

Bundle Local Partnership Forum 7 August 2019

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Wednesday, 2 August 2019, at 10.00am in Nant Fawr Rooms 1 and 2 Woodland House, Heath CF14 4HH
(STAFF REPRESENTATIVE PRE-MEETING AT 9.00AM)

LOCAL PARTNERSHIP FORUM – AGENDA
Wednesday 7 August 2019 at 10am in Nant Fawr Rooms 1&2 Woodlands House

PART 1: Items for Action/Consideration		
1	Welcome and Introductions	Chair
2	Apologies for Absence	Chair
3	Declarations of Interest	Chair
4	Minutes of the meeting held on 5 June 2019	Chair
5	Action Log Review	Chair
For Consideration:		
6 10.10	Strategic Equality Plan 2020-24	<i>Equality Manager</i>
7 10.25	Standards of Behaviour Framework	<i>Director of Corporate Governance</i>
For Consultation/Negotiation		
7 10.35	Proposal to increase the range of surgical treatments in UHL	<i>Presentation - Clinical Board Director, Surgical Services</i>
8 10.55	Improving the Pathway for Frail Older People	<i>Presentation- Executive Director of Strategic Planning</i>
For Communication:		
9 11.10	Chief Executives Update	<i>Verbal – Chief Executive</i>
10 11.20	Clinical Services Plan – Update	<i>Verbal - Executive Director of Strategic Planning</i>
11 11.25	Sustainable Travel	<i>Verbal - Executive Director of Strategic Planning</i>
For Appraisal:		
13 11.30	Finance Report	<i>Executive Director of Finance</i>
14 11.35	Workforce Report	<i>Executive Director of WOD</i>
15 11.40	Patient Safety Quality and Experience report	<i>Executive Director of Nursing</i>
11.45	PART 2: Items for information (for noting only) and Closure	
1	Items to be brought to the attention of the Board	
2	Any other business previously agreed with the Co-Chairs	
3	Future Meeting Arrangements:	
Close by 11.50	Wednesday 2 August at 10am in Nant Fawr Rooms 1&2 Woodlands House (staff representative pre-meeting at 9am)	

**Minutes from the Local Partnership Forum Meeting held on 5 June 2019
at 10am in Room 3, 2nd Floor, Cochrane Building, University Hospital of
Wales**

Present:

Mike Jones	Chair of Staff Representatives / UNISON
Martin Driscoll	Exec Director of Workforce and OD
Joe Monks	UNISON
Dawn Ward	Independent Member – Trade Union
Steve Gaucci	UNISON
Mat Thomas	UNISON
Fiona Salter	RCN
Ceri Dolan	RCN
Dean Morris	RCN
Sharon Hopkins	Deputy CEO
Jason Roberts	Deputy Director of Nursing
Rachel Gidman	Assistant Director of OD
Andrew Crook	Head of Workforce Governance
Julie Cassley	Deputy Director of WOD
Dorothy Debrah	BDA
Peter Hewin	BAOT/UNISON
Abigail Harris	Executive Director of Strategic Planning
Peter Welsh	Senior Manager UHL and Barry
Andrew Gough	Assistant Director of Finance

In Attendance

Mike Barlow	
Helen Palmer	Workforce Governance Adviser

Apologies:

Len Richards	Chief Executive
Fiona Jenkins	Executive Director of Therapies and Health Science
Peter During	Interim Medical Director
Fiona Kingorn	Executive Director of Public Health
Julia Davies	UNISON
Joanne Brandon	Director of Communication and Engagement
Caroline Bird	Deputy COO
Pauline Williams	RCN
Ruth Walker	Executive Director of Nursing
Janice Aspinell	RCN
Rhian Wright	RCN
Rebecca Christy	BDA

Secretariat:

Rachel Pressley	Workforce Governance Manager
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LPF 19/028 WELCOME AND INTRODUCTIONS

Mr Jones welcomed everyone to the meeting.

LPF 19/029 APOLOGIES FOR ABSENCE

Apologies for absence were noted.

LPF 19/030 DECLARATIONS OF INTEREST

There were no declarations of interest in respect of agenda items.

LPF 19/031 MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting held on 3 April 2019 were agreed to be an accurate record of the meeting.

LPF 19/032 ACTION LOG

The Local Partnership Forum noted the action log.

LPF 19/033 PATIENT KNOWS BEST

The Forum received a demonstration from Mr Mike Bailey of the 'Patient Knows Best' tool. This is an interactive online tool which allows patients and clinicians to share information including symptoms, medications, results, care plans etc much more easily. Certain combinations of reporting lead to the clinician being alerted and the patient can be seen when it is appropriate rather than being given a routine appointment when it is not required. It has been used successfully in other organisations and has been trialled in ENT and will be rolled out elsewhere over the coming months. The tool has been shown to lead to tangible results with people seen quicker when it is needed and fewer hospital admissions.

The tool can be adapted to suit the specific needs of individual specialties. There are clear links with Prehabilitation, which the Forum learned about at the previous meeting.

The Forum welcomed this new developed, particularly noting the flexibilities different specialties could utilise and the importance of communicating differently with young people.

LPF 19/034 SHAPING OUR FUTURE WELLBEING REVIEW AND IMPLEMENTATION OF A HEALTHIER WALES

Mrs Harris advised that as we are now approaching the mid point of our Strategy *Shaping Our Future Wellbeing* work is taking place to check progress against actions associated with the strategic objectives and to ensure it is aligned with A Healthier Wales. Overall, much has been achieved, but there are some things which need to be accelerated and tools like Patient Knows Best will help with this.

LPF 19/035 DEPUTY CHIEF EXECUTIVE'S UPDATE

Dr Hopkins advised the Forum that 2019/20 is an important year. We started it in a relatively good position though some CIPs still need to be completed,

and if we can successfully balance quality, improvement and finances this year the future will be much brighter. Dr Hopkins emphasised that the support of the Local Partnership Forum will be key in achieving this.

Coming out of winter, there has been a lot of pressure recently especially in Unscheduled Care as the additional winter capacity has been released. She thanked all the staff working hard to enable this resetting of resources and asked for their continued support.

There is a lot of work taking place to support Cwm Taf University Health Board following publication of the report in their Maternity services. We are also taking steps to ensure our own outcomes and quality don't slip as a result of the additional pressure caused by both providing additional support to Cwm Taf and the increase in patients seeking to use our services because they are concerned. Dr Hopkins confirmed that the additional support is being funded by Cwm Taf.

Canterbury have been visiting the UHB for the past 4 weeks and have been meeting with lots of people, acting as a 'critical friend'. The next phase of the work is 'Amplify' which will be launched in July and people will really start to see the work come alive then

The Board discussed the provision of Thoracic Services from a single site again at the end of May 2019. There are still some concerns around the issue of support for the Major Trauma Unit and Board have asked for some additional assurances by the end of June.

LPF19/036 NURSE STAFFING

The Deputy Director of Nursing gave a presentation on nurse staffing levels and compliance with the Nurse Staffing Act. He reminded the Forum of the context and requirements of the Act and the triangular approach used to determine staffing levels (quality indicators, patient acuity and professional judgement). There is a robust governance structure in place including daily operational meetings and reports to the Board. The first report to Welsh Government is due in 2021.

It was recognised that maintaining the required levels can be challenging, but though initiatives like Project 95 and new ways of working we are in a better position than many other organisations, and we received Substantial Assurance following an Internal Audit Report. Mr Roberts also acknowledged the efforts made by staff and the flexibility they show by moving around in order to achieve compliance.

Mr Roberts reminded the forum that financial considerations are triangulated with quality and safety

It was agreed that a copy of the presentation would be shared with Forum members

ACTION: Mr Roberts

Mr Driscoll reminded the Forum that there has been a lot of work undertaken around nurse recruitment, but while we are in a better position than the rest of Wales and parts of England there are still gaps. It has recently been agreed that we can undertake international recruitment under the leadership of the Deputy Director of Workforce and OD, with a view to the first recruits arriving in December.

LPF 19/037 STREAMLINING OUR EMPLOYMENT POLICIES

Mr Driscoll pointed out that the way we use 'policies' and 'procedures' is sometimes confusing for staff and information is often duplicated. Work has been taking place to streamline the number of Employment Policies we have and from the end of June we will have 6 local overarching policies which will have a number of supporting procedures containing the operational detail.

These 6 local policies are:

- Adaptable Workforce
- Employee Health and Wellbeing
- Learning, Education and Development
- Recruitment and Selection
- Equality, Diversity and Human Rights
- Maternity, Adoption, Paternity and Shared Parental Leave

In addition, we will continue to have the suite of All Wales policies for issues such as attendance, disciplinary, concerns etc

Mr Hewin acknowledged that this had been discussed previously but expressed some concerns at the pace of the work and suggested that there could be some unintended consequences from changing some documents which had previously been Policies to Procedures. Mr Driscoll advised that if any such unintended consequences did occur they should be raised with him.

Miss Ward supported the work and the direction of travel, but asked for assurances around the engagement that took place when Procedures are developed. Dr Pressley reminded the Forum that there is a robust process for developing and reviewing both Policies and Procedures in partnership. All control documents are reviewed jointly by a WOD and Staff Representative lead, along with any relevant stakeholders, before undergoing a 28 day consultation period. Once this is complete the Employment Policy Sub Group consider the document, and can approve Procedures. Policies proceed to the Strategy and Delivery Committee for approval.

LPF 19/038 SUSTAINABLE TRAVEL

Mrs Harris provided the Forum with a brief update on sustainable travel. She advised that:

- It was hoped the number of nextbikes in Cardiff would double from 500 to 1000 in the near future
- The UHW Park and Ride times had been extended
- A shuttle bus between UHW and UHL was being trialled

- Details were being finalised for a Park and Ride Service for UHL
- The Public Services Board had received a presentation from Cardiff Council regarding their plans to improve air quality, including cycle highways and a metro service

Mr Jones said that he was pleased to hear that UHL would soon benefit from a Park and Ride service from Cardiff, but he still hoped that a service from the Vale could be established too.

(Mr Welsh and Mr Hewin left the meeting)

LPF 19/039 Finance Report

The Local Partnership Forum received and noted the Finance Report for the period ending 31 March 2019. Mr Gough advised that during month 12 the UHB achieved the £12m deficit we had been aiming for. There were still some CIP gaps for 2019/20 and it would be a tough year, but there was a substantial reward at the end of it.

LPF 19/040 WORKFORCE KPI REPORT

The Local Partnership Forum received and noted the Workforce Report for the period ending 31 March 2019

Mr Driscoll advised that this would be the last time that the Forum would receive the report in this format as it would be replaced from the next meeting with a more visual dashboard style report

(Miss Salter left the meeting)

LPF 19/041 PATIENT SAFETY, QUALITY AND EXPERIENCE REPORT

The Local Partnership Forum received and noted the Patient Safety, Quality and Experience Report

LPF 19/042 Part 2 - ITEMS FOR INFORMATION

The Local Partnership Forum received and noted the following reports:

- Employment Policy Sub Group minutes from 15.05.19
- Staff Benefits Group Report

LPF 19/043 ANY OTHER BUSINESS

Mr Jones thanked Forum members who had sponsored him to walk Pen y Fan for a Children's Leukaemia Charity.

LPF 19/044 FUTURE MEETING ARRANGEMENTS

The next meeting will be held on Wednesday, 7 August 2019 at 10 am with a staff representatives pre-meeting at 9 am (venue to be confirmed).

Local Partnership Forum – Action Log

MINUTE	DATE	SUBJECT	AGREED ACTION	ACTIONED TO	STATUS
LPF19/036	5 June 2019	Nurse Staffing	Copy of presentation to be shared with Forum members	Mr Roberts	COMPLETE – sent via email Dr Pressley 04.07.19

REPORT TITLE:	Strategic Equality Plan 2020-24										
MEETING:	Local Partnership Forum						MEETING DATE:	7 August 2019			
STATUS:	For Discussion	x	For Assurance			For Approval		For Information		x	
LEAD EXECUTIVE:	Executive Director of Workforce and OD										
REPORT AUTHOR (TITLE):	Equality Manager										
PURPOSE OF REPORT:											

SITUATION:

The four year Strategic Equality Plan Fair Care 2016-20 (SEP) is now in its last year. As a listed public authority in Wales under the Equality Act 2010, the UHB must have drawn up a Strategic Equality Plan by 2 April 2020. The purpose of a Strategic Equality Plan is to document the steps the organisation is taking to fulfil its Public Sector Equality Duty) under the Equality Act 2010. In preparing and revising its Strategic Equality Plan the UHB is required to engage appropriately and have due regard to relevant equality information. This paper provides information on the steps that will be taken to meet these obligations.

REPORT:

BACKGROUND:

The public sector equality duty is made up of a general equality duty supported by specific duties. The general equality duty is set out in section 149 of the Equality Act 2010. The specific duties are created via secondary legislation.

The **public sector equality duty** is the title of the duty, and how it is referred to in the Equality Act. It consists of the **general equality duty** which is the overarching requirement or substance of the duty, and the **specific duties** which are intended to help performance of the general equality duty.

The organisation is required to adhere to both the general duty and the specific duties of the legislation.

General Duty in Wales

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. It is an integral and important part of the mechanisms for ensuring the fulfilment of the aims of the Equality Act 2010. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This will achieve better outcomes for all.

In exercising its functions, the organisation is required to have due regard to the need to:

1. eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act
2. advance equality of opportunity between people who share a relevant protected characteristic and those who do not
3. foster good relations between people who share a protected characteristic and those who do not.

The Act explains that having due regard for advancing equality of opportunity in the second aim involves:

- removing or minimising disadvantages experienced by people due to their protected characteristics
- taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

Having due regard to the aims of the general equality duty requires the organisation to have an adequate evidence base for any decision-making. Collecting and using equality information will enable the development of a sound evidence base. Case law has made clear that public authorities should ensure that they have enough relevant information to hand about equality issues to make informed choices and decisions, and to ensure that this is fully considered before and at the time decisions are taken.

The Act describes fostering good relations in the third aim as tackling prejudice and promoting understanding between people who share a protected characteristic and those who do not. Meeting the duty may involve treating some people more favourably than others, as long as this does not contravene other provisions within the Act.

The general duty covers the following protected characteristics:

- Age
- Gender reassignment
- Sex
- Disability
- Pregnancy and maternity
- Sexual orientation
- Race – including ethnic or national origin, colour or nationality
- Religion or belief – including lack of belief

It applies to marriage and civil partnership, but only in respect of the requirement to eliminate discrimination in employment.

The phrase 'protected group' is sometimes used to refer to people who share a protected characteristic.

Specific duties in Wales

The broad purpose of the specific duties in Wales is to help listed bodies in their performance of the general duty and to aid transparency and focus. The specific duties set out the steps that the organisation must take in order to demonstrate that the general duty is being met.

As a listed authority the organisation must publish one or more equality objectives that it thinks it needs to achieve to further the aims of the general equality duty. The objectives must be specific and measurable. They must be published in an accessible format as a separate document, or in another document

The purpose of setting specific, measurable equality objectives is to help public authorities to better perform the general equality duty. Equality objectives help focus attention on the priority equality issues within an organisation, to deliver improvements in policy-making, service delivery and employment, including resource allocation. Although the organisation must publish one equality objective as a minimum, there is no maximum number required.

To ensure compliance with both the general and specific duties the UHB will prepare and publish our equality objectives in the UHB Strategic Equality Plan by 2 April 2020.

This Strategic Equality Plan will include:

- a description of the organisation
- its equality objectives (including pay objectives)
- the steps it has taken or intends to take to meet its objectives and in what timescale
- its arrangements to monitor progress on meeting its equality objectives and the effectiveness of the steps it is taking to meet those objectives
- its arrangements to identify and collect relevant equality information. This includes information gathered from engaging with protected groups about how the work of an authority may relate to the general duty. It also includes any information about pay differences related to a protected characteristic and the causes of these differences
- its arrangements for publishing relevant equality information that it holds and which it considers appropriate to publish
- its arrangements for:
 - assessing the likely impact on protected groups of any policies and practices that an authority is proposing, reviewing or revising
 - monitoring their actual and ongoing impact
 - publishing reports where an assessment shows a substantial impact (or likely impact) on an authority's ability to meet the general duty
- details of how an authority will promote knowledge and understanding of the general and specific duties among employees, including through performance assessment procedures to identify and address training needs
- an action plan relating to gender pay (including pay objectives)

ASSESSMENT:

The Welsh Government wants to take a new, noticeably Welsh approach to promoting and safeguarding equality, social justice and human rights in Wales. The Welsh Government has a clear commitment to promoting and protecting human rights. This is embedded in their formation legislation. To demonstrate and reaffirm their commitment to these principles, they are taking forward to explore options to safeguard equality and human rights in Wales. This will begin with commencing the socioeconomic duty in Wales - Part 1 of the Equality Act 2010. They are

expecting rapid progress over the next few months with a view to the socioeconomic duty being commenced later this year. They will require Welsh public bodies to make the decisions in a way that tackles unequal outcomes caused by socio-economic disadvantage. We had already anticipated some aspects of this within our Equality and Health Impact assessments which may help minimize some of the obligations that may be put forward.

The commencement of the socioeconomic duty, together with a fair and living wages and improvements in procurement, are seen as the first phase of work on the strengthening and advancing equality and human rights, being levers to tackle poverty. The Welsh Government is also of the view that what is also needed swiftly is practical support for people to apply current legislation and guidance, to enable them to hold agencies to account and seek redress if rights have been breached.

Further, the Welsh Government will be working with the Equality and Human Rights Commission to review and strengthen the Welsh regulations for the public sector equality duty. Both the socioeconomic duty and the review of the public sector equality duty will have an impact on our forthcoming and the new Strategic Equality Plan, both in the short and longer term.

Developing a SEP and setting effective equality objectives will be critical in meeting the general duty and in working towards improved outcomes for people with all of the protected characteristics.

The following outlines our timetable for the publication of our 2020-2024 SEP and Equality Objectives. We expect to engage with the appropriate stakeholders throughout this period.

Timetable

June

Equality Manager to develop the consultation (re. questions etc.)
Draft consultation document

July/ August/ September

Hold and attend consultation events and focus group sessions.
Produce an Equality and Health Impact Assessment

September/ October

Analysis of responses.
Start work with Clinical Boards and others to develop Strategic Equality Plan actions, outcomes and milestones.

November

Options put to the Strategy and Delivery Committee.
Continue to work with Clinical Boards and others to develop actions.

December/ January

Finalize Equality Objectives and Strategic Equality Plan actions.

February

Activities related to publication and communication (design, print etc)

March

Publication of the SEP and Equality Objectives and Chief Executive and Chair statement.

It is open to the UHB to include in the SEP any other information relevant to meeting its general duty. The SEP will be aligned to and take account of Shaping Our Future Wellbeing Strategy, Well-being Future Generations Act, Health Care Standards and *Is Wales Fairer? 2018* produced by the Equality and Human Rights Commission.

The expectation is that, well-defined, SMART Equality Objectives underpinned by targeted supporting actions will enable the organisation to make real progress towards longer term aims, breaking down entrenched inequality and making Wales fairer and more inclusive overall.

ASSURANCE is provided by:

- The approach taken previously noted by the Strategy and Delivery Committee.

RECOMMENDATION

The Local Partnership Forum is asked to:

- **NOTE** the contents of this paper

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	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

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
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EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:	Not applicable at this time									
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Report Title:	STANDARDS OF BEHAVIOUR POLICY [INCORPORATING POLICY GUIDANCE IN RELATION TO DECLARATIONS OF INTEREST, GIFTS, HOSPITALITY, SPONSORSHIP, ADDITIONAL EMPLOYMENT, CONDUCT AND POLITICAL ACTIVITY]					
Meeting:	Local Partnership Forum				Meeting Date:	7 Aug 19
Status:	For Discussion	x	For Assurance		For Approval	For Information
Lead Executive:	Director of Corporate Governance					
Report Author (Title):	Interim Head of Governance					
SITUATION						
<p>The purpose of this report is to provide LPF with the opportunity to comment and input to the Revised Standards of Behaviour Policy (see <i>Appendix 1</i>), prior to it being formally consulted upon in line with the requirements set out in the UHB's <i>Policy on Policies</i>.</p>						
REPORT						
BACKGROUND						
<p>The UHB's Standards of Behaviour Policy (the Policy) describes the standards and public service values which underpin the work of Cardiff and Vale University Health Board (the UHB) and reflects current guidance and best practice which all those working in NHS Wales must follow. All Welsh Health Boards are required to have an up-to-date Standards of Behaviour Policy, and robust mechanisms in place to ensure compliance with it.</p> <p>A review of the management of Standards of Behaviour was completed by Internal Audit in November 2018; in line with the UHB's 2018-19 Internal Audit Plan. The purpose of the review was to establish if the UHB had appropriate processes in place to ensure that all its employees and Independent Members practice the highest standards of conduct and behaviour. The review sought to provide assurance that:</p> <ul style="list-style-type: none"> ▪ The UHB had an appropriate and up to date Standards of Behaviour Framework Policy in place and widely available to all relevant parties; ▪ Effective processes were in place to ensure that all employees and Independent Members are aware of the requirements of the Standards of Behaviour Framework and have access to appropriate information, support and advice; ▪ Effective Arrangements were in place to ensure that specific groups of Employees and Independent Members complete a Declaration of Interest (DoI) Form on initial employment with the UHB and at periodic intervals thereafter; ▪ The Health Board had an up to date Register of Interests in place and the content was reported to the Audit Committee at agreed intervals; ▪ Effective processes were in place for ensuring that employees and Independent Members declare any offer of a gift, hospitality or sponsorship which requires recording; and ▪ A Register of all declared Gifts, Hospitality and Sponsorship (GH&S) whether, 						

accepted or declined, was maintained and the content is reported to the Audit Committee at agreed intervals

The conclusion of the Internal Audit was that the *Board could take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.*

ASSESSMENT

The review by Internal Audit found that overall systems and controls in place for the management of Standards of Behaviour were inadequate. A key finding was that the UHB's Standards of Behaviour policy was out of date. The Policy was published in January 2015, and a review of the Policy should have been undertaken no later than three years after the date of approval.

Following publication of the Internal Audit report a Standards of Behaviour Improvement Plan was developed and implemented by the Directorate of Corporate Governance. As part of the programme of improvement work a revised Standards of Behaviour Policy has been developed, see *Appendix 1*. The updated draft policy is far more detailed than that published in 2015. It has been drafted in the form of separate sections covering:

- Part 1: Declarations of Interest
- Part 2: Gifts and Hospitality
- Part 3: Declaration of Outside Employment and Clinical Private Practice
- Part 4: Charitable Collections (collections not related to the UHB's Charity)
- Part 5: Political Activities and Personal Conduct

Several documents were consulted during its development, a key one being the *Standards of Business Conduct Policy* developed by NHS England and NHS Improvement (updated March 2019). The Policy will be supported by guidance on the UHB's Intranet and a Communication's plan is being developed to raise awareness of the new Policy once it has been finalised and agreed.

