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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>14 February 2023</b>	<b>Agenda Item</b>	<b>3.4</b>
<b>Report Title</b>	Update on Management of Attendance at Work including Wellbeing and Occupational Health interventions		
<b>Report Author(s)</b>	Ruth George, Associate Head of Operational HR & Business Partnering Paul Dunning, Professional Head of Staff Health and Wellbeing		
<b>Report Sponsor</b>	Debbie Eyitayo, Director of Workforce and OD		
<b>Presented by</b>	Ruth George, Associate Head of Operational HR & Business Partnering Paul Dunning, Professional Head of Staff Health & Wellbeing		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide an update to the committee on Swansea Bay's sickness absence performance and actions taken to increase attendance at work.		
<b>Key Issues</b>	<p>In November 22, in month absence decreased by 0.7% to 6.88%. This is the lowest in month position in a rolling 12 month period. In comparison to November 21 position of 8.10%, this is an overall reduction in absence of 1.22%.</p> <p>Absence due to anxiety/stress related reasons was highest reason for absence, followed by Cold, Cough/Flu-Influenza and Gastrointestinal problems.</p> <p>Mental Health and Learning Disabilities was the service group with the highest in month absence in November 22 at 7.48%, however this is the lowest in month position for the group for the last rolling 12 month period.</p> <p>All service groups reported an improved in month position compared to the previous month.</p> <p>Chief Operating Officer services were the highest corporate area at 11.27%, and saw an increase of 0.87% on the previous month. The report details work on-going in this area to maximise attendance at work and staff experience.</p>		

	<p>Short-term sickness for November 22, was 2.68%, a decrease of 0.14% on the previous month.</p> <p>Long-term sickness decreased in month by 0.56% compared to previous month to 4.76%.</p> <p>Focused interventions continue in sickness hotspots areas Facilities and Theatres and progress against these actions is detailed in this report.</p> <p>Occupational Health (OH) and Wellbeing services continue to provide a number of interventions aimed at supporting staff through stressful and traumatic events. Additionally, work has continued in making the provision of OH services more efficient. The highlights are contained within this paper.</p>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the update contained in this paper</li> <li>• and</li> <li>• <b>ENDORSE</b> the actions that are being taken in relation to supporting sickness absence reduction across the Health Board.</li> </ul>			

# UPDATE ON MANAGEMENT OF ATTENDANCE AT WORK INCLUDING WELLBEING AND OCCUPATIONAL HEALTH INTERVENTIONS

## 1. INTRODUCTION

The purpose of this report is to provide assurance to the Workforce & OD Committee on current performance and actions being taken to increase attendance rates within the Health Board.

## 2. BACKGROUND

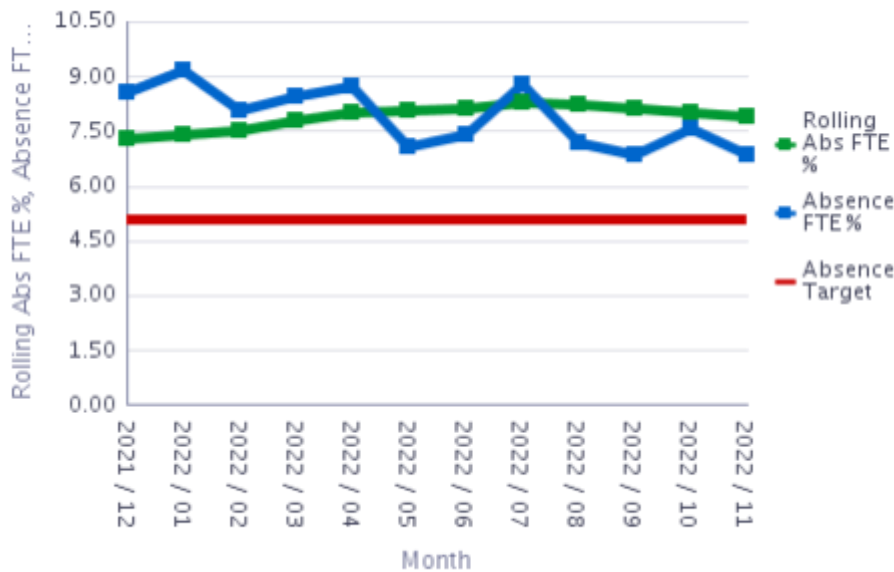
### 2.1 Analysis of Current Performance

#### 2.1.1 Sickness absence November 2022 performance

The latest confirmed in month absence performance, (November 22) saw a decrease of 0.70% on the previous month to 6.88%. Compared to November 21, absence rate of 8.10% this is an improved position of 1.22% and the one of the lowest in month absence rates during the last rolling 12 month period (September 22 was also 6.88%).

The 12-month rolling performance to the end of November 22 was 7.90%.

