Meeting Date	**13 April 2021**	**Agenda Item**	**2.1**
Report Title	Update on Management of Attendance at Work including Wellbeing and Occupational Health interventions		
Report Author(s)	Guy Holt – Associate Head of HR Paul Dunning – Professional Head of Staff Health and Wellbeing		
Report Sponsor			
Presented by	Kathryn Jones, Director of Workforce & OD (Interim)		
Freedom of Information	Open		
Purpose of the Report	To provide an update to the committee on Swansea Bay's sickness absence performance and actions taken to increase attendance at work in light of the Covid-19 pandemic.		
Key Issues	Although in month absence for January 21 reduced by 1.71% it remains high at 8.05% with Covid related absence totalling 2.33%. As in the first wave of the Covid19 pandemic, we are likely to see an increase in anxiety/stress related absence as the Covid specific pressures ease and we have already seen a 1.27% increase in month. Neath Port Talbot is the clinical group with the highest in month absence at 9.03% however this is a reduction of 3.48% on the previous month and Estates and Facilities are the highest non clinical group at 13.27% which has reduced by 2.11% on the previous month Operational HR resources have continued to be used for non "normal" activities in order to support the overall response to the second wave of Covid, however, we have started to identify future actions specifically related to reducing absence and supporting staff back to work. Occupational Health and Wellbeing services continue to provide a number of interventions aimed at supporting staff through stressful and traumatic events.		

Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☒	☐

(please choose one only)				
Recommendations	Members are asked to: **RECEIVE** the update contained in this paper and **ENDORSE** the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we plan to take in relation to supporting sickness absence reduction across the Health Board.			

Swansea Bay University Health Board
Management of Attendance at Work Update
April 2021

1. INTRODUCTION

The purpose of this report is to provide assurance to the Workforce & OD Committee on current performance and actions taken to increase attendance rates, providing an update on performance throughout the Covid 19 pandemic, the impact this has had on attendance performance and current/future plans to support staff wellbeing and maximise attendance at work.

2. BACKGROUND

2.1 Previous Performance

Throughout the autumn of 2019 and early winter, we had experienced a gradual increase in sickness absence rates up to 6.9 in December 19. This increase was mainly in short term absence whilst long term absence (LTA) remained broadly stable; indicating that the focus we had placed on improving LTA was having an effect. In February 20, we saw an overall improvement of absence to 6.37%, which was the best monthly performance for a number of months. In March 20, the Covid pandemic started which has continued to have a substantial impact on our sickness absence levels.

2.2 Analysis of Current Performance

The latest confirmed in month absence performance, (January 2021) saw an improvement of 1.71% on the previous month to 8.05%. The 12-month rolling performance to the end of January 21 was 7.51%, an increase of 0.09% (see Graph 1). This represents an overall decline in performance of 1.36% in the 12 months to end January 21

Graph 1: Swansea Bay absence rate percentage Feb 20 – Jan 21

Effect of Covid 19

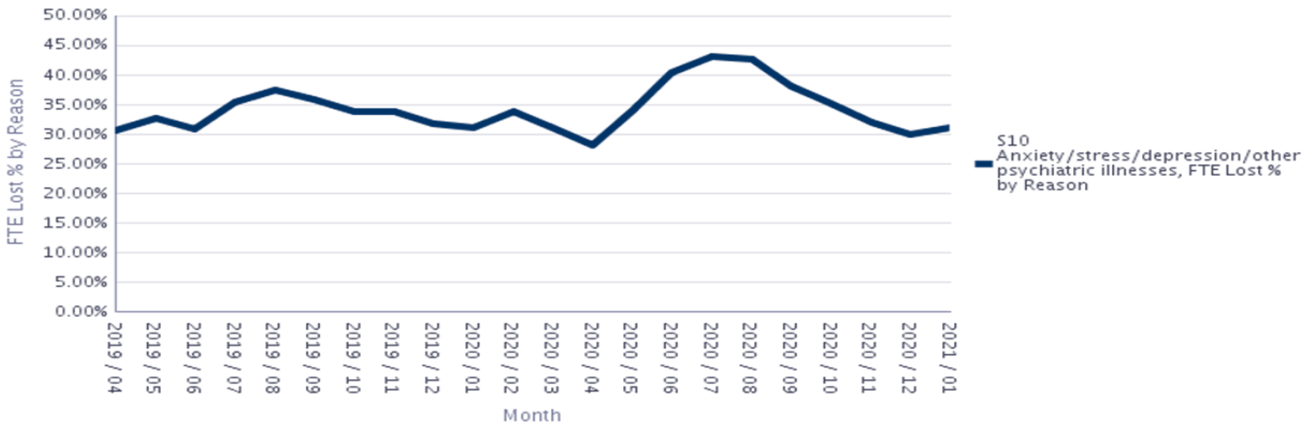
At the peak of the Covid 19 pandemic in April 20, 2.68% of the monthly absence was atributable to Covid reasons. This reduced to a low of 0.35% by August 20 but throughout the preceeding

months increased to a peak of 3.55% by December 20. We have now seen a decrease in these rates in January 21 of 1.20% giving an overall absence due to Covid 19 related reasons to 2.33%. If we discount Covid related reasons from January's overall absence performance we see an absence percentage of 5.72% for the month. Compared to January 20 this would represent an improvement of of 1.27%