The Directorate of Corporate Governance will be working closely with Workforce & OD colleagues and the Local Partnership Forum to finalise the Policy. In line with the UHB's *Policy on Policies* there need to be a formal consultation, before the Policy is submitted to the Board for formal approval in July 2019.

RECOMMENDATION

The Local Partnership Forum is asked to:

- **REVIEW and COMMENT** on the revised draft Standards of Behaviour Policy.
- **NOTE** that a consultation process has started in accordance with the UHB's *Policy on Policies*.

Shaping our Future Wellbeing Strategic Objectives									
1.Reduce health inequalities					6.Have a planned care system where demand and capacity are in balance				
2.Deliver outcomes that matter to people		x			7.Be a great place to work and learn			x	
3.All take responsibility for improving our health and wellbeing					8.Work better together with partners to deliver care and support across care sectors, making best use of our people and technology				
4.Offer services that deliver the population health our citizens are entitled to expect					9.Reduce harm, waste and variation sustainably making best use of the resources available to us				
5.Have an unplanned (emergency) care system that provides the right care, in the right place, first time					10.Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives				
Five Ways of Working (Sustainable Development Principles) considered									
Sustainable Development Principles: Five ways of working	Prevention	x	Long term		Integration		Collaboration		Involvement
Equality and Health Impact Assessment Completed:	Not Applicable								

STANDARDS OF BEHAVIOUR FRAMEWORK
**[INCORPORATING POLICY GUIDANCE IN RELATION TO DECLARATIONS
 OF INTEREST, GIFTS, HOSPITALITY, SPONSORSHIP, ADDITIONAL
 EMPLOYMENT, CONDUCT AND POLITICAL ACTIVITY]**

Document Reference No:	UHB 64	Version No:	2	Previous C&VUHB Ref No:	T20 UHB 641.1
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Document Type: Issue Date: Implementation Date: Review Date:	Corporate Procedure	Non-clinical
	**	
	**	
	** (3 years post issue date)	

Documents to be read alongside this policy:	<ul style="list-style-type: none"> ▪ Standing Orders. ▪ Scheme of Reservation and Delegation ▪ Standing Financial Instructions. ▪ All Wales Raising Concerns (Whistleblowing) Policy ▪ Being Open Policy ▪ Social Media Policy ▪ Working Hours Policy ▪ Data Protection Act Policy ▪ Dignity at Work Policy ▪ Disciplinary Policy and Procedure ▪ Information Governance Policy
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Executive Summary:

This policy sets out the standards and public service values which underpin the work of Cardiff and Vale University Health Board (the UHB) and reflects current guidance and best practice which all those working in NHS Wales must follow. It provides guidance in relation to:

- Declarations of Interest
- Gifts
- Hospitality
- Sponsorship
- Declarations of outside employment

- Charitable Collections
- Political Activities and Personal Conduct

For further advice and guidance please contact the [Interim Head of Governance](#) on 02920 36012, email mandy.collins3@wales.nhs.uk. You may also send an email to the Governance Directorates Standards of Behaviour inbox CAV.declarations@wales.nhs.uk

Author / Reviewer:	Interim Head of Governance
Document Owner:	Interim Head of Governance
Accountable Executive:	Director of Corporate Governance
Consultation method & time period:	Distributed via email and IBabs.
Consultees: (Groups &/or Individuals)	Management Executive, Health Systems Management Board
Approved by:	Board
Date Approved:	***
Scope:	UHB Wide

Engagement has taken place with:

Name	Title	Date Consulted
Local Partnership Forum		**
Management Executive		
Health Systems Management Board		
UHB Wide		**

Disclaimer

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Version Number	Date Amendments Approved	Date Published	Summary of Amendments
1	N/A	08/07/11	New policy to replace Trust Version 20
1.1	2/12/14	15/01/2015	<p>Interim review approved by Audit Committee to take account of changes to role titles and amendments to Section 6.2.2 as follows:-</p> <p>Removal of Clinical Directors, Directorate and Assistant Directorate Managers, Lead Nurses or equivalent as a group of staff. Remove Internal Audit and Procurement staff as this group is employed by another organisation.</p> <p>Reference to change of role titles for Director of Governance and Divisional Teams (see below).</p>
2	**		<p>Full review of policy undertaken. Latest guidance issued across the UK, including that issued by NHS England and NHS Improvement were used to inform this redraft.</p> <p>Additional guidance in relation to sponsorship, personal conduct and political activities included.</p>

NOTE:

All references to the Divisional Directors, Managers and Nurses or equivalent should be interpreted to mean the Clinical Board Directors, Heads of Operations and Delivery, Clinical Board Nurses or equivalent.

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1. INTRODUCTION

- 1.1 This Standards of Behaviour Policy describes the standards and public service values which underpin the work of Cardiff and Vale University Health Board (the UHB) and reflects current guidance and best practice which all those working in NHS Wales must follow.
- 1.2 As a publicly funded body the UHB has a duty to set and maintain the highest standards of conduct and integrity. The Board expects all Independent Members and officers of the UHB to demonstrate and maintain the highest standards of corporate and personal conduct, based on the recognition that the needs of patients must come first. All Board Members and officers are expected to act in the spirit set out in the seven principles of public life; the 'Nolan Principles' (**Appendix 1**).
- 1.3 It is a long and well-established principle that public-sector organisations must be impartial and honest in their business and that their officers must act with integrity.
- 1.4 As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect the UHB and its officers from any suggestion of corruption, partiality or dishonesty by providing a clear framework through which the UHB can provide guidance and assurance that its officers conduct themselves with honesty, integrity and probity. The policy should be read in conjunction with all relevant organisational policies which are developed and agreed in line with the principles set out in this policy.
- 1.5 This Policy is supported by a short guide on the Standards of Behaviour Framework (see **Appendix 2**) that provides a summary of expected conduct. This Framework is intended to compliment the various Professional Codes of Conduct relevant to Employees of the UHB. Detailed guidance and answers to frequently asked questions is available on the UHB's [Standards of Behaviour](#) intranet pages.

2. POLICY STATEMENT

- 2.1 The UHB is committed to ensuring that its Employees and Independent Members practice the highest standards of conduct and behaviour. This policy sets out those expectations and provides guidance so that all employees and Independent members are supported in delivering that requirement.

3. POLICY OBJECTIVE

- 3.1 This Policy has been developed to set out the UHB's Standards of Behaviour Framework, the responsibilities of those working for the UHB and the arrangements in place to support Independent Members and

Officers to uphold it.

- 3.2 The Policy also sets out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship.

4. SCOPE

- 4.1 All Independent Members, officers of UHB including those working for its hosted organisations, without exception, are within the scope of this Policy, including and without limitation:

- All Corporate Directorates;
- All Clinical Boards;
- WEQAS;
- All Wales Adult Cystic Fibrosis Centre
- All Wales Artificial Limb and Appliance Service
- All Wales Medical Genetics Service
- All Wales Veterans' Mental Health and Wellbeing ServiceSt Mary's
Phamaceutical Unit
- Noah's Ark Children's Hospital for Wales
- Cardiff Medicenter
- CUBRIC
- Cardiff and Vale Health Charity

- 4.2 In the context of this policy the term 'officers' includes all staff of the UHB, including:

- Executive Directors;
- Those employed by the UHB,
- Those working in the UHB's hosted organisations;
- Consultants;
- Agency workers;
- Specialist Contractors;
- Those who have an honorary contract with the UHB;
- Secondees who carry out work for the UHB but are not directly employed by it;
- NHS Trainees on placement with the UHB;
- Jointly appointed staff

- 4.3 In addition, some individuals who work with, but are not employed by the UHB are required to comply with this policy, for example members of the UHB's advisory groups, such as its Stakeholder Reference Group and volunteers.

5. ROLES AND RESPONSIBILITIES

Role	Responsibility
Chief Executive Officer	<p>The Chief Executive is the “Accountable Officer” with overall responsibility for ensuring that the UHB operates efficiently, economically and with probity.</p> <p>The Chief Executive will ensure a policy framework is set and that arrangements are in place to support the delivery of that framework.</p>
Director of Corporate Governance	<p>The Director of Corporate Governance has been delegated responsibility for ensuring that the UHB is provided with competent advice and support regarding the contents and application of this Policy and the Standards of Behaviour Framework. They will ensure that:</p> <ul style="list-style-type: none"> ▪ A Register of Interests is established and maintained as a formal record of interests declared by officers and Independent Members. ▪ Arrangements are in place to prompt specific groups of officers and Independent Members to complete a Declaration of Interest Form on initial employment with the UHB and at periodic intervals thereafter (see Appendix 3). ▪ A Register of Gifts, Hospitality and Sponsorship whether, accepted or declined, is maintained. ▪ Appropriate information from the Registers of Declarations of Interests and Gifts, Hospitality and Sponsorship is published on the UHB’s Website in accordance with the requirements of the organisations Freedom of Information Publication Scheme. ▪ Reports detailing the content of the Registers of Declarations of Interests and Gifts, Hospitality and Sponsorship and the effectiveness of the arrangements in place are provided to the Audit and Assurance Committee at agreed intervals. ▪ The forms that Employees should complete when making a Declaration of Interest or when advising if gifts, hospitality or sponsorship have been accepted or declined

	are available on the Intranet.
Executive Directors and Clinical Boards	<p>Executive Directors and Clinical Boards are responsible for ensuring that:</p> <ul style="list-style-type: none"> ▪ Employees are aware of the requirements contained within this Policy. ▪ They lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality or sponsorship. ▪ Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered within their Directorate/Clinical Board PRIOR to the event. ▪ They review the contents of the Register of Declarations of Interest and Gifts, Hospitality and Sponsorship on an annual basis to assist with the verification of the accuracy of the information contained within it.
Line Managers	<p>Line Managers will:</p> <ul style="list-style-type: none"> ▪ Ensure that this Policy and the Standards of Behaviour Framework is brought to the attention of all individuals for whom they are responsible, and that they are aware of its implications for their work. ▪ Ensure that all officers are aware of the requirement to follow and comply with the Policy and Standards of Behaviour Framework. ▪ Discuss the Standards of Behaviour Framework at Individual Performance Reviews, Consultant Appraisals and as part of the Consultant Job Plan Reviews as appropriate. ▪ Support individuals in the application of the Policy and the Standards of Behaviour Framework, seeking advice from the Directorate of Corporate Governance if required.
Independent Members and Officers	<p>All Independent Members and Officers (see <i>para. 4.2</i>) are responsible for ensuring that:</p> <ul style="list-style-type: none"> ▪ They understand this Policy and the

	<p>Standards of Behaviour Framework, consulting their line manager or the Director of Corporate Governance if they require clarification.</p> <ul style="list-style-type: none"> ▪ Declare to the UHB for recording in the Register of Interests any relevant interests <ul style="list-style-type: none"> • At the commencement of employment; • Whenever a new interest arises, and; • If asked to do so at periodic intervals by the UHB. ▪ Inform patients and their relatives as appropriate, when referring them for treatment, investigation, or any aspect of their care if they have a material interest in an organisation to which they plan to refer a patient. The fact that the patient has been informed must be recorded appropriately. ▪ Verbally declare any relevant interest when a potential for conflict arises e.g. at Board and committee meetings, during procurement processes. ▪ Declare to the UHB for recording in the Register of Gifts, Hospitality and Sponsorship any offer of a gift, hospitality or sponsorship which requires recording. ▪ Obtain permission from their Director/Clinical Director before accepting gift, hospitality or sponsorship which require recording. ▪ Observe the Standing Orders, Standing Financial Instructions and procurement policies and procedures of the UHB.
Procurement Staff	<p>When asked to procure goods, tender a contract procurement staff will scrutinise the Registers for Declarations of Interest and Gifts, Hospitality and Sponsorship to ensure that there is no opportunity conflict of interest. A detailed protocol setting out the arrangements for undertaking this process will be agreed with the Director of Corporate Governance on an annual basis.</p>

6. Failure to comply with Standards of Business Conduct Policy

6.1 Failure to comply with the requirements set out in this policy may result in

action being taken in accordance with the UHB's disciplinary procedure. Such disciplinary action may include termination of employment (where applicable).

- 6.2 Where the failure to comply relates to an individual that is not a direct employee of the UHB, this may result in action being taken in accordance with the relevant engagement procedures (e.g. termination of a secondment agreement).
- 6.3 Any financial or other irregularities or impropriety which involve evidence or suspicion of fraud, bribery or corruption by any officer, will be reported to NHS Counter Fraud Authority in accordance with Standing Financial Instructions and the Counter Fraud and Corruption Policy, with a view to an appropriate investigation being conducted and potential prosecution being sought.

7. Raising concerns and breaches

- 7.1 This Policy may be breached innocently, accidentally, or because of deliberate actions. Members of the Board and officers of the UHB should speak up about any genuine concerns in relation to compliance with this policy. Officers can raise these concerns directly with their own line manager or alternatively the Director of Corporate Governance or the Head of Governance.
- 7.2 All reported concerns will be treated with the appropriate confidentiality and investigated in line with the UHB's policies and procedures.
- 7.3 The Director of Corporate Governance will take a report on breaches and responses to the Audit and Assurance Committee and the Board on an annual basis.
- 7.4 Officers must report any suspicions of fraud, bribery and corruption as soon as they become aware of them to the [Local Counter Fraud Officer](#) to ensure that they are investigated appropriately and to maximise the chances of financial recovery,
- 7.5 Officers may wish to report concerns by emailing the Governance Directorates Standards of Behaviour inbox, CAV.Declarations@wales.nhs.uk

Part 1: Declarations of Interest

8. CONFLICTS AND DECLARATIONS OF INTEREST

- 8.1 Independent Members and Officers are expected to act at all times with the utmost integrity and objectivity and in the best interests of the organisation in performing their duties, and to avoid situations where there may be a potential conflict of interest. Officers must not use their position for personal advantage or seek to gain preferential treatment.
- 8.2 Independent Members and Officers in the scope of this policy are required to declare any actual or potential interests which may be perceived as conflicting with that overriding requirement.

What are conflicts of interest?

- 8.3 A conflict of interest is a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of carrying out their role is, or could be, impaired or influenced by another interest they hold.
- 8.4 A conflict of interest may be:
- Actual – there is a relevant and material conflict between one or more interests now; or
 - Potential – there is the possibility of a material conflict between one or more interests in the future.
- 8.5 Independent Members and Officers may hold interests for which they cannot see a potential conflict. However, caution is always advisable because others may see it differently. It is important to exercise judgement and to declare such interests where there is otherwise a risk of suggestion of improper conduct.
- 8.6 Interests can arise in a number of different contexts. A material interest is one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision. Interests can generally be considered in the following categories:
- Financial interests – this is where an individual may get direct financial benefit from the consequences of a decision they are involved in making.
 - Non-financial professional interests – this is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career.
 - Non-financial personal interests – this is where an individual may benefit

personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions that are involved in making in their professional career.

- Indirect interests – This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.
- Loyalty interests - As part of their role, officers may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.

In this context, a 'benefit' may be financial gain or avoidance of loss.

- 8.7 Where there is potential for interests to be relevant and material to the organisation, the interest should be declared and recorded in the register held and maintained by the Directorate of Corporate Governance. Example of interests which should be regarded as 'relevant and material' are shown below, although this list should not be regarded as exhaustive.

Further guidance is provided at Appendix 2.

- Directorships, including non-executive directorships, held in private companies or PLCs
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS
- Shareholdings and ownership interests in any publicly listed, private or not for profit company, business, partnership or consultancy, which are doing, or might reasonably be expected to do, business with NHS England and/or NHS Improvement
- A position of authority in another NHS organisation, commercial, charity, voluntary, professional, statutory or other body which could be seen to influence your role
- A position on an advisory group or other paid or unpaid decision-making forum that could influence how NHS England and/or NHS Improvement spends taxpayers' money
- Are or could be involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners
- Any connection with a private, public, voluntary or other organisation contracting for NHS services

- Any other commercial interest relating to any relevant decision to be taken by the organisation

8.8 Conflicts can occur because of interests held by a close family member, business partner, close friend or associate. If officers are aware of material interests (or could be reasonably expected to know about these) then these should be declared. In this context, a close family member is defined as:

- spouse or civil partner
- any other person with whom the individual cohabits
- children or step children spouse/partners' children or step children
- parents
- grandparents
- siblings

Declaring Interests

8.9 All officers must declare any relevant and material interests. Declarations should be made as soon as is reasonably practicable, and within 28 days after the interest arises, using the form attached, [Declaration of Interest](#).

If individuals are in any doubt as to whether they have an interest or whether it is declarable, they should consult their line manager or the Directorate of Corporate Governance. In addition, Individuals are required to review and declare interests at the following points:

Independent Members and Executive Directors	<ul style="list-style-type: none"> ▪ On appointment ▪ Annually ▪ In formal meetings ▪ In relation to individual procurement exercises/contracts ▪ When possible conflict identified
Clinical Board Directors	<ul style="list-style-type: none"> ▪ On appointment ▪ Annually ▪ In formal meetings ▪ In relation to individual procurement exercises/contracts ▪ When possible conflict identified
Decision Making Officers	<ul style="list-style-type: none"> ▪ On appointment ▪ Annually ▪ In formal meetings ▪ In relation to individual procurement exercises/contracts ▪ When possible conflict identified ▪ When moving to a new role

All Officers	<ul style="list-style-type: none"> ▪ On appointment ▪ Annually ▪ When possible conflict identified ▪ When moving to a new role
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REGISTER OF DECLARED INTERESTS

8.10 The Directorate of Corporate Governance will maintain the Register of Declared Interests together with copies of all declarations made. A record of historic interests will be maintained for a minimum of six years after the date on which the interest expired. There may be occasions when an officer declares an interest which the Directorate of Corporate Governance team later decides is not material. In such an instance the declaration will be recorded but not published.

PUBLICATION OF DECLARATIONS

8.11 Independent Members and some officers are more likely than others to have a decision-making role or influence on the use of public money because of the requirements of their role. In the context of this policy, the officers listed below are referred to as 'decision making officers':

- Board members
- Clinical Board Directors and Senior Managers (ESM) and equivalent
- Officers at Agenda for Change Band 8d and above

8.12 Declarations made in accordance with this policy by 'decision making officers' will be published on the UHB's website at intervals set out in the summary.

Registers of all officer declarations held by the Directorate of Corporate Governance will be made available on request.

8.13 In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly available register(s). Where an officer believes that substantial damage or distress may be caused to him/herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such a request must be made in writing to the Directorate of Corporate Governance, who will seek legal advice where required. A confidential, un-redacted version of the register will be held securely by the Directorate of Corporate Governance.

8.14 Officers should be aware that external organisations, e.g. Association

of British Pharmaceutical Industries (ABPI), may also publish information relating to commercial sponsorship or other payments. We will review such publications to ensure that appropriate internal declarations have been made in accordance with this policy and will take appropriate action where they have not.

- 8.15 Anonymised information relating to breaches and how those breaches have been managed will be published on the UHB's website annually.

PATENTS AND INTELLECTUAL PROPERTY

- 8.16 Officers should declare patents and other intellectual property rights they hold (either individually or by virtue of their association with a commercial or other organisation) relating to goods and services which are, or might reasonably be expected to be, procured or used by the UHB.
- 8.17 Any patents, designs, trademarks or copyright resulting from the work (e.g. research) of an officer carried out as part of their employment shall be the Intellectual Property the UHB.
- 8.18 Where the undertaking of external work, gaining patent or copyright or the involvement in innovative work, benefits or enhances the UHB's reputation or results in financial gain, consideration will be given to rewarding officers subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Welsh Government.
- 8.19 Officers must seek prior permission through their line manager before entering into any agreement with bodies regarding product development where this impacts on normal working time or uses our equipment and/or resources.
- 8.20 Where holding of patents and other intellectual property rights give rise to a conflict of interest, then this must be declared in accordance with this policy.

MANAGING CONFLICTS OF INTEREST

General

- 8.21 All declarations of interest must be reviewed by the appropriate line manager, with consideration given to any actions required to mitigate the conflict in the individual circumstances. There may be occasions where the conflict of interest is profound and acute. In such cases it may be necessary to consider a range of possible actions which may include:
- deciding that no action is warranted;
 - restricting the officer's involvement in discussions and excluding them from decision making;

- removing the officer from the whole decision-making process;
- removing the officer's responsibility for an entire area of work;
- removing the officer from their role altogether if the conflict is so significant that they are unable to operate effectively in the role.
- An audit trail of the actions taken must be maintained.

At Meetings

8.22 All formal meetings, including the Board and its Committees, must have a standing agenda item at the beginning of each meeting to determine whether anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting. The UHB's Standing Orders and all Committee terms of reference will state this requirement. Any new interests declared at the meeting should be included in the Register of Interests as soon as practicable after the meeting.

8.23 In the event that the chair of the meeting has a conflict of interest, the deputy chair is responsible for deciding the appropriate course of action to manage conflicts of interests. If the deputy chair is also conflicted, then the remaining non-conflicted voting members of the meeting should unanimously agree how to manage the conflict(s).

8.24 When a member of the meeting (including the chair or deputy chair) has a conflict of interest in relation to one or more items of business to be transacted at the meeting, the chair (or deputy chair or remaining non-conflicted members where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the chair has a conflict of interest, deciding that the deputy chair (or another non-conflicted member of the meeting if the deputy chair is also conflicted) should chair all or part of the meeting;
- Requiring the individual who has a conflict of interest (including the chair or deputy chair if necessary) not to attend the meeting;
- Ensuring that the individual does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict;
- Requiring the individual to leave the discussion while the relevant matter(s) are being discussed and when any decisions are being taken in relation to those matter(s);
- Allowing the individual to participate in some or all of the discussion when the relevant matter(s) are being discussed but requiring them to leave the meeting when any decisions are being taken in relation to those matter(s);
- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest but allowing the individual to remain and participate in both the discussion and in any decisions. This is only likely to be an appropriate course of action where it is decided that the declared interest is either immaterial or not relevant to the matter(s) under discussion;

- 8.25 Conflicts of interest arising at a Board meeting must be managed in accordance with the requirements of the Standing Orders/Rules of Procedure. In all cases however, a quorum must be present for the discussion and decision; and interested parties cannot be counted in determining whether the meeting is quorate for that item.
- .26 All decisions under a conflict of interest must be recorded by the meeting secretariat and clearly reported in the minutes of the meeting. The minutes will include:
- Who has the interest
 - The nature and extent of the conflict
 - An outline of the discussion
 - The actions taken to manage the conflict and
 - Evidence that the conflict was managed as intended.
- 8.27 To support chairs in their role, the secretariat will provide access to details of any conflicts which have already been made by members of the group.