Swansea Bay absence rate percentage December 21 – November 22



### 2.1.2 Effect of Covid 19

Covid absence has continued to fluctuate throughout 2022, with peaks seen in January, July and into the winter months. It is anticipated that due to the increase in covid/cold/flu and respiratory type absences in December 2022 and January 2023 the sickness absence position will see a decline against the KPI (key performance indicator) target, particularly for short term absences for the next reporting period.

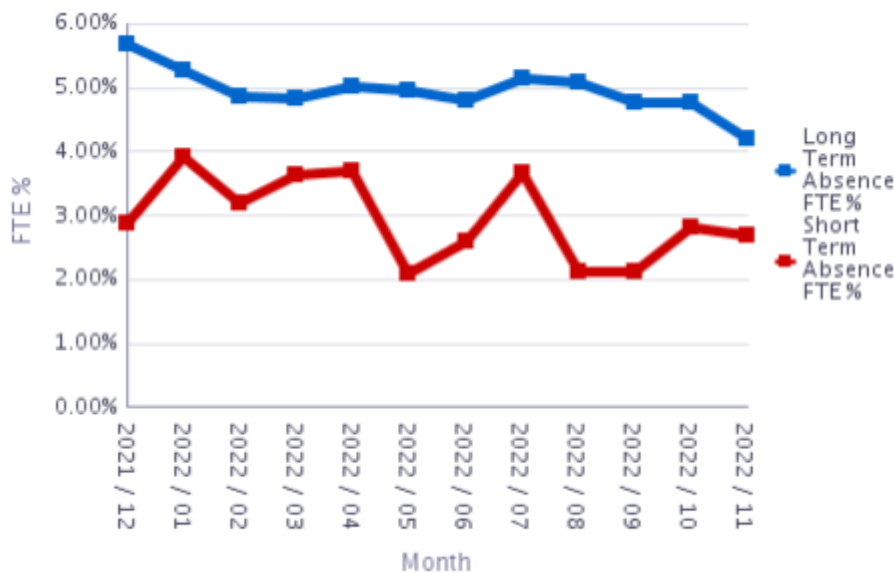
Covid related absence accounted for 0.63% of the overall absence in November 22, which if excluded from the overall absence rate would result in an in month position of 6.25%.

Over a rolling 12 month period, Covid related absence accounted for 1.76% of overall absences. If deducted from the cumulative position of 7.90%, this would result in a 6.14% cumulative absence rate.

### 2.1.3 Short-term & Long-term Performance

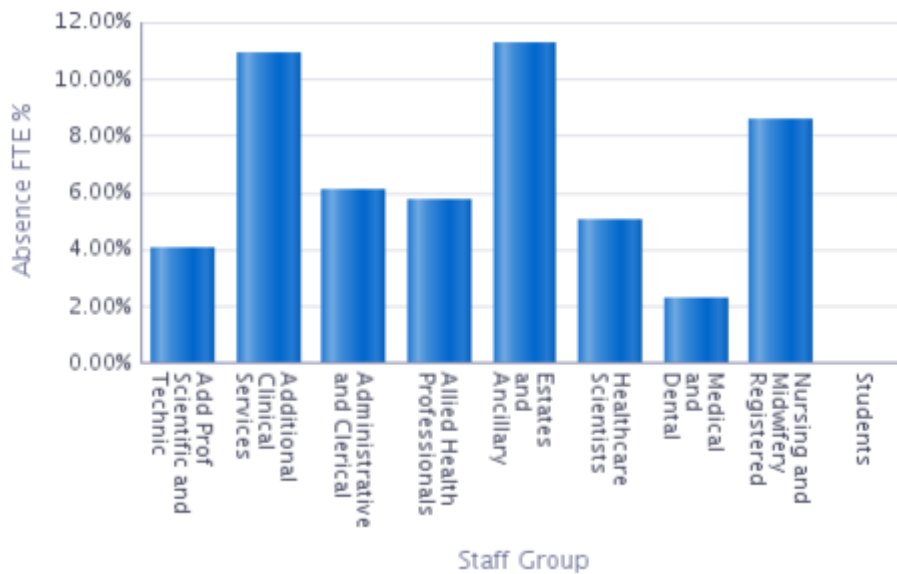
In month, short-term sickness for November 22 was 2.68%, which is a decrease of 0.14% on the previous month. Long-term sickness also decreased in month by 0.56% compared to last month to 4.20%.

Long-term & short-term absence to November 22



### 2.1.4 Staff Group Absence

The graph below highlights the overall monthly absence levels across each of the staff groups. Throughout this period the highest levels of absence have been in the three groups that normally have the highest levels of absence, these being, Additional Clinical Services, Estates and Ancillary and Nursing and Midwifery.



### 2.1.5 Staff Absence reasons






The table below details the top reasons for absence in November 2022. Anxiety/stress/depression/other psychiatric illnesses was the highest reason for absence and accounted for 30% of the overall absence. The other top reasons included cold/cough/flu, gastrointestinal problems and infectious diseases. These are normally the top reasons for absence, but during COVID peaks infectious diseases is usually the highest reason for absence.

