



PWYLLGOR CYNLLUNIO POBL A SICRWYDD PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	246 - Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Nichols-Davies, Head of Safeguarding

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

PPPAC is asked to approve the revised policy 246 Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff.

This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered to in development of the above mentioned written control document and that the document is in line with legislation/regulations, available evidence base and can be implemented within Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

Brief summary of the document	This policy will deal with all allegations of abuse of children or adults or disclosures of professional concerns regarding an employee or volunteer of HDdUHB, either in a paid or voluntary capacity, regardless whether their contact is with children or adults at risk.
Scope of the document	The scope of this policy includes all allegations of abuse of children or adults, or where professional concerns have been raised about behaviour which undermines the trust placed in an employee or volunteer working within HDdUHB by virtue of their position. It applies to events which may have taken place during the course of their work or private life, in such circumstances; careful consideration needs to be given as to whether the employee presents a risk to an adult or child in their working environment.
Owning group	Strategic Safeguarding Group
	Chair of owning group: Sian Passey, Assistant Director of Nursing for Quality, Assurance and Professional Regulation
	10 th March 2021
Lead author	Mandy Nichols Davies, Head of Safeguarding

Assurance	
Equality Impact Assessment	The attached EqIA is a full assessment.
Evidence base	The reference section lists all the sources of evidence which has informed the content of the document.
Compliance with legislation/regulation/alert	The document is compliant with legislation/regulations and alerts.
Targeted consultation of key stakeholders	<i>List the staff groups/professional groups/clinical specialities/services that have been contacted as part of the targeted consultation:</i> Workforce colleagues – Assistant Director of Workforce and OD; County Heads of Workforce.
Collaboration with others (interested parties)	<i>List the interested parties (including other groups/sub-committees and committees):</i> <ul style="list-style-type: none"> • <i>Confirm that they are in agreement with their relevant section of the document</i> • <i>List any feedback received from interested parties which have not been included in the document and the reason as to why not</i>
Global consultation	Consultation period - 09.2.2021 – 23.2.2021.
Patient Information	Not applicable. Staff information leaflet.
Dissemination	<i>How will the document be disseminated to those who will be required to use it or comply with it (Hywel Today is not a dissemination route)</i> The policy will be disseminated via Global email, County Heads of Workforce and via Chairs of Directorate / Service Safeguarding Delivery Groups.
Implementation	County Heads of Workforce are responsible for ensuring their teams are aware of the policy and changes. Heads of operational services are responsible for ensuring their managers and employees are made aware of this policy and any local arrangements, their role and responsibilities at local induction. Awareness of the policy for staff will be undertaken through both Safeguarding Children and Adult training.
Monitoring	This policy and its application may be subject to audit. Exceptions in compliance with the policy must be reported to the HDdUHB Strategic Safeguarding Working Group.
Proposed review date of the document	3 years.

Argymhelliad / Recommendation

The People Planning and Performance Assurance Committee is requested to approve the revised policy 246 Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.23 Approve corporate and workforce policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery
Gweithlu: Workforce:	The policy applies to all staff

Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Cyfreithiol: Legal:	It is essential that HDdUHB has up to date policies and procedures in place
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	A full equality impact assessment has been undertaken for each separate policy/procedure



GIG
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WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff Policy

Policy Number:	246	Supersedes:		Classification	Employment
Version No	Date of EqlA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V5	5/7/2019	PPPAC			6/9/2022

Brief Summary of Document:	This policy will deal with all allegations of abuse of children or adults or disclosures of professional concerns regarding an employee or volunteer of Hywel Dda University Health Board whose work, either in a paid or voluntary capacity, regardless whether their contact is with children or adults at risk.
Scope:	The scope of this policy includes all allegations of abuse of children or adults, or where professional concerns have been raised about behaviour which undermines the trust placed in an employee or volunteer working within HDUHB by virtue of their position. It applies to events which may have taken place during the course of their work or private life, in such circumstances; careful consideration needs to be given as to whether the employee presents a risk to an adult or child in their working environment.
To be read in conjunction with:	Social Services and Wellbeing (Wales) Act 2014 Wales Safeguarding Procedures (2019) Social services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk Social services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at risk All Wales Disciplinary Policy CWMPAS Adult Safeguarding Threshold Guidance (July 2018)

Owning Committee	W&OD Committee
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HYWEL DDA UNIVERSITY HEALTH BOARD

Executive Director:	Lisa Gostling	Job Title	Director of W&OD
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HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	Sept 2011
2	Review	14.4.2016
3	Full review	15.5.2019
4	Review	6.9.2019
5	Review	08.03.2021

Glossary of terms

Term	Definition

Keywords	Managing Allegations of Abuse, Professional Concerns
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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

The welfare of service users must be the paramount consideration of all staff across Hywel Dda University Health Board (H DUHB). The Social Services and Wellbeing (Wales) Act (2014) states that everyone has a duty to report all incidents of alleged abuse of children and adults at risk. All allegations of abuse of children or adults by a health board employee or concerns raised regarding their conduct in their private or professional lives which may pose a risk will be taken seriously and treated in accordance with appropriate policy and legislation.

All staff must take positive and decisive action when witnessing incidents, experiencing concerns or receiving information alleging abuse or inappropriate care of a child or adult at risk. H DUHB has a responsibility to notify the Police when concerns are raised if it is in the public interest, even if the individual concerned does not wish the Police to be involved.

Employees have a responsibility to comply with their relevant professional codes which include standards of behaviour outside the work place.

The H DUHB will ensure that a culture exists where safeguarding is everybody's business and poor practice, abuse and neglect is identified, tackled and eliminated. Safeguarding will be considered in all interactions with service users and their carers.

This Policy must be used in conjunction with:

- Children Act 1998 & 2004
- Social Services and Wellbeing (Wales) Act 2014
 - Social services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 5 – Handling Individual Cases to Protect Children at Risk
 - Social services and Well-being (Wales) Act 2014: Working Together to Safeguard People: Volume 6 – Handling Individual Cases to Protect Adults at risk
- Wales Safeguarding Procedures 2019
- Procedure for NHS Staff to Raise Concerns 435
- All Wales Capability Policy 203
- Disciplinary Policy and Procedure 201

2. SCOPE

This policy applies to all professions including medical staff and occupations employed by the UHB irrespective of their status and regardless of whether or not their employment brings them into direct contact with children or adults. It also covers agency workers, contractors, honorary contract holders, volunteers, students and trainees. For the purposes of this policy, individuals engaged through the Nurse Bank are treated in the same way as employees.

Where students are involved in allegations, the relevant University must be informed immediately.

This policy applies in all cases of alleged abuse of children or adults by employees of the UHB regardless of whether the abuse is alleged to have taken place in work or in their private lives. In every incident of alleged abuse of a child or adult, managers and staff must comply with the Wales Safeguarding Procedures, 2019.

It must be used in respect of all cases in which it is alleged that a person who works with children or adults has:

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- - Behaved in a way that has harmed or may have harmed a child or adult at risk
 - May have committed a criminal offence against a child or adult at risk or that has a direct impact on the child or adult at risk
 - Behaved towards a child, children or adults at risk in a way that indicates they are unsuitable to work with both children and adults

It can be difficult to determine what may fall into the category of "unsuitable to work with children or adults at risk". The employer should consider whether the subject of the allegation or concern has:

- Been the subject of criminal procedures that indicate a risk of harm to a child or adult at risk
- Caused harm or potentially cause harm to a child or adult at risk and there is a risk in the working, volunteering, or caring environment
- Contravened or continued to contravene their agency's Safeguarding Policy and Procedures
- Failed to understand or comply with the need for clear personal and professional boundaries in the work place
- Behaved in a way in their personal life which could put children and adults at risk of harm
- Behaved in a way that undermined the trust placed in them by virtue of their position
- Children who are subject to Child Protection Procedures
- Has caring responsibilities for an adult who is subject to Adult Protection Procedures

This policy extends to the above behaviours having taken place in the employee's private life and, in such circumstances; careful consideration needs to be given as to whether the employee presents a risk to an adults or children in their working environment.

HDUHB's commitment to the Charter for International Health Partnerships has been demonstrated by the development of UHB's International Health Governance Framework. The framework outlines the governance underpinning the Health Board's international work. The central purpose of this work is to improve the lives, health and wellbeing of those involved.

The Health Board's commitment to International Health and the continuing professional development of staff provides the opportunity for our workforce to participate in initiatives overseas. This extends the expectations of staff regarding adherence to policy, procedures and professional codes of conduct beyond those endorsed in Wales. When working overseas staff are responsible for following international laws and policy, those that apply in their host country and in the immediate locality.

In 2002, following allegations of widespread sexual exploitation and abuse of refugee and internally displaced women and children by humanitarian workers and peacekeepers in West Africa, it has become best practice for organisations to be explicit in their expectations of staff conduct internationally.

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To ensure both staff and children are protected in countries where local law may not provide the same level of protection as UK law, there is an expectation that staff will follow the 'Code of Conduct for the Prevention of Sexual Abuse and Exploitation' (Appendix 4), regardless of local law, when engaging in International Health related activity overseas.

3. AIM

All persons to whom this policy is applicable must ensure that they are aware of their responsibilities and the processes for identifying and reporting and managing abuse of children and adults in their work place and in their private lives.

The aim of this policy is:

- To safeguard children and adults from abuse and neglect by persons mentioned in the Scope of paragraph 2.
- To ensure that incidents of alleged abuse or neglect of a child or adult, or where professional concerns are raised are dealt with within the appropriate legislative and policy framework
- To ensure an equitable and consistent response when concerns are raised
- To support persons covered within the scope of paragraph 2 employees who have had an allegation made against them or information is shared about them from a statutory partner (e.g. Police, Local Authority).

All those making a complaint or allegation of abuse must be reassured that they will be taken seriously; they will be given support and afforded protection if necessary under Procedure for NHS Staff to Raise Concerns 435 and they will be dealt with in a fair and equitable manner.

4. CORE PRINCIPLES/OBJECTIVES

HDUHB has a legal obligation to ensure that the protection and safeguarding of children and adults is of paramount importance. Situations may arise where the privacy and rights of others may have to be balanced against the needs of the child/adult at risk.

Guidance on information sharing can be found on the Health Board safeguarding intranet page. The Regional Executive Safeguarding Board has agreed an Information Sharing Protocol for the safeguarding of children young people and adults and which also be accessed via the safeguarding intranet page.

Advice may also be sought from the Information Governance Team or Corporate Safeguarding Team.

Any threat to a child/ adult's safety or welfare from a member of staff must be effectively evaluated and managed in accordance with this policy.

Respective Workforce Managers and the Head of Safeguarding **must** be contacted for advice and support / informed in **all** allegations of abuse or concerns about an employee's conduct in their private lives.

Managers must recognise their responsibility to notify the Police when concerns are raised if it is in the public interest, even if the individual concerned does not wish the Police to be involved.

It is important to differentiate between cases involving issues such as poor professional practice and cases that give rise to child or adult / public protection concerns. Whilst the

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former may be handled through disciplinary or capability procedures, child and adult safeguarding concerns must always be dealt with through the national and regional safeguarding procedures.

5. PROCESS

Allegations could be identified in the following ways:

- By the Police
- By Social Services
- An adverse incident / DATIX that may identify a potential allegation
- A complaint made by a service user
- A complaint made by a third party
- A professional or regulatory body
- By adults disclosing historical abuse which they experienced as a child

The immediate priority in all cases is the protection and safety of the affected child / other children or adults, followed by wider public protection and managing staff issues. An immediate risk assessment must be documented and action evidenced to mitigate any identified risks. However, under **NO** circumstances should any investigation be commenced until advice has been sought from Police / Social Services out of hours or the Head of Safeguarding / Lead Nurse / Practitioner for Safeguarding in hours (generally Monday- Friday 09.00 hrs – 17.00 hrs).

If an allegation may be criminal, there **MUST** be **NO** delay in reporting to Police who will advise on preserving the scene for evidence. If an adult with capacity has made an allegation against an employee which could be criminal and they refuse for this to be reported to Police or the patient lacks capacity to consent to the alleged abuse and / or referral, the UHB has a duty to share this information without their consent in the wider public interest.

6.1 In Hours (Mon – Fri 09.00 – 17.00 hrs)

In hours (generally Monday- Friday 09.00 hrs – 17.00 hrs), allegations of abuse by a member of staff / professional concerns raised about a staff member must be reported to the appropriate Line Manager who must inform the Head of Safeguarding and Senior Workforce Advisor. The line manager must also inform the Directorate / Service Manager and relevant professional lead. Information about an allegation **must** only be shared with those who need to know. A decision will be made from the initial discussion as to who will inform Social Services or the Police (if the concern has not come the UHB attention via these agencies).

6.1.1 The Directorate Service Manager must ensure the Executive Team are briefed appropriately.

6.1.2 A Datix incident form **must** be completed by the person in receipt of the concern. You must contact the Datix team to assist with appropriately anonymising the information reported.

6.1.3 An immediate assessment of risk must be undertaken by the line manager using the template in Appendix 2 and a copy sent to the safeguarding team. Guidance notes are included.

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6.2 Out of hours, (generally Monday – Friday after 17.00 hrs – 09.00 hrs; weekends and Bank Holidays)

6.2.1 Allegations of abuse by persons covered under the scope of this policy must be reported immediately to the On Site Manager who must refer to the On Call Manager for advice / support. Under **no** circumstances should internal enquiries into the allegation be commenced. Where abuse may be of a criminal nature, there must be no delay in reporting to Police who will advise on preserving the scene for evidence.

6.2.2 An initial assessment of risk must be undertaken by the On Site / On Call Manager using the template in Appendix 2 and a copy sent to the safeguarding team. Guidance notes are included.

6.2.3 On the next working day (generally, Monday – Friday excluding Bank Holidays), the On Call Manager is responsible for informing the Head of Safeguarding, the Directorate Service Manager and relevant professional lead and Senior Workforce Advisor. The Assistant Director of Nursing for Quality, Assurance and Professional Regulation may also be informed.

6.2.4 The Directorate Service Manager must ensure the Executive Team is briefed appropriately.

6.2.5 A Datix incident form **must** be completed. You must contact the Datix team to assist with appropriately anonymising the information reported.

In all cases, all actions taken must be clearly documented. The template in Appendix 1 may be used as a checklist for the Line Manager / Head of Service. Preliminary information gathering may be collected by the UHB only in agreement with the police.

The appropriate line manager of employee alleged to be involved, a Senior Workforce & OD representative and the Head of Safeguarding or Lead Nurse for Safeguarding Children or Lead Practitioner for Safeguarding Adults as appropriate must attend the professional strategy meeting which will be convened by the Designated Officer for Safeguarding in the relevant Local Authority..

Procedures must be applied with common sense and judgement. Some allegations will be so serious as to require immediate referral to social services and the police for investigation. Others may appear less serious and may at first sight not appear to warrant police involvement or reporting to social services. However, it is important to ensure that allegations which appear to be less serious are subject to an initial fact find which would not compromise any potential criminal or internal investigation. A risk assessment must be undertaken by the service manager and then followed up and examined objectively by someone independent of the service and / or organisation concerned. Advice must be sought from the corporate safeguarding team. Discussion must take place with the police and social services prior to commencement of internal proceedings. The UHB must not decide in isolation to progress the matter through the Disciplinary Policy.

The immediate priorities at multi agency professional strategy discussions /meetings are to ensure the protection and safety of children and adult at risk, and to discuss whether the allegation may have a bearing on the alleged perpetrator's continuation of duties with the UHB.

The main functions of the strategy meeting are to:

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- Ensure the proper co-ordination of child, adult protection, criminal and employment procedures
- Share all relevant information about the allegation/concern in question
- Consider what action may be required to protect the child or adult at risk in question
- Consider the likelihood of harm to other children or adults at risk with whom the person has contact at work or other activities, and agree any actions that are required
- Consider and evaluate the risk of harm to the subject's own children, and agree any actions that are required
- Discuss any previous allegations or other concerns.
- Plan any enquiries needed and allocate tasks and set timescales
- Decide who is to be interviewed and lead agency
- Identify a lead contact manager within each agency
- Decide what information can be shared with whom, when and who will do this
- Agree timescales for actions and/or dates for further meetings
- Consider whether the adult's suitability to continue working with children or adults at risk in his or her current position has been called into question
- Consider whether there are disciplinary issues to be followed up
- Agree at what stage in the process the disciplinary issues should be followed up
- Consider any other factors that may affect the management of the case e.g. consideration of the need for a media strategy where there is likely to be press interest.
- Confirm arrangements regarding who will communicate with the person about whom there are concerns and ensure appropriate support is provided
- Ensure that the appropriate referrals are made to the Disclosure and Barring Service and registering bodies of the professional involved (this can be completed at any point throughout the process)
- The employer/voluntary organisation or registering body may need to consider suspending the employee without prejudice.

More than one professional strategy meeting is likely to be required to coordinate, monitor and review the process.