Graph 2; Covid 19 related absence to Jan 20

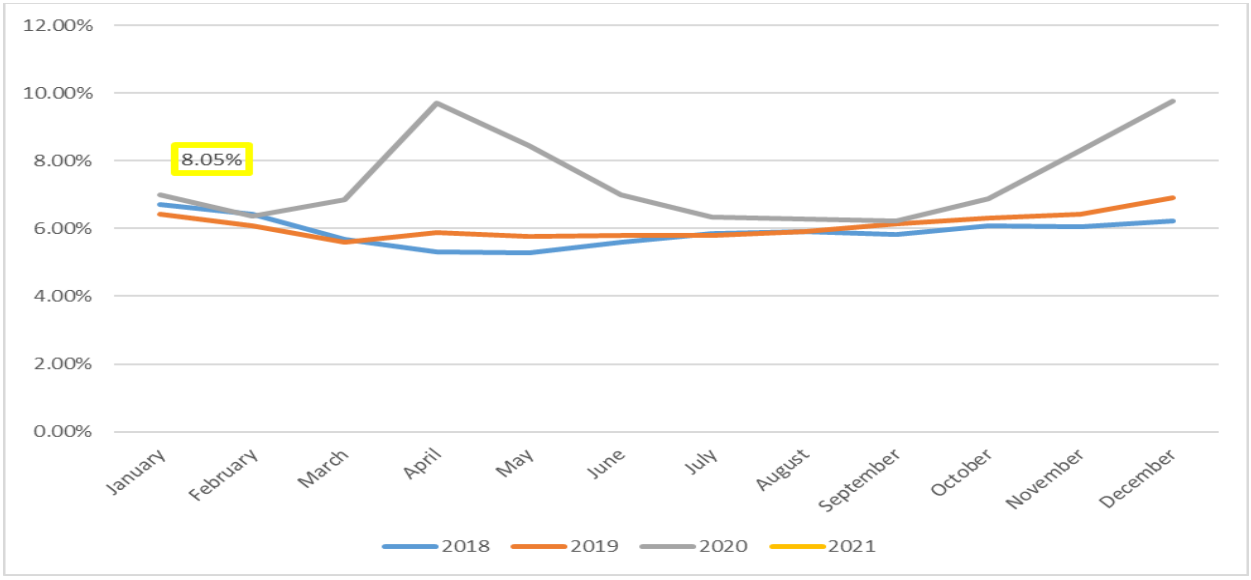
This however does not provide a full picture of the effect of Covid 19 on our attendance performance, particularly on the phycological effect on our workforce. To put this into context stress related absence at the end of March 20 made up 31.3% of our total absence, in January 21 this stood at 31.09% and is highlighted in Graph 3 below and represents a 1.27% increase on the previous month. It is also reasonable to assume that this will increase further in the coming months data as the pressure in our hospitals eases. This was the case in the initial wave of the pandemic when at the height of the pandemic in April 20 stress absence reduced to 28.2% but by August 20 when the pressures due to Covid were at their lowest, stress absence had increased to 42.7%. This suggests that staff run on adrenaline when the pressure is particularly on, only to suffer a stress reaction later when the pressure eases. Therefore as we see a reduction in the Covid19 infection rate and associated pressure in our hospitals we are likely to see a detrmental effect on our staff mental wellbeing and assuming this follows a similar pattern we should prepare for a peak in stress related absence three to four months following the peak of Covid 19 pressures in December.

Graph 3: Anxiety/Stress/Depression absence trend April 19 – January 21



The current position is further highlighted in Graph 4 below when comparing the last 3 years absence trend on a month-by-month basis. Since the initial peak of the effect of Covid passed, we saw five continuous months of improvement in attendance, however due to the returned increase in the prevalence of Covid 19 this increased and peaked in December to between 3.53% and 2.86% above the levels of absence that we saw in December 2018 and 2019. Although we have seen a reduction in absence in the January data absence levels remains between 1.63% and 1.05% above levels in January 19 and 20

Graph 4: 3 year monthly absence trend

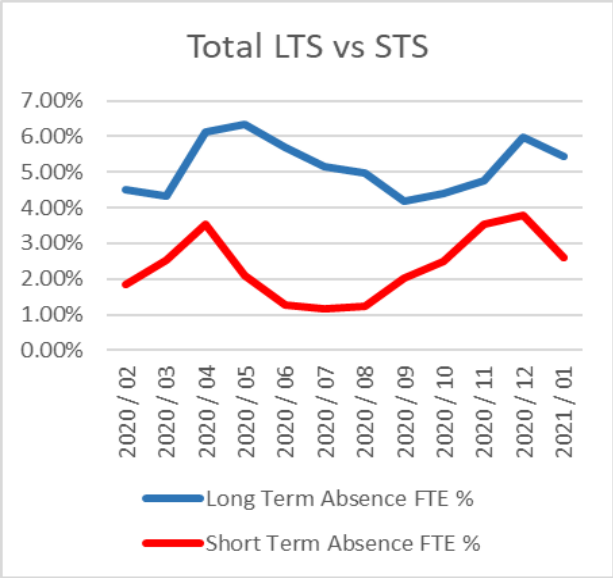


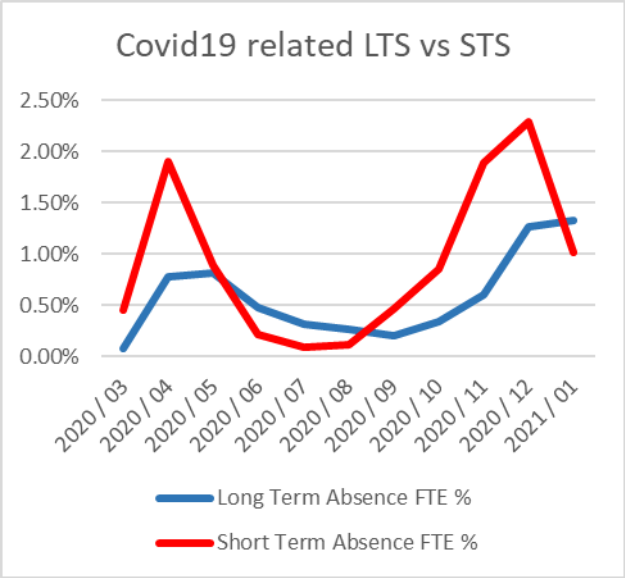
Short-term & Long-term Performance

In month, short-term sickness for January 21 was 2.60%, which is a reduction of 1.19% on the previous months reported STS. This decrease is due to the decrease in STS due to Covid 19 related reasons, which we saw reduce by 1.28% to 1.01% in January.