Procurement

- 8.28 Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all.
- 8.29 Further guidance is provided in the UHBs Standing Financial Instructions.

Grants

- 8.30 Grants should be awarded and governed in accordance with the [NHS Act \(Wales\) 2006 \(amended\)](#), and any relevant guidance issued by the Welsh Government. Labelling a payment as a grant payment should not be seen as a way of avoiding the procurement processes laid out in the Standing Financial Instructions. State aid rules apply to the awarding of grants therefore the process to award a grant must be treated the same as any other procurement exercise, and should comply with all appropriate requirements of Standing Financial Instructions.

Part 2: Gifts and Hospitality

9. INTRODUCTION

- 9.1 Independent Members and officers should ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Officers must not, or be perceived to, secure valuable gifts and hospitality by virtue of their role.
- 9.2 The Bribery Act 2010 makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe. The Act reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

Gifts

- 9.3 A gift is an item of personal value, given by a third party e.g. a patient or a supplier. The definition includes prizes in draws and raffles at sponsored events/conferences. Independent Members and Officers should not ask for or accept gifts, gratuities or honoraria (such as grants, scholarships) from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions. **It may be considered to be a breach of the organisation Disciplinary Policy to solicit gifts.** It may also be illegal, under the Bribery Act 2010, and staff that are found to have done so may face disciplinary action and prosecution.
- 9.4 Independent Members and Officers should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity. Under no circumstances should officers accept a personal gift of cash or cash equivalents (e.g. tokens, vouchers, gift cards, lottery tickets or betting slips) regardless of value.

Gifts from suppliers or contractors

- 9.5 Gifts from suppliers, contractors and other commercial organisations the UHB does business (or is likely to do business) with should be declined, whatever the value. Subject to this, low cost branded promotional aids (such as calendars, diaries or other small gifts) may be accepted where they are valued at under £6 in total. Team or directorate gifts of low value, such as confectionary (up to approximately £20) intended to be shared by the team may also be accepted. Gifts accepted from suppliers in accordance with this provision must be declared using the form at [Declaration of Gifts, Sponsorship & Hospitality](#) and sent by email to CAV.Declarations@wales.nhs.uk. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the actual or estimated value and include line manager

approval. This will allow the UHB to monitor when such organisations are inappropriately offering gifts or potential inducements.

- 9.7 Under some circumstances suppliers may send gifts to all of its clients as custom and practice e.g. hampers at Christmas. Whilst such practices should be discouraged and it is not acceptable for staff to personally accept these gifts, following discussion with the supplier/commercial organisation and the appropriate Executive Director it may be considered appropriate to accept the gift and utilise it for the benefit of Charitable Funds. The Directorate of Corporate Governance will provide advice regarding the mechanism for appropriately receipting such items

Gifts from patients, families and service users

- 9.8 Personal gifts of cash from patients or their relatives are not acceptable. Cash may only be accepted as a donation to an appropriate Charitable Fund and recorded as such.
- 9.9 The acceptance of gifts of over £25 should be treated with caution and only accepted on behalf of the organisation, not in a personal capacity. Gifts accepted over a value of £25 must be declared using the form at [Declaration of Gifts, Sponsorship & Hospitality](#) and sent by email to CAV.Declarations@wales.nhs.uk. A clear reason should be recorded as to why it was considered permissible to accept the gift, alongside the actual or estimated value and include line manager approval.
- 9.10 Gifts exceeding a value of £25 should be politely declined. In some cases the gift may have been delivered and it may be difficult to return it or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift should be shared with all staff;
- raffled for charity; or
 - donated to charity.
- 9.11 Modest gifts accepted under a value of £25 need not be declared, however multiple gifts from the same source over a 12-month period should be declared where the cumulative value exceeds £25.
- 9.12 A common sense approach should be applied to the valuing of gifts, using the actual amount if known, or an estimate that a reasonable person would make as to its value.
- 9.13 If there is any doubt about the appropriateness of accepting a gift, officers should either politely decline or consult their line manager or the Directorate of Corporate Governance.

Gifts from Dignitaries/Overseas Organisations

- 9.14 There may be occasions when visits are made by dignitaries or overseas organisations who consider it “culturally custom and practice” to exchange gifts. In such cases Employees should seek guidance from the [Director of Corporate Governance](#) and declare these gifts on a [Gifts, Hospitality and Sponsorship Form](#). A decision will then be jointly made as to the most appropriate way to manage the gift. This will depend on the nature of the “gift culture” and may include decisions to “keep and display in public”, “donate to an internal user group”, “auction for charity” etc.

HOSPITALITY

- 9.14 Hospitality in this context means the provision of meals and refreshments, invitations to functions such as ceremonies, receptions, presentations and conferences as well as invitations to social, cultural and sporting events. Some offers may include overnight accommodation and travel to and from a venue at which an event is being held.
- 9.15 Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event. Officers should exercise discretion in accepting offers of hospitality in case it would, or might appear to:
- place them under any obligation to the individual or organisation making the offer;
 - compromise their professional judgement and impartiality; or otherwise be improper.
- 9.16 Acceptable hospitality includes offers of food and non-alcoholic drink, provided it is equivalent to that offered in similar circumstances by the NHS, can be accepted during working visits and does not need to be recorded in the Gifts, Hospitality and Sponsorship Register. Other hospitality that may be accepted includes instances where:
- There is a genuine need to impart information, or represent the Organisation at Stakeholder Community Events e.g. Local Authority or Charitable organisations which have an association with the UHB;
 - An employee has been invited to receive an award or prize in connection with the work of the organisation or their role within it.
 - An employee is invited to a Society or Institute Dinner or Function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or the UHB.

These types of hospitality must be authorised prior to their acceptance by a Corporate or Divisional Director and a [Declaration of Gifts, Sponsorship & Hospitality Form](#) must be completed.

Hospitality from suppliers or contractors

- 9.16 Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. Offers can be accepted if modest and reasonable but must be declared and approved by the line manager.

Meals and refreshments

- 9.17 Meals and refreshments under the value of £10 may be accepted and need not be reported. In case of doubt, officers should seek advice from their line manager or the Directorate of Corporate Governance.
- 9.18 Meals and refreshments offered of a value between £10 and £50 may be accepted and must be declared, indicating whether it has been accepted or declined, using the [Declarations of Gifts, Sponsorship & Hospitality Form](#) by email to CAV.Declarations@wales.nhs.uk.
- 9.19 Offers over a value of £50 should be refused unless (in exceptional circumstances) Executive Director/Chief Executive approval is given in advance of acceptance. A clear reason should be recorded on the declaration as to why it was permissible to accept hospitality of this value.
- 9.20 A common sense approach should be applied to the valuing of meals and refreshments, using an actual amount, if known, or an estimate.

Travel and accommodation

- 9.21 Modest offers to pay some or all the travel and accommodation costs related to attendance at events may be accepted but must be declared. Offers which go beyond the type which would be funded by the UHB must have Executive Director/Chief Executive approval in advance. A clear reason should be recorded on the declaration as to why it was permissible to accept travel and accommodation of this type.
- 9.22 Examples of travel and accommodation which we would not normally be funded are shown below, although this list should not be regarded as exhaustive:
- offers of business or first-class travel and accommodation (including domestic travel)
 - offers of foreign travel and accommodation.
 - A holiday or weekend/overnight break;
 - Offers of hotel accommodation when this is not associated with a sponsored course or conference (see below);
 - Use of a company flat or hotel suite;
 - Attendance at a function or event restricted to Employees

which is not for the purposes of training or organisational development;

- 9.23 All references to hospitality include that provided by contractors, organisations or individuals concerned with the supply of goods or services.
- 9.24 Where a meeting is funded by the pharmaceutical industry, this must be disclosed in the papers relating to the meeting and in any published minutes or actions. The Department or Directorate organising or hosting the event must ensure that the funding has been approved in line with the requirements set out in the Commercial Sponsorship section of this policy.

DECLARING GIFTS AND HOSPITALITY

- 9.25 All officers must declare any gifts and hospitality in accordance with the guidance above as soon as is practicable. Declarations should be made using the [Declaration of Gifts, Sponsorship & Hospitality Form](#) by email to CAV.Declarations@wales.nhs.uk. Your declaration will need to include the following:

- date of offer of gift or hospitality, and date of event where relevant
- name, job title and organisation of recipient / provider
- nature and purpose of gift or hospitality received or declined
- the name of any other organisation involved
- estimated value
- confirmation of approval where relevant.

REGISTER OF GIFTS AND HOSPITALITY

- 9.26 The register of gifts and hospitality is maintained by the Directorate of Corporate Governance who will formally record the declarations of Independent Members and all officers.

GIFTS AND HOSPITALITY PROVIDED BY THE UHB

- 9.27 Gifts provided by the UHB are included in the restricted list of expenditure and would require HM Treasury approval, via the Welsh Government. Any proposal would require the prior approval of the Chief Executive of NHS Wales.
- 9.28 Care should also be taken when providing hospitality from UHB funds and officers must be aware that hospitality provided is still sourced from public funding and the public expect these funds to be used for legitimate purposes and demonstrate value for money.
- 9.29 In certain circumstances, it may be acceptable for the UHB to provide modest hospitality in the way of working lunches and/or dinners as long

as this is:

- subject to a genuine business reason; and
- with the prior approval of the Chair and Chief Executive.

SPONSORED RESEARCH

- 10.12 Funding sources for research purposes must be transparent. Any proposed research must go through the relevant approvals process.
- 10.13 There must be a written protocol and written contract between the UHB, the institute at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. Where the contract includes provision of people this, and accompanying arrangements, must be clearly articulated.
- 10.14 The study must not constitute an inducement to commission any service. The Research and Development Department will be able to offer advice and support in this area

CHARITABLE DONATIONS

- 10.15 There may be occasions when commercial organisations offer to pay monies into Charitable Funds as a way funding attendances at courses or conferences. Monies may only be paid into Charitable Funds from commercial companies if it is a donation or sponsorship. It can only be used to fund expenditure which is in line with the terms of the funds use as set out within the Charitable Funds Governance Framework. The overarching aim of the Cardiff and Vale Charity is “*the advancement of health or the saving of lives*” and includes “*prevention or relief of sickness, disease or human suffering*”.
- 10.16 Expenditure from Charitable Funds does not fall within the remit of this policy, however there may be a close association with the Standards of Behaviour Framework. Further guidance is available on the Corporate Governance Intranet pages.

DECLARING SPONSORSHIP

- 10.17 All pharmaceutical companies entering into sponsorship agreements must comply with the Code of Practice for the Pharmaceutical Industry.
- 10.18 Should there be any doubt about the appropriateness of accepting sponsorship, officers should seek advice from their line manager or the Directorate of Corporate Governance.
- 10.19 All officers must declare any sponsorship in accordance with the guidance above including the value of the sponsorship. A common-sense approach

should be applied to valuing the sponsorship if there is not a contractual value specified, for example a room and refreshments being provided for an event.

10.20 All officers must declare any sponsorship secured through, contracted by, paid directly to or managed through a third party, such as exhibitors at our events sold through a third party or a sponsor paying for catering directly to an event venue.

10.21 Declarations should be made by completing the [Declaration of Gifts, Sponsorship & Hospitality Form](#) and emailed to CAV.Declarations@wales.nhs.uk within 28 day of the occurrence by the officer responsible for the event who will usually be a decision making officer. For the purposes of events the declaration should be made within 28 days of when the sponsorship was agreed rather than the date or the event. In exceptional circumstances where there are multiple sponsorship arrangements, the sponsorship may be declared within 28 days of the event taking place provided that this is agreed in advance by the Director of Corporate Governance or the Head of Corporate Governance.

10.22 Declarations made in accordance with the policy will be published on the UHB's website at intervals set out in the summary. In exceptional circumstances the value of the sponsorship may be published in bands where there are multiple sponsors of an event. A complete register will be held by the Directorate of Corporate Governance.

REGISTER OF SPONSORSHIP

10.23 The register of sponsorship is maintained by the Directorate of Corporate Governance who will formally record the declarations of all officers.

MISCELLANEOUS PAYMENTS/HONORARIA

10.24 Independent Members and Officers may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one off payment or honoraria is offered. If this activity is to be undertaken during hours when the employee is contracted to work for the UHB the payment should be made to the UHB. Individuals may accept payment for activities that they undertake in their own time, subject to the provisions regarding outside employment contained within the various employee Contracts and Terms of Service. The activity should be reported using a [Gifts, Hospitality and Sponsorship Form](#) and it should be authorised by the appropriate Executive/Clinical Board Director.

Part 3: Declaration of Outside Employment and Clinical Private Practice

11. INTRODUCTION

- 11.1 All officers (depending on the details of their contract as regards outside employment and private practice) are required to seek approval from their line manager if they are engaged in or wish to engage in outside employment in addition to their work with the UHB. This approval should be sought even if the officer is temporarily absent from work e.g. through sickness, maternity leave or secondment.
- 11.2 Outside employment or private practice must neither conflict with nor be detrimental to the NHS work of the officer in question. Examples of outside employment or private practice which may give rise to a conflict of interest includes, but is not limited to:
- employment with another NHS body;
 - employment with another organisation which might be in a position to supply goods/services to NHS England and/or NHS Improvement; and
 - self-employment, including private practice, in a capacity which might conflict with the work of NHS England/NHS Improvement or which might be in a position to supply goods/services to NHS England/NHS Improvement.
- 11.3 Where a risk of conflict of interest is identified, these should be managed in accordance with the guidance provided at Section 8. We reserve the right to refuse permission where we reasonably believe a conflict will arise or that approval would be detrimental to the work of the officer in question.
- 11.4 In undertaking any outside employment, officers should have regard to Section 14 – Trading on NHS premises.
- 11.5 The UHB may have legitimate reasons within employment law for knowing about outside employment of officers, even where this does not give rise to the risk of a conflict of interest. Nothing in this policy prevents such enquiries being made.
- 11.6 Where an officer is approached to speak at an externally sponsored event, the officer should ensure that the provisions of Section 10 – Sponsorship are observed.

Declaring outside employment and private practice

- 11.7 All officers must declare any relevant outside employment or private

practice on appointment, and when any new employment arises, in accordance with the guidance above. Declarations should be made using the form at [Declaration of Interest](#) and emailing it to CAV.Declarations@wales.nhs.uk.

Register of outside employment and private practice

- 11.8 The register of outside employment and private practice is maintained by the Directorate of Corporate Governance who will formally record the declarations of all staff

Part 4: Charitable Collections

12.1 Individual

Whilst we support officers who wish to undertake charitable collections amongst immediate colleagues, no reference or implication should be drawn to suggest that the UHB is supporting the charity. Permission is not required for informal collections amongst immediate colleagues on an occasion like retirement, marriage, birthday or a new job.

12.2 Organisational

Charitable collections which reference the UHB must be authorised by the Chief Executive and reported to the Directorate of Corporate Governance using the email CAV.Declaraions@wales.nhs.uk who will maintain an internal record.

Part 5: Political Activities and Personal Conduct

13. POLITICAL ACTIVITIES

- 13.1 Any political activity should not identify an individual as an officer of the UHB. Conferences or functions run by a party political organisation should not be attended in an official capacity, except with prior written permission of the Chief Executive and Chair.

14. PERSONAL CONDUCT

Corporate Responsibility

- 14.1 All Independent Members and Officers have a responsibility to respect and promote the corporate or collective decision the UHB, even though this may conflict with their personal views. This applies particularly if we are yet to decide on an issue or has decided in a way with which they personally disagree. Directors and officers may comment as they wish as individuals however, if they decide to do so, they should make it clear that they are expressing their personal view and not the view of the UHB.
- 14.2 When speaking as a member of the UHB, whether to the media, in a public forum or in a private or informal discussion, officers should ensure that they reflect the current policies or view of the organisation. For any public forum or media interview, approval should be sought in advance:
- in the case of the Board, from the Chairman and/or Chief Executive or their nominated deputies, and Communications Team;
 - in the case of all other officers, the Communications Team

When this is not practicable, they should report their action to the Chairman or Chief Executive, or their nominated deputies, as soon as possible.

- 14.3 Independent Members and officers must ensure their comments are well considered, sensible, well informed, made in good faith, in the public interest and without malice and that they enhance the reputation and status of NHS England/NHS Improvement.
- 14.4 Independent Members and Officers must follow the guidance for communication with the media; disciplinary action may be taken if this is not followed.

Use of Social Media

- 14.5 Independent Members and Officers should be aware that social networking websites are public forums and should not assume that their entries will remain private. Officers communicating via social media must comply with the UHBS [Social Media Policy](#). Individuals must not:

- conduct themselves in a way that brings the UHB into disrepute; • disclose information that is confidential to the UHB, staff or patients.

Confidentiality

14.6 Officers must, at all times, operate in accordance with the General Data Protection Regulation and Data Protection Act 2018 and maintain the confidentiality of information of any type, including but not restricted to patient information; personal information relating to officers; commercial information.

This duty of confidence remains after independent Members and officers (however employed) leave UHB.

14.7 For the avoidance of doubt, this does not prevent the disclosure or information where there is a lawful basis for doing so (e.g. consent). Staff should refer to the UHBs [Information Governance and Data Protection Policies](#) for detailed information.

Gambling

14.8 No independent member of officer may bet or gamble when on duty or on UHB premises, with the exception of small lottery syndicates or sweepstakes related to national events such as the World Cup or Grand National among immediate colleagues within the same offices where no profits are made or the lottery is wholly for purposes that are not for private or commercial gain (e.g. to raise funds to support a charity).

Lending and borrowing

14.9 The lending or borrowing of money between officers should be avoided, whether informally or as a business, particularly where the amounts are significant.

14.10 It is a particularly serious breach of discipline for any officer to use their position to place pressure on someone in a lower payband, a business contact, or a member of the public to loan them money.

Trading on Official NHS Premises

14.11 Trading on official premises is prohibited, whether for personal gain or on behalf of others. This includes, but is not limited to:

- Flyers advertising services/products in common areas; and
- Catalogues in common areas

14.12 Canvassing within the office by, or on behalf of, outside bodies or firms

(including non-UHB interests of officers or their relatives) is also prohibited. Trading does not include small tea or refreshment arrangements solely for officers.

Individual Voluntary Arrangements, County Court Judgment (CCJ), Bankruptcy/Insolvency

- 14.13 Any officer who becomes bankrupt, insolvent, has active CCJ, or made individual voluntary arrangements with organisations must inform their line manager and the Workforce and OD Directorate as soon as possible. Officers who are bankrupt or insolvent cannot be employed, or otherwise engaged, in posts that involve duties which might permit the misappropriation of public funds or involve the approval of orders or handling of money.

Part 6: Governance and Audit

15. GOVERNANCE

Equality

- 15.1 The UHB is committed to ensuring that, as far as is reasonably practicable, the way it provides services to the public and the way it treats its Employees reflects their individual needs and does not discriminate against individuals or groups. The UHB has undertaken an Equality Impact Assessment and received feedback on this Policy and Standards of Behaviour Framework and the way it operates. The UHB wanted to know of any possible or actual impact that this procedure may have on any groups in respect of gender (including maternity and pregnancy as well as marriage or civil partnership issues), race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was **no impact** to the equality groups mentioned. Where appropriate the UHB will make plans for the necessary actions required to minimise any stated impact to ensure that it meets its responsibilities under the equalities and human rights legislation.

Resources

- 15.2 The implementation and management of the arrangements associated with this Policy and the Standards of Behaviour Framework do not present any significant resource implications to the UHB.

Training

- 15.3 There are no training implications arising from this Policy and the Standards of Behaviour Framework. However, awareness of the importance of compliance with both documents will require reference to them in induction programmes, during Individual Performance Reviews, Consultant Appraisals, Consultant Job Plan Reviews and at times when Employees are invited to make declarations.

16. IMPLEMENTATION

- 16.1 The Register of Declarations, Gifts, Hospitality and Sponsorship will be maintained by the Directorate of Corporate Governance. The Directorate will also be responsible for issuing periodic invitations to declare interests.
- 16.2 Executive Directors and line managers need to be aware of their responsibilities for advising Employees accountable to them of their responsibilities in connection with the policy and the Code.

17. AUDIT AND MONITORING

The Directorate of Corporate Governance will review the operation of the policy and Standards of Behaviour Framework as necessary and at least once a year a report on the findings of the review will be submitted to the Audit and Assurance Committee.

Clinical Board Directors will review the operation of the Policy within their Division as part of their processes for monitoring compliance.

The Wales Audit Office and the Internal Audit Service may also review the arrangements from time to time and their findings are also reported to the Audit Committee.

18. DISTRIBUTION

The Policy and Standards of Behaviour Framework will be available via the [UHB intranet](#) and [internet sites](#). Where staff do not have access to the intranet their line manager must ensure that they have access to a copy of this policy.

19. REVIEW

Review of this Policy and the Standards of Behaviour Framework must be undertaken no later than three years after the date of approval.

20. FURTHER INFORMATION

Further information can be obtained from the Standards of Behaviour intranet pages and the Directorate of Corporate Governance.

STANDARDS OF BEHAVIOUR FRAMEWORK

The Board has described in its Statement of Intent those values that underpin the way that services are provided so that the UHB will be the flagship health organisation in Wales, with an international reputation for excellence and innovation. To support this intent, all employees must ensure that they carry out their roles with dedication and commitment to the UHB and its core values.

All staff must have the highest standards of corporate and personal conduct and behave in an exemplary manner based on the following seven principles (the Nolan Principles):

- **Selflessness** – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;
- **Integrity** – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;
- **Accountability** – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;
- **Openness** – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;

- **Honesty** – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest, and;
- **Leadership** – Individuals should promote and support these principles by leadership and example.

To uphold these principles you must:-

- a. Ensure that the interests of patients and the public remain paramount;
- b. Be impartial and honest in the conduct of your official business;
- c. Use NHS resources to the best advantage of the service and the patients, always seeking to ensure value for money;
- d. Not abuse your official position for personal gain or to benefit your family or friends;
- e. Not seek advantage or to further private business or other interests in the course of your official duties, and;
- f. Not seek or knowingly accept, preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the UHB.

The Standards of Behaviour Framework Policy outlines the arrangements within the UHB to ensure that staff comply with these requirements, including recording and declaring potential conflicts of interest and handling of gifts, hospitality and sponsorship (even if these are declined). Further guidance and Frequently Asked Questions are also available via the [Standards of Behaviour Framework Intranet pages](#).

It is your responsibility to ensure that you are familiar with the requirements of the Policy and supporting guidance. The relevance of this information will vary depending on your role within the UHB and your interests outside of your employment.