A senior workforce manager may request an internal panel is convened to review the safeguards in place to ensure patient, staff and public safety and the wellbeing of the affected individual. This is not in place of, but alongside the multi-agency professional strategy meeting process.

An Outcome Professional Strategy Meeting should be held to decide, whether on the balance of probabilities the concerns are substantiated.

Allegations will have outcomes within the following four categories:

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- Substantiated – a substantiated allegation is one which is established by evidence or proof.
- Unsubstantiated – an unsubstantiated allegation is not the same as an allegation that is later proved to be false. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- Unfounded – this indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.
- Deliberately invented or malicious – this means there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

The outcomes discussion would normally precede any decision by the employer to invoke disciplinary procedures. Where the concerns are substantiated, employing or volunteer agencies should consult if not already done so with the Disclosure and Barring Service and other relevant professional bodies about the requirement for a referral.

The outcome of the multi-agency meeting will inform the UHB of any further action that is required. If the multi-agency meeting concludes that the allegation is substantiated and in some cases where the allegation is unsubstantiated the UHB will need to decide what or if further action is required; this may include the Disciplinary Policy.

Where a criminal investigation results in no further action, a request may be made to Police for permission to share information gathered during their investigation to inform a disciplinary investigation. The Police will consider any request on a case by case basis.

NB. A quick reference flowchart is included in Appendix 1. A checklist to aid managers is included in Appendix 2.

6. ORGANISATIONAL SYSTEMS

Organisational systems within HDUHB are required to recognise and respond appropriately to allegations and concerns raised against persons covered under paragraph 2.

Organisational systems are required to provide a framework to:

- assess the extent of potential risk to children and adults receiving services and wider public
- take decisions on how any child/ adult's safety is to be secured
- initiate a thorough process of **interagency** information sharing, assessment, investigation, and subsequent management in accordance with relevant national and regional safeguarding procedures
- identify the appropriate agency to undertake the investigation, agencies **must not** investigate alone unless that is the decision of the strategy discussions
- review the outcomes of enquiries and investigations
- enable decisions to be taken are determined within a reasonable timescale
- communicate those decisions clearly to all involved parties
- ensure that there is robust documented evidence to support the decision made at each stage

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- review, learn, share and embed the lessons from each case.

Everyone involved in the case has an individual responsibility to ensure that evidence can be provided to demonstrate compliance with the above. An individual manager must be identified at the beginning to lead on the case and draw the professional actions together and communicate between all disciplines involved. A point of contact for the employee at the centre of the allegation must be identified by the manager to maintain regular contact with the employee.

7. ACCOUNTABILITY AND RESPONSIBILITIES

7.1. Chief Executive

The Chief Executive holds overall responsibility for the effective management of organisational policies.

7.2. Strategic accountability

The Director of Nursing, Quality and Patient Experience has executive accountability for the safeguarding of adults, children and young people at risk within the organisation. This is supported by the Assistant Director of Nursing for Quality, Assurance and Professional Regulation who has responsibility for providing strategic leadership.

7.3. Head of Safeguarding

The Head of Safeguarding provides strategic leadership and operational advice and support within the UHB and to partner agencies. They have a key role in supporting the organisation in implementing, embedding and monitoring legislation and guidance related to safeguarding.

In all cases of allegations where allegations of abuse or neglect are raised against any person included in the scope of this policy, the Head of Safeguarding or Lead Nurse for Safeguarding Children or Lead Practitioner for Safeguarding Adults as appropriate must be informed and attend the Professional Strategy Meeting.

The Head of Safeguarding will keep the Assistant Director of Nursing for Quality, Assurance and Professional Regulation informed of any actions identified following any professional meetings.

7.4. Workforce

Workforce Advisors / Managers will support operational managers in applying workforce procedures alongside safeguarding procedures.

They will advise on the safeguards to inform the risk assessment to safeguard the public. They may convene a panel comprised of a senior UHB safeguarding lead, senior service manager and senior workforce representative to review if the safeguards are proportionate to safeguard patients, staff and the public and the affected individual's wellbeing.

7.5. Operational Managers

Directorate / Service Managers in all areas of the UHB have responsibility for implementing this policy and ensuring they and their staff are able to demonstrate the discharge of their statutory duties in accordance with the Children's Act (2004) and Social Services and Wellbeing (Wales) Act 2014. They must also demonstrate compliance with national and regional safeguarding procedures.

They have responsibility for informing the relevant Head and/or Lead of Safeguarding of any professional concerns, including but not limited to; allegations of abuse or neglect involving

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children or adults by those persons within the scope of this policy either during their working or private lives. They also have responsibility for escalating to the Executive team and professional leads.

Heads of Service/ Nursing / Medical /Therapy / Clinical professional leads have responsibility for attending professional strategy / concerns meetings. They are responsible for complying with this Policy and must seek advice from the relevant Head of Safeguarding if they are unclear of the process and / or action to be taken.

7.6. Operational Staff

There is a moral, professional and legal duty for staff to take positive and decisive action when witnessing incidents, experiencing concerns or receiving information of alleged harm, abuse, neglect or inappropriate care of a child or adult, or receiving information which may indicate that a person is unsuitable to continue to work with children or adults at risk

Under the Social Services and Wellbeing Act 2014, all employees have a legal duty to promote the wellbeing of adults and children which includes prevention of abuse and neglect. They have a legal duty to report where a child or adult is at risk of abuse or neglect. Employees can raise concerns directly with their line manager, the Safeguarding Team or through the Procedure for NHS Staff to Raise Concerns (435).

Employees also have a duty to comply with their professional codes (where applicable) which include standards of behaviour outside of work.

8. STAFF RIGHTS

All persons deemed to be staff of the UHB within the scope of this policy have the right to be treated with openness and honesty. At the earliest opportunity, after consultation with the Police and provided it does not prejudice the criminal investigation, the individual should be informed by their line manager verbally and in writing, that a safeguarding concern has been shared. However, the allegation must not be discussed and direct questioning must be avoided if the Police wish to interview the individual.

If there is any doubt about what information to share, advice must be sought from the Head of Safeguarding or Lead Nurse Safeguarding Children / Lead Practitioner Safeguarding Adults.

Staff involved in adult safeguarding processes may be given a copy of the information leaflet in Appendix 4.

In principle, UHB staff need to:

- understand the concerns expressed
- know the procedures/processes being operated
- know the timescale set for the process
- be told what support is available to them
- be clearly informed on the outcome of any investigation and the implications for disciplinary/capability processes

In the case of domestic abuse please refer to Hywel Dda University Health Board Domestic Abuse, Sexual Violence and Violence Against Women Workplace Policy.

In some cases the appropriate line manager may feel it appropriate to make a referral to the Occupational Health Department or the Staff Psychological Wellbeing Service to provide

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support for any member of staff concerned. This must be done with their consent or they can self-refer.

9. PARENTS OR CARERS WITH PARENTAL RESPONSIBILITY

Parents or carers with parental responsibility have the right to be told about concerns for the welfare of their children. This will be an outcome decision of the multi-agency professional strategy meeting. The strategy meeting brings together all organisations involved in the care of the child or adult to discuss and review the concerns and decide any further steps/actions.

10. DBS REFERRALS

The UHB has a legal duty to ensure that referrals are made to the DBS, when a member of staff has harmed or poses a risk to vulnerable groups and where they have been dismissed or are considering dismissal. Employers also have a duty to refer where an individual has resigned before a formal decision to dismiss them has been made. Failure to refer is a criminal offence.

Further information about the referral process can be sought from Workforce and OD or via the website <https://www.gov.uk/government/organisations/disclosure-and-barring-service/about>

11. REFERRALS TO PROFESSIONAL BODIES

Referrals to professional bodies will be made by the appropriate Directorate / service professional lead and supported by a Workforce Manager.

12. RECORD KEEPING

It is essential that all records are written clearly, accurately, legibly and contemporaneously with all details recorded to provide as full an account of the case as possible. All records should be signed and dated if not written contemporaneously then the date they were written should be made clear, as well as the date of the contact.

13. RISK MANAGEMENT

A Datix report should be completed by the appropriate line manager in all cases.

14. IMPLEMENTATION AND TRAINING

Awareness of the policy for staff will be undertaken through both Safeguarding Children and Adult training. All UHB staff who have direct contact with adults are required to complete Level 2 Adult Safeguarding Training as a minimum or higher depending on role. All staff are required to complete Level 2 Safeguarding Children Training as a minimum.

It is the line manager's responsibility to ensure employees are made aware of this policy and any local arrangements, their role and responsibilities at local induction.

15. AUDIT

This policy and its application may be subject to audit. Exceptions in compliance with the policy must be reported to the UHB Strategic Safeguarding Working Group.

16. EQUALITY

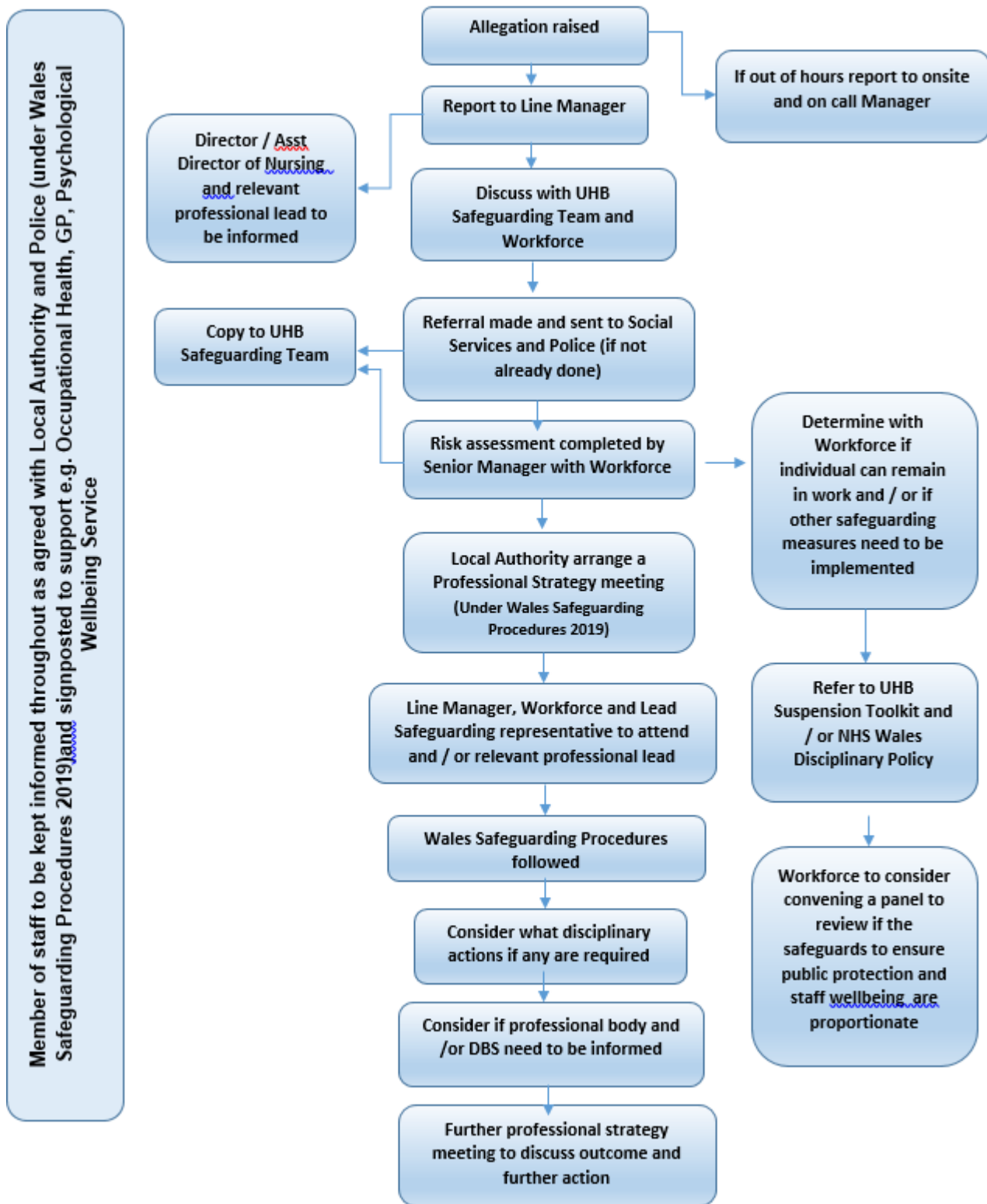
Hywel Dda University Health Board recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Health Board recognises that equality impacts on all aspects of its day to day operations and has produced an equality policy statement to reflect this. All policies and procedures are

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assessed in accordance with the equality initial screening toolkit, the results for which are monitored centrally.

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17. APPENDIX 1 – ESCALATION FLOWCHART – PROCESS TO BE FOLLOWED WHEN AN ALLEGATION HAS BEEN MADE



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18. APPENDIX 2 -SAFEGUARDING CHILDREN AND ADULTS RISK ASSESSMENT FORM

Name of individual		Designation	
Directorate		Department	
State if incident involves an adult or child		Datix incident No.	

Type of alleged abuse (please tick)

Physical ☐ Emotional ☐ Neglect ☐
 Sexual abuse ☐ Financial ☐ Domestic abuse ☐
 Professional Concern ☐

Severity of alleged abuse (*consider physical / emotional impact - Head of Safeguarding/ Lead Nurse / Practitioner can advise*)

Mild ☐ Moderate ☐ Severe ☐

Has the alleged abuse occurred on:

One occasion ☐ More than one occasion ☐

Employment

Role of alleged perpetrator within HDUHB

Admin ☐ Academic ☐ Clinical ☐

Other (please state)

Persons present at time of incident (please tick)

Individual – sole care ☐ Individual and another – shared care ☐

Legal Proceedings (please tick)

None ☐ Care proceedings ☐ Criminal proceedings ☐

Risk to Children and Vulnerable Adults by the alleged perpetrator

Access to children / vulnerable adults? Yes ☐ No ☐

Unsupervised access to children / vulnerable adults?

Never ☐ Occasional ☐ Regular ☐

Explanations given (please tick)

None ☐ Inconsistent explanation ☐ Consistent explanation ☐

Initial Risk Rating

Based upon the information above, what level of risk does the alleged perpetrator pose to the organisation and its service users? (*refer to guidance notes*)

Probable Likelihood rating x Potential Consequence Rating = Initial Risk Rating

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Safeguards needed to minimise / eliminate risk

Feasibility of implementing safeguards

Revised Risk Rating

With the above action implemented state what the risk rating would be reduced to?
 Probable Likelihood rating x Potential Consequence Rating =

Initial Risk Rating

Joint Assessment made by

Name	Designation	Signature
Date of Initial Risk Assessment:		Planned Review Date:

Review Outcome:

Date of Review:

Assessment made by

Name	Designation	Signature

Safeguarding Children / Adults

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Guidance Notes on completing Risk Assessment Form for Concerns Involving an Employee

This form is to be used for all allegations of abuse of children or adults by an employee or volunteer working within HDUHB. It also applies to employees who are alleged to have abused children or adults in their private capacity and, in such circumstances; careful consideration needs to be given as to whether the employee presents a risk to an adult or child in their working environment.

This form is to be used to undertake a detailed risk assessment when potential risks have been identified involving an employee. The concern may emerge from children or adult safeguarding processes or shared by partners under their public protection duties. For example:

- Harmful conduct that has occurred in a volunteer or employee's private life (for example being a perpetrator of domestic abuse)
- The individual of concern is the subject of a Police investigation and the investigation has identified a risk to Children and / or Adults
- This individual is also a parent / carer for children who are subject to a child protection investigation or whose names are added to the Child Protection Register where they are employed or work as a volunteer with other vulnerable people
- Historic allegations of abuse by an employee, volunteer or carer

This is not an exhaustive list.

All sections of the form **MUST** be completed by the employee's line manager with support from safeguarding leads and Human Resource managers/ Advisors as part of the Multi-agency strategy meeting or Professional Concerns Meeting process.

Risk Assessment

1. Likelihood

Taking into account of the controls in place and their adequacy, how likely is it that the individual will harm a service user or visitor on a HDUHB site? Score according to the following scale;

Likelihood DESCRIPTOR	SCORE	PROBABILITY
Low	1	Rare (0-5%). This will probably never happen/recur (except in very exceptional circumstances).
Low/ Moderate	2	Unlikely (5-25%). Do not expect it to happen/recur but it is possible that it may do so.
Moderate	3	Possible 25-75%). It might happen or recur occasionally.
Moderate/ Extreme	4	Likely (75-95%). It will probably happen/recur but it is not a persisting issue.
Extreme	5	Almost certain (>95%). It will undoubtedly happen/recur, possibly frequently.