On the latest figures long-term sickness has also decreased in month by 0.53% compared to last months reported LTS to 5.44%. However, LTS due to Covid 19 related reasons increased slightly by 0.06% to 1.32%

Graph 5: Long-term & short-term absence Feb 20 – Jan 21





Absence occurrence by length

Table 1 below reports length of absence occurrences banded into days for both the ten-month period prior to Covid 19 and the following nine months to end of Jan 21 once Covid had commenced.

Comparing these two periods show that in the "Covid" period, length of occurrences between 1 and 6 days and those >12 months have improved the most by 20% and 34% respectively. The biggest increases being the 8 – 14 and 15 – 21 day occurrences, which increased by 35% and 27% respectively.

Table 1: Length of Absence Occurrences

Absence Band (Days)	Absence Occurrences June19 - Mar 20	# Absence Occurrences April 20 - Jan 21
0-1	2,664	1,983
2	2,096	1,523
3	1,535	1,299
4	1,086	950
5	1,009	851
6	606	581
7	1,032	1,057
8-14	1,584	2,452
15-21	864	1,179
22-27	411	516
28 Days-6 Months	2,798	3,271
6 Months-12 Months	218	198
>12 Months	35	23

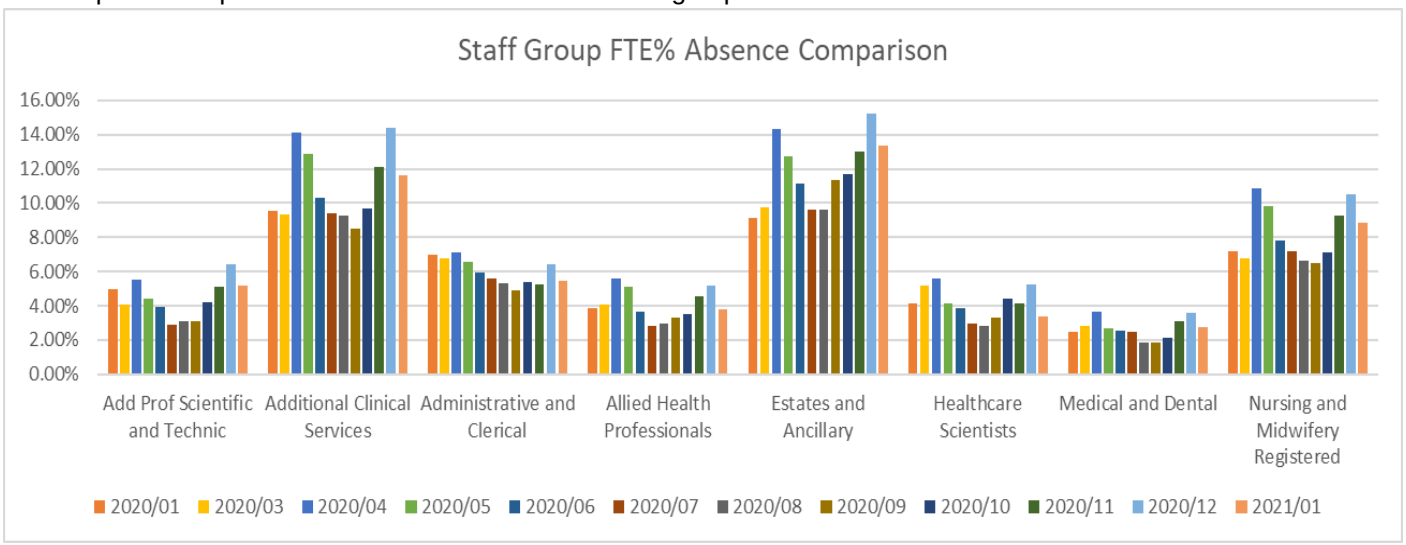
Staff Group Absence

Graph 6 below highlights the overall monthly absence levels across each of the staff groups from March 20 to the end of Jan 21 and a comparison to Jan 20 (shown in orange on the left of each

