them accessible to parents and carers across Cardiff and the Vale of Glamorgan.

- The Welsh Language Award Winner at the Staff Recognition Awards was Ward A2 Nursing Staff team. The passion and enthusiasm of this team to build the welsh language into the culture and ethos of their ward really shone through. They have been on a real journey of improvement, steadily increasing the numbers of welsh speaking staff and achieving recognition by Cardiff University and Coleg Cymraeg as

an area that can accommodate and actively welcome welsh speaking students.

1.3   More people receive care and access services that meet their needs (including those from disadvantaged communities

Our progress with this outcome can be seen through the following examples our work:

- To make outpatient appointments as easy as possible for our patients, Cardiff and Vale UHB has rolled out a brand new system of digital appointment letters that you can have sent straight to your smartphone. Under the new system, patients will receive a text message from us with a secure link and unique 4-digit PIN. When you click the link, you'll be taken to our patient portal; enter your PIN and date of birth to log in and your digital appointment letter will appear.

  On this letter, you'll have the option to confirm, reschedule or cancel your appointment digitally, saving you from having to call the hospital to take these actions. Once you confirm your appointment, you can add it to your phone's digital calendar and get appointment-specific instructions and maps so you can work out your travel plans.
  As long as you have your phone, you can access this information anywhere!

  The new digital appointment letters will have a number of benefits for both patients and health board staff. They will be beneficial for people across the community and work towards reducing health inequalities as they feature assisted reading tools to improve accessibility for people with sensory loss and a translation tool, which can translate the letter into 99 different languages.

  The letters will make it much easier for patients to engage with the health board and will allow them to save time by making their appointments more flexible. Patients can confirm, cancel or reschedule their appointments with a click of a button, making it much easier for people to let us know if they cannot attend. This way, we can ensure that their appointment slot is offered to another person straight away and that our healthcare staff's time is used as efficiently as possible. To receive digital appointment letters, make sure that our outpatient's department reception team has your current mobile number. Please let us know if your number changes.

- Cardiff and Vale University Health Board has launched Wales's first Specialist Female Genital Mutilation Pilot Clinic. The specialist service known as the 'Women's Wellbeing Clinic' will be open to all females affected by FGM or who are at potential risk of FGM occurring. The cultural practice of FGM is widely associated with profound health

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implications for all females affected and has no health benefits. Until now, females left with both the physical and psychological scars of FGM have not had access to specialist services in Wales.

The Midwifery-led FGM Service will be led by a Specialist FGM Midwife, working in close collaboration with the Consultant Obstetric Team, Designated Child Health Consultant Pediatricians and Third Sector Agency Support.

The clinic will be staffed exclusively by females and held weekly, every Wednesday, at Cardiff Health Access Practice (CHAP), Cardiff Royal Infirmary (CRI). Anyone affected by FGM or seeking advice around FGM can self-refer into the clinic or can be referred via a health clinician, third sector agency, the police or social services with the individual's prior consent.

Any child cases will be seen in a separate clinic, which will run adjacent to the specialist FGM service by the UHB's Designated Child Health Consultant Paediatricians.

The vision for the service is to ensure that all females impacted by the physical and psychological trauma of the FGM practice are empowered to access culturally sensitive and individualised care management, support and advice. The clinic will work within National Guidelines and Clinical Standards for Specialist FGM Services, facilitating both the physical and psycho-social elements of care. This includes access to psycho-sexual counselling, interpretation services, as well as community advocacy support. Women's wider health needs will also be addressed, including an opportunity to access cervical screening, breast screening and contraceptive advice. It is hoped that the clinic will be a trailblazer for best practice across Wales.

- In May, the new Cardiff and Vale of Glamorgan Dementia Strategy was launched. The Dementia Strategy brings together a range of partners, to include: Cardiff and Vale UHB, Cardiff local authority, Vale of Glamorgan local authority, third sector organisations and service users and carers. There are over 5,000 people with dementia across Cardiff and the Vale of Glamorgan and this will increase over the next 10 years. Dementia impacts the person with dementia on an emotional and social level as well as during day-to-day tasks. It also affects their loved ones, their community and the people caring for them.

- The strategy has an ambitious vision:
  By 2028 the population of Cardiff and the Vale of Glamorgan will be dementia aware and will reduce their risk of dementia. People with dementia will have equitable and timely access to a diagnosis; they will have person-centred care delivered locally with kindness. Carers will feel supported and empowered.

  The Strategy will be overseen by the Regional Partnership Board. It is hoped that this will change the lives of people with dementia and their carers for the better. The Strategy outlines that the partnership will continue the work on rolling out dementia friendly communities, will develop a 'team around the individual' for people with dementia and enhance the training that health and social care staff receive, amongst many other initiatives.

  You can view the strategy here

  If you would like to find out more about becoming a dementia friend, please see the Dementia Friends website

  For more on our partners of the strategy visit Cardiff Council, Vale of Glamorgan Council, C3SC, GVS

- People visiting their GP for mental health issues now have improved access to support thanks to a successful pilot in the Cardiff East area.

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The Cardiff East GP cluster identified a need for increased support for patients with mental health difficulties in primary care, and introduced a Primary Care Mental Health Nurse to provide tailored care and support to these patients. GPs within this cluster, which covers Llanrumney, Rumney and Trowbridge, identified that it would be helpful to have dedicated team members based at the GP practices with specialist knowledge in mental health to help patients with signposting or referral pathways.

The Primary Care Mental Health Nurse can provide patients with assessment, medication reviews, advice and information as well as signposting to appropriate services. This means the patient is seen by the most appropriate healthcare professional at their GP practice. This new role also enabled GPs to have support with the management of regular attendees at the practice for mental health problems, and facilitated mental health promotion and monitoring of mental health and referral pathways.

Patients who were initially seen by the GP were able to book appointments for their mental health needs directly with the mental health team, which ensured they received appropriate support with a mental health professional, and in turn freed up the GPs' time for them to see patients with other appointment needs. Emergency slots were made available each day with the mental health team so the triage GP could manage mental health presentations that day. Patients were also able to book appointments with the mental health nurse via reception.

The pilot project has led to a significant reduction in patient referrals to the local Community Mental Health Team and Primary Mental Health Support Service from the Cardiff East GP Cluster, as signposting and triage is now provided at the initial enquiry. Both patient feedback and GP feedback has been positive during this pilot and GPs feel there has been a reduction in the number of appointments they see for mental health needs. "With one in four people affected by mental health illness, it is important to have support available at their first point of contact within primary care so patients receive the help they need before reaching a crisis point. This pilot allows patients to be seen by a mental health professional in their GP practice and manage their condition in the local community with appropriate support and reviews.

- At the Royal College of Nursing Wales Awards our nurses won six and were runners-up in a further four of the 17 categories:
  Andy Jones won the Mental Health and Learning Disabilities Award.

  Kath Azzopardi and Sandra Hall were join winners of the Suzanne Goodall Paediatric Nursing Award.

  Malisa Pierri was runner-up in the Advanced and Specialist Nursing category, while **Bethan Ingram** won the award.

  Nerys Kirtley won the Mentorship Award.

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Suzanne Thomas won the Registered Nurse (adult) Award.

Ceri Phillips was the runner-up in the Chief Nursing Officer for Wales category, while **Rebecca Aylward** won the award.

Charlotte Bloodworth was the runner-up in the Innovation in Nursing Award

Angela Jones was the runner-up in the Supporting Improvement Through Research Award.

Other achievements reported by protected characteristic group

Trans/gender reassignment
To address any inequalities, or possible levels of discrimination, that members of this community may face relative to the wider population when accessing healthcare, the awareness of gender identity, and our public duty towards members of the public covered by this characteristic, is covered as part of the UHB's mandatory induction and refresher training for all staff. It is also demonstrated through our tailored Trans awareness sessions.

Marriage and civil partnership equality
The health Board's Electronic Staff Records (ESR) collects data on the status of our Workforce.

Religion and belief equality

Chaplaincy services
A Chaplaincy service is provided across all sites twenty-four hours per day, every day of the week. The local Chaplaincy service is there to support staff, patients and their families of all religions or beliefs including those with no religion or belief.

Multi faith space
Staff members and patients have access to a multi faith space at each of our hospital sites which is further evidence to support the UHB's commitment towards the promotion of equality for all, irrespective of their religion or belief.

Patient information
As part of our efforts to enable our patients to make informed choices, the Health Board for example provides information and advice for people with diabetes about fasting during Ramadan, the Muslim holy month, to our staff and patients.

Information Centres
The information and support centres, funded by Macmillan Cancer Support, are based in the Concourse area of UHW, in the Outpatients waiting area Hospital and opposite the Art Gallery within the Plaza of the University Hospital Llandough. The centres offer confidential advice and support and help patients, their families or carers, access financial and other help. Visit the Centres or contact Sarah Davies, Information and Support Facilitator, 02920 2074 5655, email sarah.davies37@wales.nhs.uk A multi-agency information service is also run at both UHW and Llandough, from which a number of local third sector organisations run sessions.

Sexual orientation equality
The UHB has been recognised as the top health and care organisation In Wales and one of the top ten in the UK, demonstrating the strength of our work for the lesbian, gay and bisexual (LGBT+) community, which includes staff. We have a very established and active LGBT+ staff network. We have provided training sessions to staff on LGBT+ related issues, including sessions on Trans terminology.

Languages Spoken by GPs in Cardiff and the Vale of Glamorgan
Cardiff and Vale UHB serves a diverse population who speak a large number of different languages. In relation to our GP services we have made available a list of those who have knowledge of Welsh and other languages, and who are able to consult in that language.

Welsh Language
The last census showed that Cardiff is one of the areas of growth for the Welsh Language. The UHB serves 50,000 Welsh speakers across the City and the Vale of Glamorgan. It is the second largest used language in the area. Further background includes:

- Older people, particularly those with dementia, need to be able to communicate in a language of their choice: in many cases this is Welsh.

- Children and young people: the increase in Welsh medium education means that we must also provide services for children in Welsh when required - for example for school visits.

- New Welsh Language Standards will replace the Welsh Language Scheme in May 2019.

- Plans and changes for services will actively consider how bilingual services will be provided.

This year the UHB has produced responses to the Welsh Language Commissioner in regard to the Welsh Language Standards Framework consultation. Also this year the UHB continued to progress its work on the

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More Than Just Words Strategy, which is the Welsh Government strategy on improving bilingual services offered by NHS Wales. While progress has been achieved in some areas, such as increased availability of bilingual appointment letters, we recognise that substantial progress needs to be achieved against other actions, particularly in the area of recruitment and looking to ensure that we offer more posts with Welsh language as an essential criteria within job descriptions. The UHB recognises that it has more to do and has aligned the Welsh Language agenda to the Integrated Medium Term Plan. The forthcoming Welsh Language Standards will act as a barometer for our future work.

1.4   Gender and any other protected characteristic pay gap reduced

The job evaluation system ensures that job banding is allocated on the principle of equal pay for work of equal value.

The Health Board produced its first gender pay gap reporting which came into effect in April 2018. We will publish our next report in the autumn of 2019.