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2. Impact on the safety of service users, staff or public (physical/psychological harm)

DESCRIPTOR	SCORE	CONSEQUENCE
Low	1	Negligible –No injury or adverse outcome or minimal injury requiring no/minimal intervention or treatment.
Low/ Moderate	2	Minor – Short term injury or damage resulting in a minor injury or illness, requiring minor intervention Increase in length of hospital stay by 1-3 days
Moderate	3	Moderate – Semi permanent or moderate injury requiring professional intervention Increase in length of hospital stay by 4-15 days Agency reportable incident An event which impacts on a small number of service users
Moderate/ Extreme	4	Major – Major injury leading to long-term incapacity/disability Increase in length of hospital stay by >15 days Mismanagement of service user care with long-term
Extreme	5	Catastrophic/Critical - Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of service users

Each risk will have an overall rating in accordance with the National Service user Safety (NPSA) model matrix above.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1-3	Low risk	Manageable Risks The Health Board is content to carry these risks and will record that the risk has been identified but no further action required. Provide support for the individual. Continue normal working activity with close monitoring.
4-6 8-12	Moderate risk High risk	Material Risks Risks that the Health Board should be concerned about. These risks need to be managed by the directorate/division/team /county in which they have been identified. They might, depending on impact, need ongoing assurance to the Board. Provide support for the individual. Consider redeployment to a low risk area or work with continuous supervision whilst enquiries are ongoing.
15-25	Extreme risk	Significant Risks The Board will need to be most concerned about these risks which will need proactive review and oversight. Provide support for the individual. Suspend pending further enquiries.

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19. APPENDIX 3 - ALLEGATIONS AGAINST HEALTH BOARD EMPLOYEES– CHECKLIST FOR REPORTING AND ESCALATION

Provide a Brief Summary of Allegation

Reporting and Escalation Checklist

Action	Date	Signature	Comment
Datix reported (<i>record Datix Incident No</i>)			Datix Incident No:
Escalated to Line Manager			
Risk assessment completed and forwarded to safeguarding team			
Informed Head of Safeguarding			
Escalated to Professional Lead			
Screened for referral to safeguarding (<i>adults only</i>) <i>record outcome in comment box</i>			<i>If it has not been referred to adult safeguarding, forward screening form (adult safeguarding only) to Lead Practitioner for Safeguarding Adults and upload to Datix)</i>
Outcome of safeguarding referral if appropriate			
HR informed			
Ongoing Management (<i>e.g. Police investigation, internal investigation etc</i>)			
SI reported / No Surprise (<i>if appropriate</i>)			

Name and Designation of Manager completing form:

20. APPENDIX 4 INFORMATION FOR STAFF - WHEN A SAFEGUARDING PROFESSIONAL CONCERN HAS BEEN RAISED INVOLVING YOU

You are being given this leaflet because an allegation of professional concern has been raised relating to you.

The main stages of the process are set out at the end of this leaflet. This leaflet tells you what will happen and how you will be involved in the process. This will be an independent process to ensure that children and adults are protected and that employees are also protected in the event of unfounded allegations/ concerns.

The allegation could be because of something that has happened that could be called abuse or neglect. It may relate to something that has occurred during work or in your private life.

Social services, health, the police and the Care Inspectorate Wales (CSSIW) and Healthcare Inspectorate Wales (HIW) have a duty to look into allegations and concerns they receive about possible abuse or neglect of adults at risk. All safeguarding referrals follow the same process. Further information can be accessed via the Health Board safeguarding intranet page.

Support for you during the professional concerns process

Being named as someone who may be involved in a professional concern or an allegation of abuse or neglect is difficult and distressing. Your *manager, will inform you who your point of contact will be. This person may not have any knowledge of the allegation, but can act as a go between, for example if you have not received any information for a while.*

You may also wish to contact your trade union or professional body if you are a member. Alternatively you may seek advice from the Citizen's Advice Bureau or a solicitor. Details of your local Citizen's Advice Bureau may be found at <https://www.citizensadvice.org.uk/wales/>

You may also access the Health Board's Staff Psychological Wellbeing Service and/or Occupational Health.

The safeguarding concern – taking immediate action

When any safeguarding concern or allegation is raised our first responsibility is to make sure that other people including adults and children are not at risk of abuse or neglect. Depending on the nature of the allegation, your manager will give consideration to whether there is a need to deploy you to work in another work area, restrict your duties in your current role or suspend you on full pay. This is both to protect children and adults at risk of abuse or neglect and staff who may be involved in an allegation. Your manager is responsible for giving you information as agreed through the safeguarding process and / or identifying a point of contact to keep you informed.

Professional Concerns Process

The concern may have been generated via a number of routes. The Local Authority have overarching responsibility for managing the Professional Concerns process. The Designated Officer for Safeguarding in the Local Authority will discuss the concern with the police, health board safeguarding team and other relevant agencies as appropriate. Your manager may be asked to provide information at this point. A decision will be made if the matter needs to be formally managed by Safeguarding Procedures or may be better managed via internal processes within the Health Board.

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Your manager should not normally ask to interview you about the allegation at this stage.

The Designated Officer for Safeguarding is responsible for keeping your manager informed of the progress and outcome of any enquiries / procedures.

Safeguarding and the disciplinary process

Safeguarding is **not** part of the Health Board's disciplinary process. The purpose of safeguarding procedures is to keep adults at risk safe from abuse or neglect.

You may have been deployed, placed on restricted duties in your current role or suspended without prejudice on full pay. This decision is made by your manager with advice and support from the Workforce Team in accordance with the All Wales Disciplinary Policy and Upholding Professional Standards in Wales (UPSW) in respect of Medical and Dental staff. However, your manager and representative from the workforce team will be given advice about the level of risk to the child or children and / or adult(s) involved by the Local Authority safeguarding team or Police (as appropriate) and are expected to use this in making their decision.

Your Manager is responsible for explaining your rights under the disciplinary policy. In the majority of cases the Health Board's Disciplinary Policy will not commence until the end of the safeguarding investigation.

What you will be told about the allegation

You will usually be told by your manager that a safeguarding concern has been raised and is being looked at under safeguarding procedures. It may not be possible to provide you with more details at this stage. This may be to safeguard the child or adult concerned and others who might be at risk and or to make sure that the investigation (if required) can go ahead without difficulties. If you are interviewed you will be given the details of the allegation. If the matter does not proceed to an investigation (perhaps because it has been found early on that there was no abuse or you could not have been involved) the Local Authority safeguarding team or Police (as appropriate) will agree with your manager the feedback that you will be given. Your manager will be responsible for informing you of the outcome.

Information sharing – deciding what will happen

From the initial concern being raised, there may be a multi-agency meeting. People who might attend include representatives from social services, health, the police and your manager. The purpose of the meeting is to share information, to consider all of the issues involved and to agree what to do. You will not be invited to this meeting.

During the meeting information about you and anyone else who may have been involved in the alleged incident / concern will be shared. This might include information about you held by the police, social services or the Health Board. The police may provide information about any criminal convictions or cautions that you have received. Social services may provide information about any previous safeguarding concerns in which you have been named. The Health Board may share information about how long you have been employed, your role at work, the standard of your work and if you have been subject to any disciplinary action in the past.

This information is used together with information about the alleged victim and about what is alleged to have taken place in order to help those present to understand what may have happened, to assess the level of risk and to decide what to do next.

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The outcome of the meeting may be to decide that there has not been any abuse or harm; that you could not have been involved, or conclude that a safeguarding investigation is needed to find out what happened. Sometimes investigations start before the meeting, especially if it is alleged that a crime has been committed.

You will be informed, usually by your manager, a safeguarding investigation is going to take place. Sometimes this information is not shared if the group thinks this may put people at risk, possibly because the person allegedly responsible may try to intimidate them or other people who witnessed the alleged incident.

The safeguarding investigation – finding out what happened

The main purpose of a safeguarding investigation is to find out whether has been alleged actually took place and recommend actions to keep children, adults at risk and others safe. The timescale for completion of the investigation should be agreed at the outset. However, they can become complex and it is important that time is taken to establish all facts fully.

There are two types of investigation:

- A criminal investigation is led by the police and seeks to gather evidence to charge and then convict the person accused of the crime.
- A non-criminal investigation is led by Social Services or Health and seeks to gather facts to find out if the alleged incident has happened, the reason it has happened and to recommend what can be done to keep children, adults at risk and others safe in the future. In doing this, it may identify the person or persons who may be responsible. Sometimes it is agreed that the Health Board can proceed with an internal investigation under the All Wales Disciplinary Policy.

Being interviewed

You will be interviewed as part of the investigation. If you are interviewed by the police they will tell you about what happens and your rights.

If you are interviewed as part of an internal investigation you will be contacted by the investigating officer to arrange a suitable time and place for the interview. You will usually be contacted by telephone initially and then sent a letter confirming the arrangements. At this point you may be given some more information about the allegation, such as the name of the alleged victim, the type of abuse alleged and the date of the alleged incident or incidents.

Attending the internal interview

As an employee of the Health Board who provide services to children and adults at risk, you are required to adhere to national and regional safeguarding policies and procedures and the All Wales Disciplinary Procedures (UPSW for Medical and Dental staff). This includes attendance at an interview if requested.

You are entitled to be accompanied by someone to support you but this may not be someone who may in any way be involved in the allegation or concern under consideration. Your supporter may be a colleague of your choice (unless they are also being interviewed), or a trade union representative. Their role is to support you; they cannot answer questions for you or ask questions. They may suggest or advise that you take a short break during the interview, during which time they can provide you with advice and support in private.

There are usually two interviewers. One will ask most of the questions and the other will take notes of your answers. At the start of the interview you will be told the nature of the allegations and you will then be asked a series of questions. These may include general questions about

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your role and other matters as well as questions about the specific allegations. This is to help the investigators understand the whole picture.

Recording the interview

The interview may be recorded for accuracy only. A written record will then be transcribed and typed. This will not be a record of every word that you say but of the questions and the main points of your answers.

You will be sent a copy of the typed notes following the interview and will have an opportunity to correct and/or to add to the notes if agreed by the investigating officers. We will try to agree the record of the interview with you and will ask you to sign the typed notes to say that it is an accurate record. However, if you refuse to sign we may still decide to use the typed notes plus the hand written notes but it will be made clear that you have refused to sign the typed version.

The notes of your interview may be shared if necessary to help protect other people. This may include your manager for purposes of a disciplinary investigation, a professional body or the Disclosure and Barring Service

Concluding the investigation

When the investigation is concluded you will be informed of the outcome. The outcomes defined in the Wales Safeguarding Procedures 2019 are as follows.

- Substantiated – a substantiated allegation is one which is established by evidence or proof.
- Unsubstantiated – an unsubstantiated allegation is not the same as an allegation that is later proved to be false. It simply means that there is insufficient identifiable evidence to prove or disprove the allegation. The term, therefore, does not imply guilt or innocence.
- Unfounded – this indicates that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances. For an allegation to be classified as unfounded, it will be necessary to have evidence to disprove the allegation.
- Deliberately invented or malicious – this means there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.

If you are arrested and charged by the police, there may be a resulting court case. The verdict in court cases has to be beyond reasonable doubt. If the court does not find you guilty the Health Board may still conduct their own investigation and will determine the outcome on a balance of probability.

If your manager decides to take disciplinary action they will follow the All Wales Disciplinary Procedures including UPSW in respect of Medical and Dental staff. Information gathered during the safeguarding investigation may be shared to inform this process. It is your manager's responsibility to ensure that any action they take is lawful and in accordance with the All Wales Disciplinary Procedures. This may require them to undertake a separate disciplinary investigation.

If you are dismissed, or redeployed into a role which does not involve contact with people at risk following a disciplinary hearing because it is found that you have abused or neglected an adult at risk you will be referred by your employer to the Disclosure and Barring Service (DBS) who will decide whether you should be barred from working with people at risk of abuse or

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neglect in the future. If this happens you will be informed of your rights by the DBS. If you are a registered professional, you will also be referred to the relevant regulatory body.

Records of the safeguarding process

Records are kept throughout the safeguarding and Health Board disciplinary process. This may include a safeguarding referral, minutes of meetings to discuss the concern and the Investigation Report. These records are kept both electronically within a secure safeguarding module held by the relevant County Council safeguarding team. They are also held on a secure module in the Health Board safeguarding team.

In addition to the safeguarding records your line manager may keep records that refer to the safeguarding case, such as notes of supervision and a factual record may be retained on your personal file of the process, the outcomes and any further action taken.

Complaints

Complaints about the safeguarding process will be dealt with by the relevant County Council Complaints Procedure.

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Code of Conduct for the Prevention of Sexual Abuse and Exploitation When Engaging in International Health Activity

All Hywel Dda University Health Board staff and those who provide services have a duty to safeguard adults and children in their care from abuse and neglect, and adhere to all policy and conduct preventing all aspects of neglect, harm and abuse.

This code of conduct must be adhered to by all staff and partners who engage in international health development activity. In Wales and the United Kingdom vulnerable people are protected by established law and policy. This protection is not afforded to individuals in all countries Hywel Dda University Health Board staff may engage with.

Staff and partners have a responsibility to acknowledge the position of power they will hold when participating in international health initiatives, and as such need to agree to follow this code of conduct and the expected standards of behaviour towards children and adults. It is designed to give all Hywel Dda University Health Board staff and partners the confidence to carry out their roles and ensure positive relationships are developed and maintained with the communities engaging with the initiative.

There is an expectation that all aspects of this Code of Conduct are applied to behaviour in work and outside working hours, whilst overseas representing the Hywel Dda University Health Board. Any violation of this policy occurring in relation to either adults or children would be considered as a breach of Hywel Dda University Health Board's employment terms and conditions and may lead to Hywel Dda University Health Board considering following up action, including referring to a Local Authority, the Police and / or professional bodies.

All Hywel Dda University Health Board staff and partners are prohibited from engaging in the following harmful behaviour, including but not limited to:

- Any behaviour or activity that could amount to sexual exploitation and abuse;
- Sexual activity with children (persons under the age of 18 years) regardless of the majority or age of consent locally. Mistaken belief regarding the age of a child is no defence;
- Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour;
- Any other activity that is intended to cause physical or emotional harm, humiliation or exploitation to any individual;
- Any activity, practice or behaviour that suggests staff or partners have abused their position of power and is engaging any individual based on inherently unequal power dynamics;
- Sexual relationships between staff, partners and any individuals that are based on unequal power dynamics are strongly discouraged since they may undermine the credibility and integrity of the work of the initiative and Hywel Dda University Health Board.

In addition, staff and partners must:

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- Create and maintain an environment that prevents all forms of exploitation and abuse and promotes this code of conduct, and this should be a consideration of initiative planning.

Staff and partners have responsibility to avoid actions or behaviour that may constitute poor practice or potential abusive behaviour and they should ensure that a culture of openness exists where any actual or potential breaches of this code may be challenged.

Staff are obliged to report any suspected poor practice or potential abusive behaviour to:

Identified safeguarding lead in country of initiative:

Contact Name –

Telephone Number-

Email address –

Identified safeguarding lead in Hywel Dda University Health Board:

Contact Name –

Email address –

Contact Name –

Email address –

I understand and agree to adhere to the code of conduct for the prevention of Sexual abuse and exploitation. I understand that any breaches of the above Code will be responded to in accordance with the policies and procedures in place.	
Name:	Role:
Signature:	Date:

SCREENING

Form 1: Preparation

1.	What are you equality impact assessing?	Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff Policy
2.	Brief Aims and Description	<p>This policy will deal with all allegations of abuse of children or adults or disclosures of professional concerns regarding an employee or volunteer of Hywel Dda University Health Board whose work, either in a paid or voluntary capacity, regardless whether their contact is with children or adults at risk.</p> <p>The aim of this policy is:</p> <ul style="list-style-type: none">• To safeguard children and adults from abuse and neglect by persons employees of HDdUHB.• To ensure that incidents of alleged abuse or neglect of a child or adult, or where professional concerns are raised are dealt with within the appropriate legislative and policy framework.• To ensure an equitable and consistent response when concerns are raised.• To support employees who have had an allegation made against them or information is shared about them from a statutory partner (e.g. Police, Local Authority).
3.	Who is responsible for the work?	Mandy Nichols-Davies, Head of Safeguarding

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4.	Who is involved in undertaking this EqlA?	Mandy Nichols-Davies, Head of Safeguarding Jackie Hooper – Senior Equality and Diversity Officer Alan Winter – Senior Equality and Diversity Officer
5.	Is the Policy related to other policies/areas of work?	Wales Safeguarding Procedures 2019 Equality and Diversity Raising Concerns Policy
6.	Stakeholders – who is involved with or affected by this Policy	All employees of HDdUHB Service users, their families and carers This policy applies to all professions and occupations employed by the HDdUHB including medical staff irrespective of their status and regardless of whether or not their employment brings them into direct contact with children or adults. It also covers agency workers, contractors, honorary contract holders, volunteers, students and trainees. For the purposes of this policy, individuals engaged through the Nurse Bank are treated in the same way as employees.
7.	What might help/hinder the success of the Policy?	The policy will be available on the HDdUHB intranet site for access by staff Education and raising awareness Cultural differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern.