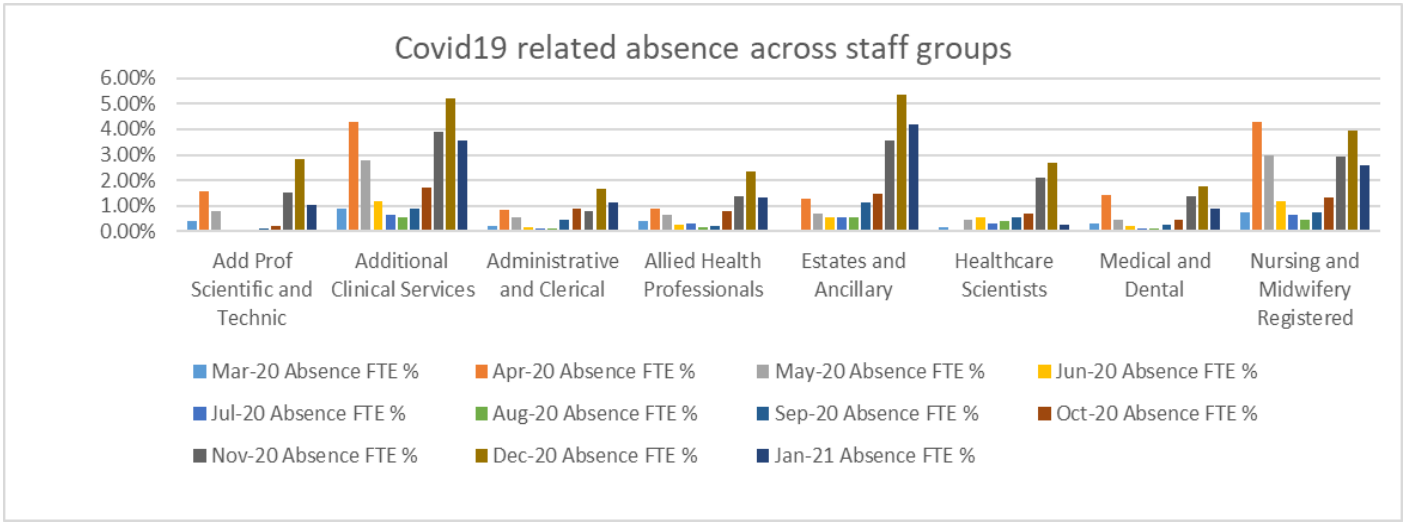
block of bars). The highest levels of absence at the peak of the Covid pandemic in April 20 were in the three groups that normally have the highest levels of absence, these being Additional Clinical Services (ACS), Estates and Ancillary (E&A) and Nursing and Midwifery (N&M). As at Jan 21, these three staff groups were 2.01%, 4.21% and 1.7% above Jan 20 levels respectively. However all three have seen a reduction in absence rates compared to the previous month of 2.78%, 1.91% and 1.63% respectively.

Graph 7 shows the level of monthly Covid related absence reported across each staff group between Mar 20 and Jan 21. This highlights that the increases in absence since the pandemic started, appear not to be only due to Covid related reasons. For example in April 20 Estates and Ancillary sickness levels reached 14.29%, some 6% above the levels in April 19, however only 1.27% of this increase was reported as Covid related. This discrepancy due to reporting error has now been corrected and in Jan 21, this staff group reported 4.20% of their total absence of 13.33% as Covid 19 related. E&A remain the only staff group to have a greater absence level compared to Jan 20 after you subtract their Jan 21 Covid absence from their total absence for that month, indicating an increase overall in non-Covid absence reasons in the last 12 months.

Graph 6: Comparison of absence levels across staff groups



Graph 7: Covid related absence across staff groups to October 20



Service Group and Directorate Performance

The following section now has corporate directorates included however, Estates and Facilities whilst part of Corporate has been reported separately to avoid any distortion in the data.

All groups saw their in month performance for Jan 21 improve compared to the previous month, with NPT and Singleton seeing the biggest improvements of 3.48% and 2.26% respectively. Cumulative performance saw four of the seven groups decline in performance. With Estates and Facilities and Morriston seeing the largest decline at 0.30% and 0.19% respectively and Corporate seeing the biggest improvement of 0.10%

Table 2: Service Groups and Directorate Performance November 20 in Month & Cumulative position.

	In month %	+/- on previous month	Cumulative	+/- on previous month
Mental Health and LD	8.35%	0.72%	8.03%	0.06%
Morriston	8.99%	1.76%	8.26%	0.19%
Neath Port Talbot	9.03%	3.48%	7.91%	0.18%
PCC	7.53%	1.20%	6.47%	0.16%
Singleton	6.26%	2.26%	6.67%	0.02%
Estates & Facilities	13.27%	2.11%	11.56%	0.30%
Corporate exc Estates & Facilities	3.62%	1.16%	3.74%	0.10%

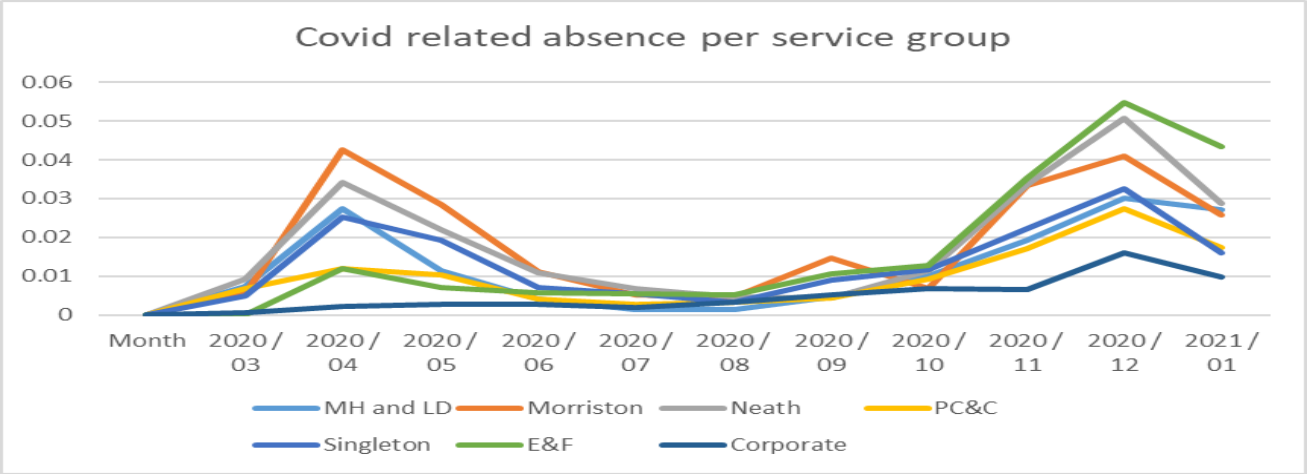
Covid related absence across Groups and Directorates

The effect of Covid related absence on individual groups is shown in Graph 8 below. This highlights that the largest effect of Covid in the recent peak was seen by Estates and Facilities and Neath who saw Covid related absence of 5.46 and 5.08% respectively, both over 1% higher than the next most affected area. The least affected group was Corporate at 1.61%

All groups apart from Corporate services at 0.98% had Covid absence levels between 1.61% (PC&C) and 4.33% (E&F) in January. NPT and MH&LD had the highest Covid absence out of the clinical groups at 2.87% and 2.71% respectively.