2. Human rights framework in healthcare

The Health Board is committed to adopting a Human Rights approach in the delivery of healthcare in a constantly changing environment, ensuring that in everything we do, we give due regard to the FREDA principles:

- **F** - Freedom
- **R** - Respect
- **E** - Equality
- **D** - Dignity
- **A** - Autonomy

Our Human Rights approach includes the enabling of people to access services and information and also the promotion of inclusion at all levels of involvement, engagement and consultation of service users, their family and staff.

3. Equality and Health Impact Assessment (EHIA)

Training and support has been provided to individuals and teams in undertaking the EHIA of their respective service areas, policies and functions throughout the reporting year. The principle and undertaking of conducting EHIAs has become embedded in how the Health Board does business.

All new policies and functions cannot be ratified unless an EHIA has been undertaken. This enables the UHB to ensure a full integration of the principles of equality, diversity and human rights into policy development for our employment practices and service delivery. Details of the EHIAs have and will continue to be posted on the staff intranet and the internet.

4. Our plans for the future

Our mission is to Care for People, to Keep People Well and to provide health services in which we can all take pride. Success will see the health of the population transformed and health inequities considerably reduced. This commitment is what assists to define our organisation and our values. We are working to create stronger links to local communities to develop services in line with the needs of local people and patients.

We continue to shape our strategy in partnership. We want to hear the views of local people, patients, partners and regulators as we develop our strategy. This report provides an opportunity for stakeholders to be aware of this development and play an important part in the future of the UHB. Building on the work that we have started, our future plans include focusing on the following overarching themes:

A. Better health outcomes and reducing health inequalities

The UHB has a responsibility to tackle Health Inequality and a number of options present themselves a) UHB Employees as 'Agents for Change, b) use of equality data, c) use of Health Inequality data d) promoting effective interventions and e) adopting a framework for Inclusion in service delivery and employment practices. For the latest information on what the Health Board is doing around health inequalities and inequities please see our Integrated Medium Term Plan. This is the key planning document for the Health Board setting out the milestones and actions we are taking in the next 1 to 3 years in order to progress Shaping Our Future Wellbeing, our ten-year strategy.

It is based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services and sets out how we will deliver our mission *Caring for People; Keeping People Well,* and vision *that a person's chance of leading a healthy life is the same wherever they live and whoever they are.*

B. Patient access and experience

The NHS has a responsibility to provide equitable access to effective healthcare in relation to need and this places a responsibility upon the UHB to improve patient access and experience all together. Studies show that there are variations across protected characteristic groups. The UHB Clinical Boards, Patient Experience and Engagement Teams and Planning, Estates & Operational Services continue to play a key role in bringing about improvements in this area.

C. Our employees

The UHB workforce approximates 14,500. This is valuable capital that can be deployed as 'agents of change' not just in the workplace but also in the wider community. With our commitment to the Public Sector Equality Duty demonstrated in the Employment process and practice, together with an infusion of the Living Our Values giant strides can be made.

5. Training
The UHB continues to offer support to staff to ensure that in carrying out their duties they promote equality and good relations, with dignity and respect. The UHB works on the principle of integrating training on equality, diversity and human rights into all relevant training provided. Therefore within the training provided at Induction for healthcare staff (which includes medical staff, nursing staff and healthcare support workers, professions allied to medicine and administrative and clerical staff) there is an element around equality, diversity and human rights. 80.36% of UHB staff have attended equality related training during the three year refresher period of 1 April 2018 through to 31 March 31 2019 **(Please see Appendix 1 below).**

The UHB is committed to providing environments in which staff, patients and the public feel safe, valued, respected and encouraged to contribute to the quality of services provided. The UHB Learning, Education Development Team has provided training and support for services in working with patient stories. The UHB recognises that listening to people talking about their experience in their own words is a powerful way of better understanding what actually happens and gaining insight into what is good and what could be improved. The Team has developed a database of patient stories to ensure good governance for the use of stories as well as increasing the opportunities to utilize them within service improvement.

The Committed to Care Programme for Healthcare Support Workers continues to include a comprehensive section around equality, diversity and human rights and sensory loss.

6. Procurement

Procurement is a specific duty for Wales. Cardiff and Vale UHB holds contracts with external organisations in both the private and voluntary sectors for provision of works, goods and services, for some of which equality considerations will have more relevance than others. However, we are aware of our obligation to always have due regard to the general duties when considering the awarding of contracts.

The UHB adheres to the All Wales Conditions of Contract guidelines and the equality related issues. When seeking to contract with external organisations, the UHB has been mindful of the need to seek assurance that any organisation providing services on behalf of the UHB adhere to the principles of equality, diversity and human rights in their policies and practices.

7. Specified employment information

The workforce profile identifies that the UHB has more women (approximately 76.49%) working for it than it does men. The local population is more of a 50-50 basis. This indicates that the workforce is not representative of the local community where a little more than half of the population is female. It also

suggests that there are low levels of disclosure and/or unspecified declaration around sexual orientation and religion.

You can read the equality profile in regard to marital status, gender, disability, race/ethnicity, age, religion and sexual orientation and marital status in Appendix 2. However gender-reassignment and maternity and pregnancy information is not currently gathered on the ESR system. The figures are for the time period 01 April 2016 to 31 March 2019.

8. Progress against Healthcare Standard 2 Equality
The new Health and Care Standards came into force on 1 April 2015 and require self-assessment against set criteria. Meeting the Health and Care Standards are an integral part of the SEP. The Clinical Boards were asked to provide evidence of their equality related work specifically against the Standards. The overall assessment of performance is that we are beginning to 'Meet the Standards', in terms of the criteria laid down.

9. Conclusion
This report demonstrates the UHB's compliance with the Public Sector Equality Duty across its functions and we welcome your feedback. It demonstrates the progress made under each of the key areas identified in the UHB Strategic Equality Plan.

Being faced with an increasing ageing population, the health inequities between the populations and geographical areas that the UHB serves, means that there are challenges that will have to be faced. The UHB recognises that there is still too much difference in people's access, experience and outcomes but progress is being made. The UHB Equality Delivery Plan will assist us in our attempts to address such issues whilst recognising that the population the UHB serves has to play their part. Collaborative work with other Health Boards, as with our consultation work around the next Strategic Equality Plan, and partnership with the Third Sector will become increasingly significant to enable the UHB to meet its objectives.

The UHB wants to go further in achieving change in equality for people who use its services and for its own staff. With this in mind the UHB has looked to continue to embed its equality and human rights approach and increasingly align it to the organisation's priorities and values. The next Strategic Equality Plan will look to undertake a more inclusive approach.

[You can see our current Strategic Equality Plan Fair Care 2016-20 here](#).

The plan and its objectives were developed in partnership with Velindre NHS Trust through engagement with patients, staff and external stakeholders. It sets out the approach that the Health Board will take to continue to advance, mainstream and integrate equality, diversity and human rights throughout the organisation.

How to give us your comments

We really need your feedback! Your feedback - good and bad - helps us to improve our services. There is a range of ways that you can do this:

- **Complete a survey**
  If you are an inpatient you may be asked to complete a survey asking a range of questions about your overall experience. We send a more detailed questionnaire to some patients when they return home or after a clinic appointment.

- **Leave your comments on the website**. Please click on the following link www.cardiffandvaleuhb.wales.nhs.uk.

- **Join a patient group**
  We listen to views passed on to us by a wide range of patient support groups. A list of groups can be found at: www.nhsdirect.wales.nhs.uk.

- **The Patient Experience team can also help on 02920 335468**

- **Tell us your story**
  Your stories provide us with helpful feedback about good and not so good care. If you would like to tell us your story please ring 02920 745294.

Concerns / Complaints and Compliments

Cardiff and Vale University Health Board (UHB) is always looking to improve services and in order to do this we need to hear from you. We also welcome your enquiries about anything that may interest you or about which you would like further information.

Contact Details

The Concerns Office is open between the hours of 9am to 5pm (Monday to Friday). Please call on telephone numbers **029 2074 3301** or **029 2074 4095** in office hours if you wish to speak with a member of the Concerns Team. You can also fill in our **Concerns Form**, email the team at: concerns@wales.nhs.uk or write to us at Chief Executive, Cardiff and Vale University Health Board Headquarters, University Hospital of Wales (UHW), Heath Park, Cardiff CF14 4XW.

If you would like to communicate with us via BSL (British Sign Language), please use SignVideo.

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Accessibility

Accessibility on the UHB's website is guided by government standards and the Web Content Accessibility Guidelines (WCAG). WCAG guidelines are widely accepted as the international standard for accessibility on the web.

Whilst we aim to make this website accessible to all users and achieve a WCAG conformance level 'AA'; we continually work with stakeholders to ensure that conformance level 'A' is adhered to as a minimum.

If you experience any accessibility issue on this site or have any comment, please contact us.

Equality Figures

Clinical Board	Staff in Post	Compliance (No of staff compliant as at 31/3/19)	Training Carried out between 1/4/2018 - 31/3/19			
			Mandatory Training Programme - Equality & Diversity	Equality & Diversity Equality Impact Assessment	Equality & Diversity Awareness Training (Human Rights)	Grand Total of Staff trained in the year
001 Capital, Estates & Facilities	1230	983	290	0	179	**469**
001 Children & Women Clinical Board	2135	1830	572	0	82	**654**
001 Clinical Diagnostics & Therapeutics Clinical Board	2415	2085	696	0	72	**768**
001 Dental Clinical Board	555	497	147	0	6	**153**
001 Medicine Clinical Board	1809	1341	423	0	26	**449**
001 Mental Health Clinical Board	1421	1146	314	0	111	**425**
001 Primary, Community Intermediate Care Clinical Board	927	765	191	0	44	**235**
001 Specialist Services Clinical Board	1868	1439	418	0	65	**483**
001 Surgical Services Clinical Board	1967	1370	474	0	59	**533**
001 Corporate Services	788	671	215	0	25	**240**
	15115	**12127**	**3740**	**0**	**669**	

Report Title:	Board Assurance Framework – Sustainable Culture Change		
Meeting:	Strategy and Delivery Committee	Meeting Date:	25.06.2019
Status:	For Discussion	For Assurance	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.

BACKGROUND

The Board Assurance Framework has now been presented to four Board Meetings after discussion with the relevant Executive Director and the Executive Directors Meeting. It provides the Board with information on the key risks impacting upon the delivery of the Strategic Objectives of Cardiff and Vale University Health Board.

ASSESSMENT

There are currently six key risks set out in the Board Assurance Framework and the risks which link to the Strategy and Delivery Committee are:

1. **Workforce**
2. **Sustainable Primary and Community Care**
3. **Sustainable Culture Change**
4. **Capital Assets**

It has previously been agreed by the Committee that one of the four risks will be reviewed at each meeting and the risk attached for review at the June Meeting is **Sustainable Culture Change.**

The role of the Committee in relation to the risk is to review it, check that the controls are in place and working and agree any further actions required in order to mitigate the risk further. The Committee can then provide further assurance to the Board that the risk is being managed or mitigated as much as possible at the current time. The Executive Director Lead for this risk is the Chief Operating Officer.