Absence Reason	Headcount
S10 Anxiety/stress/depression/other psychiatric illnesses	442
S27 Infectious diseases	285
S25 Gastrointestinal problems	297
S13 Cold, Cough, Flu - Influenza	407

## 2.1.6 Service Group and Directorate Performance

In November 22, all Service Groups saw their in month absence rates improve compared to the previous month. Chief Operating Officer services had an increase of 0.87% compared to the previous month, which was mainly due to short term facilities absence. Actions being taken to maximise attendance in this hot spot area are detailed in section 2.2.1 of the report

Service Groups and Chief Operating Officer Performance November and October 2022 in Month position.

Service/Service Group	November 2022	October 2022
Mental Health & Learning Disabilities	7.48% 	8.34%
Morrison Hospital	6.60% 	7.60%
Neath Port Talbot/Singleton	7.03% 	7.91%
Primary, Community & Therapies	6.37% 	7.55%
Chief Operating Officer ( including facilities)	11.33% 	10.46%

## 2.2 Workforce and OD Actions in hot spot areas Facilities and Theatres

Facilities and Theatres are two hot spot areas across the Health Board, which have been an area of focus since the last report. Although work is on-going across all areas, this report will focus on the work which has been undertaken in these areas, with the aim of maximising attendance at work.

### 2.2.1 Facilities

A full action plan has been developed for Facilities where sickness absence remains higher than other groups.

The aim of the plan is to support health and wellbeing at work, sustain a high level of engagement and positive employee experience through the objectives and measures outlined in the plan. Performance against objectives has been monitored at monthly sickness absence meetings held on each of the hospital sites, plus an overall Senior Support Services sickness absence group. A number of actions have already been completed, which are outlined below in further detail.

The following hotspot absence areas have been identified and work has been undertaken in each area, which has included a monthly review of all long term sickness absence cases.

	2022 / 05	2022/ 06	2022/ 07	2022 /08	2022/ 09	2022/ 10	2022/ 11	Cumulative
	Absence FTE %	Absence FTE %	Absence FTE%	Absence FTE%	Absence FTE%	Absence FTE%	Absence FTE%	FTE @
130 P217 NPTH Housekeeping	14.59%	11.78%	13.72%	12.38%	12.46%	10.14%	8.76%	12.47%
130 P600 Singleton Catering	14.51%	5.27%	9.08%	12.49%	7.77%	8.49%	11.83%	9.15%
130 P612 Morriston Domestics	12.14%	10.89%	15.03%	13.58%	14.66%	14.14%	15.33%	13.28%
130 P661 Morriston Porters	13.88%	12.85%	12.16%	6.98%	4.59%	7.41%	8.09%	9.97%

- Morriston Porters in August/September 22 saw the biggest decline in absence. The % has increased in Oct/Nov 22 due to the increase in respiratory infections.
- Neath Port Talbot Housekeeping has seen a consistent decline in sickness absence from September to November 22.
- Morriston Domestic sickness absence has increased and therefore continues to be one of the main focus areas. During November the department has also seen an increase in respiratory infections.
- Singleton catering sickness declined in September and has increased in November again due to increase in respiratory infections.

### Morriston Domestic Deep Dive Analysis

A deep dive analysis into sickness absence within Morriston Domestics has been undertaken the results of which have been feed into an action plan. The work evidenced the main age of the domestic workforce on long term sickness absence was 56-65 and the main reason for sickness absence was anxiety/stress. The most frequent duration of long term sickness absence cases was between 1-3months. PADR compliance at 87% and statutory and mandatory training compliance 95%.

One of the actions following the deep dive analysis is to complete a Pulse survey, which will be issued to staff in March 23 to gain further information on how their work experience can be improved. The survey will also seek their experience on the sickness absence process and the support offered.

### Absence Training

- Absence management training / refresher training has being completed with Supervisors/Team Leaders. This training commenced in September 22 and to date 35 supervisors/managers have been trained. Further training will be arranged at both Morriston and Singleton for outstanding staff.
- OH referral training was held on 20th September and 25th October 22 and 17 managers have completed.
- Sickness absence toolbox guidance have been have developed by the operational HR Team and training sessions have been arranged throughout February 23.
- Support Services now have 19 wellbeing champions based across all of the hospital sites.

- Work related Stress Risk Assessment training was delivered to managers on 11th January 23 and 12 managers attended.

## **Future Projects**

### **Tailored Adjustment Project**

It has been agreed that Support Services will be the first piloted area for a tailored adjustment project which will involve working collaboratively with occupational health colleagues. Training sessions for managers on the types of tailored adjustment that can be offered to staff will be arranged in addition to drop in sessions, facilitated by occupational health colleagues. Training will commence in February 23.