It is worth noting that if you deduct January's individual Covid absence rates from both MH&LD and Singleton's individual in month performance they achieve an absence rate of 5.64% and 4.65%, which is 3.58% and 2.05% lower respectively than in the previous January. Indicating their non-Covid absence performance has improved significantly over the last 12 months. The test will be if this can be sustained post Covid.

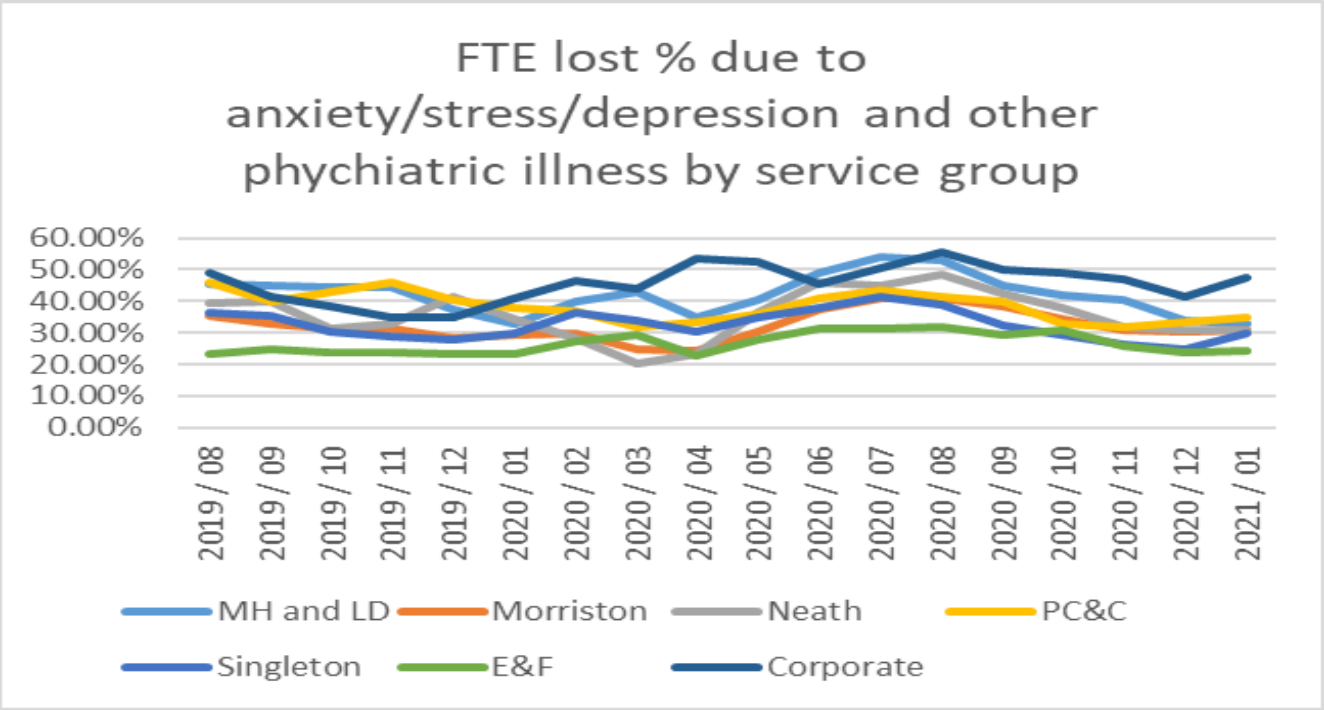
Graph 8: Covid related absence across groups and directorates to January 21



Stress related absence across Service Groups and Directorates

As highlighted above looking at Covid related absence in isolation does not give a full picture of the effect of the Covid pandemic on our workforce and in particular the phycological effect. Graph 9 highlights the trend of stress related absence across the service groups and directorates in the last 12 months. This shows in January 21 only Morriston Neath and Corporate groups, had absence due to phychiatric reasons higher than before the pandemic in February 20, with Neath having the largest increase differencial of 2.4% between February 20 and Dec 20, however the January rate is a reduction of 0.18% on the previous month. In MH&LD and Singleton it is 7.04% and 6.66%% lower in Jan 21 than pre Covid which is where these groups are likely seeing the positive performance of their non Covid absence. However as higlighted earlier this is likely to change in the aftermath of the current surge in pressure when we have previously seen an increase in stress related absence and as highlighted earlier we have seen a small increase in stress related absence in January 21 compared to the previous month. It is also worth noting that out of all of the groups, Corporate have the highest levels of stress related absence which in January 21 accounting for 47.56% of the groups total absence which is 12.91% higher than the next highest group.

Graph 9: Stress related absence trend across delivery units April 19 – Jan 21



Swansea Bay performance against other Health Boards in Wales

Since the outbreak of the Covid 19 pandemic, the Data Monitoring group that produces comparative sickness absence data across Wales has been stood down. The only comparative data therefore that exists is data published on the Welsh Government site Stats Wales. This data is published in quarters and the most recent quarter available is for the second quarter of 2020/21 and is shown in Table 2 below. This shows that in this quarter our absence performance was 0.69% above the next worst Health Board. This is however an improvement of 0.23% on the previous quarter.