SCREENING

Form 2: Information Gathering

	Age	Disability***	Gender	Gender Reassignment	Pregnancy and Maternity	Race/Ethnicity or Nationality	Religion or Belief	Sexual Orientation	Welsh Language	No Differences Either Position or Negative
<p><i>Is the Policy you are considering relevant to the public duties relating to each Protected Characteristic (listed to the right)?</i></p> <p>Place a Tick ✓ or a Cross ✗ as appropriate</p>										
<p>In other words, does the Policy:</p> <ul style="list-style-type: none"> eliminate discrimination and eliminate harassment in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> promote equality of opportunity in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> promote good relationships and positive attitudes in relation to... 	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> encourage participation in public life in relation to... 										
<p>*** In relation to disability only, as part of your assessment you MUST consider whether there is a need to make reasonable adjustment(s). The law requires this even if it involves treating some individuals more favourably in order to meet their needs</p>										

SCREENING

Form 2: Information Gathering (Human Rights)

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act.

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

Consider, is the Policy relevant to:	Yes	No
Article 2 : The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	√	
Article 3 : The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	√	
Article 5 : The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	√	
Article 6 : The right to a fair trial Example: issues of patient choice, control, empowerment and independence	√	

SCREENING

Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	√	
Article 11 : The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	√	

SCREENING

Protected Characteristic	List Information Gathered in relation to different protected characteristics	List Information Gathered in relation to multiple protected characteristics
Age	<p>868 - Wales Safeguarding Procedures 2019</p> <p>435 – Procedure for NHS Staff to Raise Concerns</p> <p>Draft Strategic Equality Plan 2016-2020</p>	<p>Stonewall Briefings on Experiences of Healthcare, Disability Mental Health, Ethnicity, LGB</p> <p>http://www.healthylives.stonewall.org.uk/for-organisations/health-resources/research.aspx</p> <p>Welsh Sexual Exploitation Risk Assessment Framework (SERAF) Welsh Government 2011</p> <p>Department of Health (2000) <u>Lost in Care The Waterhouse Inquiry</u> London The Stationery Office</p> <p>Warner Committee (1993) Choosing with Care</p> <p>Waterhouse R (2000) <u>Lost In Care</u> London HMSO</p>
Disability	See as above. Also Stonewall Health Briefings on Mental Health and Disability	
Gender	<p>See as above</p> <p>The policy considers gender of both the examining healthcare professional and the patient and is highlighted within the choice of chaperone</p>	
Gender Reassignment	See as above	
Human Rights	See as above	
Pregnancy and Maternity	n/a	

SCREENING

Race/Ethnicity or Nationality	See as above. Also Stonewall Health Briefing on Ethnicity. Specific consideration is made within the policy in relation to individual needs in relation to religious and cultural beliefs	
Religion or Belief	See as age above. Specific consideration is made within the policy in relation to individual needs in relation to religious and cultural beliefs	
Sexual Orientation	See as age above. Also Stonewall Health Briefings on Bisexuality and LGB Experiences of Health Care	
Welsh Language	No information	

SCREENING

Form 3: Assessment of Relevance and Priority

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Age	3	+3	9 (P)
Disability	3	+3	9 (P)
Gender	3	+3	9 (P)
Gender Reassignment	3	+3	9 (P)
Human Rights	3	+3	9 (P)
Pregnancy and Maternity	3	+3	9 (P)
Race/Ethnicity or Nationality	3	+3	9 (P)
Religion or Belief	3	+3	9 (P)
Sexual Orientation	3	+3	9 (P)
Welsh Language	3	+3	9 (P)

SCREENING

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

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

FULL EQUALITY IMPACT ASSESSMENT

Form 4: Examine the Information Gathered So Far

1.	Do you have adequate information? (Refer to Form 2 : Information Gathering for assistance if necessary)	Yes
2.	Can you proceed with the Policy whilst the EqIA is ongoing?	Yes
3.	Does the information collected relate to all protected characteristics?	Yes
4.	What additional information (if any) is required?	None
5.	How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this	N/A

FULL EQUALITY IMPACT ASSESSMENT

Form 5: Judge/Assess the Potential Impact of the Policy across the Protected Characteristics

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Age		The provision of a policy to manage concerns raised against staff in relation to their conduct in the professional work or personal lives which may impact on the safety of children or adults will facilitate safeguarding of all adults and children regardless of their characteristics.	√		
Disability		As above	√		
Gender		As above	√		
Gender Reassignment		As above	√		
Human Rights		The policy upholds the principle that all staff are treated equally through the process of managing concerns about them	√		
Pregnancy and		As above	√		

FULL EQUALITY IMPACT ASSESSMENT

	Information gathered on Forms 2 and 4	Consider the likely/potential impact of the evidence	Positive	Differential	Negative
Maternity					
Race		As above	√		
Religion/Belief		As above	√		
Sexual Orientation		As above	√		
Welsh Language		As above	√		

Form 6: Consider Any Alternatives which will Reduce or Eliminate any Negative Impact

1.	Describe any mitigating actions taken to reduce negative impact	N/A
2.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?	N/A

FULL EQUALITY IMPACT ASSESSMENT

3.	Describe any actions taken to maximise the opportunity to promote equality, ie: changes to the Policy, regulation, guidance, communication, monitoring or review	N/A
4.	What changes have been made as a result of conducting this EqlA?	None

OUTCOME

Form 7: Outcome Report

Organisation:	Hywel Dda University Health Board
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Proposal Sponsored by:	Name:	Mandy Nichols-Davies
	Title:	Head of Safeguarding
	Department:	Corporate Nursing and Safeguarding

Policy Title:	Managing Safeguarding Allegations and Professional Concerns raised against Hywel Dda University Health Board Staff Policy
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Brief Aims and Objectives of Policy:	<p>This policy is in place to ensure that employees of Hywel Dda University Health Board are aware of their responsibilities and the processes for identifying and reporting and managing abuse of children and adults at work and in their private lives. This policy provides the framework to ensure a robust and safe system is in place to safeguard children and adults at risk when an allegation is made against a member of staff. It also provides for staff against whom allegations are made to be appropriately supported.</p> <p>The aim of this policy is:</p> <ul style="list-style-type: none">• To safeguard children and adults from abuse and neglect by Health Board employees• To ensure that incidents of alleged abuse or neglect of a child or adult are dealt with within the appropriate legislative and policy framework• To ensure an equitable and consistent response when concerns are raised• To support employees who have had an allegation made against them
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OUTCOME

<p>Was the decision reached to proceed to full Equality Impact Assessment?:</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If no, are there any issues to be addressed?</p>	<p>Yes <input checked="" type="checkbox"/></p>	<p>Although research of similar policies within other organisations found no evidence of potential negative impacts on protected groups and that there was potential for positive impact in relation to vulnerable groups, the policy was considered to have a high relevance to equality, diversity and human rights.</p> <p>https://www.google.co.uk/?gws_rd=ssl#q=Managing+Allegations+of+Harm%2FAbuse+by+Employees+(+professional+abuse+policy)+nhs+equality+impact+assessment+</p> <p>Record Details: Hywel Dda University Health Board has a legal obligation to ensure that the protection and safeguarding of children and adults is of paramount importance. Situations may arise where the privacy and rights of others may have to be balanced against the needs of the child/adult at risk.</p> <p>It is important to differentiate between cases involving issues such as poor professional practice and cases that give rise to child or adult / public protection concerns. Whilst the former may be handled through disciplinary or capability procedures, child and adult protection concerns must always be dealt with through the Wales Safeguarding Procedures for children and vulnerable adults.</p> <p>Cultural differences/issues in understanding may impact on an individual's ability to recognise what constitutes a safeguarding concern. This will be addressed through the delivery of Level 2 and Level 3 child and adult safeguarding training and access for operational and managerial staff within the HB to the adult safeguarding team.</p> <p>Additional issues raised from consultation: <input type="checkbox"/> Bearing in mind the seriousness of allegations - both material and to the individual, shouldn't they be informed by someone more senior than their immediate line manager? - Action - included in final version.</p> <p>The document requires to be spell checked including words IN CAPITALS (typos in index).</p>

OUTCOME

There are random changes of text size and font

There is inconsistent formatting - suggest someone looks at the document with formatting symbols visible (¶) to help address this

There are section headers at the bottom of pages without text below them (need to address widows and orphans in paragraph formatting)

The index doesn't match the document contents – for section number or page number.

Action – above amended in final version

Should Part 4 and Chapter 12 below be on separate lines?

This Policy should be used in conjunction with:

- ☐ Children Act 2004
- ☐ All Wales Child Protection Procedures 2008
- ☐ Part 4 Dealing with allegations against a professional
- ☐ Safeguarding Children 2006: Working Together under the Children Act 2004
- ☐ Chapter 12 - Allegations of Abuse or Causes of Concern about a person who works with children.

Action - above included in final version

- ☐ “avoided in the Police” does not make sense with the rest of the sentence.

8. EMPLOYEE RIGHTS

All employees have the right to be treated with openness and honesty. At the earliest opportunity, after consultation with the Police and provided it does not prejudice the criminal investigation, the individual employee should be informed by their Line manager verbally and in writing, that an allegation of abuse has been made. However, the allegation should not be discussed and direct questioning must be avoided in the Police wish to interview the individual employee.

Action – accounted for in final version.

Are we happy to use the term patient? Should it also include client (pregnant women, MH users etc)?

- ☐ Its lengthy so the flow charts are essential.
- ☐ Is there any way we can minimise the forms and put it all through Datix?
- ☐

OUTCOME

Action – above amended in final version

Comments from Employment Policy Review Group January 2016

7.5 If an allegation may be criminal, there **MUST** be **NO** delay in reporting to Police who will advise on preserving the scene for evidence. If an adult with capacity has made an allegation against an employee which could be criminal and they refuse for this to be reported to Police, the UHB has a duty to share this information without their consent in the wider public interest.

Action – included in final version

7.11 The professional strategy meeting should agree a timescale for enquiries / investigations, at least in the initial stages.

Action – above amended in final version

7.12 The outcome of the Strategy meeting will inform the UHB of any further action that is required. If the Multi Agency Strategy Meeting concludes there is to be no further action from a multi-agency perspective then the UHB will need to decide what further action is required, This may include the Disciplinary Policy. Consideration also needs to be given as to whether there is a need to inform a Professional Registered Body where relevant.

Action – above amended in final version

HDdUHB has a legal duty to ensure that referrals are made to the DBS, when a member of staff has harmed or poses a risk to vulnerable groups and where they have been dismissed or are considering dismissal. Employers also have a duty to refer where an individual has resigned before a formal decision to dismiss them has been made. Failure to refer is a criminal offence.

☐ What about staff who are permanently excluded from working with vulnerable adults or children?

Action - not relevant and those who are permanently excluded should not be working for us if appropriate recruitment checks had been carried out.

APPENDIX 1

Type of alleged abuse (please tick)

Physical Emotional Neglect

Sexual abuse Domestic abuse

☐ Add in a section to ask if this is a child or vulnerable adult and whether or not they have capacity –

Action – not included as this is not relevant on this form.

OUTCOME

☐ Needs a section on who reported it and to state whether or not a datix has been completed -
Action – who reported it is not necessary for this form –

Safeguarding Children / Adults

Guidance Notes on completing Risk Assessment Form for Concerns Involving an Employee

Insert Scope section from policy – Action — complete included in final version

Appendix 2

Allegations against Professionals – Checklist for Reporting and Escalation

Action – Amended to Employees

Check consistency of names of meetings and groups – Action xxxx

Check what constitutes working hours /in-hours etc and check consistency of definition through policy and appendices - Action - clarified in final version

Check title of policy to ensure it reflects what is covered by scope of policy – Action amended in final version

APPENDIX 4 - THIS IS BEING AMENDED SEPARATELY BY PARTNERSHIP FORUM

- Action Complete and included in the final version.

Additional comments involving titles, spellings and semantics were accounted for in the final document

Review July 2019

Updates in this review constituted changes to formatting and responsibilities and

action separated for in-hours and out of hours as required by staff availability etc.

These changes should not impact adversely in relation to any protected characteristics.

Review March 2021

Annex 4

Page 22 - The safeguarding concern – taking immediate action

Does this paragraph aim to also protect the alleged member of staff?

Yes I believe it does

OUTCOME

	<p>Page 25 - Concluding the investigation</p> <p>When the investigation is concluded you will be informed of the outcome. – What about a not guilty/innocent verdict?</p> <p>The outcomes have now been included</p>
--	---

Is the Policy Lawful?	<p>Yes ✓</p>	<p>This Policy should be used in conjunction with:</p> <ul style="list-style-type: none"> • Children Act 2004 • Social Services and Wellbeing (Wales) Act 2014 • Wales Safeguarding Procedures 2019 868 • Procedure for NHS Staff to Raise Concerns 435 • All Wales Capability Policy 203 • Disciplinary Policy and Procedure 201 <p>References :- Wales Safeguarding Procedures 2019</p> <p>Department of Health (2000) <u>Lost in Care The Waterhouse Inquiry</u> London The Stationery Office</p> <p>Disclosure and Barring Service https://www.gov.uk/government/organisations/disclosure-and-barring-service/about</p> <p>United Nation Convention on the Rights of the Child</p> <p>Warner Committee (1993) Choosing with Care</p> <p>Waterhouse R (2000) <u>Lost In Care</u> London HMSO</p> <p>Welsh Assembly Government (2006) <u>Safeguarding Children</u></p>
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OUTCOME

		<u>Working Together under the Children Act 2004</u> Welsh Assembly Government
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Will the Policy be adopted?	Yes ✓	
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes ✓	
	Any complaints received in relation to equality, diversity or human rights following implementation of the policy will be addressed on an individual basis and appropriate action taken,	

Who is the Lead Officer?	Name:	Mandy Nichols-Davies
	Title:	Head of Safeguarding
	Department:	Corporate Nursing and Safeguarding
Review Date of Policy:	Three yearly or sooner if required	

Signature of all parties:	Name	Title	Signature
	Mandy Nichols-	Head of Adult	1/4/2016

OUTCOME

	Davies	Safeguarding	
	Jackie Hooper	Equality and Diversity Advisor	25/01/2016 partial Update 4/3/2016 Update 20/4/2016
	Review July 2019		
	Mandy Nichols-Davies	Head of Safeguarding	
	Jackie Hooper	Senior Diversity and Inclusion Officer	05/07/2019
	Mandy Nichols-Davies	Head of Safeguarding	08/03/21
	Alan Winter	Senior Diversity and Inclusion Officer	4/3/2021
<p>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</p> <p>Not required, no negative impacts identified.</p>			

OUTCOME

Form 8: Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of EQiA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research. **This Action Plan should be completed in combination with the Outcome Report. – Not Applicable**

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
1. Will the Policy be adopted?	Yes / No				
2. If No please give reasons and any alternative action(s) agreed: (If the Policy is not to be adopted please proceed to Step 9).					
3. How will the affects of the Policy be monitored?					
4. What monitoring data will be collected?					

OUTCOME

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
5. How will this data be collected?					
6. When will the monitoring data be analysed?					
7. Who will analyse the data?					
8. What changes have been made as a result of this EqlA?					
9. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to mitigate these impacts					

OUTCOME

	Response	Proposed Actions	Lead Officer Identified	Timescale	Progress
10. Justification: for when a policy may have a negative impact on certain groups, but there is good reason not to mitigate, state those reasons here					
11. Provide details of any actions planned or taken to promote equality					
12. Describe the arrangements for publishing the EqlA Outcome Report					
13. When will the EqlA be subject to further Review?					



PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	002 - Recovery of Overpayments and Management of Underpayments Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce & OD (Organisational Development)
SWYDDOG ADRODD: REPORTING OFFICER:	Lisa Gostling, Director of Workforce & OD (Organisational Development)

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Planning and Performance Assurance Committee (PPAC) is asked to approve the following revised policy documents:

- 002 - Recovery of Overpayments and Management of Underpayments Policy.

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) has been adhered to in the development of the above mentioned written control document and that therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Health Board.

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

002 - Recovery of Overpayments and Management of Underpayments Policy

The policy has been reviewed locally with Finance and Counter Fraud colleagues and has also been reviewed by the Staff Partnership Forum (SPF) to streamline slightly the existing policy.

Asesiad / Assessment

The revised policy has been reviewed with the involvement of key stakeholders including the local Employment Policy Review Group, Finance and Counter fraud colleagues.

A screening Equality Impact Assessment (EqIA) has also been undertaken (Appendix 2).

Following approval, the policy will be uploaded to the intranet site and will replace existing version.