In summary:-

Do:

- Make sure that you are not in a position where your private interests and NHS duties may conflict.
- Declare any relevant interests. These include:-
 - a) Directorships, including Non-Executive Directorships held in private companies or PLCs.;
 - b) Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the UHB. (see policy regarding shares)
 - c) A position of authority in a charity or voluntary body in the field of health and social care;
 - d) A personal or departmental interest in any part of the pharmaceutical or healthcare associated industries that could be perceived as an influence on decision making or on the provision of advice to members of the team;
 - e) Sponsorship or funding from a known NHS supplier or associated company/subsidiary;
 - f) Employment where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice;
 - g) Anything else that could cause a potential for conflict.

If in doubt declare it!

- Remember that the need to declare an interest also includes those of your close family and possibly friends.
- Seek your manager's permission before taking any outside work, in accordance with employment terms and conditions.
- Obtain your Director or Divisional Directors permission before accepting any commercial sponsorship or hospitality;
- Declare offers of gifts, hospitality or sponsorship using the appropriate form where required (see policy and FAQs)

Do not:

- Accept any gifts from suppliers or commercial organisations unless they are of low value e.g. pens, diaries;
- Accept any gifts over the value of £25 from patients or their relatives, these should be politely declined;
- Accept any inappropriate hospitality or sponsorship from suppliers or commercial organisations;
- Abuse your position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in your dealings with commercial organisations;
- Use NHS resources for your own private use.

If you need any further guidance please contact the Director of Governance on 029 20745544.

Appendix 2**Examples of types of interests**

Type of Interest	Description
Financial interest	<p>This is where an individual may get direct financial benefit from the consequences of a decision they are involved in making. This could, for example, include being:</p> <ul style="list-style-type: none"> • a director (including a non-executive director) or senior employee in another organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding • a shareholder, partner, or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding • someone in secondary employment • someone in receipt of secondary income • someone in receipt of a grant • someone in receipt of other payments (e.g. honoraria, day allowances, travel or subsistence) • someone in receipt of sponsored research
Non-financial professional interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or status or promoting their professional career. This could include situations where the individual is:</p> <ul style="list-style-type: none"> • an advocate for a particular group of patients • a clinician with a special interest • an active member of a particular specialist body • an advisor for the Care Quality Commission or National Institute of Health and Care Excellence • a research role
Non-financial personal interests	<p>This is where an individual may benefit personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions that are involved in making in their professional career. This could include where the individual is:</p> <ul style="list-style-type: none"> • a member of a voluntary sector board or has a position of authority within a voluntary organisation • a member of a lobbying or pressure group with an interest in health and care
Indirect interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-professional personal interest or a non-financial personal interest who would stand to benefit from a decision they are involved in.</p>

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Loyalty interests	As part of their role, officers may need to build strong relationships with colleagues across the NHS and in other sectors. These relationships can be hard to define as they may often fall into the category of indirect interests. They are unlikely to be directed by any formal process or managed via any contractual means, however these 'loyalty' interests can influence decision making.
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GIG
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WALES

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

Declarations of Interest Form

Forename: (Please Print)	
Position Held in UHB	
Directorate/Speciality	
Clinical Board/Corporate Dept	
Date Form Returned	
Interests to Declare (Yes/No)	
Third Party Declaration e.g. Spouse/Partner (Yes/No)	
UHB Address:	
UHB Tel No:	

[I certify that I have read and understood the Standards of Behaviour Framework Policy Incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship](#)

(please tick)

In accordance with the policy, I list below my relevant interests and those of my family and understand that relevant information will be included in the Register

If you have nothing to declare proceed to Section i) after noting Section j)

If in doubt, declare!

	Nature of Relationship	Period of Involvement		Financial/Other Benefits e.g. salary, honoraria (amount not necessary)
		Start Date	End Date	
	Personal:			
a) Directorships, including Non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies				
	Spouse/Partner or other Relative			
	Personal:			
b) Ownership or part-ownership, of private companies, businesses or				

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consultancies likely or possibly seeking to do business with the UHB	Spouse/Partner or other Relative			
	Personal:			
c) A personal or departmental interest in any part of the pharmaceutical/healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team				
	Spouse/Partner or other Relative			
	Personal:			
d) Sponsorship or funding from a known NHS supplier or associated company/subsidiary				
	Spouse/Partner or other Relative			
	Personal:			
e) A position of authority in a charity or voluntary body in the field of health and social care				
	Spouse/Partner or other Relative			
	Personal:			
f) Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests				
	Spouse/Partner or other Relative			
	Personal:			
g) Employment/self employment by any other body where there could be a perceived or actual conflict with NHS				
	Spouse/Partner or other Relative			

duties. This includes the undertaking of private practice			
h) I undertake to notify the UHB of any changes which may occur within four weeks from the date of the change, in writing to the Corporate Risk and Governance Office. Please return completed forms to nicola.foreman@wales.nhs.uk			
i) I confirm that the information accurately reflects my interests and those of my family and understand that relevant information will be included in the Register which is <i>available for public inspection</i>			
Name:		Date:	
j) I confirm a <i>nil declaration</i>			
Name:		Date:	



**GIFTS, HOSPITALITY AND SPONSORSHIP
DECLARATION FORM**

All staff have a personal responsibility to advise the UHB if they accept or are offered any gifts, hospitality or sponsorship in accordance with the UHB Standards of Behaviour Framework Policy, Incorporating Declarations of Interest Gifts, Hospitality and Sponsorship. Once approved by your Divisional or Executive Director the form should be forwarded to the Risk and Governance Department for inclusion in the Register of Gifts, Hospitality and Sponsorship.

Please Note: This form should be used to seek the approval to accept any gifts, hospitality or sponsorship **PRIOR** to acceptance.

Full Name	Position	
Department / Directorate	Division	
Type of Declaration Gift / Hospitality / Sponsorship?		Status Accepted/ Declined

Description: (Including course title, travel, accommodation, honoraria etc)
--

Sponsor/Donor: (Name and address of organisation/company/individual)	Approximate Value:
--	---------------------------

Study Leave Required? Yes / No	Has a Study Form Been Completed? Yes / No
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If Study Leave not required please indicate how time will be taken e.g. SPA, Annual Leave, attending during working day etc

Start Date of Event: (If Applicable)	End Date of Event: (If Applicable)
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Cardiff and Vale University Health Board

Signature of Applicant	Date
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<u>Approved by Clinical Board Director/Executive Director:</u>		
Signature	Print Name	Date

<u>Recorded on Register of Gifts, Hospitality and Sponsorship: (Governance Directorate)</u>		
Signature	Print Name	Date

Please return the fully completed approved form to: Corporate Governance Department, 2nd Floor,
Woodlands House, Maes y Coed Rd, Cardiff. For telephone enquiries please contact the Governance
Department 02921 836007.

Report Title:	Finance Report for the Period Ended 31 st May 2019					
Meeting:	Local Partnership Forum			Meeting Date:	7 Aug 2019	
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	Executive Director of Finance					
Report Author (Title):	Deputy Director of Finance					

SITUATION

The UHB's approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes a balanced financial plan for 2019/20.

At month 2, the UHB is reporting an overspend of £1.715m against this plan due to a £1.134m operational overspend and £0.581m costs for improvements in RTT performance which is being incurred at risk pending agreement of additional funding, for which discussions with Welsh Government are ongoing.

REPORT

BACKGROUND

The Health Board agreed and submitted its 2019/20 – 2021/22 IMTP to Welsh Government by the end of January 2019 for its consideration. Approval of this plan was received from Welsh Government in March 2019. The financial plan aims to deliver a break even position for each year during the period of the plan. The financial plan for 2019/20 requires the delivery of a £31.245m savings target.

A summary of this plan is provided in Table 1.

Table 1: 2019/20 IMTP

	Approved IMTP £m
b/f underlying deficit	(36.3)
Net Allocation Uplift (inc LTA inflation)	56.6
Cost Pressures	(47.6)
Investments	(4.0)
Recurrent Cost Improvement Plans	31.3
In Year Financial Plan	36.3
Planned Surplus/(Deficit) 2019/20	0.0

The actual and provisional performance against the 3 year break even duty on revenue is shown in Table 2 below.

Table 2: Performance against 3 year financial break even duty

	Actual / Forecast year end position surplus/(deficit) £m	Rolling 3 year break even duty surplus/(deficit) £m	Pass of fail financial duty
2014/15	(21.364)	n/a	n/a
2015/16	0.068	n/a	n/a
2016/17	(29.243)	(50.539)	Fail
2017/18	(26.853)	(56.028)	Fail
2018/19	(9.872)	(65.968)	Fail
2019/20	0.000	(36.725)	Fail

The three year break even duty came into effect in 2014/15 and the first measurement of it was in 2016/17. **The above table shows that the UHB breached its statutory financial duty in 2016/17, 2017/18 and 2018/19 and that the forecast balanced 2019/20 outturn position also results in a breach of financial duty at the end of 2019/20.**

ASSESSMENT

The Finance Dashboard outlined in Table 3 reports actual and forecast financial performance against key financial performance measures.

Table 3: Finance Dashboard @ May 2019

		STATUS REPORT				
Measure	n	May 2019	RAG Rating	Latest Trend	Target	Time Period
Financial balance: remain within revenue resource limits	36	£1.715m deficit at month 2.	R	↓	2019/20 Break-Even	M2 2019-20
Remain within capital resource limits.	37	Expenditure at the end of the May was £3.005m against a plan of £3.376m.	G	⬆	Approved planned expenditure £40.030m	M2 2019-20
Reduction in Underlying deficit	36a	£36.3m assessed underlying deficit position at month 1. FYE of identified savings £2.818m short of recurrent target at month 2.	R	⬆	If 2019/20 plan achieved reduce underlying deficit to £4.0m	M2 2019-20
Delivery of recurrent £16.345m 2% devolved target	36b	£15.844m identified at Month 2	R	⬆	£16.345m	M2 2019-20
Delivery of £14.9m recurrent/non recurrent corporate target	36c	£12.600m identified at month 2.	R	⬆	£14.900m	M2 2019-20
Creditor payments compliance 30 day Non NHS	37a	Cumulative 95.7 % in May	G	⬆	95% of invoices paid within 30 days	M2 2019-20
Remain within Cash Limit	37b	Forecast cash surplus of £0.677 m	G	⬆	To remain within Cash Limit	M2 2019-20
Maintain Positive Cash Balance	37c	Cash balance = £4.168m	G	⬆	To Maintain Positive Cash Balance	End of May 2019

Month 2 Cumulative Financial Position

The UHB reported a deficit of £1.715m. This year to date deficit is made up of the following:

- £1.134m operational overspend;
- £0.581m RTT costs incurred at risk.

The current operational overspend at month 2 is of great cause for concern. The UHB is however committed to recover this year to date deficit and deliver a break even position by the year end as planned. This is the key financial risk facing the UHB.

Table 4 analyses the operating variance between income, pay and non pay.

Table 4: Summary Financial Position for the period ended 31st May 2019

Income/Pay/Non Pay	In Month			Cumulative Year to Date			Full Year		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Forecast £m	Variance (Fav)/Adv £m
Income	(116.480)	(116.511)	(0.030)	(234.660)	(234.680)	(0.020)	(1,419.654)	(1,419.654)	0.000
Pay	53.093	52.744	(0.350)	107.704	107.353	(0.351)	616.238	616.238	0.000
Non Pay	63.387	64.825	1.438	126.956	129.043	2.086	803.416	803.416	0.000
Variance to Plan £m	0.000	1.058	1.058	0.000	1.715	1.715	0.000	0.000	0.000

Income

The year to date and in month financial position for income is shown in Table 5.

Table 5: Income Variance @ May 2019

Income	In Month			Cumulative Year to Date		
	Budget £m	Actual £m	Variance (Fav)/Adv £m	Budget £m	Actual £m	Variance (Fav)/Adv £m
Revenue Resource Limit	(78.728)	(78.728)	0.000	(157.984)	(157.984)	0.000
Non Cash Limited Expenditure	(1.609)	(1.610)	(0.000)	(3.219)	(3.219)	0.000
Accommodation & Catering	(0.364)	(0.343)	0.021	(0.700)	(0.673)	0.027
Education & Training	(3.190)	(3.203)	(0.013)	(6.391)	(6.394)	(0.003)
Injury Cost Recovery Scheme (CRU) Income	(0.114)	(0.102)	0.011	(0.328)	(0.307)	0.021
NHS Patient Related Income	(24.697)	(24.896)	(0.199)	(50.301)	(50.531)	(0.230)
Other Operating Income	(6.999)	(6.842)	0.157	(13.813)	(13.639)	0.174
Overseas Patient Income	(0.007)	(0.030)	(0.023)	(0.015)	(0.036)	(0.022)
Private Patient Income	(0.098)	(0.143)	(0.044)	(0.196)	(0.212)	(0.016)
Research & Development	(0.673)	(0.614)	0.059	(1.714)	(1.686)	0.028
Total £m	(116.480)	(116.511)	(0.030)	(234.660)	(234.680)	(0.020)

A deficit of £0.020m is reported against income budgets. The main variances to note are:

- £0.230m favourable variance on NHS Operating Income. The principal reason for the upturn is a relatively high level of English cross border activity in high cost services.

- £0.174m adverse variance on other operating income primarily due to underperformance in NICU where activity targets have been revised in respect of changes in planned flows arising from the implementation of the South Wales plan and a reduction in pharmacy sales due to production issues in the St Marys Pharmaceutical Unit during April & May.

LTA Provider Performance

The UHB receives circa £288m income from its contracts with WHSSC LHBs and other commissioners. In-month reporting reflects an estimate based on the prior month's activity, given the timeline for receipt of coded contract information.

The position at Month 2 is therefore broadly break-even against plan. This is summarised in Table 6 below.

Table 6: Month 2 LTA Provider Position

Income - C&V Provider				(fav) / adv
	Annual Budget	YTD Profile	YTD Actual	YTD Variance
	£m	£m	£m	£m
WHSSC	(216.439)	(17.787)	(17.847)	(0.060)
Aneurin Bevan	(30.595)	(2.677)	(2.768)	(0.091)
Other LHBs	(38.276)	(8.796)	(8.557)	0.239
Non-Welsh	(2.982)	(0.556)	(0.679)	(0.123)
	(288.292)	(29.816)	(29.851)	(0.035)

Pay

In total pay budgets are showing a cumulative underspend of £0.001m as reported in Table 7.

Table 7: Analysis of pay expenditure by staff group @ May 2019

Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Additional clinical services	1.986	1.994	0.008	4.070	4.073	0.003
Management, admin & clerical	6.289	6.228	(0.062)	12.804	12.763	(0.041)
Medical and Dental	13.206	13.176	(0.031)	26.342	26.340	(0.001)
Nursing (registered)	16.004	16.033	0.029	32.857	32.942	0.085
Nursing (unregistered)	4.374	4.599	0.225	8.830	9.319	0.489
Other staff groups	8.165	7.789	(0.377)	16.506	15.906	(0.600)
Scientific, prof & technical	3.068	2.925	(0.143)	6.296	6.010	(0.286)
Total £m	53.093	52.744	(0.350)	107.704	107.353	(0.351)

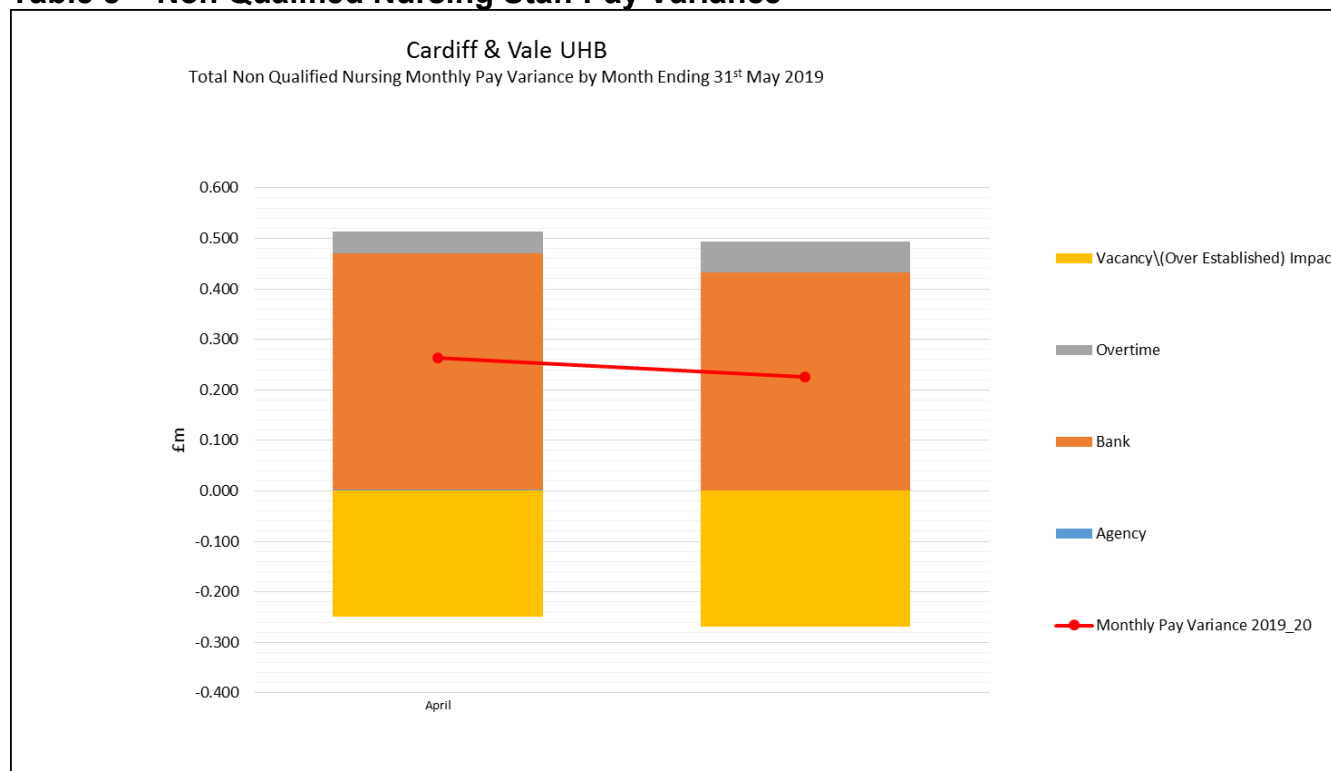
Total pay budgets are underspent by £0.351m at the end of month 2.

The main concern continues to be the pressure against nursing budgets for where high levels of vacancies and sickness have led to increased agency expenditure to maintain established levels

of nursing cover. In addition, specializing has been high in some areas. The rate of overspend in nursing budgets reduced by £0.070m in month 2 compared to month 1. Notwithstanding this, if the variance continues at its current rate nursing budgets will be overspend by circa £3m at year end. Nursing recovery plans are being developed to manage this pressure and this will be monitored as the year progresses.

The majority of the underspend against other staff groups is a consequence of vacancy management.

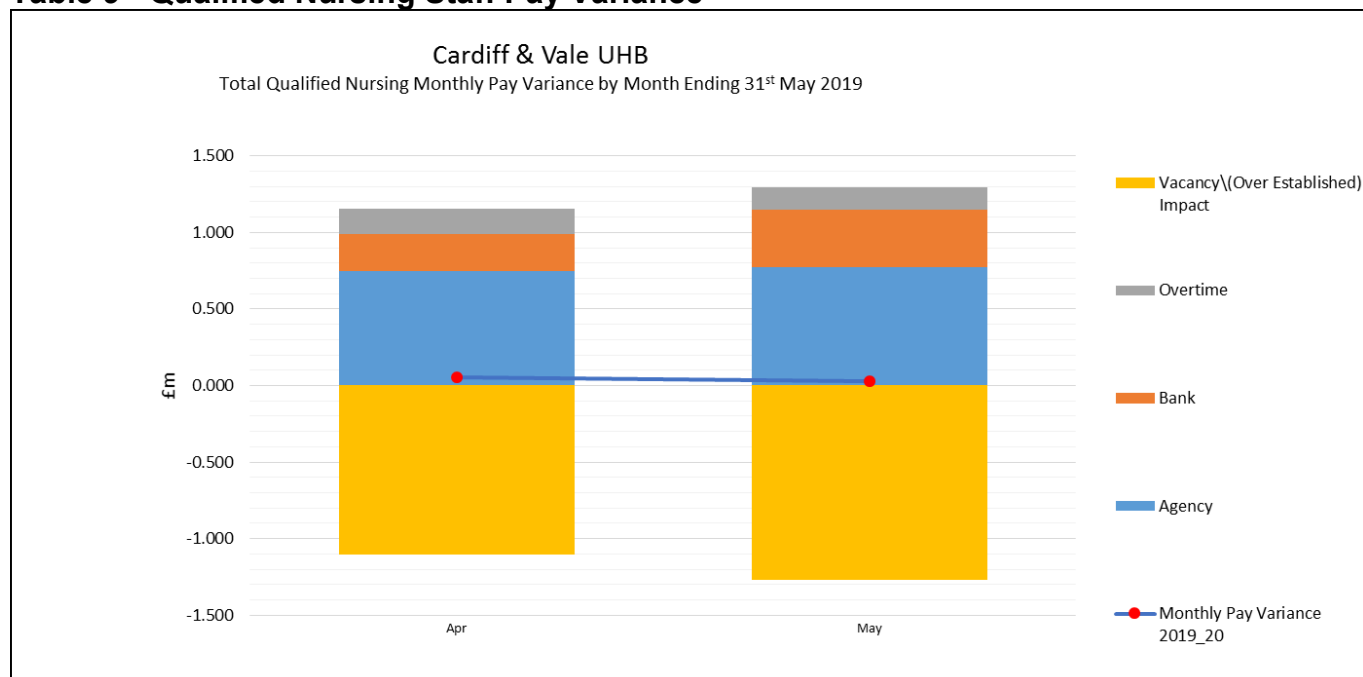
Table 8 – Non Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.001	0.004
Bank	0.431	0.898
Overtime	0.063	0.107
Adverse Impact	0.494	1.008
Vacancy\ (Over Established) Impact	(0.269)	(0.519)
Total Pay Variance - Unqualified Nursing (Fav)/Adv £m	0.225	0.489

Table 8 indicates that the £0.489m adverse variance against non-qualified nursing assistants is due to overspends of £0.898m on bank staff and £0.107m on overtime which is partly offset by an underspend against established posts.