Table 2: NHS Wales Health Board sickness absence performance Apr 20 – June 20

	Jul 2020 (4)	Aug 2020 (4)	Sep 2020 (4)	Jul-Sep 2020 (4)
Betsi Cadwaladr University LHB	4.99	4.78	4.97	4.91
Hywel Dda University LHB	4.48	4.47	4.75	4.57
Swansea Bay University LHB (1)	6.26	6.20	6.22	6.23
Cwm Taf Morgannwg University LHB (1)	5.52	5.33	5.78	5.54
Aneurin Bevan University LHB	5.03	5.02	5.37	5.13
Cardiff & Vale University LHB	5.16	5.01	5.23	5.13

2.3. Workforce and OD Actions

Previous plans

Prior to the Covid-19 pandemic, we had completed and committed to a number of actions in order to assist in the reduction in sickness absence levels. These included:

- Development of a new cultural audit tool with audits planned in a selected number of high absence areas.
- Confirm and Challenge panels set up in each delivery unit.
- Training plan developed and training being rolled out in relation to the all Wales Managing Attendance at Work Policy.
- Implementation of an Occupational Health (OH) improvement plan including increasing capacity for management referrals.
- Delivery of Mental Health awareness training sessions.
- Delivery of Work Related Stress risk assessment training.
- Focus of operational HR resource on supporting absences between 3 – 6 months in length in order to improve long-term sickness.

Covid-19 response and actions

The outbreak of the Covid 19 pandemic meant that from the outset of the pandemic much of our HR and OH/Wellbeing resources have been utilised in different ways meaning that focus was diverted away from providing support to "normal" activity. This has included:

- Supporting Covid specific recruitment activity across the health board including:
    - Assisting with the recruitment and on boarding of over 1400 additional staff. This has included development of recruitment campaigns
    - Sifting of mass applications
    - Supporting the on boarding of our Medical and Clinical students who were recruited into paid employment to assist in the Covid response
    - Providing interview support
    - Support with completion of pre-employment checks
    - Provision and organisation of induction and mandatory training
    - Data collation and production
    - Development and support of the Covid19 vaccination recruitment strategy
- The setting up of a HR specific helpline to deal with Covid related queries from staff and managers alike.
- Staff deployment support
- Specific workforce planning support in the development of our Field Hospitals
- Specific workforce planning support in the setting up the Track and Trace system and Community Testing and Antibody facilities.

Whilst some "normal" activity had begun return at the beginning of the autumn this was further impact by the second wave of Covid19 meaning once again resources needing to be diverted as appropriate to support our response to the pandemic.

Staff Health and Wellbeing services have been pivotal to mitigating the risks related to increased sickness absence and two Band 6 Occupational Health Nurses have been secured since the last

WF&OD committee update to support the service. Additional Covid resource until March 31st 2021 has enabled additional Nursing, AHP and Medical resource to support the function and a request for resource post-April 2021 will facilitate the following services aimed at supporting staff to remain in work and to provide prevention based interventions to help staff to remain well at work;

- A 49% increase in self/management referrals (Dec 20-Feb 21) compared to same period one year earlier
- Supporting the continued rollout of the Covid-19 vaccine
- Supporting staff with Long Covid
- Supporting the All Wales Workforce Risk Assessment
- Advising on underlying health conditions and pregnancy during the pandemic
- Supporting staff with accelerated access to antigen testing and supporting SBU contact tracing
- Integration with serology/antibody testing of staff and related surveillance

In addition to the above, the service is also supporting a number of other initiatives and interventions aimed at supporting staff through the pandemic. This includes

2020/21 Staff Flu Campaign

The Covid-19 pandemic has increased awareness amongst staff of the implications of respiratory infection and continued community circulation of the virus resulted in a significant increased demand for the flu vaccine this season. As 23/3/21, 8243 vaccinations had been administered with 63.4% of frontline staff having received the vaccine, making this the Health Board's most successful staff flu campaign to date. Historically, the campaign has been modelled on a blended approach of mobile vaccinators, 'drop in' Occupational Health vaccination clinics and peer vaccinators who are trained to administer the vaccine to colleagues. Due to social distancing, this season's campaign did not include Occupational Health drop-in clinics or mobile vaccinators in clinical settings and a greater emphasis on trained Delivery Group peer vaccinators has helped ensure availability/access to the vaccine and maximum take-up amongst staff.

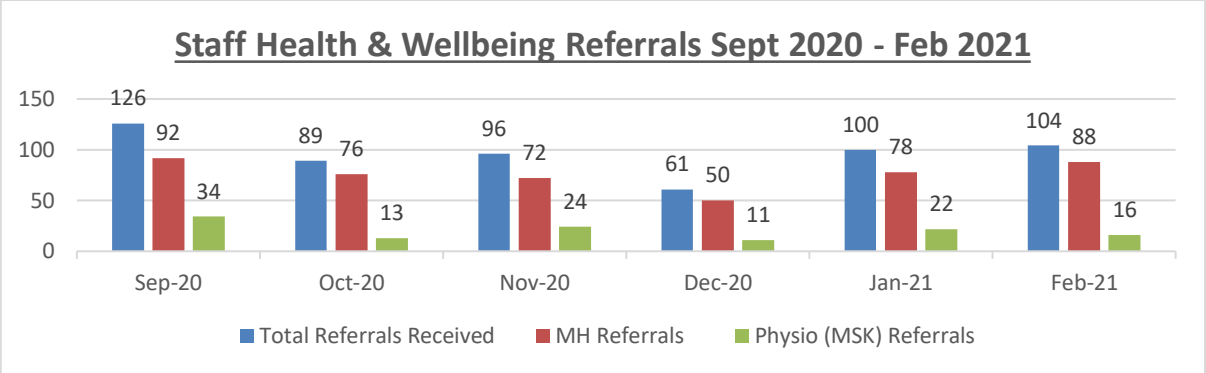
Covid-19 vaccinations for staff

Occupational Health has been supporting the Covid-19 staff vaccination plan and the fixed-term Band 7 Staff Vaccine Coordinator has ensured sufficient staff peer vaccinators have been trained. The post holder has supported the wider Immunisation team, helping to develop the 'Immbulance' featured recently on BBC 1's 'The One Show', highlighting the innovative work of the Health Board.