RECOMMENDATION

The Strategy and Delivery Committee is asked to:

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- Review the attached risk in relation to Sustainable Culture Change to enable the Committee to provide further assurance to the Board when the Board Assurance Framework is reviewed in its entirety.

Shaping our Future Wellbeing Strategic Objectives

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

Prevention	X	Long term		Integration		Collaboration		Involvement	

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

BOARD ASSURANCE FRAMEWORK 2019/20 – MAY 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	20	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	Executive Director of Finance	Finance Committee

	🟥	🟥	🟨	sector, and the public have significant roles to play to achieve a sustainable health and care system in the future.		
3. Sustainable Primary and Community Care	**20**	**15**	**10**	The strategy of "Care closer to home" is built on the assumption that there are a significant number of patients that are either referred to or turn up at a Hospital setting because there is no viable alternative at the time at which they become sick. They are then typically admitted because at that stage similarly there is no viable alternative to manage/support these patients in their local setting or their place of residence. Therefore it is important to create firstly the capacity of primary and Community Care, and then increase the capability of Primary and Community Care to be able to respond to the individual and varied needs of those patients in both crisis intervention but more commonly preventative and support arrangements.	Chief Operating Officer	Strategy and Delivery Committee
4. Safety and Regulatory Compliance	**16**	**12**	**4**	Patient safety and compliance with regulatory standards should be above all else for the Cardiff and Vale University Health Board. Safer patient care includes the identification and management of patient-related risks, reporting and analysis of patient safety incidents, concerns, claims and learning from such then implementing solutions to minimise/mitigate the risk of them recurring.	Executive Nurse Director	Quality, Safety and Experience
5. Sustainable Culture Change	**16**	**8**	**4**	In line with UHB's Strategy, Shaping Our Future Wellbeing and aligned to the Healthier Wales plan (2018), the case for change is pivotal to transfer our services to ensure we can meet our future challenges and opportunities. Creating a belief which continues to build upon our values and behaviours framework will make a positive cultural change in our health system for our staff	Executive Director of Workforce and OD	Strategy and Delivery Committee

				and the population of Cardiff and the Vale.		
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. Leading Sustainable Culture Change

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 is building 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.

Risk	There is a risk that the cultural change required will not be implemented in a sustainable way
Cause	There is a belief within the organisation that the current climate within the organisation is high in bureaucracy and low in trust. Staff reluctant to engage with the case for change as unaware of the UHB strategy and the future ambition. Staff not understanding the part their role plays for the case for change due to lack of communication filtering through all levels of the UHB.
Impact	Staff morale may decrease Increase in absenteeism Difficulty in retaining staff Potential decrease in staff engagement Transformation of services may not happen due to staff reluctance to drive the change through improvement work. Patient experience ultimately affected.

Impact Score: 4	Likelihood Score: 4	Gross Risk Score:	16 (Extreme)

Current Controls	Values and behaviours Framework in place Task and Finish Group weekly meeting Cardiff and Vale Transformation story and narrative Leadership and Management Development Programme Programme of talent management and succession planning Values based recruitment Staff survey results and actions taken – led by an Executive (WOD) Patient experience score cards CEO sponsorship for the Values and behaviours (culture) enabler. Executive Director of WOD highly engaged with this enabler Raising concerns relaunched in October 2018 Financial resources in place but need to be careful how used
Current Assurances	Transformation activity reported to monthly to Management Executives, HSMB and Strategy and Delivery and Board. Engagement of staff side through the Local partnership Forum (LPF) Matrix of measurement now in place which will be presented in the form of a highlight report

Impact Score: 4	Likelihood Score: ~~3~~ 2	Net Risk Score:	~~12~~ 8 (High)

Gap in Controls	~~Lack of resources allocated to the culture change agenda.~~
Gap in Assurances	~~Outcomes to measure culture are not explicit due to other factors influencing this enabler~~.

Actions		Lead	By when	Update since 28.03.2019

1. An experiential leadership suite of programmes to be launched in 2019	MD / RG	~~31/05/2019~~ 31/03/2020	**Commenced** - Compassionate Leadership sessions facilitated by Professor West undertaken in November for senior leaders and other staff
2. A staff survey task and finish group established (led by Executive Director of WOD) with representation of staff and staff side to action a delivery plan in response to the survey.	MD	~~30/11/2018~~ 31/07/2019	**Complete and ongoing** – group established and action plan being finalised. Four main themes have been identified by the group and work will be complete by July 2019
3. Learning from Canterbury Model with a Model Experiential Leadership Programme	MD	~~June 2019~~ 31/10/2019	**Commenced** – planning and design of programme has started. Work on this programme and work with Canterbury continues.
4. Leadership Styles and Climate Programme Top 80 Leaders in the organisation	MD	30/06/2019	Individual feedback to staff taking place during April which will be followed by with workshops in June. There are 2 cohorts and this is the first cohort. Initial cohort of leaders complete workshop taking place in June for top 40 leaders
5. Wellbeing Service for staff which triangulates: - Mental - Physical - Financial wellbeing	MD	30/06/2019	**New action –** This is being increased for 2 years with a bid going to the Charitable Funds Committee in June 2019.
6. Toyota Visit by Executive Directors	SH	31/05/2019	**New action –** outputs from visit and way forward being discussed at Management Executives
Impact Score: 4	Likelihood Score: ~~2~~ 1	Target Risk Score:	~~8~~ **4 (Moderate)**	

Key:

1 -3 **Low Risk**

4-6 **Moderate Risk**

8-12 **High Risk**

15 – 25 **Extreme Risk**

Report Title:	Committee Effectiveness Review – Results and Actions		
Meeting:	Strategy and Delivery Committee	Meeting Date:	25th June 2019
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

It is good practice and good governance for Committees of the Board to undertake an effectiveness review on an annual basis.

It is also a requirement of Standing Orders that Committees of the Board undertake an annual review of their effectiveness. This is the first time that such a review has been undertaken.

The questions which were asked by Members of the Committee were agreed at the meeting of the Committee in April 2019. It was also agreed that Survey Monkey would be used as a tool to gather the feedback.

ASSESSMENT

Attached at appendix 1 are the results for the Committee Effectiveness review undertaken by Committee Members in addition to the Executive Director Lead for the Committee.

Attached at appendix 2 is a proposed action plan to improve the results which had either an 'adequate', 'needs improvement' or 'no' response to the questions asked.

RECOMMENDATION

The Committee is asked to:

- Note the results of the Committee Effectiveness Review for 2019.
- Approve the action plan for improvement to be completed by March 2020 in preparation for the next Effectiveness Review.

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

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

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click here for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	

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

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

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NHS WALES

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University Health Board

Strategy and Delivery Committee – Self Evaluation 2019 Action Plan

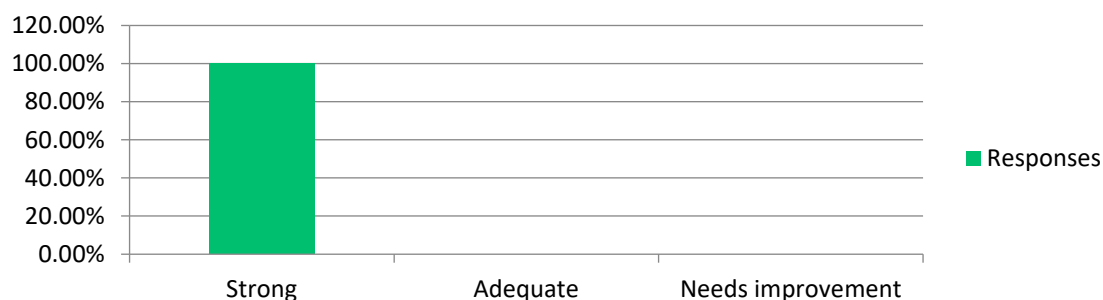| Question asked	Action Required	Lead	Timescale to complete
The Strategy and Delivery Committee meeting packages are complete, are received with enough lead time for members to give them due consideration and include the right information to allow meaningful discussion. Minutes are received as soon as possible after meetings.	Meeting packages need to be reviewed and uploaded within the timescales set out within standing orders. This is an area which requires improvement. The Corporate Governance Department are being set clear timescales for delivery but it also requires Executive Directors to ensure their reports are submitted on time. In future and in discussion with the Chair reports not submitted within the deadline will be removed from the agenda	Director of Corporate Governance / Committee Chair	From June 2019
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 Committees Terms of Reference	The organisation of the Committee needs improvement and setting clear timescales for receipt of papers, receipt of draft minutes and action logs will assist in the process of having a well organised meeting. A meeting should be set up between the Director of Corporate Governance, Committee Chair and Executive Lead for the Committee to see	Director of Corporate Governance/ Executive Lead and Committee Chair	Meeting by end of July

	how the organisation of the Committee can be further improved		
The Strategy and Delivery Committee agenda setting process is thorough and lead by the Chair	A meeting should be set up between the Director of Corporate Governance, Committee Chair and Executive Lead for the Committee to see what support is required for the Committee Chair in order to improve this process	Director of Corporate Governance/ Executive Lead and Committee Chair	Meeting by end of July
The Strategy and Delivery committee self-evaluation process is in place and effective	This is the first review of Committee effectiveness which has taken place. This will be done on a 12 month basis with action plan for improvement then developed for areas requiring improvement	Director of Corporate Governance	Review for this year complete and action plan developed. Next review to take place by March 2020

Strategy and Delivery Committee – Effectiveness Review Results

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 board was active in its consideration of Strategy and Delivery Committee composition.NHS Handbook status: 2 - should do

The Strategy and Delivery Committee actions reflect independence from management, ethical behaviour and the best interests of the Health Board and its stakeholders.