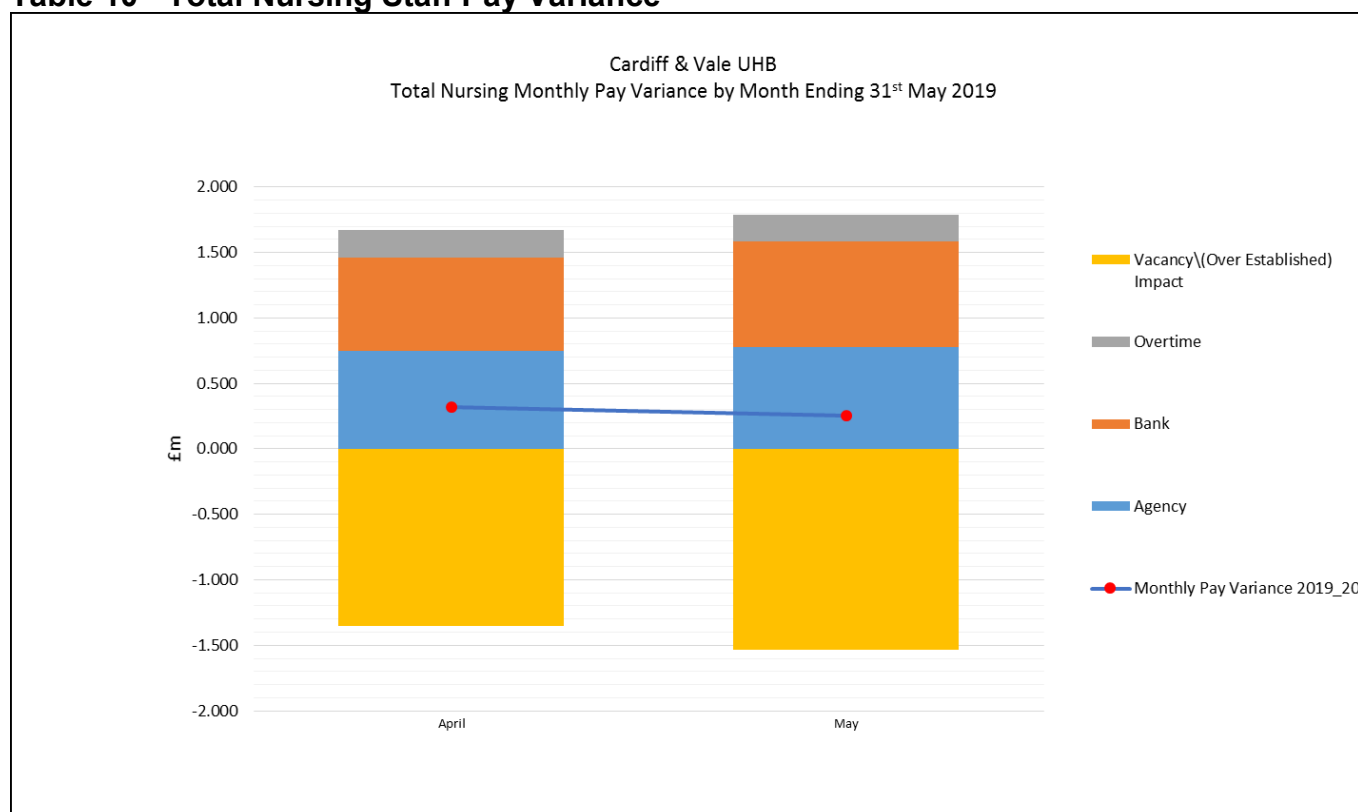
Table 9 - Qualified Nursing Staff Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.775	1.523
Bank	0.377	0.619
Overtime	0.144	0.313
Adverse Impact	1.296	2.454
Vacancy\ (Over Established) Impact	(1.267)	(2.369)
Total Pay Variance - Qualified Nursing (Fav)/Adv £m	0.029	0.085

Table 9 confirms that expenditure on established qualified nursing posts is significantly less than budget and that the UHB is covering vacancies through additional spend on temporary staffing.

Table 10 - Total Nursing Staff Pay Variance

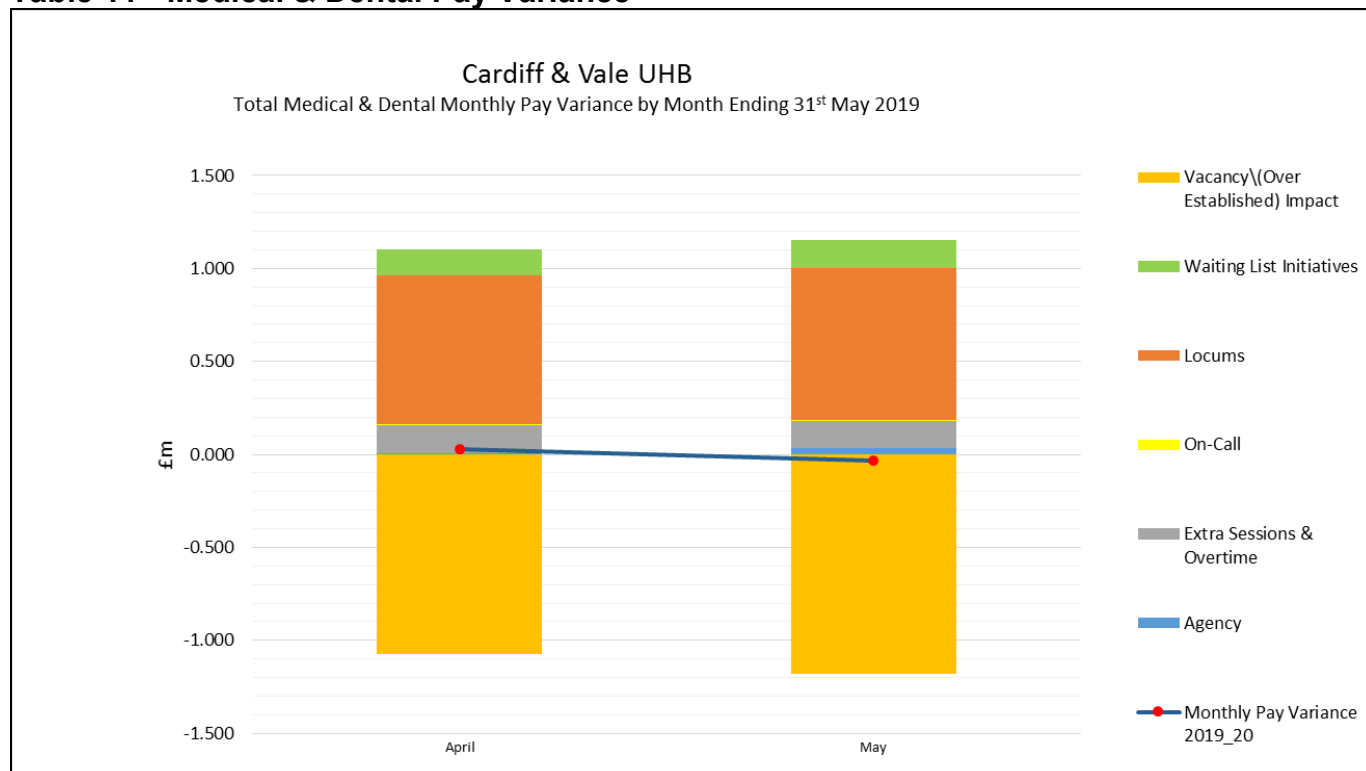


Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.776	1.526
Bank	0.807	1.517
Overtime	0.207	0.419
Adverse Impact	1.791	3.463
Vacancy\ (Over Established) Impact	(1.537)	(2.889)
Total Pay Variance - (Fav)/Adv £m	0.254	0.574

Table 10 identifies expenditure against substantive nursing posts for the year to date which is £0.574m more than budget. The £2.889m surplus against established posts is offset by a £3.463m overspend on agency, bank and overtime leading to an overall overspend against nursing budgets. Performance on nursing budgets remains a concern and features on the risk register for 2019/20.

Table 11 shows financial performance against medical and dental pay budgets. This identifies that the favourable variance against established posts is offset by expenditure on locums, waiting list initiatives and extra sessions leaving an underspend of £0.002m at month 2.

Table 11 - Medical & Dental Pay Variance



Reason	In Month £m (Fav)/Adv	Year To Date £m (Fav)/Adv
Agency	0.035	0.041
Extra Sessions & Overtime	0.144	0.293
On-Call	0.007	0.012
Locums	0.817	1.620
Waiting List Initiatives	0.149	0.290
Adverse Impact	1.151	2.256
Vacancy\ (Over Established) Impact	(1.183)	(2.258)
Total Pay Variance - Medical & Dental (Fav)/Adv £m	(0.031)	(0.002)

There are however areas of concern that need to be addressed. These include a £0.111m in month overspend within the CD&T Clinical Board due to demand driven additional sessions in Radiology and Cellular Pathology and a £0.127m overspend in the Medicine Clinical Board in part due to pressures in the Emergency Unit.

Non Pay

Table 12 highlights an in month overspend of £2.086m against non pay budgets.

The key operational pressure areas are:

- High levels of CHC growth in Month 2 particularly in respect of palliative care and children's packages.

- An overspend against drug budgets primarily in medicine, specialist services and primary care.
- Premises and fixed plant where a key cost drivers are increased spend on estates contractors and energy costs.
- An overspend of £0.581m against the RTT budget which is included in other non pay.

Table 12: Non Pay Variance @ May 2019

Non Pay	In Month			Cumulative Year to Date		
	Budget	Actual	Variance (Fav)/Adv	Budget	Actual	Variance (Fav)/Adv
	£m	£m	£m	£m	£m	£m
Clinical services & supplies	9.008	9.064	0.057	16.695	16.789	0.094
Commissioned Services	12.839	12.825	(0.014)	27.376	27.371	(0.005)
Continuing healthcare	5.439	5.595	0.155	10.736	10.959	0.222
Drugs / Prescribing	12.292	12.841	0.550	23.937	24.666	0.729
Establishment expenses	0.979	1.071	0.092	1.896	1.984	0.088
General supplies & services	0.670	0.753	0.083	1.383	1.493	0.110
Other non pay	5.210	5.456	0.246	10.770	11.102	0.333
Premises & fixed plant	2.991	3.211	0.219	6.032	6.476	0.444
Primary Care Contractors	13.960	14.009	0.049	28.131	28.203	0.072
Total £m	63.387	64.825	1.438	126.956	129.043	2.086

LTA Commissioner Performance

The UHB spends circa £165m on commissioning healthcare services for its population mainly through contracts with WHSSC, LHBs and Velindre. A broadly break-even position in month 2 is reported. The year to date commissioner position is shown in Table 13.

Table 13: Month 2 LTA Commissioner Position

Expenditure - C&V Commissioner				(fav) / adv
Annual Budget	YTD Profile	YTD Actual	YTD Variance	
£m	£m	£m	£m	
WHSSC	126.343	10.383	10.396	0.013
Velindre	17.495	1.623	1.656	0.033
LHBs	20.340	3.301	3.293	(0.008)
Other / NCAs	1.290	0.115	0.063	(0.052)
	165.468	15.422	15.408	(0.014)

Financial Performance of Clinical Boards

Budgets were set to ensure that there is sufficient resource available to deliver the UHB's plan. Financial performance for the two months to 31st May 2019 by Clinical Board is shown in Table 14.

Table 14: Financial Performance for the period ended 31st May 2019

Clinical Board	M1 Budget Variance £m	M2 Budget Variance £m	In Month Variance £m	Cumulative % Variance
All Wales Genomics Service	0.010	0.008	(0.001)	0.49%
Capital Estates & Facilities	0.105	0.329	0.224	2.98%
Children & Women	0.073	0.242	0.169	1.36%
Clinical Diagnostics & Therapies	0.070	0.313	0.243	1.76%
Executives	(0.004)	(0.017)	(0.013)	(0.26%)
Medicine	0.336	0.749	0.414	3.77%
Mental Health	(0.012)	(0.040)	(0.027)	(0.30%)
PCIC	0.003	0.320	0.317	0.57%
Specialist	(0.064)	(0.195)	(0.130)	(0.68%)
Surgery	0.206	0.494	0.289	1.96%
SubTotal Delegated Position	0.719	2.205	1.485	1.12%
Central Budgets	(0.062)	(0.490)	(0.428)	(1.32%)
Total	0.658	1.715	1.058	0.73%

In month overspends were again reported by 7 Clinical Boards in May. The largest in month overspend was in Medicine where the majority of overspend was due to continuing pressures against nursing alongside medical staff and drug overspends. Nursing pressures were also a major determinant of the overspend in Surgery alongside an overspend on clinical supplies which was driven by theatre over-performance. The overspend in Capital Estates was due to energy costs inflation and an increase in spend on estates contractor costs. A significant pressure emerged in month within the PCIC Clinical Board around prescribing and continuing healthcare. Nursing overspends & NICU underperformance were the main concerns in the Women and Children Clinical Board and overspends against medical staff and savings scheme slippage were a continuing concern in the CD & T Clinical Board.

Further detail on the Performance of Executive Directorate Budgets is provided at appendix 5.

The financial performance on delegated budgets is extremely disappointing and is now the key financial risk facing the UHB. This will be managed through the normal performance management and escalation processes. Given the concern caused by the year to date position, each clinical board has been asked to produce a break even recovery plan by 27th June 2019.

Savings Programme

At month 2 the UHB has identified £28.443m of schemes to deliver against the £31.245m savings target leaving a further £2.802m schemes to identify as summarised in Table 15. The identified schemes include income generation schemes and accounting gains The latest position is shown in **Appendix 1**.

Table 15: Progress against the 2019/20 Savings Programme at Month 2

	Total Savings Target £m	Total Savings Identified £m	Total Savings (Unidentified) £m
Total £m	31.245	28.443	(2.802)

Further progress was made during May in identifying additional savings schemes. It is anticipated that this will continue during June to allow budget holders time to fully establish their savings plans. Any residual gap in identified schemes will be profiled into months 3-12 and be reported as an adverse variance from month 3.

Underlying Financial Position

A key challenge to the UHB is eliminating its underlying deficit. The recurrent underlying deficit in 2018/19 b/f into 2019/20 was £36.3m. Successful delivery of the 2019/20 plan will reduce this to £4m by the year end. This is shown in Table 16.

Table 16: Summary of Underlying Financial Position

	2019/20 Plan £m	Forecast Position @ Month 1	
		Non Recurrent £m	Recurrent Position £m
Opening Underlying Deficit £m	36.261	0.000	36.261
Income	(56.610)		(56.610)
Cost pressures less mitigating actions	51.594		51.594
Less CIPs (includes income generation & NR accountancy gains)	(31.245)	4.000	(27.245)
Deficit £m	0.000	4.000	4.000

The UHB's Welsh Government approved 2019/20-2021/22 Integrated Medium Term Plan (IMTP) includes measures to recurrently address the UHBs underlying deficit by the end of 2020/21.

Balance Sheet

The balance sheet at month 2 is detailed in Appendix 2.

The increase in the carrying value of property, plant & equipment since the start of the year is largely due to the impact of annual indexation.

Overall trade debtors have increased by £6.4m (3.2%) since the start of the year primarily due to an increase in amounts due from the Welsh Risk Pool in respect of clinical negligence cases and the annual prepayment of maintenance contracts running from April to March.

The value of Trade and other payables has fallen by around £24.7m (2.9%) since the start of the year due to a reduction in capital creditors; a reduction in clinical negligence accruals; the settlement of year end liabilities; a reduction in liabilities due to the timing of pooled budget liabilities and community pharmacists payments.

Cash Flow Forecast

The UHB does not expect to request additional cash support in 2019/20 and at the end of April 2019 the UHB had a forecast year end cash surplus of £0.677m. The UHB will continue to monitor this position with a view to revising the requirement if necessary.

The UHB's cash balance at the end of May was £4.168m.

Public Sector Payment Compliance

The UHB's cumulative performance to the end of May is 95.7% which is significantly better than the cumulative rate achieved for the two months to the end of May in 2018/19 (94.1%).

Capital Resource Limit (CRL)

Progress against the CRL for the period to the end of May 2019 is summarised in Table 17.

Table 17: Progress against Capital Resource Limit @ may 2019

	£m
Planned Capital Expenditure at month 2	3.376
Actual net expenditure against CRL at month 2	3.005
Variance against planned Capital Expenditure at month	0.371

Capital progress for the year to date has been slow with net expenditure to the end of May being 8% of the UHB's approved Capital Resource Limit. The UHB had an approved capital resource limit of £40.030m at the end of May 2019 comprising of £12.228m discretionary funding and £27.802m towards specific projects (including Neo Natal Upgrading Phase 2, Rookwood Replacement & MR Scanners)

Key Risks and Recovery Actions

At month 2, the key risks are set out below:

1. Risk – Managing within current budgets.

Action - All Clinical Boards have been asked to produce break even recovery plans and financial performance will be managed through well established performance management and escalation processes.

2. Risk - Delivery of the £31.245m efficiency plan target;

Action - The impact of any CRP shortfall will be reflected in the month 3 position. All budget holders are required to prioritise the identification and implementation of schemes as a matter of urgency to ensure a full savings plan is in place. Until this is achieved, measures to curtail expenditure to ensure a balanced budget position each month need to be actioned.

3. Risk - Delivering planned levels of performance within the current resources available.

Action - Discussions with Welsh Government are ongoing in respect of additional funding to support improved performance on RTT to mitigate expenditure incurred at risk.

ASSURANCE is provided by the scrutiny of financial performance undertaken by the Finance Committee and the UHB intentions to recover the year to date deficit and deliver a break even position by the year end as planned.

RECOMMENDATION

The Local Partnership Forum is asked to:

- NOTE that the UHB has an approved IMTP which includes a balanced Financial Plan for 2019/20.
- NOTE the £1.715m deficit at month 1 which includes a £1.134m overspend on operational budgets and £0.581m costs for improvements in RTT performance ;
- NOTE the key risks and actions being taken to manage them.

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	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term	x	Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

2019-20 In-Year Effect

Clinical Board	19-20 Target	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	1,877	1,685	284	1,969	24	-92
Specialist Services	2,019	1,807	244	2,051	577	-32
Capital Estates and Facilities	1,290	1,203	87	1,290	267	0
CD&T	1,633	1,034	599	1,633	375	0
Mental Health	1,470	796	674	1,470	100	0
Children & Women	1,775	889	886	1,775	278	0
PCIC	3,300	1,572	1,738	3,310	540	-10
Corporate Execs	681	568	72	640	104	41
Surgery	2,300	1,651	54	1,705	507	595
Total	16,345	11,206	4,638	15,844	2,772	501
Corporate	14,900	600	12,000	12,600	0	2,300
Total	31,245	11,806	16,638	28,444	2,772	2,801

2019-20 Full Year Effect

Clinical Board	Recurrent	Green	Amber	Total Green & Amber	Pipeline Red	Shortfall on Total Target vs Green & Amber
	£'000	£'000	£'000	£'000	£'000	£'000
Medicine	1,877	2,218	347	2,565	29	-688
Specialist Services	2,019	1,607	246	1,853	600	166
Capital Estates and Facilities	1,290	750	92	843	267	447
CD&T	1,633	877	330	1,207	375	426
Mental Health	1,470	470	782	1,252	100	218
Children & Women	1,775	339	1,033	1,372	325	403
PCIC	3,300	1,564	1,374	2,938	540	362
Corporate Execs	681	591	55	646	104	35
Surgery	2,300	944	57	1,001	783	1,299
Total	16,345	9,360	4,317	13,677	3,123	2,668
Corporate	14,900	450	10,300	10,750	0	4,150
Total	31,245	9,810	14,617	24,427	3,123	6,818

BALANCE SHEET AS AT 31st MAY 2019

	Opening Balance 1 st April 2019	Closing Balance 31 st May 2019
	£'000	£'000
Non-Current Assets		
Property, plant and equipment	675,904	696,508
Intangible assets	2,902	2,837
Trade and other receivables	21,432	17,803
Other financial assets		
Non-Current Assets sub total	700,238	717,148
Current Assets		
Inventories	16,926	16,576
Trade and other receivables	176,987	187,040
Other financial assets	0	0
Cash and cash equivalents	1,219	4,167
Non-current assets classified as held for sale	1,906	994
Current Assets sub total	197,038	208,777
TOTAL ASSETS	897,276	925,925
Current Liabilities		
Trade and other payables	174,685	150,039
Other financial liabilities	0	0
Provisions	129,087	136,168
Current Liabilities sub total	303,772	286,207
NET ASSETS LESS CURRENT LIABILITIES	593,504	639,718
Non-Current Liabilities		
Trade and other payables	9,095	8,990
Other financial liabilities	0	0
Provisions	24,862	15,131
Non-Current Liabilities sub total	33,957	24,121
TOTAL ASSETS EMPLOYED	559,547	615,597
FINANCED BY:		
Taxpayers' Equity		
General Fund	443,904	477,652
Revaluation Reserve	115,643	137,945
Total Taxpayers' Equity	559,547	615,597

CASH FLOW FORECAST AS AT 31st MAY 2019

	April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £,000
RECEIPTS													
WG Revenue Funding - Cash Limit (excluding NCL)	91,830	92,150	68,290	68,585	83,376	70,486	72,131	82,176	79,731	75,031	74,231	63,060	921,077
WG Revenue Funding - Non Cash Limited (NCL)	1,590	1,590	1,005	1,440	1,440	1,440	1,440	1,440	1,440	1,440	1,440	3,673	19,378
WG Revenue Funding - Other (e.g. invoices)	1,255	1,255	4,378	1,255	1,255	1,255	1,255	1,255	1,255	1,255	4,144	4,144	23,961
WG Capital Funding - Cash Limit	8,500	1,000	0	3,850	3,900	3,400	6,400	4,400	3,400	1,000	4,000	180	40,030
Sale of Assets	0	1,200	0	0	0	260	0	0	0	2,200	0	0	3,660
Income from other Welsh NHS Organisations	39,794	47,109	43,188	51,132	56,182	36,662	44,136	56,857	47,872	45,136	43,647	37,151	548,866
Other - (Specify in narrative)	14,126	6,259	5,385	14,655	6,025	5,614	14,248	5,749	5,410	14,237	5,545	7,044	104,297
TOTAL RECEIPTS	157,095	150,563	122,246	140,917	152,178	119,117	139,610	151,877	139,108	140,299	133,007	115,252	1,661,269
PAYMENTS													
Primary Care Services : General Medical Services	5,495	4,343	8,901	4,388	4,388	7,208	4,388	4,388	7,208	4,388	4,388	7,208	66,691
Primary Care Services : Pharmacy Services	165	136	176	160	160	160	160	160	320	640	320	320	2,877
Primary Care Services : Prescribed Drugs & Appliances	6,818	15,385	0	7,445	14,890	0	7,445	14,890	7,445	7,445	7,445	0	89,208
Primary Care Services : General Dental Services	1,835	1,877	1,926	1,880	1,880	1,880	1,880	1,880	1,880	1,880	1,880	1,880	22,558
Non Cash Limited Payments	1,957	1,861	2,055	1,990	1,990	1,990	1,990	1,990	1,990	1,990	1,990	1,990	23,783
Salaries and Wages	51,454	51,583	50,786	51,269	51,264	51,142	51,378	51,271	51,268	51,375	51,709	51,907	616,406
Non Pay Expenditure	68,366	54,158	46,636	51,277	42,423	42,824	47,241	41,610	42,939	50,545	43,849	44,657	576,525
Capital Payment	6,335	2,613	1,700	3,573	3,962	3,561	6,249	4,608	3,451	3,107	2,512	266	41,937
Other items (Specify in narrative)	10,691	19,637	10,288	18,895	31,110	10,395	18,900	31,110	22,605	18,900	18,900	10,395	221,826
TOTAL PAYMENTS	153,116	151,593	122,468	140,877	152,067	119,160	139,631	151,907	139,106	140,270	132,993	118,623	1,661,811
Net cash inflow/outflow	3,979	(1,030)	(222)	40	111	(43)	(21)	(30)	2	29	14	(3,371)	
Balance b/f	1,219	5,198	4,168	3,946	3,986	4,097	4,054	4,033	4,003	4,005	4,034	4,048	
Balance c/f	5,198	4,168	3,946	3,986	4,097	4,054	4,033	4,003	4,005	4,034	4,048	677	

PROGRESS AGAINST CRL AS AT 31st MAY 2019

Approved CRL issued June 6 th 2019 £'000s	40,030
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[illegible]

FINANCIAL PERFORMANCE OF EXECUTIVE DIRECTORATES

Corporate Executive Directorate	M2 Budget Variance £m
Chief Executive Officer	0.004
Chief Operating Officer	0.016
Director of Finance	(0.066)
Director of Governance	0.039
Director of Nursing	0.023
Director of Planning	0.023
Director of Public Health	0.004
Director of Therapies	(0.013)
Director of Transformation	(0.029)
Director of Workforce	0.001
Medical Director	(0.019)
Total £m	(0.017)

Report Title:	People Dashboard						
Meeting:	Local Partnership Forum				Meeting Date:	07.08.19	
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

At the last meeting of the Local Partnership Forum, the Executive Director of Workforce & OD advised that the workforce key performance indicators (KPI) report was due to be replaced with a more visual, dashboard style report.