### **Stigma Surrounding talking about Mental Health-Male Workforce**

A Working group has been set up with the focus on discussing the Stigma surrounding talking about mental health within the male workforce, first meeting has been arranged for 2nd February 23.

### **Sickness Absence Audits**

A series of sickness absence audits will commence at Morriston on 8th February 23. Findings from the audits will be feed into the monthly sickness absence meeting and targeted intervention for areas of low compliance.

### **Training**

Face to face training on the Stigma Surrounding Mental Health is to be rolled out across all the hospital sites during April 23.

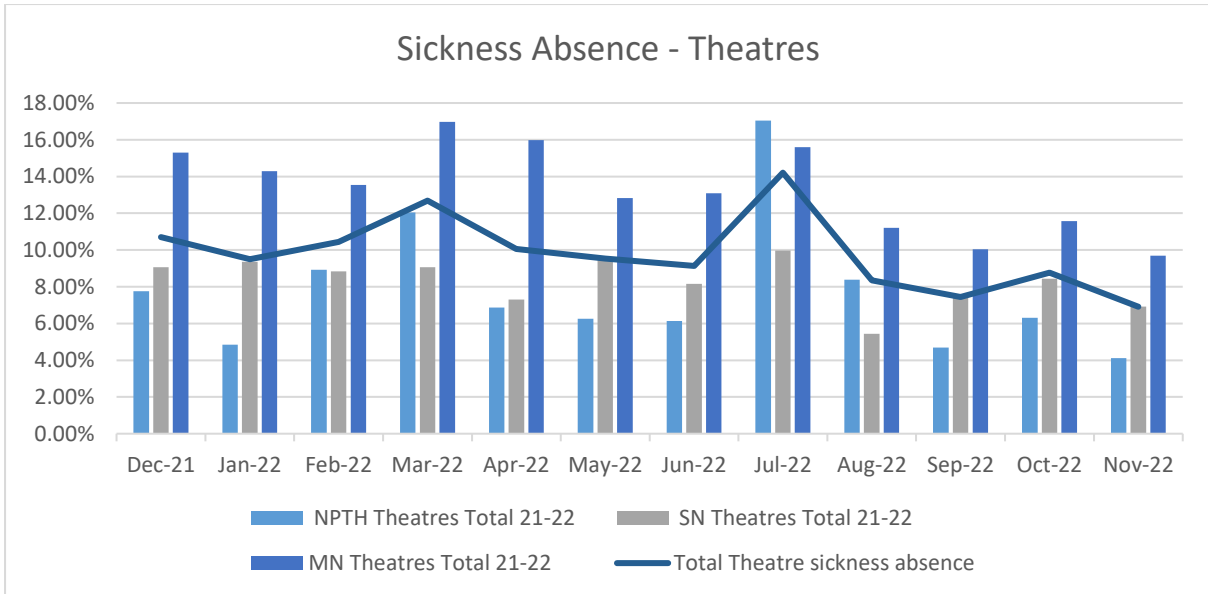
## **2.2.2 Theatres**

### **Theatre Sickness Absence Management overview**

Theatre sickness absence has been monitored and reviewed on a monthly basis, with specific actions being put in place to reduce the levels of absence.

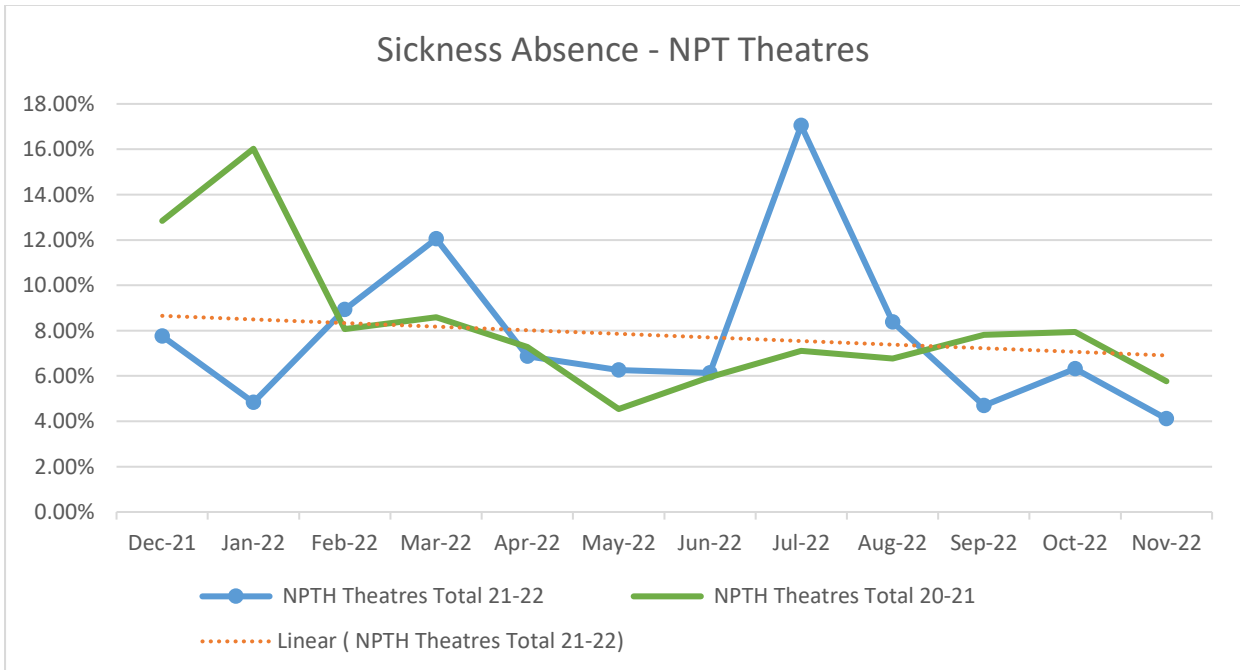
Over the last two years managing sickness has been challenging due to peaks in Covid which has effected staff as well as workplace pressures where staff availability has impacted on staff wellbeing. This on top of other general sickness absence across theatres has contributed to high sickness rates. That said significant progress has been made in reducing the overall sickness absence rates with November 22 reporting 6.91% absence for theatres overall, this is the lowest absence rate recorded within the last two years and is a 2.2% reduction verses November 21 when sickness was at 9.11%.