Argymhelliad / Recommendation

For PPPAC to receive an assurance that 002 - Recovery of Overpayments and Management of Underpayments Policy (002) has been reviewed in line with Policy 190 and to approve the documentation for uploading onto the intranet by the Policy Co-ordination Officer.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.23 Approve corporate and workforce policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-2020	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Policies

Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery
Gweithlu: Workforce:	The Policies apply to all staff
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	A full equality impact assessment has been undertaken for each separate policy/procedure



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Recovery of Overpayments and Management of Underpayments Policy

Policy Number:	002	Classification			Corporate/ Employment	
Supersedes	N/A					
LOCSSIP reference:		NATSSIPS Standards	List standard (NATSSIPS Standards)			
Version No	Date of EqIA:	Approved by:		Date of Approval:	Date made Active:	Review Date:
V6		PPPAC				

Brief Summary of Document:	To outline the procedures to follow when managing the recovery of overpayments and management of underpayments, ensuring that any such payments are dealt with promptly, fairly and consistently.
Scope:	To ensure that overpayments of salary are recovered and underpayments managed in a fair and consistent way. It applies to all staff employed or formerly employed by the University Health Board.
To be read in conjunction with:	142 – All wales grievance policy.
Patient information:	N/A

HYWEL DDA UNIVERSITY HEALTH BOARD

Owning Committee/ Group	PPPAC
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Lisa Gostling	Lisa Gostling	Job Title	Director of Workforce & OD
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
2	New Policy	09/10/2012
3	Updates completed	February 2015
4	Updates	19/05/2017
5	Full review – 2017; minimal changes only	15/03/2018
6	Full review	

Glossary of terms

Term	Definition

Keywords	Recovery, Overpayments, Management and Underpayments.
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HYWEL DDA UNIVERSITY HEALTH BOARD

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. Introduction

An overpayment of salary to an employee normally arises as the result of either an 'error of calculation', which results in a payment being made in error, or as the result of incorrect, insufficient or late notification of a change to the individual's circumstances or contract of employment.

This procedure will standardise the process that will be followed to ensure the consistent management of a salary overpayment, made to either an existing or ex-employee of Hywel Dda University Health Board.

If an overpayment is made as a result of a mistake of fact (for example the wrong details have been inserted on to the administrative paperwork or the wrong figure or incorrect sum of money has been input into the payroll system) then the recovery of the overpayment will be made on this basis.

Any overpayments suspected to have been dishonestly retained will be investigated by the Health Board's Counter Fraud Team.

An underpayment is where an employee, or an ex-employee, is underpaid what they are due under their contractual or statutory entitlement. The likely causes of an underpayment include, but are not restricted to:

- A variation to contract notification being submitted or processed after payroll cut off
- A late change notification
- Incorrect salary banding
- Late submission of expense claims, excess hours, enhancements, overtime.

Expenses, additional hours, enhancements and overtime are exempt from consideration for a manual payment, as they are not contractual. Payment errors can be identified in several ways:

- A member of the Payroll team identifies that an error has occurred.
- The employee, upon receipt of salary, identifies that an error has occurred.
- The budget Manager identifies that an error has occurred

When an error in payment has been identified, action should be taken as quickly as possible to rectify the error and ESR updated accordingly and a reimbursement of the underpayment will be made in accordance with this policy.

This policy is designed to outline the process for recovery of overpayment and reimbursement of any underpayment and aims to reduce financial risk of overpayment / underpayment and provides a process for recovery / reimbursement.

2. Policy Statement

The Health Board has a legal right to recover any overpayment where it arose from a mistake of fact. Whenever monies are to be recovered, the Health Board will aim to do so in a fair and reasonable manner. These payments are made in good faith and are deemed to be correct at the time of issue. Mistakes of fact are where the payment was inconsistent with the facts e.g. through clerical error, computer input, or procedural error. Money paid out under a mistake of fact is recoverable in law.

In accordance with this policy statement and Welsh Government guidance, the Health Board must pursue the recovery of all amounts due to it as a result of such overpayments.

HYWEL DDA UNIVERSITY HEALTH BOARD

Where an underpayment has occurred the Health Board has a duty to ensure that the underpayment is rectified and repaid in accordance with this policy.

3. Scope

To ensure that overpayments of salary are recovered, and underpayments managed in a fair and consistent way that applies to all staff employed or formerly employed by the UHB.

4. Aim

The aim of the policy is to recover all overpayments made and to outline how underpayments are managed.

5. Objectives

The aim of the policy will be achieved by having a standardised process to ensure the consistent management of salary overpayment and underpayments.

6. Failure to Disclose a Salary Overpayment or Any Other Payment for Employees

All employees have a responsibility for checking their payslips and to advise their Line Manager, Payroll or Workforce in writing or via email if they have been overpaid by any amount. Failure to do so may result in disciplinary action and referral to the Health Board's Local Counter Fraud Specialist (LCFS), if the employee was aware of an overpayment but failed to report it. The LCFS, in conjunction with the Director of Finance, will decide whether to carry out an investigation that may culminate in criminal proceedings and/or disciplinary action being commenced/taken against an employee in the event of a failure to disclose an overpayment. If employees choose to advise their Line Manager in writing the Line Manager must report the matter to NWSSP Payroll immediately.

In addition, budget holders have a duty to review all salaries and wages charged to their budget and query any unusual items or unexplained variances with their Finance Business Partner or NWSSP Payroll. Where wrongdoing is suspected then Workforce and the Local Counter Fraud Specialist will be informed. This would be considered separately and will not affect the management of the overpayment under this policy.

Details of all overpayments will be reported to the Director of Finance and Director of Workforce & OD by NWSSP Payroll through Head of Workforce Systems. Reports will also be distributed to Finance for the purpose of raising invoices. Directorate General Managers and County Directors will be similarly provided with details of all cases in their area, the circumstances behind all overpayments and underpayments will be investigated formally and where appropriate the relevant Line Manager/Department will be called upon to outline the reasons why the payment occurred.

On a case by case basis the relevant Line Manager will need to consider if Disciplinary Action may need to be instigated against any staff/manager involved in the circumstances leading to the overpayment or underpayment. This would be considered separately and will not affect the management of the overpayment under this policy.

7. Roles & Responsibilities

Chief Executive

The Chief Executive has overall responsibility for effective management of organisational policies relating to Hywel Dda University health board employees.

Director of Workforce & Organisational Development

HYWEL DDA UNIVERSITY HEALTH BOARD

The Director of Workforce & Organisational Development has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as required.

Hywel Dda University Health Board

The Health Board will:

- Pay staff correctly and on time
- Provide and distribute payslips to its employees.
- Correct identified errors as soon as possible
- Rectify any identified overpayment or underpayment with the co-operation of the individual and in line with this policy.
- Ensure pay related data and information is forwarded to the NWSSP Employment Services (Payroll) on a timely basis
- Inform relevant staff regarding cut off dates for submission of travel claims or Variation/timesheets

Payroll

NWSSP Employment Services (Payroll) will:

- Adhere to this policy for the recovery of any overpayments and underpayment of salary.
- Write to employees, providing them with details of the overpayment as soon as the matter has been identified enclosing details of the overpayment and the reason it occurred and requesting them to contact the Payroll office to agree arrangements to repay the overpayment.
- Maintain an accurate log of overpayments
- Monitor repayment conditions
- Where there is disagreement, the matter must be discussed with the Line manager and the Workforce department, with a view to agreeing appropriate terms of repayment

Employees

The Employee will:

- Check their pay slip on receipt
- Seek clarification from the NWSSP Employment Services (Payroll) if unsure of the amount or any payments indicated on their pay slip
- Immediately report any pay discrepancy/variances identified on their pay slip to their Line manager, Payroll or Workforce.
- Have the right to resolve any identified overpayments without financial hardship
- Agree terms of repayment in appropriate circumstances and ensure payment of the full amount within the time frame stipulated in this policy
- Engage with the Health Board to ensure that any underpayments are repaid to them in line with this policy
- Access support and advice from staff side representatives/ Workforce Department/Line manager as appropriate

Managers

The Manager will:

- Process documentation promptly and ensure submission in line with salary/payroll timetable
- Negotiate the terms of the repayment of overpayments if required. If there is a dispute, they will act a point of communication between parties

HYWEL DDA UNIVERSITY HEALTH BOARD

Directorate General Managers/County Directors and Assistant Directors

Directorate General Managers/County Directors and Assistant Directors will be responsible for:

- Chairing Appeals Meetings (which may or may not relate to individuals within their own division) OR
- Nominating a deputy to chair Appeals Meetings, who must be of sufficient seniority to make independent outcome decisions.

Counter Fraud Team

The Counter Fraud Team will:

- Investigate all significant overpayments and may pursue criminal prosecution if it is deemed that overpayments were dishonestly retained.

Workforce

Workforce will work in partnership with Managers and Employee Representatives to ensure employees are treated fairly and consistently within the framework of the policy.

They will advise managers of options available should an issue arise for a member of staff under this policy.

8. Type of Overpayment

An overpayment is a payment for which an individual member of staff is not entitled and which has been made as a result of an administrative error or delay in processing of appropriate documentation.

Payroll Services will determine the type of overpayment that has occurred. The type and category of overpayment is important because it determines the repayment process. The classification of overpayments is as follows:

Minor Overpayment

Where the overpayment has occurred over a period of 3 months or less and is less than 10% of normal net monthly or weekly pay of the employee.

Overpayment

Where the overpayment has occurred over a period of 3 months or less and is less than 25% of normal net monthly or weekly pay of the employee.

Significant Overpayment

Where the overpayment has occurred for a period of more than 3 months or is greater than 25% of normal monthly or weekly net pay of the employee.

9. Overpayment Recovery Process

Appendix A shows the process diagram for individuals still employed by the Health Board and is also described in detail as follows:

- Payroll Services identify that an overpayment has occurred.
- Payroll Services then determine the category of overpayment as one that is either 'Minor' or 'Significant' as defined above.

Minor Overpayments

Where a minor overpayment has been made the employee's pay will be adjusted in the next pay period to reclaim the amount of the overpayment. Payroll Services will also notify the

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individual of the adjustment within 5 working days of the issue being made known to the Team setting out the reasons and appropriate calculations. See Appendix B.

Mid-Range Overpayments

Where an overpayment is defined as occurred over a period of three months or less and is less than 25 % of normal net monthly or weekly pay of the employee as occurred over a consecutive period of up to 3 months the recovery will be actioned over the same time frame.

Payroll Services will notify the individual of the adjustment within 5 working days of the issue being made known to the Team setting out the reasons and appropriate calculations. See Appendix B.

Significant Overpayments

Where a significant overpayment has been made the Health Board's LCFS must be informed to assess whether to carry out an investigation that may culminate in criminal proceedings and/or disciplinary action being commenced/taken against an employee in the event of a failure to disclose an overpayment. This is to ensure conservation of vital evidence if an investigation is to proceed.

Following LCFS review it will be decided whether a criminal investigation will be commenced. Should this occur then Payroll services will not undertake a recovery, the finance department will be notified of the amount owing and a criminal investigation will be undertaken in accordance with current legislation.

If it decided that there is no criminal case to answer then Payroll Services will be notified and the recovery process commenced. Payroll Services will notify the individual of the adjustment within 5 working days of the issue being made known to the Team setting out the reasons and appropriate calculations. See Appendix B.

Payroll Services will notify the Finance Department of the repayment schedule agreed. Payroll Services will send a copy of the letter to the manager, notifying them of the employee overpayment (Copy of Appendix B).

Staff Who Have Left the Organisation

Where an overpayment is discovered, and the employee has terminated their employment then recovery cannot be made via Payroll Services and so all recoveries will be deemed as significant overpayments for the purpose of recovering any outstanding amounts.

Debt Recovery Process

Once an invoice has been sent to the individual the recovery process will be subject to the Accounts Receivable Financial Control Procedure which is available on the intranet. The debt recovery process is summarised from the policy as follows:

- Invoice is issued for the net amount overpaid to employee after tax, NI and pension deductions with letter and supporting calculations.
- If the invoice remains unpaid a reminder letter is issued after 21 days.
- A second reminder is sent at 42 days.
- The Debt is referred to debt collection agents to attempt recovery after 56 days.
- The Debt is referred to court for recovery where recovery by the debt collection agency has not been successful.

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Repayment of Debt and Repayment Terms

Once an invoice has been issued to the employee the invoice must be paid as soon as possible to avoid escalation. However, if the employee has difficulty repaying the debt then extended terms of repayment can be agreed provided:

- The Finance Department- Accounts Receivable Section is contacted immediately.
- The employee can demonstrate financial hardship with immediate repayment.
- There has been no fraudulent retention of an overpayment by the employee.

A principle of 'matching' repayments to the period that the overpayment occurred will be adopted if requested, provided there has been no fraudulent retention of overpayments proven. Any request to extend the repayment period beyond the matching period must be requested and agreed by the Finance Department.

10. Grievance (appeal) Process

A Grievance Process is available where there is failure to agree that the overpayment is valid. The process covers all overpayments as defined in section 8 above. Following a failure to agree an overpayment the employee has the right to appeal the overpayment in line with the three stage process as outlined in the All Wales Grievance Policy (Policy number 142).

The following three stage procedure will usually be applied; however stage one may be omitted by the employee;

Stage 1	Initial Informal Grievance Discussion	Within 7 Calendar days
Stage 2	Formal Grievance Hearing	Within a further 14 Calendar days
Stage 3	Grievance Appeal	Within a further 21 Calendar

Where an overpayment is defined as a calculation error or interpretation issue the employee has the right to appeal against the overpayment if they consider the overpayment to be incorrect.

If the overpayment is defined as 'Late Documentation' then there is no right to appeal other than in exceptional or unusual circumstances outlined in any submitted grievance.

As per stage one of the Grievance Process an employee should, where reasonable and practicable, raise their grievance informally with their manager, where they believe that the matter can be dealt with and resolved using this mechanism. At this stage of the procedure, the grievance will be managed via a process of informal discussion between the manager and the employee and this should take place within 7 calendar days of the matter being raised. During this stage the employee's manager should notify the Payroll Manager and the Finance Department-Accounts Receivable Section Head of the grievance and seek guidance where applicable.

Where the employee's manager is the subject of the grievance, the matter should be discussed at the next appropriate level of management (a written record should be made on the suggested form at appendix 1 of the All Wales Grievance Policy).

Upon being notified of the grievance the Finance Department-Accounts Receivable Section Head will place any invoice 'on hold' pending the outcome of the Grievance Process.

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The Grievance Process must be instigated within 21 days of the letter informing the employee of an overpayment.

Stages two of the Grievance Process

Where an employee wishes to proceed directly to the formal stage of the procedure or they have attempted to raise the matter with their manager informally, without success, they should raise their grievance, formally in writing by completing the grievance registration form (at Appendix 2 of Policy Number 142 - All Wales Grievance Policy), and enclosing any written evidence available at the time.

The employee is required to set out the basis of their grievance and send a copy of the grievance registration form to their manager. If their manager is the subject of the grievance, or has unsuccessfully attempted to resolve the matter informally, the form should be sent to the next appropriate level of management.

Please read the All Wales Grievance Policy for further details with regards to Stage two and three.

Process for Dealing with Ex-Employees

Where an ex-employee raises a grievance relating to their employment, this should be put in writing to their previous line manager within one month of leaving employment or within 21 days of the letter informing the employee of an overpayment.

The line manager should acknowledge the grievance letter and provide a written response to the employee as soon as possible but no later than 14 calendar days from receipt of the employee's grievance.