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…

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…

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.NHS Handbook status: 1 - must do

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.NHS Handbook status: 2 -…

Are the terms of reference reviewed annually to take into account governance developments and the remit of other committees within the organisation?NHS Handbook status: 2 - should do
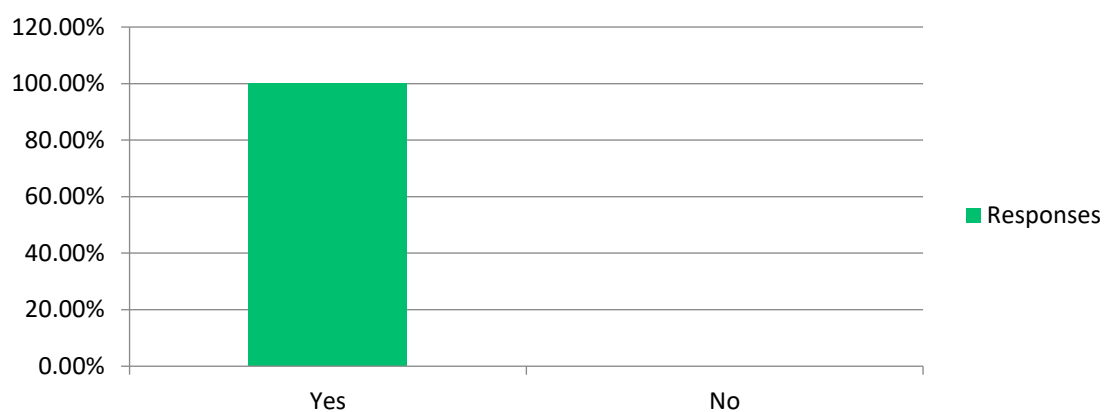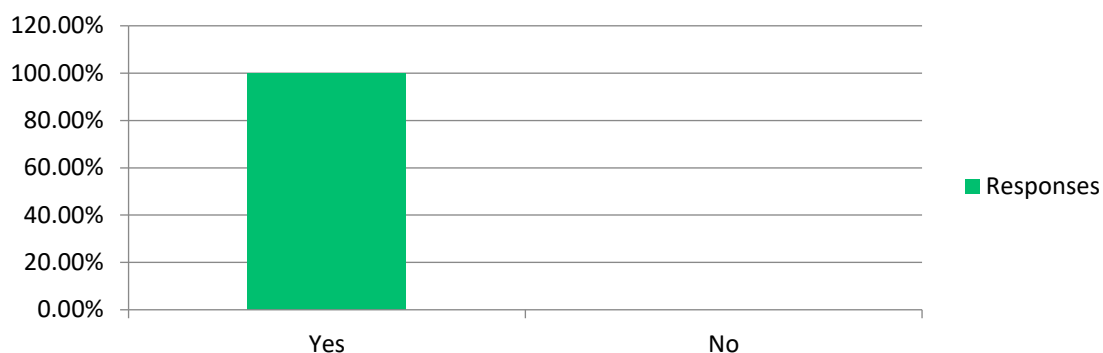
Are changes to the committee's current and future workload discussed and approved at Board level?NHS Handbook status: 2 - should do

Are committee members independent of the management team?NHS Handbook status: 1 - must do

The Strategy and Delivery Committee agenda-setting process is thorough and led by the Strategy and Delivery Committee chair.
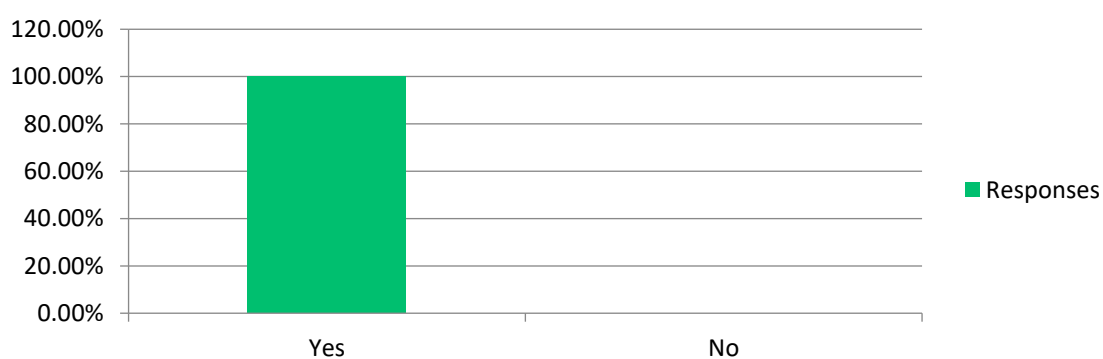

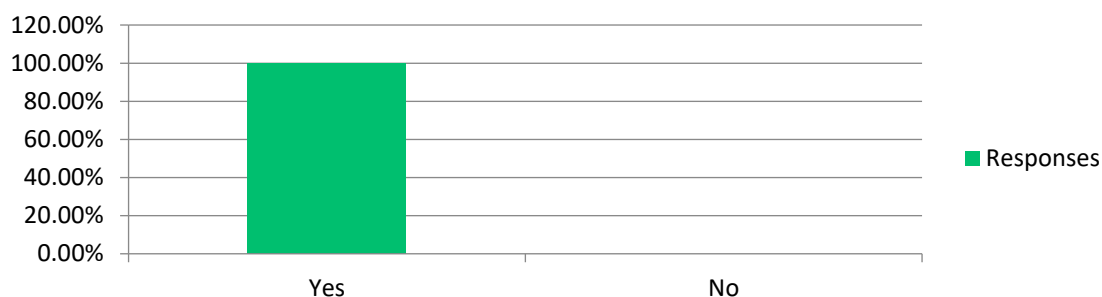## Has the Committee established a plan for the conduct of its work across the year?NHS Handbook status: 2 - should do

Has the committee formally considered how its work integrates with wider performance management and standards compliance?NHS Handbook status: 2 - should do
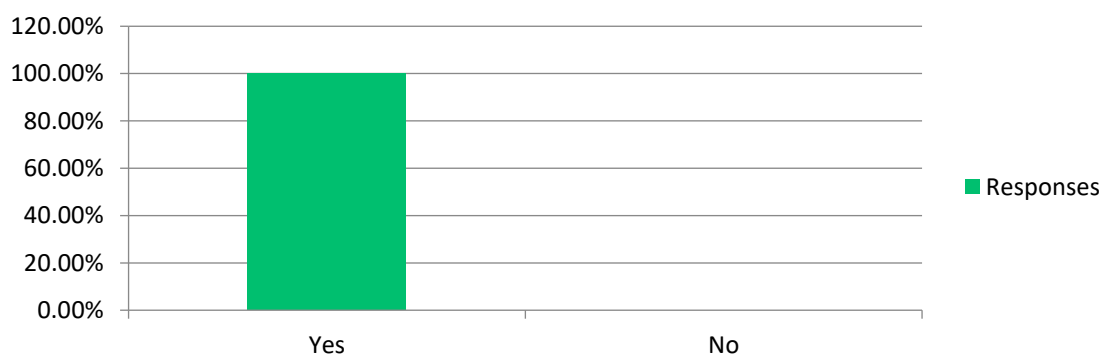

Has the committee reviewed whether the reports it receives are timely and have the right format and content to ensure its responsibilities are discharged?NHS Handbook status: 2 - should do
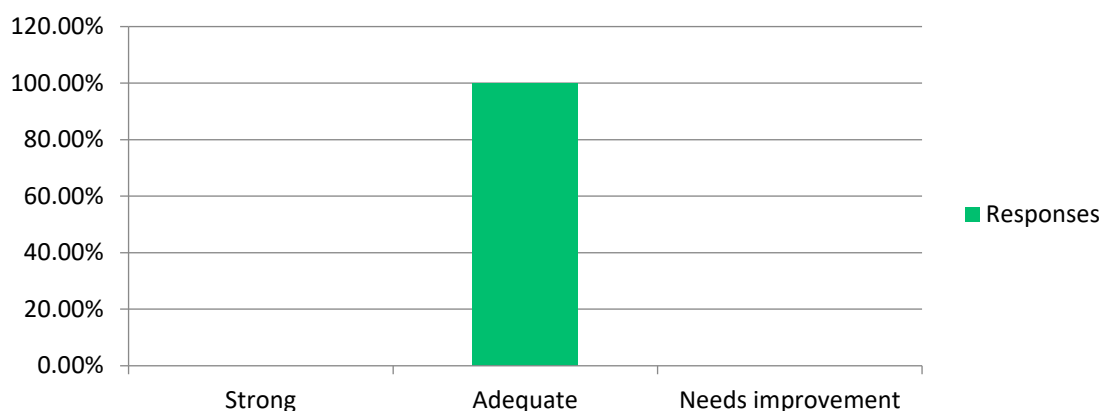
Does the Board ensure that Committee members have sufficient knowledge of the organisation to identify key risks and to challenge line management on critical and sensitive matters?NHS Handbook status: 2 - should do
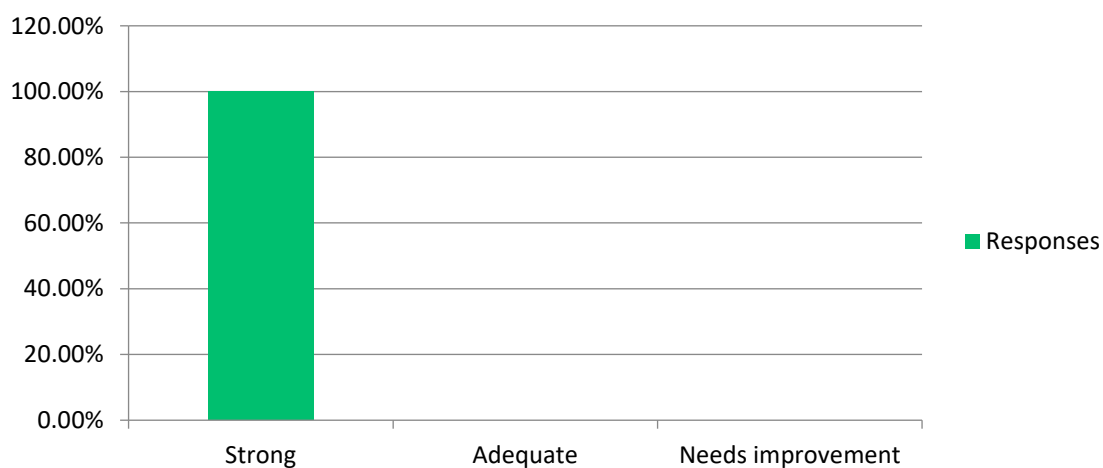

Is the committee satisfied that the Board has been advised that assurance reporting is in place to encompass all the organisations responsibilities?NHS Handbook status: 2 - should do

The Strategy and Delivery Committee's self-evaluation process is in place and effective. NHS Handbook status: 2 - should do

What is your overall assessment of the performance of the Strategy and Delivery Committee?

Cardiff Council, Vale of Glamorgan Council
and Cardiff and Vale University Health Board

Joint Commissioning Strategy for Adults with Learning Disabilities

2019-2024

*"Promoting Independence
and Improving Lives"*

CARDIFF
CAERDYDD

GIG
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NHS
WALES | Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

VALE *of* GLAMORGAN
BRO MORGANNWG

Acknowledgment

Foreword

We are pleased to present our first joint health and social care commissioning strategy for adults with learning disabilities.

The Strategy demonstrates our commitment to listen to people with learning disabilities and their families and carers, in order to understand what matters to them, and to put in place health and social care support services to deliver the outcomes that people want.

As partner organisations working together, we are committed to developing services that provide people with a learning disability the choice and control to support them to live their lives in the way they want. We will continue to develop our services, focussing on the strengths of the people we work with, and the services that support people to connect with their communities. By *"promoting independence and improving lives",* we will support people to live the lives they choose, with access to high quality, flexible health and social care and support when they need it.

By listening to people with a learning disability, and their families and carers, we know we need to work with other services such as housing, education and the third sector, to develop services that provide early intervention, prevent crisis, and are community focussed.

Cardiff and the Vale of Glamorgan Councils and Cardiff and Vale University Health Board will work together to achieve the vision set out in our Commissioning Strategy by jointly developing and delivering services and making best use of shared resources. We will do this in partnership with people with learning disabilities who are the experts in their own lives.