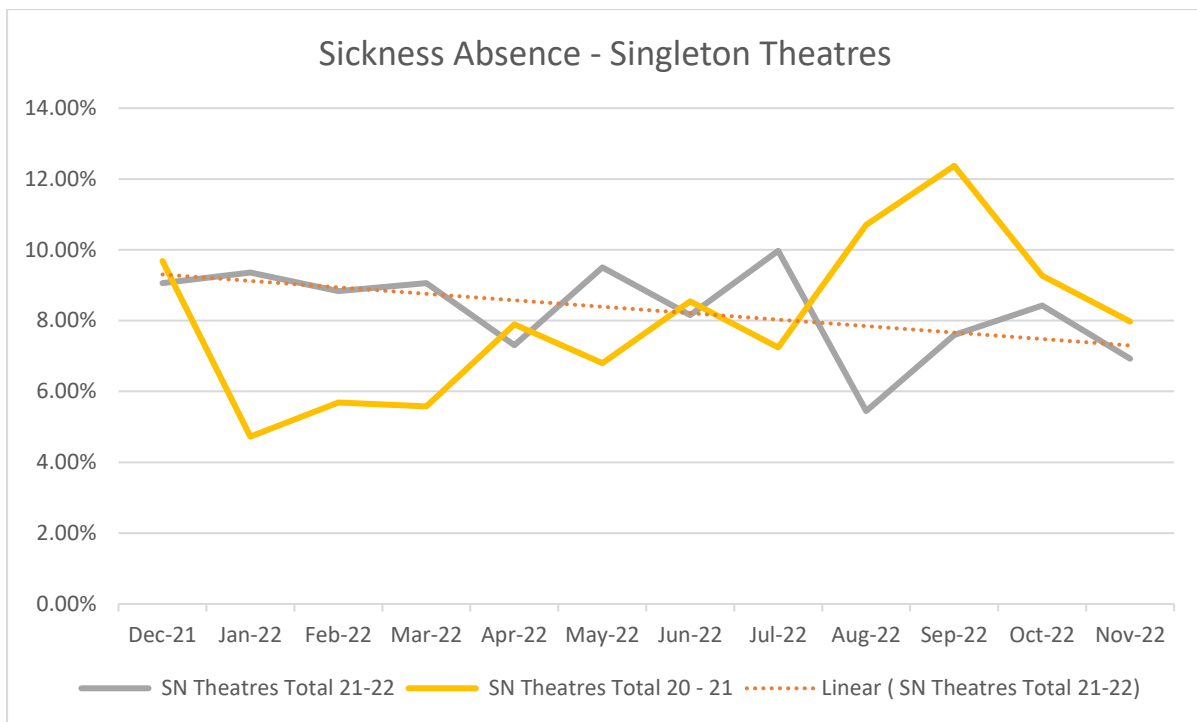


Across all three theatre areas absence has been reducing;

NPT theatres currently has a cumulative absence of 7.74% which has reduced from last year when cumulative absence was at 8.33%. Current month reporting shows that NPT have the lowest absence level they have recorded for two years with absence levels currently at 4.11%. During the last two years there have been spikes in absence mainly due to COVID, however absence levels on average are around 8% over the two year period, significant improvements have been made to reduce the levels of absence and workplace pressures.