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 Strategy and Delivery Committee and the Local Partnership Forum, and periodically provides an overview report against the broader Workforce & OD Delivery Plan.

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 provided on an ad hoc basis 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 Local Partnership Forum 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	✓
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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

**CARING FOR PEOPLE
KEEPING PEOPLE WELL**

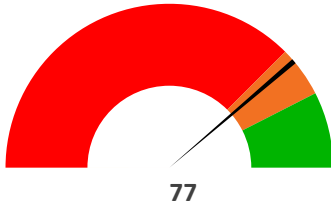


GIG
CYMRU
NHS
WALES

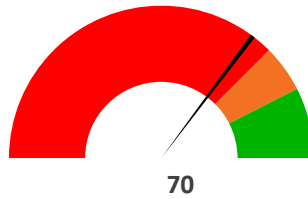
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Workforce Key Performance Indicators May 2019

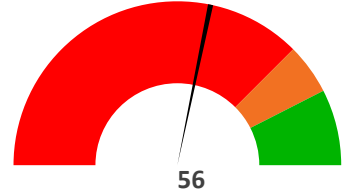
Stat & Mand e-Learning % Compliance



Fire e-Learning % Compliance



PADR & Medical Appraisal % Compliance



Voluntary Resignation Turnover

↑ 6.74%

Pay Bill Under/Overspend

↓ -0.33%

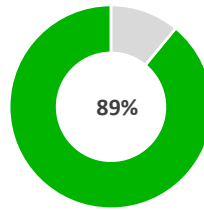
Variable Pay Rate

↑ 8.58%

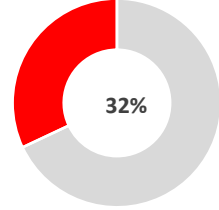
WTE Staff in Post

↑ 12909.21

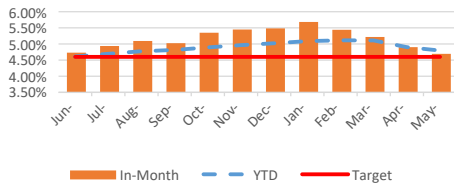
Consultant & SAS Job Plan % Recorded



Consultant & SAS Job Plan % 12-Month Review



In-Month and Year to Date Sickiness Rates



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

↓ 37

Number of Grievances

↑ 11

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:	PATIENT SAFETY QUALITY AND EXPERIENCE REPORT						
MEETING:	Local Partnership Forum					MEETING DATE:	07.08.19
STATUS:	For Discussion		For Assurance		For Approval		For Information
LEAD EXECUTIVE:	Executive Nurse Director						
REPORT AUTHOR (TITLE):	Assistant Director, Patient Safety and Quality – 029 2184 6117 Assistant Director, Patient Experience – 029 2184 6108						
PURPOSE OF REPORT:							

SITUATION:

The purpose of this paper is to present an integrated Quality, Safety and Experience report which covers the period from May to June 2019.

REPORT:

BACKGROUND:

The development of an integrated Patient Safety Quality and Experience report, presents an opportunity for greater triangulation and analysis of information. It enables Clinical Boards and the Corporate Teams to identify areas of good practice but also to identify emerging trends and issues that require action in order to improve safety and quality of services.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the reporting of patient safety incidents, Serious Incidents (SIs) and Never Events, as well as concerns raised by patients and families and feedback from national and local patient surveys. Themes emerging from internal and external inspections of clinical areas also provide a very valuable level of assurance in relation to the quality and safety of clinical services.

Where available, benchmarking data with peers is provided. Assurance in relation to the action that is being taken to address areas for improvement is also described.

ASSESSMENT

Serious incidents – the number of serious incidents open with Welsh Government has reduced by 39% since January 2019 (from 132 to 80). This is predominantly because of the revised arrangements for the reporting of avoidable pressure damage as well as the overall number of monthly closures exceeding the agreed targets during the six month period.

Complaints – The Board should be advised that Concerns data for May and June shows a significant increase in the number of concerns received in comparison to last year. During this period last year, (2018) the Health Board received 385 concerns whilst, during the same period this year, we have received 497. This represents a substantial increase but there are currently no identified themes or trends and the increase has been seen across all Clinical Boards. This will continue to be closely monitored, but should be recognised as a positive way of gaining the views of patients.

Serious incidents related to patients known to Mental Health Services – the UHB has seen an increase in the number of patients known to Mental Health Services reported as missing. The UHB believes that this is as a result of the increased use of social media by the Police and by family in the immediate aftermath of a missing person. Previously the UHB may only have known about a missing person when the person was reported to have died. Reasons for incidents include people reported missing, suicides, deaths in patients with long history of addiction as well as deaths where the circumstances are unclear e.g. patient found to have died unexpectedly at home. Sometimes this may be due to natural causes.

RECOMMENDATION:

The Local Partnership Forum is asked to:

- **CONSIDER** the content of this report.
- **NOTE** the areas of current concern and **AGREE** that the current actions being taken are sufficient.

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:	<p>Not Applicable</p> <p>If “yes” please provide copy of the assessment. This will be linked to the report when published.</p>									

PATIENT SAFETY QUALITY AND EXPERIENCE REPORT

May – June 2019

Serious patient safety incidents (SIs reportable to Welsh Government)

How are we doing?

The majority of reported incidents cause no harm or minor harm to patients and this is within the context of well over a million contacts by patients with healthcare services each year. However, during May and June 2019, the following Serious Incidents and No Surprises have been reported to Welsh Government:

Serious Incidents		
Clinical Board	Number	Description
Children & Women	1	A baby on the Neonatal Unit was administered with the incorrect dose of Oromorph due to a calculation error.
	1	A therapist has accessed a child's records without appropriate authorisation.
	1	An external and internal review has concluded that the care of a pregnant woman in June 2018 was suboptimal.
	1	Concerns were raised in 2016 with the follow-up arrangements for patients who had received ESSURE implants. This has been retrospectively reported to WG and has been reported in full to the QSE Committee.
Clinical Diagnostics & Therapeutics	1	A child prescribed with medication to treat heart failure, had the wrong concentration of medication dispensed by Pharmacy at UHW. The child subsequently suffered an overdose and was admitted to hospital in Swansea as a result. The child was discharged the following day. An investigation is underway.
Executive & Corporate Services	1	A mother found her baby blue in bed; it appears to be a case of co-sleeping and sadly the baby died.
Medicine	4	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	3	Falls where the patient sustained significant injury.

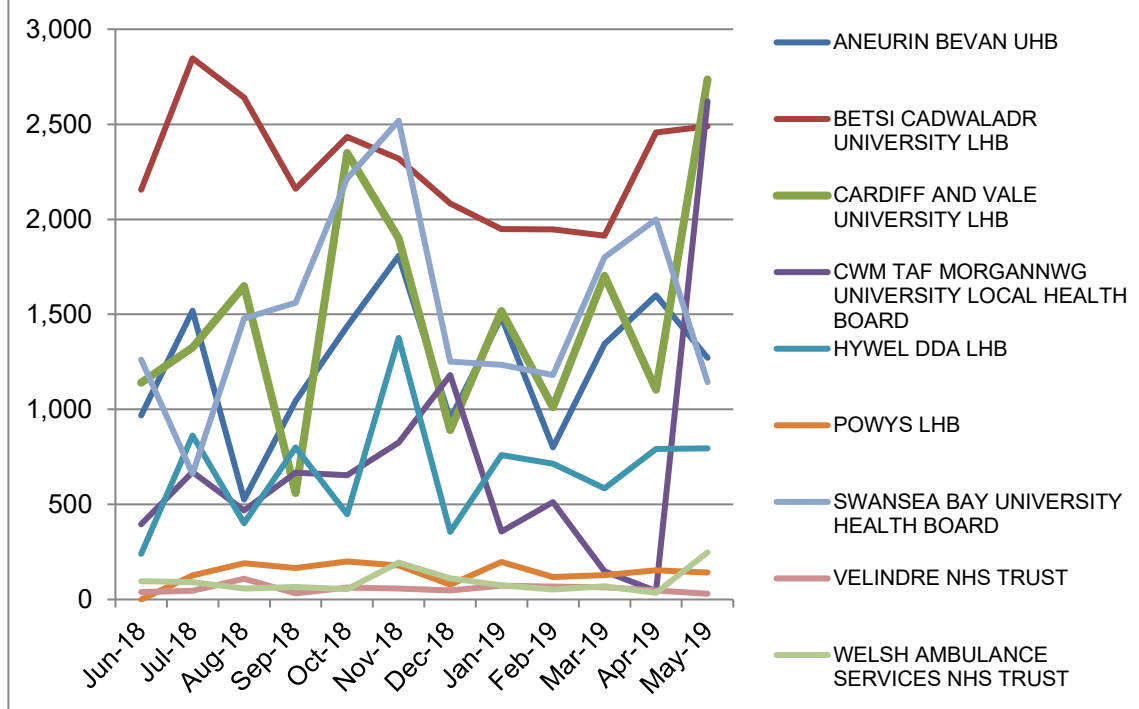
Mental Health	1	An adolescent patient required admission to Hafan Y Coed as no suitable beds were otherwise available.
	1	A patient was found to have swallowed cutlery and other objects acquired from the ward over a period of time. The patient subsequently required transfer to UHW to treat a perforated bowel.
	1	A patient physically assaulted staff and members of the public whilst in supported accommodation.
	8	Unexpected deaths of patients known to Mental Health services, including substance misuse services. It is thought that the Coroner is likely to conclude suicide in three of the patient's deaths. For the remaining five patients, the circumstances of their deaths are not yet confirmed.
Primary Care & Intermediate Care	1	It has been reported that a Practice Nurse from a GP surgery in Cardiff has administered incorrect vaccinations to six children. A number of documentation errors were also identified. The nurse had been referred to the NMC and has reportedly handed in her notice with the practice. No harm has been caused to any of the children.
	1	A prisoner who became unwell required transfer to hospital where he died several days later. As with normal process, this is subject to review by the Prison and Probation Ombudsman and Coroner and was therefore reported to Welsh Government.
Specialist	0	None reported.
Surgery	9	Grade 3, 4 or unstageable healthcare acquired pressure damage.
	1	A lady was transferred to UHW from Morriston Hospital with a subarachnoid haemorrhage. An aneurysm was identified following an angiogram for which coiling was required. Despite interventions the lady sadly died. An investigation is underway to determine if any delays in treatment contributed to her death.
Total	36	

No Surprises		
Clinical Board	Number	Description
Medicine	1	HIW carried out an unannounced inspection to the Emergency Unit and Assessment Unit at University Hospital of Wales on 25th, 26th and 27th March 2019. No Surprises report was submitted to WG as the report was due for publication on 28.06.2019.
Mental Health	2	Patients known to Mental Health Services were reported missing.
	1	A 22-year-old male who has previously been known to Mental Health Services has been arrested in connection with an alleged murder of his partner.
	1	A patient known to Mental Health Services has been arrested by police on suspicion of attempted sexual assault.
Specialist	1	Fire on a cardiothoracic ward. A patient who had previously had smoking paraphernalia removed from his possession was in the room at the time an explosion was heard. The patient was admitted to ITU with smoke inhalation. Four members of nursing staff with smoke inhalation were assessed in the Emergency Unit and have since returned to the ward.
	1	A Haematology patient was admitted to the Haematology ward in August 2018. A bronchoscopy was carried out in December 2018 and TB was detected. Due to the nature of compromised immunity in Haematology patients, it was agreed that information letters should be sent to the patient contacts, their GPs and their consultants to inform them of the situation.
Multiple	1	An outbreak of Norovirus temporarily affected ward areas across the UHB.
Total	8	

How do we compare to our Peers?

The National Reporting and Learning System (NRLS) currently collects and provides data on patient safety incidents in England and in Wales.

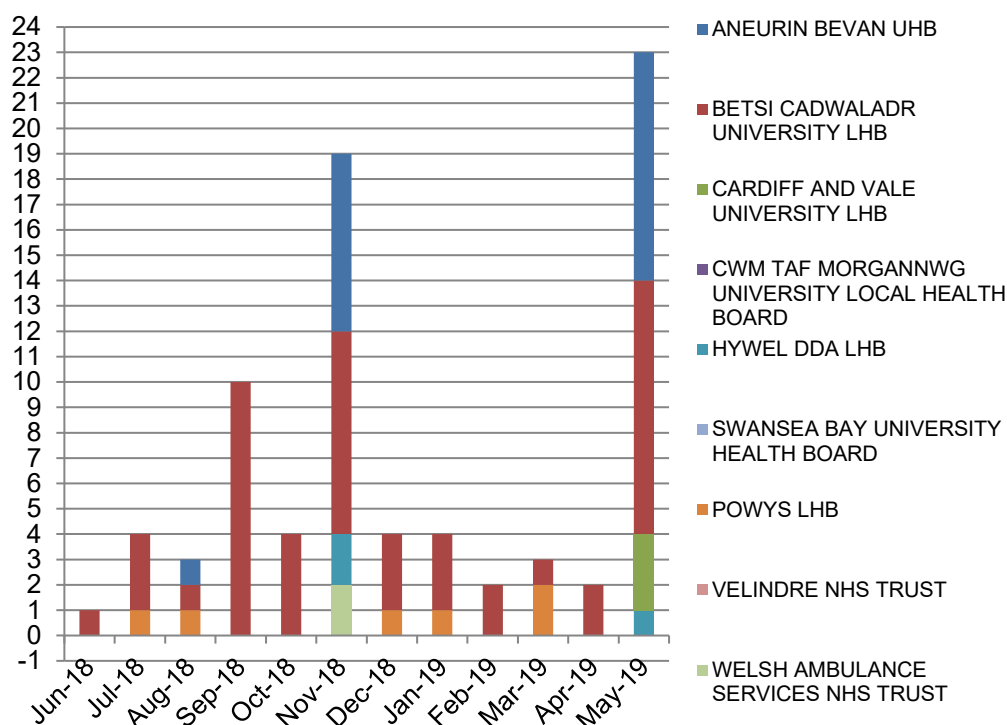
Number of Patient Safety Incidents Reported to NRLS by Health Boards in Wales June 2018 to May 2019



The Board will note that in terms of trends in reporting, the UHB reports more patient safety incidents to the NRLS than smaller organisations in Wales, is in approximately the same reporting range as Aneurin Bevan and Swansea Bay UHBs but reports significantly less than Betsi Cadwalader UHB (BCUHB). Further work will be undertaken to try and understand the profile of incident reporting in BCUHB so that the UHB can determine whether there are areas of under – reporting that may need to be addressed.

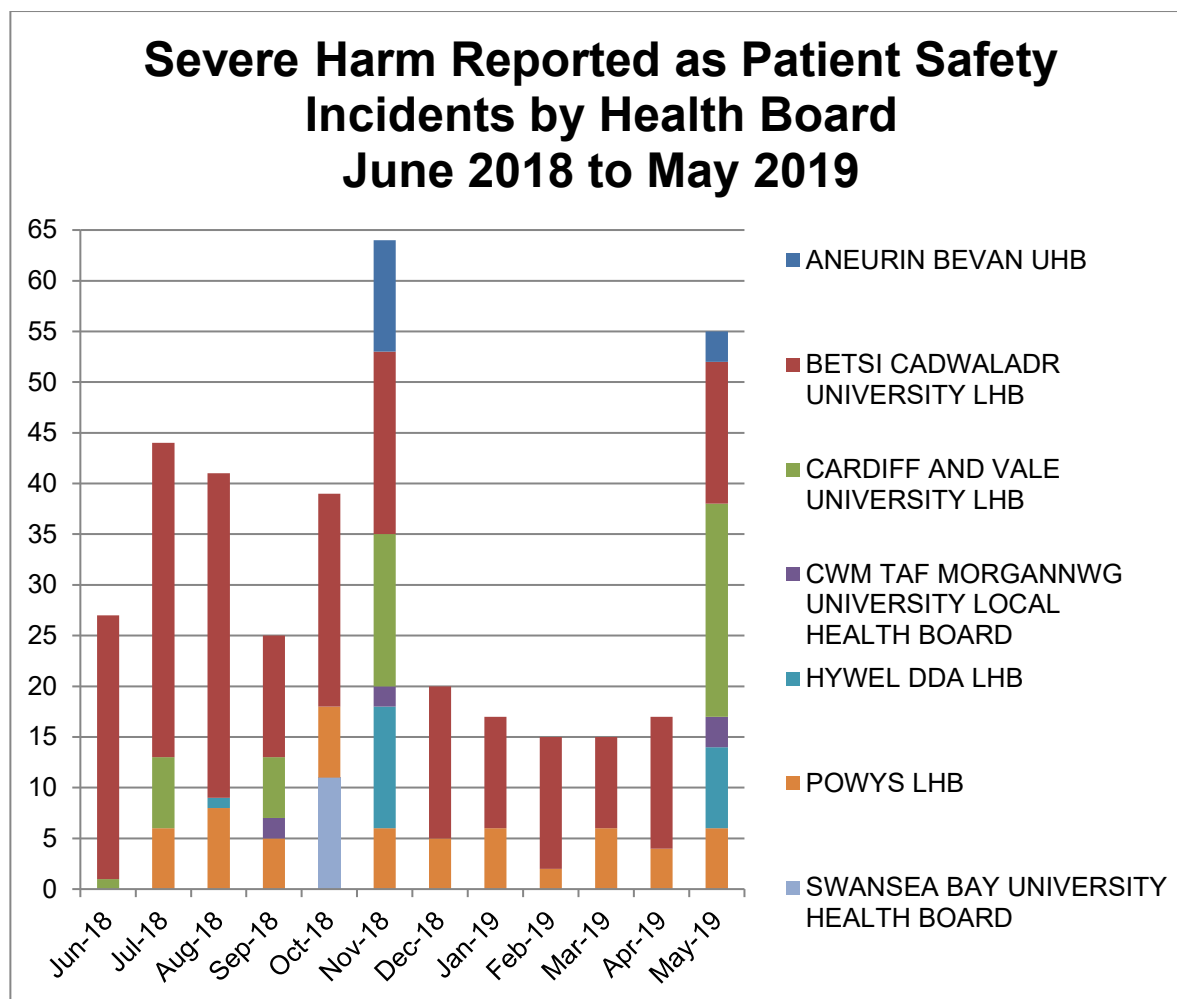
The number of deaths reported as patient safety incidents across Wales is represented in the following diagram:

Deaths Reported as Patient Safety Incidents by Health Board June 2018 to May 2019



Within the UHB, there is a quality assurance process that takes place before each NRLS upload. This is to determine that any incident that is recorded as having caused the death of a patient is factually accurate. It is clear from the graph that the UHB reports less deaths as a result of a patient safety incident than other organisations of comparable size. The UHB will continue to monitor this and also take action to try and determine the types of incidents reported as causing deaths in other UHBs across Wales.

The number of patient safety incidents recorded as causing severe harm across Wales are demonstrated in the following diagram:

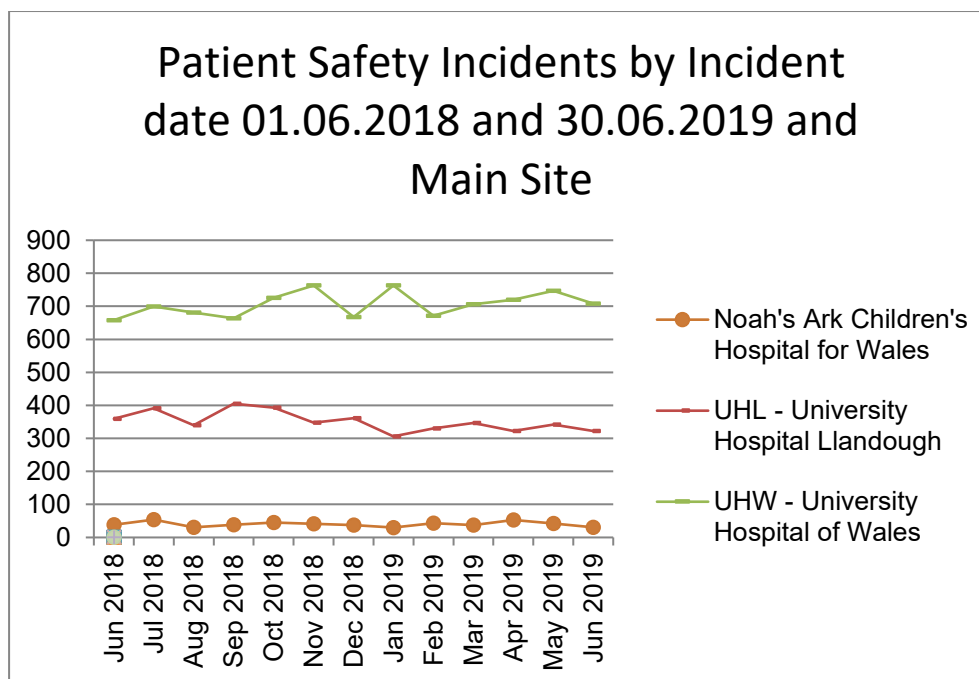


Again, it would appear that the UHB reports considerably less than BCUHB for this category of incident, but more overall than Aneurin Bevan UHB or Swansea Bay UHB.