"Promoting Independence and Improving Lives"

Councillor Susan Elsmore
Cardiff Council Cabinet Member for Social Care, Health and Well -being

Councillor Ben Gray
Vale of Glamorgan Council Cabinet Member for Social Care, Health and Leisure

Maria Battle
Chair, Cardiff and Vale University Health Board

Introduction

Joint Health and Social Care Commissioning Strategy for Adults with a Learning Disability in Cardiff and the Vale

Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board are pleased to present our first integrated commissioning strategy for adult learning disability services for the people living in Cardiff and the Vale of Glamorgan.

We have worked together with people with a learning disability, their families, carers and the third and independent sector to produce a clear direction for the planning and delivery of adult learning disability services across the region over the next five years.

This strategy describes our shared vision, the core principles that we believe are fundamental to service design and delivery, and the key issues that need to be addressed in the forthcoming years in order to deliver effective, safe and good quality services. This includes ensuring there is sufficient capacity and an appropriate range of provision to meet local need.

Purpose - Why have a Strategy?

The purpose of our strategy is to describe how Cardiff and Vale of Glamorgan Councils and Cardiff and Vale University Health Board will work together to respond to the needs and aspirations of our adults with a learning disability within the context of national legislation and guidance, wider local plans and available resources. At a local level, our strategy will inform what services each of the three organisations will individually or jointly commission over the next five years.

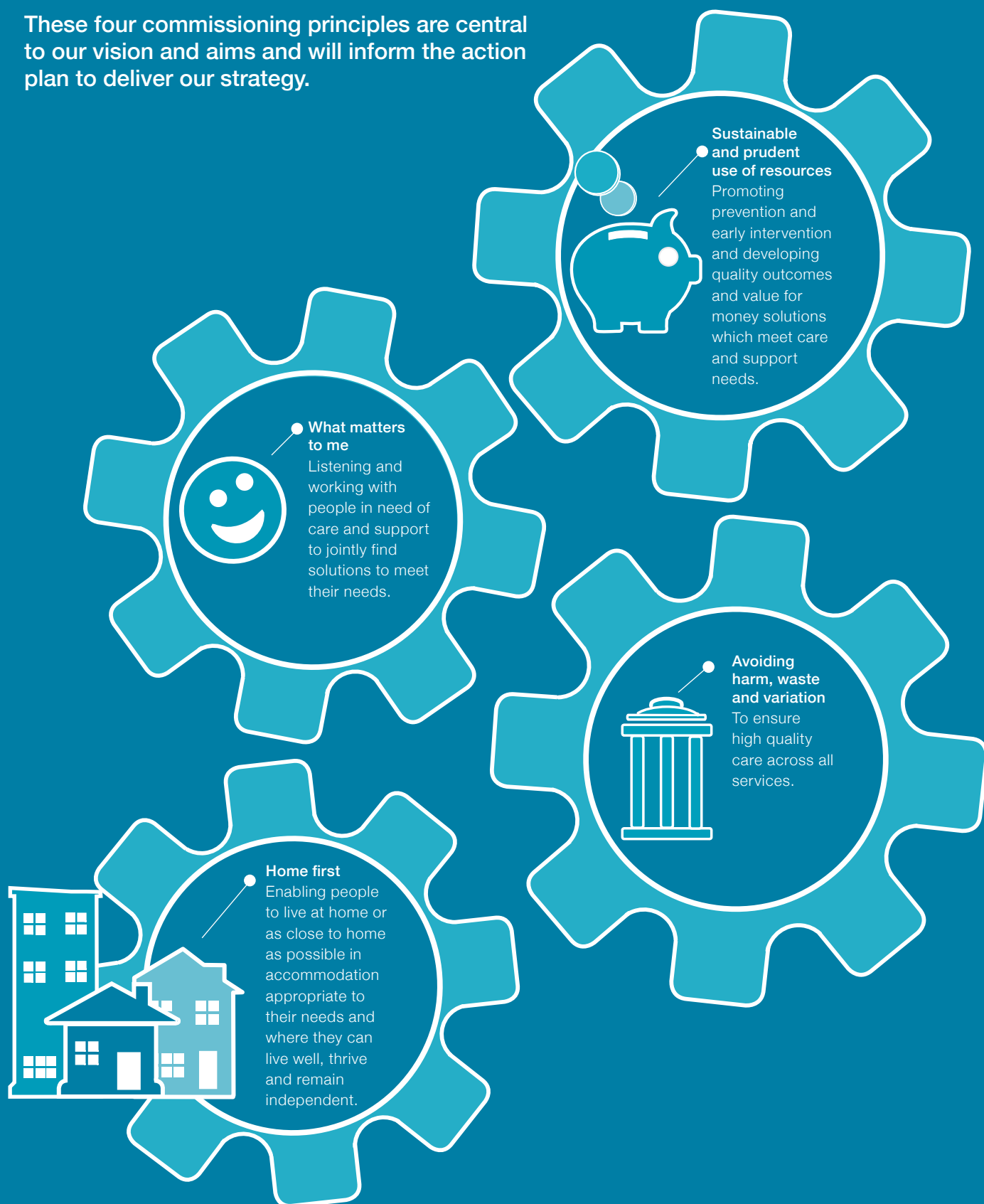## Our vision for Cardiff and the Vale - Promoting Independence and Improving Lives

Our vision is that people with learning disabilities have a good quality of life and are supported to live the lives they want to lead; living locally where they "feel good and well", where they are valued and included in their communities and have equal access to appropriate support that ensures independence, choice and control.

Aim - What do we want our Strategy to do?

Our aim is to build and expand on our previous successes and continue to transform services that improve the health and well-being of adults with learning disabilities and their carers.

Cardiff and the Vale Integrated Health and Social Care Regional Partnership Board have adopted four commissioning principles:

These four commissioning principles are central to our vision and aims and will inform the action plan to deliver our strategy.

Sustainable and prudent use of resources
Promoting prevention and early intervention and developing quality outcomes and value for money solutions which meet care and support needs.

What matters to me
Listening and working with people in need of care and support to jointly find solutions to meet their needs.

Avoiding harm, waste and variation
To ensure high quality care across all services.

Home first
Enabling people to live at home or as close to home as possible in accommodation appropriate to their needs and where they can live well, thrive and remain independent.

1

Welsh Context - The Law

The two main pieces of legislation that are reflected in this strategy are the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015:

The Social Services and Well-being (Wales) Act 2014

The Act imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support.

The Social Services and Well-being (Wales) Act outlines key duties to ensure:

- People have control over what support they need, making decisions about their care and support as an equal partner
- New proportionate assessment focuses on the individual
- Carers have an equal right to assessment for support to those who they care for
- Easy access to information and advice is available to all
- Powers to safeguard people are stronger
- A preventative approach to meeting care and support needs is practised
- Local authorities and health boards come together in new statutory partnerships to drive integration, innovation and service change

The principles of the Act are:

- To support people who have care and support needs to achieve well-being
- People are at the heart of the new system by giving them an equal say in the support they receive
- Partnership and co-operation drive service delivery
- Services will promote the prevention of escalating need and the right help is available at the right time

The Well-being of Future Generations (Wales) Act 2015

The Act places a duty on Public bodies (including health and social services) to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future.

The Act requires them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place

Please see Appendix 1 for the full list of links for national legislation, guidance and regional plans reviewed

2

Cardiff and Vale Context

Cardiff Council, Vale of Glamorgan Council and Cardiff and Vale University Health Board work together formally under the Learning Disability Regional Partnership Board to jointly oversee the development and delivery of integrated health and social care services, to ensure they align with local need.

How have we developed this Strategy?

It has been very important to us to ensure that people who use services and those who support them tell us what matters to them and what they feel would make a difference to their lives. To capture this information, a range of engagement activities have taken place:

- Between February 2016 and January 2017we conducted a Population Needs Assessment which took place with citizens across Cardiff and the Vale including the views of people with a learning disability.

- In February 2018 the Institute of Public Care conducted 23 one hour interviews with people working within a range of learning disability services across Cardiff and the Vale, including staff working in education, the NHS, social services, the third sector and community groups.

- We analysed the responses from people using services and their families/carers who contributed to two online surveys.

- Two accessible engagement events were held by Vale People First for people with a learning disability.

- Cardiff People First collated information they gathered from members on improving local services.

- We have considered responses from individuals and their families following the 2017 review of complex day services across Cardiff and the Vale Councils.

- We established a dedicated email feedback address for citizens to tell us what they think about services for people with complex needs.

- In November 2018, we attended a feedback event led by Cardiff and the Vale People First groups, during which they presented the views of people with a learning disability and support providers on the draft Strategy.

3

What's Important
to People with Learning Disabilities and their Carers?

From the information gathered from the consultations and activities undertaken with young people, adults with a learning disability and their carers, eight priority areas have been identified;

Health and Feeling Good:
Being active.
Having fun.
Having a social life.

Information:
Accessible and easy to understand.

**Choice, Control –
Consultation and
Inclusion:**
Listening to the person's views and what matters to them.
Listening to carer's views and what matters to them.

The right support at the right time:
Early support.
Crisis support.
Specialist health support.
Respite support.

**Work, volunteering &
Day Opportunities:**
Person centred, accessible, feeling valued, developing skills and being part of the community.

**Child to Adult
Transition:**
Joined up and planned well.

Having my own home:
Being supported to live as independently as possible.
Using technology better.
Being near friends and family.
Having choices.

**Collaboration and
Co-Production:**
Working better together.

4

Needs and Demand

What do we know about people with a learning disability living in Cardiff and the Vale of Glamorgan?

Many people with learning disabilities will not require social care services or specialist health services. Like the rest of the population on a day to day basis, people with learning disabilities will come into contact with universal community services. Supporting people with learning disabilities to lead healthy, meaningful lives, preventing the need for more intensive, specialist services requires universal community services to be accessible with reasonable adjustments made to facilitate this. In Cardiff and the Vale of Glamorgan, there are 1,623 people with a learning disability over the age of 18 known to our Community Learning Disability Teams.

During January - March 2018, with the assistance of the Institute of Public Care, we reviewed our 'current position', in terms of the needs of the adult learning disability population, existing service provision and national legislation and guidance. This included an examination of:

- Estimated figures on the current and future size of the number of adults with learning disabilities in Cardiff and the Vale
- The number of people supported in council and health commissioned services
- The resources currently used to deliver learning disability services, which include both money and staff
- A map of the range of current service provision and its location

In addition to the above activities we have:
- Analysed national, regional and local information
- Analysed budget and staff resources – current and future
- Analysed current services
- Drawn upon the skills and knowledge of members of the Learning Disability Partnership Group to assist us in reviewing plans

Together, these findings have shaped this strategy and helped to determine the eight key priorities outlined on page 7.

Please see Appendix 1 for the full list of links for national legislation, guidance and regional plans reviewed

As of March 2017, in Cardiff:

- 7,081 people aged 18 and over in Cardiff are estimated to have a learning disability.
- 1,175 people with a learning disability received support from Learning Disability Services. This is 78% of people with a moderate or severe learning disability in the city.
- The number of people known to services is predicted to increase by 125 between 2017 – 2025.
- There are a higher number of men, (59.7%, 701).
- 17% of the Cardiff population are from non-white backgrounds (Stats Wales).
- 84.6% of people with learning disabilities reported their ethnicity as White British (943). This was followed by White – Other Background (3.1%, 35) and Pakistani (2.3%, 26) (CC records).