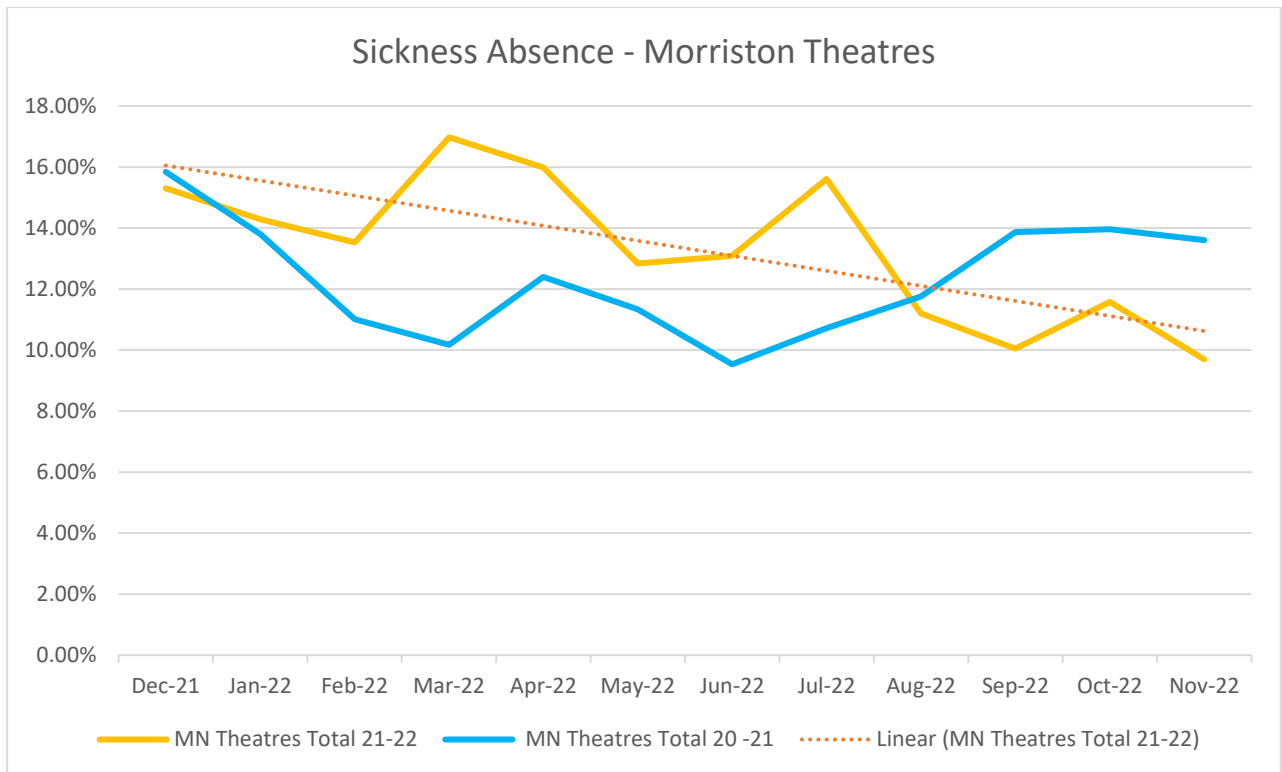


Singleton theatres currently has a cumulative absence of 8.26% which has increased slightly from last year when cumulative absence was at 8.04%. However, current month reporting shows that Singleton are reducing absence with 6.93% absence level recorded for November 22, this is an improvement versus November 21 when absence was recorded at 7.98%. Singleton’s absence has seen a series of peaks and troughs and during the last two years have reduced their absence to within 5%. As with NPT during the last two years there have seen spikes in absence mainly due to COVID and workplace pressures.



Morrison theatres currently has a cumulative absence of 13.33% which has increased from last year when cumulative absence was at 12.35%. However, current month reporting shows that Morrison are reducing absence with 9.70% absence level recorded for November 22, this is an improvement versus November 21 when absence was recorded at 13.60%.

Morrison’s current in month absence level of 9.70% is the lowest recorded absence in a two year period. Over the last two years Morrison’s absence figures have remained consistently high and have struggled to reduce out of double figures, with absence levels ranging between 11% - 15% on a regular basis. The last quarter seen more stable absence levels that reported consistently between 10%-11% and then dropping down to 9.70%. As with NPT (Neath Port Talbot) and Singleton during the last two years we have seen spikes in absence mainly due to COVID and workplace pressures.



### Sickness Absence Improvement Plan

All three theatre areas have sickness action plans in place that are actively worked towards, the action plans take a holistic approach to reducing absence levels by reviewing the below areas and identifying actions to support improvements;

- Overall absence management process
- Wellbeing support
- Working relationships within the department
- The working environment within the department
- Staff retention
- PADR (personal appraisal and development review) compliance
- Training and development
- Leadership

The action plans are reviewed on a monthly basis with the Assistant HR Business partner, Senior HR advisor and line manager.