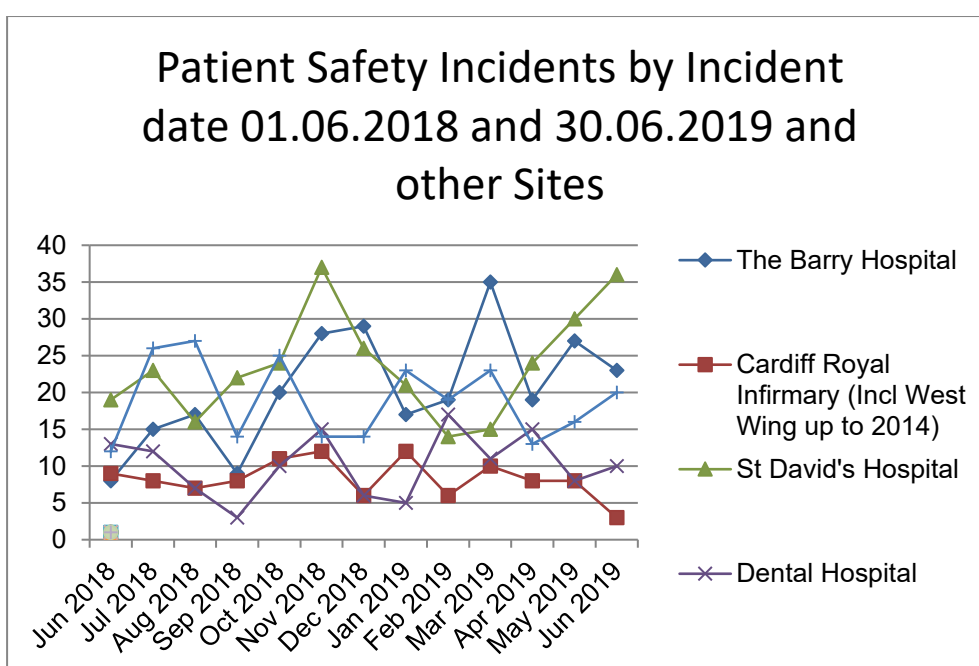
The Board should be advised that in late 2019 the NRLS will be replaced by a different system called the Patient Safety Information Management System. We have been advised that this improved incident management system will make it easier to record incidents and simpler for people and organisations to analyse and learn from the information we hold, better supporting us to learn and improve patient safety.

UHB trends in patient safety incident reporting

In terms of general incident reporting, the following graph demonstrates the patient safety incidents reported on to the UHB's Datix risk management system by main sites between June 2018 and June 2019. As would be anticipated, the majority of the incidents were recorded at the University Hospital of Wales (UHW) followed by University Hospital Llandough (UHL) which reflects the size and activity at those sites. The Patient Safety Team continues to monitor the incident reporting rates across the sites. The majority of reported incidents cause no harm or minor harm to patients and this is within the context of well over a million contacts by patients with healthcare services each year.



The graph below demonstrates the patient safety incidents reported onto the UHB's Datix risk management system by other sites between June 2018 and June 2019. The lower volume of incidents reported reflects the size and activity levels at the sites.



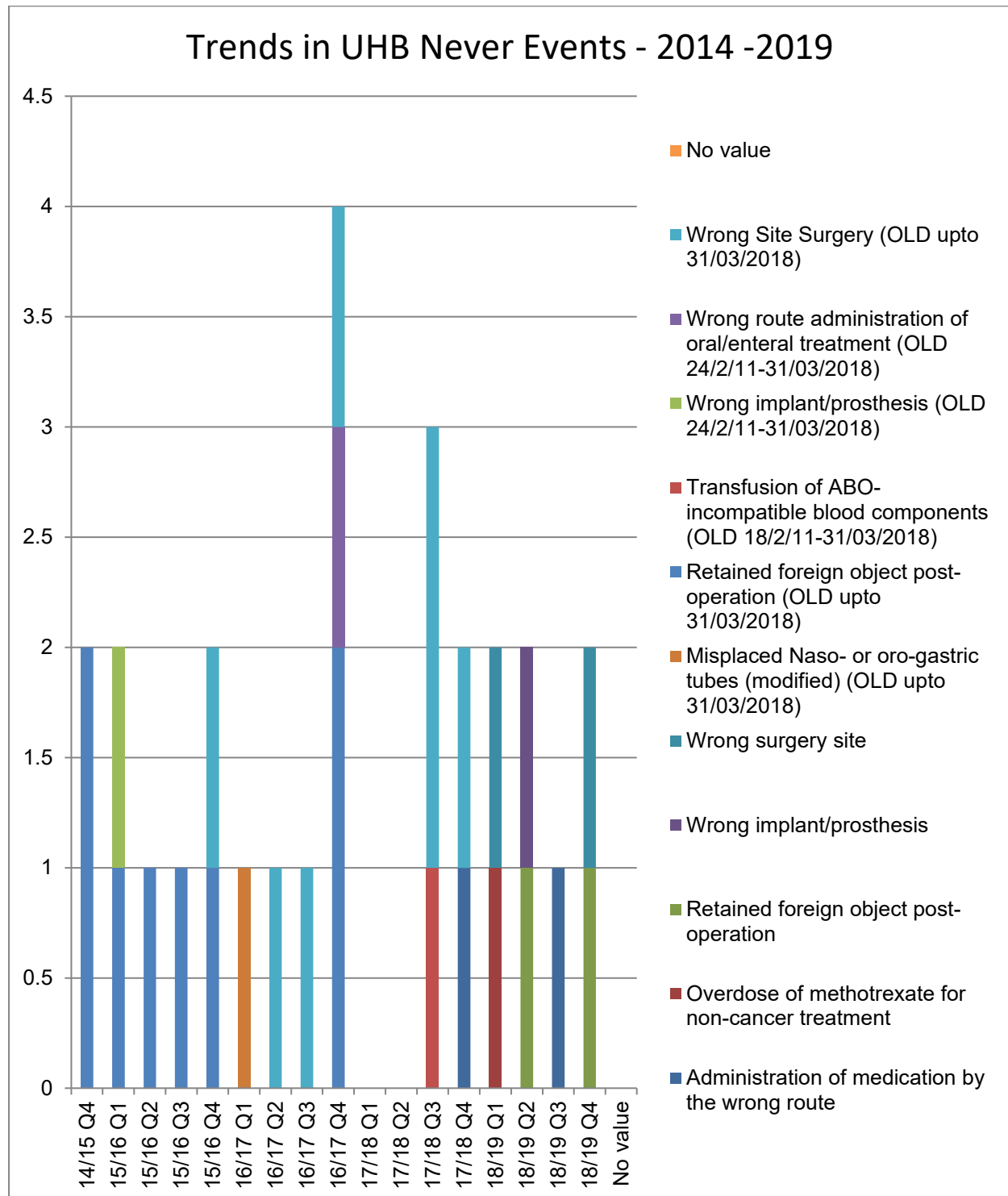
Never Events

How do we compare to our peers?

The UHB is currently concluding investigations to four Never Events. These have previously been reported to Board and comprise of:

- Wrong route medication error
- Wrong lens implant in the Ophthalmology setting
- Retained swab following major surgery
- Botox injection in to wrong leg

The diagram below shows UHB trends in Never Events over the last 5 years:



*Please note that definitions for Never Events were revised in February 2018

There have been no Never Events reported in the UHB during May and June 2019.

Data published by NHS Improvement indicates that in England a total of 496 Never Events were reported between April 2018 and March 2019.

In summary these were categorised as:

Type of Never Event	Number
Wrong site surgery	207
Retained foreign object post procedure	104
Wrong implant/prosthesis	63
Unintentional connection of a patient requiring oxygen to an air flowmeter	50
Misplaced naso or oro-gastric tube	29
Overdose of insulin due to abbreviation or incorrect device	14
Wrong route administration of medication	10
Failure to install collapsible rails	7
Transfusion of ABO incompatible blood or organs	4
Mis-selection of high strength Midazolam	3
Overdose of Methotrexate for non-cancer treatment	3
Falls from poorly restricted windows	2
Total	496

More detailed information can be found at the following [link](#):

What are we doing about it?

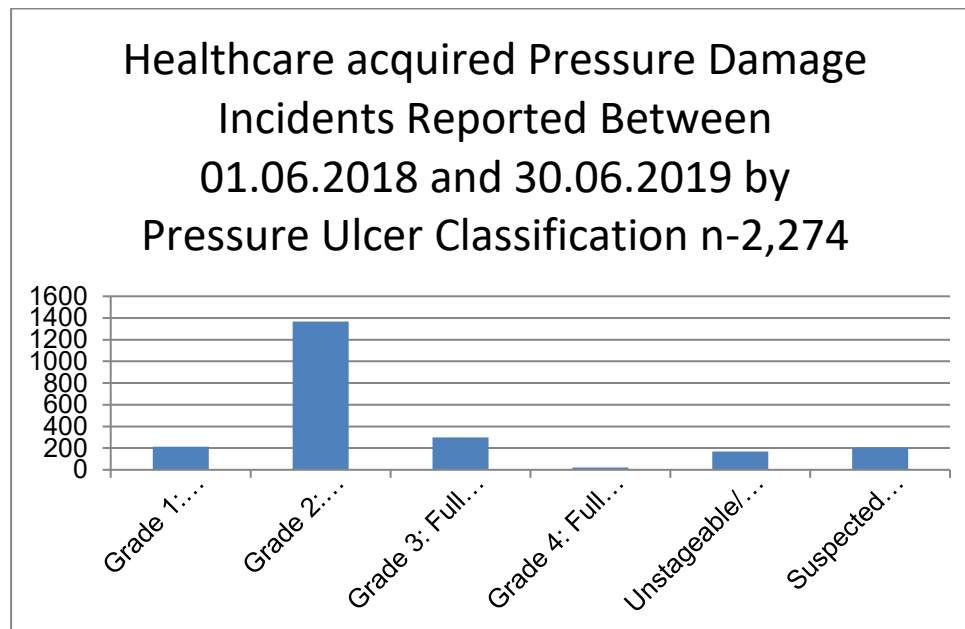
There is a NatSSIPs Group established that is taking forward work to embed the Standards to prevent Never Events (related to invasive procedures) across the UHB.

In relation to a learning outcome following two previous Never Events of retained guidewires following central line insertion, a meeting of the NatSSIPs Group took place in May 2019 where a new way of reviewing procedures for vascular access, using a multidisciplinary and pan-Clinical Board process was discussed. The meeting identified that a separate Task and Finish Group was required to review the current Vascular Access arrangements and with a view to developing a UHB-wide Vascular Access Service. A visioning workshop to progress this work has been arranged for 9th July. There has been great multidisciplinary interest and engagement and a plan is in place to progress this work over the coming months.

Pressure Ulcers

Pressure ulcers are frequently reported on the UHB's risk management database as a patient safety incident. Analysing pressure ulcer incident forms continues to be complex. It is not always immediately obvious as to where the patient was located when the pressure damage developed; whether it is healthcare acquired and whether there has been duplicate reporting of the same incident due to patient movement between departments.

Between 01.06.2018 and 30.06.2019, 3,181 incidents of pressure ulcers were reported as patient safety incidents. Of these, staff indicated that 2,274 (71%) were healthcare acquired, which means that the patient was in receipt of NHS funded healthcare at the time the pressure ulcer developed. It is evident that the majority of the reported incidents are grade 2 pressure ulcers. 874 of the incidents were recorded as having occurred in the home setting which indicates the complexity and frailty of patients in the community.



How do we compare with our Peers?

Welsh Government has recently revised SI reporting procedures for pressure ulcers. From January 2019, they now require Health Boards to retrospectively report to them healthcare acquired grade 3, 4 and unstageable pressure damage that has been determined to be avoidable.

Additionally, Welsh Government has asked all Health Boards to report all healthcare acquired pressure ulcer incident reporting data to them on a monthly basis. This will allow them to see the extent of the issue across Wales.

What are we doing about it?

The UHB's Pressure Damage Task and Finish Group continues to be an active forum taking forwards improvement work required.

A recent pressure damage prevalence audit has been undertaken, led by the Tissue Viability Nurses, in conjunction with Medstrom. The outcome of their findings were presented to the Task and Finish Group on 18th June 2019. Two of the issues identified from the audit were that pressure relieving seat cushions and heel offloading devices were not always being used.

The Patient Safety and Datix Teams continue to take forwards system developments required. This work is supporting the Task and Finish Group with implementing the revised pressure damage reporting arrangements brought in by Welsh Government in January 2019.

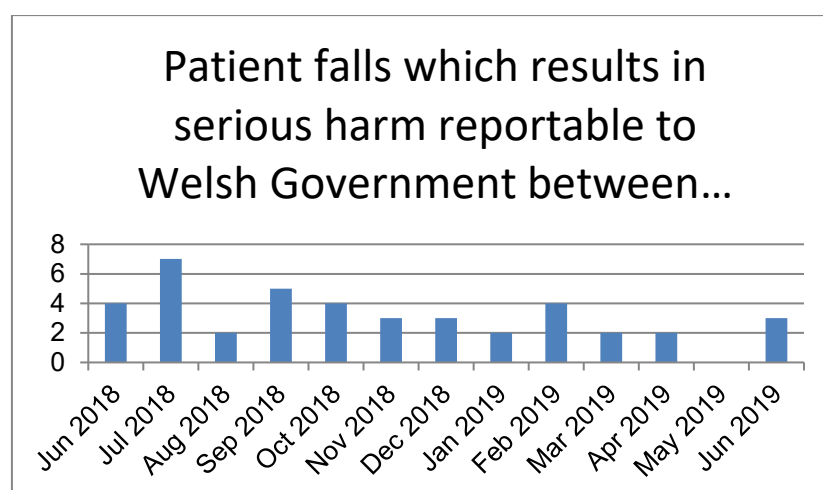
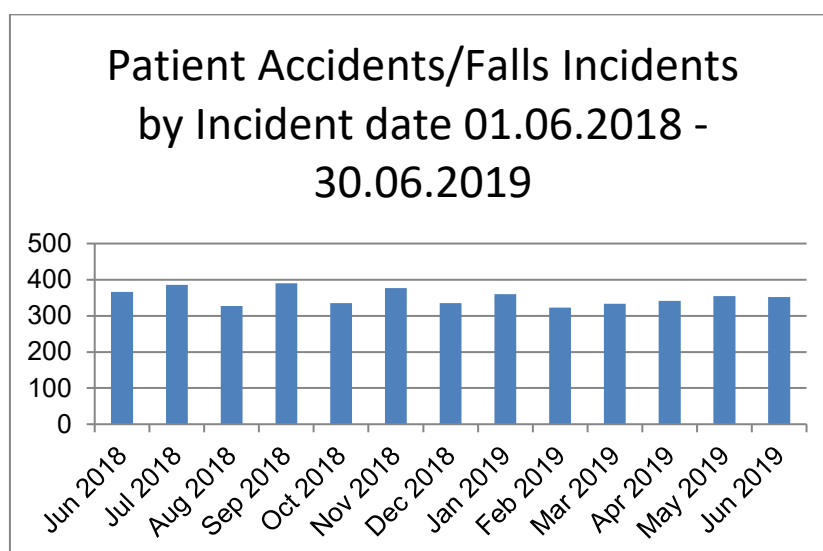
Patient Falls

How are we doing?

Patient falls continue to be a frequently reported patient safety incident. Reliable benchmarking information is not currently available.

How do we compare with our peers?

The following table indicates the number of patient accidents/falls reported between June 2018 and June 2019. The majority of falls continue to result in no significant injury to patients. The trend in a lower volume of falls incidents requiring SI reporting has essentially continued.



What are we doing about it?

Simulation training is available to all inpatient ward staff, providing an immersive learning environment in which to improve knowledge and skills around inpatient falls. It focuses on the areas of completing a falls risk assessment, managing a non-injurious fall and managing an injurious fall with a head injury.

Intergenerational falls awareness sessions are being held in primary schools across Cardiff and the Vale. The Staying Steady Schools scheme, was highly commended at the recent HSJ Patient Safety Awards, and is now in its second year and is a Bevan Exemplar for 2019. Oliver Williams, Falls Lead, has been invited to speak at an international conference in Sweden later in the year.

A Community Falls Prevention Alliance, funded by the International Health Foundation, has been set up in Cardiff and the Vale of Glamorgan, with representatives from various services within the Health Board, Social Services, partner organisations and 3rd sector organisations. It aims to improve links between services, identify gaps and duplications and make falls pathways easier to follow and access for patients by taking a 'best for patient, best for system' approach.

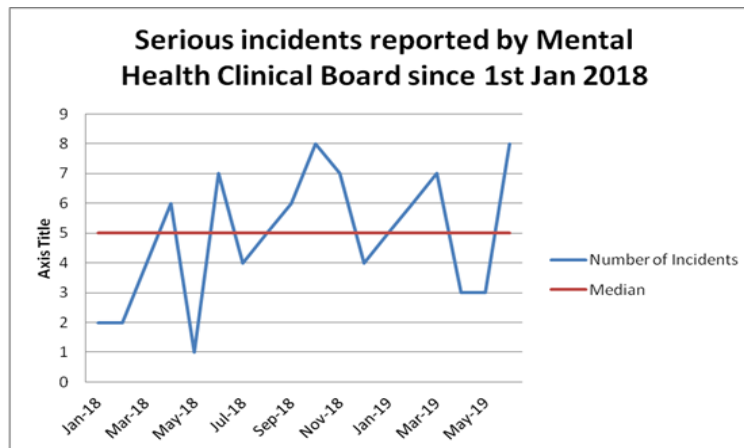
'Stay Steady' Clinics and a falls single point of contact have been set up in Cardiff as part of a Pacesetter Funding scheme, with collaborative working between the UHB and Cardiff Council's Independent Living Services. Two clinics currently run in North and Southeast Cardiff, offering multifactorial falls risk assessments to those at the lower end of the risk scale, taking a preventative approach to reducing the risk of falls by offering interventions sooner.

Falls Brief Intervention (FBI) training, developed by the Wales National Taskforce for Falls Prevention, is available to UHB staff and other local services in Cardiff and the Vale of Glamorgan. The two-hour training session covers the major risk factors for falls, how to spot them, and what to do about them.

Serious incidents involving patients known to mental health services

In line with WG Guidance for Serious Incident reporting, the UHB is required to report the unexpected deaths of patients who are known to mental health services. All deaths are reviewed. A full Root Cause Analysis is carried out for the deaths of a patient when there are concerns about the level of care given.

The following graph shows the number of serious incidents reported in patients known to mental health services, on a monthly basis:



Incidents reported in May and June 2019 include people reported missing, suicides, deaths in patients with long history of addiction as well as deaths where the circumstances are unclear e.g. patient found to have died at home. Sometimes this may be due to natural causes.

All incidents are currently under investigation. The UHB also works closely with the Coroner as required, to assist in the provision of all relevant evidence for ensuing Inquests.

The UHB is currently participating in All Wales work to re-define the criteria for serious incident reporting in a mental health setting and also for the proportionate investigation of reported patient safety incidents.

Regulation 28 reports

One Regulation 28 report has been issued to the UHB in the current reporting timeframe. The Regulation report 28 was also sent to four other Health Boards.

The regulation 28 relates to referral pathways for specialist advice in Cardiff and the Vale UHB specifically in relation to neurosurgery and spinal surgery.

The Coroner raises concerns that there are a high number of referrals to the single rota on call neurosurgical specialist registrar every day and that the system for making and receiving referrals requires improvement.

The Coroner has requested a collaborative single response from the five Health Boards, including the UHB, setting out a proposal for a new system of referrals. Unusually, the Coroner has allowed 112 days (rather than the normal 56 days) to respond. A meeting with relevant stakeholders, including WHSSC is currently being arranged.

Outcomes of internal and external inspection processes

Internal observations of care inspections

Following receipt of iPads, purchased by the Health Charity, a new electronic inspection tool has been piloted. Following feedback from senior colleagues, it is

now being used to undertake all inspections. The benefits of the inspection app has found to:

- Reduce variation in the quality of report writing;
- Prevent delays in writing reports (wards now receive their report within a day);
- Questions can be added into the app, based on changes that wards report to be making, so that these changes can be assessed during the next visit.

A new approach to internal inspections is being piloted within Medicine Clinical Board. Currently, all wards in Medicine Clinical Board are visited throughout a year. Each visit to a ward generates an action plan. In total, hundreds of actions may be generated from inspections. The extent to which changes occur is difficult to assess until the next visit (twelve months later).

We are inspecting every ward in Medicine Clinical Board over the next ten weeks. The findings from these inspections will be integrated with a year's worth of patient feedback, clinical incidents and health and care standards audit. The Clinical Board will be presented with the most recurring themes from these data sources. The decision as to what actions to prioritise will be made by the Clinical Board. Further visits to clinical areas will be undertaken over the coming year to provide assurance that actions are being completed, or to provide additional support to teams.

Twenty unannounced internal inspections were undertaken during May and June 2019. These were undertaken across Medicine (6), Specialist (2), Children and Women (1), and Surgery (11) Clinical Boards; all twenty inspections were undertaken as part of the planned programme of unannounced inspections.

The inspection findings continue to provide a positive picture of staff delivering care in a professional and dignified manner within calm, well organised environments; evidence of the UHB values and behaviours being displayed by staff are seen across all areas, with this being confirmed by patient feedback and comments provided during the inspection process.

Key findings for May and June have highlighted:

- Continued improvement with medicines management, but attention required to ensure that all medicines fridges and cupboards are locked when not in use and that fridge temperature recordings are made consistently across all areas.
- A good standard of documentation across the majority of areas visited, particularly in relation to comprehensive risk assessment completion and review, although individualisation of care plans is not observed in all areas.
- Excellent leadership and team working continues to be observed, evidenced by calm, organised ward areas, good communication between the MDT and positive comments from both staff and patients. Conversations with staff show a committed, passionate workforce.
- Examples of patient identifiable data (PID) being left unattended have been seen, e.g. patient records left in an unlocked, accessible room, computer screens displaying PID left unattended.

- As highlighted in previous reports, outstanding maintenance issues are of concern. Ward Sister/Charge Nurse and Senior Nurses continue to chase up these outstanding requests
- Lack of available storage within areas continues to be an issue. Whilst staff make the best use of the space available to them, lack of storage may compromise effective cleaning and can pose a falls and health and safety risk e.g. when equipment is stored in corridors, that may cause fire exits to be blocked
- Excellent interaction between staff and patients observed throughout all areas, with patients complimentary about the care they received

All areas are provided with a report and improvement plans are put in place to address the findings.