As of March 2017 in the Vale of Glamorgan:

- 2,400 people aged 18 and above are estimated to have a learning disability.
- 448 people received support from the Learning Disability Services.
- This is 90% of people with a moderate or severe learning disability in the county.
- This population is predicted to remain stable between 2017-2025.
- There are a higher number of men (55.4%).
- 2.5% of the County's population were from non-white backgrounds (Stats Wales).
- 391 (95.8%) of those who stated, reported their ethnicity as White British. This was followed by White – Other Background (2.7%, 11) and White – Irish (0.5%, 2) (VOG records)

Both counties will see an increase in people aged 65 and above. Whilst this increase is only 37 in number and represents just 30% of the total increase in numbers, these individuals may be expected to require greater support as they get older including social care and /or specialist health services.

The last census, 2011, identified that over 15% of people living in Cardiff and the Vale identified as being able to communicate in Welsh. In March 2017, council data identified very few adults with learning disabilities as Welsh speaking with only 13 (1.1%) in Cardiff. This may increase over time as more children attend Welsh Speaking schools.

What do we know about the needs of parent carers of people with a learning disability?

In 2017 Carers Wales published 'The State of Caring Report' aimed at capturing the day to day experience of unpaid carers in Wales. The report draws upon the experience of 400 unpaid carers across Wales identifying 1 in 10 Welsh people as unpaid carers and estimating the value of the care and support provided at £8.1 billion.

Within Cardiff and the Vale the 2011 census recorded 50,580 people identifying themselves as carers representing a 12% rise from the previous census 10 years earlier. The findings of Cardiff and Vale of Glamorgan 'Population Needs Assessment', undertaken during 2016-2017, resonate with the Carers Wales report and the feedback received from carers of adults with a learning disability undertaken as part of the consultation and engagement for this strategy during 2017/18. Carers have told us they need:

- Information and advice that is accurate and timely
- To be valued
- Respite
- Consistency of support
- Support at times of crisis

What do we know about the health and wellbeing needs of adults with learning disabilities?

We know that people with learning disabilities are at increased risk of experiencing poorer health and well-being than the general population. We also know that people with a learning disability experience unequal access to health services, unequal provision of health service and unequal treatment within mainstream health services. The fact that people with a learning disability are living longer and with more complex health needs, means that there will be increasing demands upon health and social care services in the future.

This is what we know in relation to adults with a learning disability:

- 40% will experience moderate to severe hearing loss, but are less likely than the general population to have their hearing problem diagnosed or managed
- 25-40% will experience mental health issues with a risk that their mental health needs may not be identified due to assumptions that symptoms and behaviours are caused by their learning disability
- Over 20% aged 65 years and above will have dementia compared to 6% in the general population. People with Down's Syndrome are particularly at risk, and can develop dementia 30-40 years earlier than the general population with rates of 40% at age 50
- 15-30% of people with moderate and severe learning disabilities will have epilepsy
- 10-15% of adults will display behaviours that challenge
- 10% are likely to be blind or partially sighted (10 times more than in the general population)

For the health and well-being of adults with a learning disability to be promoted, they need to ensure that they are registered at their local GP practice as having a learning disability in order to have an annual health check. This will promote their health and well-being, and has the potential to prevent crises

5

Current Provision

What do we know about people with learning disabilities receiving social care services?

A review of Cardiff and the Vale of Glamorgan adult social care learning disability services during 2016/17 told us that:

Cardiff

- 62% of adults with learning disabilities were living at home with family members
- There were 111 supported accommodation properties, with three provider agencies and the council supporting 343 people with a learning disability
- 84 adults with a learning disability lived in out of county residential provision.
- 11% of adults received direct payments
- Between 2018/19 and 2020/21, an average of 19 people will transition from children to adult learning disability services every year

Vale

- 40% of adults with learning disabilities known to the Council were living at home with family members
- There were 27 supported accommodation properties with three provider agencies supporting 77 people
- 38 adults with a learning disability lived in out of county residential provision
- 10% of adults receiving direct payments
- Between 2018/19 and 2020/21, an average of 9 people will transition from children to adult learning disability services every year.

Council services for adults with learning disabilities and their families/carers are provided through three Community Learning Disability Teams : Two for Cardiff (East and West) and one for the Vale of Glamorgan. The teams are made up of a range of local authority professionals and provide access to information, advice and support. Staff work alongside people with learning disabilities and those important to them to assess needs, agree outcomes and develop care plans. People are supported to access a wide range of assistance included integrated community facilities, volunteering, employment, domiciliary care, day opportunities, respite care, supported living and residential care. Local authority staff work closely with learning disability health staff to offer multidisciplinary support when required.

What do we know about people with learning disabilities currently receiving **health care?**

In Cardiff and the Vale of Glamorgan, adults with learning disabilities access generic NHS services available to the general population, and sometimes may also access NHS specialist learning disability services specific to their needs.

Generic health services include: GP and other primary care services, general specialist healthcare, including general hospital based care and treatments, and emergency care. A review of our generic NHS services during 2016/17 has shown that:

In October 2017

- 901 adults with learning disabilities had a health check via a GP (792 from Cardiff and 109 from Vale of Glamorgan). At 31 March 2017 there were a total of 1,999 people on the adult learning disability register, this is likely to be a gross underestimate of the number of adults with a learning disability. Even given this figure, only 45.4% had a health check during 2016/17, who were on the register.
- 81 adults were admitted to hospital (76 from Cardiff and 5 from Vale of Glamorgan)
- A total of 1,396 days were spent in hospital (39% in surgical services, 30% in specialist services and 29% in medicine services)
- A total of 776 general outpatient appointments were attended (769 by Cardiff residents and 7 residing in the Vale of Glamorgan)
- There were 214 different attendances to accident and emergency (210 by Cardiff residents and 4 from the Vale of Glamorgan)

For those that need them, there is a range of specialist NHS adult learning disability services available to Cardiff and Vale of Glamorgan residents. These services are provided by Swansea Bay University Health Board through Community Learning Disability Teams, Specialist Residential Services, Assessment and Treatment Units, and Behaviour Support Teams.

Specialist Community Learning Disability Teams

Specialist NHS community services for adults with learning disabilities and their families/carers are provided through three Community Learning Disability Teams : Two for Cardiff (East and West) and one for the Vale of Glamorgan. The teams are made up of a range of NHS professionals, and provide a single point of access to specialist NHS Learning Disability services such as Specialist Behavioural Services, Specialist Residential Units and Acute Admissions Units.

In October 2017:

- 980 people were supported by our community teams (753 in Cardiff and 227 in the Vale of Glamorgan)
- 245 people had a learning disability and additional needs (179 in Cardiff and 66 in the Vale of Glamorgan)
- The most common areas of additional need were: epilepsy (25%), mental illness (24%), behaviours that challenge (22%) and autistic spectrum disorder (11%)

- 33 people were receiving support for behaviours that challenge (28 from Cardiff and 5 from the Vale of Glamorgan) Swansea Bay University Health Board areas.

In 2016/17, 725 referrals were received by the community teams (513 for Cardiff and 212 for the Vale of Glamorgan). During this year, 178 adults were discharged from the service.

Specialist Residential Services

Specialist Residential Services (SRS) are small, nurse led units for people whose needs cannot be supported through social care. The units are registered as hospitals and people placed in the units have input into their treatment and support by a psychiatrist and psychologist. There are a total of 43 beds geographically located across the three Swansea Bay University Health Board areas.

In October 2017:

- Over two thirds (68.3%) of people in SRS were aged between 41-60 years
- All bar 3 of the 41 patients were reported to exhibit behaviours that challenge
- The average length of stay across all units was 10 years and 7 months

Assessment and Treatment Units

Assessment and Treatment Units provide inpatient assessment and treatment for adults with learning disabilities whose behaviours present exceptional challenges or have complex mental health needs.
There are a total of 23 beds geographically located across the health areas of ABMU (7), Cwm Taf (8) and Cardiff and Vale (8)

In October 2017:

- Just under half of people who were in the units were aged 21-30 years
- All individuals had at least two additional needs, with many reported as having three or four
- Challenging behaviour was noted in all but one patient and autism in 10 of the 13
- The average length of stay was 184 days

Continuing NHS Healthcare Funding

Continuing Healthcare (CHC) funding is used by Cardiff and Vale University Health Board to purchase packages of care, or residential and nursing home placements where an individual's primary need has been assessed as health-based. Packages of care can be provided in any setting and is part of the continuum of care and support for people with complex needs. It is also recognised that at times a person's needs are such that a jointly funded package of care is most appropriate. Across Cardiff and the Vale a number of people with complex health and social care needs receive joint funding.

6 Finance

The table below provides an overview of the total amount of money spent on some key adult learning disability services across the region by organisation in financial year 2017/18.
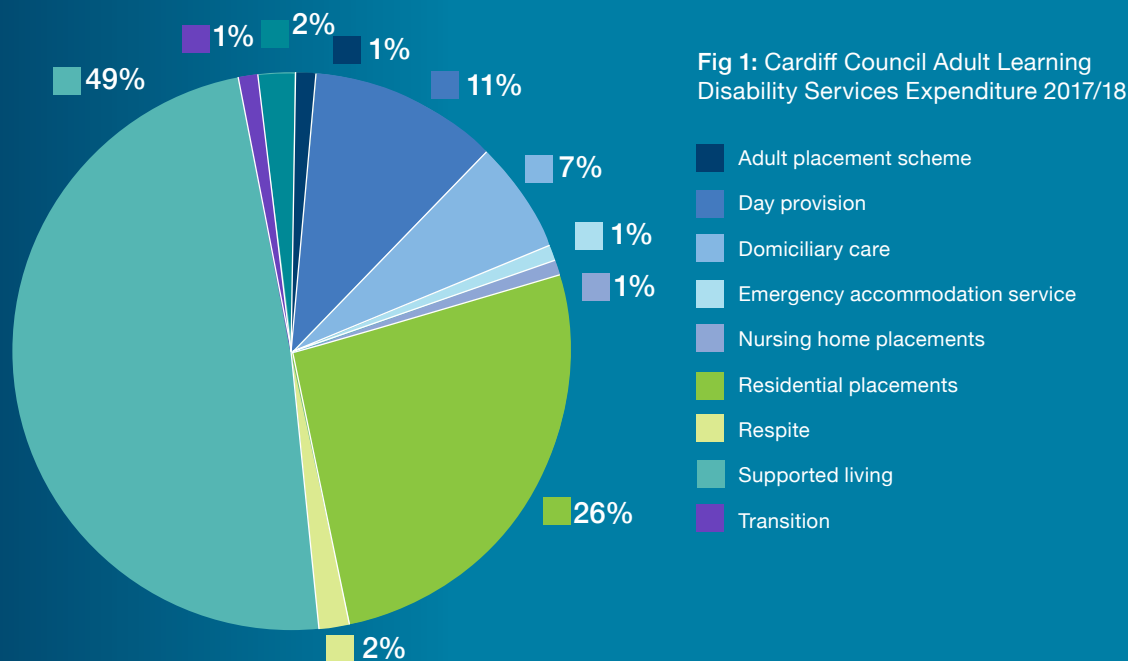
Total Spend on Core Adult Learning Disability Services by Organisation