Staff Wellbeing Service

The Staff Wellbeing Service, which provides staff with a single point of access to gain timely health and wellbeing support, continues to be developed and additional counselling resource during Covid-19 has helped to reduce waits, particularly related to stress, anxiety and depression.
Additional resource has been requested via the Annual Plan to support the Staff Counselling Service and for the development of Service Group based Wellbeing Leads. It is anticipated that these roles will support the Business Partner's and Service Groups with developing, implementing and embedding the Post Covid Staff Wellbeing Strategy.

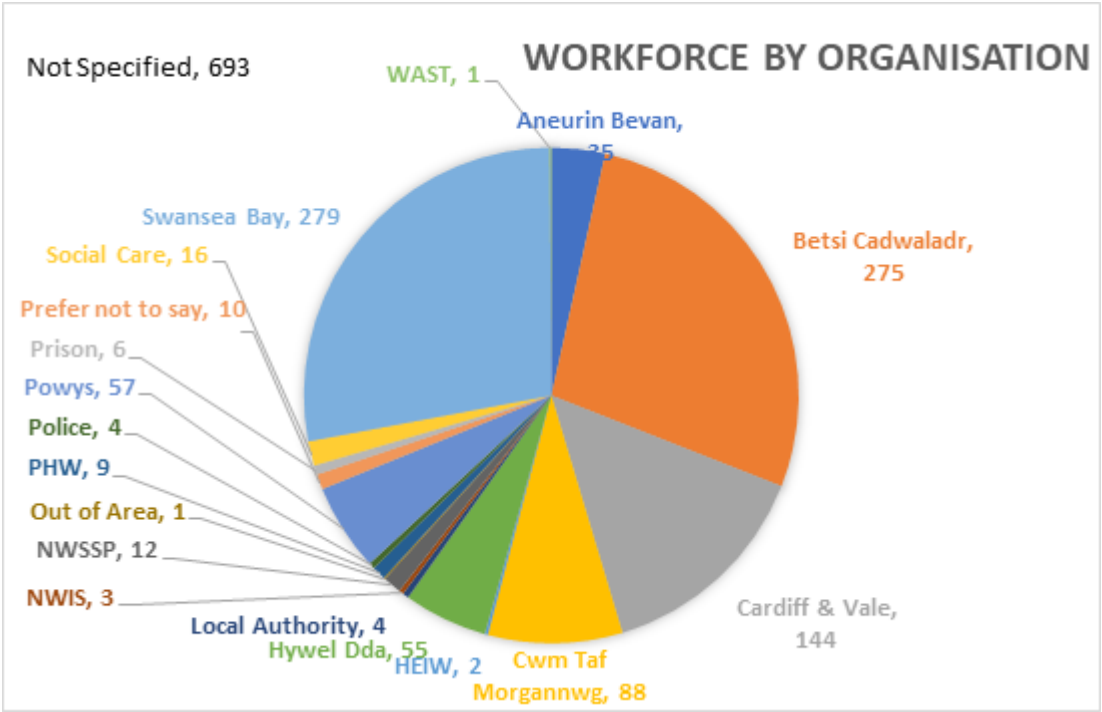
The table below illustrates the number of staff referrals to the Wellbeing service from Sept 2020 to February 2021, and demonstrates the high number of mental health referrals.



In the context of Covid-19, priority has been given to work related issues in anticipation of increased incidence of work related stress, difficult deployments, burn out, compassion fatigue, traumatic events experienced in work and traumatic bereavements. The provision of a staff trauma pathway continues with specific interventions to support staff e.g. provision of G-TEP (trauma-based intervention on a group basis).

The team are signposting staff to additional on-line and community resources when appropriate and the table below demonstrates the Health Boards significant contribution of referrals to 'SilverCloud', the Welsh Government funded on-line Cognitive Behavioural Therapy (CBT) resource.

Organisational referral numbers to 'SilverCloud' as 16/3/20



Additionally, the team are undertaking the following measures to support the health and wellbeing of our staff:

- Development of a Post-Covid Staff Wellbeing Strategy that includes a review of the evidence base, consultation with a wide range of stakeholders and conversations with colleagues at Kings College Hospital NHS Foundation Trust.

- Development of Occupational Health and Staff Wellbeing Service Improvement Plans (to be completed by 30/4/21)
- 'Winter Wellbeing/Resilience' presentation developed, introduced by Mark Hackett, to communicate support for staff during continued Covid pandemic. Shared widely on social media and available on the Health Board's YouTube channel - www.youtube.com/watch?v=jJ0gz9c8-qM
- Developing a staff suicide awareness and prevention campaign.
- Supporting Health Board wide virtual Wellbeing/resilience days with Senior Nursing colleagues – 2 days monthly during 2021 aimed at providing time-out for staff to 'reflect, relax and re-charge'.
- Conversion of Mindful & Meaningful Living course (a mindfulness & ACT based resilience based course for staff) to remote delivery, enabling increased capacity.
- Conversion of Managing Your Wellbeing self-management course to remote delivery
- Promotion of & support in the delivery of Taking Care Giving Care Mini-rounds across the Health Board (as developed by mental health colleagues) - see below.
- Continuing to develop the network of 400+ Wellbeing Champions, supported by a regular programme of workshops. The Network was the winner of the SBU Living Our Values Awards in the Caring for Each Other category. There has been interest from other NHS Wales employers who are keen to adopt the concept and learn from SBU's experience, including Hywel Dda UHB and NHS Wales Shared Services Partnership.
- Working closely with related organisations such as Time to Change Wales to reduce the stigma and discrimination of mental health in work.
- Working with the Head of Fundraising and Estates to improve cycle storage facilities.
- Developing workshops regarding Moral Injury, to be delivered remotely.