Health Care Inspectorate Wales (HIW)

The Board has previously been fully briefed in relation to an unannounced visit to the Emergency Unit/Assessment Unit at UHW in March 2019. On 28th June, HIW published their report of this unannounced visit. There were some immediate assurance issues identified. The report and improvement plan can be viewed [here](#) and will be reported in full to the September 2019 Quality, Safety and Experience (QSE) Committee along with the detailed improvement plan.

On 8th July, HIW also published the report which followed an unannounced visit to three wards in Hafan Y Coed in April 2018. This was a very positive report and can be viewed [here](#). Again, this will be reported in full at the September 2019 QSE Committee.

HIW have also confirmed a positive inspection to Park Place Dental Practice in May 2019. They have also confirmed that Tynewydd Dental Care Practice have responded appropriately to immediate assurance issues related to the Hepatitis B status of one member of staff and well as fire safety practice, following an announced visit in May 2019.

Patient Experience

The All Wales Framework for Assuring Service User Experience describes four quadrants which group together a wide range of feedback including **real time**, **retrospective**, **proactive/reactive** and **balancing**. The UHB employs a wide variety of methods across the four quadrants in order to gain the views of service users so that this rich, qualitative information can be considered and used to improve services.

Real Time

Each month the Patient Experience Team receives in excess of 1,000 paper surveys. This supports the data collected through our Tablet and Kiosk mechanism as well as the seven 'Happy or Not' machines situated across the Health Board.

The patient satisfaction scores from the all surveys administered across the Health Board are illustrated in the following table.

	May	June
UHL	91%	94%
UHW	92%	92%

How are we doing?

During May and June the 'new' inpatient and outpatient surveys were administered. These surveys have been designed to ascertain feedback supporting the Health Board strategy, providing information that we could learn from and importantly act upon.

This report provides equality information which includes:

- **29%** of patients considered themselves to be disabled.
- English was the preferred language for **96%** of our patients.
- **57%** of the patients were aged 65+.

This is what they told us:

I am overwhelmed by how outstanding the service I have received so far. It has been professional, rapid, robust and compassionate. Furthermore the patient, understanding approachability of the service providers has been excellent. The result is that I feel like I am now being fully supported which has significantly reduced my stress and anxiety, resulting in decreased alcohol and valium consumption.

Staff are welcoming and helpful. They are attentive and listen carefully when I talk to them. They explain everything very clearly and are very supportive.

Retrospective

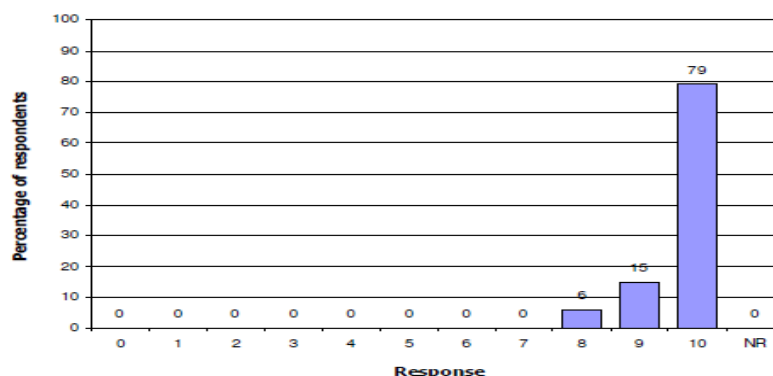
Retrospective data can be very informative to ascertain experience, once a person has left our care. There are numerous bespoke surveys being undertaken to inform colleagues, examples include:

Inflammatory Bowel Disease (IBD) Infusion Room Survey

A report was provided to the team in relation prior survey undertaken to ascertain patient's experience of:

- The appointment
- Car parking
- Wayfinding
- Clinic environment
- Communication

28. Using a scale of 0 - 10 where 0 is very bad and 10 is very good, how would you rate the care received during today's IBD infusion appointment?



100% of the patients noted their experience as 8 or above and in the qualitative comments, commended the staff very highly.

Areas noted for improvement included:

- Environment being too small and car parking

This information has been used to inform the development of the 'new' IBD Infusion room; with building works underway, funded by Cardiff and Vale Health Charity.

Proactive and Reactive

Feedback Kiosks

During May and June the mobile kiosks have been at Four Elms Surgery at CRI along with Ward A4.

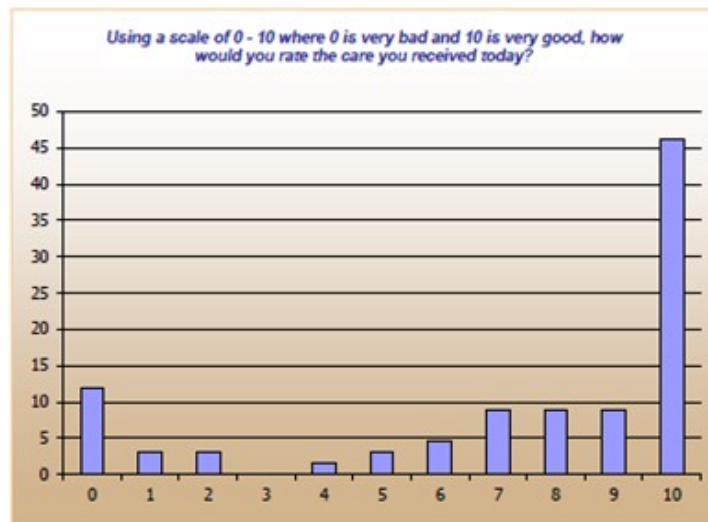
A4 had **49** respondents during a three week period – with more than 70% of the respondents being staff.



Staff work incredibly hard and are lucky to have the addition of activity support helping patients maintain cognitive, physical and emotional needs.

In Four Elms Surgery 97 surveys were completed:

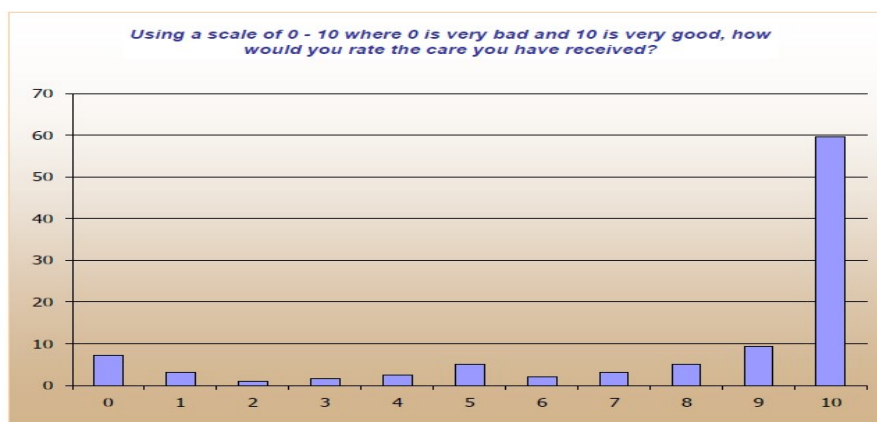
- Generally positive re staff.
- Two comments only regarding difficulty in obtaining appointments.



73% scored their experience as 7 or over.

Data has been shared with the Practice Manager who fed back and the data will be using in staff training.

During the last two month period the Kiosk at the Concourse also provided opportunity for experience to be shared. Nearly 500 surveys were completed, of those **47%** were completed by patients and **53%** by relatives, friends or carers.



Of the patients who completed the Concourse surveys **75%** scored their care as 8 or above.

At the beginning of July three new 'Happy or Not' machines have been placed in the main entrance at UHL, the Concourse at UHW and the foyer at the Children's Hospital for Wales.

This will provide an opportunity for people to share experience feedback and to identify themes.

Recently we have collated 628 responses.



Would you recommend this hospital to family and friends?



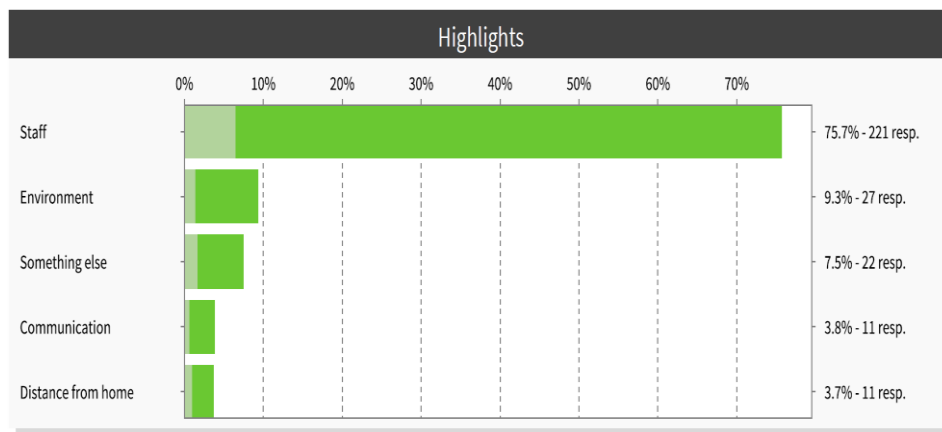
85% Positive

Total feedback: 628

Very Positive 75%, Positive 10%, Negative 4%, Very Negative 11%

HAPPYNOT

When asked to theme the responses staff are overwhelmingly the most positive aspect of people's experience.



Balancing

What are we doing?

You Said	We Did
I would like to have more quilt covers on the ward as sometimes I run out.	Quilt covers have been ordered
Alternative choice of Halal meals	Halal options are now available
Blind on the window	A maintenance request has been completed to fix it
The Midwife was a bit brusque and patronising and didn't listen very well – caused me to get upset, which was a shame as the other staff had been very caring	The Midwife was identified and was spoken with and was genuinely sorry she had upset the lady
More activities on ward would be appreciated	Discussion with CWTCH; who have agreed that ward clients can now attend

Balancing

The three Information and Support Centres, along with wards B4 and B6 at the University Hospital of Wales have received '*Carer Friendly Accreditation*'.

The Carer Friendly Accreditation scheme aims to improve, share and recognise support for carers in health and social care service areas. The accreditation criteria are broken down into five standards:

- Understand
- Inform
- Identify
- Listen
- Support

In order to gain accreditation, service areas complete a self-assessment tool, provide a portfolio of evidence to prove that they meet the criteria and that portfolio is then put forward to the Carers Review Panel who then review the portfolios and either approve the accreditation or provide constructive feedback on areas for improvement.

Cardiff and Vale UHB has become the first Welsh Health Board to sign the British Deaf Association's BSL Charter

Since early 2018, staff have been working incredibly hard to improve the experience of patients who are deaf or have hearing loss, accessing our services. For many people, coming into hospital can be a daunting experience anyway and this is especially true for people for whom there is a language barrier between themselves and the staff providing their care.

UHB staff and members of the deaf community met numerous times over several months as they highlighted areas in which accessibility could be improved and the steps the organisation could take to achieve this.



The hard work and innovation of the Patient Experience Team is beginning to show as the UHB has become the first NHS Health Board in Wales to sign the British Deaf Association's British Sign Language Charter.

By doing so the UHB has pledged to:

- Consult with our local deaf community on a regular basis.
- Ensure access for deaf people to information and services.
- Support deaf children and their families.
- Ensure staff working with deaf people can communicate effectively using British Sign Language.
- Promote learning and high quality teaching of British Sign Language.

This is ongoing work and we are delighted to be working so closely with our deaf community to improve their access to health and experience of using our services.

Concerns - Complaints

As part of the All Wales work the definitions of 'formal' and 'informal' complaints has been discontinued. The categorisation to be used is:

- a) Complaints managed through the Putting Things Right Regulations.
- b) Complaints managed through 'early resolution'.

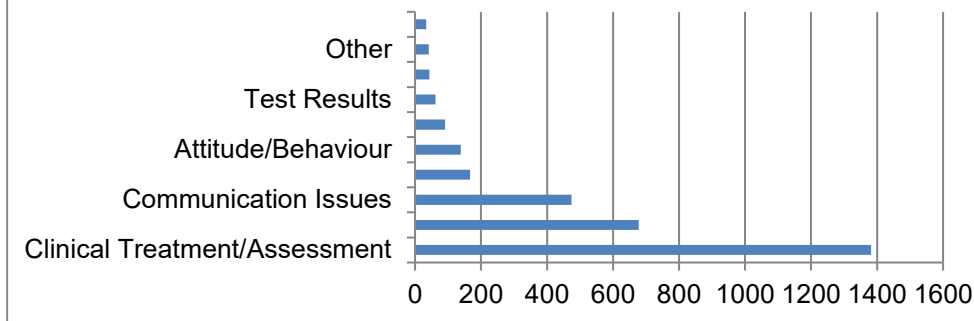
Early Resolution cases are considered to be complaints which are resolved no later than two working days (which includes the day of receipt of the complaint to the satisfaction of the person raising the complaint and where the complaint was notified verbally (in person or over the phone).

Early resolution will include cases where the person raising the complaint has requested for it not to be processed through the PTR regulations.

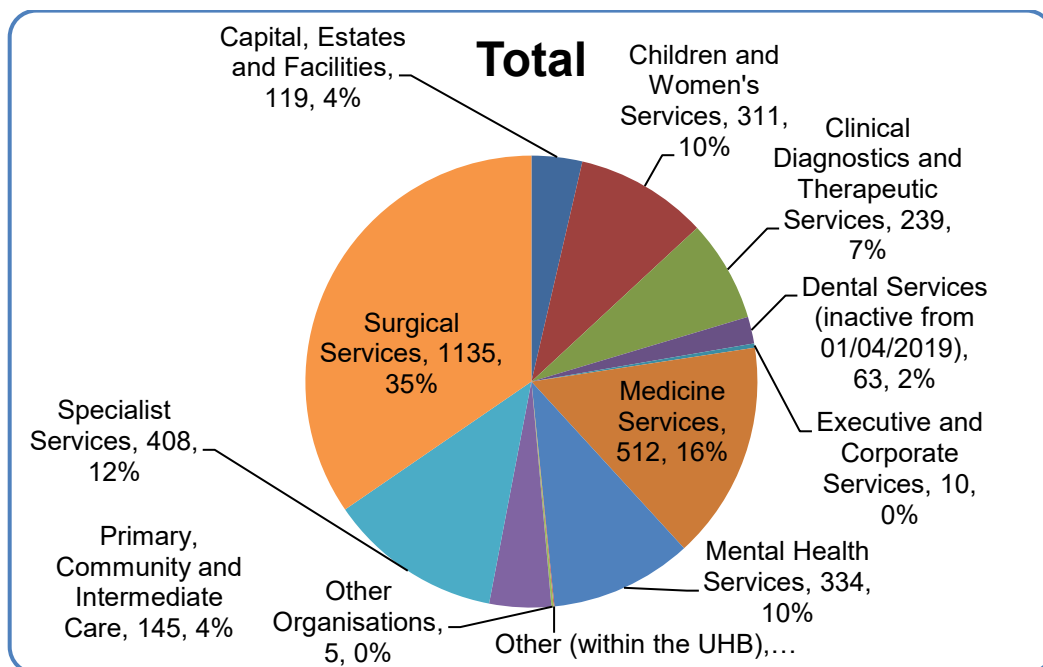
The definitions need to be applied retrospectively and the interpretation of 'Complaints managed through the Putting Things Right regulations' has been established. This means that the data submitted by organisations will be accurate and consistent across Wales. However, the change in definition and retrospective data capture means that data presented to Board meetings during the year 2018/19 will be different.

As you will note from the breakdown below, the highest number of concerns, 1,382, in total, related to concerns about clinical diagnosis, treatment and assessment, followed by 678 relating to appointments

Complaints by Subject (primary) - Top (10)



Complaints by Clinical Board



You will see from the chart above that Surgery continue to receive the highest number of concerns; (35% of all concerns); in total they received 1,135 concerns. The highest number of concerns registered for Surgical Clinical Board relate to the ENT, Ophthalmology and Urology Directorate.

Medicine received the second highest number of concerns, 512 in total.

Concerns data for May and June shows a significant increase in the number of concerns received in comparison to last year. During this period last year, (2018) the Health Board received 385 concerns whilst, during the same period this year, we have received 497. This represents a substantial increase but there are no identified themes or trends and the increase is across all Clinical Boards.

During May and June, the Concerns Team continued to receive a high volume of concerns that relate to the waiting times and cancellation of follow up

Ophthalmology appointments. More recently, the Concerns Team have received a small number of concerns regarding the ordering and delay in patients receiving specialist Contact Lenses. A number of actions have been taken to rectify this problem, i.e. proactively ordering lenses so that replacements are available to patients when required.

We also continue to receive a high number of calls and emails regarding parking, particularly at UHW. These include issues around Parking Charge Notices, the appeals process, including, the lack of option to appeal in the Welsh Language.

There have also been a number of concerns regarding the signage and the lack of information provided in appointment letters about parking.

It is hoped that the increased number of initiatives that will support patients, visitors and staff access our sites more easily will reduce parking concerns. These initiatives include at UHW the Park and Ride service now runs until 11pm and between 7am and 7pm, the bus now runs every ten minutes rather than every twenty. The numbers of people using the service continues to increase steadily.

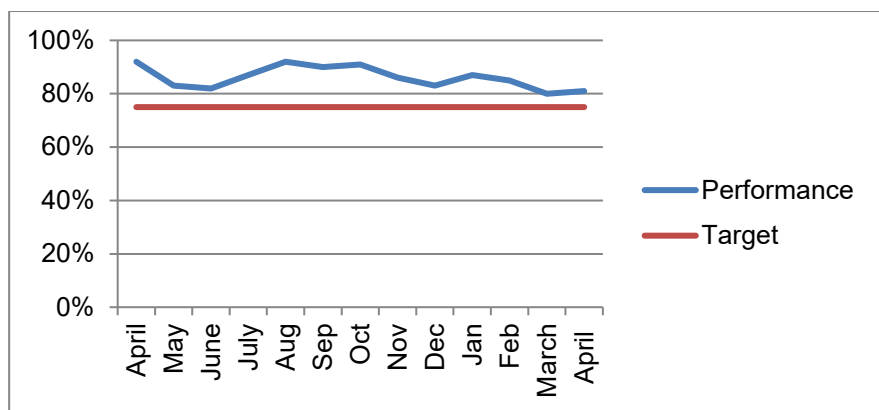
A new Park and Ride service will be introduced for UHL, hopefully in July subject to final contractual arrangements. The service will run on a 20-minute loop from the old Toys-R-Us car park to UHL. The location was agreed as being most convenient to serve people travelling to UHL from Cardiff, the Vale of Glamorgan and from the M4. Anecdotal feedback received by patients and visitors is that they were not aware that we provide a Park and Ride service (or that it is free). The UHB is therefore trying to increase the publicity and awareness raising regarding the Park and Ride services, and is looking at how we make the information more prominent on our website, providing the information on our appointment letters to patients and through improved signage on our site.

Performance

As mentioned in the previous Board Report, Welsh Government has now circulated a directive that has changed the way we record our concerns. Based on the new directive, all concerns that are not resolved by close of play on the day following receipt will have to be recorded under the Formal Concerns process. Therefore, it is anticipated that in future reports, there will be a marked decrease in the percentage of concerns recorded as being managed under informal resolution and a higher number of formal concerns.

Based on the data available, of the 497 concerns received during May and June, 276 have already received a 30-day response, with a further 149 ongoing within the 30 day target.

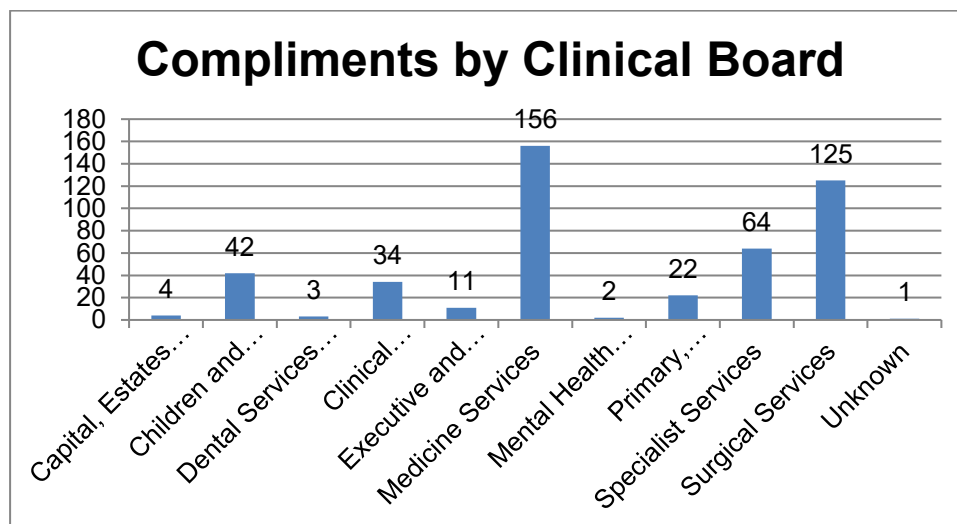
It is pleasing to note that the Health Board is consistently exceeding Welsh Governments Target for 30-day responses; the average is 87%.



Balancing

Compliments

During the period 1st March 2018 to 30th April 2019, the Health Board received 464 compliments.



As you will see from the chart above, Medicine Clinical Board continues to receive the highest number of compliments (156), in particular for the Emergency Unit. This is followed by Surgery receiving 125 compliments for the same period.

There has been a significant decrease in the number of compliments received during May and June 2019 (16 in total) in comparison to the same period last year, where 137 compliments were recorded.

Previously the Concerns Team have received large bundles of compliments from various areas and have logged them retrospectively. However, there has not been the normal influx expected this year. The UHB will continue to monitor this.

What are we doing?

You said	We did
Child was nil by mouth for a total of 13 hours as there was a delay in surgery.	Staff have been reminded that when the waiting time is unclear any child should have intravenous fluids.
Orders made for specialist shower equipment for a child with special needs was not received.	All orders will now be placed through an online ordering system that can be tracked at each stage of the process and provide robust data to audit compliance with the standard time of delivery.
An internal referral form with the patient's own details was sent by post to the patient.	Further measures have been introduced within the post room whereby 2 members of staff now check all mail to ensure that it does not contain private patient details.
Delay in a child receiving a 6-monthly appointment.	An electronic recall list has been implemented to give clear instructions on when a child should be seen.
Confusion regarding a referral process.	Escalated to the Clinical Director for Gynaecology for urgent review. Discussed at MDT to raise awareness and email sent to all staff to remind them of the referral process.