Organisation	Funded Services	Financial Year	Total Amount	Average Spend per person
Cardiff and Vale University Health Board	• Specialist Learning Disability Community Teams	2017/18	£2,295,114	£2,341.95
	• Inpatient assessment and treatment*	2017/18	£693,107	----
	• Specialist residential care (inpatient)*	2017/18	£1,644,994	----
	• Continuing Health Care funded placements	2017/18	£15,805,520	----
Cardiff Council	• Adult social services	2017/18	£36,231,444	£30,646.00
Vale of Glamorgan Council	• Adult social services		£11,918,152	£26,603.00

* This figure is not confirmed due to budgets currently being allocated across Health Board areas
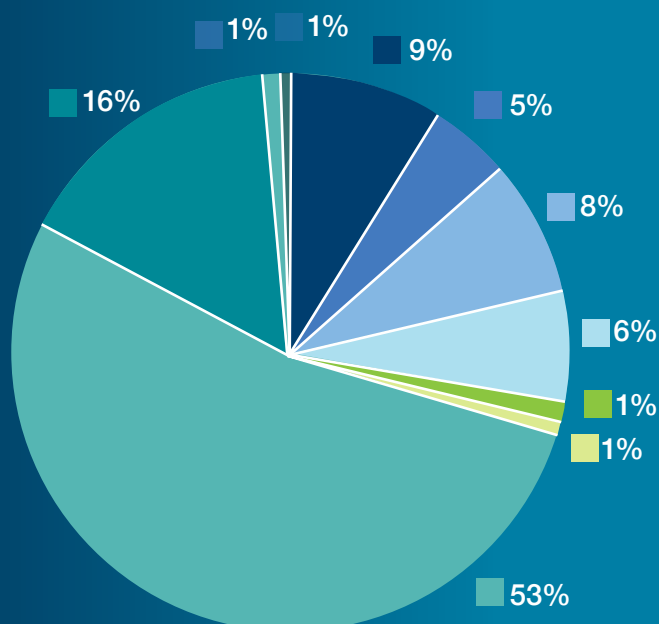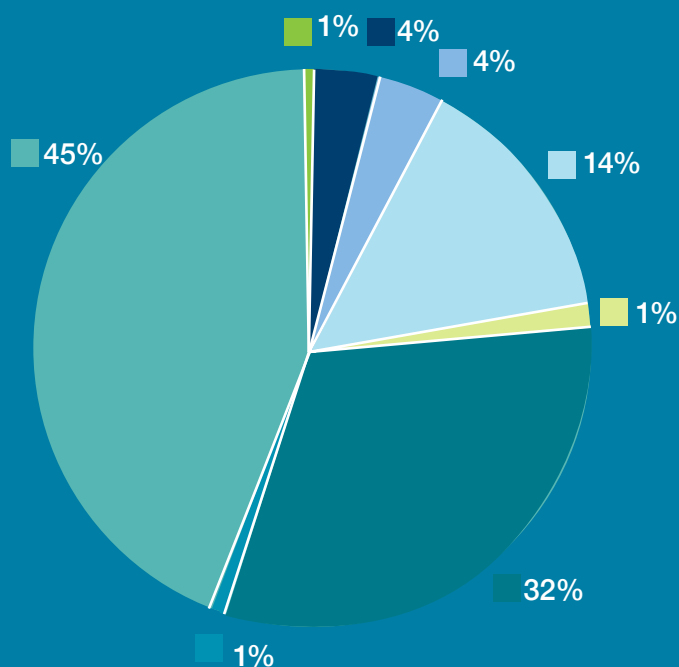
Further breakdowns of how this money was spent on commissioned services within each of the organisations can be seen in **Figures 1 to 3**

With less money to meet demographic pressures it is clear that we have to do things differently. Over the next five years we will have to be more innovative and creative about how we commission services, utilising the skills and knowledge of people with a learning disability, their carers, the 3rd and private sector.

Fig 1: Cardiff Council Adult Learning Disability Services Expenditure 2017/18

- Adult placement scheme
- Day provision
- Domiciliary care
- Emergency accommodation service
- Nursing home placements
- Residential placements
- Respite
- Supported living
- Transition

Fig 2: Vale of Glamorgan Council Adult Learning Disability Services Expenditure 2017/18

- Adult placement scheme
- Day provision
- Direct payments
- Domiciliary care
- Nursing home placements
- Residential placements
- Respite
- Supported housing

Fig 3: Cardiff and Vale University Health Board Adult Learning Disability CHC Expenditure 2016/17

- Community/home based care
- Care day service support
- Independent hospital/specialist facility
- Locked rehabilitation
- Nursing care home
- One-to-One
- Residential care home
- Specialist NHS facility

18

7

Quality and Performance Monitoring

Having identified the financial challenges across the region for health and social care, it is important that we continue to strive for the highest quality of service provision for people in the most cost effective way: ensuring commissioning contracts are clear in regards to what and how services are to be provided. Over the next five years we want to work with people receiving services and their carers, to ensure that they are being provided with good quality services that support them to achieve their outcomes.

We will put in place quality assurance measures in line with Health and Care Standards (2015), and the Social Service and Well-being (Wales) Act 2014.

8

Key Messages

There are a number of factors that will inform our strategic direction:

Demography

The number of people with a learning disability is increasing. People with a learning disability are living longer and we are expecting to see an increase in the number of adults with profound and multiple needs transitioning from children's into adult services over forthcoming years.

What people have told us

People identified clearly what their priorities are and have told us that they wish to be involved in choosing their services and support. We have used what they have told us in setting our priorities for learning disability services in Cardiff and the Vale.

Financial resources

The financial climate facing the public sector is difficult and unlikely to improve in the foreseeable future. In all of our commissioning arrangements, value for money, quality and sustainability will be taken into account.

Service provision

Currently many Cardiff and Vale residents live in provision which is out of county and a long way from family and friends. To enable those placed away from home to return where appropriate and to offer people improved local options when considering where to live, requires all three organisations to improve their infrastructure to support people to live locally. There is also a need to modernise our NHS service model to prevent lengthy stays in a hospital setting.

9 Implementation
How we will deliver our strategy?

To achieve our vision and provide services based on what matters to people, we will work together with all of our stakeholders to develop detailed action plans for each of our priority areas. The plans will include actions to improve support throughout people's lives. To achieve our vision, we need to co-produce services with people with learning disabilities and their carers, and also work closely with staff in the NHS and local authorities, to make sure that reasonable adjustments are made for people with a learning disability to access general public services.

Our action plans will be jointly implemented, and our progress will be monitored through our joint learning disabilities partnership structures. The Learning Disabilities Partnership Group will act as our expert reference group in the development and implementation of our action plans.

We will strive to ensure to ensure the highest quality of provision for the best value for money to ensure choice within our allocated resources.

10

Our Priorities - Promoting Independence & Improving Lives

Our commissioning priorities for the next 5 years are based on what people have told us matters to them.

Health and Feeling Good:

People have told us that they want to be able to socialise with their friends and have fun. They have also told us they want a range of support from befriending and peer support through to support with meeting complex health care needs.

The change we want to see:

- More people with learning disabilities accessing an annual health check
- Health inequalities reduced
- People with a learning disability engaging more in positive lifestyle behaviours such as healthy eating and mental wellbeing interventions
- More people with a learning disability accessing leisure, social and cultural opportunities in their communities
- More people with learning disabilities supported to make and maintain friendships

This is what we are doing now:

- We support people to access health appointments when they cannot get there without assistance.
- We fund and support people to access social and friendship groups provided by the third sector and we encourage people to form their own groups
- We support people to have shared support with their friends where appropriate.
- ABMU Health Board facilitates specialist relationship groups for those who require support.

This is what we will do:

- Develop more varied social groups to encourage friendships and peer support; 'Gig Buddies' for example. Develop the use of Direct Payments to enable shared and group support. (*Projected forecast 2019-*2021)
- Recruit a Learning Disability Liaison Nurse to work with staff on the wards in the University Hospital of Wales to ensure they are able to care for people with a learning disability appropriately through making "reasonable adjustments". The liaison nurse will also ensure that adequate systems are in place to communicate with people/parents/carers and providers. (*Projected forecast 2019*)
- Work in collaboration to embed "social prescribing" throughout our NHS system-learning from the experience of our local authorities. Social prescribing will mean that we will sign post people with a learning disability to a range of non-clinical wellbeing support, enabling them to access leisure, sport and culture opportunities. (*Projected forecast 2019-2021*)
- Improve the uptake and quality of the annual health checks and health related screening offered to people with a learning disability by their GP. (*Projected forecast 2019-2021*)

Information – Accessible and easy to understand:

People have said they want to know what services are available and that they want to be involved in making choices about the opportunities available to them. They can only do this if information is easy to access and available to them in a format they can understand.

The change we want to see

- More people with learning disabilities and their families/carers have access to good, consistent and accessible information about services and opportunities available to them.

This is what we are doing now:

- Developing a resource of accessible leaflets and letters for all community staff to use with the people they are working with to aid understanding.
- Cardiff and the Vale councils have purchased Dewis Cymru, a web-based resource, to provide information that can help people think about what matters to them and learn about local facilities and services.
- Support Planners are able to assist individuals to learn about, and try, local opportunities when developing a care package.

This is what we will do:

- Work with our Speech and Language Therapists to produce information that is as accessible as possible. *(Projected forecast 2019/20)*
- Work with Dewis Cymru to develop the website to include accessible information and encourage and promote its use. (*Projected forecast 2020/24)*
- Work with our partners to use social media and technology to assist with information sharing. (*Projected forecast 2019/2024)*
- To use our colleagues in the Learning Disability Partnership Group to be 'critical friends'. (*Projected forecast 2019-2024)*

Choice and Control – Consultation and Inclusion

People have told us they want to be listened to, communicated with, kept informed, have real choices and be involved in decisions about their care and support. People have told us that at times when they need help to make decision they would like an advocate to be available and not have to wait.

The change we want to see

- People with a learning disability who require a care and support plan, will always be involved in its development and will have their outcomes clearly articulated..
- More people with learning disabilities will have access to advocacy support.
- More carers/parents of people with a learning disability will have access to support when they need it.
- More people with a learning disability and carers of people with a learning disability, will be involved in commissioning activities, and in making decisions which shape services.
- More people with a learning disability will be using direct payments.

This is what we are doing now:

- Supporting staff to complete outcome focused assessments with individuals and their families or important others.
- Support Planner service works with individuals to understand wishes and choices when developing care packages.
- Provision of the Advocacy Gateway to enable people to receive the most appropriate form of advocacy support and advice to meet their need.
- Person centred support plans in place in all internal and commissioned services
- Promotion of use of direct payments.
- Extension of 'Your Choice' domiciliary care project within the Vale to people with a learning disability.
- Dedicated carers officers to support parents/carers of people with a learning disability.