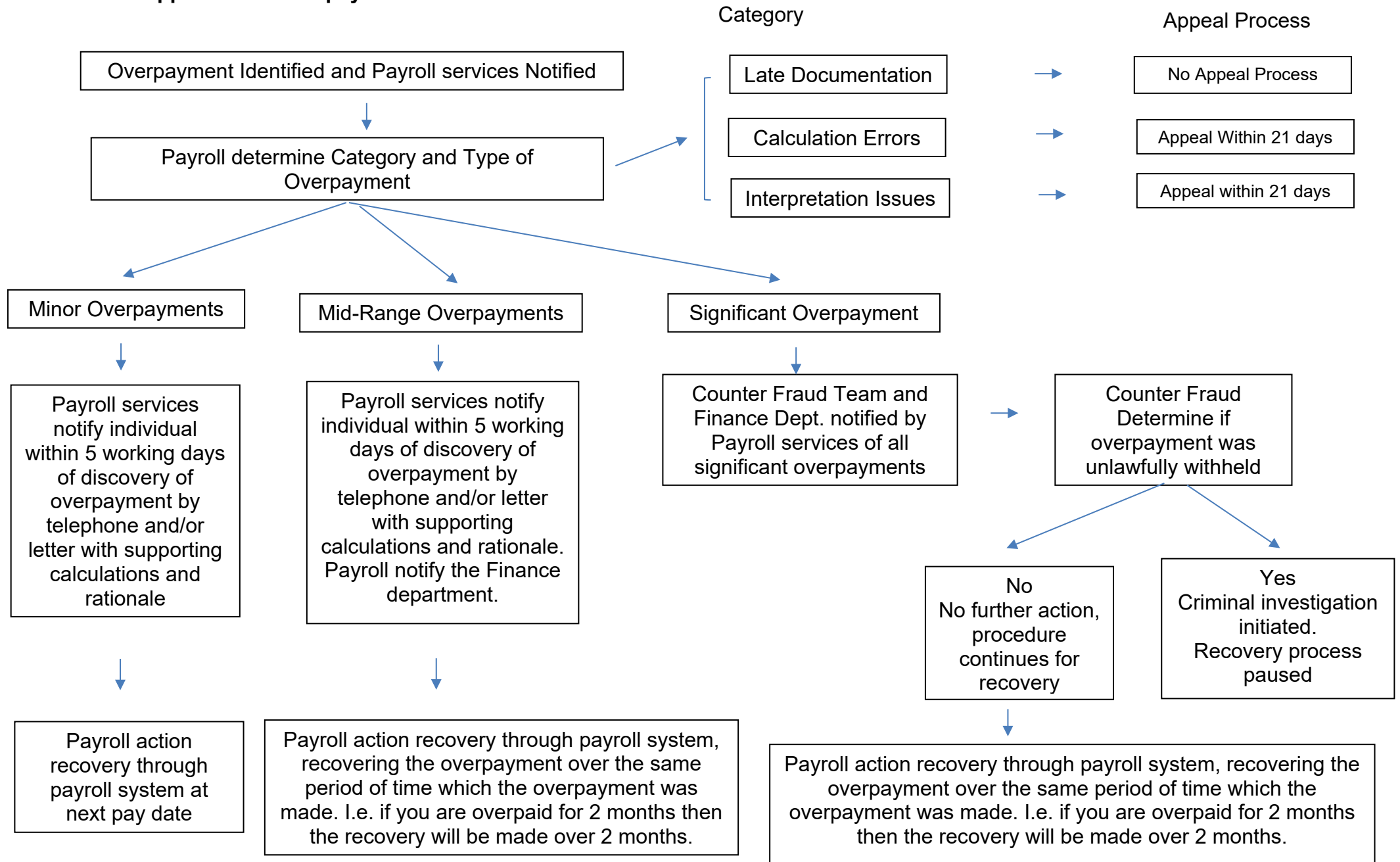
11. Underpayment of Salary or Any Other Payments

The principle after an underpayment of salary is that wherever possible the position will be reversed in the next available salary payment. The employee can request that NWSSP Payroll consider an interim payment. The criteria for an interim payment will be that the employee has suffered a significant shortfall in the net pay that they expected to receive as a result of the underpayment. A significant shortfall in net pay is deemed to be a shortfall of £100 or more of the individual's normal expected net pay or where the employee can demonstrate financial hardship. The Health Board will consider compensating staff where they can demonstrate they have incurred costs such as bank charges as a result of the underpayment.

No interim payments or compensation e.g. bank charges will be made where the shortfall in pay was caused by the employee submitting documentation / returns to payroll after the published payroll deadlines, unless an exceptional or unusual circumstance exist as to why an interim payment should be made. This should be outlined in any submitted grievance.

Where an employee is affected by both an overpayment and an underpayment their case will only be settled once both elements are agreed, the under and over payments will then be netted off against each other and the balance acted upon either as payment or a recovery. The HB will not process any underpayments whilst an overpayment is still being dealt with or under dispute.

12. Appendix A - Overpayment Process



13. Appendix B – Overpayment Letter

IN STRICT CONFIDENCE

Date:
Dear

Notification of Salary Overpayment

I regret to inform you, due to late notification of ***** being received in Payroll Services an overpayment of your salary has occurred for the period **dd Month to dd month YYYY**. Please accept my apologies for this error and any inconvenience caused.

Details are as follows:-

Gross Overpayment	£
<u>Less</u>	
Tax	£
National Insurance	£
Pension	£
	=====
Net Overpayment	£
	=====

In accordance with the Health Boards Recovery of Overpayments and Management of Underpayments Policy Appendix A: Overpayment process for the recovery of overpayments of Salary/Wages/ Expenses, we are required to correct this overpayment. The policy is to recover the amounts over the same timeframe they occurred (however, as agreed with *****, Payroll Services NWSSP this has been extended to xxxx months). The proposed repayment plan via salary deductions would be as follows: -

Month	**amount**
------------------	-------------------

If you dispute the overpayment, and/or the repayment period, please contact the Payroll Department by **two weeks from letter***. Any dispute of this nature will be handled in accordance with the Health Board Policy.

Should you leave employment before the overpayment has been fully recovered, the balance outstanding will be deducted in full, from your final salary or any arrears subsequently due to you. In the event that there is a shortfall an invoice will be raised to recover any outstanding amount.

Thank you for your cooperation in resolving this matter. Please accept our apologies for this error and for any inconvenience caused. Should you require any further information, please do not hesitate to contact the department.

Yours sincerely

SUMMARY EQUALITY IMPACT ASSESSMENT –

Organisation:	Hywel Dda Health Board
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Proposal Sponsored by:	Name:	Kim Warlow
	Title:	Head of Workforce – West
	Department:	Workforce and OD

Policy Title:	POLICY FOR THE USE OF OVERTIME FOR ALL EMPLOYEES – REVIEW APRIL 2016
	Review 15/03/2018 – EqIA Update Sept 2020

Brief Aims and Objectives of Policy:	To outline the circumstances under which overtime payments are appropriate and the procedure to follow to ensure correct payment.
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Was the decision reached to proceed to full Equality Impact Assessment?:		No
	<p>Evidence gathered from the use of previous policies does not suggest the policy will affect any particular group more adversely or advantageously than any other. The policy is continuously monitored with a view to seeing how it might affect part-time workers (who are mostly women) who would be more inclined to be directed towards bank rather than overtime.</p> <p>Consideration was given to how this would affect women or men with child care responsibilities. It may be that some would find it more difficult to work later and/or longer hours due to childcare. This could also apply to staff generally with caring responsibilities.</p>	

Overtime is not usually compulsory and staff would be able to choose not to work overtime unless the exigencies of the service indicated otherwise but if this were the case reasonable adjustments/considerations would be made in each case on its own merits.

Consideration was given to whether this would affect people on a religious basis. Specific day working may affect some people from certain religions, e.g. Sundays for Christians, Saturdays for Jews. Other religions may be affected by evening working and at specific times, e.g. Ramadan and fasting during daylight hours. However, as above overtime is not usually compulsory. Reasonable adjustments and consideration would be given to cases on their own merit.

There is no obligation on staff to undertake overtime and the opportunity is available for all staff who may wish to undertake additional hours of work. The terms of payment do not impact differentially in relation to any protected groups.

A review of the policy in 2013 did not indicate any adverse impacts on protected groups. No complaints have been received in relation to equality, diversity or human rights since the policy was introduced.

Amendments made to the policy during the April 2016 review included a paragraph confirming that all staff should be treated fairly and equitably during the implementation of this policy.

Other amendments included changes to wording and phrasing which would not affect the impact of the policy on protected groups.

A search of similar policies in other organisations indicated a neutral impact on protected groups.

	https://www.google.co.uk/?gws_rd=ssl#q=Overtime+policy+nhs+wales+equality+impact+assessment+	
	https://www.google.co.uk/?gws_rd=ssl#q=Overtime+policy+equality+impact+assessment+	
	<p>Update Sept 2020</p> <p>Changes made to the policy are in line with best practice. There is no evidence that that changes made will impact adversely in relation to equality, diversity or human rights.</p> <p>No complaints have been received or issues of concern have been raised with regard to previous versions or during the consultation for this latest version.</p>	
If no, are there any issues to be addressed?		No

Is the Policy Lawful?	Yes	
------------------------------	------------	--

Will the Policy be	Yes	This is an update of an existing policy
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adopted?	If no, please record the reason and any further action required:

Are monitoring arrangements in place?	Yes <input type="checkbox"/>	
	Any complaints received around equality, diversity and human rights issues will be addressed on an individual basis and appropriate action taken.	

Who is the Lead Officer?	Name:	Kim Warlow
	Title:	Head of Workforce - West
	Department:	Workforce and OD
Review Date of Policy:	Three yearly or sooner if required	

Signature of all parties:	Name	Title	Signature
	Ceri Williams	Senior HR Manager	8 Jan 2010. Review 17 April 2013
	Jackie Hooper	Equality and	8 Jan 2010. Review 17 April 2013. Reviewed April

		Diversity Advisor	2016
	Bob Mander	Information Governance Manager	
	Kim Warlow	Head of Workforce West	
	Jackie Hooper	Senior Diversity and Inclusion Officer	Update 21 September 2020
<p>Please Note: An Action Plan should be attached to this Outcome Report prior to signature</p> <p>n/a</p>			



PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 April 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Policy number 479 – Central Pool Car Scheme User Policy number 480 – Central Pool Car Scheme Administration Procedure
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Skye, Transport and Sustainable Travel Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Planning and Performance Assurance Committee (PPAC) is asked to approve the following revised procedures:

479 – Central Pool Car Scheme User Procedure.

480 – Central Pool Car Scheme Administration Procedure.

The report provides the required assurance that the Written Control Documentation Policy (policy number 190) has been adhered to in the revision of the above mentioned written control documents and that the documents are in line with legislation/regulations, available evidence base and can be implemented within HDdUHB

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

479 – Central Pool Car Scheme User Procedure

This procedure sets out the processes and rules for staff to access and make use of pool cars through the Central Pool Car Scheme. The scheme is managed by the Central Transport Unit and is available to all staff undertaking business mileage utilising their own vehicles, subject to initial registration.

480 – Central Pool Car Scheme Administration Procedure

This procedure sets out the processes for administering the HDdUHB central pool car scheme. It is aimed specifically at staff involved with or supporting the administration process.

Asesiad / Assessment

The revised procedures have been reviewed fully by the Central Transport Team and ratified by the Chair of the Transport & Sustainable Travel Group. Amendments to the revised procedures are summarised below:

- Removal of references to the AVIVA insurance provider as the provider has now changed.

- Changes to contact details provided within the administration procedure, due to staff changes.
- Addition of Central Transport Unit (CTU) in the glossary of terms.

The existing Equality Impact Assessments (EqIA) were not required to be reviewed due to the minimal changes.

Argymhelliad / Recommendation

For the People, Planning and Performance Assurance Committee (PPPAC) to approve the revised Policy Number 479 – Central Pool Car Scheme User Procedure and Policy Number 480 – Central Pool Car Scheme Administration Procedure.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.23 Approve corporate and workforce policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termau: Glossary of Terms:	Contained within each written control document
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	As detailed within the assessment

Effaith: (rhaid cwblhau) **Impact: (must be completed)**

Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the Procedures
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery
Gweithlu: Workforce:	The Procedures apply to all staff
Risg: Risk:	The presence of written control documentation on the intranet, outside of the Policies, Procedures and other Written Control Documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance
Cyfreithiol: Legal:	It is essential that the UHB has up to date policies and procedures in place
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	A full equality impact assessment has been undertaken for each separate policy/procedure

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Central Pool Car Scheme User Procedure

Procedure Number:	479	Supersedes:		Classification	Corporate
LOCCSIP Reference:		NATSSIP standard:	List standard (NATSSIPS Standards)		
Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
3					

Brief Summary of Document:	This procedure sets out the processes and rules for staff to access and make use of pool cars through the Central Pool Car Scheme. This scheme is managed by the Central Transport Unit and open to all staff undertaking business mileage in their own vehicles subject to initial registration.
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Scope	The scheme is aimed at those staff who drive their own private vehicles for work purposes and are based on sites covered by the Central Pool Car Scheme. Those sites currently operating vehicles as part of the Central Pool Car Scheme are: GGH BGH WGH Hafan Derwen
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To be read in conjunction with:	
Patient information:	Include links to Patient Information Library

Owning group	Travel & Sustainable Travel Group
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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	26.1.2016
2	Amendments	4.10.2016
3	Full review	09.03.2021

Glossary of terms

Term	Definition
CTU	Central Transport Unit
HDUHB	Hywel Dda University Health Board

Keywords	Central Pool Car Scheme Pool Car Pool Car Utilisation Pool Car Bookings Central Transport Unit (CTU)
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1. INTRODUCTION

This procedure sets out the process for staff to access and make use of pool cars through the Central Pool Car Scheme. This scheme is managed by the Central Transport Unit and open to all staff who undertake business mileage in their own vehicles subject to initial registration.

2. SCOPE

The scheme is aimed at those staff who drive their own private vehicles for work purposes and are based on sites covered by the Central Pool Car Scheme. Those sites currently operating vehicles as part of the Central Pool Car Scheme are:

- GGH
- BGH
- WGH
- Hafan Derwen

All staff who regularly undertake business mileage journeys of 45 miles or more (including return) as part of their role should register as a pool car user. This excludes those staff with access to a departmental pool car or vehicle provided through the lease car scheme. Blue badge holders are also exempt where the vehicles available do not meet their needs.

3. AIMS

Hywel Dda University Health Board (HDUHB) aims to reduce the number of business miles travelled each year and to ensure those journeys that are undertaken are done so as efficiently as possible. The Pool Car Scheme is a core element in improving the mix of travel options available to staff. The scheme also aims to improve the safety, cost effectiveness and environmental impact of HDUHB's fleet.

4. OBJECTIVES

The objectives of this procedure are to ensure that:

- Staff understand the process for becoming an authorised pool car user;
- Staff understand the process for booking and using a pool car;
- Staff have all information required to deal with any issues experienced while using a pool car;
- Staff are aware of their responsibilities when making use of the scheme.

5. PROCEDURE

5.1. Joining the Scheme

To use a pool car within this scheme staff must be registered as an authorised user. To become an authorised user staff must:

- 1) Contact the Central Transport Unit to arrange a scheme induction meeting on:
WHTN - 0-1827-8020
External Tel - 01267 229620
Email – ctu.hdd@wales.nhs.uk
- 2) Complete Driver Declaration and Authorisation Forms
All pool car drivers must complete a Driver Declaration Form (**Annex 1**) and section 1 of the Driver Authorisation Form (**Annex 2**) and return these to the Central Transport Unit. The forms can be submitted during the scheme induction meeting.
- 3) Complete the scheme induction

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The induction meeting will be held at the staff member's base site.

The scheme induction will provide an overview of the scheme, documentation and processes to follow. The CTU will also complete a driving licence check.

Staff will need to bring the following details to the induction meeting:

- Staff number
- Departmental Budget Code
- Completed Driver Declaration Form
- Driving Licence Photo ID and paper copy (if applicable)
- Licence Check Code

To generate a check code:

- a) Access the DVLA website on:
<http://www.gov.uk/view-driving-licence>
- b) Staff will be asked to enter the following information:
 - Licence number
 - National insurance number
 - Home post code
- c) The check code is generated on the 4th tab on the internet page 'generate check code'
- d) Staff must provide the CTU with the following information to process the licence check:
 - Last 8 digits of licence number
 - Check code (This must be provided within 21 days of generation)

Once the induction is complete staff will be registered as an authorised driver and be able to make pool car bookings.

5.2. Booking a Pool Car

Subject to availability a pool vehicle should be booked for any journeys where the total mileage is 45 miles or more (Including return).

Prior to booking a pool vehicle all users must first check vehicle availability through the on line pool car booking system. This system will be explained during the scheme induction process and is available on the following link:

http://7a2agsrvsps2013/sites/poolcar/_layouts/15/start.aspx#/SitePages/Home.aspx

Where a vehicle is available the booking should be requested through the Central Transport Unit on:

WHTN - 0-1827-8020

External Tel - 01267 229620

Email – ctu.hdd@wales.nhs.uk

Regardless of vehicle availability users should always call the CTU if their journey is 100 miles or more. The CTU will priorities higher mileage requests and those where car sharing is planned.

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5.3. Booking Cancellations

The CTU reserves the right to cancel pool car bookings with a minimum of a weeks' notice to ensure the efficient management of the scheme. Less notice may be given in the event of unplanned technical or maintenance issues related to the vehicles. These will be communicated to the user as soon as possible.

All users must inform the CTU as soon as possible in the event of a booking no longer being required. A fee may be charged to the drivers department in the event of a failure to cancel a booking.

5.4. Using a Pool Car

5.4.1. Key Collection

Each site will have a nominated on site key holder for the pool vehicles. These individuals / departments will be identified during the induction process. Keys should be collected from this department / individual for each booking and signed out on the vehicle utilisation log sheet which will be held by the onsite key holder.

5.4.2. Key Return

The user must return the keys to the onsite key holder at the end of each journey and make a note of the return time on the utilisation log. The driver must also record the end odometer reading of the car when returning the keys.

The driver is responsible for returning the vehicle in a good and clean condition. Any rubbish left in the vehicle should be taken by the driver when leaving the vehicle. Drivers will be expected to pay for the cost of any cleaning required as a result of a vehicle being returned in an unacceptable condition.

5.4.3. Pre-Journey Vehicle Check

All pool car drivers are responsible for the condition and use of the vehicle for the duration of their journey. All drivers must therefore check the vehicle is roadworthy prior driving the vehicle.

A driver checklist is provided with each vehicle and should be carried out prior to each journey. Any defects or issues identified must be reported to the Central Transport Unit immediately.

A pool car must not be driven if a defect is identified during the pre journey vehicle check.

5.4.4. Reporting Vehicle Defects

In the event of a vehicle defect being identified either prior to; during or after a journey the driver must complete a defect report form and return this to the onsite key holder. The defect must also be noted on the vehicle utilisation log sheet when signing the keys back in.

Defect report forms are available in the vehicles documentation pack and will be explained during the scheme induction.