As a result of these action plans the following has been put in place or is being worked towards;

- Absence management training has been provided for all line managers and is included as an objective within their PADR's.
- Occupational Health training has been provided for all line managers.
- Stress awareness training has been provided and is ongoing.
- Any staff member that is absent due to stress/anxiety has a stress risk assessment completed with them within the first 7 days of going absent.

- Dedicated OD support is working with HR and theatre management to support cultural development work and build MDT team working and relations. Civility saves lives sessions have been delivered, with more planned in March and April.
- Theatres values framework is being developed using human factors as a basis, to be rolled out to staff this year.
- Increase in numbers of wellbeing champions across theatres, to support with ongoing wellbeing interventions and sign posting.
- TRIM trainers are in place and regularly utilised to support staff when needed.
- Senior management hold drop in days to speak with staff and provide time for them to discuss concerns and provide feedback.
- Dedicated training posts have been put in place to support staff development.
- PADR improvement plans are in place to support higher PADR compliance rate, with theatres overall improving compliance by 14% in the last 6 months.

It is acknowledged that theatres sickness absence remains cumulatively high, action plans will continue to be worked towards by theatres management with support from HR and OD, to develop an environment that promotes a positive staff experience that may aid in a reduction in sickness and support staff retention.

## **2.3 Staff Health and Wellbeing services**

### **Staff Health and Wellbeing/Occupational Health (OH) Services**

The posts funded by the additional resource secured from the Wellbeing business case have all now been filled and interventions to support staff mental and physical health continue to be developed. The teams continue to experience high demand, however, KPI's are being met with waits for staff wellbeing services being less than 5 working days from referral and 10 days for Occupational Health, with the exception of Doctor appointments at 20 days.

The services key strategic objectives for 2023 include:

- Continuing influencing the Welsh Government National Occupational Health Review to gain the best outcomes for the Health Board
- Appointing to the Occupational Health Consultant post
- Implementing the new Nationally procured OH e-system to fully realise a complete digital service
- Integrating the Staff Wellbeing and OH Services to reduce duplication and increase efficiencies and staff experience
- Implementing a service development plan with sup-groups to progress this work
- Developing the income generation arm of Occupational Health

### **Welsh Government One Wales Occupational Health Review**

A series of expert stakeholder meetings took place during 2022 to establish the potential for a National approach to OH, particularly given the challenge of training and recruiting OH Medical staff. SBU's Head of Service is Vice-Chair of the National NHS OH and Wellbeing Group and was invited to meetings and able to influence on behalf of the Health Board and the national OH Leads.

Recent outcomes suggest future developments may include a National Centre of OH Excellence along with a networked approach to national service delivery and four priorities have been identified as requiring All-Wales development;

- OH Leadership
- OH Professional Community
- OH systems and standards
- OH Strategic research and Innovation

The National Workforce Directors Group are identifying named leads to progress these work-streams.

### **Occupational Health e-system/database**

Following the completion of the procurement exercise for an All Wales Occupational Health system, Civica OPAS-G2 has been awarded the contract. Civica will be working with Shared Services colleagues and Occupational Health Leads to build the new system over the next few months and it will then be rolled out across Wales. The timescales are not yet confirmed, however the contract with the current supplier (Cohort, Medgate) ends at the end of November 2023.

The new system OPAS-G2 offers significant benefits, two of the main benefits are:

- Civica also runs the TRAC system, therefore a direct link between TRAC and OPAS-G2 can be set up which will offer recruitment, applicants and recruiting manager's live information as to the status of Occupational Health pre-employment screening. The system also supports a fully electric pre-employment system reducing manual processes for both Recruitment and Occupational Health staff.
- Fully electronic Management Referral portal that will allow referring managers to submit and track progress and provide the ability to communicate directly with Occupational Health.

The implementation Group is Chaired by SBU's OH Service Support Manager and two task and finish groups to develop these processes have been set up with the aim of agreeing a 'One Wales' approach, ensuring consistency across Wales. The Senior Nurse Manger is chairing the All Wales pre-employment task & finish group which aims to standardise pre-employment process across NHS Wales. This will improve waiting times for pre-employment processes and ensure a prudent approach nationally across NHS Wales.

### **OH Consultant update**

The OH Specialty Doctor, who is employed by the Health Board but providing services to Cwm Taf Morgannwg University Health Board via a service level agreement, hopes to qualify as a Consultant via the GMC's CESR (General Medical Council Certificate of Eligibility for Specilaist Registration) training route in May 2023. After consultation, the decision has been made to not renew the SLA with CTM after 31/3/23. The Faculty of Occupational Health have approved the Health Board's Consultant job description and the post will be advertised in the early spring.

## **Health Surveillance**

The team continue to develop the Health Surveillance programme, working in partnership with the Health & Safety team, having undertaken workplace visits including Estates Dept in Singleton Hospital and ALAC (artificial limb and appliance centre), Morriston Hospital to commence initial risk assessments. The Nursing team has undertaken related training including the certificate in undertaking audiometry and hand and arms (HAVS) training. The OH Speciality Doctor, having completed related training last year, is undertaking ionising radiation medicals with relevant staff to ensure compliance with related HSE (Health and Safety Executive) standards.