This is what we will do:

- Talk to people using services more. (*Projected forecast* 2019-2024)
- Talk to carers more. (*Projected forecast 2019-2024*)
- Continue to develop outcome focussed /strength based practice amongst all staff and stakeholders. (*Projected forecast 2019-2024*)
- Include people receiving services in contract monitoring and review meetings. (*Projected forecast 2019-2024*)
- Continue to promote the use of direct payments looking to more creative use of this to enable a Personal Assistant to support friendship groups/social groups. (*Projected forecast2019-2024*)
- Continue to work with partner agencies to develop use of assistive technology. (*Projected forecast 2019-2024*)

The Right Support at the Right Time

The need to have information, advice and if necessary, assistance at the time it is required to prevent the need for more support later on.
Carers have said that at times of crisis they require access to support immediately as well as access to regular respite opportunities.

The change we want to see

- Fewer people will fall between the gaps in services.
- Fewer people will be admitted to specialist learning disability hospital assessment beds, and when they do, they will be discharged earlier.
- More carers will be able to access specialist learning disabilities support and advice when they need it.

This is what we are doing now:

- Specialist social work teams (Emergency Duty Team) are in place to respond to urgent need 24 hours a day.
- We support people to access a range of respite services.
- Increased use of Adult Placement respite and complex needs respite in the Vale
- Cardiff Council is reviewing its respite services.
- Local Third Sector organisations such as People First offer a range of self-advocacy and peer support groups.

- Reviewing our specialist NHS service model to ensure that intensive support is available in the community at times of crisis to prevent people being admitted to hospital, and to ensure that people are able to be discharged from hospital with the right support, as soon as they are ready

This is what we will do:
- Development of further social groups to encourage friendships and peer support. (*Projected forecast 2019-2021*)
- Encourage peer support amongst carers facing similar concerns. (*Projected forecast 2019-2021*)
- Include people receiving services in contract monitoring and review meetings. (*Projected forecast 2019-2021*)
- Begin implementing our plans to modernise our specialist NHS Learning Disabilities service provision, to ensure that the right support and treatment is available, at the time people need it. (*Projected forecast 2019-2024*)
- We will focus on strengthening our community services to better assist people in times of crisis, prevent unnecessary hospital admission, and work to support people to remain in their own homes. (*Projected forecast 2019-2024*)
- We will work with, and support our residential and nursing home providers across the region to ensure that their staff have the right skills and knowledge to be able to better care for people with a learning disability who also have a mental health diagnosis, including dementia. (*Projected forecast 2019-2024*)

Work, Volunteering & Day Opportunities

People have told us they want a variety of different opportunities available to them and to have choice and flexibility. Families and carers have told us that having a building base where people with a learning disability can go during the day is important for some people; particularly those with high levels of health and care needs. People have told us that it is difficult to know where to look for available opportunities.

People have commented on how positive volunteering has been for their confidence and independence and how they would like more opportunities to volunteer in a range of different areas. In addition, people have said they want more assistance in getting 'work ready' and more opportunities for paid employment

The change we want to see:
- More people with a learning disability, including those with more profound disabilities, will be involved in their local community.
- More people with learning disabilities will be in voluntary and paid work.
- There will be more choice of meaningful activities available to people with a learning disability.

This is what we are doing now:
- We have developed day services for people with complex needs and we also commission other building based opportunities.
- Cardiff Council has expanded its complex needs day services to meet local need. The service has also been refurbished to improve facilities and enhance the environment for people using it.

- Vale of Glamorgan Council continue to meet the needs of people with a learning disability and complex physical health problems in their day service provision.
- Cardiff Council introduced a Support Planning service in 2016 which has also been introduced in the Vale of Glamorgan. This service provides people with increased support to identify what they want to do in terms of vocational and leisure activities and has resulted in a greater uptake of mainstream services. We have worked to develop a wide range of voluntary opportunities and encourage people to join local community groups.
- Development of DEWIS Cymru.

This is what we will do:
- Further develop the support planner role in the Vale of Glamorgan. (*Projected forecast* 2019-2021
- Further develop complex need provision across Cardiff and the Vale with a specific emphasis on the transition age group. (*Projected forecast 2019-2024*)
- Work with Third Sector organisations to increase the opportunities available to people for day opportunities, voluntary and paid work. (*Projected forecast 2019-2024)*
- Develop greater links with supported employment agencies to ensure opportunities for paid employment are available to people with a learning disability. (*Projected forecast 2019-2021)*
- Ensure our contracts for day opportunities are focused on improving outcomes for people using the service and are flexible to allow for creativity and innovation. We will assist people to find out about local community groups and activities available in their areas, and support them to get involved. (*Projected forecast 2019-2021)*
- Work with our third sector partners to facilitate friendships and relationships for people with learning disabilities and promote positive risk taking. (*Projected forecast 2019-2021*)

The Transition from Child to Adult Services

People have told us that the transition from children's to adult services in health, social care and education is not working. People feel fearful and scared about the future and they don't feel supported by services. Where transition from children to adult services has worked well, we don't appear to be sharing this good practice to ensure this happens consistently. People feel that discussions about their future should start earlier in schools and youth clubs and that they should be fully involved in these.

The change we want to see:
- A regional Transition Protocol
  - Young people and their carers feel involved and supported through the transition process.
  - Identified transition keyworkers.
  - Education, health and social services working together with the young person to produce clear individual outcome focused plans.

This is what we are doing now:
- Increasing dedicated transition social work posts.
- Increasing Support Planners to enable support to those transitioning from children to adult services.
- Developing a joint transition protocol across the region.
- Working with education colleagues to plan for the introduction of the Additional Learning Needs and Education Tribunal legislation in 2020.
- Working to develop improved local options for young people leaving school.

This is what we will do:

- Continue to listen and learn from what worked what didn't work and using forums such as the Learning Disability Partnership Group / Parents Federation and Cardiff and Vale People First to assist. (*Projected forecast 2019-2024)*
- Improve the information available to young people and their families regarding what to expect from the transition process and local opportunities. (*Projected forecast* 2020- 2021)
- Launch the Regional Transition Protocol. (*Projected forecast* 2019-2020
- Aim to be in contact with all known individuals undergoing transition at age 16. (*Projected forecast 2019-2024)*
- Develop improved data collection methods to plan for young people earlier. (*Projected forecast 2019-2021)*
- Commission Training on the implications of the Additional Learning Needs Act. (*Projected forecast 2019-2020)*
- Develop complex needs day provision specifically foryoung people coming through transition. (*Projected forecast 2020- 2023)*

Having my own home:

People have told us that they want to be supported to live as independently as possible and to be able to live near friends and family.

The change we want to see:

- Fewer people will be in out of area residential care homes.
- Fewer people will be placed in long term hospital beds.
- More people with a learning disability will have choice and control over where they live and how they are supported.
- More people with learning disabilities will use technology safely to help them live as independently as possible.

This is what we are doing now:

- Working with housing departments and housing providers to scope out future demand and need.
- Preparing for the re-tender of supported accommodation in Cardiff and in the Vale.
- Exploring more core and cluster accommodation.
- Expanding the Adult Placement Service within Cardiff and the Vale.
- Developing new accommodation and working to close houses that are no longer fit for purpose.

This is what we will do:

- Further develop the Adult Placement Service to promote friends living together. (*Projected forecast 2019-2024)*
- Expand the Adult Placement Service within Cardiff and the Vale. (*Projected forecast 2020-2024)*
- Work together to develop accommodation and support that will enable people who are living out of county or in long term hospital beds to return to their own communities where appropriate. (*Projected forecast 2019-2024)*
- Enable people to have their own tenancy wherever possible when they move away from their families. (*Projected forecast 2019-2024)*

- Encourage and promote the use of new technologies to help people to live as independently as possible. (*Projected forecast 2019-2024*)
- Development/reconfiguration of community step-down facilities to enable move-on for people in NHS and independent hospital beds and to prevent young people being placed out of county. (*Projected forecast 2019-2024*)

Collaboration and Co-Production

People have said professionals need to work together and that all professionals need to work collaboratively with the people they support. Professionals need to take a strengths based approach, using people's personal knowledge of what they can do and the strengths they have in order to achieve their own goals.

The change we want to see
- More care and support plans will be outcome focused, based on an individual's strengths and abilities and co-produced with the person.
- More people with a learning disability are fully involved in developing their care or support plans.
- A reduction in the number of people who have multiple care and support plans- people will have one plan, wherever possible.
- More care and support plans will include goals that have been identified by the individual.

This is what we are doing now:
- Rolling out the 'Your Choice' policy in the Vale of Glamorgan
- Using the Learning Disability Partnership Group as the vehicle for information sharing to a range of other agencies, people using services and carers.
- Promoting a change in culture across both councils to ensure we understand people's strengths and networks and focus on people's identified outcomes.
- We listen to the views of citizens via surveys, compliments and complaints letters.

This is what we will do:
- Cardiff and Vale Councils will introduce strengths based practice training for staff. (*Projected forecast 2019-2022*)
- Talk to people and talk more often. (*Projected forecast 2019-2024*)
- Keep people informed in a more consistent way through better use of the Learning Disability Partnership Group. (*Projected forecast 2019-2024*)
- Use the Learning Disability Partnership Group more pro-actively for discussion and debate about current and future needs. (*Projected forecast 2019-2020*)
- Use the Learning Disability Partnership group as the forum for the development and on-going monitoring of the implementation plans for the eight priority areas. (*Projected forecast 2019- 2024*)
- Expansion of 'Your Choice' for people with learning disabilities in the Vale. (*Projected forecast 2019-2021*)
- Explore the potential to integrate health and social care management structure. (*Projected forecast 2023-2024*)
- Co-locate our NHS and Social Service Learning Disability Team in Cardiff. (*Projected forecast 2019-2021*)

11
Next Steps

Our next task is to produce detailed action plans for the future based on the eight key priorities identified. The Learning Disability Partnership Group will develop and monitor the plans.

How will we know when we have achieved our priorities?

Each action plan will be reported on at the regular Learning Disability Partnership Group meetings to monitor progress. Each year we will consult with people with learning disabilities to discuss whether we have achieved our aims. Ultimately we will know we have achieved our priorities when people tell us that the quality of their lives has improved.

Appendices

Appendix 1: Links to Relevant Legislation, Guidance Documents and Regional Plans Reviewed

- Welsh Government (2007) Statement of Policy and Practices for Adults with a Learning Disability
  https://gweddill.gov.wales/topics/health/publications/socialcare/guidance1/disability/?lang=en
- Carers Strategies (Wales) Measure 2010
  https://gweddill.gov.wales/topics/health/publications/socialcare/guidance1/carers/?lang=en
- Equality Act 2010
  https://www.gov.uk/guidance/equality-act-2010-guidance
- NHS Wales (2011) All Wales Prioritisation Framework
  http://www2.nphs.wales.nhs.uk:8080/HealthTopicLeads.nsf/85c50756737f79ac80256f2700534ea3/c997185d64441b398025
  7bb80049f48d/$FILE/Prioritisation%20Framework_Final%2021-12-11.pdf
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