Defects must also be reported to the CTU as soon as possible.

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5.4.5. Re-Fuelling

Each pool vehicle has a fuel card attached to its keys to allow drivers to refuel the vehicle during a journey. The Health Boards fuel cards are associated with Murco petrol stations so these garages should be used whenever possible.

Petrol receipts must be requested for fuel purchases and returned to the onsite key holder when returning the keys.

Drivers must always return a pool car with a minimum of a half a tank of fuel. Drivers should also fully fill their vehicle each time they refuel.

5.4.6. Collision Reporting

In the event of a collision while in charge of a pool vehicle all drivers must stop and check for any injured parties. The safety of the driver is a priority so they must not undertake any actions which may put them at personal risk.

Where an injury is obvious or alleged the police and ambulance services must be called as soon as possible by calling 999.

While at the scene of the incident the driver must complete a motor vehicle collision form. Copies are kept in the vehicles documentation pack. Part A should be provided to the other party and Part B retained and sent to the Health Boards underwriter Aviva.

The driver must contact the Central Transport Unit (CTU) as soon as possible to report the details of the incident. If safe to do so this should take place while at the scene of the incident:

CTU 01267 229620

5.4.7. Breakdowns Process

In the event of a breakdown while in charge of a pool vehicle drivers should report this to the vehicles breakdown and recovery service. These details are included in the vehicles documentation pack.

The driver must not drive the vehicle while a defect is present.

The driver must complete a defect report form in the event of a breakdown occurring and return to the onsite key holder. This report should include details of any action taken or advice provided regarding the incident by the breakdown recovery service.

5.4.8. Driver Responsibilities

In addition to those responsibilities outlined above drivers must ensure that they:

- Adhere to all aspects of the Highway Code at all times when in charge of a pool vehicle. Any fines or penalty points awarded while in charge of the vehicle will be the driver's responsibility to bear. This includes parking fines;
- Inform the Central Transport Unit of any additional or pending penalty points that have been awarded since becoming an authorised user. These may require the frequency of licence checks to be increased;
- Under no circumstances smoke in a Health Board vehicle. This includes while using a pool car. Where smoking can be evidenced disciplinary action may be taken;

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- Never use a pool vehicle when under the influence of drugs, alcohol or medication which may impair driving ability.

5.4.9. Taking Vehicles Home

HMRC guidelines allow for pool cars to be taken home only when the private mileage travelled is incidental to a business journey. Hywel Dda University Health Board will therefore allow staff to take pool cars home to facilitate a business journey where the following criteria and conditions have been met:

1. The journey cannot take place unless the pool car is taken home. E.g. when the departure time would be too early to allow the keys to be collected on the day.
2. The distance from base to home cannot be greater than 10% of the distance from base to destination plus return. E.g. If a business journey of 50 miles is being undertaken a pool car can only be taken to a home within 5 miles of its base.
3. The line manager of the employee taking the pool car home must give authorisation. Confirmation to be given to the Central Transport Unit on:

Ctu.hdd@wales.nhs.uk or 01267 248692

4. The Transport & Sustainable Travel Manager must provide final authorisation that the vehicle may be taken home. The transport manager must ensure any individual pool car is not taken home for more than 60% of the nights in a given month (the limit set by HMRC). Refusal will be given if this maximum limit is reached.

Under no circumstances should a pool car be taken home outside of the process outlined above. Under no circumstances may a pool car be driven for personal use at any time.

5.5. Routine Licence Checks

While part of the Central Pool Car Scheme authorised drivers will be required to submit their licences for routine checks annually. The frequency of these checks will depend on the number of points associated with the drivers licence:

Staff with 6 points or fewer on their licence must have their driving licences checked on an annual basis.

Staff with 7 to 11 points on their licence must have their licences checked on a quarterly basis.

These routine checks will be arranged and coordinated by the Central Transport Unit.

6. IMPLEMENTATION

The Transport & Sustainable Travel Manager will be responsible for implementing this procedure. The procedure will be communicated to staff through the HDUHB intranet, global email system and Team Brief.

A copy of the procedure will be shared with all authorised pool car users as part of the induction process and included in each vehicles documentation pack.

HYWEL DDA UNIVERSITY HEALTH BOARD

7. FURTHER INFORMATION

For further information please contact the Transport & Sustainable Travel Manager based at Glangwili General Hospital on:

WHTN	0-1827-8692
Telephone	01267 248692
Email	gareth.skye@wales.nhs.uk

Alternatively queries can also be directed to the Central Transport Unit at:

WHTN	0-1827-8020
Telephone	01267 229620
Email	ctu.hdd@wales.nhs.uk

8. GLOSSARY

CTU	Central Transport Unit
HDUHB	Hywel Dda University Health Board

9. ANNEX 1 - DRIVER DECLARATION FORM



Driver Declaration Form

Completion of this form is required for insurance and risk mitigation purposes. All information submitted will be held securely and confidentially in accordance with the Data Protection Act.

Please complete all details in block letters and initial any alterations

Name of Driver Mr/Mrs/Miss Forename(s) Surname	Date of Birth Day Mth Year			Type of UK Licence e.g. full	Date passed UK Test Mth Year		How long driving in UK	How long resident in UK	Occupation

Have you:

- a) Been convicted of any offences in connection with any motor vehicle(s) during the past 5 years or is any prosecution pending? ☐ Yes ☐ No

(See note 1 on page 3 for examples)

If yes, please provide details:

Conviction Code	Date	Penalty	Circumstances

- b) Defective vision or hearing, or any physical or mental infirmity, or suffered from diabetes, fits or any heart complaint? ☐ Yes ☐ No

(See note 2 on page 3 for examples)

If yes, please provide details:

If yes, Details

HYWEL DDA UNIVERSITY HEALTH BOARD

c) Been declined for motor insurance or had any special items imposed or a motor policy cancelled? ☐ Yes ☐ No

If yes, please provide details:

If yes, Details and reasons

d) Had any accidents, losses or claims during the past 5 years? ☐ Yes ☐ No

If yes, please provide details:

Date of Accident	Total cost of settled claims and/or estimate of outstanding claims			Was there any personal injury	Circumstances of accident(s)
	Third party	Own damage	Any other		

I declare that the above information to be true and accurate at the time of signature

Driver's Signature

Date

HYWEL DDA UNIVERSITY HEALTH BOARD

Guidance Notes

Note 1 - Driving Convictions

The following convictions sustained in the last 5 years must be declared:-

- Manslaughter
- Causing death by reckless driving
- Dangerous driving
- Driving under the influence of drink or drugs
- Failure to provide a breathalyser or blood sample if suspected of driving under the influence of drink or drugs
- Failing to stop after an accident
- Any offence, or combination of offences, which resulted in suspension from driving.

Note 2 - Physical and Mental Injury, Disease or illness

Conditions which must be declared to DVLA.

The following list is not exhaustive - for full list check with DVLA or go to their website at

<http://www.dft.gov.uk/dvla/medical.aspx>

- | | |
|--|---|
| • Giddiness, fainting, blackouts | • Arthritis |
| • Epilepsy | • Disorder of vision |
| • Diabetes | • Mental Illness |
| • Strokes | • Alcoholism |
| • Multiple Sclerosis | • Cardiac pacemaker fitted |
| • Parkinson's Disease | • Drug-taking |
| • Heart disease, Angina, Coronaries, High Blood Pressure | • Loss of a limb (or loss of use of a limb) |

If in doubt the driver should contact his General Practitioner.

Minimum Eyesight Standard

To be able to read a motor vehicle number plate in daylight:-

- 75 feet away symbols 3.5 inches high
- 67 feet away symbols 3.125 inches high

If glasses or contact lenses are required, these must be worn when driving.

HYWEL DDA UNIVERSITY HEALTH BOARD

10. ANNEX 2 – DRIVER AUTHORISATION FORM

CENTRAL POOL CAR SCHEME DRIVER AUTHORISATION FORM

This document must be completed prior to staff using any of the pool cars held within the central pool car scheme.

SECTION 1 - Employee Details (to be completed by employee)

Driver Name		Contact Number	
Staff Number		Email Address	
Staff Base		Department	
Line Manager		Budget code for Travel*	
Last 8 Digits of Licence Number (ending in 2 letters)		Check Code**	

* This is the budget code your travel and subsistence claims are charged to. If you don't know, please ask your line manager.

** See step 1 on the following page to find out how to generate a check code

SECTION 2 - Licence Check (To be completed by CTU)

All drivers must inform the CTU if they are presented with additional penalty points following this initial check.

Driving Status		Holds Category B Licence	Yes / No
Date Licence Valid To		Points	

SECTION 3 - Scheme Induction Checklist (To be completed by CTU)

All drivers must be familiarised with the pool car vehicles prior to use. Please complete this check sheet to evidence that all aspects of the vehicle and pool car procedure have been demonstrated.

Booking Process		Fuel Card Process		Driver Handbook & Check List	
Responsibilities		Driving the Vehicle		Breakdown / Accident Process	
Key Collection / Return		Vehicle Components		Telematics System	

The employee and Pool Car administrator should only sign this form if both are happy that the driver fully understands this scheme and its processes.

We confirm all elements of this induction have been completed satisfactorily and no issues have been raised.

Date of Completion

Driver Name (Print) Driver Signature

Inductor Name (Print) Inductor Signature

Please retain this form on file together with the drivers licence print out and copy of photo ID. Copies also to be sent to the Central Transport Unit

HYWEL DDA UNIVERSITY HEALTH BOARD



CENTRAL POOL CAR SCHEME ADMINISTRATION PROCEDURE

Procedure Number:	480	Supersedes:		Classification	Corporate
LOCCSIP Reference:		NATSSIP standard:	List standard (NATSSIPS Standards)		
Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
3					

Brief Summary of Document:	This procedure sets out the processes for administering the Hywel Dda University Health Board (H DUHB) central pool car scheme. It is aimed specifically at those staff involved with or supporting the administration process.
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Scope	This procedure is aimed at the following groups involved in the management and administration of the pool car scheme. A separate procedure is in place for those staff wishing to make use of the pool car scheme 'Central Pool Car Scheme User Procedure'
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To be read in conjunction with:	479 – Central pool car scheme user procedure
Patient information:	Include links to Patient Information Library

Owning group	Travel & Sustainable Travel Group
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HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	26.1.2016
2	Amendments	4.10.2016
3	Full review	09.03.2021

Glossary of terms

Term	Definition
CTU	Central Transport Unit

Keywords	Central Pool Car Scheme Pool Car Pool Car Utilisation Pool Car Bookings Central Transport Unit (CTU)
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HYWEL DDA UNIVERSITY HEALTH BOARD

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HYWEL DDA UNIVERSITY HEALTH BOARD

1. INTRODUCTION

This procedure sets out the processes for administering the Hywel Dda University Health Board (H DUHB) central pool car scheme. These vehicles will be an integral part of providing a mix of travel options and alternatives for staff and supporting H DUHB in improving fleet sustainability, efficiency and safety.

All staff involved in the administration and support of this scheme must be familiar with this procedure and its key principles.

2. SCOPE

This procedure is aimed at the following groups involved in the management and administration of the pool car scheme. A separate procedure is in place for those staff wishing to make use of the pool car scheme 'Central Pool Car Scheme User Procedure'.

a) Transport & Sustainable Travel Manager

The Transport & Sustainable Travel Manager will have overall responsibility for the management, administration and monitoring of the Central Pool Car Scheme.

b) Pool Scheme Administrator

This is the identified individual within the Central Transport Unit (CTU) who will support administration of the pool car scheme on a day to day basis and maintain the schemes information and monitoring databases.

c) Central Transport Unit

The Central Transport Unit situated on the Glangwili Hospital site will support the administration of the scheme, hold all scheme related documentation, and deal with the booking process.

d) Onsite Coordinator / Key Holders

Each site will have a designated Onsite Coordinator / Key Holder. These individuals are responsible for monitoring the vehicles, allocating keys, undertaking vehicle checks, and collating forms for return to the CTU / pool scheme administrator. On some sites these tasks may be designated to different individuals depending on the needs of the scheme and the availability of these individuals.

3. AIMS

H DUHB aims to reduce the number of business miles travelled each year and ensure journeys that are undertaken are done so as efficiently as possible. The Pool Car Scheme will be a core element in improving the mix of travel options available to staff. The scheme will improve the safety, cost effectiveness and environmental impact of H DUHB's business travel.

4. OBJECTIVES

The primary objectives of this procedure are to ensure:

- a) A standardised administration process is in place for the Pool Car Scheme.
- b) All staff involved in the administration procedure are familiar with its processes and any risks / issues are minimised.

HYWEL DDA UNIVERSITY HEALTH BOARD

- c) Those involved in scheme administration have a reference point when dealing with staff queries.

5. PROCEDURE

5.1. Scheme Induction & Authorisation

All staff must complete an initial induction and checks prior to using a pool car scheme vehicle. No employee may use or book a vehicle until classified as an authorised driver following completion of these requirements. The Central Transport Unit (CTU) will conduct the induction of all new drivers onto the scheme.

The CTU will arrange with each prospective driver a date and time for completion of the induction process. This induction should be held at the site hosting the pool cars the staff member will access. The induction will include:

- a. Completion of the Driver Declaration Form (**Annex 1**)
- b. Completion of the Driver Authorisation Form (**Annex 2**)
- c. Completion of the Pool Car Induction Process (**Annex 3**)

All information collected as a part of the driver induction process must be recorded on the Authorised Drivers Log in the Transport shared drive found in the following location:

[Transport > Transport Folder > Pool Cars > Centralised Pool Car Scheme > Administration](#)

A copy of the Driver Declaration Form, the Driver Authorisation form, and copies of the drivers licence print out (referenced in section 5.2) and photo ID must be kept on record. These must be scanned onto the Transport shared drive and linked into the authorised driver's log.

5.2. Licence Checks

As part of the induction process all staff must have their licences checked. This requires the following:

Step 1 – The driver must generate a check code for CTU staff to access their information

This step should be completed by the prospective driver prior to attending the pool scheme induction. A check code is only valid for 21 days following generation.

- a) Staff must generate a check code from the following site:
<http://www.gov.uk/view-driving-licence>
- b) Staff will be asked to enter the following information:
 - Licence number
 - National insurance number
 - Home post code
- c) The check code is generated on the 4th tab on the internet page 'generate check code'
- d) Staff must provide the CTU with the following information to process the licence check:
 - Last 8 digits of licence number
 - Check code

Step 2 – CTU checks drivers licence

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- a) CTU staff must access the following site:
<http://www.gov.uk/check-driving-information>
- b) Enter the information provided by the employee:
 - Last 8 digits of licence number
 - Check code
- c) Print out the licence information displayed on the site and keep on file as outlined in section 5.1. All relevant information should be entered into the Authorised Drivers Log.
- d) Check the staff members photo ID and ensure this is valid, the photo matches the individual and the correct post code is displayed on the licence. A copy must be kept on file as outlined in section 5.1.

Staff with 6 points or fewer on their licence must have their driving licences checked on an annual basis.

Staff with 7 to 11 points on their licence must have their licences checked on a quarterly basis.

Staff with 12 or more points on their licence, or a disqualification must not drive a health board vehicle or pool car. Where identified these instances must be immediately reported to the e-expenses team and the individuals line manager.

Staff have a responsibility for immediately informing the CTU of any new or pending points on their licence.

5.2.1 Checking Foreign Driving Licenses

Where a member of staff holds a foreign driving license it is not possible to check using the online DVLA database. In these instances the following process must be followed:

1. The prospective driver must be in attendance during the licence check
2. CTU staff must contact DVLA by calling – 09061393837 and request a manual check of the drivers license information. The DVLA will check if foreign European licence has any points or disqualifications.
3. CTU staff must log the information provided by the DVLA on the driver authorisation form and authorised driver log

5.3. Pool Car Bookings

Pool car bookings should follow the process outlined below. Only in exceptional circumstances should members of the CTU make vehicles available outside of this process e.g. to meet last minute requests where a vehicle is available.

CTU staff are responsible for ensuring pool vehicles are utilised as efficiently as possible, with the longest journeys booked for those cars with the lowest mileage readings. A minimum mileage requirement for utilisation is 45 miles (including return). This mileage requirement may be adjusted at the discretion of the Transport Manager.

5.3.1. Taking Vehicles Home

HMRC guidelines allow for pool cars to be taken home only when the private mileage travelled is incidental to a business journey. Hywel Dda University Health Board will therefore allow staff

HYWEL DDA UNIVERSITY HEALTH BOARD

to take pool cars home to facilitate a business journey where the following criteria and conditions have been met:

1. The journey cannot take place unless the pool car is taken home. E.g. when the departure time would be too early to allow the keys to be collected on the day.
2. The distance from base to home cannot be greater than 10% of the distance from base to destination plus return. E.g. If a business journey of 50 miles is being undertaken a pool car can only be taken to a home within 5 miles of its base.
3. The line manager of the employee taking the pool car home must give authorisation. Confirmation to be given to the Central Transport Unit on:

Ctu.hdd@wales.nhs.uk or 01267 248692

4. The Transport & Sustainable Travel Manager must provide final authorisation that the vehicle may be taken home. The transport manager must ensure any individual pool car is not taken home for more than 60% of the nights in a given month (the limit set by HMRC). Refusal will be given if this maximum limit is reached.