Funding was recently secured through the Health Board's Nurse Education Department to support two Nurses to undertake the Faculty of Occupational Medicine's Diploma in Occupational Health Practice. This will provide the Nurses with extensive training and skills, including health surveillance and support their development, contributing to the retention of the Nursing team.

## **Occupational Health Income Generation – 'Bay Occupational Health'**

The team has worked with the Communications Department to develop an interim web-page to promote Bay Occupational Health [Bay Occupational Health - Swansea Bay University Health Board \(nhs.wales\)](https://www.nhs.uk/health-board/swansea-bay-university-health-board) and the service has received two initial enquires. The Information Governance team has helped develop an SLA template and Procurement Services are supporting the team with gaining public liability insurance to enable work to be undertaken on the premises of local businesses. Once this in place, the team can proceed to market the service. Recent All Wales email communications suggest that optometry Wales would like to procure NHS OH Services to deliver OH to optometrists across the country and we are working with finance colleagues to gain more detail.

## **NMC and CSP Industrial Action**

The OH Nurses took part in industrial action in December 2022; the Department continued to deliver Medical and AHP (allied health professional) Services on these days. At the time of writing this report, consideration was being given to plans for industrial action by NMC (Nursing and Midwifery Council) and CSP (Chartered Society of Physiotherapists) on 6<sup>th</sup> and 7<sup>th</sup> February. It is not anticipated that industrial action will have a significant impact on service delivery.

## **Integration/team timeout**

The Service Leads are formulating draft service development plans to increase the integration of the Staff Wellbeing and Occupational Health Services and these will be presented at the first integrated team building day on 28/2/23 for discussion and consultation. The two admin teams have now been integrated via an Organisational Change Policy to enable a single point of access for staff and this will provide increased resilience and efficiencies to the admin function.

## **Health Board Staff Wellbeing Forum**

After recognising that there are lots of staff wellbeing related activities taking place across the Health Board, with some Service Groups developing their own Staff Wellbeing business groups, it was decided to develop a Health Board wide staff

wellbeing forum where information and developments can be shared and disseminated. The inaugural meeting took place on 19/10/23 with Terms of Reference including;

- To share and communicate the Wellbeing related activities being developed and implemented across the Health Board
- To help relevant individuals/teams to share resources and reduce overlaps in services and enable more joint working to effectively meet the health and wellbeing needs of Health Board staff
- To discuss initiatives and campaigns both internal to the Health Board and Nationally to ensure dissemination of appropriate information across the Service Groups

Two meetings have taken place and included sharing details of local food support, financial support and initial plans to develop a 'green rooftop' within the regional pathology service. One of the Senior Nurses from Singleton Hospital is presenting at the next meeting on the compassion fatigue training that has been delivered to Cancer Services staff. One of the Health Board's Consultant's in Public Health Medicine has requested to join the next group, recognising potential synergies between the two areas, suggesting the work of the forum may align with key public health priorities.

### **CEO Comms Support**

Senior staff recently met with the CEO to update him on service developments, particularly related to interventions to support an earlier return to work from sickness absence. The team are developing training for managers to increase awareness of early intervention approaches such as using tailored adjustments and employee case reviews and the CEO has given a commitment to support these using Corporate Communications; plans are being developed to take advantage of this.

### **In Work Support**

The team had intended to bid for the next round of funding to continue delivering the In Work Support Service when the project funding ended 31/12/22, however due to delays by Welsh Government in commencing the procurement process, the difficult decision was reached to redeploy the team. The organisational Change Policy (OCP) was implemented during October 2022 and as a result, nine staff were successfully redeployed within the organisation (six within Occupational Health and Wellbeing services).

The legacy of the seven years of SBU service delivery is that the outcomes and evidence developed by the team has supported Welsh Government's decision to roll out the service on an All Wales basis from 1/4/23. This will ensure that citizens working within SME's in the Health Board's catchment area will continue to receive support to stay in work/return to work.

## **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 we are taking in relation to supporting sickness absence reduction across the Health Board.



<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
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.		
<b>Financial Implications</b>		
Many of the actions identified are behaviour-related and do not have cost implications		
<b>Legal Implications (including equality and diversity assessment)</b>		
Ensure compliance with GDPR Regulations and Equality Act 2010.		
<b>Staffing Implications</b>		
Additional supportive measure put in place for staff with effective communication applied.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
Actions outlined in report promote “A Healthier Wales Quadruple Aim” these being: <ul style="list-style-type: none"> <li>• Improved population health &amp; wellbeing</li> <li>• Better quality &amp; more accessible health &amp; social care services</li> <li>• Motivated &amp; sustainable health &amp; social care workforce</li> </ul>		
<b>Report History</b>	N/a	
<b>Appendices</b>		