Taking Care Giving Care (TCGC) Mini Rounds

- TCGC Rounds enable staff from different areas (or whole teams) to focus specifically on the emotional impact of their work related to the flow of compassion and is undertaken through posing questions for discussion within a group context. As an organisation that strives to provide compassionate leadership, the TCGC model compliments this well. The evidence base for compassionate care is more fully explained in the following presentation: https://www.youtube.com/watch?v=QF4elAMjPJE&t=52s

  140 colleagues have received training to enable them to facilitate the delivery of the TCGC Mini Rounds and the service is currently working with the Learning & Development Team to trial the delivery of remote sessions, which have been advertised throughout the Health Board.

Delivery of TriM (Trauma Risk Management)

The programme is an early intervention/prevention approach to trauma-focused peer support compliant with the PTSD management guidelines produced by NICE and although it was first developed in the UK military, it is now used by a range of public and commercial organisations,

including the emergency services and army. The approach is through peer-delivery with identified suitably trained team members, trained as practitioner's in order to facilitate the process within their own teams.

In light of time and capacity pressures, there is a phased approach to the implementation of TRiM in SBUHB:

Phase 1.
Since May 2020 a cohort of twenty-three colleagues from across the health board have been trained to deliver REACTmh training to frontline employees. REACTmh enables supervisory staff to recognise when colleagues may be experiencing adverse effects of trauma and provides a framework to help them have a psychologically minded conversation and signpost to appropriate internal and external professional services where necessary. To date, 35 training cohorts have been run and 314 staff have been trained as REACTmh practitioners.

Phase 2.

A successful charitable funds application has been made enabling the procurement of an externally sourced 2-day training programme to develop an infrastructure of trauma risk management practitioners and supervisors across key priority areas (e.g. critical care) of the Health Board. The tender process is coming to a conclusion and it is anticipated that this phase will commence May 2021.

A part-time Band 7 TriM Coordinator has now been appointed along with a Band 5 Psychology assistant to implement Phases 2 and 3.

Phase 3.
It is hoped that further numbers of trauma risk management practitioners and supervisors from additional areas of the Health Board can be developed to enable a sustainable cultural shift in the way colleagues' mental health and wellbeing is supported in the future.

Delivering the ESF funded In Work Support Service.
Working in partnership with Welsh Government, the ESF funded team continue to deliver the 'In Work Support' service, which supports the health, and wellbeing of employees in small-medium enterprises (SME's) along with business support to enable SME's to develop related policies and procedures. Many of the resources have been converted to remote delivery and a series of webinars are being delivered to support local SME's during the Covid-19 outbreak. The team informed the First Minister of their work on his recent virtual 'visit' to the SBU Apprenticeship Academy and have supported three apprentices into substantive roles/healthcare training. More information on the service at; http://www.wellbeingthroughwork.org.uk/

2.4 Future actions

As the impact of the second wave of Covid 19 subsides, we are able to re start work in the area of our "normal" activity including supporting absence reduction. In this regard, we have commenced a review of previous and current plans and will adapt these to ensure that our focus continues to be in the correct areas based on the most up to date data and fit for purpose in the current situation. We will update this committee of our revised plan at that time. As previously seen this remains a fluid situation and should we face a further surge of Covid cases affecting our hospitals we may

once again need to re assign some of our resources to support the response to best utilise resources in the situation.

3. GOVERNANCE AND RISK ISSUES

Actions identified within this paper are in line and support the objectives of the all Wales Managing Attendance at Work policy, which has been through an equality impact assessment.

The risks of not taking appropriate actions to improve attendance at work include:

- Failure to maintain continued focus on sickness absence performance may lead to levels increasing.
- Singular focus on sickness management without measured attention on supporting staff attendance through health and wellbeing interventions congruent with our organisational values.
- Direct effect on costs in terms of bank, agency and overtime.
- Increasing levels of sick absence increases pressure on those staff who remain at work.
- Levels of service change likely to affect health and wellbeing with most likely impact on mental health and stress related sickness.

4. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

5. RECOMMENDATION

The Workforce and OD committee is asked to receive and note the content of this paper and to support the actions that have been taken especially throughout the Covid-19 pandemic as well as the actions we plan to take in relation to supporting sickness absence reduction across the Health Board.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☐
	Partnerships for Care	☐
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☒

Quality, Safety and Patient Experience

Plan detailed in report comply with the MAAW policy principles and incorporate the "Healthier Wales Quadruple Aim" outlined in policy. All proposed actions are objectified to enhance the health and wellbeing of Swansea Bay staff and promote attendance at work.

Financial Implications

Many of the actions identified are behaviour-related and do not have cost implications

Legal Implications (including equality and diversity assessment)

Ensure compliance with GDPR Regulations and Equality Act 2010.

Staffing Implications

Additional supportive measure put in place for staff with effective communication applied.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

Actions outlined in report promote "A Healthier Wales Quadruple Aim" these being:

- Improved population health & wellbeing
- Better quality & more accessible health & social care services
- Motivated & sustainable health & social care workforce

Report History	
Appendices	