Under no circumstances should a pool car be taken home outside of the process outlined above. Under no circumstances may a pool car be driven for personal use at any time.

5.4. **Online Booking System**

Staff wishing to book a pool car must first check availability on the pool car booking system which is accessed through the HDUHB intranet site.

Where a vehicle is available a request will be made the CTU. CTU staff must log all requests on the online booking system and record all required information.

The CTU must check that all staff requesting to book a pool car are listed on the authorised drivers list prior to confirming the booking. Where the driver is not on the list a standard invite to induction email should be send to the individual to register them with the scheme.

5.5. **Booking Cancellations**

CTU staff must check journey distances upon receiving booking requests to ensure vehicles are utilised for the longest journeys possible. When a high mileage request is received but no vehicles are available CTU staff should make every effort to accommodate these bookings by cancelling lower mileage journeys. This should only happen where there is a marked difference in mileage (over 50%) and a minimum of 1 weeks' notice can be given to cancel the existing booking.

5.6. **Pool Car Utilisation**

5.6.1. Onsite Key Holders

Each pool vehicle base will have an identified individual / department responsible for securing the keys of pool vehicles located on that site. Additional tasks will include:

- a) Ensuring only those authorised users who have booked the vehicles are provided with keys

HYWEL DDA UNIVERSITY HEALTH BOARD

- b) Maintaining a vehicle utilisation log sheet (detailed below)
- c) Forwarding fuel receipts to the CTU
- d) Forwarding defect report forms to the CTU
- e) Access to telematics system to support vehicle location finding

Key holders must not issue keys to anyone unless they have a confirmed booking or have been authorised access by the CTU (e.g. for the purpose of checking the vehicle). Bookings can be checked on the on line pool car booking system highlighted above.

5.6.2. Vehicle Utilisation Log Sheet

All Onsite Key Holders will be issued with a vehicle utilisation log sheet (Annex 4). This must be completed every time a key is issued / returned, with the details of the vehicles journey recorded.

A copy of these log sheets must be sent to the Pool Scheme Administrator when completed and at the end of each month for monitoring.

The Pool Scheme Administrator must record all vehicle utilisation log sheet data onto the vehicle log sheet database as soon as it is received. The original log sheets must be kept on file. The vehicle log sheet database can be found in the following location on the transport shared drive:

Transport > Transport Folder > Pool Cars > Centralised Pool Car Scheme > Administration

5.6.3. Telematics System

All vehicles in the pool scheme will be fitted with a telematics unit. These will allow the ongoing monitoring of vehicle locations, routes, odometer readings, driver behaviour and vehicle condition.

The Transport Manager, with support from the pool scheme administrator will monitor the system to identify any issues requiring action or reporting. Defect warnings generated by the system must be immediately investigated and appropriate action taken.

The system is available to Onsite Key Holders to support the location finding of vehicles which have not been returned to allocated parking spaces.

The Pool Scheme Administrator is responsible for arranging the removal and fitting of telematics units to the pool vehicles whenever adjustments to the fleet are made.

5.6.4. Vehicle Checks

All drivers of vehicles within the pool car scheme have a responsibility to check the condition of the vehicle prior to use. This is a legal responsibility and any driver using a vehicle which is not roadworthy is responsible for any fines, penalty points resulting from driving the vehicle.

This responsibility must be communicated to all drivers and forms a part of the pool scheme induction process. A vehicle check list is provided to support drivers in the vehicle handbook.

The Onsite Coordinator is responsible for undertaking regular checks of each vehicle on a weekly basis. These individuals will complete a CTU Vehicle Checklist (**Annex 5**) for each vehicle once per week.

HYWEL DDA UNIVERSITY HEALTH BOARD

The Onsite Coordinator will also ensure the vehicle documentation pack is refreshed and copies of the defect report form and new claim notification form are available.

5.6.5. Defect Reporting

Each vehicle will be provided with a supply of defect report forms (**Annex 6**). These will be explained to drivers during the induction process. The Onsite Coordinator must ensure these are continually replenished as required.

Should a defect be identified by a driver or the Onsite Coordinator when undertaking the pre journey or weekly check a defect report form must be completed and returned to the Pool Scheme Administrator. No pool vehicle may be driven with an identified defect.

On receiving a defect report form the Pool Scheme Administrator must immediately investigate the issue and arrange for corrective action to be taken. In the event of the vehicle not being road worthy CTU staff must arrange for the removal of the vehicle from the scheme and for any bookings made to be cancelled or rearranged. The vehicle must only be integrated back into the fleet once corrective action is complete and the vehicle is made roadworthy.

The form must be updated with any action carried out and repairs completed. Completed forms must be kept on file and scanned into the pool scheme administration folder.

5.6.6. Fuel Card Process

All pool scheme vehicles will be issued with a Health Board fuel card. These fuel cards will be secured to the vehicles keys and associated with the CTU budget code. All pool scheme drivers are required to return any fuel receipts with the vehicles keys on return from a journey. The Onsite Coordinators should forward all fuel receipts to the Transport Manager for review.

It is the Transport Managers responsibility to check all fuel receipts against the vehicle log sheets on a monthly basis and monitor fuel usage for each vehicle.

5.6.7. Collisions / Incident Procedure

Where a pool vehicle is involved in a collision or incident the driver must immediately contact the CTU at the earliest opportunity on:

CTU – 01267 229620

CTU staff must bring any collisions to the attention of the Transport Manager as soon as possible. The Transport Manager is responsible for liaising with the Lease Car Team as soon as possible to discuss actions required to resolve the incident and to address any damage sustained by the vehicle.

5.6.8. Vehicle Breakdowns

In the event of a breakdown the vehicles driver will be responsible for completing a defect report form listing any action and advice provided by the vehicles breakdown recovery service. This must be dealt with in line with the defect reporting process outline in section 5.6.

5.7. **Recharging Utilisation**

At the end of each month the Pool Scheme Administrator will provide finance with the list of departmental recharges required for pool vehicle utilisation. The recharge list will be developed based on the information provided in the vehicle utilisation logs.

HYWEL DDA UNIVERSITY HEALTH BOARD

The Pool Scheme Administrator will send the recharge list to the Transport Manager for review and sign off prior to forwarding to finance. Once sign off has been received all recharge lists must be sent to:

Christine Green	(Christine.green@wales.nhs.uk)
Ryan Tovey	(ryan.tovey@wales.nhs.uk)
Julie Wheeler-Davies	(Julie.wheeler-davies@wales.nhs.uk)

The Pool Scheme Administrator will also send a summarised version of the recharge list to those managers responsible for each budget being recharged for information.

Recharge lists must be saved in the pool scheme administration folder.

The pool car scheme will be recharged at the standard business mileage rate £0.45 per mile. This is subject to annual review and guidance will be provided by the Transport Manager.

5.8. Scheme monitoring

The Transport Manager is responsible for the ongoing monitoring of the Pool Car Scheme. Key Performance Indicators which must be routinely monitored include:

- a) Pool vehicle utilisation
- b) Number of drivers inducted onto the scheme
- c) Average miles travelled per vehicle per month
- d) Financial cost / benefit of operating the scheme
- e) Driver behaviour
- f) Incidents / Maintenance issues

These key performance indicators will be regularly reported to the Transport & Sustainable Travel Group. Specific concerns identified should be escalated to the executive team.

6. IMPLEMENTATION

The Transport & Sustainable Travel Manager will be responsible for implementing this procedure. All CTU staff will be informed directly of the procedure through the schemes implementation process. Departments supporting the scheme will be made aware of the procedure through an ongoing series of meetings in the run up to the schemes launch.

7. FURTHER INFORMATION

For further information please contact the Transport & Sustainable Travel Manager based at Glangwili General Hospital on:

0-1827-8692 or
01267 248692

8. GLOSSARY

CTU	Central Transport Unit
HDUHB	Hywel Dda University Health Board

HYWEL DDA UNIVERSITY HEALTH BOARD

9. ANNEX 1 - DRIVER DECLARATION FORM



Driver Declaration Form

Completion of this form is required for insurance and risk mitigation purposes. All information submitted will be held securely and confidentially in accordance with the Data Protection Act.

Please complete all details in block letters and initial any alterations

Name of Driver Mr/Mrs/Miss Forename(s) Surname	Date of Birth Day Mth Year			Type of UK Licence e.g. full	Date passed UK Test Mth Year		How long driving in UK	How long resident in UK	Occupation

Have you:

- a) Been convicted of any offences in connection with any motor vehicle(s) during the past 5 years or is any prosecution pending? ☐ Yes ☐ No

(See note 1 on page 3 for examples)

If yes, please provide details:

Conviction Code	Date	Penalty	Circumstances

- b) Defective vision or hearing, or any physical or mental infirmity, or suffered from diabetes, fits or any heart complaint? ☐ Yes ☐ No

(See note 2 on page 3 for examples)

If yes, please provide details:

If yes, Details

HYWEL DDA UNIVERSITY HEALTH BOARD

c) Been declined for motor insurance or had any special items imposed or a motor policy cancelled? ☐ Yes ☐ No

If yes, please provide details:

If yes, Details and reasons

d) Had any accidents, losses or claims during the past 5 years? ☐ Yes ☐ No

If yes, please provide details:

Date of Accident	Total cost of settled claims and/or estimate of outstanding claims			Was there any personal injury	Circumstances of accident(s)
	Third party	Own damage	Any other		

I declare that the above information to be true and accurate at the time of signature

Driver's Signature

Date

HYWEL DDA UNIVERSITY HEALTH BOARD

Guidance Notes

Note 1 - Driving Convictions

The following convictions sustained in the last 5 years must be declared:-

- Manslaughter
- Causing death by reckless driving
- Dangerous driving
- Driving under the influence of drink or drugs
- Failure to provide a breathalyser or blood sample if suspected of driving under the influence of drink or drugs
- Failing to stop after an accident
- Any offence, or combination of offences, which resulted in suspension from driving.

Note 2 - Physical and Mental Injury, Disease or illness

Conditions which must be declared to DVLA.

The following list is not exhaustive - for full list check with DVLA or go to their website at

<http://www.dft.gov.uk/dvla/medical.aspx>

- | | |
|--|---|
| • Giddiness, fainting, blackouts | • Arthritis |
| • Epilepsy | • Disorder of vision |
| • Diabetes | • Mental Illness |
| • Strokes | • Alcoholism |
| • Multiple Sclerosis | • Cardiac pacemaker fitted |
| • Parkinson's Disease | • Drug-taking |
| • Heart disease, Angina, Coronaries, High Blood Pressure | • Loss of a limb (or loss of use of a limb) |

If in doubt the driver should contact his General Practitioner.

Minimum Eyesight Standard

To be able to read a motor vehicle number plate in daylight:-

- 75 feet away symbols 3.5 inches high
- 67 feet away symbols 3.125 inches high

If glasses or contact lenses are required, these must be worn when driving.

HYWEL DDA UNIVERSITY HEALTH BOARD

10. ANNEX 2 - DRIVER AUTHORISATION FORM

CENTRAL POOL CAR SCHEME DRIVER AUTHORISATION FORM

This document must be completed prior to staff using any of the pool cars held within the central pool car scheme.

SECTION 1 - Employee Details (to be completed by employee)

Driver Name		Contact Number	
Staff Number		Email Address	
Staff Base		Department	
Line Manager		Budget code for Travel*	
Last 8 Digits of Licence Number (ending in 2 letters)		Check Code**	

* This is the budget code your travel and subsistence claims are charged to. If you don't know, please ask your line manager.

** See step 1 on the following page to find out how to generate a check code

SECTION 2 - Licence Check (To be completed by CTU)

All drivers must inform the CTU if they are presented with additional penalty points following this initial check.

Driving Status		Holds Category B Licence	Yes / No
Date Licence Valid To		Points	

SECTION 3 - Scheme Induction Checklist (To be completed by CTU)

All drivers must be familiarised with the pool car vehicles prior to use. Please complete this check sheet to evidence that all aspects of the vehicle and pool car procedure have been demonstrated.

Booking Process		Fuel Card Process		Driver Handbook & Check List	
Responsibilities		Driving the Vehicle		Breakdown / Accident Process	
Key Collection / Return		Vehicle Components		Telematics System	

The employee and Pool Car administrator should only sign this form if both are happy that the driver fully understands this scheme and its processes.

We confirm all elements of this induction have been completed satisfactorily and no issues have been raised.

Date of Completion

Driver Name (Print) Driver Signature

Inductor Name (Print) Inductor Signature

Please retain this form on file together with the drivers licence print out and copy of photo ID. Copies also to be sent to the Central Transport Unit

HYWEL DDA UNIVERSITY HEALTH BOARD

11. ANNEX 3 - POOL CAR INDUCTION PROCESS

Central Pool Car Scheme

Induction Process

CTU staff must provide all pool car drivers with an induction prior to them becoming an authorised driver. Completion of the induction must be recorded on the driver authorisation form.

Please provide the following information when completing each induction:

Processes

Pool Car Booking Process	<ul style="list-style-type: none">- How to check availability- How to request a vehicle
Fuel Card Process	<ul style="list-style-type: none">- How and Where to use- Receipts to be returned to administrator
Breakdown / Accident	<ul style="list-style-type: none">- Who to contact- Forms to complete
Key Collection / Return	<ul style="list-style-type: none">- Where to collect the keys- Where to return the keys- Recording mileage reading and return time

Vehicle

Responsibilities	<ul style="list-style-type: none">- Pre journey vehicle check- Driver must inform CTU of potential late return- Driver must inform CTU of any new penalty points
Vehicle Components	<ul style="list-style-type: none">- Fuel Type- Screen Wash location- Oil Location- Coolant location
Driving the Vehicle	<ul style="list-style-type: none">- Vehicle controls and locations- Location of vehicle equipment (Spare tyre etc)
Telematics System	<ul style="list-style-type: none">- How the vehicle is tracked- What information is collected

Information

Driver Handbook	<ul style="list-style-type: none">- Location and content
Vehicle Document Packs	<ul style="list-style-type: none">- Location and content
Intranet Page	<ul style="list-style-type: none">- Location and content

12. ANNEX 4 - VEHICLE UTILISATION LOG SHEET

[illegible]

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13. ANNEX 5 - CTU VEHICLE CHECK LIST

CTU VEHICLE CHECKLIST (Weekly)

Vehicle registration: _____ Odometer reading: _____

Vehicle make/type: _____ Date: _____ Time: _____

EXTERNAL VEHICLE CONDITION

Item	✓ = satisfactory X = defective N/A = not applicable	Comment
Condition of vehicle bodywork, windscreen, windows, lights		
Condition of windscreen wiper blades		
Cleanliness of windscreen, windows, mirrors, lights, number plate		
Condition of tyres, tyre pressure, tyre wear (Minimum 1.6mm)		
Availability of spare wheel & jack		

FLUIDS

Item	✓ = satisfactory X = defective N/A = not applicable	Comment
Engine oil level		
Coolant level		
Windscreen wash level		
Ad Blue Level (If applicable)		
Oil or waste leaks		
Fuel Level		

VEHICLE INTERIOR AND EQUIPMENT

Item	✓ = satisfactory X = defective N/A = not applicable	Comment
Condition & function of seat belts		
Head restraint adjustment		
Mirrors		
Breaks (Foot brake & Handbrake)		
Vehicle handbook		
Internal Cleanliness		
Vehicle Equipment		

All the items above have been checked and any defects and omissions reported.

Assessor _____

Assessor's signature: _____

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14. ANNEX 6 - DEFECT REPORT FORM

Defect Report Form

All drivers must check their vehicles at the start of each journey. This form is to be completed in the event of defects being identified and provided to the manager with responsibility of the vehicle.

Reference number (To be completed by Manager)			
Drivers name		Date	
Vehicle Make/Model			
Odometer Reading		Vehicle reg. Number	

Please place a cross in the appropriate box below to indicate the type of defect identified on the vehicle. Further detail to be provided in the 'Outline Defects' section.

Side Lights		Oil/fuel leak		N/s front Tyre	
Dipped Lights		Brake/Clutch fluid		O/s Front Tyre	
Head Lights		Steering Fluid		N/s Rear Tyre	
Indicators		Coolant		O/s Rear Tyre	
Brake Lights		Screen Wash		Spare Tyre	
Reversing Lights		Adblue (If applicable)		Door locks	
Exhaust		Warning Lights		Brake Operation	
Hazard Lights		Reversing Bleep		Windscreen/glass	
Horn		Battery		Mirrors	
Wipers		Seat Belts		Number Plate & lights	

Outline Defects	
Signature	Date

Items repaired	
Signature	Date

**FORMS MUST BE RETAINED WITH THE VEHICLES MAINTENANCE RECORDS
AND COPY SENT TO CTU**